Older Adults
2019 Joint Strategic Needs Assessment

V3.1- January 2020

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Executive Summary

Staying healthy for longer

Along with life expectancy at birth, life expectancy at aged 65 is an extremely important summary measure of mortality and morbidity. On average men and women in Birmingham aged 65 are predicted to live less long than the England average, with Birmingham residents who are most deprived living less long.

Physical health is hugely impacted by an individuals' lifestyle choices. Although not many lifestyle indicators are available at a City level, we know that hospital admission for alcohol-related conditions for Birmingham's men and women is higher than the national average.

Maintaining a high uptake of immunisations is also vital to remain healthier for longer. Birmingham uptake of vaccines aimed at the over 65s is below the national target for flu and PPV.

The screening coverage rate for bowel cancer and female breast cancer is significantly lower than that of England.

With the amount of over 65s with dementia projected to rise over the next 15 years, it is important that as many as possible have a formal diagnosis. It is estimated that on 67.1% of those who have dementia, have a formal diagnosis: which is lower than England.

Maintaining independence

Being disability free in old age leads to increased independence and improved health outcomes. Disability-free life expectancy for both men and women in Birmingham is less than the England average. Hospital admission rates for falls and hip fractures, which both lead to a loss of independence, are higher in the City's population compared to England.

Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency. The number of permanent admissions of residents aged 65+ to residential care was significantly lower than the England average, and lowest of the Core Cities.

Being part of a community

Both loneliness and social isolation are associated with negative health behaviours, risks to mental and physical health, and increased mortality risk. Although difficult to measure we know there were a higher proportion of adults aged over 65 who live alone in the City than the England average (at the last census).

Age UK estimated that there are many small areas across the City where there is a high risk of loneliness in the over 65s.

The evidence shows that certain groups of older adults facing additional challenges consistently have worse health outcomes, whether they are adults with disabilities, carers, people at the end of life, or older LGBT+ adults. Little is known about the health status of some of the groups locally.

Based on current trends Birmingham will need to remain focused on improving adult's lifestyles, promoting health and wellbeing and managing chronic diseases. Addressing the wider determinants of health will help also improve overall health. A focus on prevention, removing barriers and creating opportunities and ensuring good homes and communities will hopefully lead to healthy ageing.

Staying healthy for longer

Definition/Overview of the topic

Due to advances in healthcare, population life expectancy is increasing and as a result, the population of those aged 65+ is increasing, with the rate of growth expected to continue to advance. However, although life expectancy is increasing, health in later life is not improving at the same rate[1]. This leads to poorer health in later years, thereby increasing health and care needs. The population of those aged 85 and over is anticipated to more than double in size over the next two decades[1] and they are the most likely cohort to require extra support due to frailty, long terms conditions and social isolation.

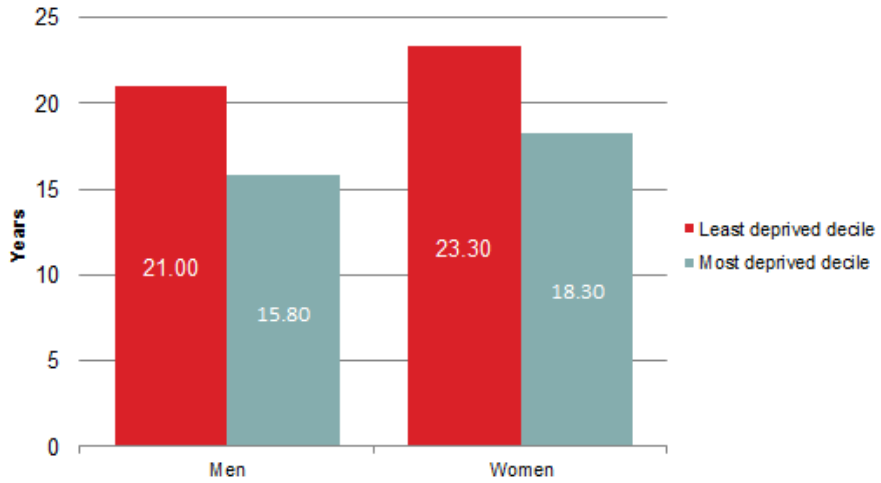
Key Statistics

Life Expectancy at 65

On average women in Birmingham aged 65 are predicted to live another 20.8 years and men another 18.3 years. These are both below the averages for England (21.3 years for women and 18.5 years for men) and below the average for other local authorities in the West Midlands region (21.0 years for women, 18.7 years for men). Compared to core cities Birmingham males and females are both second highest for life expectancy at 65 years old (2017-19).

There is a gap in life expectancy at 65, between people living in the most deprived areas of the city and those in the least deprived. People living in the most affluent parts of Birmingham are expected to live around 5 years longer than those in the most deprived areas. [1]

Figure 1 - Life Expectancy at 65 – Birmingham 2016-18

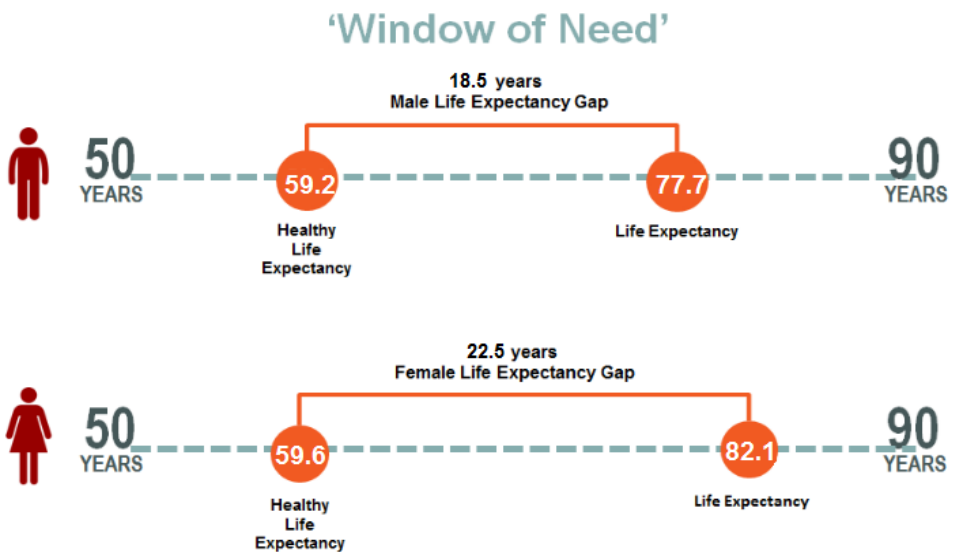


Healthy Life Expectancy

Healthy Life Expectancy (HLE) is the number of years a person can expect to live in good health. HLE in Birmingham is much lower than the national average with men expecting to live only 59 years in good health compared to 63 years nationally. HLE for women in Birmingham is 60 years, compared to 64 years nationally [1]. The gap between HLE and life expectancy (Figure 2) gives an estimate of how many years a person will need health and social care. While HLE is similar for men and women, women live approximately 5 years longer. Therefore, women are predicted to live more years in poor health. Both sexes are in the middle when compared with the core cities.

[1] 'Public Health England. Public Health Outcomes Framework [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2020]

Figure 2 - Life Expectancy and Healthy Life Expectancy (from Birth) 2016-18



Source: Public Health England – Public Health Profiles

Physical health

People who lead a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and improved mental health. The Active Lives report (2020) [2] shows that nationally 60% of 55-74 years and 40% of 75+ years engage in an active lifestyle (150+minutes of physical activity a week). These figures have increased year on year since 2015-16.

In older adults' physical activity is associated with increased functional capacities [3]. The data shows that disability-free life expectancy at 65 in Birmingham is 8.3 (2016-18, England 9.9) and 8.2 (England 9.8)[4] years for males and females respectively. In Birmingham 406 males and 482 females per 1,000 were reported to have a disability that limited them either a lot or little in their day to day activities compared to England at 345 (Males) and 394 (Females) per 1,000 [5].

Physical health is hugely impacted by an individuals' lifestyle choices. One of the leading causes of premature death, killing 78,000 people in England annually, has been attributed to smoking [6]. The Annual Population Survey reported the smoking prevalence for Birmingham (2019) as 14.8% for adults, compared to 13.9% for England. England had 7.6% current smokers in the 65+ group during 2018 [7]. Middle-aged or older adults who smoke commonly suffer from Chronic Obstructive Pulmonary Disease (COPD). The COPD prevalence (all ages) was 1.7% for Birmingham & Solihull CCG (England 1.9%)[8]. Birmingham is in the middle when compared to the core cities.

Alcohol- Admission episodes for alcohol-related conditions (narrow) for over 65s in Birmingham (2018/19) was 1669/100K for males and 690 for females. Comparatively England data was lower at 1501 & 679 for males and females[9]. Birmingham is second lowest when compared to core cities.

[2] Sport England 2019/20, Active lives adult survey. Accessed 02/12/2020
[3] Public Health England. Physical Activity Profile. 12/2020 https://fingertips.phe.org.uk © Crown copyright 2020
[4] 'Public Health England. Public Health Outcomes Framework [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]
[5] DC3602EW - Long-term health problem or disability by NS-SeC by sex by age
[6] Public Health England 2020, Smoking & tobacco: applying all our health.
[7] ONS 2020, Smoking habits in the UK and its constituent countries.
[8] 'Public Health England. Productive Healthy Ageing profile https://fingertips.phe.org.uk © Crown copyright [2021]
[9] 'Public Health England. Local Alcohol Profiles for England. https://fingertips.phe.org.uk © Crown copyright [2021]

Nutrition- In England, two thirds of adults are overweight or obese. Poor diet and obesity are leading causes of premature death and mortality (Global Burden of Disease, 2017), and are associated with a wide range of diseases including cardiovascular disease and some cancers, which can have a significant impact on an individual's physical and mental health and wellbeing.

Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) for 2018/19 in Birmingham is 47.8% compared to 54.6 for England [10]. In England 65.4% of 65-74 years, 66.9% of 75-84 years and 57.8% of 85+ years meet the recommended 5 a day. Birmingham is third lowest when compared to core cities.

Malnutrition- One in ten people aged 65+ are malnourished or at risk of malnutrition in England [11].

Sexual health data

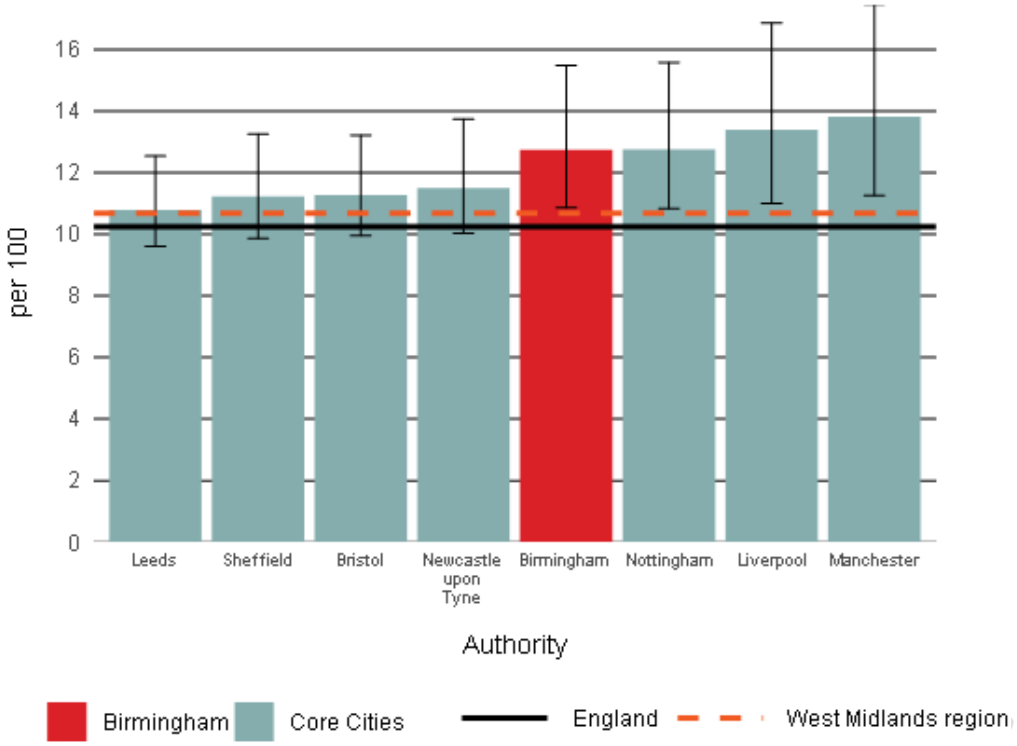
Older adults (65+) accounted for 0.78% of service users for Reproductive & Sexual Health (RSH) & Genitourinary Medicine (GUM) in Birmingham for 2018/19. These figures include individuals who could have accessed the service more than once. Birmingham is ranked in the middle when compared to core cities.

Mental health

Birmingham is in the middle when compared to core cities for common mental disorders.

Figure 3- Estimated prevalence of common mental disorders: % of Birmingham population aged 65+ (2017)

[10] 'Public Health England. Obesity Profile. https://fingertips.phe.org.uk © Crown copyright [2021]
[11] Malnutrition Task Force 2017, State of the nation.



Source: PHE Mental Health and Wellbeing JSNA

Depression

In 2017there were estimated to be 18,687 older people with Common Mental Disorders (CMD). This equates to 12.7% of the population aged 65 and over for Birmingham, 10.7% for West Midlands and 10.2% for England[12]. CMD are defined as any type of depression or anxiety. However, this estimate of the prevalence is likely an under-estimate as it is calculated using CMD prevalence proportions based on individuals living in private households, which excludes those who are homeless and those living in institutional settings (e.g. care homes) who are likely to have poorer mental health. Birmingham is ranked in the middle when compared to core cities.

It is estimated that in 2020 over 4,132 older people in Birmingham had severe depression. This represents nearly 3% of the population aged 65+. By 2040 this is predicted to rise to 5,393 people.[13].

Prevention

Immunisations and Vaccinations

In 2019/20, 67.7% of people aged 65 and over received an influenza vaccination compared to the England average of 72.4%. This is below the national target of at least 75% coverage. There has been a continued decline in vaccination rates between 2010/11 and 2019/20 with rates falling as low as 68%. Birmingham is the lowest when compared to core cities.

65.2% of Birmingham adults aged 65 and over received a pneumococcal polysaccharide vaccine

[12] 'Public Health England. Mental Health and Wellbeing JSNA. https://fingertips.phe.org.uk © Crown copyright [2021]
[13] Institute of Public Care 2020, Projecting older people population information.

(PPV) compared to 69% for England (2019/20) [14]. PPV protects against 23 types of Streptococcus pneumoniae bacterium. Pneumococcal disease is a significant cause of morbidity and mortality. Certain groups are at risk for severe pneumococcal disease; these include young children, the elderly and people who are in clinical risk groups. Pneumococcal infections include bronchitis, septicemia, pneumonia and meningitis.

Screening

Cancer screening involves testing apparently healthy people for signs of the disease. Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. There are up to 200 known cancers.

Key statistics

Prevalence

Bowel cancer- The bowel cancer screening coverage rate for persons aged 60-74 who are Birmingham residents was 48.9% (England 60.1%). This is statistically significantly lower then the national figure [14].

Breast screening- The female breast cancer screening coverage rate for women aged 53 - 70 who are Birmingham residents was 68.2% (England 74.5%). This is statistically significantly lower then the national figure [14].

Service models and Data

Expecting to live disability free beyond the age of 65 years will depend on family history (genetics), the risk one has been exposed to (occupational or recreational), the opportunity to measure and act upon an assessment of the likelihood of developing cardiovascular disease and diabetes and the use of tobacco, alcohol, and drugs.

NHS Health Check for screening

This is a health check-up for adults in England aged 40 to 74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.[15]. The percentage of Birmingham eligible residents receiving a NHS Health Check in 2019/20 was 10.5% (England 7.7%). [16]

Immunisations

The routine immunisation schedule is determined nationally and commissioned locally by NHS England with support from an embedded Public Health England team (Screening and Immunisation Team – SIT) as part of the Section 7A agreement [17]. For older people there are three immunisations in the schedule for different age groups:

Table 1 Older people's immunisation schedule

Age due	Disease protected against	Vaccine given	Target uptake
65 years old	Pneumococcal (23	Pneumococcal Polysaccharide	75%

[14] 'Public Health England. Productive Healthy Ageing Profile https://fingertips.phe.org.uk © Crown copyright [2021]
[15] NHS Health checks
[16] 'Public Health England. NHS Health Checks Profile https://fingertips.phe.org.uk © Crown copyright [2021]
[17] Department of Health & Social Care 2018, NHS public health functions agreement 2018-2019

	serotypes)	Vaccine (PPV)	
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	75%
70 years old (up to age 80)	Shingles	Shingles	60%

All three of the immunisations are provided in Primary Care GP settings universally to all people meeting the age and clinical criteria. Some people may not be able to have a specific vaccine depending on their health status. Additionally, in Birmingham the seasonal influenza vaccine is available in community pharmacies across the city, and for people that reside in care, residential or nursing homes. GP Practice staff will visit and deliver the vaccination at the residence (this is also the case for housebound patients). All GP Practices in Birmingham provide the universal immunisation schedule described above.

