

Joint Strategic Needs Assessment

Ageing Well



Swindon Health and Wellbeing Board - March 2017

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Executive Summary

The population of Swindon is projected to increase over the next two decades due to the amount of homes that are being built and because people are living longer. The proportion of people over 65 years in Swindon is projected to increase by 89% from 29,069 in 2011 to 54,976 in 2031. However this is also in the context of a changing perception and reality of older age:

- People are living longer, often having a longer post retirement period in better health
- People are also working longer and more flexibility
- There are greater inequalities in old age in terms of years in good health linked to deprivation and income
- There are more people living with conditions such as dementia because people are living to an older age, increasing demand on social care and other support services
- Older people are more likely to live with co-morbidities and manage a range of conditions for longer
- Older people are more technologically educated but there is also a widening gap between old and young in terms of the dominance of technology in their lives
- People are wanting to live at home for longer and national and local policy is about helping people to help themselves rather than state intervention
- Childhood experience for different generations is significantly different between those growing up in or between war years to born post war
- There is conflicting rhetoric in the media of older people both as an asset but also a burden.

Understanding the needs of older people in Swindon via an Ageing Well JSNA will help give local context to these issues and also inform a whole range of Swindon Borough Council and partner policies and strategies including the development of an Ageing Well Strategy, the Adult Demand Programme, the Sustainability Transformation Plans, plans for the extensive new developments in Swindon and the direction of health improvement work and long term condition support over the next few years.

The objectives of the JSNA are to:

- understand current population structure of older people in Swindon
- understand future population projections for Swindon and what this may mean in terms of the needs of local older people and demand for services and activities.
- summarise aspects of ageing well relating to risky behaviours, mental health wellbeing and physical activity, and to understand the impact of housing and environment on older people's health.
- understand current health improvement services for older people in Swindon and current demand.
- understand what ageing well means to older people living in Swindon
- understand people's perceptions of what would make Swindon a great place to grow old in,
- understand what the barriers are to ageing well and what would facilitate people achieving their aspirations for older age living.

The JSNA covers:

- an overview of the population and where people live, relevant indices of deprivation and life expectancy
- health, and behaviours which can prevent or contribute to ill health such as alcohol use, exercise and smoking, sexual health, oral health and mental health and wellbeing

- ill health now and predictions for the future, including use of acute and emergency services
- prevention and screening with lifestyle interventions such as health ambassadors and community navigators, screening, immunisations and access to sight and hearing tests
- Staying independent in terms of housing, transport, crime and older people's role in volunteering and end of life.

Before each subsection, there is a box summarising the key findings.

Overall Messages

- Older people are a diverse group with differing views, wants, desires and needs. Their physical and mental health, and their attitudes to life are shaped by their generation, life experience and work, family and retirement experiences. Planning for such a group requires the flexibility and variation to capture this diversity.
- It is often difficult to get local level data in detail for older people as they tend to be grouped as 65+ which can potentially span 40 years of life and at least two generations including parents and children in the same family.
- No one aspires to need care or move into a care setting; independence was a theme throughout the qualitative research and maintaining independence was a priority for most people.
- There is evidence of increasing demand for social care: Swindon is not unique in this but work is ongoing to look at transition points between services and the role of the voluntary sector in supporting people earlier on. A review across the south west found that state support tends to lead to increased levels of dependency rather than decreased levels so keeping people supported by their own social networks and community if needed is more effective.
- Older people are currently much less likely to live in the new developments in Swindon. In the future planning for more mixed communities and intergenerational living would have benefits for community integration, perceptions of ageing and reducing isolation at all ages as more people would be around during the day and using local services.
- The significant increase forecast in the number of older people living alone has implications for the type and nature of housing needed in the future. There may also need to be more consideration of creating communities where people can maintain independence (a strong message of what all older people want) but also facilitate the social networks and activities that are seen as key to ageing well and will reduce demand on social care.
- Inequality affects older people significantly. Looking locally the difference in the proportion of older people experiencing income deprivation varies from 4% in an area of Liden to 48.7% in a part of Central ward. Targeted work with the communities particularly in Central to ensure people are getting the benefits and advice they are eligible for could help address this.
- There is some evidence nationally that people are drinking more often as they get older. Alcohol can increase the risk of falls and affect medication so increasing understanding of the effects of this is important.
- Physical health itself wasn't seen as a barrier to ageing well; it became a barrier when it stopped people keeping mobile, accessing transport, seeing friends and family or doing what they enjoyed.

- Ill health for older people occurs on a spectrum and the conditions that need the greater clinical intervention are not necessary those that create the greatest barrier to ageing well. For example hearing loss and sight loss which affect around 40% and 20% of older people respectively can affect people's confidence in going out, using public transport, attending groups or social activities and seeing family and friends.
- Projections of the number of people with ill health in the future all show increases as they are based on population forecasts. Unless there is a step change in behaviour, significant advances in treating chronic disease or a generational shift through population intervention, the number of people with chronic diseases and vulnerability to falls and limited mobility will increase even if prevalence stays the same as the number of older people will increase. To maintain the present number of people who have, for example, a long term illness that limits their day to day activities to the same level in 2030 will require a reduction in the prevalence from 23.4% at present to 14.1% in 2030. Increases in long term conditions will also impact on the demand for social care.
- Part of 'ageing well' includes taking opportunities to protect against disease, detect illness early and get support when needed from a range of different sources. Promoting access to immunisation, screening, sight and hearing tests allows people to maintain independence for longer and have treatment and support as appropriate.
- There are different expectations at different ages: younger older people seem to have greater expectations of state support as they look to getting older. However older people themselves have a more positive view of getting older compared to younger older people.
- Three quarters of people aged 85+ rate their health as fair, good or very good and nearly 50% consider day to day activities are limited a little or not at all in that age group. Promoting ageing well to raise expectations that it is possible to keep healthy and be active and fulfilled as people get older is important and will also encourage people to strive for this in the future. There may be learning from the social norms work used in schools to encourage people to expect more from their bodies and minds and seeing looking after themselves as being achievable.
- Wellbeing scores for older people suggest that while people can be happier and more satisfied as they get older, those over 80 have the lowest worthwhile scores. More should be done to look at how people are valued at all ages: there are examples within the Circles of Support project of volunteers age 90+ and YOLO is a group of very active people living with dementia who contribute to a wide range of strategies and projects.
- There are various opportunities for targeted support when large numbers of older people access services when information or advice could be given. These include when people are immunised against influenza each year, initial contacts with social care, changes in council tax status, and when people are given their free bus pass.
- There is no silver bullet for ageing well: the nearest is physical activity and opportunities to do this are most effective if built into day to day life. Having groups and classes which meet the whole spectrum of being physically active is important as they also have benefits in terms of social interaction.
- Research suggests that a multi-faceted approach to prevention is needed including encouraging and improving the employability of older people, providing older people with opportunities to share and develop their knowledge and skills, providing opportunities for life-

long-learning, and addressing isolation. When people do need low level care, providing this promptly or having a stepped intervention that draws in befrienders, signposting and lifestyle support whilst waiting for assessment or services can delay or even prevent increased demand later.

Recommendations

- To develop an ageing well strategy and action plan based on the findings and key messages from this report
- Ensure there is joining up and reflection of ageing well in existing and developing strategies including:
 - o Health and Wellbeing Strategy
 - o Swindon Falls and Bone Health Strategy
 - o Get Swindon Active Strategy
 - o Swindon Healthy Weight Strategy
 - o Alcohol Strategy
 - o Oral Health Strategy
- Promote the messages and insight from this report to relevant Housing and Planning boards to encourage intergenerational living in new developments and housing which reflects the aspirations and approach to living for older people now and in the future
- To develop a comprehensive strength and balance activity offer for people in midlife and as they get older as an integral part of Live Well Swindon, including signposting to existing community activities
- To develop a 'Valuing Older People' campaign which promotes Swindon as a great place to grow old in but embed positive ageing into Council communications and policies across the board
- To identify external funding to explore age-friendly environments, linking to the dementia friendly work already planned
- To work with partners to map out trigger points for ill health, social isolation and crisis and ensure interventions are targeted towards these. These will include retirement, bereavement, loss of mobility, changes in caring role, coming home from hospital and first access of formal care and support
- To work with Healthwatch to look at the feasibility of an Older People's consultation panel
- Review the evidence for intergenerational work to improve understanding of getting older and making the most of older people's experience and skills.

1. Introduction

Background

The population of Swindon is projected to increase over the next two decades due to the amount of homes that are being built and because people are living longer. The proportion of people over 65 years in Swindon is projected to increase by 89% from 29,069 in 2011 to 54,976 in 2031. However this is also in the context of a changing perception and reality of older age:

- People are living longer, often having a longer post retirement period in better health
- People are also working longer and more flexibility
- There are greater inequalities in old age in terms of years in good health linked to deprivation and income
- There are more people living with conditions such as dementia because people are living to an older age
- Older people are more likely to live with co-morbidities and manage a range of conditions for longer
- Older people are more technologically educated but there is also a widening gap between old and young in terms of the dominance of technology in their lives
- People are wanting to live at home for longer and national and local policy is about helping people to help themselves rather than state intervention
- Childhood experience for different generations is significantly different between those growing up in or between war years to born post war
- There is conflicting rhetoric in the media of older people both as an asset but also a burden.

Understanding the needs of older people in Swindon will help give local context to these issues and also inform a whole range of Swindon Borough Council and partner policies and strategies including the development of an Ageing Well Strategy, the Adult Demand Programme, the Sustainability Transformation Plans, plans for the extensive new developments in Swindon and the direction of health improvement work and long term condition support over the next few years. The work will have value to both the healthcare sector (Swindon CCG and Great Western Hospital) and the local authority (across departments including commissioning, housing, planning and social care). It aligns to the Council vision by exploring older people's contribution to "a place of fairness and opportunity where people can aspire to and achieve prosperity, supported by strong civic and community leadership" and in developing the priority to "help people to help themselves while always protecting our most vulnerable children and adults".

Aims and Objectives

The aim of the Ageing Well Profile for Swindon is to inform local commissioners and providers of services about the differing needs of an older population. It will also inform an Ageing Well Strategy for Swindon which will go to the Health and Wellbeing Board for approval.

Specific objectives are to:

- understand current population structure of older people in Swindon
- understand future population projections for Swindon and what this may mean in terms of the needs of local older people and demand for services and activities

- summarise aspects of ageing well relating to risky behaviours, mental health wellbeing and physical activity, and to understand the impact of housing and environment on older people's health
- understand current health improvement services for older people in Swindon and current demand
- summarise current evidence around maintenance of good health both physical and mental in different age groups and associated economic benefits
- understand what ageing well means to older people living in Swindon
- understand people's perceptions of what would make Swindon a great place to grow old in,
- understand what the barriers are to ageing well and what would facilitate people achieving their aspirations for older age living.

Approach

Health Needs Assessment (HNA) is a systematic way of investigating the health and healthcare needs of a population, and the services available to meet those needs. It identifies what works well, as well as scope for improvement, drawing on best practice to provide an evidence base to compare local provision against. HNA also results in action to address gaps and improve service planning, commissioning and policy in the future. This profile is not a full HNA but will cover many of these points.

The profile combines both quantitative and qualitative research. It begins with an overview of the policy context around ageing well and then brings together a broad range of data sources focusing on different aspects of ageing well from health to housing, physical activity to staying independent. Although there is information on ill health, hospital attendance and end of life, it is much more holistic in its overview of the lives of older people. There is also insight into the services people use and the range of activities available in Swindon.

The qualitative information is drawn from existing surveys but also focus groups commissioned specifically for this project and research from Swindon Borough Council's Community Research team who work in the community and talked to people at lunch clubs and other social groups.

There will be gaps. This is a huge subject area and within the Council and other partners there is a wide variety of work which links to Ageing Well. This includes other JSNAs such as those on dementia, mental health, long term conditions and inequalities (all available at www.swindonjsna.gov.uk). However the Ageing Well Strategy which will be developed from this JSNA profile seeks to act as a linkage and driver for perceiving, working with and supporting older people in the most relevant and appropriate way.

2. The Ageing Well Policy Context

There are currently over 12 million people in the UK aged 65 and over with number projected to increase by 1.2 million by 2026. These are projections and not forecasts however and do not take into account external factors that may influence future demography. Some academics (Sanderson, 2007) feel that current measures of age are biased to show more aging in the future than there will be because characteristics of people are changing and using 65 as a cutoff for being 'old' is no longer appropriate. This is supported by a review of research (Vaupel, 2010) suggesting human senescence (the biological process of change to molecules and cells that results in the body deteriorating over time) occurs about 10 years later than previously.

Over the last 80 years the trend in births and deaths has been fairly flat with some indication of a slight increase in the number of deaths over time and a slight decrease in the number of births. The increase in the number of older people is therefore not particularly a consequence of significant increases in the number of people being born (ONS, 2013) but more due to increased longevity both in length of life but also an increase in children surviving their early years. ONS estimate that one in three babies born in 2012 in the United Kingdom will live to be 100.

As more people live to be older what ageing means has changed, with more people working and planning an active retirement. The contribution of older people to the community and economy is now being recognised. It also means that services need to ensure towns, cities and villages are good places to grow old in.¹

These changes to the demographics worldwide and within the UK have led to organisations considering how we can grow older better. This has led to a number of policies, strategies and groups being established.

International

The UK government adopted the Madrid International Plan of Action on Ageing and its Political Declaration (Madrid Plan) in April 2002², along with 158 other governments which attended the Second World Assembly on Ageing in Madrid. The Madrid Plan is a comprehensive, detailed and aspirational document which sets out a full range of issues connected with ageing and recommends priority directions and actions to address them. Since 2002 there has been a 5 and 10 year review to look at progress and prompt governments to look more closely at what they have achieved, and what can still be achieved.

The 10 commitments of the Madrid Plan were³:

- To consider ageing as part of all government policy
- To help older people participate in society
- To promote equitable and sustainable economic growth in response to population ageing

¹ Local Government Association. Ageing Well. 2012. http://www.local.gov.uk/c/document_library/get_file?uuid=fa6c8a6c-0ad4-4ce5-9eea-deee3bce64d8&groupId=10180.

² United Nations. Political declaration and Madrid International Plan of Action on Ageing. http://www.un.org/en/events/pastevents/pdfs/Madrid_plan.pdf.

³ Department for Work and Pensions. <https://www.gov.uk/government/publications/2010-to-2015-government-policy-older-people/2010-to-2015-government-policy-older-people>.

- To adjust social protection systems in response to demographic change and their social and economic consequences
- To enable labour markets to respond to economic and social consequences of population ageing
- To promote life-long learning and adapt the educational system in order to meet the changing economic, social and demographic conditions
- To ensure quality of life at all ages to maintain independent living including health and wellbeing
- To mainstream a gender approach in an ageing society
- To support families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members
- To promote the implementation and follow-up of the regional implementation strategy through regional co-operation.

In 2016 the World Health Organisation launched a Global Strategy and Action Plan on Ageing and Health which outlines a set of goals and strategic objectives to move towards a decade of Healthy Ageing beginning in 2020, and an action plan to achieve these. The goals are:

- commitment to action on Healthy Ageing in every country
- developing age-friendly environments
- aligning health systems to the needs of older populations
- developing sustainable and equitable systems for providing long-term care (home, communities, institutions), and
- improving measurement, monitoring and research on Healthy Ageing.

National

Since 2002 the UK has looked at the opportunities and challenges faced by an ageing society in consultation with a range of organisations. In 2009, the government published 'Building a Society for All Ages'⁴ which contained a package of strategic reforms including a major programme of pension reform, legislation to ensure age equality, and options for reform of care and support. It announced a programme of initiatives to enable people to prepare for and live well in later life. This included the Ageing Well programme which has continued with a legacy programme.

In '2010 to 2015 government policy: older people'⁵ looked at ways to improve the lives of older people. This included aspects such as improving recruitment and retention of the ageing workforce and helping older people get online. Other initiatives since 2007 are to ensure that the views of older people are considered in formulating Government policy and delivery.

In addition in 2013 the House of Lords published 'Ready for Ageing?'⁶ which looked at how prepared the Government and society are for the demographic changes. It identifies some of the

⁴ HM Government. Building a Society for All Ages. 2009.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/238574/7655.pdf.

⁵ Department for Work and Pensions. 2010 to 2015 government policy: older people.

<https://www.gov.uk/government/publications/2010-to-2015-government-policy-older-people/2010-to-2015-government-policy-older-people#background>.

⁶ House of Lords. Select Committee on Public Service and Demographic Change. Ready for Ageing? 2013.

<http://www.publications.parliament.uk/pa/ld201213/ldselect/ldpublic/140/140.pdf>.

opportunities and challenges for the UK, as well as making suggestions for meeting some of the challenges. The government responded by identifying key areas to improve:

- Giving people more opportunities to work after they retire
- Putting in place a new flexible and fairer pensions system
- Creating a personalised health and care system
- Supporting people to live independent and fulfilling lives.

Table 1 shows some of the steps the government felt address the challenges identified in ‘Ready for Ageing’.⁷ These range from large scale changes to policy to changing social attitudes. There remain challenges for the Government and society to address, including the Committee’s conclusion that the Government should make greater effort to assess the implications of an ageing society on their policies.

Table 1: Government’s response to the House of Lords Committee on Public Service and Demographic Change Report ‘Ready for Ageing?’, 2014

Fuller Working Lives	<ul style="list-style-type: none"> • Removal of default retirement age • Right to request flexible working • Non-legislative measures to encourage culture change in flexible working • The Mid-life Career Review project • Age Action Alliance’s Healthy Workplaces group developed practical resources to help employers effectively manage the health and productivity of an ageing workforce • Psychological Wellbeing and Work: Improving Service Provision and Outcomes report.
Secure retirement income	<ul style="list-style-type: none"> • The Pensions Act 2014 • Changes to State Pension • Changes to workforce pension schemes including a Command Paper in March 2014 setting out ways to improve the quality of workplace Defined Contribution schemes.
The health and care system	<ul style="list-style-type: none"> • Integration of health and social care • Highlighted importance of dementia and mental health services • Vulnerable Older People’s Plan, setting out strategy for improving care for the oldest and most vulnerable people • New inspection regime for health and social care with CQC appointing three Chief Inspectors of hospitals, adult social care and primary care • The Care Act 2014.
Enabling, supporting and promoting independence	<ul style="list-style-type: none"> • 3 main strands on housing for older and disabled people: <ul style="list-style-type: none"> -Providing <u>support</u> to people who wish to stay in their home -Ensuring the right <u>advice</u> is available -Strengthening <u>choice</u> for those who want to move into specialist accommodation.

⁷ Department of Health. Government’s response to the House of Lords Committee on Public Service and Demographic Change Report ‘Ready for Ageing?’ 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/325095/41526_2902508_Cm_8872_Prepare_for_Ageing_accessible.pdf.

More recently in July 2015 an All Party Parliamentary Group on Ageing and Older People formed. This has looked at how health and social care provision can work together, whether we have the housing we need for an ageing population (by looking at different kinds of homes such as lifetime homes, as well as independence and supporting people to stay in their homes for longer) and how local authorities, health organisations and local communities are addressing loneliness among older people.

Local

The Department of Work and Pensions with the Local Government Association (LGA) delivered the 'Ageing Well' programme from 2010 to 2012. The idea of the programme, and now its legacy, is to support councils to provide a better quality of life for older people through local services that are designed to meet their needs now, and in the future.

The Ageing Well legacy⁸ looks at what makes somewhere a good place to grow old and the action councils can take to support this. The LGA highlights the importance of looking at what you already offer and improving that. To make good process the following important building blocks are: having a proper vision, showing strong leadership to champion the agenda, involving older people and working across the whole council and other parts of the system.