Physical health

Birmingham ‘s Health and Wellbeing Service provides residents facilities to improve their social, physical and mental wellbeing. The Be Active and Plus and Active Wellbeing Society (TAWS) 18 contribute to Active parks, bikes and streets. Age UK delivers Tai Chi in community settings.

Trends and future analysis

The UK population is now living longer because of medical advances, better medication, lifestyles and safer workplaces. A girl born in the UK today has a 1 in 3 chance of living to 100, and the chance of living to 100 will double in the next 50 years. Given this trend the government’s “Grand Challenge mission” acknowledges that to it’s time to radically change the way approaches to each life stage. This includes working towards a mission of giving people at least 5 extra health independent years of life by 2035 whilst narrowing the gap between rich and poor [18].

The future trend shows that socio-economic inequalities are widening in both sexes as a result of greater gains in life expectancy in less deprived populations. Between 2012–14 and 2015–17, the difference in life expectancy between the most and least deprived widened by 0.3 years among males and 0.5 years among females. Among females living in the most deprived areas life expectancy fell by 100 days over this period, in contrast to the gain of 84 days among females living in the least deprived areas [19].

Older people are also at greater risk for depression which affects around 22% of men and 28% of women aged 65 years and over. Estimates show that 85% of older people receive no help at all from the NHS in the managing illness [20].

Managing illnesses

Definition/Overview of the topic

Older people generally have health as well as care needs and as life expectancy increases, more older people are having to cope with managing multiple chronic conditions alongside conditions typically associated with older age such as frailty, visual impairment and cognitive decline.

Older people account for 62 per cent of all hospital bed days and 52 per cent of admissions that

[18] Department for Business, Energy & Industrial Strategy 2019, The Grand Challenge missions
[19] The Kings Fund 2020, What is happening to life expectancy in the UK?
[20] Mental Health Foundation 2016, Mental health statistics: older people

involve hospital stays of more than seven days[21] . The increasing pressure on the Health Service is being replicated in social care. This means that there is not just increased demand for health care in clinical settings when people are ill, but an increased need for support in the community for people to stay well and remain independent in the face of reduced funding.

By the age of 65, most people will have at least one long-term condition and by the age of 75 most will have at least two[22] and as a result, their care and support needs can change and increase. There has been a move toward developing integrated models of care to address the needs of older citizens whose 'window of need' (figure 3) is growing. People often receive fragmented care when they have both health and social care needs. This can have a negative impact on their health, wellbing and independence as well as inefficiency and poor experiences. Integrated models of care aim to move away from traditionally independent service provision to integration within the NHS and across health and social care particularly for those in contact with multiple services, including our growing population of older adults and people living with multiple long-term conditions.

The nature of support required for daily living or to encourage independence in activities in the home and community is dependent upon the nature of the impairment, disability, disease or frailty experienced by the individual. In order to meet the needs of our older population, we need to understand the scale of the challenge of mental and physical illness and decline.

Key statistics

Frailty and physical disability

The term 'frailty' is often used in a broad sense when we talk about aging, and while it is a distinct condition of ageing, it is not inevitable. Clinical definitions of frailty refer having three or more symptoms from weight loss, self-reported exhaustion, low energy expenditure, slow gait speed and weak grip strength, and evidence suggests that around 11% of the population aged over 65 have frailty using this definition[23]. Older people living with frailty are at risk of adverse outcomes such as dramatic changes in their physical and mental wellbeing after an apparently minor event which challenges their health, such as an infection or new medication.

In Birmingham around 16,522 people are considered frail with three or more symptoms, with a further 63,084 (42%) classified as pre-frail (1 or 2 symptoms from the above list). Therefore over half of Birmingham's over 65 population may be at higher risk of falls, disability, hospital admissions, long term care needs and premature mortality.

In 2019 it is estimated that over 28,000 people who are aged 65 and over in Birmingham are unable to manage at least one mobility activity[24]. This represents 18.7% of people in this age group, which rises to 44% in those aged 85+. Mobility activities include going outdoors, walking down the road, getting around the house, getting to the toilet, getting up and down stairs and getting in and out of bed, all of which potentially impact on quality of life and independence.

Table 2. Birmingham Population Unable to Manage at Least One Mobility Activity (2019)

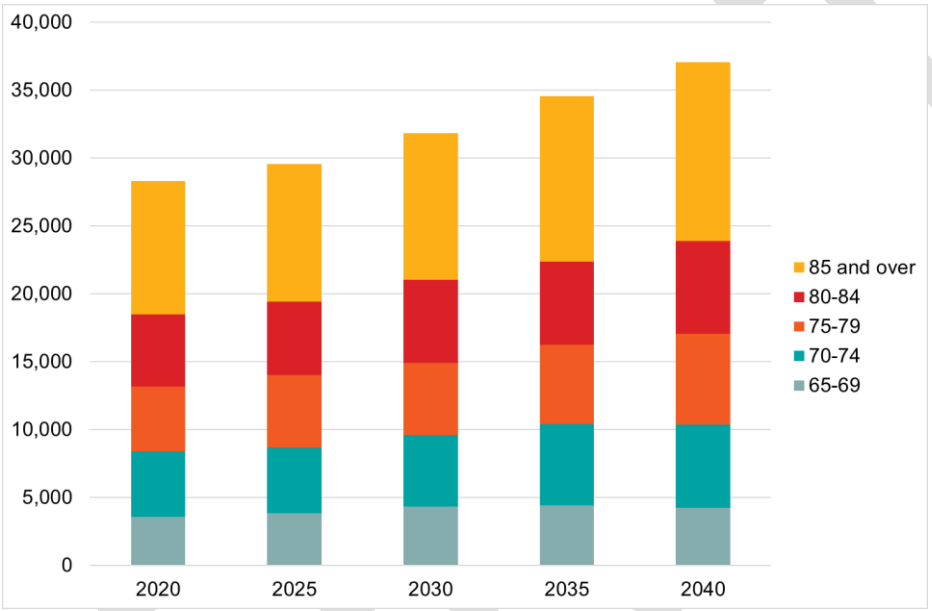
[21] National Audit Office (2016)
[22] The Kings Fund 2016, Social care for older people
[23] Collard, RM *et al.* 2012. Prevalence of frailty in community-dwelling older persons: a systematic review. J Am Geriatr Soc. doi.org/10.1111/j.1532-5415.2012.04054.x
[24] Institute of Public Care 2020, Projecting older people population information

	No.	%
Aged 65-69	3,558	8%
Aged 70-74	4,788	13%
Aged 75-79	4,725	17%
Aged 80-84	5,393	24%
Aged 85 and over	9,685	44%
All aged 65 and over	28,149	19%

Source: Projecting Older People Population Information - Mobility

The relative proportion of individuals experiencing mobility difficulties is predicted to increase slightly over the next 20 years, however, with high projected growth in the older adult population, absolute numbers of people unable to manage one or more activities could increase by approximately 8,700 by 2040.

Figure 4 - Projected Population Unable to Manage at Least One Mobility Activity



Source: Projecting Older People Population Information - Mobility

It is estimated that 19% (28,295) of Birmingham adults aged 65 and over in 2020 need help with at least one self-care activity, such as washing, dressing, using the toilet and eating. This is projected to rise to 37,000 by 2040[25].

Dementia

As the population ages and people live for longer, dementia has become one of the most important health and care issues today. After the age of 65, the likelihood of developing dementia roughly doubles every five years[26] and over 4% of this age group have a recorded diagnosis[27]. At present there is no cure for dementia and although medication can slow progression if diagnosed early, progression itself cannot be stopped completely and over time care needs increase significantly. Outside of formal care provision, it is estimated that there are around 700,000

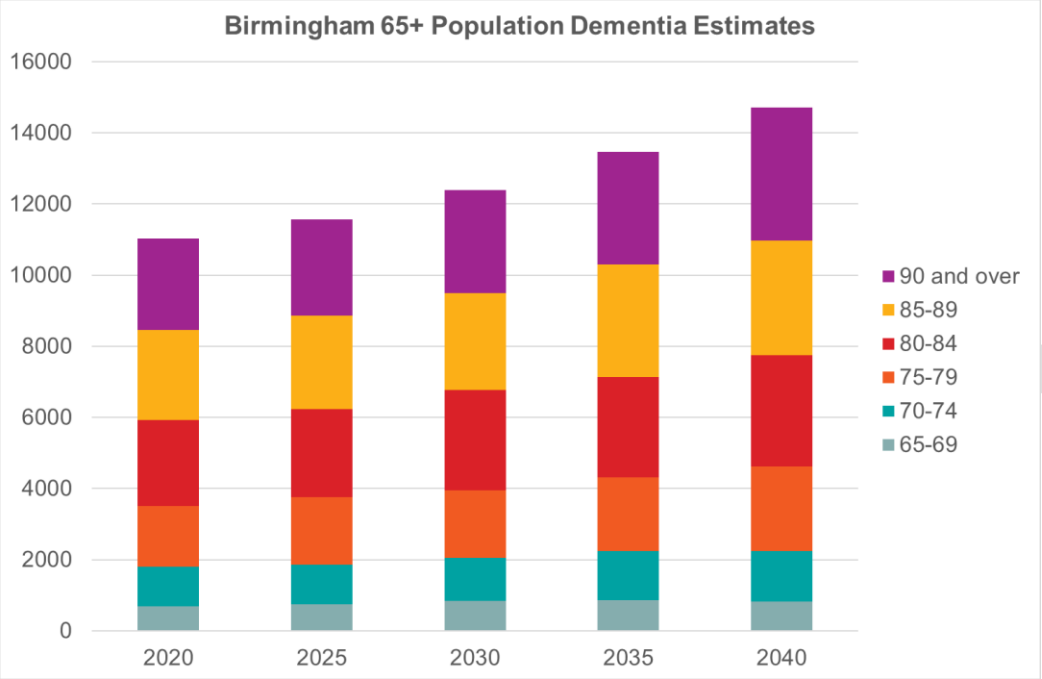
[25] Institute of Public Care 2020, Projecting older people population information
[26] NHS, Dementia Accessed 06/01/21
[27] Public Health England 2018, Statistical commentary: dementia profile, March 2018 update

informal carers for people living with dementia in the UK [28].

In 2019 there were 7,387 people on dementia registers in Birmingham GP practices. However, evidence suggests there are many more people living with dementia than are diagnosed and recorded, and this could be almost 13,026 for Birmingham and Solihull CCG patients [29].

By 2040 this is predicted to increase to 14,716. The incidence of dementia increases with age and estimated prevalence among those aged over 80 is around 17% compared to 3% in those aged 65-79 (based on 2020 estimates [31]

Figure 5 - Birmingham 65+ Population Dementia Estimates



Source: POPPI

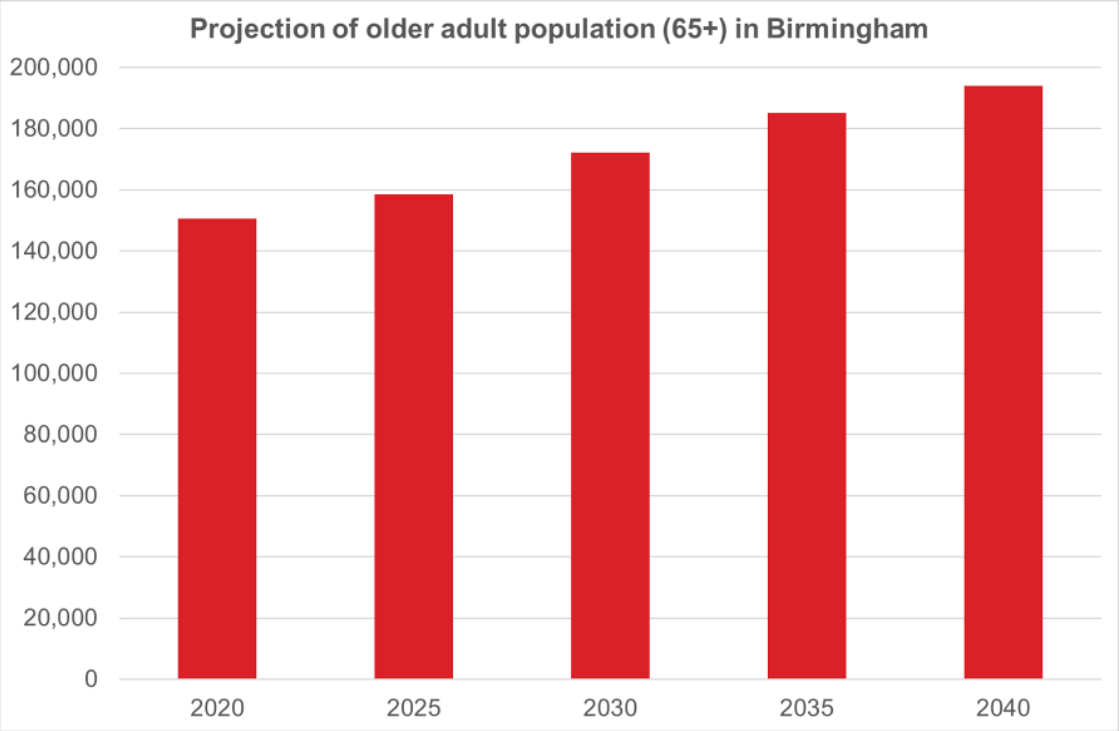
In Birmingham (2020) it is estimated that 65.2% of those aged 65+ living with dementia have a formal diagnosis. This diagnosis rate is below the rate for England and the core cities and has decreased when compared to the previous year (67.9%)[30].

Older peoples population projection

By 2040 population of older people is predicted to rise to over 194,000 (an increase 43,000 from the 2020 estimate). Life-limiting long-term illness and disability also becomes more common with age, by 2040 affecting 75% of the population aged 85 and over [31]. Prevention, delaying onset and slowing the progression of long-term conditions of principal importance for the health and wellbeing of population of older people.

Figure 6 Older adult population projection

[28] Office of Health Economics 2014, The trajectory of dementia in the UK – making a difference
[29] NHS Digital Recorded Dementia Diagnoses - March 2020
[30] Public Health England. Dementia Profile. 2020 https://fingertips.phe.org.uk © Crown copyright 2020
[31] Institute of Public Care 2020, Projecting older people population information



Current services to meet this need

Local communities can help residents to engage and contribute to life. The Neighbourhood Network scheme is making local opportunities visible for older age residents and as social prescribing services increase, they will enable individuals to find opportunities to meet a variety of needs. The need for more formal or complex social and healthcare interventions may be identified by residents and delivered by generic or specialised community based services, including nursing, occupational therapy, physiotherapy, speech and language therapy, dietetics and nutrition, medical and homecare. Recent moves to organise these systems on a more localised geographical basis will increase the accessibility according to need.

When an older person falls their lower physiological strength and weaker bones make bone injury more likely. The e-Frailty tool can identify the cohort of older people at risk of falling for whom medication reviews will reduce that risk further. Muscle tone and balance can be improved by postural exercises, of which Tai Chi is the most well-known. These are available across the city but neither on a systematic or universal basis.

There are a number of services in Birmingham to support older people who fall or are at risk of falls. This includes the following:

- Community services to support people to connect and access activities in their local area
- Home environment assessments, with support to access equipment or adaptations in the home to prevent falls
- Safe and well checks by the fire service, which assess risks in the home
- A wide range of community exercise classes for older people, and courses that focus on improving strength and balance
- Services that offer podiatry, eye sight and hearing tests
- A therapy-led community falls service, that provides multi-factorial assessments and interventions, aimed at those who are high risk
- Services in the acute setting such as falls clinics and Fracture Liaison Service to identify

those with osteoporosis
- GPs carry out falls risk assessments for people with frailty and will review medication and/or refer to other services as needed

Early diagnosis of dementia requires individuals to recognise the problem earlier and the increased use of memory clinic assessments in the past decade has helped with this. There remains limited beneficial medical interventions to reduce the progression of dementia current services focus on increasing support for patients. The support to daily living and community activities has been improved by the wider understanding of the effects of dementia by communities and employers. Adjustments can be made to enable people to remain connected to their communities of interest. The condition is progressive and results in physical and behavioral changes in the later stages that require more specialist assistance and supported living environments have emerged.