Ageing Well has looked at several aspects about what makes a good place to grow old:

- Tackling loneliness and isolation,
- Promoting age equality,
- Involving older people,
- Good housing,
- Enhancing health and wellbeing,
- Developing intergenerational work,
- Creating dementia-friendly communities.

There are also a number of organisations who have developed initiatives on Ageing Well:

- Centre for Ageing Better and Greater Manchester Combined Authority⁹
 - In March 2016 the Centre for Ageing Better and Greater Manchester Combined Authority announced a five-year partnership to develop and share innovative approaches to tackling social, economic and health inequalities in later life.
- The International Longevity Centre¹⁰
 - Focuses on the challenges facing Government and society in the context of demographic change. They “ask questions and present solutions to the challenges and opportunities of ageing [and] undertake research and policy analysis and create a forum for debate and action.”
 - The ILC identifies a number of potential opportunities in the current environment:
 - An integrated health and social care system creating opportunities for new innovative approaches to provide better and more holistic care for older people, while generating cost savings by making services more efficient.

⁸ Local Government Association. <http://www.local.gov.uk/ageing-well>

⁹ Centre for Ageing Better and Greater Manchester Combined Authority. <https://www.ageing-better.org.uk/news/centre-ageing-better-announces-ground-breaking-partnership-tackle-inequalities-later-life-greater-manchester/>.

¹⁰ The International Longevity Centre UK. <http://www.ilcuk.org.uk/>.

- Possible economic dividend for those companies that tap into the growing market of older people including innovation in financial products and services
- Opportunity for employers to maintain an experienced workforce and older workers to play a mentoring role to junior members of staff. By offering flexible employment solutions and enabling people to scale back their careers over time, employers could guard against workforce shortages
- Potential to develop a housing stock that will meet the needs of people across the life course. This may lead to older people being able to stay in their homes for longer, reducing the pressure on social care services.
- Voluntary organisations, for example Age UK¹¹
 - Provide advice and support on aspects such as benefits and support
 - Local services for older people to enable independence and combat loneliness
 - Age champions (Age UK and our supporters across the country have been asking MPs to become Age Champions. By signing up as an Age Champion, MPs agree to work to help make the UK and their community a great place to grow older).

An example of somewhere which has embraced Ageing Well is Manchester. Valuing Older People is a partnership between Manchester City Council, NHS, the voluntary sector and most importantly Manchester's older residents. It was formed in 2003 to improve services and opportunities for older citizens. The 2010-20 strategy explains how Manchester is going to build on the work achieved so far. It presents a vision of Manchester as a place where older people are more empowered, healthy and happy.

¹¹ Age UK. <http://www.ageuk.org.uk/>.

3. Understanding the Profile of Older People

Introduction

This chapter draws together data from a wide range of sources to look at all aspects of ageing. It begins with an overview of the population and where people live, and then looks at relevant indices of deprivation and life expectancy. It then considers health, and behaviours which can prevent or contribute to ill health such as alcohol use, exercise and smoking, sexual health, oral health and mental health and wellbeing. There is a brief overview of ill health now and predictions for the future, concluding with use of acute and emergency services. The next section looks at prevention and screening with lifestyle interventions such as health ambassadors and community navigators but also screening, immunisations and access to sight and hearing tests. Staying independent considers housing, transport, crime and older people's role in volunteering. Finally there is a brief summary of data around end of life. Before each subsection, there is a box summarising the key messages.

Data Glossary

Clinical Commissioning Group (CCG)

CCGs were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There are now 209 CCGs in England. The CCG is led by an elected Governing Body made up of GPs, other clinicians including a nurse and a secondary care consultant, and lay members.¹² Local Authorities work with CCGs through a Health and Wellbeing Board and, along with other partners, to develop a joint health and wellbeing strategy to improve public health. NHS Swindon CCG covers Swindon local authority area and Shrivenham, to the east of Swindon. The population of the NHS Swindon CCG is different to the local authority as it includes anyone registered to a Swindon GP. The CCG population contains around 5,000 more people than the Swindon UA area. These people may live within the local authorities of Wiltshire, Oxfordshire or Gloucestershire. This report contains figures based on both populations depending on the data type and source.

Nearest Neighbours

The Public Health Outcomes Framework (PHOF) uses the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbour model. This uses a variety of variables which are standardised, summed and rebased assigning a distance between '0' (nearest) and '1' (furthest).¹³ The top ten nearest neighbours for Swindon are: Warrington, Medway, Thurrock, Peterborough, Bedford, Stockton-on-Tees, Bury, Milton Keynes, Telford & Wrekin and Derby. Where appropriate in this document Warrington is used as a comparator because it is Swindon's nearest neighbour. The South West and England are also used to compare against where appropriate.

Hospital Episode Statistics

Hospital episode statistics cover three main types of patient contact with hospitals: inpatient admissions where a patient stays on a ward; outpatient attendances where a patient makes a short visit for a pre-arranged purpose and does not involve an admission to a ward and accident and

¹² <http://www.nhscc.org/ccgs/>

¹³ <http://www.cipfastats.net/resources/nearestneighbours/>

emergency (or emergency department) attendances where a patient seeks emergency treatment or advice and will be either admitted to an inpatient ward for further care or sent home after appropriate action.

Inpatient admissions are broken up into spells of treatment (the total time a patient is in hospital, from admission to discharge) and episodes (a continuous period of care administered within a particular consultant specialty at a single hospital provider). Analysis in this report uses (finished) consultant episodes unless otherwise stated.

Population, Deprivation and Life Expectancy

Summary of Findings

- There are about 33,000 people living in Swindon over 65, 15% of the total population. 1548 are aged over 90 with double the number of women than men in this age group.
- Older people are not evenly across Swindon. The wards with the highest proportion of population over 65 are in Chiseldon and Lawn (26.6% of the population aged 65+) and Wroughton and Wichelstowe (25.3%) whereas the lowest are in Priory Vale (4.8%) and St Andrews (5.6%). Sometimes people can feel more isolated in areas which are predominantly younger as there are less facilities and services aimed at older people.
- There are low proportions of older people in the new housing estates such as those in the north and west.
- Census from 2011 indicates 870 people in Swindon were living in care homes, a lower rate than in the South West and England. 88% of these are over 65.
- Numbers of older people likely to live alone are projected to increase significantly between now and 2030 (52% increase for those aged 65 to 74 and 70% increase for those aged 75+).
- The number of people in Swindon is likely to increase significantly over the next 20 years with the largest percentage increase seen in those over 65. The 85+ age group is projected to have the largest growth rate at 136% from 3,823 in 2011 to 9,039 in 2031.
- Income deprivation affects nearly half of older people in the Manchester Road area of Central ward and Walcot East South West area of Walcot and Park North. Throughout Swindon there are likely to be around 1 in 3 older people eligible for pension credit who are not claiming it based on national rates.
- Life expectancy at aged 65 is 18.5 years for men and 21.1 years for women on average. Women tend to live longer but spend more years in poorer health. For men the proportion of life spent disability free is 65.3%, amongst the highest in the South West; however for women this is only 53.4%. Both are based on self-reported assessment of whether health limits day to day activities.
- 2011 Census data on how good people rate their health shows 61% of those aged 65 to 74 rate their health as good or very good compared to 28% of those aged 85 and over. Only 1 in 4 people aged 85+ consider their health to be bad or very bad.

Population

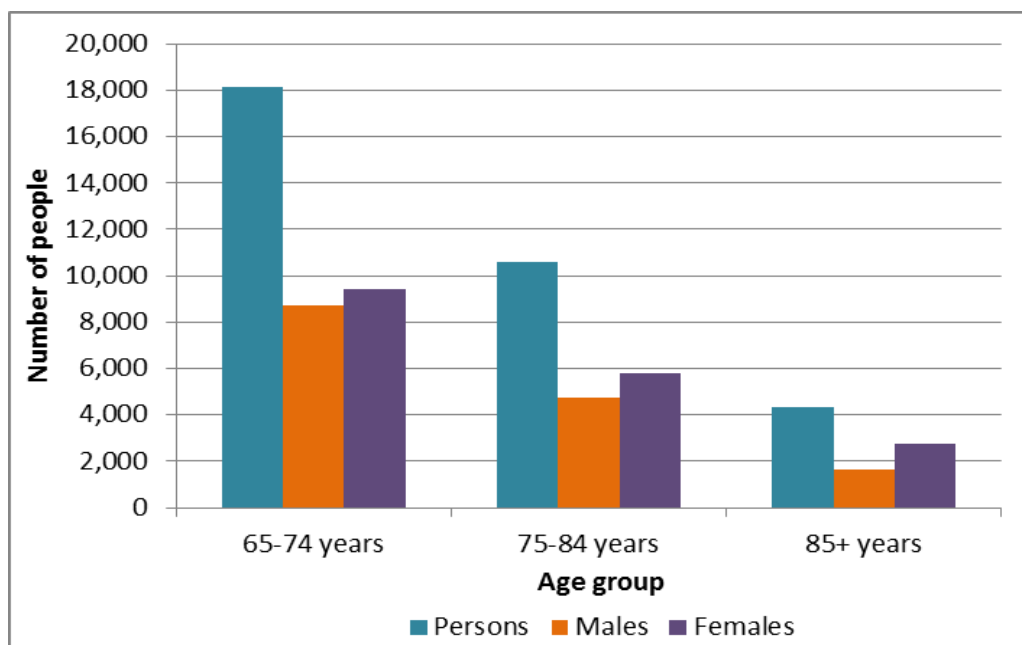
The population of Swindon UA (Unitary Authority) in 2015 was 217,160¹⁴, 15.2% of which are aged over 65. The number of women compared to men is similar in the 65-74 age group but the differences increases as age increases, which may reflect the differences in life expectancy.

Table 2: Age 65 years and over population breakdown for Swindon UA, 2015

	65-69	70-74	75-79	80-84	85-89	90 and over	Total aged 65 and over
People	10,466	7,670	6,016	4,558	2,808	1,548	33,066
Men	5,088	3,653	2,789	1,964	1,118	510	15,122
Women	5,378	4,017	3,227	2,594	1,690	1,038	17,944

Source: Office for National Statistics (ONS)

Figure 1: Population breakdown by 10 year age group for people over 65 years and over in Swindon UA, by gender, 2015

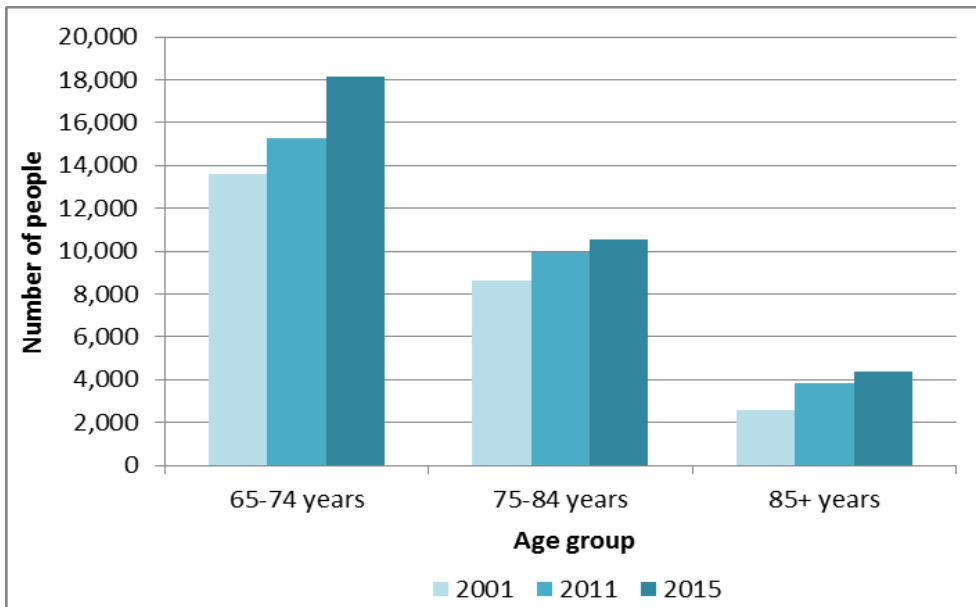


Source: ONS

The proportion of people over 65 years in Swindon is slightly lower than the England (17.7%) and South West (21.4%) averages. However, it is a proportion that has been increasing over recent years. Since 2001, the number of people aged 65-74 years has increased by a third, which amounts to an extra 4,500 people. The number of people aged 85+ has increased by two thirds (an extra 1,800 people in this age group), see chart below.

¹⁴ ONS, 2015 mid-year estimate

Figure 2: Population breakdown by 10 year age group for people 65 years and over in Swindon UA, 2001, 2011 and 2015



Source: ONS

Where people live

Across Swindon the distribution of people over the age of 65 varies. The table overleaf details each electoral ward in Swindon and the over 65 population. Chiseldon and Lawn has the highest proportion of over 65's of its residents, however the number of people this reflects is lower than other areas as this ward is not heavily populated. When looking at the total number of people over 65 years in Swindon, the area that has the highest share is the Blunsdon and Highworth ward which has over 2,600 people over 65 years living there. St Margaret and South Marston ward is also noteworthy due to having the highest number of people in the older age groups (75-84 and 85+ years) living there. In terms of ageing well it is interesting to consider the difference between living in an area where there are significant numbers of other older people with services and activities available compared to being in a mainly younger or family focused area such as Priory Vale or St Andrews where people may feel more isolated.

Table 3: Population breakdown for people aged 65 years and over, by electoral ward in Swindon UA, 2014

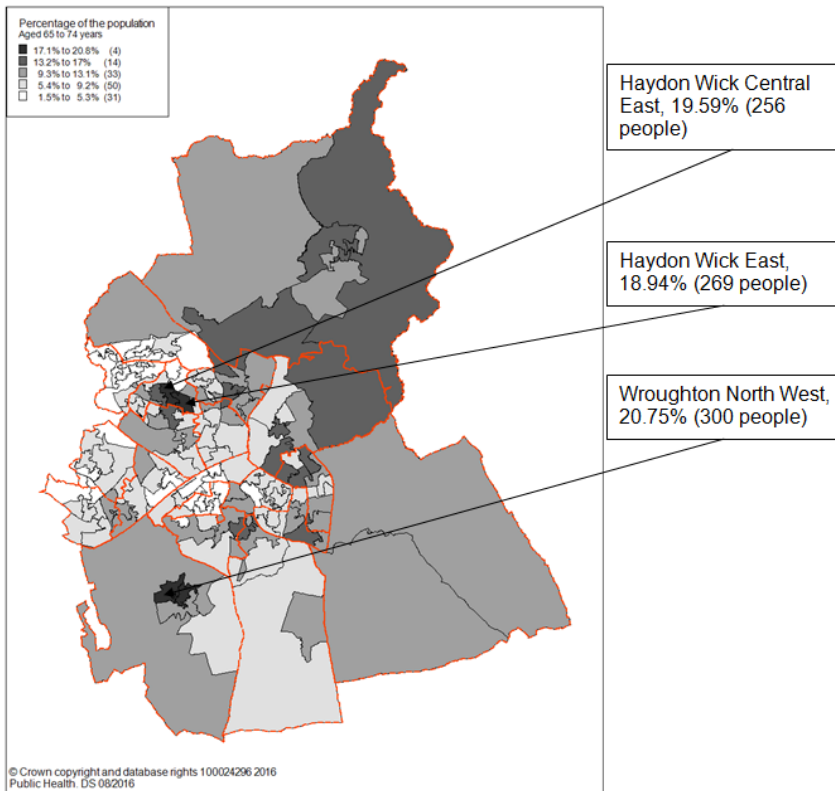
	65-74	75-84	85+	total aged 65 and over	% 65+	% of Swindon's over 65 population
Chiseldon and Lawn	779	553	252	1,584	26.6%	4.9%
Wroughton and Wichelstowe	1,022	688	338	2,048	25.3%	6.4%
Blunsdon and Highworth	1,483	781	341	2,605	24.2%	8.1%
Covingham and Dorcan	1,247	796	267	2,310	21.4%	7.2%
St Margaret & South Marston	1,139	914	343	2,396	20.5%	7.4%
Penhill and Upper Stratton	1,186	761	275	2,222	18.5%	6.9%
Ridgeway	326	190	94	610	18.3%	1.9%
Rodbourne Cheney	1,116	630	301	2,047	17.2%	6.3%
Haydon Wick	1,284	634	223	2,141	16.9%	6.6%
Liden, Eldene & Park South	1,139	656	173	1,968	16.9%	6.1%
Walcot and Park North	979	763	289	2,031	15.2%	6.3%
Gorse Hill and Pinehurst	1,005	672	245	1,922	15.0%	6.0%
Old Town	668	491	285	1,444	14.5%	4.5%
Lydiard and Freshbrook	839	390	160	1,389	12.8%	4.3%
Mannington and Western	681	336	112	1,129	10.7%	3.5%
Eastcott	525	340	184	1,049	9.4%	3.3%
Shaw	624	267	87	978	8.9%	3.0%
Central	666	342	97	1,105	8.6%	3.4%
St Andrews	438	158	47	643	5.6%	2.0%
Priory Vale	427	121	68	616	4.8%	1.9%

Source: ONS

The different age group populations can be compared visually to see if there is movement across Swindon as people get older by using the maps below.

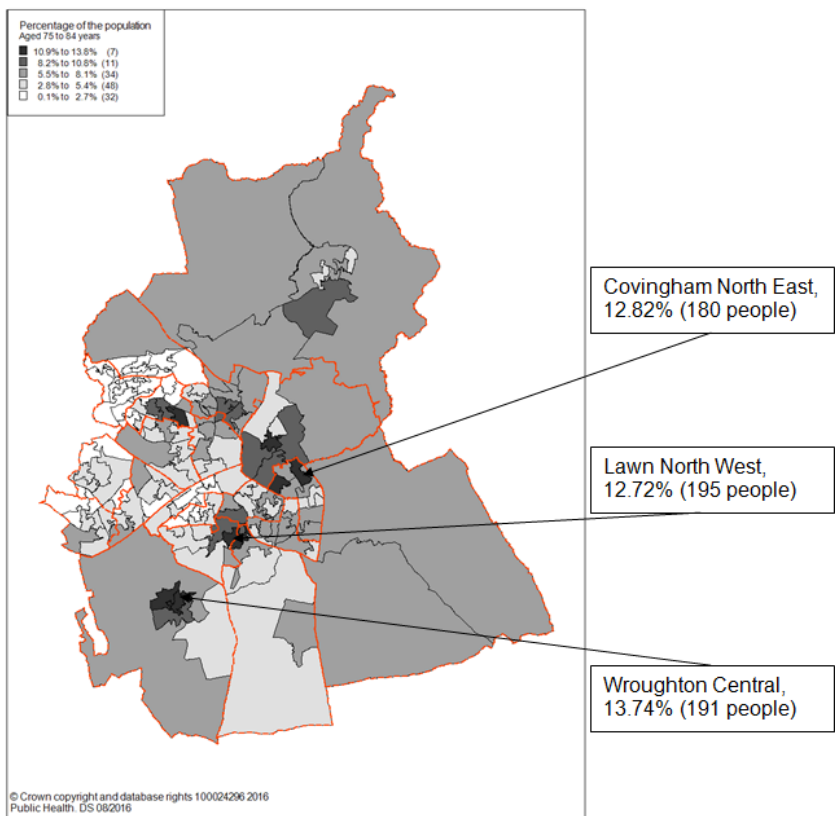
In all three maps, the highest proportions of older people can be seen in the areas outside of the city centre. There are low proportions of older people in the new housing estates in Swindon such as to the North and West. It appears that the more rural locations have high proportions of those aged 65-74 but this proportion in relation to the rest of the borough decreases in the older age groups. This may potentially be due to people moving into care, moving home or dying.