Depression in older people can be difficult for a generalist to separate from declines in memory, thinking, and activity from other degenerative brain conditions. An older age psychiatric service is available across the city which has close links with the older age physical clinical services, forming a virtual neuro–psychiatric service for older age. Drug therapies are commonly used but talking therapies are available when required. Services supporting the elderly in activities of daily living and to stay socially connected have been variable in the past and the development of the Neighborhood Networks will improve this.

NHS Primary and Secondary Care diagnoses and initiates treatment of all long term conditions, including mental illness, cardio-vascular disease, respiratory disease and cancer, which account for most of the deaths in this age group. Early identification by prompt attention to the first presentations and easy access to diagnostics are important to allow early and effective interventions. This will change the natural history of untreated or late treated illness thereby reducing the impact of the condition on the quality of life in these early years and the need for early specialist or complex care.

Primary Care is universally available under a national contracting framework. The quality of the practice is assessed by inspection carried out by the Care Quality Commission. Three practices in Birmingham and Solihull CCG are judged to be inadequate and twelve require improvement. These practices are supported by the Primary Care Quality team and, where appropriate, the Royal College of General Practitioners.

Secondary Care is commissioned according to the volume of patients seen and the complexity of the conditions managed. The quality of the service is assessed by inspection carried out by the Care Quality Commission.

The Birmingham and Solihull Sustainability and Transformation Partnership is developing a systems approach to the care of common conditions connecting Primary and Secondary Care with Adult and Children's Social Care and the well-established Third Sector of community provision and the incremental development towards an Integrated Care System has begun across the BSol STP footprint. The building blocks of a single CCG commissioner coterminous with the STP are already in place by working with the Birmingham Provider Alliance and collaborative integrated system planning, strategy development and integrated programmes of delivery. This will be focused on enabling integrated delivery, prevention, and development and use of community assets to reduce inequalities and improve outcomes for local people.

Within Sandwell and West Birmingham CCG, The Connected Care programme is a multi-specialty

community provider (MCP) vanguard in NHS England's New Models of Care Programme. iCares is a service and an approach to managing adults with long term conditions irrespective of their diagnosis, location or age. It includes a whole range of staff including nurses and therapists providing specialist community interventions to avoid unnecessary admissions to hospital; help maintain health and well-being through care management; and improve independence and function with community rehabilitation.

Future projections for need

The increasing number of people surviving into the older age groups will influence future need and demand. If primary and secondary preventative measures are successful there will be greater proportions of this age group disability free until more advanced age. However, without a change in the factors which influence the onset of the condition, the difference in the disability-free life expectancy between affluent and disadvantaged communities will not change.

If adults of working age continue with their current high rates of inactivity, there will be limited improvement in bone density, postural strength and balance. This combined with the increasing number of people surviving into older age will result in more falls and fractures.

Reducing the risks of vascular disease reduces the number of individuals developing vascular dementia. However, the increasing number of people surviving into older age will result in more people developing the condition and therefore requiring specialist support and care in the later stages.

Increasing life expectancy will result in more people living alone or with dependent partners and restricted social networks. This is compounded by smaller family sizes, reduced mobility and a change in economic circumstances over time. This makes forecasting or modelling the patterns of impact and available support in the future unpredictable.

Maintaining independence

Definition/Overview of the topic

Loss of independence can be discouraging to adults. They have spent their entire lives living independently, working jobs, raising families and making decisions. The natural effects of aging can sometimes make independent living harder than it once was. Independence is important to the physical and mental well being of older adults. Difficulties with mobility, behavioral health conditions such as isolation and loneliness, and financial strains are just some of the contributors to a loss of independence in aging adults. While we cannot avoid some barriers to independence, we can take the time to understand the importance of independence in seniors and look for ways to increase opportunities for independent living. Independence gives seniors a sense of purpose, they have opportunities for achievement, can contribute to the lives of their family, friends and neighbours and enjoy activities that they have always done. [32]

Birmingham's vision for commissioned services in Birmingham, for both older people and younger adults, is:

> 'To have a vibrant, diverse and sustainable local health and social care market, which supports the achievement of better outcomes, increased independence and choice and control for adults'.

This vision for commissioned adult social care services is underpinned by three clear aims to:

- Improve outcomes for those with health, care and support needs
- Improve the quality of commissioned health and care services

Improve the resilience and sustainability of our health and social care system

This recognises that if people are to live better lives and achieve better outcomes, then we need to help people, their families and the community to have greater choice and control about the care that they receive, to promote independence and ensure that all adults have access to the support that they require to live safely and healthily.

To deliver this vision a whole systems approach is required which recognises that much of the need for care and support is met by people's own efforts: including their families, friends or other carers, and through their community networks. Services commissioned by the Council and NHS need to consider resource needs and support and complement their individual and personal care.

Key statistics

Older people's housing

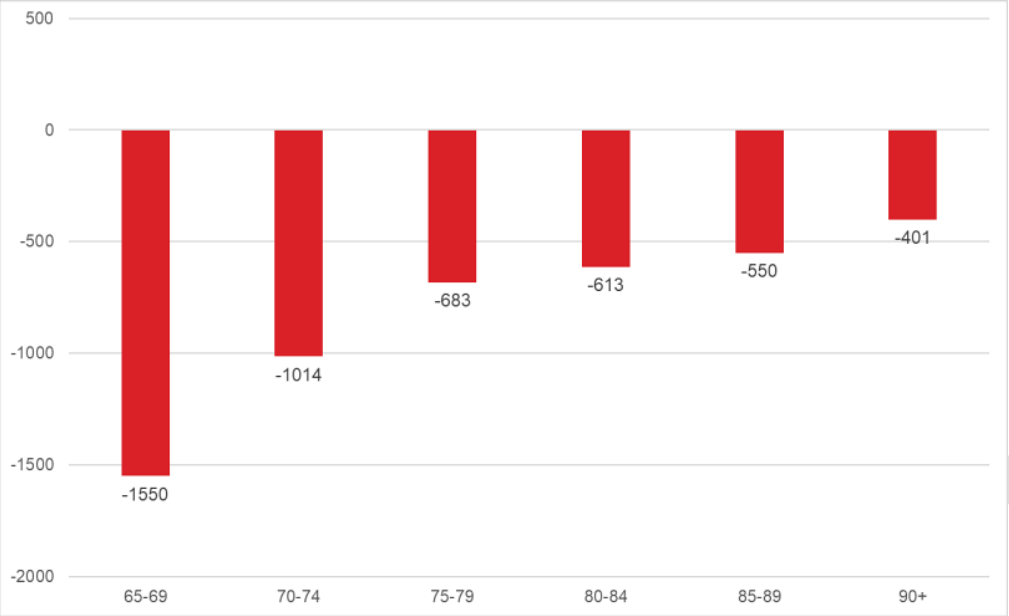
At the time of the 2011 Census there were nearly 71,000 Birmingham households where all occupants were 65 and over. Of these 47,645 lived on their own, equating to 11.3% of the households in the city compared to an England average of 12.6%.[33] There was variation in lone pensioner households reported across the city ranging from 15.4% of households in Sheldon, to 7.4% in Washwood Heath, Lozells and East Handsworth [34]. Birmingham is in the middle when

[32] Vantage Aging, 4 reasons independence is important for seniors Accessed 06/01/2021
[33] ONS 2012, 2011 Census: key statistics for local authorities in England & Wales
[34] Birmingham City Council 2011, Census 2011 KS105EW household composition

compared to core cities for adults aged 65 or over living alone[35].

National migration data shows that between 2015 and 2019 there has been consistently more people over 65 moving out of Birmingham than moving in. The greatest net outflow has been among the 65-69 age group (-1550 people) and 70-74 age group (-1014).[36]

Figure 7 – Net Internal Migration by Older People in Birmingham 2015-2019



Source: ONS

Across the city 20% of men and 29% of women aged 65-74 live alone. For those 75 and over these increase to 29% for men and 50% for women. Higher rates for women are partly due to women's higher life expectancy and that by the age of 65, most women have been married and husbands are typically older than their wives. These two factors mean that more women than men become widowed, which may lead to living alone. [37]

With an ageing population older people are now key players in the wider housing market. They live in a third of all homes and population ageing will account for around 60 per cent of household growth, with the highest levels of increase amongst those over 85 years. Nationally the number of people aged over 65 is forecast to rise over the next decade, from 11.7 million to 14.3 million by 2025, a 22% rise. This means that one in five of the total population will be over 65 in 10 years' time, which will become one in four by 2050.[38]

The suitability of the housing stock is of critical importance to the health and wellbeing of individuals and the capacity of public services to sustainably support healthy ageing over the long term, delivering both improved outcomes and huge efficiencies. In the UK, the vast majority of over 65s currently live in the mainstream housing market. Only 0.6 per cent of over 65s live in housing with care, which is 10 times less than in more mature retirement housing markets such as the USA

[35] ONS 2013, 2011 census: quick statistics for local authorities in England & Wales
[36] ONS, Internal migration: by local authority and region, five-year age group and sex
[37] Institute of Public Care 2020, Projecting older people population information
[38] Local Government Association 2017, Housing our ageing population

and Australia, where over 5 per cent of over 65s live in housing with care.[39]

Mobility

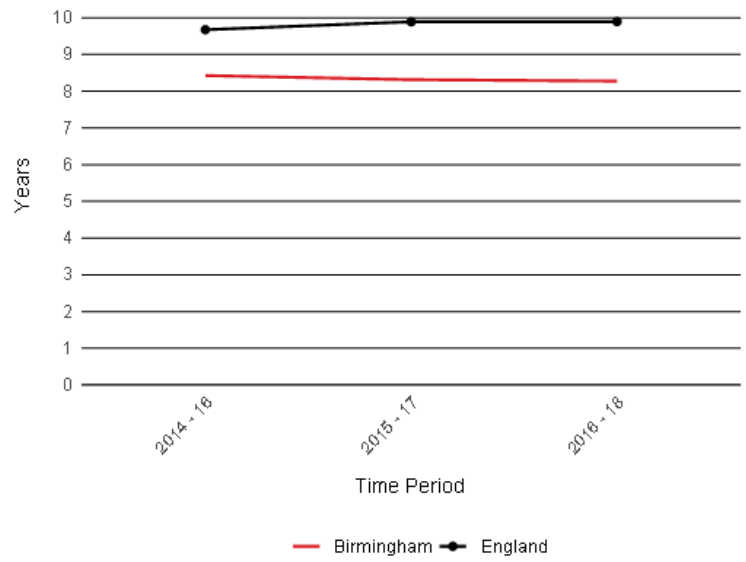
Key statistics :-

Mobility limitations are impairments in movement and affect between one third and one half of adults age 65 or older. [40] Mobility also promotes healthy ageing, the benefits of physical activity include: helping maintain the ability to live independent and reducing the risk of falling and fracturing bones; helping to maintain healthy muscles, bones and joints and also helping to control joint swelling and pain associated with arthritis.[41]

The recent trend for Birmingham males and females aged 65 has them having significantly less disability free years compared with males and females aged 65 nationally. The recent trend shows a slight decrease for the Birmingham males going from 8.4 years in 2014-2016 to 8.3 years in 2016-18. The reverse national picture is true, with males showing a slight increase in disability free year 9.7 years (2014-2016) to 9.9 years (2016-2018).

However, Birmingham females aged 65 fare significantly worse than the females nationally for the same period. Although disability free years have increased, from 7.7 years (2014-16) to 8.2 (2016-18) women in Birmingham still have less disability free years than women nationally: where there has been an increase from 9.7 years in 2014-16 to 9.8 years in 2016-18. Birmingham is mid-range when compared to core cities for both genders.

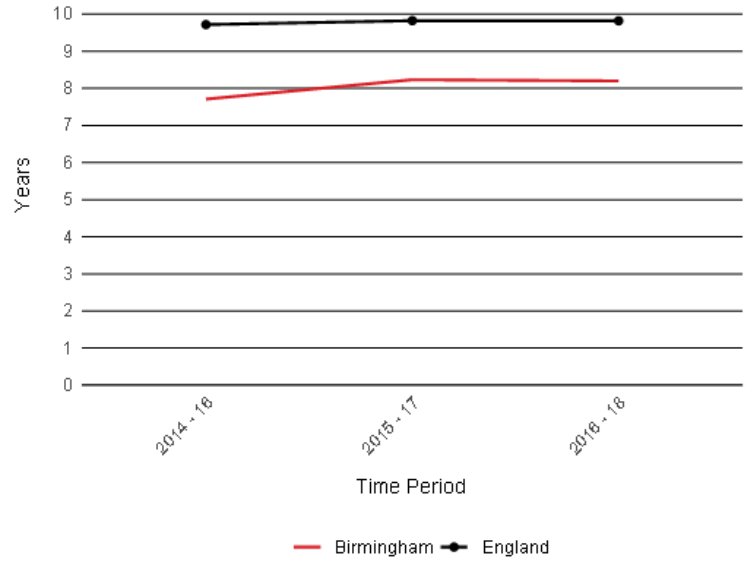
Figure 8 Disability-free life expectancy at 65 (Male) for Birmingham



Source : Public Health Outcomes Framework

[39] Local Government Association 2017, Housing our ageing population
[40] Rosso, AL *et al* 2013, Mobility, disability, and social engagement in older adults. J Aging Health. doi:10.1177/0898264313482489
[41] NHS, Physical activity guidelines for older adults Accessed 06/01/2021

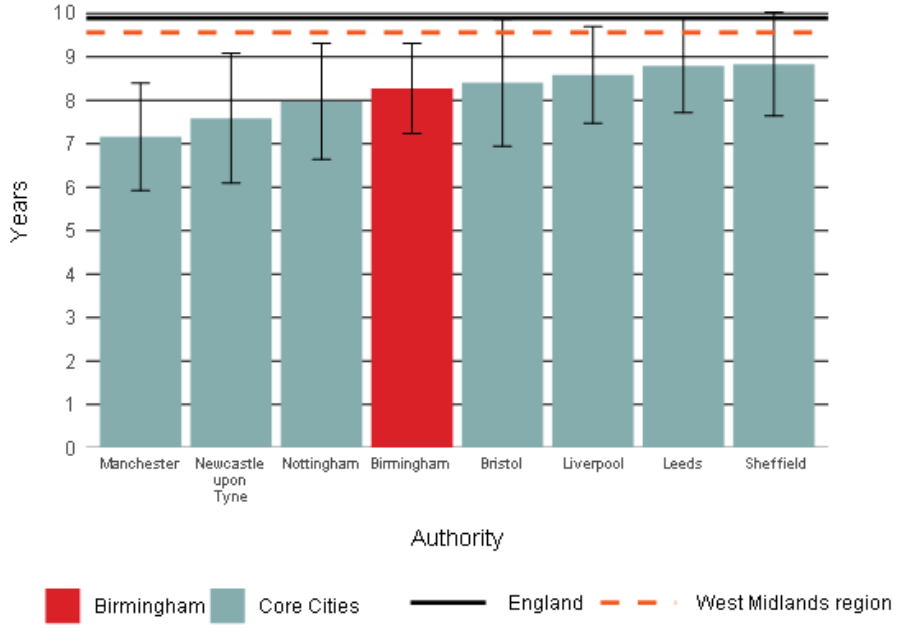
Figure 9 Disability-free life expectancy at 65 (Female) for Birmingham



Source : Public Health Outcomes Framework

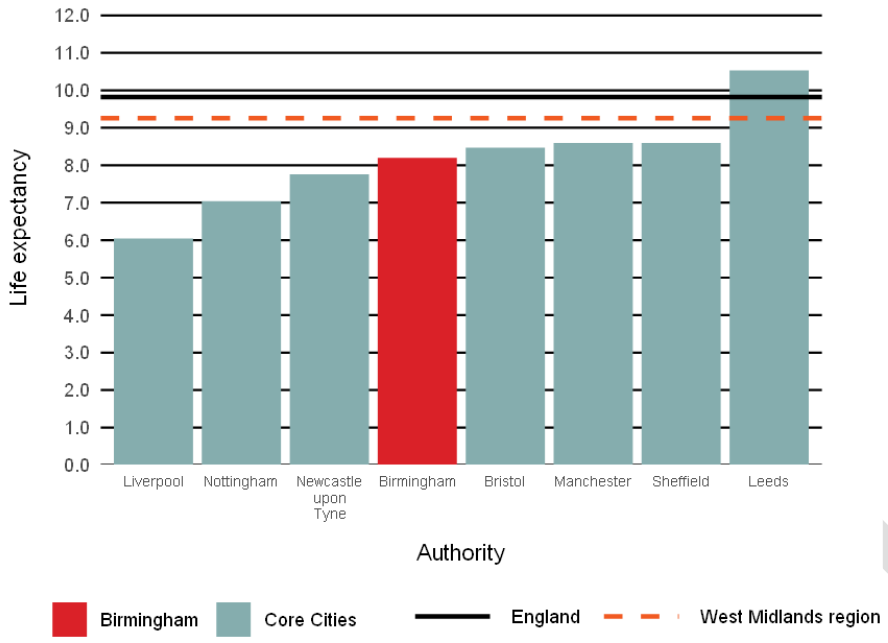
When looking at core cities, the latest period for 2016/18 has the Birmingham males aged 65 having slightly more disability-free years compared with Manchester, Newcastle or Nottingham and the Birmingham females aged 65 have more disability-free years compared with Liverpool, Nottingham and Newcastle.