Figure 3: Proportion of the population aged 65 to 74 years, by Lower Super Output Area (LSOA) in Swindon, 2014



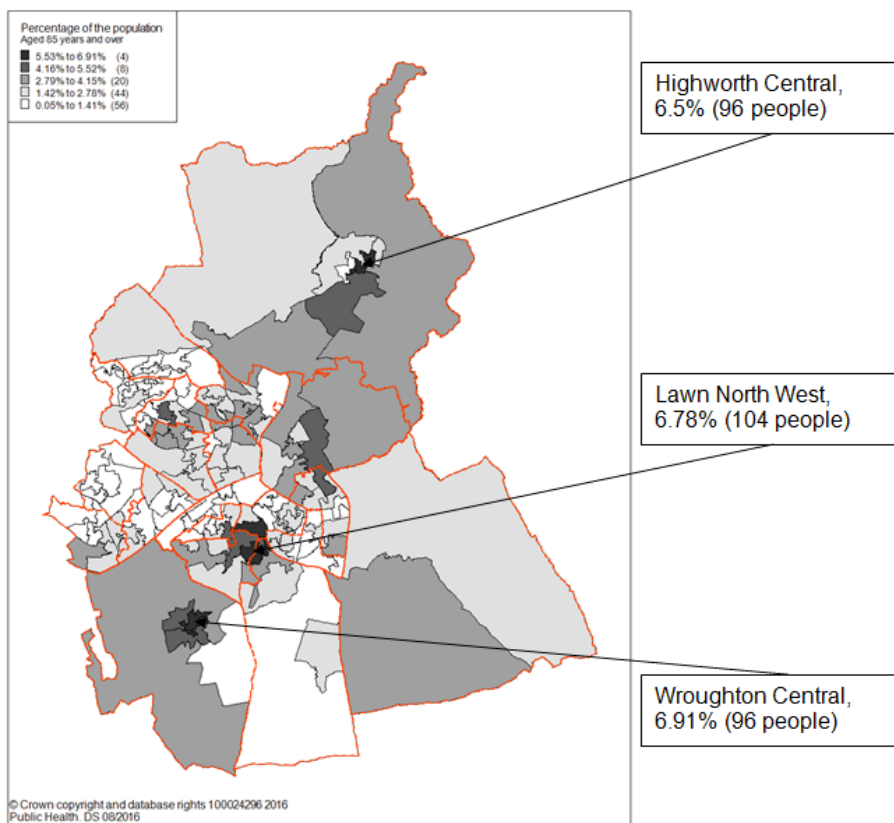
Source: ONS

Figure 4: Proportion of the population aged 75 to 84 years, by LSOA in Swindon, 2014



Source: ONS

Figure 5: Proportion of the population aged 85 years and over, by LSOA in Swindon, 2014



Source: ONS

At the last census in 2011, there were 207,858 people of all ages living in households and 1,298 people living in communal establishments¹⁵, of which 870 were residents of care homes (both residential and nursing). Swindon has fewer care homes than its nearest statistical neighbour, Warrington, and this is reflected in the numbers of residents.¹⁶ In 2016/17, Swindon had 8.4 care home beds per 100 population aged 75+ and Warrington had 11.7 beds, the England average is 10.4 beds per 100 population over 75.¹⁷ The number of people over 65 years living in a care home in Swindon is 26 per 1,000 people over the age of 65, this is lower than Warrington (37), South West (34) and England (32 per 1,000 people over 65). Within the care homes in Swindon, the proportion of residents over 65 years is 88%. This is similar to Warrington at 89% but higher than the South West and England average (both 82%). This may indicate that Swindon has better community care facilities for those aged under 65, or community care/care at home facilities need to be improved for those over 65.

¹⁵ This number includes staff, owner or family members who were living in the communal establishment on the day of the census.

¹⁶ Nearest statistical neighbour insight from PHOF <http://www.phoutcomes.info/>

¹⁷ End of Life Care profiles <http://fingertips.phe.org.uk/profile/end-of-life/data#page/3/qid/1938133060/pat/6/par/E12000002/ati/102/are/E06000008/iid/92489/age/1/sex/4>

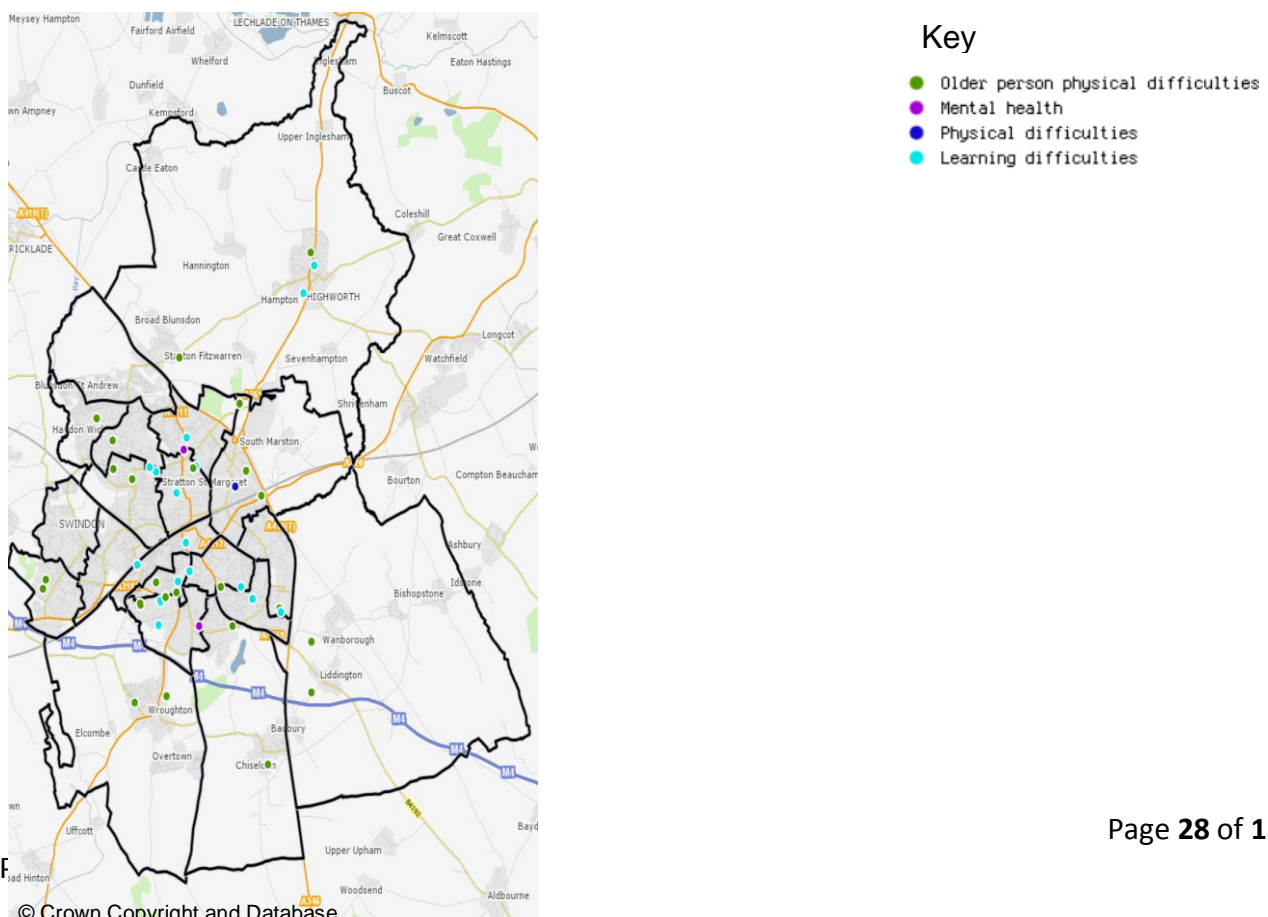
Table 4: Within care homes: number and proportion of care home residents, by age group and sex, in Swindon UA, Warrington, South West and England 2011 Census

		Total number of all age residents	Proportion of all residents aged 65-74	Proportion of all residents aged 75-84	Proportion of all residents aged 85 and over	Total over 65
Swindon	People	870	9%	31%	48%	88%
	Men	267	4%	9%	10%	23%
	Women	603	5%	21%	39%	65%
Warrington	People	1,337	10%	30%	49%	89%
	Men	402	5%	10%	9%	24%
	Women	935	5%	20%	40%	65%
South West	People	42,499	7%	23%	52%	82%
	Men	13,220	4%	7%	10%	21%
	Women	29,279	4%	15%	42%	61%
England	People	333,006	9%	25%	49%	82%
	Men	106,943	4%	8%	10%	22%
	Women	226,063	4%	17%	39%	61%

Source: NOMIS

The map below shows the location of care home in Swindon UA, the green points are older person specific facilities. The care homes are generally out of the town centre and closer to the edges of the town, similar to the distribution of older people seen in the previous maps.

Figure 6: Location of care homes in Swindon UA



Population projections

Policy-led population projections have been produced by Swindon Borough Council (SBC) using estimates of births, deaths and migration from the ONS and local housing targets¹⁸. It is estimated that Swindon's population could increase to 240,000 people by 2021 and 265,400 by 2031, equivalent to growth of approximately 14% from 2011 to 2021, and a further 10% from 2021 to 2031. The largest increase in people will be in the 65 to 74 age group, projected to be 12,900 more by 2031. However, the 85+ age group will have the largest growth rate at approximately 136%.

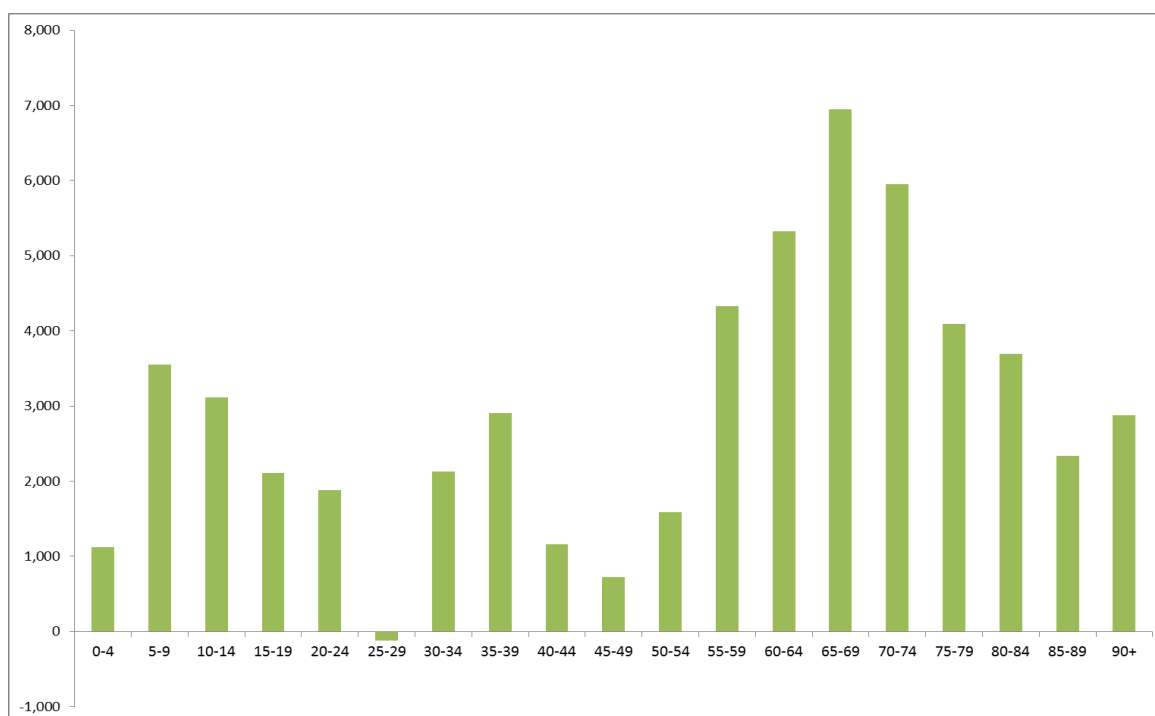
By 2031 the population aged over 65 is projected to grow by 25,900 people to reach a total of 55,000 by 2031, accounting for 46% of total population growth.

Table 5: SBC population projections by age group

Age group	2011	2016	2021	2026	2031
65-69	8,617	10,541	11,094	13,269	15,569
70-74	6,679	8,059	10,000	10,529	12,633
75-79	5,626	6,002	7,360	9,164	9,718
80-84	4,324	4,668	5,161	6,383	8,017
85-89	2,642	3,012	3,465	3,922	4,980
90+	1,181	1,727	2,424	3,191	4,059
Under 65	166,478	171,823	185,326	191,585	195,169
65 and over	29,069	34,009	39,504	46,458	54,976
Total	209,709	220,245	239,993	253,490	265,430

Source: SBC population projections: <http://swindonjsna.co.uk/Files/Files/Population-Projections-to-2031.pdf>

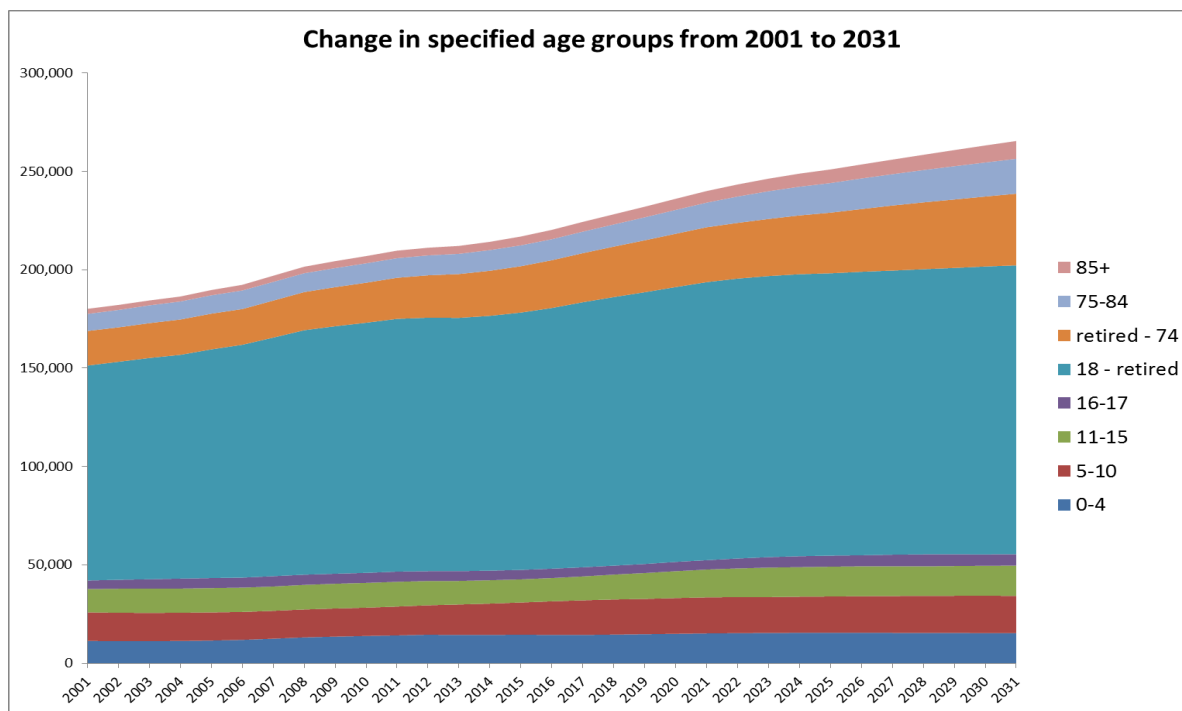
Figure 7: Projected change by 5 year age group from 2011 to 2031



Source: SBC population projections: <http://swindonjsna.co.uk/Files/Files/Population-Projections-to-2031.pdf>

¹⁸ <http://swindonjsna.co.uk/Files/Files/Population-Projections-to-2031.pdf>

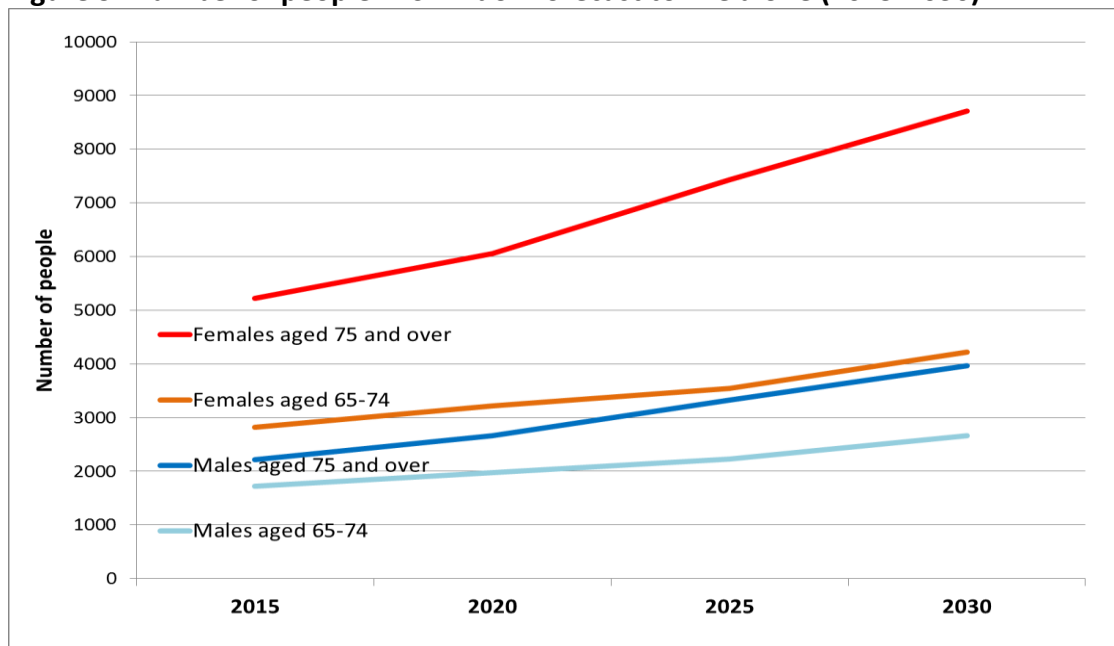
Figure 8: Estimated and projected change by specified age groups from 2001 to 2031



Source: SBC population projections: <http://swindonjsna.co.uk/Files/Files/Population-Projections-to-2031.pdf>

There is also forecast to be a large increase in older people living alone¹⁹. In the 65 to 74 age group the numbers living alone are projected to rise 52% from 4,540 people in 2015 to 6,878 in 2030. In the 75 plus age group, the projected increase is even higher, 70%, from 7,448 people in 2015 to 12,673. However living alone is not a proxy for being lonely.