Figure 10 Disability-free life expectancy at 65 (Male) in period 2016/18



Source : Public Health Outcomes Framework

Figure 11 Disability-free life expectancy at 65 (Female) in period 2016/18



Source : Public Health Outcomes Framework

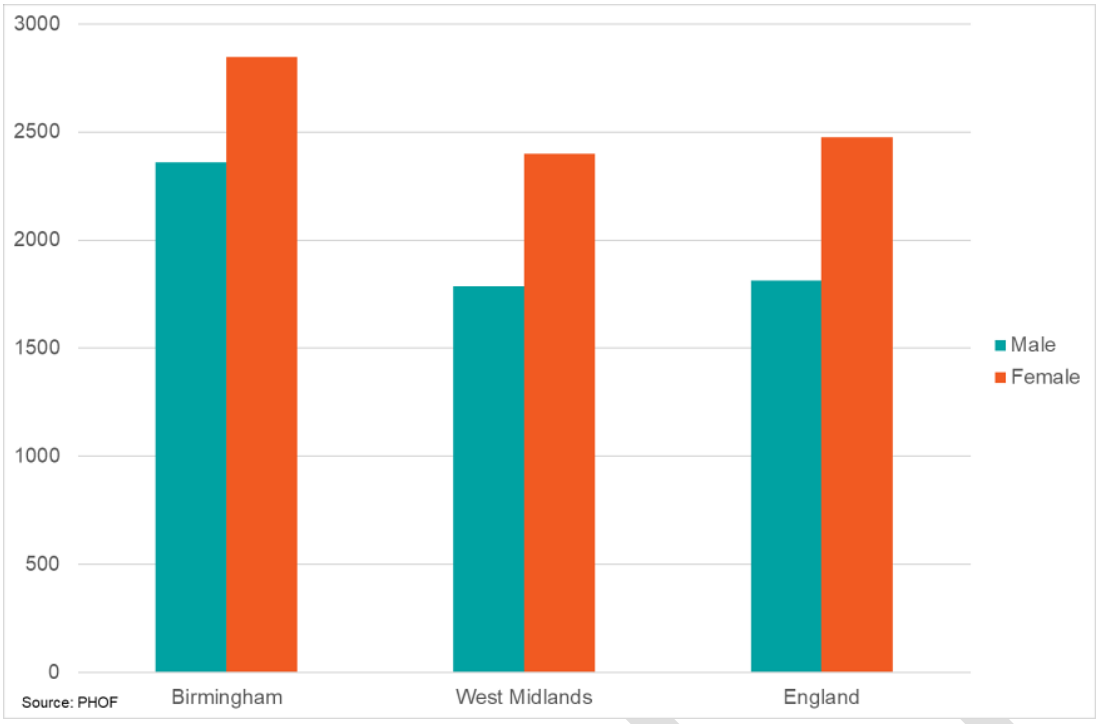
Falls and hip fractures

In 2018/19 there were 4,135 emergency hospital admissions in Birmingham due to falls in people aged 65 and over. This equates to 2,657 per 100,000 of the population in the city, which is significantly higher than England (2,198 per 100,000) and the West Midlands region (2,114). Rates per 100,000 are standardized to account for different population age structures in local authority areas. Like many health problems, nationally, the admissions rate for people living in the most deprived areas is higher than those in the most affluent. Birmingham is in the middle when compared to core cities. Further breakdown of the Birmingham data shows that:

- Admissions were higher in women (2,846 per 100,000) compared to men (2,360 per 100,000).
- Admissions were over 4 times higher in those aged 80 and over (6,337 per 100,000) compared to those aged 65-79 (1,387 per 100,000). [42]

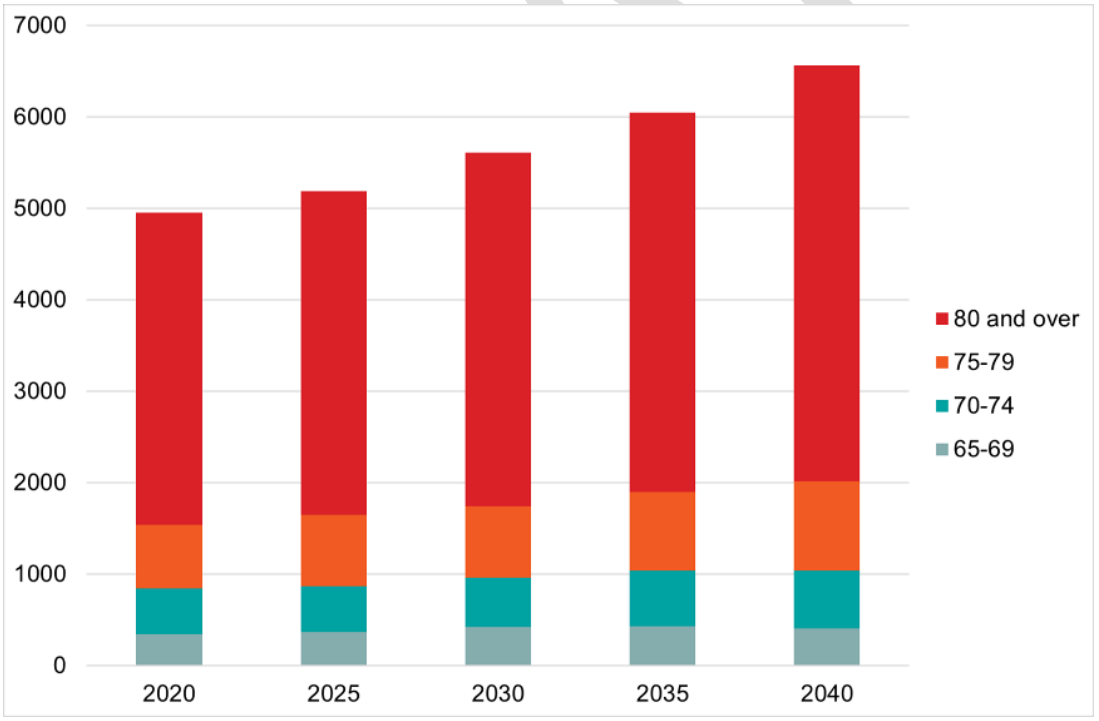
Figure 12 - Emergency Hospital Admissions Due to Falls per 100,000 Population Aged 65+ - 2018/19

[42] Public Health England. Public Health Outcomes Framework. 2020 https://fingertips.phe.org.uk © Crown copyright 2020



In line with population growth, projections suggest there will be around 1,600 more falls-related hospital admissions per year by 2040. Most of these are among those aged 80 and over[43].

Figure 13 - Projected Hospital Admissions due to Falls



Source: POPPI

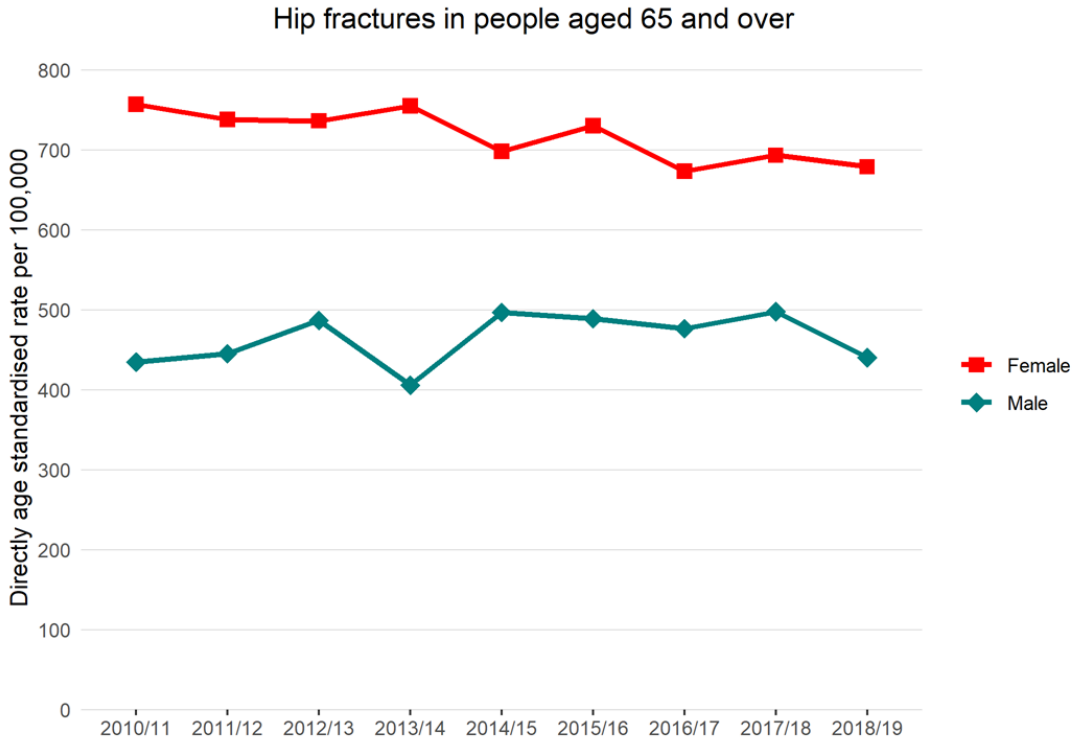
Hip fracture is a debilitating condition – only one in three sufferers returns to their former levels of independence and one in three ends up leaving their home and moving to long-term care. The average age of a person with a hip fracture is about 83 years and 73% of hip fractures occur in women[44]. Postmenopausal women have a higher prevalence of osteoporosis and greater

[43] Institute of Public Care 2020, Projecting older people population information
[44] NICE 2011, Hip fracture: management Accessed 06/01/2020

incidence of fracture than older men[45] and this is reflected in consistently higher rates for women in the city.

In 2018/19 there were 915 hip fractures in people aged 65 and over in Birmingham. This equates to a rate of 583 per 100,000 people, which is higher than the rates for England (558 per 100,000) and the West Midlands region (585 per 100,000). There were 679 fractures per 100,000 for women and 440 per 100,000 for men[46].

Figure 14 - Hip Fracture Rate in 65+ Birmingham Population



Excess Winter Deaths/Warmth

Excess winter deaths (EWD) refers to extra deaths from all causes that occur in the winter months (December to March) compared to the expected number of deaths, based on the average of the number of non-winter deaths.

The number of EWDs depends on the temperature and the level of disease in the population: as well as other factors, such as how well equipped people are to cope with the drop in temperature. Nationally, (during the winter of 2019-20) respiratory diseases such as influenza accounted for almost 40% of EWDs, followed by circulatory disease (21%). EWDs are also highest in the elderly population, in particular, females and those aged 85 and over [47].

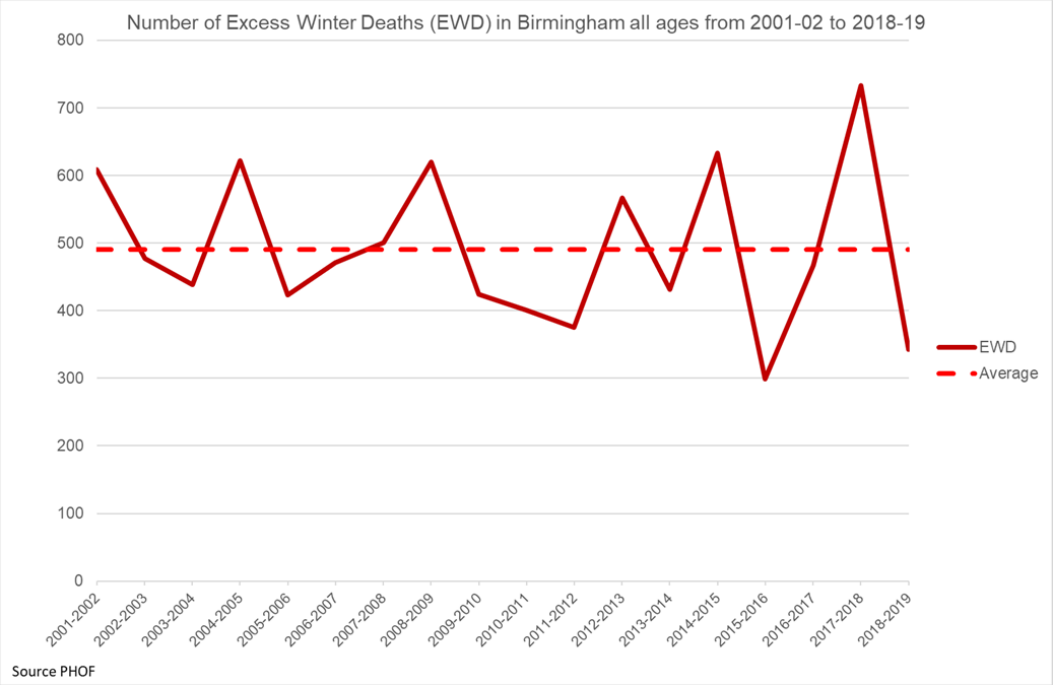
Variation in EWDs is not always related to the relative winter temperature and it has been observed that colder European countries have fewer deaths than the UK suggesting that many more deaths could be preventable[48]. Flu epidemics, poor housing and cold homes are also known

[45] Cawthorn, PM 2011, Gender differences in osteoporosis and fractures Clin Orthop Relat Res. https://doi.org/10.1007/s11999-011-1780-7
[46] Public Health England. Public Health Outcome Framework. 2020 https://fingertips.phe.org.uk © Crown copyright 2020
[47] ONS Statistical Bulletin: Excess Winter Mortality in England and Wales
[48] Healy, JD 2003, Excess winter mortality in Europe: a cross country analysis identifying key risk factors. JECH/BMJ 10.1136/jech.57.10.784

risk factors for EWDs, especially among older and vulnerable people.

Both nationally and in Birmingham, EWDs fluctuate significantly on an annual basis, with variation between 299 and 734 deaths since 2001, and a period average of 485 per year. Over the past 5 reporting periods Birmingham has had statistically lower excess winter deaths than England.

Figure 15 - Number of Annual Excess Winter Deaths (EWD) in Birmingham - all ages



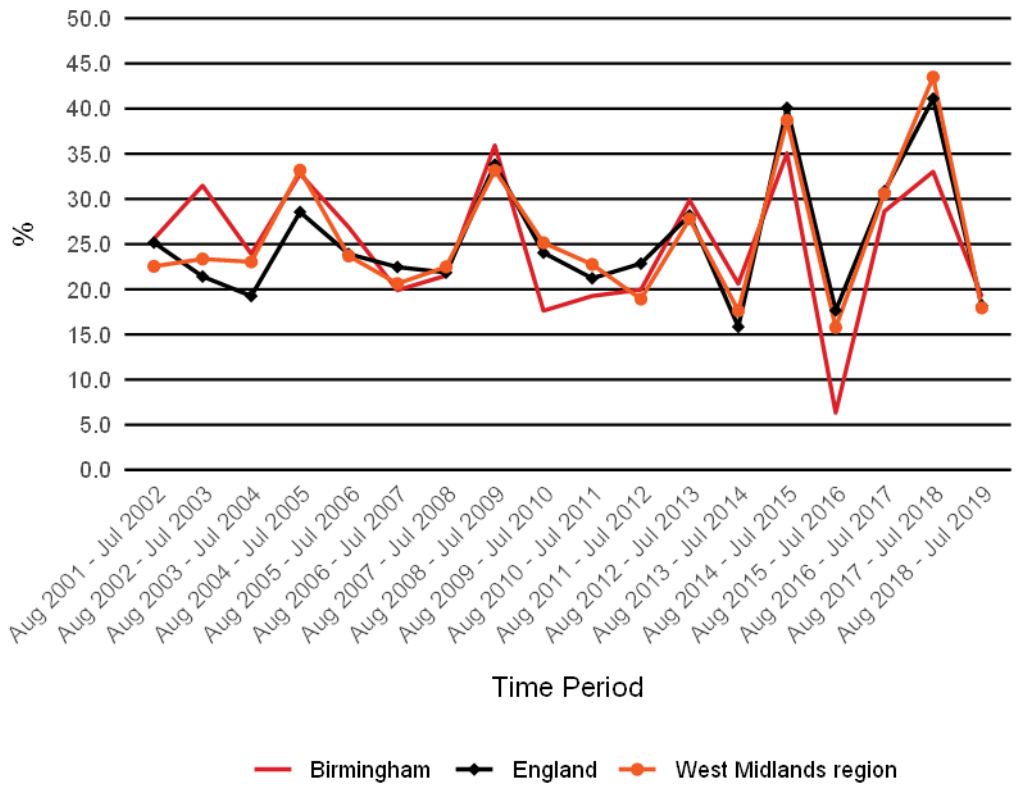
Source: Public Health England

National data reports EWDs as a percentage (which is an index), so that population size is accounted for. In the winter of 2018/19 the number of deaths in Birmingham during the winter months was 13.1% higher than the rest of the year. This is lower than the average for England (15.1%) and the West Midlands region (13.9%)[49]. Birmingham is the lowest when compared to core cities.

In line with evidence, the EWD rate is highest among those aged 85+ and patterns in this population in Birmingham have followed national and regional trends since 2001.

Figure 16 – Birmingham Excess Winter Death Rate (85+)

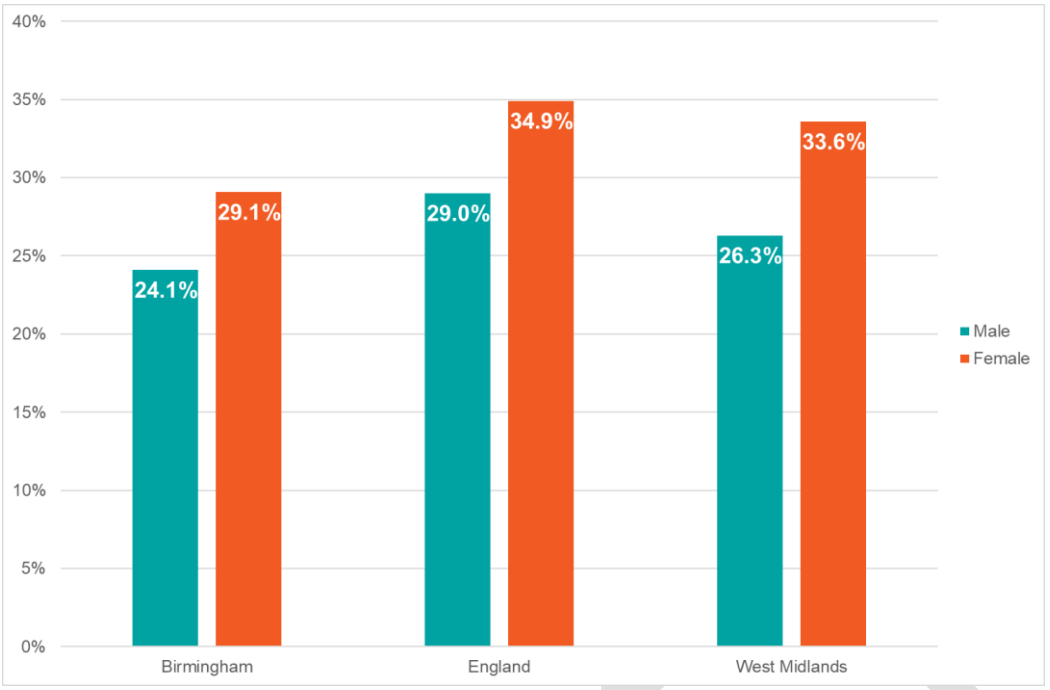
[49] Public Health England. Public Health Profiles. 2020 https://fingertips.phe.org.uk © Crown copyright 2020



Source: Public Health England

Among the 85+ age group, the EWD rate (winter 2018 – 19) was 17.2% for men and 20.4% for women, both of which are higher than the rates for England. This pattern of higher rates for females is reflected in data at both national and regional level. Birmingham is mid-table when compared to core cities.

Figure 17 Excess Winter Deaths – 3 Year average, age 85+ (2016/17 to 2018/19)



Source: Public Health England – Public Health Profiles

Transport

Transport represents one of the largest items of weekly household spending, at 14% for the West Midlands region and 13.6% for the UK.[50] Staying connected to communities and social networks enables older people to contribute and connect with society and is associated with positive mental and physical health, facilitating independence and physical activity while reducing social isolation. Changes in physiology and cognition associated with later life mean longer journeys may have to be curtailed.[51]

Similar to the rest of the West Midlands, older adults resident in Birmingham aged 65 and over qualify for a free travel pass. This travel pass entitles senior citizens to free local train, bus and metro travel between 9.30 am and 11.59 pm Monday to Friday, all day weekends and on public holidays.[52] In 2015/16 there were a total of 443,682 travel passes for older adults in use across the West Midlands and the take-up rate is estimated to be around 95%, which resulted in 61.3 million bus journeys.[53]

For those elderly residents with mobility issues, throughout the West Midlands there is also a door to door accessible transport service available known as “Ring and Ride”, run by the charity West Midlands Special Needs Transport Ltd. The bus service operates from 8 am until 11 pm from Monday to Saturday and from 8.30 am to 3.30 pm on Sundays. In 2015/16 there were an estimated 270,00 passenger ring and ride journeys in Birmingham, a decrease from the year before of 230,000 which was the result of a drop in funding for the service resulting in an increase of fares.[54]

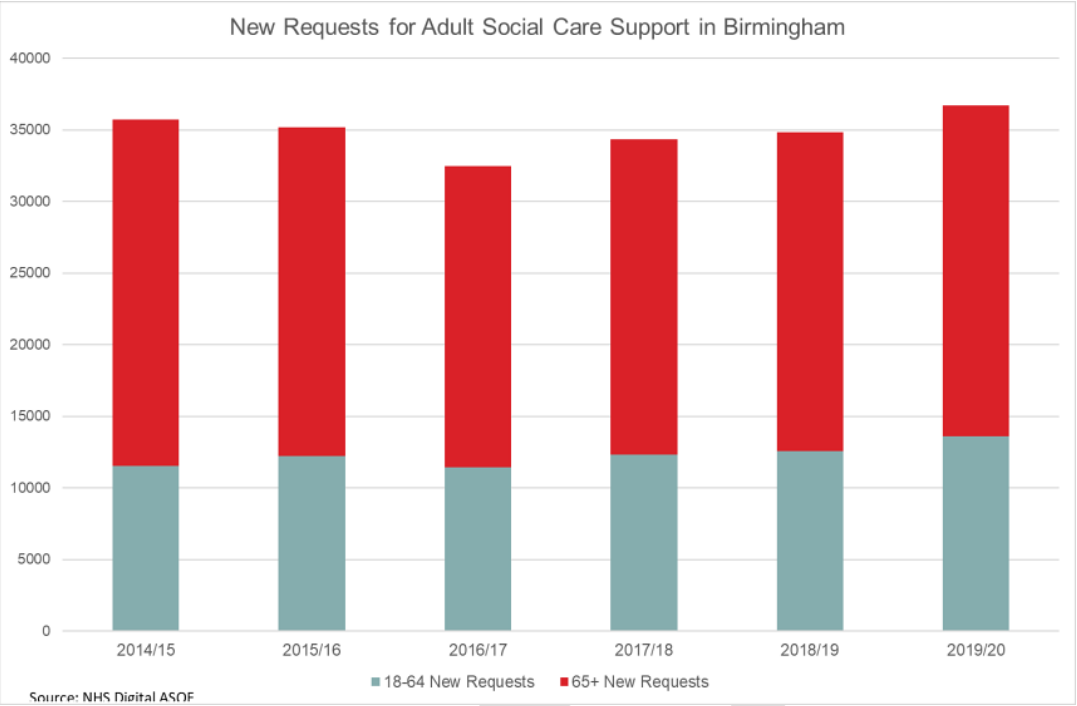
Social Care

In 2019/20 there were 23,115 new requests for social care support for those Birmingham residents

[50] Transport for West Midlands 2016, West Midlands travel trends
[51] Musselwhite, C *et al*. 2015, The role of transport and mobility in the health of older people J Transp Health.
[52] West Midlands Network 2020, Older person’s free travel pass Accessed 07 January 2021
[53] West Midlands Network
[54] Transport for West Midlands 2016, West Midlands travel trends

aged 65 and over, which is over half (58.8%) of all new requests.[55]

Figure 18 - New Requests for Adult Social Care Support in Birmingham



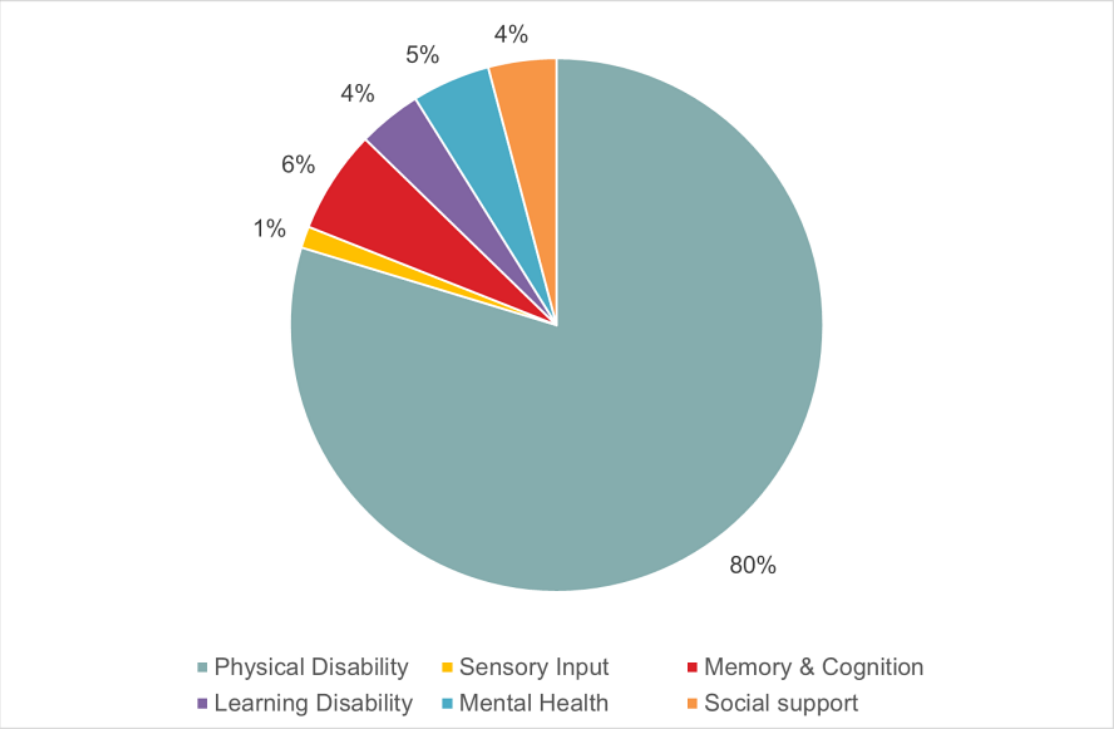
Source: NHS Digital

A total of 10,185 people in this age group were receiving long-term support during the 2019/20. This equates to 68.2 people per 1,000, compared to the England average of 53 per 1,000.[56] This number has decreased annually since 2017/18.

80% of people receiving long term support received it for physical disability, 6% with memory and cognition, and 5% for mental health problems[57].

Figure 19 – over 65 Birmingham clients accessing service by primary support reason (2019/20)

[55] NHS Digital SALT STS001 - Number of requests for support received from new clients
[56] NHS Digital - SALT LTS001a - The number of people accessing Long Term Support during the year to 31st March
[57] NHS Digital SALT LTS001a - The number of people accessing Long Term Support during the year to 31st March



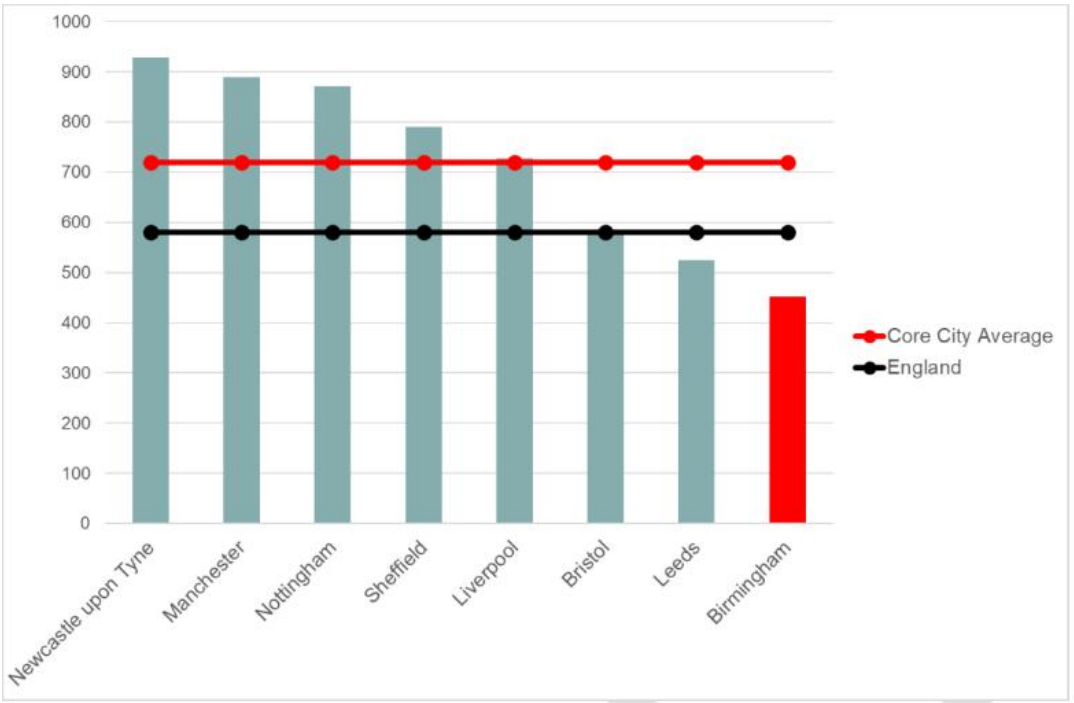
Source: NHS Digital

In 2019/20, 62% of the older age population receiving long term support were cared for in the community or received direct payments, 23% received residential care and 15% received nursing care. Since 2017/18 the number receiving direct payments has increased, with the number receiving other long term community support decreased.

The number of permanent admissions to residential care was 453 per 100,000 which was lower than the England average of 580, lower than the average for other core cities and lowest of all core cites. These admissions have been consistently going down for the last 3 years. Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency, and local health and social care services will work together to reduce avoidable admissions. Research suggests where possible people prefer to stay in their own home rather than move into residential care [58]

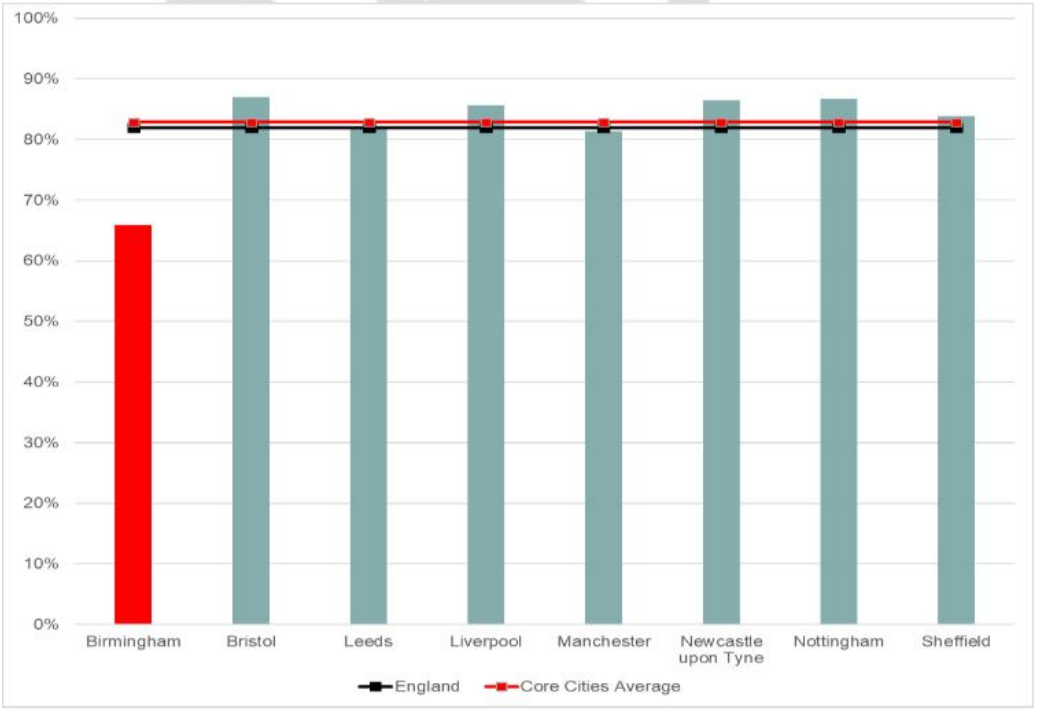
Figure 20 - Permanent admissions to residential and nursing care homes per 100,000 aged 65+ (2018/19)

[58] 'Public Health England. Productive Healthy Ageing Profile https://fingertips.phe.org.uk © Crown copyright [2021]



Reablement and rehabilitation services in Birmingham help people recover skills and confidence to live at home after a spell of illness or hospital stay; allowing them to live independent lives, with minimal support. This indicator below measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge. In the City, in 2018/19, 66% of older people receiving reablement services are still at home 91 days after discharge from hospital. This is the lowest of the core cities, lower than the core city average (83%) and England average (82%).