Figure 9: Number of people in Swindon forecast to live alone (2015-2030)



Source: Projecting Older People Population Information System (POPPI) (www.poppi.org.uk)

¹⁹ Using the method in POPPI (www.poppi.org.uk) namely applying percentages from the General Household Survey to population projections (SBC 2014 policy-led projections)

Deprivation

Indices of Deprivation

The English Indices of Deprivation 2015 (ID 2015) provide data on relative deprivation for small areas in Swindon and nationally. The key message to take from this dataset is that whilst pockets of deprivation do exist, on the whole Swindon is shown to be less deprived than the England average. Swindon is ranked as the 108th most deprived area out of 152 Upper Tier Local Authorities (UTLAs), i.e. there are 107 more deprived UTLAs and 44 less deprived (1=most deprived). This places Swindon in the second least deprived quintile in England. The Indices are based on a basket of indicators and are grouped into seven domains of deprivation and for a combined Index of Multiple Deprivation (IMD). The seven domains are: Income; Employment; Health Deprivation and Disability; Education, Skills and Training; Barriers to Housing and Services; Crime, and Living Environment. There are also two supplementary indices for income deprived children and older people. For more information about IMD, please visit <http://www.swindonjsna.co.uk/dna/ID>

The Income Deprivation Affecting Older People Index (IDAOPI) measures the proportion of all those aged 60 or over who experience income deprivation. Swindon's Average Score is 0.153; meaning 15.3% of people over 60 are experiencing income deprivation on average across Swindon. Nationally, this ranks Swindon as 92nd out of 152 UTLAs (again, 1=most deprived). In looking at the small areas that make up the picture in Swindon there is variation across the borough. The area with the highest proportion is Manchester Road LSOA in the Central ward where nearly half of older people experience income deprivation (48.7%). There are two other LSOAs in Central which are in the highest five areas on IDAOPI within Swindon, see table below. The area with the lowest proportion is Liden LSOA in the Liden, Eldene and Park South ward where 4% of older people experience income deprivation. When looking at the actual number of people the proportion affects, Walcot East South West LSOA has a larger population with a similar proportion to Manchester Road LSOA and so the number of people experiencing income deprivation is 148 which is the highest for an LSOA across the borough.

Table 6: Top 5 areas experiencing the highest proportion of income deprivation affecting older people

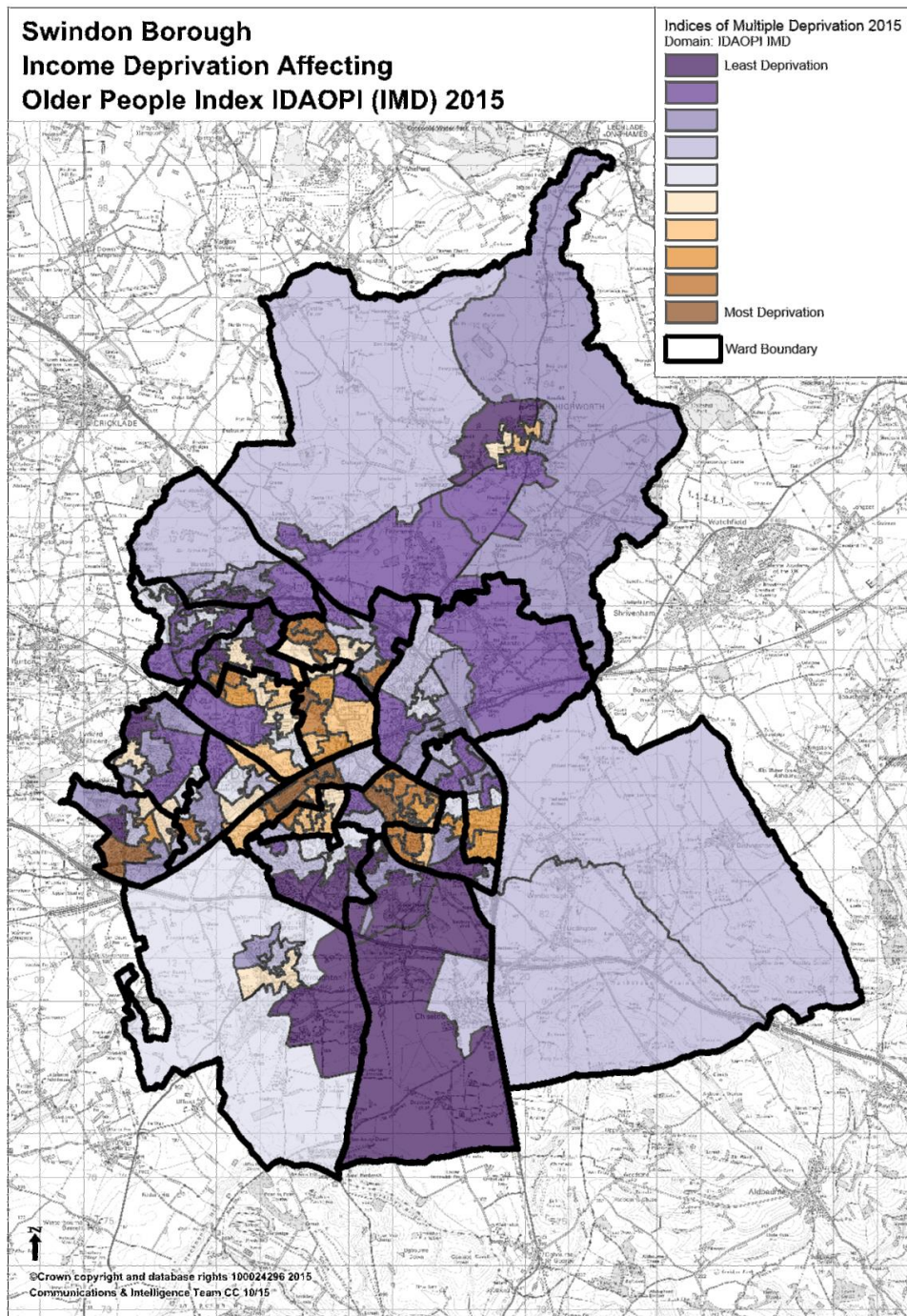
Ward	LSOA local name	Proportion	Older population aged 60 and over: mid 2012	Number of older people income deprived
Central	Manchester Road	48.7%	239	116
Walcot and Park North	Walcot East south west	48.2%	308	148
Gorsehill and Pinehurst	Pinehurst west	42.5%	209	89
Central	Faringdon Road	38.5%	291	112
Central	Bathurst Road	37.5%	251	94

Source: DCLG

Across the borough, all LSOAs have a proportion of people experiencing income deprivation. Care must be taken when looking at area level deprivation. Not all people living in areas of deprivation are deprived and people living in affluent areas may still experience deprivation. The map below

highlights the variation across the borough for the proportion of older people experiencing income deprivation.

Figure 10: IDAOPi, Swindon, 2015



Source: DCLG, Indices of Deprivation, 2015

Low income benefits

There are a number of benefits and payments which older people may apply for in order to top up their income, and claiming some, may make a person eligible to claim others.

Pension Credit is an income-related benefit made up of two parts: Guarantee Credit and Savings Credit. The Guarantee Credit part tops up your weekly income if it's below £155.60 (for single people) or £237.55 (for couples). The Savings Credit part is an extra payment for people who saved some money towards their retirement, e.g. a pension.²⁰ In the UK there are about four million older people are entitled to Pension Credit, however there are one in three people eligible who are not claiming it.²¹ In claiming this benefit it is a passport to other benefits such as Housing Benefit and Council Tax Reduction. In Swindon, there are about 5,500 people claiming pension credit, see table below. There are more women than men claiming pension credit, this may be due to women having smaller pensions due to time out of work for family, or that due to differences in life expectancy, there are more older women alive than men. Using the assumption that Swindon has an unclaimed rate similar to England and a similar proportion eligible, there may be about 8,000 people who could claim Pension Credit that currently don't.

Table 7: Pension Credit claimants at November 2015

Age group	Men	Women	Total
Total	2,080	3,420	5,500
60-64	240	150	390
65-69	560	660	1,220
70-74	490	540	1,030
75-79	320	520	840
80-84	200	580	770
85-89	150	500	650
90 and over	120	480	600

Source: NOMIS

A benefit that is usually automatically paid if a person claims the State Pension, or received Pension Credit, is a Winter Fuel Payment.²² A person could claim £100 to £300 tax free to help with heating bills. The table below demonstrates the number of people in each group receiving the Winter Fuel Payment. The proportion of each age group receiving the payment is high.

Table 8: Number and proportion of recipients of Winter Fuel Payment in Swindon, 2013/14

	No. of recipients	Population	% of population claiming benefit
Over 65	30,590	31,361	98%
Over 70	20,800	21,341	97%
Over 75	13,800	14,261	97%
Over 80	8,100	8,511	95%

Source: DWP

For those people who claim Pension Credit, it makes them eligible for the Cold Weather Payment. This is paid on the condition of the average temperature in a person's area recorded, or forecast, zero degrees Celsius or below for seven consecutive days. Between the 1st November and 31st March, for each seven day period of cold weather, a person will receive £25.²³

²⁰ <https://www.gov.uk/pension-credit>

²¹ <http://www.ageuk.org.uk/money-matters/claiming-benefits/pension-credit/what-is-pension-credit/>

²² <https://www.gov.uk/winter-fuel-payment/overview>

²³ <https://www.gov.uk/cold-weather-payment>

State Pension age

State Pension age is:

- 65 for men;
- 60 for women born on or before 5 April 1950;
- between 60 and 65 for women born between 6 April 1950 and 5 April 1955 (depending on your date of birth); and
- 65 for women born on or after 6 April 1955.

The Pensions Act 1995 increased state pension age for women from 60 to 65 in stages between May 2010 and March 2020, to bring it into line with that for men. The Pensions Act 2007 increased state pension age from 65 to 68 in stages between 2024 and 2046. The Pensions Act 2011 accelerated the timetables set in both the 1995 and 2007 Acts, bringing forward equalisation at age 65 to November 2018 and the rise to age 66 to October 2020.

The Pensions Act 2014 brought forward the increase in state pension age to 67 to between 2026 and 2028. The Pensions Act 2014 also made provision for future periodic reviews of state pension age to consider changes in life expectancy and other relevant factors. Adequate notice of changes to state pension age is necessary to enable individuals to plan for retirement. This may involve decisions about work, caring commitments, the age of a partner's retirement and saving.

Life expectancy and general health

Life expectancy in Swindon is similar to the England average at 79.5 years for men and 83.0 years for women. It has been increasing for both men and women over the past few years in line with the England average. However, differences can be seen when looking at areas of deprivation. For men there is a 9.7 year gap between the life expectancy of those living in the most deprived to the least deprived areas within Swindon. For women the gap currently is 4 years (2012-14).²⁴

Life expectancy at age 65 is the number of years that a person aged 65 can expect to live, based on their gender and the age-specific mortality rate of the area in which they live. Currently in Swindon, men can expect to live a further 18.5 years and women a further 21.1 years. This is similar to the England average. When comparing to the healthy life expectancy (see below), it appears women may live for slightly longer after age 65 but spend slightly more time in ill health.

Measures of life expectancy can be enhanced by looking at measures of health expectancy. These measures add a quality of life dimension to estimates of longevity by dividing expected lifespan into time spent in different states of health. Healthy Life Expectancy (HLE) estimates lifetime spent in 'very good' or 'good' health based upon how individuals perceive their general health. Disability-Free Life Expectancy (DFLE) estimates lifetime free from a limiting persistent illness or disability.

²⁴ PHOF <http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000049/pat/6/par/E12000009/ati/102/are/E06000030/iid/90366/age/1/sex/2>

This is based upon a self-rated assessment of how health limits an individual’s ability to carry out day-to-day activities.²⁵

In Swindon the HLE for men is 63.9 years and for women is 62.8 years (2012-14). Since the period 2009-11, these numbers have fallen slightly for both men and women, although remaining statistically similar to England.²⁶ DFLE at age 65 years for men in Swindon is among the highest in the South West at 12.1 years (2012-14), which also means men can expected to live with a disability for 6.4 years. This means the proportion of life spent disability free at 65 years old is 65.3%, this is statistically significantly higher than the England estimate and Swindon is ranked seventh out of 150 upper tier local authorities. For women, the picture is not quite as good. DFLE is 11.3 years, which means living with a disability for 9.8 years. For women in Swindon, the proportion of life disability free is 53.4% and Swindon is ranked 51st out of 150 upper tier local authorities.²⁷

The 2011 Census includes a question about self-reported health. The answers are very good or good health, fair health and bad or very bad health. As this is a self-reported measure, it is open to a person’s own interpretation of their health, i.e. what is considered good health for one person may not be for another. For people living in households (rather than care homes) the proportion of people in each of these health states for different age groups is in the table below.

Figure 11: Self-reported health, by age group in household residents in Swindon UA, Census 2011

	Age 65 to 74	Age 75 to 84	Age 85 and over
Very good or good health	9,248 (61%)	4,161 (43%)	925 (28%)
Fair health	4,267 (28%)	3,909 (41%)	1,601 (48%)
Bad or very bad health	1,556 (10%)	1,539 (16%)	814 (24%)

Source: NOMIS

²⁵ ONS

<http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/disabilityfreelifeexpectancybyuppertierlocalauthorityengland/2014-07-24>

²⁶ PHOF <http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000049/pat/6/par/E12000009/ati/102/are/E06000030>

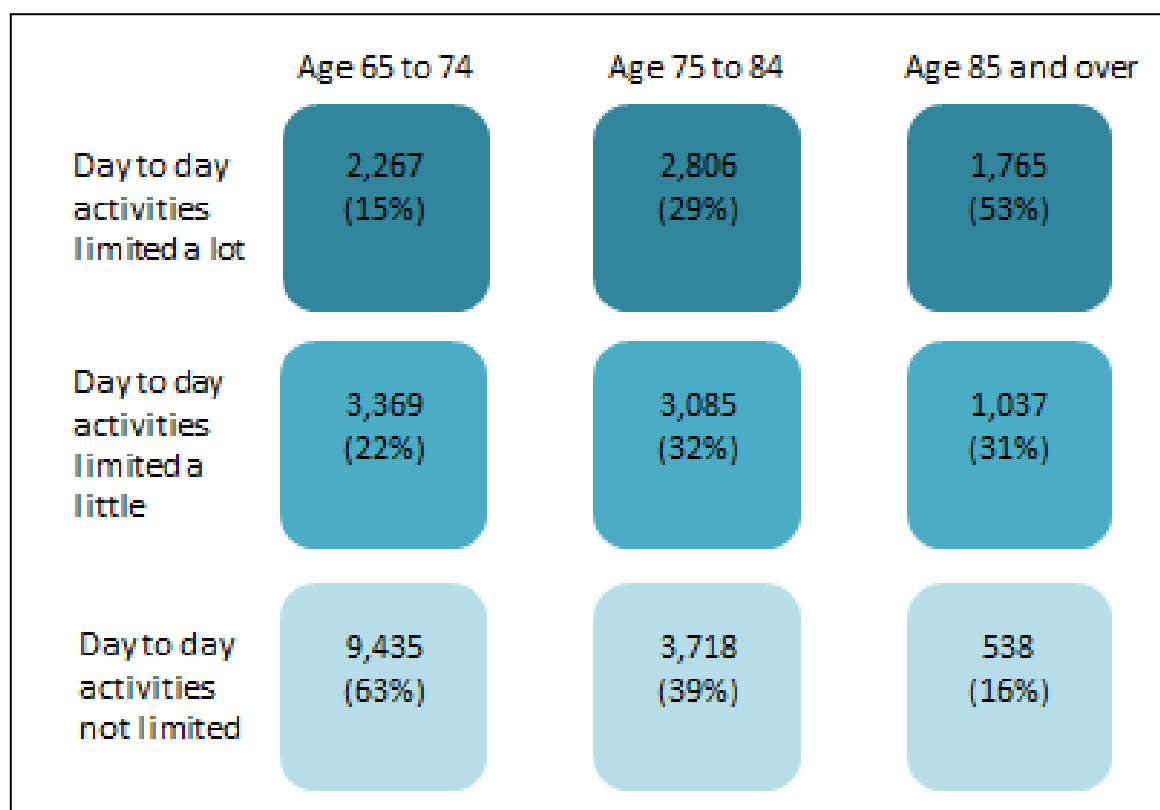
²⁷ ONS 2016,

<http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/dataset/disabilityfreelifeexpectancydfleandlifeexpectancyeatbirthbyuppertierlocalauthorityatage65england>

Looking at the particular health states, as expected as age increases, the proportion of people reporting very good or good health decreases. The 65-74 age group report, as expected, that most people are in a very good or good state of health and fewer are in bad or very bad health. However, in the 85 plus age group, nearly half of people say they are in fair health with only slightly more than a quarter saying they are in very good or good health, and less than a quarter in bad health. This situation could possibly be explained by the fact that people who had major health issues may have died by this age, and the people that remain may take a pragmatic view of their health as relative to their age.

The Census also asked people to describe whether their day to day activities are limited. In Swindon, as expected, it is the 85 plus age group who have the highest proportion (of older people) reporting their activities are the limited a lot (53%). Conversely, this also means that just under half of all people over the age of 85 report their daily activities are either not limited or only limited a little, which is quite high considering the age group. Interestingly the 75-84 age group has quite an even proportion across the three responses, see table below.

Figure 12: Limitation of daily activities, by age group in household residents in Swindon UA, Census 2011



Source: NOMIS

Lifestyle, Sexual, Oral and Mental Health

Summary of Findings

- Lifestyle considers weight, alcohol, physical activity and smoking behaviours.
- At national level around two thirds of women and three quarters of men aged 65+ are overweight or obese, increasing with age for men but decreasing for women. Swindon is unlikely to be significantly different. Issues around weight and nutrition are more complex as people get older as being underweight is also a risk to health. Medication, changes in appetite and chronic diseases can affect how much and what type of food people eat. Because of increasing numbers of older people in the future, the percentage of older adults likely to be obese is projected to increase by 53% by 2030. This has implications for both social care and health.
- Although people are less likely to drink alcohol as they get older, nationally the proportion who drink almost every day is increasing. 28% of 85+ men report drinking almost every day compared to 4% of those aged 25-34 although 22% have not drunk alcohol at all in the last 12 months (increasing to 42% of women). In Swindon the rate of hospital admission for alcohol related conditions for those aged over 65 years is higher than the England average, 224.8 admission episodes per 100,000 population against England average of 190.5. This is much higher for men than women.
- As people get older they are less likely to be physically active: about one in five of those aged 65+ report taking part in sport in the last month and 47% of people over 65 are classed as inactive (less than 30 minutes of activity per week). Social care data shows people most commonly need help with physical support so maintaining strength and balance for as long as possible is valuable.
- In Swindon in 2015 18.7% of adults were current smokers, which is likely to reduce to around 12% of those aged 65-69 and 3% aged 90+ according to national prevalence data. In 2015/16 around 200 people over 65 used local smoking cessation services in Swindon with around 58% achieving a four week quit target. Forecasts suggest less people will smoke in the future with only 4% of those aged 65-74 smoking in 20 years' time.
- 0.6% of people attending a sexual clinic for the first time were over 65 in Swindon with double the number of men than women. National survey data found that 2% of people aged 65-74 had at least one new partner in the last year and there is some evidence that older people are less likely to use condoms than any other age group and that health professional do not perceive older people to be at risk of sexually transmitted diseases.
- There is no locally collected data on the proportion of older adults with oral diseases although there is increasing national concern about oral health for people living in care homes. Tooth decay is most likely to affect those aged 25 to 34 and aged 75+ and in the south west 59% of the population experience some gum disease.
- One in four people of all ages will experience a mental health problem at some point in life: risk factors such as caring responsibilities, life events, social isolation, lack of social networks and ill health are likely to be significant factors for older people.

- **Measures of wellbeing in the Annual Population Survey are similar for Swindon compared to England. National breakdowns show that whilst older people tend to have better satisfaction and happiness ratings that those in midlife those over 80 have the highest percentage reporting low worthwhile scores.**
- **The national Opinion and Lifestyle Survey found that nearly one third of people report high levels of loneliness. Analysis of MOSIAC data in Swindon identified two types most likely to be lonely: people who experience anxiety and depression and those who have limited contact and are less likely to use the internet.**

Weight

People who are overweight are at greater risk of a range of serious health conditions, including heart disease, stroke and type 2 diabetes.²⁸ BMI (body mass index) is a measure that adults can use to see if they are a healthy weight for their height. For most adults, an ideal BMI is between 18 and 25. If your BMI is over 25, you weigh more than is ideal for your height.