Figure 21 - % of Older People Still at Home 91 Days after Discharge from Hospital into Reablement 2018/19



Source: NHS Digital:ASCOF

A delayed transfer of care occurs when a patient is ready for discharge from acute or non-acute care and is still occupying a bed as they are unable to go home. Reasons for this include awaiting a care package or nursing home placement, the need for adaptations or delayed funding amongst others. Historically, delayed transfers of care from hospital have been a challenge in Birmingham. The average number of delayed transfers in 2018/19 were 19.6 per 100,000 compared to 10.8 per 100,000 for England (Birmingham was18.3 per 100,000 for 2017/18, England 12.3)[59].

Self-funders of care and support

We do not know exactly how many people in Birmingham are paying for their own care services because in addition to those who do not meet the eligibility criteria for services, or assets threshold, there is also a cohort of people who do not approach local authority for help with their care. Using data from the English Longitudinal Survey of Aging (2006-7) we can estimate 3,069 people purchasing help with care-related tasks.[60] Additionally in 2018/19, 7,495 people aged 65 and over received a direct payment or other long term community package of care.[61]

Service Model and Data

Social Care

The Birmingham Integrated Care Partnership [62] has built upon their Birmingham Older peoples programme in delivering their flagship Early Intervention initiatives. Commencing in October 2018, this has been the first integrated programme of work in Birmingham and was supported by an external change partner. The programme delivered a transformation in how partners work together to put the person at the centre, to promote "home first" as the default outcome for citizens who experience, or who are at risk of, the need for acute care. Perhaps the most notable aspect of the programme has been the creation of new multi-agency Early Intervention Community Teams as the pivotal part of a programme that has enabled people to live more independently, reducing the length of stay in hospital and delivering financial benefits for the system. Underpinning the Partnership's vision of "The right care, at the right time, at the right place" is a commitment to personalised care. The Partnership's refreshed prioities include,

- Early Intervention (Phase 2)
- Neighbourhood Integration
- Care Homes

Over half of the long-term packages of social care commissioned by Birmingham City Council for people aged 65 and over are domiciliary care packages. The majority of these are in people's own homes, but some are for people living in the city's growing number of housing with extra care developments. Birmingham has a significant number of Extra Care villages (also known as Housing with Care). This is a sector that is continuing to grow both locally and nationally, and the council supports this model of care as an alternative to some residential care packages. This model of care has the potential to improve outcomes for older people, and help to free up larger homes in the city for the use of younger families.[63]

Just under a quarter of long-term care is in residential care homes and 11% in nursing homes.

[59] NHS 2019, 2c – delayed transfers of care from hospital, and those which are attributable to adult social care
[60] Birmingham City Council Commissioning Team
[61] Birmingham City Council Social Care Information Team - 2018/19 SALT LTS001a return
[62] Partners include Birmingham City Council, NHS, Hospices, Birmingham Voluntary Services Council and healthwatch
[63] Birmingham City Council Commissioning Team

This is a relatively low percentage compared to other local authorities of a similar size. However, the council still aims to increase the number of people living independently or receiving care and support in their own homes.

Birmingham is in the process of producing a new Day Opportunities Strategy, which will seek to improve the quality of daytime opportunities for all age groups, as well as diversifying the choice of options available.

The community based services including General Practice, community nursing and therapies and Adult Social Care focus more on the maintenance of independent living.

Self-funders

Self-funders access generally the same suite of social care services that are provided by the Local Authority. Residential care homes, nursing homes, home care services, Extra Care centres, supported living and sheltered housing, day opportunities and personal assistants are all established markets in Birmingham, used by both self-funders and the Local Authority. Birmingham City Council provides an online portal, Connect to Support, which is a resource for use by self-funders, as well as those using Direct Payments. Connect to Support is a central source of information and links to services and service providers in the city, for those who wish to find information, advice, guidance, care services or products.

Additionally, the Council inspects contracted care homes and home care providers and publishes the results and quality ratings of these services online to make them accessible to members of the public to help make decisions about care. There are high-cost providers of (for example) residential and nursing care, who cater largely for self-funders with significant incomes/ capital reserves, which because of the high cost of their services are not contracted with the Local Authority. Additionally, Birmingham has a large number of extra care villages (also known as housing with care). These centres typically have a mix of council-funded residents, owner-occupiers and private renters, and this is a growing model of accommodation (with care provided on site), both in Birmingham and the UK as a whole.

Extra Care Housing

In 2018/19 there were 386 people aged 65 and over who had received an Extra Care service from the Local Authority during the year. Extra care housing is specialist housing designed for older people. It is similar to sheltered housing but also offers help with personal care and household chores. This by no means covers everyone and there has been a big increase in extra care developments and the majority are self-funded.

Housing

Birmingham City Councils approach to housing an ageing population is to stimulate the market by promoting downsizing and housing diversity through diverse and innovative housing models. Birmingham City Council has an ambitious plan. It will have 150,000 additional people and 89,000 additional households by 2031. Birmingham is a city of growth. New homes are needed to accommodate a growing population and to help drive and support the economic development of the city and the city region. The council estimates that 89,000 new homes are needed from 2011 to 2031, including a growing the market for housing for older people. The Birmingham Development Plan seeks to encourage housing growth. The council uses planning powers positively to enable and accelerate delivery. The council plans to build at least 51,000 new homes in the city by 2031. Including completions to date, it has identified sites with capacity for 46,247

new homes. However new homes completions in Birmingham have fallen from 4,000 in 2005/6 to 1,809 in 2014/15. As a result of a focus on increasing the delivery of new homes, Birmingham City Council (BCC) now builds over 25 per cent of all new homes across the city – for social and affordable rent, sale, and now private rented sector housing[64].

Reducing the number of EWD attributable to the impact of cold homes requires measures to increase the energy and heating efficiency of homes thereby reducing the amount and cost of energy used to maintain a stable internal living temperature. Birmingham City Council supports the national schemes mediated by the energy industry to achieve this. While uptake of these schemes is monitored, the number of homes needing remedial action is unknown accurately. This is why frontline health & social care staff who are in direct contact with people in the community are encouraged to link people to the schemes. (More sourced info – try this as a starter https://www.kingsfund.org.uk/projects/improving-publics-health/warmer-and-safer-homes)

Trends & Future Analysis

Although Birmingham is a young city, as life expectancy increases the number of older people meeting the criteria for the pneumococcal, flu and shingles vaccines is expected to increase.

The need for supportive care in the older (85+ years old) age groups will also increase with rising life expectancy. The nature of that support and its' setting will be influenced by expansions in provision of some sectors (such as house owner occupiers sharing facilities) and challenges to financial viability in others (residential care homes) with reduction in provision. There will also be an impact of technological developments enabling care to be delivered in different ways and/or more cost-effectively.

There are varying methods of estimating self-funders, all of which have flaws, but which taken together may give a reasonable picture of the number of self-funders in Birmingham and thus estimate future need. Most estimates (national prevalence studies) for self-funders focus on older adults, as they are the group most likely to be self-funding care. Therefore the figures below are for the over 65 age group. In some circumstances, people with adult onset disabilities may also pay for their care, especially if they have large accident-related compensation payments. Using data from the English Longitudinal Survey of Aging (2006-7) we can estimate 3,069 people purchasing help with care-related tasks. If we apply population growth estimates to the prevalence figure shown above, we find that by 2030, the number of self-funders may have increased to 3,700 people.[65]

There are differing levels of economic deprivation across the city, along with diverse ethnic backgrounds, and so the needs of the population will be very different. Linked to this, the ethnic profile of the older adult population will change significantly in the coming years, with a large predicted increase in people from an Asian (particularly Pakistani) background passing the age of 65.

Regarding transport there is a wide range of initiatives proposed from increasing and modernising bus services, increasing the metro line and improving rail links within the city and beyond. The latest Birmingham transport plan has already started to shift the balance towards a greener future to reduce car dependence part of which involves the introduction of a clean air zone which sets out to penalize motorists with heavy polluting vehicles and to deliver a better environment for the

[64] Local Government Association 2017, Housing our ageing population
[65] Birmingham City Council Commissioning Team

inclusive growth for the residents of Birmingham.[66]

[66] Birmingham City Council 2020, Draft Birmingham Transport Plan

Being part of a community

Definition/Overview of the topic

There is a wide body of evidence showing that being part of a community and having social connections is protective towards mental and physical health. The opposite can be said for individuals who are socially isolated or feel lonely. Working and volunteering are recognised as effective ways to maintain social connections and play an active part in a community.

Social connections can be affected by life events such as bereavement, retirement and loss of mobility, all of which are factors associated with the ageing process.

Government strategy in the UK recognises the importance of social connections and tackling loneliness. The strategy sets out goals to improve the evidence base on loneliness, embed loneliness as a consideration across government policy and raise awareness of the impacts of loneliness.[67]

Key statistics

Loneliness and social isolation

Loneliness and social isolation are terms that are often used interchangeably to mean the same thing, but are in fact different but related concepts. Social isolation is an objective measure of how much contact with other people an individual has. Social isolation is measured using a series of questions including marital/cohabiting status, monthly contact with family and friends, and involvement in groups/organisations[68]. Loneliness, on the other hand, is subjective and was defined in the Jo Cox Commission on Loneliness as "A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want."[69] Loneliness is assessed by three items of the UCLA (University of California, Los Angeles) loneliness scale: lack companionship, feeling left out, and feeling isolated. Higher scores for both indicated greater loneliness and social isolation. A fourth question asks directly if a person is feeling lonely[70]. Both loneliness and social isolation are associated with negative health behaviours, risks to mental and physical health, and increased mortality risk.[71]

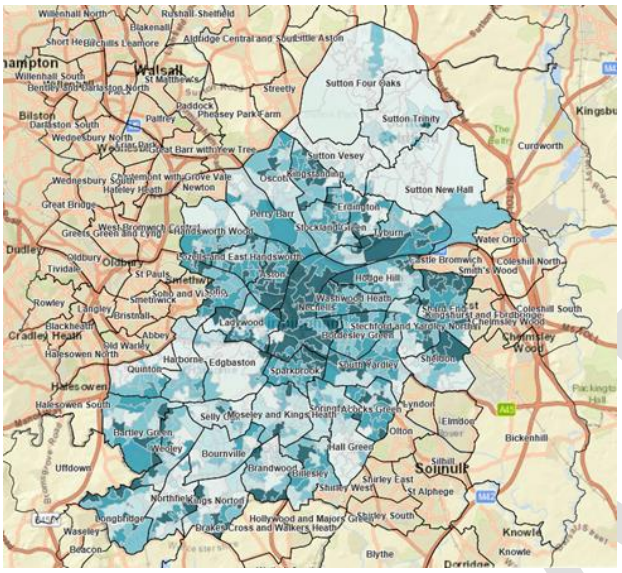
Birmingham has a higher proportion of adults aged over 65 who live alone (34.4% Census 2011) than the England average (31.5%). However, there is a similar proportion of adult social care users who have as much social contact as they would like in Birmingham (40.3%) compared to England (43.5%).

The ONS Community Life Survey (2019/20) showed that 9% of people over 65 felt lonely some or all of the time.[72]. Other studies estimate between 5 and 15% of those aged 65 or over often feel lonely[73]. The ONS is currently developing a standardised national measure for loneliness but this is not yet in use. Evidence suggests that loneliness is linked to being widowed and an increase in

[67] HM Government 2018, A connected society: a strategy for tackling loneliness
[68] Institute for Fiscal Studies 2018, The dynamics of ageing
[69] Age UK 2017, Combatting loneliness one conversation at a time
[70] Compaign to End Loneliness, Measuring loneliness. Accessed 10/12/2020
[71] Public Health England 2015, Reducing social isolation across the life course
[72] Department for Digital, Culture, Media & Sport 2020, Community life survey 2019-20
[73] Campaign to End Loneliness 2015, Measuring your impact on loneliness in later life.

the number of people living alone associated with an ageing population[74].

Age UK used data from the English Longitudinal Study of Ageing (ELSA) survey to obtain and test predictors of loneliness. The results were then applied to Census 2011 data to predict loneliness at small geographical area (LSOA) level across England. Whilst there are limitations to the validity of the Age UK model (particularly around the effects of ethnicity), it is the only model that is currently available and could reasonably be used as a starting point to identify areas with high risks of loneliness. The model estimates that the highest risk of loneliness amongst those aged over 65 in Birmingham is in the central and Eastern parts of the city[75].



Risk of loneliness aged 65+ by LSOA within Birmingham 2016

Risk within this authority

- Very low risk
- Low risk
- Medium risk
- High risk
- Very high risk

Social connections

Social capital is a term that the Office for National Statistics (ONS) defines as

"...the connections and collective attitudes between people that result in a well-functioning and close-knit society."

Social capital is positively associated with individual and societal wellbeing along with economic growth and sustainability.[76] ONS measure social capital using 25 indicators across 4 broad domains of personal relationships, social support networks, civic engagement, and trust and comparative norms. Using these measures ONS reported that,

> "Our social capital findings show that we are engaging less with our neighbours but more with social media. We also note that we feel safer walking alone after dark in our neighbourhoods, but more recently fewer of us feel like we belong to them." (Eleanor Rees [77])

Improvements noted include we felt safer walking the streets at night. However, some concerns were noted including positive engagement with neighbours had declined recently, as had our sense of belong to our neighbourhood. On an individual level, reported membership of political, voluntary, professional or recreational organisations had declined

The social connections and attitudes measured as social capital can help prevent social isolation

[74] Compaign to End Loneliness, The facts on loneliness Accessed 08/01/2021
[75] Age UK 2016, Age 65+ risk of loneliness Accessed 10/12/2020
[76] ONS 2014, Measuring social capital
[77] ONS 2017, Social capital in the UK: 2020

and loneliness. Current research suggests that cognitive decline could be slowed down by having close family and friend relationships and participating in meaningful activities. It may also help maintain thinking skills as people grow older[78]. The role of social connections and communities in preventing loneliness and supporting people to age well has been recognised by national bodies concerned with healthy ageing. The Centre for Ageing Better advocates promoting age friendly and inclusive volunteering along with developing age-friendly communities (based on the WHO Age-Friendly Cities Framework)[79].

Currently no data is available at a local level to measure social capital amongst the older population as the data are collected through national surveys. Further consideration on measures or proxy measures for social capital at a local level may be required in the future.

Contribution to society

In the West Midlands just 9% of adults aged 65 or over are economically active.[80] Evidence suggests that whilst working in older age can be damaging to health due to factors such as stress and physical exhaustion, suitable work for older adults can be protective towards mental and physical health.[81] A review by the British Medical Association states that due to a falling birth rate and an ageing population there is increasing need for people to work to an older age. The review suggests that reasonable adjustments should be made to protect the health of older workers and noted that these adjustments should benefit the workforce as a whole.[82]

Evidence on the mental and physical health benefits of volunteering is strong and identifies the mechanism of improved social connections as a key element of this relationship.[83] Volunteering helps older adults feel part of a community and aids to strengthen social connections.

For more information on the impact of volunteering on older adults' wellbeing, see 'Further Information' at the end of this section.

Current services to meet this need

Following 'prevention first' vision and framework, there are a number of new and existing services and activities being commissioned or updated to create a greater focus on social isolation and loneliness.