A high BMI may also increase the risk of certain cancers. According to a survey on perceptions of risk, only 3% of people identified that being overweight or obese is a known risk factor for cancer.²⁹ It is not only BMI that can increase your risk of developing cancer. Cancer Research UK have recognised that approximately 4 in 10 cancer cancers can be prevented by modifying lifestyle factors. In order to reduce a person's risk of cancer the following are suggested:³⁰

- eat a healthy, balanced diet
- maintain a healthy weight
- stay physically active
- drink less alcohol
- stop smoking
- protect your skin from sun damage
- know your body

The Health Survey for England has published figures at England level for the proportion of people in each weight category by age group (see table below). Around two thirds of women and three quarters of men over 65 are overweight or obese. For men, the proportion of those overweight increases with age. For women it is a different story, the proportion of those overweight and obese decreases with age. Women aged 85 years plus have the highest proportion at a normal weight (42%). The PHOF shows Swindon (69.5%) as having a statistically significantly higher percentage of people (aged 16 plus) of excess weight than the England average (64.6).³¹

²⁸ <https://www.nhs.uk/oneyou/checking>

²⁹ <http://www.cancerresearchuk.org/about-cancer/causes-of-cancer/can-cancer-be-prevented#KyOF1xyBsJ9ljHMD.99>

³⁰ <http://www.nhs.uk/Livewell/preventing-cancer/Pages/diet-and-cancer.aspx>

³¹ <http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/E12000009/ati/102/are/E06000022/iid/90640/age/164/sex/4>

Table 9: Obesity prevalence by age and sex, England, 2014*

	65-74 years	75-84 years	85+ years
Men			
Underweight	1%	-	2%
% Normal	21%	20%	15%
% Overweight	52%	54%	59%
% Obese, excluding morbidly obese	26%	24%	24%
% Morbidly obese	1%	1%	-
Women			
% Underweight	1%	1%	3%
% Normal	28%	27%	42%
% Overweight	36%	41%	38%
% Obese, excluding morbidly obese	31%	30%	15%
% Morbidly obese	4%	2%	1%

Source: Health Survey England

*Underweight: less than 18.5kg/m²

Normal weight: 18.5 to less than 25kg/m²

Overweight: 25 to less than 30kg/m²

Obese, excluding morbidly obese: 30 to less than 40kg/m²

Morbidly obese: 40kg/m² or more

Eating well

A balanced diet will help the body get the nutrients it needs in order to stay healthy. However, some foods have hidden nutrients that when eaten in excess can be unhealthy. Too much salt can raise blood pressure, which may put a person at increased risk of health problems, such as heart disease and stroke. Around 75% of the salt eaten is already in everyday foods including bread, breakfast cereal and ready meals. There are different kinds of fat in the food we eat, saturated and unsaturated fat. The body needs some fat to help our bodies absorb vitamins and stay healthy. However, too many saturated fats can raise cholesterol levels, leading to serious problems such as a heart attack or stroke. Too much sugar can lead to the build-up of harmful fat on the inside of the body that we can't see. This fat can cause serious diseases, such as type 2 diabetes. Eating too much sugar can also cause tooth decay.³²

The government have promoted the Eatwell Plate³³ as visual guidance for what a balanced diet looks like.

³² <https://www.nhs.uk/oneyou/eating>

³³ <http://www.nhs.uk/Livewell/Goodfood/Documents/The-Eatwell-Guide-2016.pdf>

Figure 13: The Eatwell Plate



Source: Department of Health

Some factors that may affect older people's diet include:³⁴

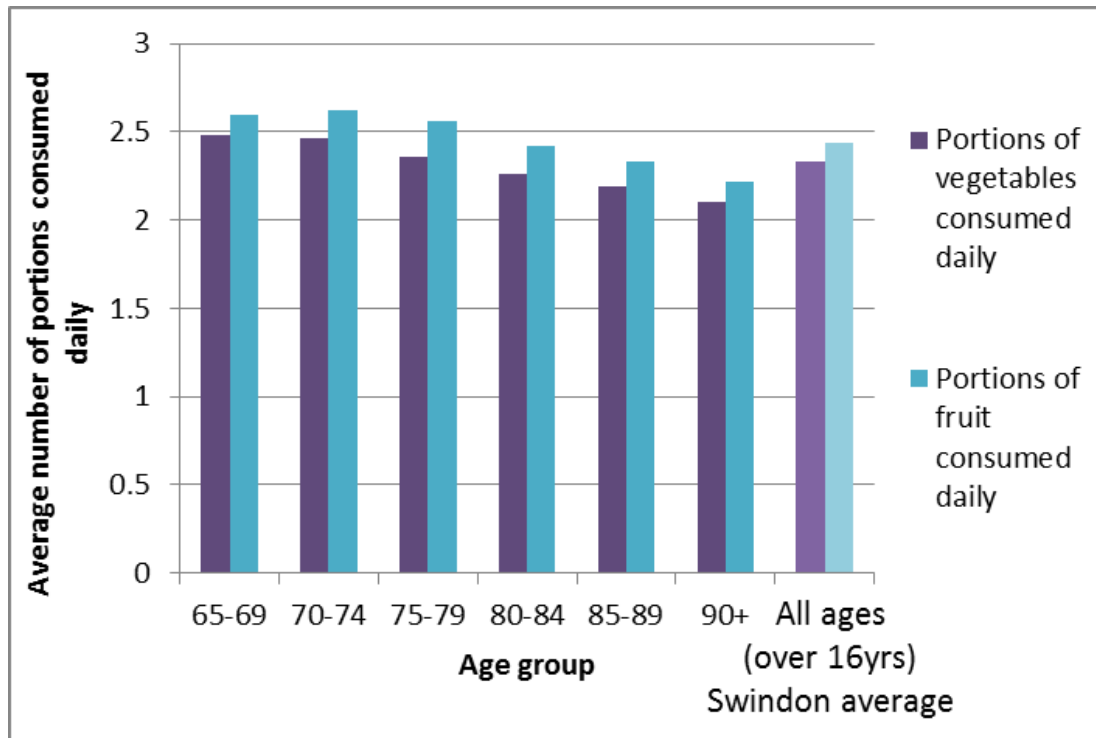
- Older people may have a small appetite and eat too little food. This may be because they are less mobile or less active or may be due to an underlying illness.
- Older people may live with a chronic disease which impacts on their day-to-day living and their ability to access and eat a good diet.
- Some older people will have increased needs for energy and nutrients – for example, if they have recently had an illness or been in hospital for surgery, or if they have wounds that need to heal, such as pressure sores or leg ulcers.
- Mouth, chewing and swallowing problems become more common and can have an impact on food choice.
- Some medicines may have side effects which play a part in appetite changes, abnormal eating behaviour or eating disorders.
- Poor sight, hearing, taste or smell may reduce enjoyment at mealtimes.
- Difficulties shopping for and cooking food can lead to fewer fresh foods being eaten for example, and can lead to diets of less variety that are low in essential nutrients.
- Concerns about paying for fuel to keep warm can mean that some older people are worried about spending money on food and may eat inappropriately.

The '5 a day' campaign is well known and encourages people to eat 5 portions of fruit and vegetables a day. However, there are still many people who do not achieve this goal. The chart

³⁴ The Caroline Walker Trust: <http://www.cwt.org.uk/wp-content/uploads/2014/07/EW-Old-Dementia-Practical-Resource.pdf>

below details the average number of fruit and vegetables portions eaten daily in England by age group. Those aged up to age 79 on average appear to consume 5 portions a day, but as age increases after this, the average number of portions eaten daily falls. In Swindon the average for people aged 16 and over just falls short of the 5 a day target, but remains statistically similar to England.

Figure 14: Average number of portions of fruit and vegetables consumed daily, (Indicators 2.11ii & 2.11iii), 2015, age groups in England and Swindon all age average



Source: PHOF

Alcohol

The guidelines for alcohol consumption have recently changed. The government's guidelines state that there's no safe level of alcohol consumption. In terms of number of units, the guidelines are now the same for men and women and both are advised not to regularly drink more than 14 units per week.³⁵ If a person has other health problems, such as diabetes or high blood pressure, or are suffering from depression or anxiety, alcohol may make these conditions worse. The hidden calories in these drinks may also put a person at risk of becoming overweight or obese.³⁶ Alcohol has also been shown to be a causal factor in many cancers, particularly mouth, throat, stomach, liver and breast cancer and also a factor in cirrhosis of the liver.³⁷ It is recognised that the older population are more sensitive to the negative effects of alcohol and also are at risk of interaction with prescribed medications.

However, the reasons why older people consume alcohol are complex and different to that of younger generations. General patterns recognised across literature include social isolation, depression and anxiety – particularly related to bereavement and retirement. Consequently

³⁵ <https://www.drinkaware.co.uk/alcohol-facts/alcoholic-drinks-units/alcohol-limits-unit-guidelines/>

³⁶ <https://www.nhs.uk/oneyou/drinking>

³⁷ <https://www.alcoholconcern.org.uk/help-and-advice/statistics-on-alcohol/>

strategies and interventions addressing alcohol consumption need to be directed and recognise the differences in alcohol drinking behaviour and its causes which are specific to the elderly population.

In Swindon the rate of hospital admission for alcohol related conditions for those aged over 65 years is higher than the England average, 224.8 admission episodes per 100,000 population against England average of 190.5. The rate for men is higher than for women as shown in the chart below.³⁸

Figure 15: Admission episodes for alcohol related conditions (narrow) in over 65's (Indicator 10.08), Swindon UA, 2008/09 – 2014/15



Source: Local Alcohol Profiles for England

Alcohol consumption is measured in the Health Survey for England and provides insight into drinking patterns, both in terms of frequency and amount of units consumed, by age group. It appears that as age increases, so does the proportion of people who drink almost every day. By the age of 75, one in five men and one in eight women drink alcohol every day. The proportion of people who haven't drunk alcohol at all or over the last 12 months also increases post-retirement and by age 85 almost half of women and a third of men have not drunk alcohol in the preceding 12 months.

³⁸ <http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/qid/1938132982/pat/6/par/E12000009/ati/102/are/E06000030/iid/92321/age/27/sex/4>

Table 10: Usual frequency of drinking, by sex and age group, England 2014

Usual frequency of drinking	Age group							
	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Men								
Almost every day	1%	4%	7%	13%	15%	22%	20%	28%
Not at all in the last 12 months/ Non-drinker	22%	13%	14%	14%	12%	13%	15%	22%
Women								
Almost every day	0%	2%	4%	6%	10%	10%	12%	12%
Not at all in the last 12 months/ Non-drinker	23%	21%	21%	15%	19%	22%	28%	42%

Source: Health Survey for England, 2014

The table below shows weekly alcohol consumption by age group. About two thirds of men across the age groups are drinking within guidelines (the previous Government guidelines set a limit of 21 units per week for men). The frequency and consumption data together, suggests that men in the older age groups may be drinking similar amounts to younger age groups but spread out over more days each week.

Table 11: Estimated weekly alcohol consumption, by sex and age group, England 2014

	Age group							
	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Men								
Non-drinker	23%	13%	15%	14%	12%	13%	15%	22%
Up to 21 units (lower risk)	61%	68%	64%	63%	60%	57%	70%	65%
More than 21, up to 50 units (increasing risk)	12%	14%	16%	17%	22%	22%	13%	10%
More than 50 units (higher risk)	4%	4%	6%	6%	6%	7%	2%	2%
Women								
Non-drinker	25%	21%	21%	16%	19%	22%	28%	43%
Up to 14 units (lower risk)	58%	65%	65%	64%	60%	62%	63%	54%
More than 14, up to 35 units (increasing risk)	13%	10%	11%	16%	16%	13%	6%	3%
More than 35 units (higher risk)	4%	3%	3%	4%	6%	3%	2%	1%

Source: Health Survey for England, 2014

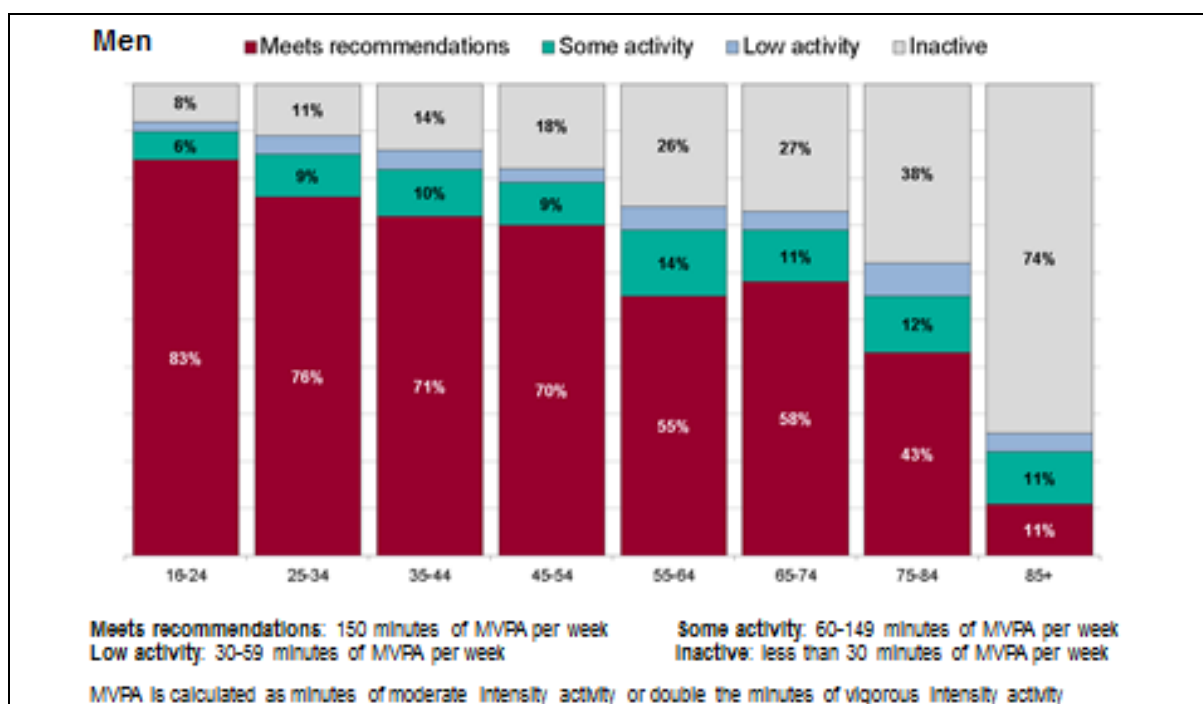
Exercise

Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits. Older adults should aim to be active daily. The latest guidelines state that over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more. It is suggested that one way people could approach this is to do 30 minutes on at least 5 days a week.³⁹

Older adults at risk of falls, such as people with weak legs, poor balance and some medical conditions, should do exercises to improve balance and co-ordination on at least two days a week. Some examples include yoga, tai chi and dancing.⁴⁰

The proportion of adults in Swindon who are physically active is similar to the England average. For people over the age of 16 years, 56.4% are achieving the guideline of 150 minutes of physical activity per week.⁴¹ As age increases, the amount of physically activity usually decreases. This is demonstrated by the data from Health Survey for England (2012) where the proportion of both inactive men and inactive women increases with age.⁴²

Figure 16: Physical activity levels by age group, men, England 2012



Source: National Obesity Observatory, PHE

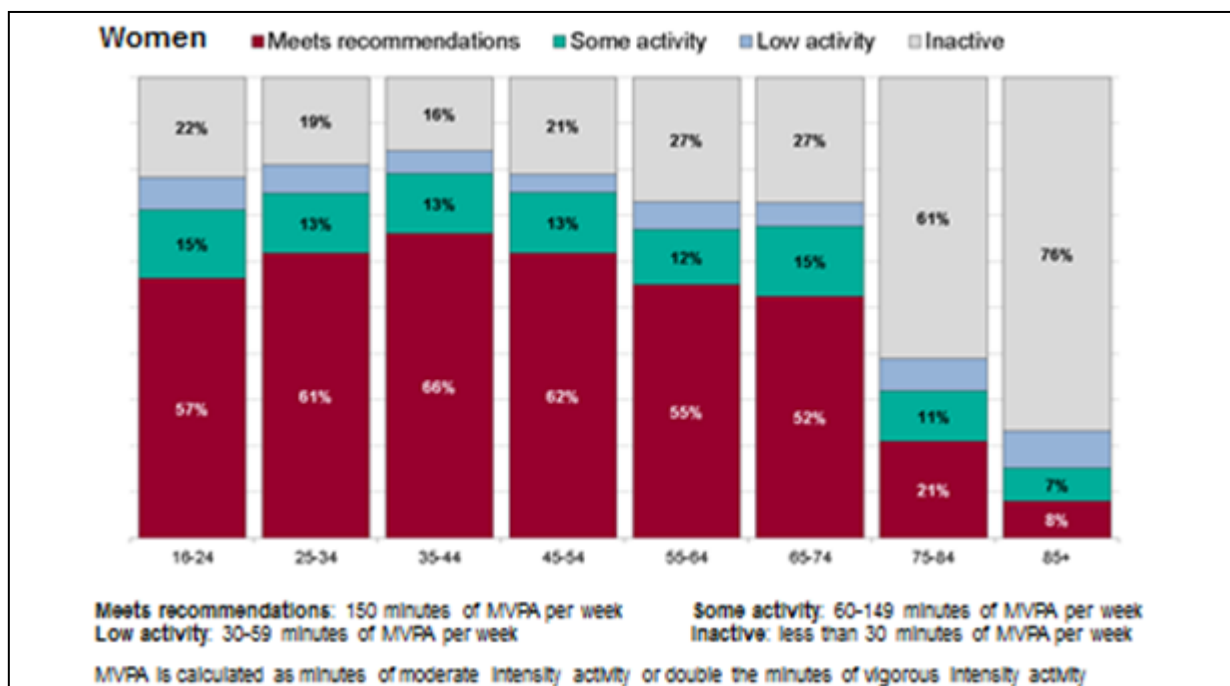
³⁹ Interpreting the UK physical activity guidelines for older adults (65+) British Heart Foundation http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwi5x5XvtsjOAhXnlcAKHTmqA_oQFgghMAA&url=http%3A%2F%2Fwww.bhfactive.org.uk%2Ffiles%2F1481%2FActiveolderadults.pdf&usq=AFQjCNErk2msAtBGc43DSu91-4W6FIJkew

⁴⁰ <http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-older-adults.aspx>

⁴¹ <http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/E12000009/ati/102/are/E06000022/iid/90275/age/164/sex/4>

⁴² <https://www.noo.org.uk/gsf.php5?f=313874&fv=21594>

Figure 17: Physical activity levels by age group, women, England 2012



Source: National Obesity Observatory, PHE

Sport England carry out the Active People Survey each year. The results show, in 2015/16, in Swindon, that about 21% of people over the age of 65 have taken part in a sport in the last 4 weeks. This is slightly lower than the closest statistical neighbour to Swindon, Warrington, who report 26% taking part. The most popular sports amongst the over 65's at England level are: (in alphabetical order) angling, bowls, cycling, fitness and conditioning, golf, keep fit classes and swimming.

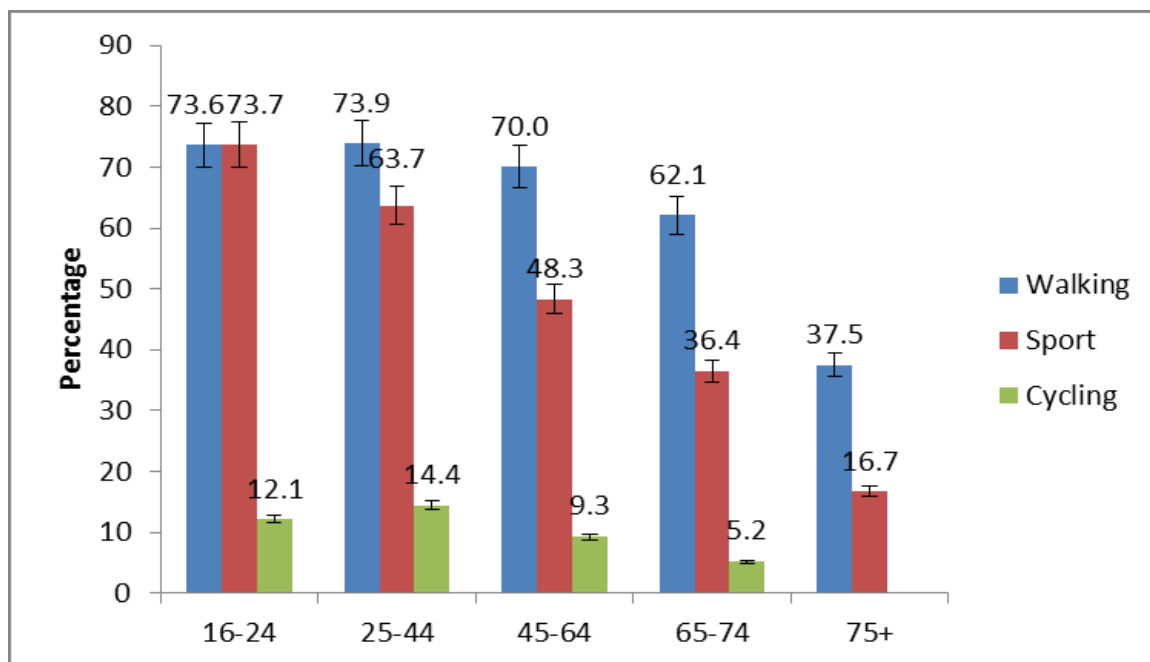
The Active People Survey also examines physical activity. In Swindon, 38% of people over the age of 65 years are active which is similar to England (40%) and slightly higher than Warrington at 34%. The flipside of this measure is inactivity which is defined as less than 30 minutes of activity per week. In Swindon there are 47% of people over 65 classed as inactive, compared to 45% in England and 54% in Warrington.⁴³

Another participation survey: Taking Part, included walking as active recreation and provided data at England level for participation by age group. Nearly two thirds of people aged 65-74 walk and whilst this declines with age, nearly 4 in 10 people over 75 years report walking as an activity they take part in. The survey excluded walking and cycling that is used to get from place to place.⁴⁴ Although walking is a beneficial form of exercise, recent research has shown it needs to be supplemented with strength and balance exercises as people get older.

⁴³ <http://activepeople.sportengland.org/Query>

⁴⁴ Adult participation in sport. Analysis of the Taking Part Survey, 2011
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/137986/tp-adult-participation-sport-analysis.pdf

Figure 18: Sport and active recreation, by age group, England 2011



Source: Department for Culture, Media and Sport, 2011

Smoking

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.⁴⁵ Around one in every two long-term smokers die from a smoking-related disease⁴⁶ and 284.4 per 100,000 deaths in Swindon (in 2012-14) were attributable to smoking, which is similar to the England average.⁴⁷

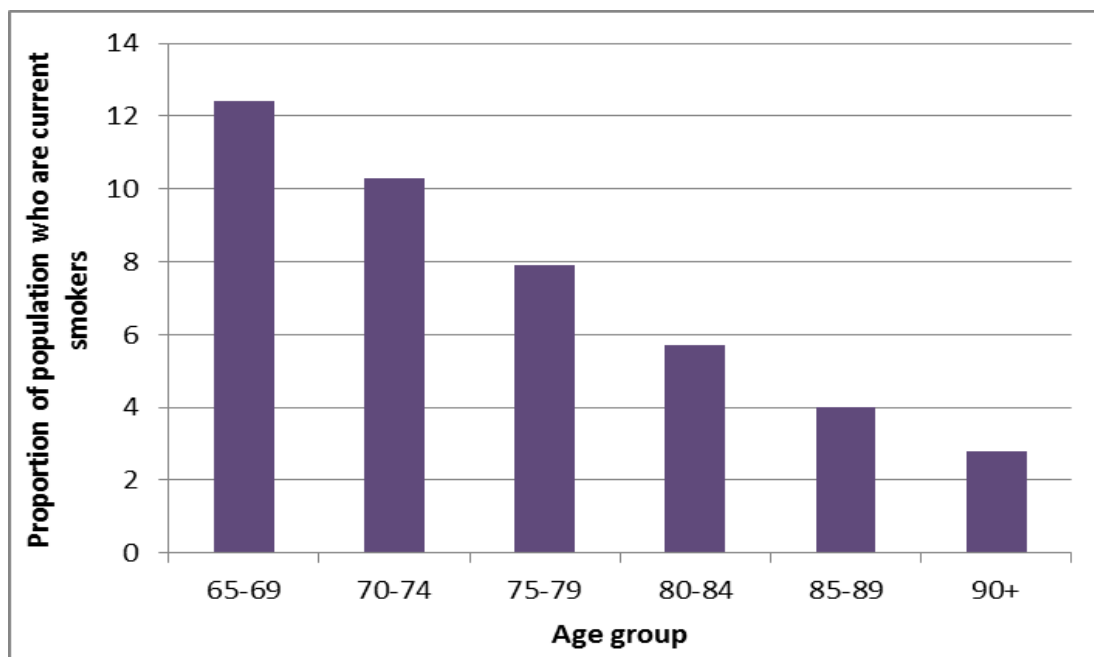
In Swindon, in 2015, the number of adults (aged 18 years and over) who are current smokers was 18.7%. This proportion is statistically similar to the England average (16.9%). The Integrated Household Survey included breakdowns of smoking prevalence by age as shown in chart below. Smoking prevalence declines from around 12% in those aged 65-69 to around 3% in those aged 90 or over: however this may reflect the higher mortality at a younger age of smokers.

⁴⁵ <http://www.tobacoprofiles.info/tobacco-control#page/6/qid/1938132885/pat/6/par/E12000009/ati/102/are/E06000030/iid/92443/age/168/sex/4>

⁴⁶ <https://www.nhs.uk/oneyou/smoking>

⁴⁷ <http://www.tobacoprofiles.info/tobacco-control#page/3/qid/1938132887/pat/6/par/E12000009/ati/102/are/E06000030/iid/113/age/202/sex/4>

Figure 19: Proportion of the population who are current smokers, England, 2014



Source: Integrated Household Survey, PHOF

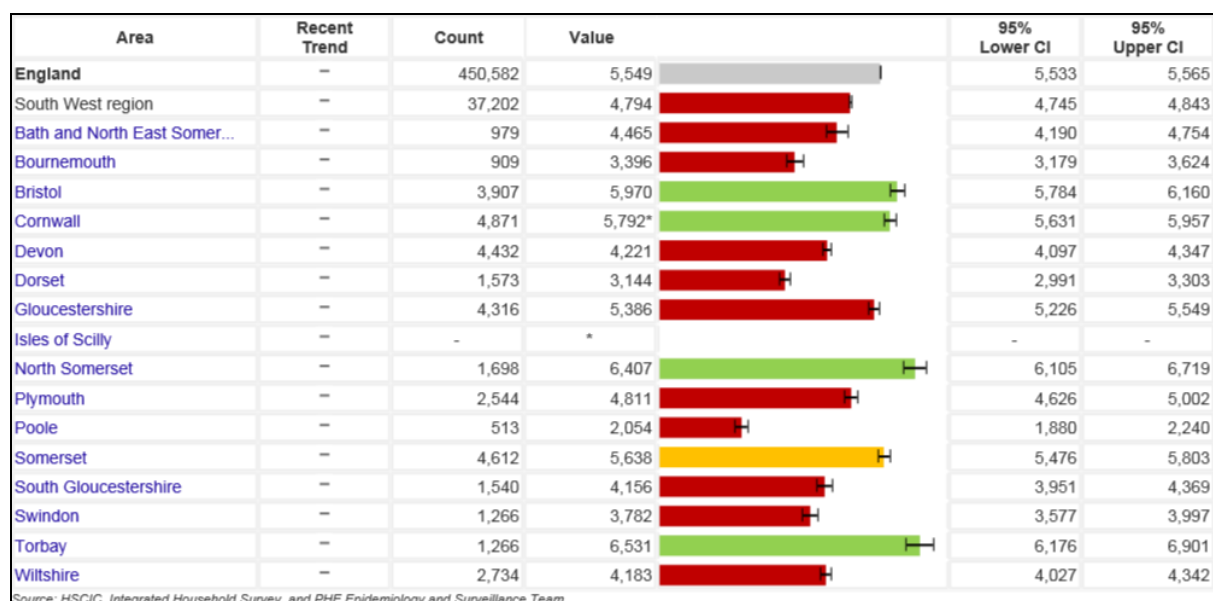
It is never too late to stop smoking as benefits can be realised quickly. Being smoke-free not only adds years to life, but also greatly improves the chances of a disease-free, mobile, happier old age.⁴⁸ In later years, having maximum lung capacity can mean the difference between having an active, healthy old age and wheezing when going for a walk or climbing the stairs.⁴⁹

The number of people setting a quit date using smoking cessation services has decreased in all areas in the South West from 2013/14 to 2014/15. In Swindon, as shown in the chart below, the number setting a quit date, as rate per 100,000 smokers over the age of 16 years, is significantly lower than the England average.

⁴⁸ <http://www.nhs.uk/Livewell/smoking/Pages/Betterlives.aspx>

⁴⁹ <http://www.nhs.uk/Livewell/smoking/Pages/Betterlives.aspx>

Figure 20: Number of people setting a quit date, crude rate per 100,000 smokers aged 16+, 2014/15, local authorities in South West



Source: Local Tobacco Control Profiles, PHE

Nearly 1,200 people set a quit date using Smoking Cessation services in Swindon in 2015/16. The number of people setting a quit who were over 60 years was just over 200 and accounted for 18% of quit dates set. Successful quitting is measured four weeks after setting a quit date. 58% of people over 60 were successful in this timescale which is higher than the other age groups.⁵⁰

Table 12: Proportion of quitters successful after four weeks, Swindon UA, 2015/16

Age group	Proportion successful
18-34	50%
35-44	48%
45-59	56%
60 and over	58%

Source: Swindon Smoking Cessation Services

Lifestyle projections

Obesity

In 2015, there were an estimated 8,486 people aged 65 and over in Swindon who were obese (BMI of 30 or more).⁵¹ Purely because of the projected increases in the number of older people this figure is forecast to rise by 53% by 2030 when it is estimated there will be 13,272 obese older people in Swindon.

⁵⁰ Data collected for quarterly HSCIC Stop Smoking Services Return.

⁵¹ Projecting Older People Population Information: www.poppi.org.uk

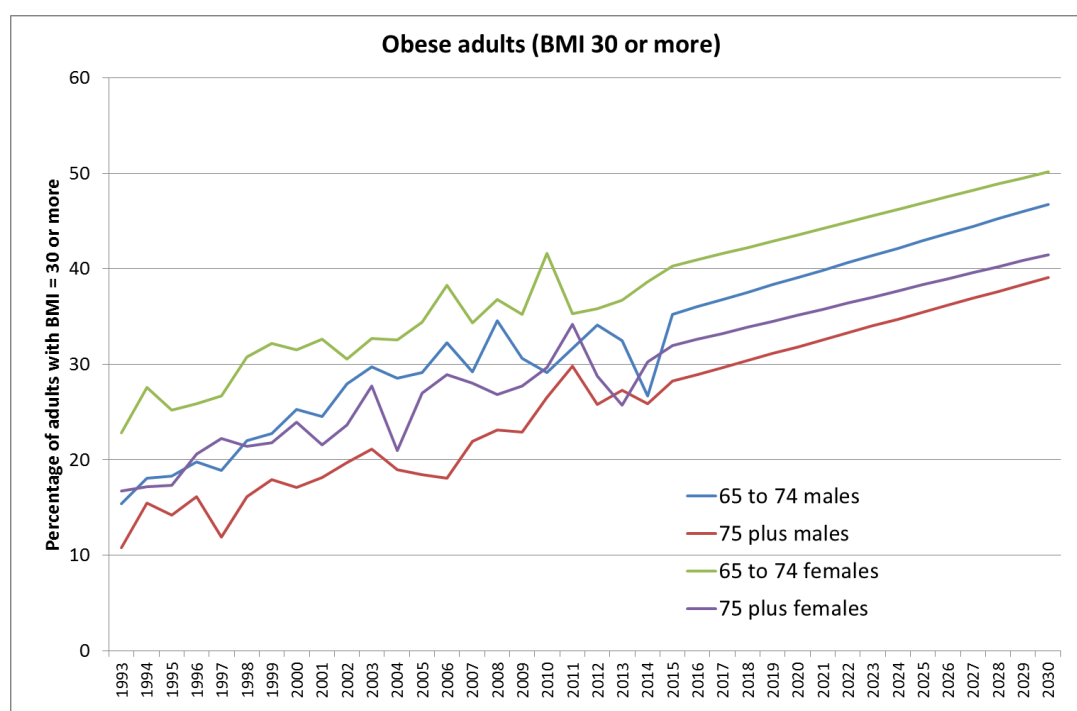
Table 13: Estimated number of obese (BMI 30+) people aged 65+ in Swindon

Age group	2015	2020	2025	2030
65-69	3,312	3,405	3,909	4,665
70-74	2,199	2,856	2,913	3,366
75-79	1,516	1,766	2,324	2,345
80-84	964	1,063	1,251	1,644
85+	692	837	1,001	1,252
Total 65 +	8,683	9,927	11,398	13,272

Source: POPPI

However, data from the Health Survey for England⁵² shows that the percentage of older adults who are obese is increasing for both men and women. This means the actual number of obese older adults in future years will be a lot higher than in the above table unless the rising trend of obesity is halted.

Figure 21: Projected number of number of obese (BMI 30+) people aged 65+ in Swindon, 2015-2030



Data Source: Health Survey for England

Note: Actual estimates for 1993 to 2014; simple linear projections for 2015 to 2030.

Smoking

According to the Health Survey for England⁵³ the percentage of smokers has fallen for men and women of all ages over the period 1993 to 2014. Some of the biggest drops have been seen in the older age groups (65-74 and 75 plus). If these trends could be maintained over the next twenty years there would be only around 4% of people aged 65-74 smoking in 2030 and around 1% of people aged 75 plus.

⁵² <http://digital.nhs.uk/catalogue/PUB19297>

⁵³ <http://digital.nhs.uk/catalogue/PUB19297>

These estimated future prevalences can be applied to the projections of Swindon’s population in 2030 to provide a crude forecast of the number of older people who will be smokers at that time.

Table 14: Estimated number of smokers in 2030

Age group	Smokers
65-74	1,246
75+	164
Total 65 +	1,409

Source: Calculations based on HSE data and SBC population projections

These forecasts could be affected by numerous factors such as the level and long term impact of e-cigarette use and the potential for healthier elderly populations in the future to exhibit more risk taking behaviours.

Physical activity

Identifying trends in physical activity is complex because of changes to definitions of activity, recommended minimum levels and survey methodologies. However, figures from the Health Survey for England⁵⁴ clearly indicate that a higher percentage of men aged 65 plus are now meeting recommended minimum levels and less are inactive than in 1997. Similar trends are seen for women, however around four out of five of those in the 75 plus age group are inactive. Improvements in overall health are one likely explanation and therefore if older people continue to live in better health activity levels are likely to continue to rise.

Eating well

The Health Survey for England⁵⁵ has found that there has been a small rise in the percentage of older people (65 plus) who are eating five or more portions of fruit and/or vegetables per day. If this trend could be maintained by 2030 over a third of men (37%) and women (36%) aged between 65 and 74 would be eating 5 portions a day and well over a quarter of men (31.8%) and women (29.1%) aged 75 plus.

Alcohol

The Health Survey for England⁵⁶ has only asked a question about weekly alcohol consumption since 2011 (up to 2014) and therefore trends for individual age groups are difficult to discern. However, there is little evidence of any reduction in total consumption by men or women over 65.

Additional evidence on alcohol related harm comes from hospital admissions for alcohol related conditions⁵⁷. Trends for people aged 65 plus in Swindon appear to show a slightly increased rate of admissions compared to 2008/09, especially for women. Again, there is little evidence that this trend can be reversed any time soon.

⁵⁴ <http://digital.nhs.uk/catalogue/PUB19297>

⁵⁵ <http://digital.nhs.uk/catalogue/PUB19297>

⁵⁶ <http://digital.nhs.uk/catalogue/PUB19297>

⁵⁷ <http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/qid/1938132982/pat/6/par/E12000009/ati/102/are/E06000030/iid/92321/age/27/sex/4>

Summary

The lifestyle projections in general show a positive vision of the future for older people where they are smoking less, eating healthier and being more active. However, alcohol consumption and alcohol related harm look set to remain at current levels. The major lifestyle issue for older people in the future appears to be levels of obesity which are still increasing and projected to get to levels where over a third of older people are obese in the next few years and possibly where half of older people are obese by around 2040.

Sexual health

Background

The Family Planning Association (FPA) defines sexual health as the capacity and freedom to enjoy and express sexuality without exploitation, oppression, or physical or emotional harm. FPA believes that a positive attitude towards older people's sexuality and relationships is a vital part of promoting positive sexual health throughout people's lives and ensuring that people of all ages are able to access appropriate sexual health advice, support and services⁵⁸.

Research into the sexual health and wellbeing of men and women in later life—who now have increasing expectations of sexual fulfilment and make up a growing segment of the population—is a neglected area.

Swindon service data

Swindon Sexual Health⁵⁹ offers free and confidential sexual health advice, testing, treatment and support in clinics across Swindon (Great Western Hospital [GWH] and Swindon Health Centre in central Swindon). Free emergency contraception, condoms and Chlamydia self-test kits are also available from selected local pharmacies.

Statistics are collected by Public Health England about patients from Swindon attending GUM and non-GUM services. Most Swindon patients attend one of the two clinics in Swindon but a small number access services elsewhere in the country. The number of first attendances, where a patient is either new to a clinic or at the start of a new sexual health episode, are recorded along with the numbers receiving a sexual health screen, that is screening for two or more of chlamydia, gonorrhoea, syphilis and HIV.

Forty five people aged 65 or over attended a clinic in 2015/16 and 25 of these were screened for sexually transmitted diseases. Whilst in terms of numbers per 1,000 this is well below the rates for other age groups, it does indicate a small but important demand for these services for the older age group.