- Neighbourhood Network Schemes – these are locality and place based networks which enable the engagement with and investment in community assets.
- Prevention & Communities Programme – the council is in the process of renewing its previous investment in a "Third Sector Grants Programme", providing £4.9million of funding to support voluntary and community sector activity.
- Three Conversations – the success of the two initiatives referenced above is partly dependent on the implementation of a new social care model for Adult Social Care. The Three Conversations model places a focus on developing conversations and relationships with citizens which recognizes their strengths, assets and aspirations, as well as those in the community in which they live. This is for the purposes of reconnecting citizens to

[78] Age UK, Social connections and the brain Accessed 16/12/2020
[79] WHO The WHO age-friendly cities framework. Accessed 16/12/2020
[80] Office for National Statistics, Annual Population Survey. Oct 2019 – Sept 2020 Accessed through https://www.nomisweb.co.uk/
[81] Taylor, P 2019, Working longer may be good public policy, but it is not necessarily good for older people J. Aging Soc. Policy.
[82] BMA 2016, Ageing and the workplace
[83] NCVO 2018, Impactful volunteering

communities and enabling them to live a better quality of life. This is an important change as a key driver of demand on adult social care is social isolation and chronic long-term loneliness.

- Local Area Coordination – this is a new service which the council is developing, putting into place 13 Local Area Coordinators across 13 of the city's neighbourhoods. Local Area Coordination is a model and way of working which has been developed internationally and in a number of other Local Authorities over the last 20 years, with a focus on the strengths and assets of citizens and communities. Local Area Coordinators will work with and support anyone, having a focus on reconnecting citizens to their communities and developing new community networks.
- Ageing better in Birmingham – a local programme that aims to reduce social isolation and loneliness in those over 50. There are four main priority areas with seven elements: Ageing Better Networks, Hubs and Funds; Directory of services; Local Action Plans; Supporters Scheme; and Age of Experience Group.

Future projections for need

The number of older people in the population is increasing, as is the number of older people who aren't living healthy and happy lives. For some time there has been a sustained increase in the complexity of needs which voluntary and community sector organisations and groups have been responding to. There is also a growing demand for adult social care services. Additionally the current trajectory of community investment is also decreasing. This is in part due to changes to public spending since the recession in 2008. A unique consideration for Birmingham is its diversity and some of its strengths are in the strength of the faith and community networks, particularly amongst BAME communities. However, it is inevitable that changes to family structures and cultural norms will create and amplify the conditions for social isolation and loneliness amongst BAME communities.

- There is a significant and growing evidence-base about what works to tackle loneliness and social isolation, but one which straddles different policy areas – particularly social care and health, and community development. In short the evidence shows that working differently with citizens to help them improve quality of life, as well as valuing the importance of informal activity in communities, can have profound impacts on the prevalence of social isolation and loneliness.

A few relevant resources which specifically address social isolation and loneliness include:

- The National Lottery Community Fund: Insights to social isolation and loneliness Bringing people together: how community action can tackle loneliness and social isolation
- The National Lottery Community Fund: Building Connections Fund - funding specifically to prevent or reduce loneliness
- ONS: Community Life Survey: Focus on Loneliness
- What Works Wellbeing: Tackling loneliness
- loTUK: Social Isolation and Lonliness In The UK; With a focus on the use of technology to tackle these conditions

- **For further information:**
  - Public Health England blog: Public Health Matters
  - International Longevity Centre-UK: Health and Wellbeing Innovation Commission Inquiry

- What Works Wellbeing: Places, spaces, social connections and people's wellbeing: what works?
- Journal of Physical Activity & Health: Health for older adults: The role of social capital and leisure-time physical activity by living arrangements.
- The Gerontologist. A global view on the effects of work on health in later life.
- The Gerontologist. Effects of volunteering on the wellbeing of older adults.
- The Gernontologist. Formal volunteering as a protective factor for older adults psychological wellbeing.
- Mental Health Foundation. What are the health benefits of altruism?
- The Journals of Gerontology. Is working later in life good or bad for health? An investigation of multiple health outcomes.
- Journal of Aging and Social Policy. Working longer may be good policy, but it is not necessarily good for older people.
- CFE Research. Evaluation of ageing better in Birmingham-Year 2 report.
- National Health Service (NHS). Loneliness in the elderly: how to help.
- Economic and Social Research Institute. The impact of social prescribing on general practice use.

Older Adults Facing Additional Challenges

Carers

Our population is ageing and people with disabilities and long-term conditions are living longer. Most of us will be carers for family members or friends at some point in our lives. Caring is as common as owning your own house yet the public conversations about caring are far less common. Becoming a carer can happen suddenly, through an accident or sudden illness, or it can creep up gradually through a long-term condition or increasing frailty.

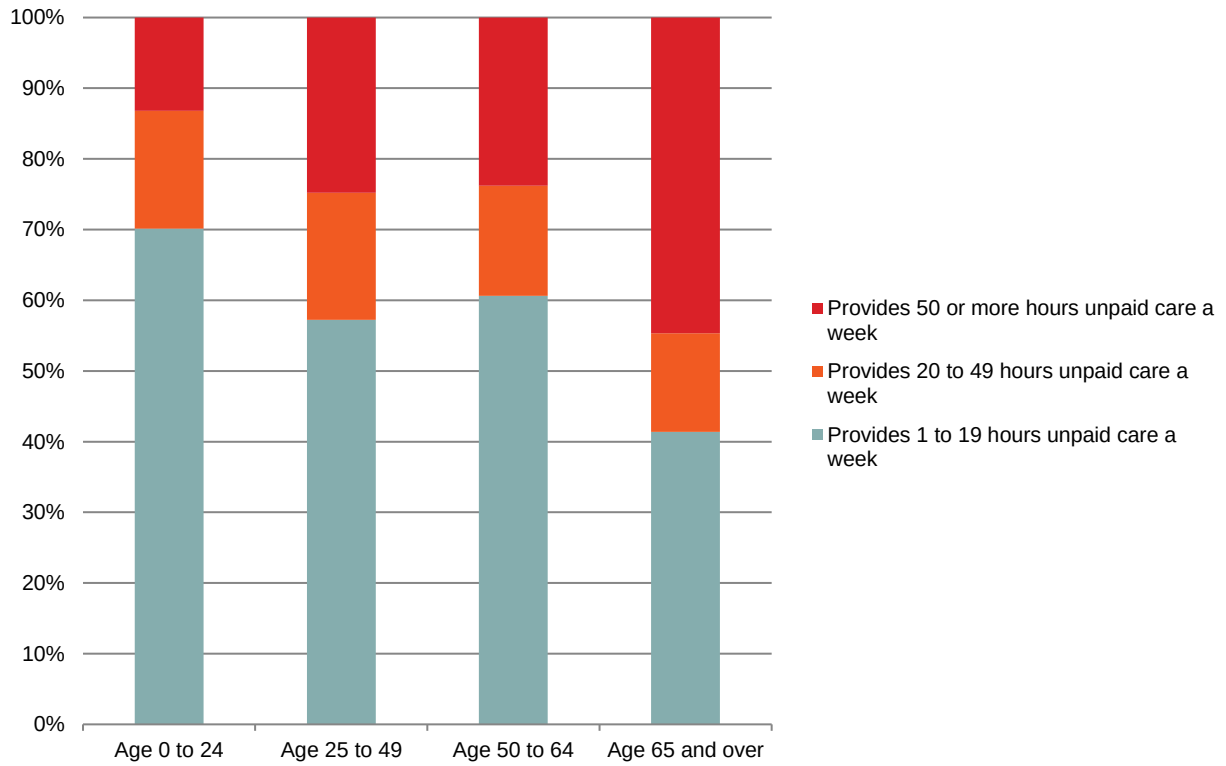
Caring for someone can take its toll on a person's health and wellbeing. Carers UK estimate that 600 people a day give up paid work to care. Caring can seriously affect health, wellbeing and relationships. 72% carers have suffered mental ill health as a result of caring. Carers save the economy £132 billion per year, an average of £19,336 per carer[84].

Key statistics summary

In the 2011 Census 107,380 people in Birmingham were providing unpaid care, 11% of the Birmingham population, slightly higher than England (10.2%). 57% of carers provided 1 to 19 hours of unpaid care, 16% provided 20 to 49 hours and 27% provided 50 hours or more.[85] Some 8,373 (8%) of all carers in Birmingham said their own health is bad or very bad. 50% of carers in the city were in employment.

There were 18,408 carers aged 65 years and over, 13.9% of that age group. Carers aged 65 and over are the most likely to provide 50 or more hours of unpaid care a week.

Figure 22 - Hours of Unpaid Care Provided, by Age of Carer- Birmingham



Source: ONS Census 2011

[84] Carers UK, Facts & figures Accessed 07/01/2021
[85] ONS 2013, Provision of unpaid care by general health by sex by age

During 2018/19 4,013 carers were supported by Birmingham City Council. 1,430 of these were aged 65 years or more.[86] However, this is well below the number of carers reported in the last Census which suggests the majority of carers in the city are not receiving any support from the local authority.

Table 3 - Local Authority Carer Support During 2018-19

Age of Carer	Direct Payment only	Part Direct Payment	Personal Budget	Commissoined Service	Information / Advice / Signposting	No Direct Support Provided to Carer	Total Carers Supported
Carer aged under 18	7	0	0	0	3	0	10
Carer aged 18-25	83	0	0	0	82	3	168
Carer aged 26-64	1350	3	4	10	909	129	2405
Carer aged 65-84	526	8	0	13	395	82	1024
Carer aged 85+	169	3	0	6	195	33	406
TOTAL	2135	14	4	29	1584	247	4013

Source: BCC

The NHS Survey of Carers in Households tells us the majority (62%) of carers were looking after someone whose condition affected them only physically, 11% were caring for someone whose condition affected them only mentally and 22% said their main cared for person was affected both physically and mentally.[87] 52.9% of Birmingham carers were caring for someone with a physical disability, 35.7% for someone with a long-standing illness and 30.6% for someone with dementia.

The Birmingham survey included a range of questions asking respondents about their quality of life. The responses were less favourable than for England overall.

- 22.9% did not do anything they value or enjoy with their time (England 15%)
- 19.3% felt they had no control over their daily life (England 13.9%)
- 22.1% felt they were neglecting themselves (England 15.8%)
- 2.0% were extremely worried about their personal safety (England 1.4%)
- 23.4% had little social contact with people and feel socially isolated (England 16.2%)
- 55% had experienced financial difficulties due to caring (England 45.6%)
- 69.6% spent 100 or more hours per week caring (England 35.7%).[88]

Service model & data

Carers have the right to a statutory carer assessment under the Care Act 2014. This is a discussion to understand the physical, emotional and practical impact of caring and ensure access to appropriate support services. Birmingham Carers Hub provide these assessments.

Birmingham Carers Hub is run by Birmingham Forward Carers and offers a range of support to carers in the city. Information and support for carers can be found on the Birmingham Connect to Support website.

In January 2020 NICE published guidelines on supporting adult carers[89]. The guidance aims to help health and social care practitioners identify people who are caring for someone and give them the right information and support. This should be achieved through carers' assessments, practical,

[86] BCC: Carer support during the year
[87] NHS Digital - Survey of Carers in Households
[88] NHS 2017, Personal social services survey of adult carers in England, 2016-17: Annex tables
[89] NICE 2020, Supporting adult carers

emotional and social support and training, and support for carers providing end of life care.

The NHS long term plan emphasises the contribution of carers and the need for more integrated and personalised support (including greater use of personal health budgets). The Care Act 2014 expects the NHS and social care to work together and where possible to integrate services and support.

Headline Analysis

Good quality, consistent support helps carers to reduce social isolation and depression, and to maintain quality of life. There is more that can be done to ensure that people are more prepared for the responsibilities of caring and to provide the support and information that they need to support them. A key barrier to the provision of appropriate support to carers is that they are often not identified. Many carers do not think of themselves as carers or are not identified by health and social care practitioners as such and do not know about the support available. There is a need for greater understanding of the impact of caring particularly in the workplace. Women are more likely to be carers and there is the issue of gender equality. Employers should ensure carers are aware of their rights, let them know where to get help and support and raise awareness of the needs of carers.

Older people with Learning Disabilities

Background

A learning disability refers to a group of conditions which effect intellectual ability and social functioning which are present before adulthood[90] and affect someone for their whole life. The effect on brain development can happen before an individual is born, during birth or in early childhood. Learning Disabilities can be mild, moderate or severe with some people being able to live independently while others require more high-level complex support.

Our population is living longer and while life expectancy of people with a learning disability is still on average, shorter than the general population, they are also living longer with some people living into their 70s and 80s.

Improvements in healthcare and a move away from long term institutional settings means that more adults with LD are growing older in the community than ever before. Many people with LD live with family carers who are themselves ageing and require support. However despite these positive trends in life expectancy, health inequalities remain. While these older adults experience many of the same conditions as those without learning disabilities, some conditions are more prevalent and occur younger such as dementia, epilepsy and sensory impairment and there is a greater risk of death from illnesses such as pneumonia due to late diagnosis[91]. It can also be a challenge distinguishing the symptoms of a condition such as dementia from those associated with learning disabilities.

Key statistics summary

In Birmingham (2019/20) almost 8,400 people of all ages are on the QoF Learning Disabilities register at GP Practises equating to a prevalence of 0.6%[92] However as many people with learning disabilities, especially those with milder disability, are not known to health or social services[93].

Service model & data

Learning disabilities services are proved by BCC Adult Social Care and Health (ASC&H) under a Section 75 agreement. The latter is a mechanism designed to enable integrated commissioning for health and social care, in this case between Birmingham City Council and Birmingham and Solihull or Sandwell and West Birmingham CCG. The service includes placements, home support and supported living, provision of day services and direct payments. Birmingham Community Healthcare Trust teams provide healthcare for people with learning disabilities living in the community. The service aims to provide high quality care through multidisciplinary working and close collaboration with other agencies.

There are around 365 people with LD receiving service from Birmingham City Council Social Care who are 65+. There are an additional 763 between the ages of 50 and 64 who may experience age related challenges earlier than the traditional definition of 'older adult'[94].

Owing to the gaps in provision for older people, Initiatives such as GOLD (Growing Older with Learning Disabilities) are working to improve care and support for older people with LD and a

[90] NICE 2015, Challenging behaviour and learning disabilities
[91] NICE 2018, Care and support of people growing older with learning disabilities
[92] NHS Digital: Quality and Outcomes Framework 2018/19
[93] 'Public Health England. Learning disability profiles https://fingertips.phe.org.uk © Crown copyright [2021]
[94] BCC - CF6 as at Feb 2020

specific support group has been set up to help people with learning disability and Dementia.

Headline Analysis

While there is limited health data available on older people with learning disabilities , we do know that there are significant health inequalities from existing evidence. Research also suggests that the population of older people with learning disabilities will increase 4 times faster than the overall adult learning disability population[95] so we need to ensure that services meet the needs of this growing population.

A specific age limit for 'older people' is not used in national guidelines when talking about people with learning disabilities because they learning typically experience age-related difficulties at different ages, and at a younger age, than the general population. However there are still significant gaps in provision for the older LD population. For people living in homes designed for adults with learning disabilities, these may be considered unsuitable for them as they age. Older people with learning disabilities are likely to be placed in older people's residential services at a much younger age than the general population, even though this may not meet their preferences or needs, especially in relation to communication, support and activities[96].

[95] Centre for Disability Research 2008, People with learning disabilities in England
[96] BCC and BSOL CCG 'Growing Older with Learning Disabilities'

People at end of life

The National Institute of Health and Care Excellence (NICE) guidance defines the '**end of life**' stage as people with:

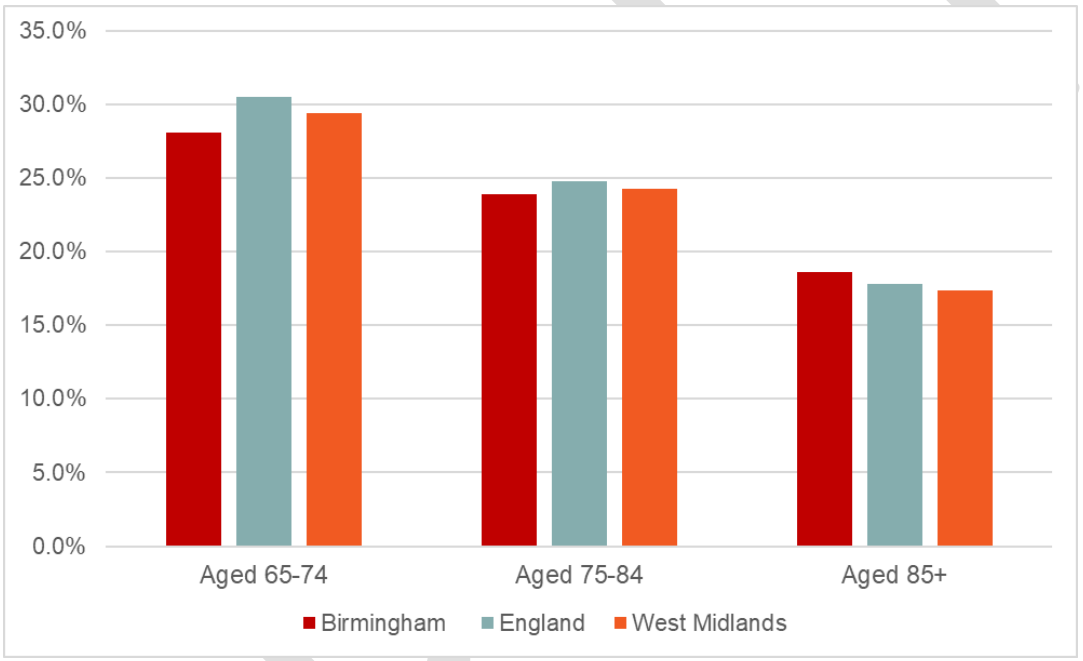
- advanced, progressive, incurable conditions; and/or
- those who may die within 12 months; and/or
- those with life-threatening acute conditions

End of life care therefore covers any support and treatment for those nearing death: includes palliative care.