⁵⁸ <http://www.fpa.org.uk/sites/default/files/older-people-policy-statement.pdf>

⁵⁹ <http://www.swindonsexualhealth.nhs.uk/>

Table 15: First attendances and screens at sexual health clinics 2015/16

Gender and age group	1 st attendances		Sexual health screens	
	Number	Rate per 1,000	Number	Rate per 1,000
Men 16-19	250	49.4	220	43.7
Men 20-24	750	131.3	655	114.3
Men 25-34	1,055	71.6	920	62.7
Men 35-44	600	37.1	490	30.3
Men 45-64	375	12.9	275	9.6
Men 65 plus	30	2.1	20	1.4
Men all age (including U16)	3,065	28.3	2,590	23.9
Women 16-19	940	190.8	805	164.2
Women 20-24	1,260	220.0	1,120	195.4
Women 25-34	1,325	85.7	1,195	77.1
Women 35-44	565	36.4	495	32.2
Women 45-64	335	11.9	280	10.0
Women 65 plus	15	0.8	5	0.3
Women all age (including U16)	4,545	41.7	4,000	36.7
People 16-19	1,190	118.9	1,030	102.9
People 20-24	2,010	175.7	1,775	154.9
People 25-34	2,380	78.8	2,115	70.1
People 35-44	1,160	36.8	985	31.2
People 45-64	705	12.4	560	9.8
People 65 plus	45	1.4	25	0.8
People all age (including U16)	7,610	28.1	6,590	24.3

Source: PHE

Note – all numbers rounded to nearest 5 to prevent disclosure.

Between January 2015 and March 2016 less than 5 diagnoses of Sexually Transmitted Infections (STIs [chlamydia, gonorrhoea, herpes, syphilis and warts]) were made in people aged 65 or over in Swindon⁶⁰. This was out of an overall total of 1,279 diagnoses for people of all ages.

The National Survey of Sexual Attitudes and Lifestyles⁶¹ - Findings about Older People

The National Surveys of Sexual Attitudes and Lifestyles (NATSALs) are large and detailed scientific studies of sexual behaviour in Britain. The most recent study was in 2010-12 and for the first time surveyed people between 60 and 74 for the first time. Key findings relating to older people include:

- Despite a shorter period of sexual activity, the proportion of women aged 16-24 years reporting ten or more male partners was more than twice that of those aged 65–74 years.
- The majority (57.9%) of people aged 65 to 74 had no sexual partners in the last year; 41.4% had one partner and 0.7% had 2 or more partners. This age group had significantly less

⁶⁰ Gumcadv2 Report: Number of Selected STI Diagnoses (Public Health England)

⁶¹ <http://www.natsal.ac.uk/home.aspx>

partners than the overall average. 2.1% of those aged 65 to 74 had at least one new partner in the last year.

- The survey asked a number of questions about risk factors for HIV and STIs. It found that only 0.1% of those aged 65-74 had paid for sex in last 5 years which was the same percentage as for all ages together. 0.4% of those aged 65-74 had one or more new sexual partners from outside UK in the past year compared to 4.1% overall and only 0.1% of those aged 65-74 had at least two sexual partners with whom a condom was not used in the past year compared to 4.9% overall.
- The survey also asked about attitudes toward sexual behaviour. It found that 58.2% of older people thought non-exclusivity in marriage is always wrong compared to 65.0% overall and that 2.7% thought one night stands are not wrong at all compared to 9.3% overall. Fewer older people had liberal views towards same sex partnerships: 40.3% of older people thought that men same sex partnerships were not wrong at all and compared to 59.8% overall; similarly for women same sex partnerships where 39.3% of older people said they weren't wrong at all compared to 59.6% overall.

The survey shows that compared to younger age groups, older people are less sexually active and exhibit less risky behaviours.

The National Survey of Sexual Attitudes and Lifestyles⁶² – Discussion on findings about Older People

Sexual lifestyles have changed substantially in the past 60 years. Age at first sexual intercourse in people in Britain has decreased, increasing the time available to accumulate sexual partners, as evident from increases in the number of partners reported in recent decades, especially in women. Sexual activity continues into later life, albeit diminished in range and frequency, emphasising that attention to sexual health and wellbeing is needed throughout the life course.

Although older people do not generally have to consider their contraceptive needs as part of sexual activity they will still need to take into account the risk of STIs, particularly when embarking on new relationships, which is now increasingly common in older age groups. Currently, there is evidence both that older people are less likely to use condoms than any other age group, and that health professionals do not perceive older people to be at risk of STIs⁶³. It is therefore important that health professionals take the needs of this age group into account when developing health promotion messages and promoting sexual health information and services.

When developing services it is important to take into account the elements of sexual ill-health which are more common among older people. For example, it has been estimated that 67% of men will experience some degree of erectile dysfunction by the age of 70⁶⁴. Erectile dysfunction can be a symptom of other conditions, including diabetes, multiple sclerosis, Parkinson's disease and coronary artery disease, but in itself can contribute to mental and emotional ill-health. The menopause, as well as conditions such as diabetes, can also trigger sexual health problems in

⁶² <http://www.natsal.ac.uk/home.aspx>

⁶³ Gott M, *Sexuality, Sexual Health and Ageing* (Maidenhead: Open University Press, 2005)

⁶⁴ Gott M, *Sexuality, Sexual Health and Ageing* (Maidenhead: Open University Press, 2005)

women such as vaginal dryness, which can make sexual intercourse difficult or painful, as well as changes in libido.

In addressing sexual ill-health in older people, both where this is a symptom of other illness and where it manifests separately, it is important that health professionals treat problems clinically (where appropriate). However, it is also essential that they recognise the importance of sexual health to older people, and that they discuss with older people ways of continuing and/or enhancing their sexual activity if they wish to do so. Older people may be uncomfortable with talking about sex and relationships and therefore reluctant to ask for help. They may also find these discussions difficult initially; therefore professionals will need to approach issues with sensitivity.

Oral Health

Background

Oral health has been defined as an ability to eat, speak and socialise without active disease, discomfort or embarrassment⁶⁵. Having a healthy mouth allows us to speak, smile, kiss, taste, chew, swallow and cry⁶⁶. These skills are fundamental to our daily living and are a key element of health and wellbeing. Our ability to have a healthy mouth is affected by our experience of oral diseases. These include tooth decay gum disease and oral cancers. The most commonly found oral disease is tooth decay. Oral diseases are largely preventable but are still very common. Significant improvements in oral health have been made however; many adults and children still suffer from pain and discomfort in their mouth. Some population groups are more likely to develop oral diseases, including older people.

Good oral health is an essential component of active ageing. Social participation, communication and dietary diversity are all impacted when oral health is impaired. Significant gains in oral health have been made in the last 30 years and the majority of older people now retain some natural teeth⁶⁷.

Data on oral health

The majority of the information relates to the minority of older people who live in residential and nursing care homes. Little is known about the much larger and increasing proportion of older people who are living independently at home or being cared for by friends, family or formal carers. There are no routinely collected local data on oral diseases in adults. An estimated 60% of adults have gum disease with around 11% experiencing severe disease, based on data from a national survey in 2009. The prevalence and severity of tooth decay in Swindon is not significantly different to the rest of England. Swindon is served by 26 dental practices providing NHS dentistry. All areas of Swindon are accessible by road and public transport to NHS dentists.

⁶⁵ Department of Health. An Oral Health Strategy for England. London: Department of Health; 1994

⁶⁶ World Health Organisation website [accessed 20th November 2015] Available at http://www.who.int/oral_health/policy/en/

⁶⁷ What is Known About the Oral Health of Older People in England and Wales: A review of oral health surveys of older people, Public Health England/British Association for the study of community dentistry, 2015.

Despite the relative paucity of data on older people, a recent PHE publication⁶⁸ made the following evidence based statements about older people's oral health:

- older adults living in residential and nursing care homes are more likely to be lacking teeth, and less likely to have a functional set of teeth.
- untreated caries is higher in the household resident elderly population than in the general adult population and older adults living in care homes have higher caries prevalence still.
- signs of severe untreated caries appear to be more common in the oldest age groups across all settings and current pain also appears to be slightly higher than in the general adult population.
- older adults are less likely to rate their oral health as good, and appear to have poorer oral health related quality of life than the general adult population.
- care home managers experience much more difficulty in accessing dental care for their residents than household resident older adults do and for older adults living in care homes, dental services are patchy and often no regular or emergency dental care arrangements exist.

Dental decay, gum disease and oral cancers

The three main oral diseases that affect adults are dental decay, gum disease and oral cancers. While oral health has improved overall in recent decades, it is not all good news. Inequalities in oral health are consistently seen with oral diseases increasingly concentrated in vulnerable and socially disadvantaged groups, such as frail older people or those from lower socioeconomic groups.

Tooth decay is strongly associated with socioeconomic deprivation. People from more deprived groups suffer from more severe decay, more urgent dental problems and are more likely to have no teeth at all. Adults who do not attend a dentist regularly also have fewer teeth and more decay. Tooth decay varies by age and prevalence is highest in adults aged 25-34 and 75 years and over. People from black and minority ethnic groups tend to experience tooth decay more frequently however, the relationship is complex and likely to be confounded by socio-economic status⁶⁹.

Gum disease covers a spectrum of conditions, from swollen and bleeding gums to extensive bone loss leading to loss of teeth. In the South West, 59% of the population experienced gum disease with 11% experiencing severe disease.⁷⁰ Gum disease is cumulative so prevalence increases with age. Adults from more socio-economically deprived groups are more likely to experience gum disease, as are adults of Asian origin.

Oral cancer (a term used to encompass a number of different types of cancer of the mouth) makes up 2% of all cancer cases and 1% of all cancer deaths in the UK. Although, oral cancer incidence is relatively low, this is an increasing public health problem. Oral cancer is strongly related to socio-economic deprivation, with the highest rates occurring in the most disadvantaged groups. Oral cancer is more common in older adults aged 60 plus, although numbers are increasing in younger

⁶⁸ What is Known About the Oral Health of Older People in England and Wales: A review of oral health surveys of older people, Public Health England/British Association for the study of community dentistry, 2015.

⁶⁹ Race Equality Foundation, Oral health and access to dental services for people from black and minority ethnic groups. 2013. [Accessed 11th December 2015]. Available at [http://www.betterhealth.org.uk/sites/default/files/briefings/downloads/health_briefing_29%20\(1\)_0.pdf](http://www.betterhealth.org.uk/sites/default/files/briefings/downloads/health_briefing_29%20(1)_0.pdf) last accessed 11th December 2015

⁷⁰ Adult Dental Health Survey, 2009

adults⁷¹. Oral cancer is more common in men due to a higher prevalence of tobacco chewing, excessive alcohol intake and smoking in men⁷².

Guidance and recommendations for local authorities

A number of documents have been produced nationally to support local authorities with delivering on their newly acquired responsibilities around oral health. Key amongst these are:

- NICE Guidance (PH55) Oral health: approaches for local authorities and their partners to improve the oral health of their communities.
- Toolkits from PHE aimed at supporting local authorities with improving oral health.
- Local authorities improving oral health: commissioning better oral health for vulnerable older people (to be published Autumn 2016).

The local authorities role in promoting good oral health in adults was recently highlighted by NICE guidance on oral health in care homes⁷³ which includes a recommendation for local authorities to 'ensure local oral health services address the identified needs of people in care homes, including their need for treatment'.

Anecdotal evidence suggests that, where oral health is completely integrated into general health improvement activities, these elements are easily forgotten, particularly those that relate to mouth care, fluoride delivery and access to dental treatment. For example, carers often receive no training in oral health meaning that these factors get forgotten when managing personal care, e.g. for vulnerable older people.

PHE are currently conducting a survey of the dental health of older people (>65years) with mild dependency who live in "extra care" housing establishments⁷⁴. Results from the survey are expected to be published in early 2017.

Household resident older people may not be able to easily access routine dental services due to functional limitations, transport difficulties and multiple long-term conditions. Coupled with this, as more people are keeping their teeth for longer the range of dental treatment required will be more complex than in the past and is more likely to demand the facilities of a dental surgery. This changing demographic picture makes identifying and accessing those who need preventive services and treatment more complex, and a whole-systems approach is required⁷⁵.

⁷¹ Cancer Research UK: UK oral cancer incidence statistics. 2014. [Accessed 11th December 2015] Available from: <http://info.cancerresearchuk.org/cancerstats/types/oral/incidence/?a=5441>

⁷² Downer M. Public Health Aspects of Oral Diseases and Disorders – Oral Cancer' In Pine C, Harris R. Community Oral Health 2nd edition. Surrey: Quintessence.2007.

⁷³ NICE guideline Oral health for adults in care homes Published: 5 July 2016 nice.org.uk/guidance/ng48 [accessed 25th July 2016]

⁷⁴ http://www.nwph.net/dentalhealth/older_people/oral_health_2015_16_older_people.aspx

⁷⁵ What is Known About the Oral Health of Older People in England and Wales: A review of oral health surveys of older people, Public Health England/British Association for the study of community dentistry, 2015.

Mental health and wellbeing

Introduction

Mental health and wellbeing is fundamental to our ability to flourish as individuals and as a community. Mental and physical health are intertwined, summed up by the title of the National Mental Health Strategy from Department of Health in 2011, 'There Is No Health without Mental Health'.⁷⁶ One in four people will experience a mental health problem at some point in our lives and those with more severe and enduring mental health problems can experience significant inequalities.⁷⁷

Table 16: Factors affecting mental health

Family circumstances	Life events	Socio-economic environment
Education	Employment	Social networks
Social support	Social isolation and transport	Military experience
Migration & Ethnicity	Sexual orientation	Age & Gender
Caring responsibilities	Maternal mental health	Disability/physical ill-health
Debt	Housing and homelessness	Social cohesion
Neighbourhoods/Environment	Crime	Domestic violence

Whether or not a person develops a mental health disorder will depend on their individual vulnerability, influenced by the presence of predisposing factors, their exposure to particular circumstances and on the operation of their protective factors. It is important to recognise the highly individual interplay of the vulnerability and resilience of an individual, as well as the wider societal factors affecting everyone's lives, when discussing mental health matters. For more information about mental health please visit <http://www.swindonjsna.co.uk/dna/adult-mental-health-and-wellbeing-needs-assessment>

Keeping healthy is good for your emotional wellbeing as well as your body. Being unwell can mean you're unable to do the things you love and make you happy, like seeing friends or taking part in activities or hobbies.⁷⁸ As part of the GP Patient Survey, questions are asked concerning a person's health status using a measurement called EQ-5D and looks at:

- Mobility
- Self-care
- Usual activities
- Pain / discomfort
- Anxiety / depression

⁷⁶ No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages' DOH 2011.

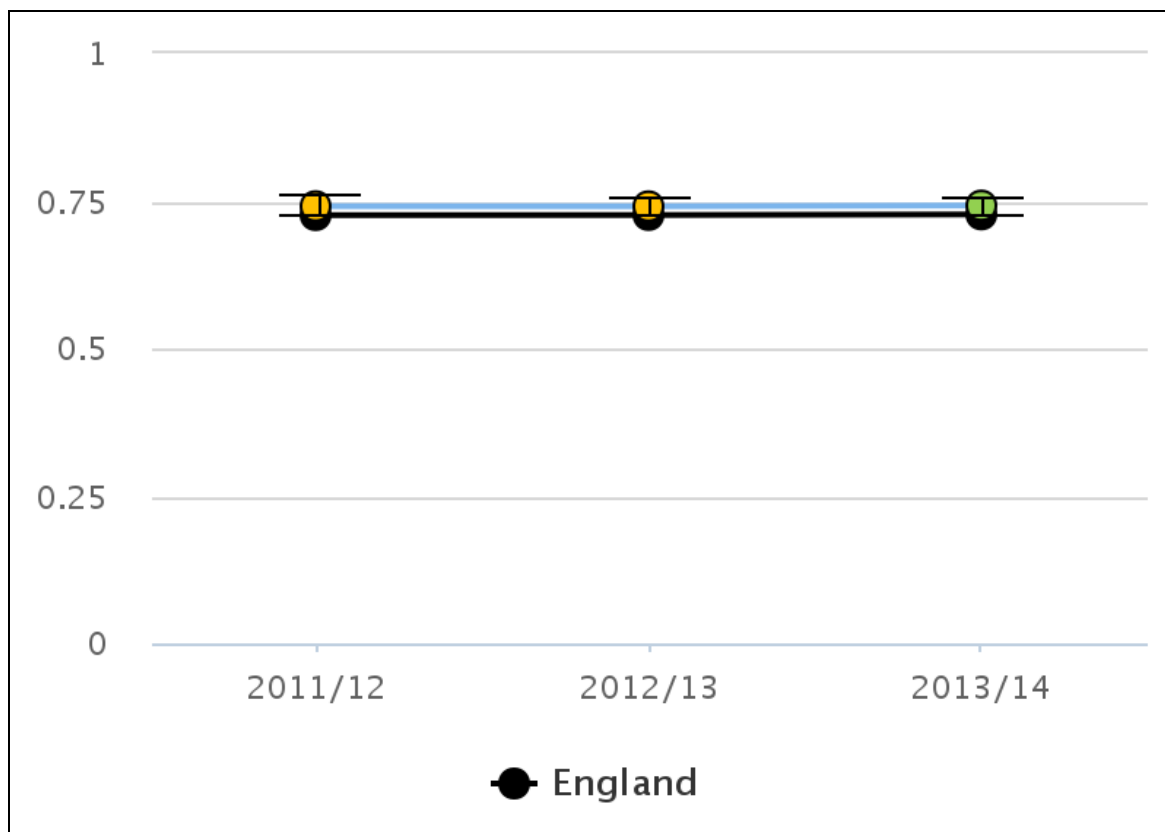
⁷⁷ <http://www.swindonjsna.co.uk/dna/adult-mental-health-and-wellbeing-needs-assessment>

⁷⁸ <https://www.nhs.uk/oneyou/checking>

Wellbeing

PHOF uses data from the GP survey between 2011/12 and 2013/14 to assess older people's health related quality of life. Compared to England, people over 65 in Swindon have a slightly better health related quality of life. See chart below.

Figure 22: Health related quality of life for older people (Indicator 4.13) in Swindon, 2011/12 to 2013/14

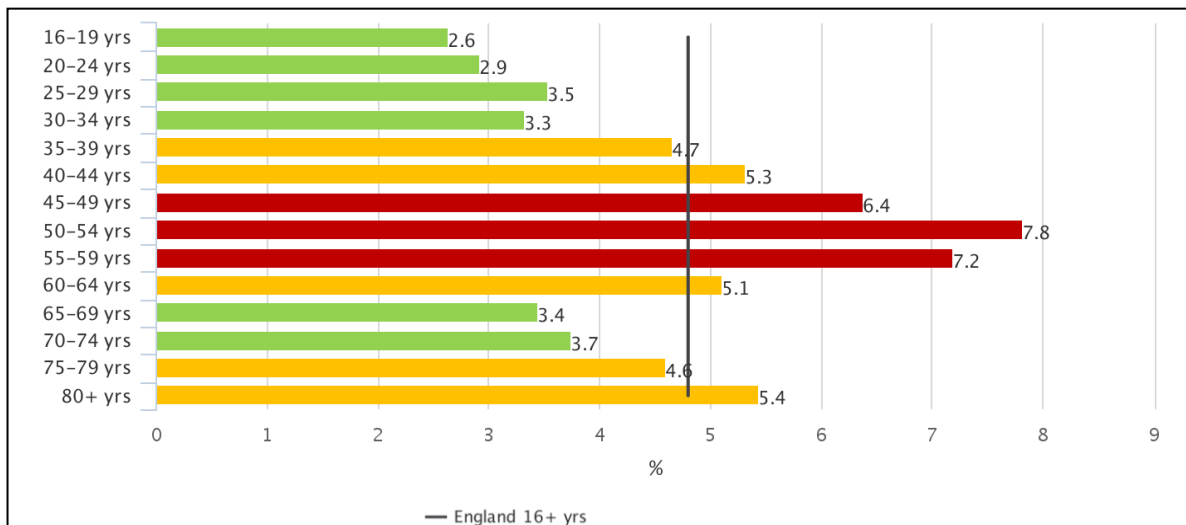


Source: PHOF, Public Health England (PHE)

The PHOF uses estimates for self-reported levels of wellbeing from the Annual Population Survey. In Swindon estimates for satisfaction, worthwhile, happiness and anxiety are available for all people over 16yrs. For the period 2014/15 in Swindon, all four measures are statistically similar to the England averages.