Key statistics summary

In 2019 23.5% of adults aged 65+ died in their own homes, 15.8% in care homes and 52.8% in a hospital. The percentage of older people dying at home decreases with age, offset by an increase in deaths in care homes and hospitals. The percentages of deaths occurring at home are broadly consistent with England and the West Midlands region. [97]

Figure 23 - Percentage of deaths that occur at home – Adults 65 and over - 2019



Service model & data

The goal of palliative care is the achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness at the same time as other curative treatments. In Birmingham, this is carried out by health professionals, holistic practitioners, and staff from the various hospices in and around the city.

'**Advance Decision' or Advanced care plan** (ACP) enables an individual to think about what they would like to happen to them in the event that they lose the capacity to make or communicate

[97] 'Public Health England. Palliative and End of Life Care Profiles https://fingertips.phe.org.uk © Crown copyright [2020]

decisions about their care. Examples of such decisions include:

- The use of intravenous fluids and parenteral nutrition.
- The use of cardiopulmonary resuscitation.
- The use of life-saving treatment (whether existing or yet to be developed) in specific illnesses where capacity or consent may be impaired - for example, brain damage, perhaps from stroke, head injury or dementia.
- Specific procedures such as blood transfusion for a Jehovah's Witness.

Normally, the ACP is discussed between a health professional and the patients.

Headline Analysis

The local CCGs in unison during 2014/15 created a strategy document. The review recommended the following:

- Raising the profile of end of life care and changing attitudes to death
- Strategic commissioning challenges
- Identifying people approaching the end of life
- Care planning with patients and families
- Coordination of care between agencies
- Rapid access to care
- Delivery of high quality services in all locations
- Last days of life and care after death
- Involving and supporting carers
- Education and training and continuing professional development of clinical and non-clinical staff
- Measurement and research of trends and issues
- Funding challenges.

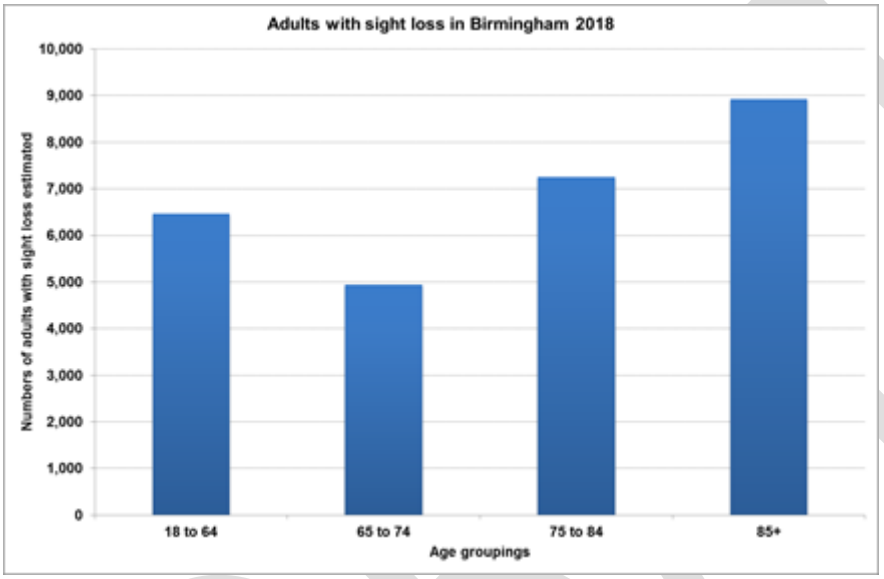
During 2019/20 Public Health as part of its deep dive JSNA reviewed these strategies and highlighted that many need to be continued and improved. Particularly, bereavement care following the death of a patient in the ‘end of life care’ scenario. Whilst in general hospices provide excellent care to the patients and relatives; the report highlighted that bereavement assistance was not consistent across the city and some of the more deprived areas virtually non-existent relying on local community groups, religious institutions and relatives who were also grieving.

Visual impairment

Sight loss is the inability to identify objects, people or data without assistance from glasses. The loss of sight can be debilitating and life changing particularly for those who experience total loss of sight. In Birmingham, there were approximately 28,100 people current living with sight loss in 2018.[98] Other sources estimate the number of people aged 65+ predicted to have a moderate or severe visual impairment will be 13,343 in 2025: rising to 17,534 by 2040.[99] RNIB have calculated that 75% of those with sight loss in Birmingham are over 65; nationally the percentage of people over 65% living with sight loss is 13%. Birmingham therefore has a far largest percentage in the 65+. The figure below shows those with sight loss in Birmingham.

Key statistics summary

Figure 24 Adults with sight loss in Birmingham 2018



Source: RNIB

Table 4: Registered blind or partially sighted by age band[100]

Age band	Registered blind	Registered partially slighted	Total
0-17	150	150	300
18-49	650	570	1,220
50-64	500	470	970
65-74	310	365	675
75+	2,420	3,030	5,450
Total	4,035	4,585	8,620

[98] Pezzulo et al (2017). The Economic impact of sight loss and blindness in the UK adult populations. RNIB and Deloitte Access Economics. Prevalences applied to subnational population projects.
[99] Institute of Public Care 2020, Projecting older people population information
[100] ONS 2019, Population estimates for the UK: mid 2018

4,005 of the people registered as blind or partially sighted in Birmingham have also been recorded as having an additional disability by the local authority.

In Birmingham, the direct cost of sight loss is estimated to be £39,900,000 each year[35]. This of course is for all age groups but as 75% of those with sight loss are over 65 the cost would be estimated at £29,925,000. The main elements of these costs are hospital treatments, sight tests, prescriptions and social care. The main elements of this cost are:

- unpaid care provided by family and friends
- devices/modifications.

Service model & data

Public Health England estimates the rate of Certificates of Visual Impairments (CVIs) for three of the main causes of preventable sight loss. In Birmingham:

1. The rate of age-related macular degeneration was 123 Certificates of Visual Impairments per 100,000 people over 65 years. In the main local opticians supported financially by the NHS via the CCG pay for regular eye checks. Equally, when the degeneration begins to affect daily life Social Services with the local council assist in making life easier for sufferers.
2. The rate of glaucoma was 11 CVIs per 100,000 people over 40 years. Glaucoma is care for by the local hospitals funded by BSOL CCG
3. The rate of diabetic eye disease was 4.2 Certificates of Visual Impairments per 100,000 people over 12 years. Treatment of this disease is again supported by local hospital via BSOL CCG

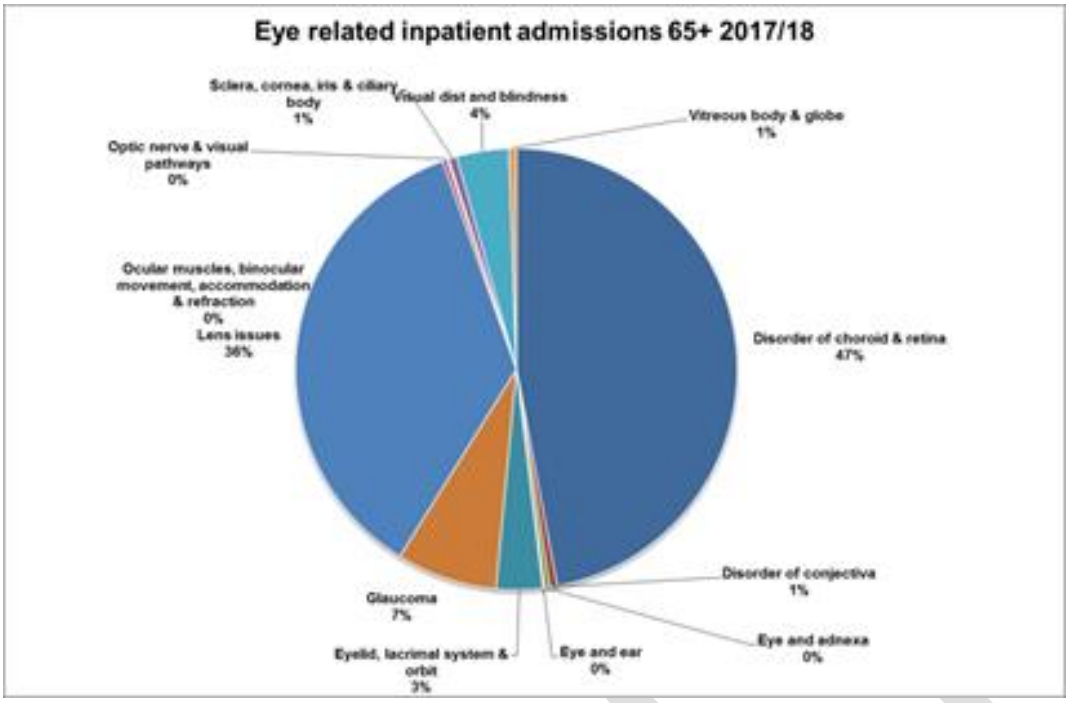
Headline Analysis

Birmingham	UK Stats	Main Causes
147,944 65+ Population	13% age 65+	Uncorrected refracted error (39%)
19% of all 65+ have sight loss	42% from ethnic minority communities	AMD (23%) mostly affects those over 65
28,120 with sight loss in total	56% from Most deprived LA	Cataract (19%)
21,120 over 65 (75%)		Glaucoma (7%)
Estimated 3,220 people over 65 experience a fall in any given year		Diabetic eye disease (5%)
29% from BAME groups in hospital admissions		
25% of hospital admissions from the Most affluent quintile 2019 IMD		

Sources: RNIB and PHE tool

During 2017/18 there were 21,535 inpatients admissions in Birmingham through visual impairment; of these 13,964 (64.8%) were 65+; 34% of inpatients admissions for visual impairment are for removal of cataracts. The figure below shows main causes of inpatient admissions.

Figure 25 Eye related inpatient admissions for persons aged 65+ (2017/18)



Source: NHS Digital 2017/18

Hearing Loss

Recent estimates suggest that there are 11 million people (approximately one in six) in the UK with hearing loss, making it the second most prevalent disability, and that 8m of these are aged 60 or above. Hearing loss increases sharply with age – nearly 42% of those aged over 50 years have hearing loss, increasing to about 71% of people aged 70+.[101]

Despite being a widespread and serious condition, it is unfortunately not well researched, with some charities suggesting that "less than 1% of the total public and charity investment in medical research (is) spent on hearing research".[102]

Hearing loss can be caused by a variety of means, broadly defined as:

- *congenital* where hearing loss will manifest at birth or shortly after, including such specific means as hereditary genetic factors, low birth weight, neonatal jaundice, inappropriate use of drugs during pregnancy.
- *acquired* hearing loss that can occur at any age, which includes injury to the head or ear, excessive noise either through recreation or work, infectious diseases such as measles, and age-related degeneration of sensory cells.[103]

The NHS Action Plan on Hearing Loss details the multiple impacts that hearing loss can have on individuals and wider society. In older age, hearing loss is a major challenge and can make it difficult to follow speech without hearing aids this increases the risk of social isolation and reduced mental well-being, additionally hearing loss can be correlated with mental illness, and cognitive decline including dementia. More widely hearing loss has been shown to have a negative effect on economic activity and the ability to learn new skills.[104]

Key statistics summary

Data around hearing loss beyond childhood screening programmes is sparse, however NHS estimates based on prevalence of hearing loss by age of population would indicate that as of 2020 there are 152,158 persons in Birmingham with hearing loss of 25dBHL or more (the level of hearing loss that would be consider clinically significant[105]), and that over half of these would be aged 65+. The same estimates also suggest that there are potentially 11,525 persons in Birmingham aged over 70 who have severe or profound hearing loss, and that all these figures are expected to increase over the next 10 years.[106]

Service model & data

The World Health organisation suggests that approximately half of all hearing loss could be preventing using Public Health measures earlier in the life course. They cite examples such as reducing exposure to loud sounds, screening for early signs, legislative enforcement, and campaigns to raise awareness.[107]

Treatments for hearing loss include:

- watch and wait, as sometimes hearing loss may only be temporary
- cleaning of wax from the ear
- hearing aids – several different types are available on the NHS or privately
- implants – devices that are attached to your skull or placed deep inside your ear, if hearing

[101] Hearing Link 2018, Facts about deafness & hearing loss
[102] RNID, Facts and figures Accessed 10/01/2021
[103] WHO 2020, Deafness and hearing loss
[104] Department of Health 2015, Action plan on hearing loss
[105] WHO, Grades of hearing impairment Accessed 10/01/2021
[106] NHS 2019, Hearing loss data tool
[107] WHO 2020, Deafness and hearing loss

aids aren't suitable
- different ways of communicating – such as sign language or lip reading

In the first instance anyone worried about hearing loss in themselves or others should seek advice from a GP, who can then refer on to specialist services if required. Social Care services can also provide support with day-to-day living for those affected by hearing loss or their carers.[108]

There are also charities that support people with hearing loss, the largest in the UK being Action on Hearing Loss who provide advice, guidance, support, and undertake independent research to better understand hearing loss.

[108] NHS 2018, Hearing loss

Older LGBT people

Lesbian, gay, bisexual and transgender (LGBT) older adults experience health inequalities and barriers to accessing health care.[109] Examples of these include:

- Poorer health outcomes due to lifestyle behaviour especially relating to drugs and alcohol
- Difficulties accessing health care
- Denial of sexuality and identity in health and social care settings
- Increased risk of requiring formal care
- Increased difficulty during end of life care and during bereavement
- Challenges creating new social networks and a higher risk of mental health issues
- Experiences of homophobia, aggression and violence.

Key statistics summary

There is no data available to calculate the numbers of LGBT people in Birmingham. National surveys estimate that 2.3% of the UK population identify as lesbian, gay or bisexual.[110] In the West Midlands regional the percentage was 2.3%. However, the proportion is likely to be higher than this, a 2011 Birmingham survey[111] found that two-thirds of LGBT people in the city were not completely out (open about their sexuality) and BAME people were less likely to be out than White people. This local survey highlighted issues with alcohol and drug use and that 20% of respondents had attempted suicide.

Service model & data

The UK Government's Equalities Office has a LGBT Action Plan.[112] One of the aims is to ensure LGBT people's needs are addressed by the NHS. This is being done through a National Advisor, improved monitoring and taking into account needs through Care Quality Commission inspections of health and social care settings.

Birmingham LGBT is a local charity advocating for and supporting lesbian, gay, bisexual and trans communities in the city. The charity offers a range of services including sexual health, events, domestic violence, counselling and more. Birmingham LGBT's strategic priorities for 2015-2020 include those relating to health and wellbeing: increasing resilience against poor health outcomes, improving mental and physical health and increasing awareness of the needs of LGBT people in mainstream services. In 2018 Birmingham LGBT launched a 12-month "Ageing with Pride" campaign[113] to empower LGBT people to be themselves and addressing issues around ageism.

The Sage Project in Leeds offers activities for older LGBT people as well as a drop-in session and

[109] Kneale, D *et al*. 2019, Inequalities in older LGBT people's health and care needs in the UK: a systematic scoping review. Ageing Soc.
[110] Sexual orientation, UK: 2018 Office for National Statistics, 2020
[111] Birmingham LGBT 2011, Mapping LGBT lives in Birmingham Keeble, S.E., Viney, D., Out & About: mapping LGBT lives in Birmingham, 2011
[112] Government Equalities Office 2018, LGBT Action plan 2018
[113] Birmingham LGBT 2019, Ageing with Pride

support group. The project also raises awareness through talks and workshops with professionals.

Headline Analysis

Older LGBT people experience health inequalities through unhealthy lifestyle behaviour and also through poor experiences in the health and social care system. There is a need to build trust and raise awareness with the health and social care sector.

The risk of social isolation and loneliness is greater in older LGBT people due to being more likely to be single, live alone and have lower levels of contact with relatives. Programmes to reduce this risk and provide support should be considered.