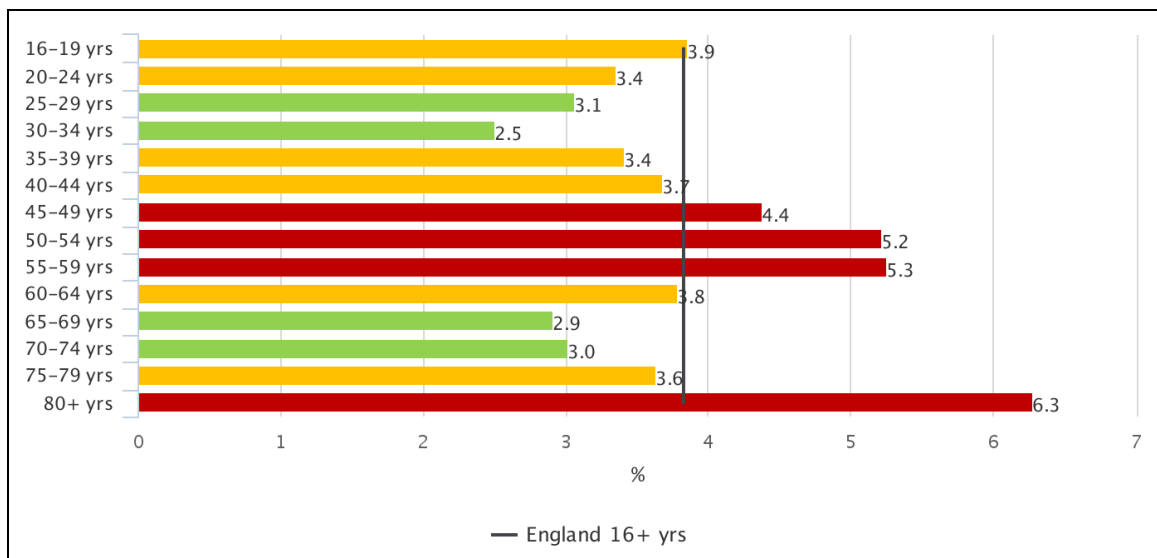
A breakdown of the England level results is available by age group (see charts below). They show that the 60-64 age group have similar levels of wellbeing to the overall average but the 65 to 79 age group generally reports better levels of wellbeing. The 80 plus age group reports slightly worse than average levels of wellbeing and has a particularly high percentage reporting low worthwhile scores.

Figure 23: Self-reported wellbeing (Indicator 2.23i), people with a low satisfaction score, England 2014/15 by age group



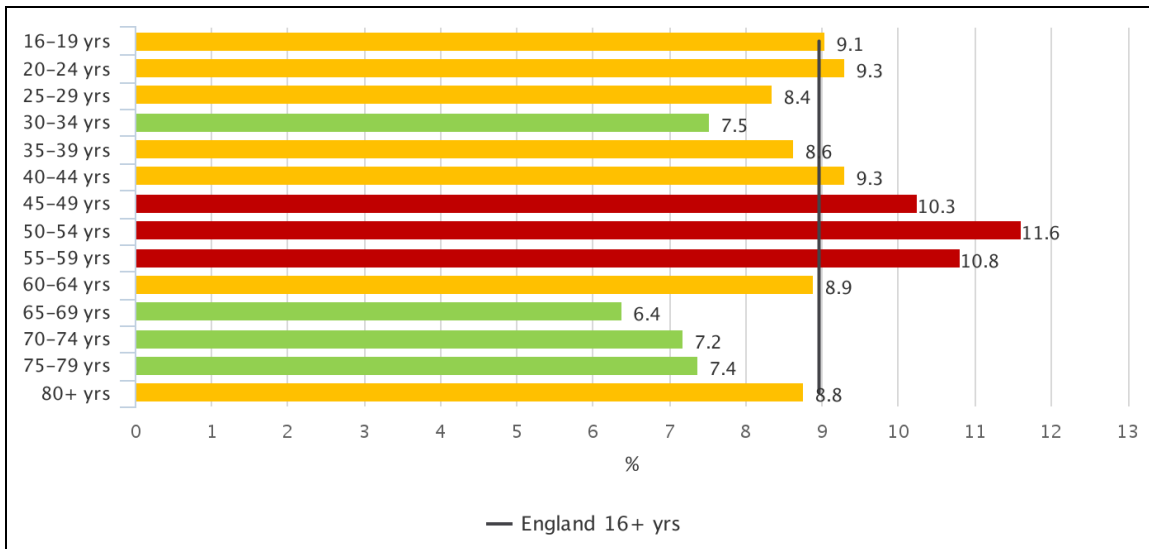
Source: PHOF

Figure 24: Self-reported wellbeing (Indicator 2.23ii), people with a low worthwhile score, England 2014/15 by age group



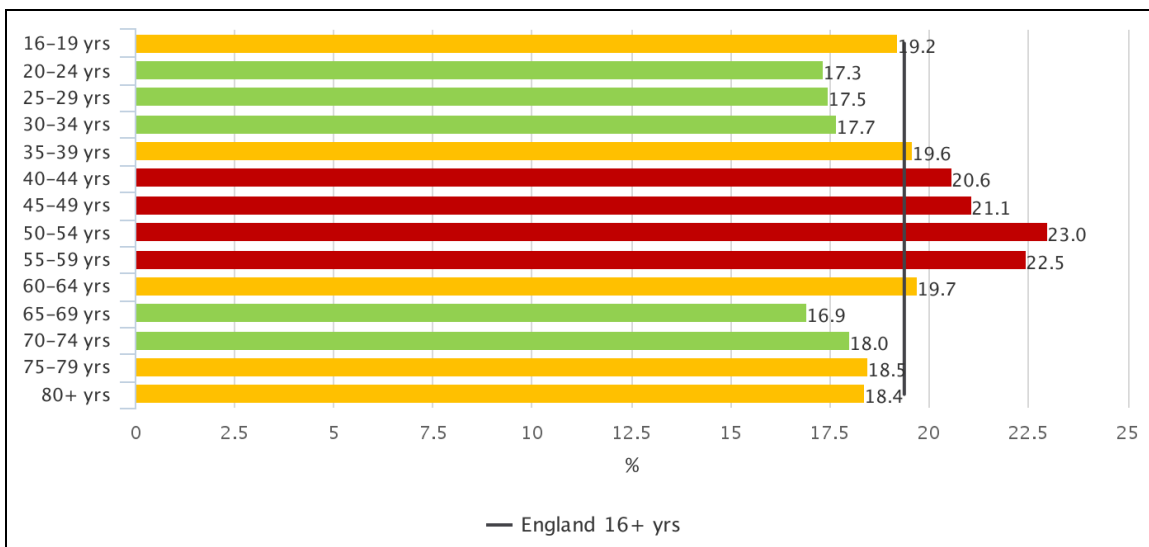
Source: PHOF

Figure 25: Self-reported wellbeing (Indicator 2.23iii), people with a low happiness score, England 2014/15 by age group



Source: PHOF

Figure 26: Self-reported wellbeing (Indicator 2.23iv), people with a high anxiety score, England 2014/15 by age group

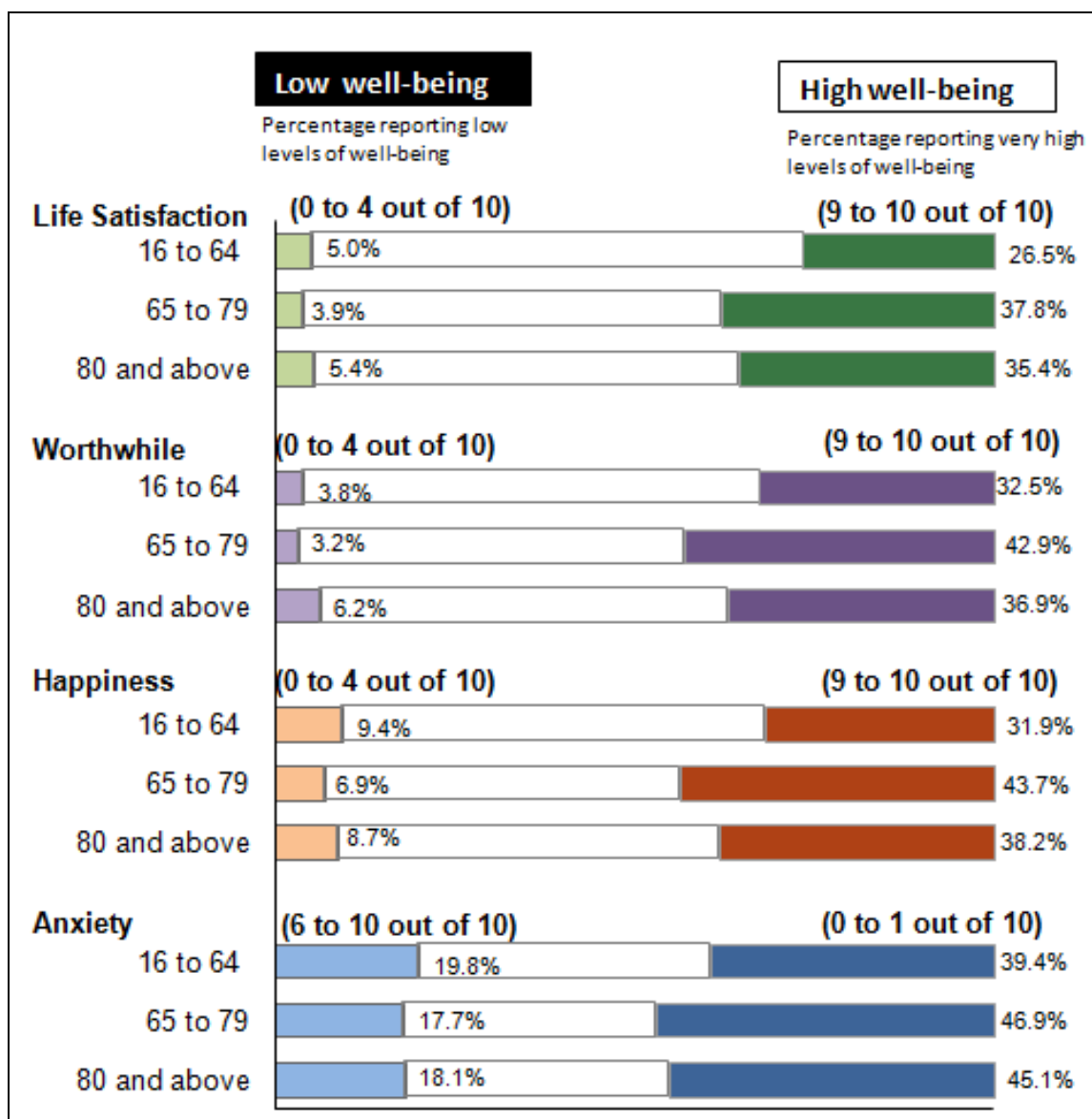


Source: PHOF

ONS also use information the Opinions and Lifestyle Survey to explore differences in very high or very low wellbeing. Data for the UK shows, across each measure of life satisfaction, worthwhile and happiness and anxiety, those aged 65 to 79 report higher levels of wellbeing than those aged 80 years and over.⁷⁹

⁷⁹ Insights into Loneliness, Older People and Well-being, 2015, ONS.
http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766_418058.pdf

Figure 27: Highest and lowest personal well-being ratings by age group, 2014 to 2015, UK



Source: ONS

Living alone

There is clear link between loneliness and poor mental and physical health.⁸⁰ Age UK identify loneliness as one of the major factors older people worry about. It defines it as a subjective sense of lacking desired affection, closeness and social interaction with others. Whilst it has a social aspect, it is defined by the individual's emotional state. As such, loneliness can be felt even when surrounded by other people.⁸¹ Social networks and friendships are important to reduce feelings of loneliness. There is also an added impact on reducing the risk of mortality or developing certain

⁸⁰ <http://www.phoutcomes.info/public-health-outcomes-framework#page/6/gid/1000041/pat/6/par/E12000009/ati/102/are/E06000030/iid/90280/age/168/sex/4>

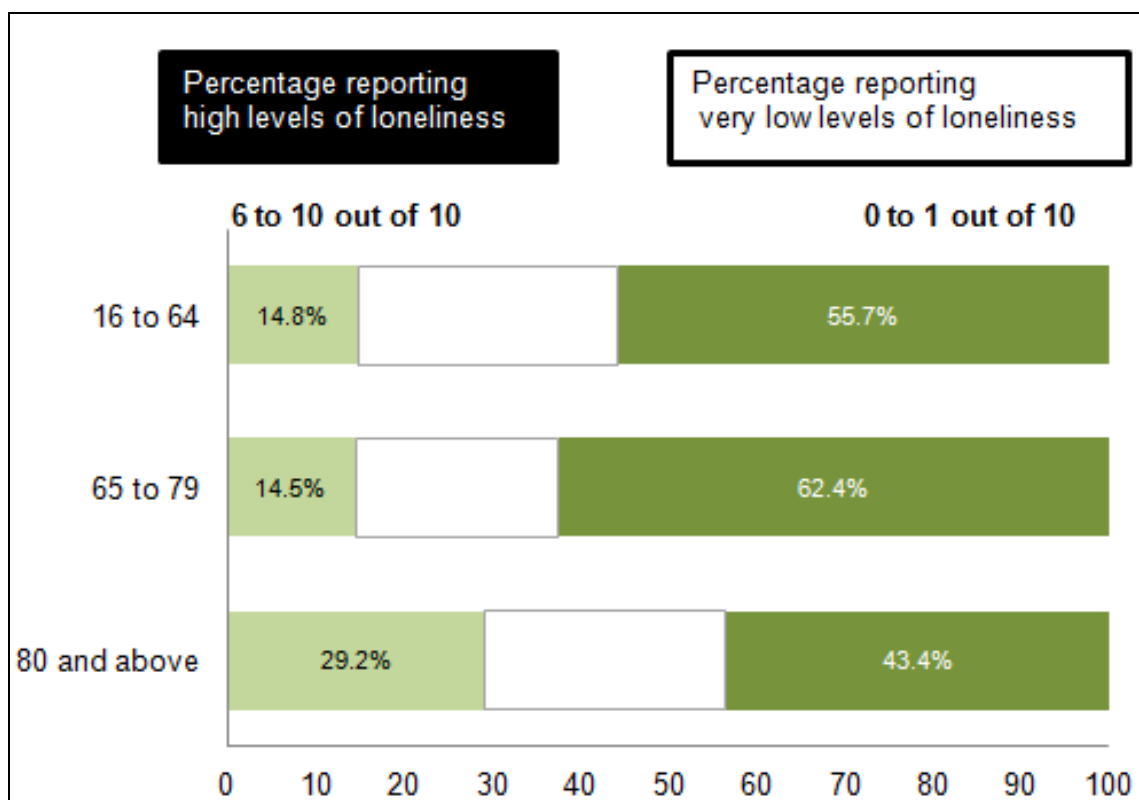
⁸¹ Insights into Loneliness, Older People and Well-being, 2015
http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766_418058.pdf

diseases and they can also help individuals to recover when they do fall ill.⁸² People who are lonely and socially isolated have been shown to:

- Visit their GP more
- Have higher use of medication
- Have higher incidence of falls
- Have increased risk factors for long term care⁸³
- Be more prone to depression⁸⁴

The Opinions and Lifestyle Survey includes a question on whether a person feels lonely in their daily life. In those aged 80 years and over, nearly one third report high levels of loneliness. Nearly two thirds of those aged 65 to 79 years report that they experience only very low levels of loneliness.

Figure 28: Proportion of people who report feeling lonely in their daily life by age group, 2014 to 2015, Great Britain



Source: ONS

In 2015 a project was carried out in SBC to identify, using Experian MOSAIC, household types that might be likely to experience loneliness. It found customer groups L and M are those most likely to be experiencing loneliness. Type M in particular are a predominantly elderly group, who are also highly likely to be experiencing anxiety and/or depression. Whilst Type L are likely to be less financially vulnerable than M, they are also potentially very isolated, as they are unlikely to have

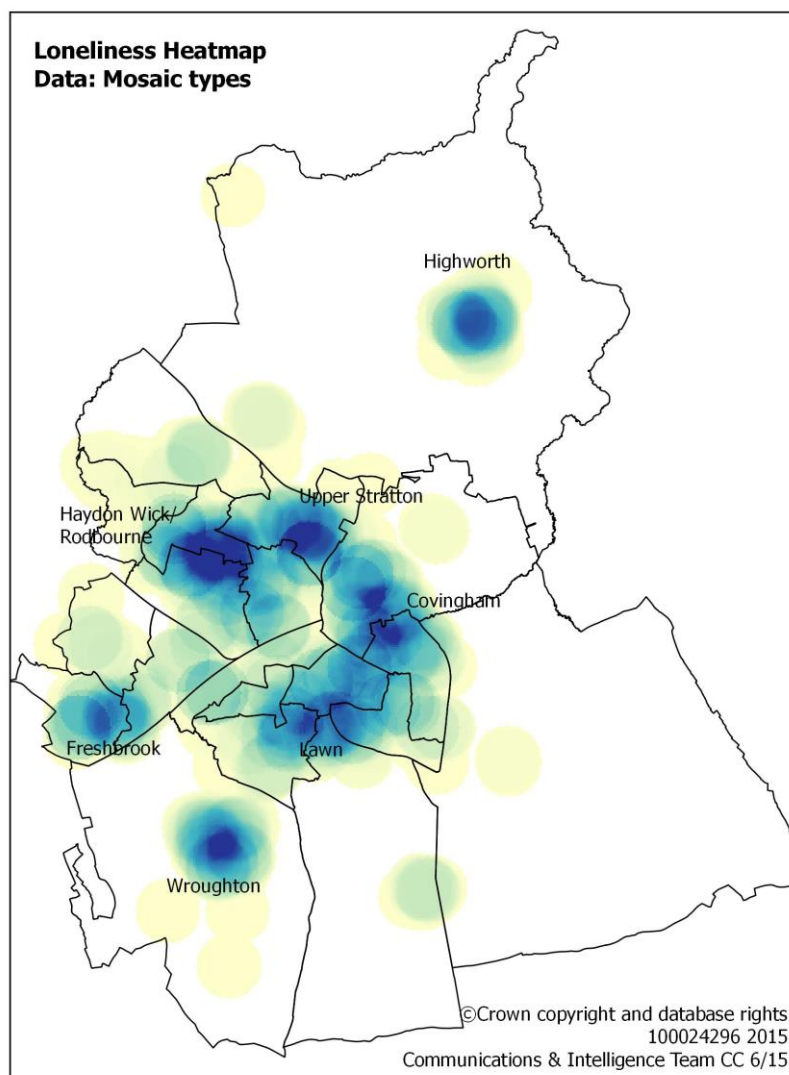
⁸² Marmot, 2010. Quoted on <http://www.campaigntoendloneliness.org/threat-to-health/>

⁸³ Cohen, 2006. Quoted on <http://www.campaigntoendloneliness.org/threat-to-health/>

⁸⁴ Cacioppo et al, 2006, Green et al, 1992. Quoted on <http://www.campaigntoendloneliness.org/threat-to-health/>

much contact with others, and are also less likely (than the national average) to be internet users.⁸⁵ This data has been used to construct a map to show where households in Swindon that might be likely to experience loneliness are most likely to live.

Figure 29: Households within Swindon that might be likely to experience loneliness, using Experian MOSAIC data



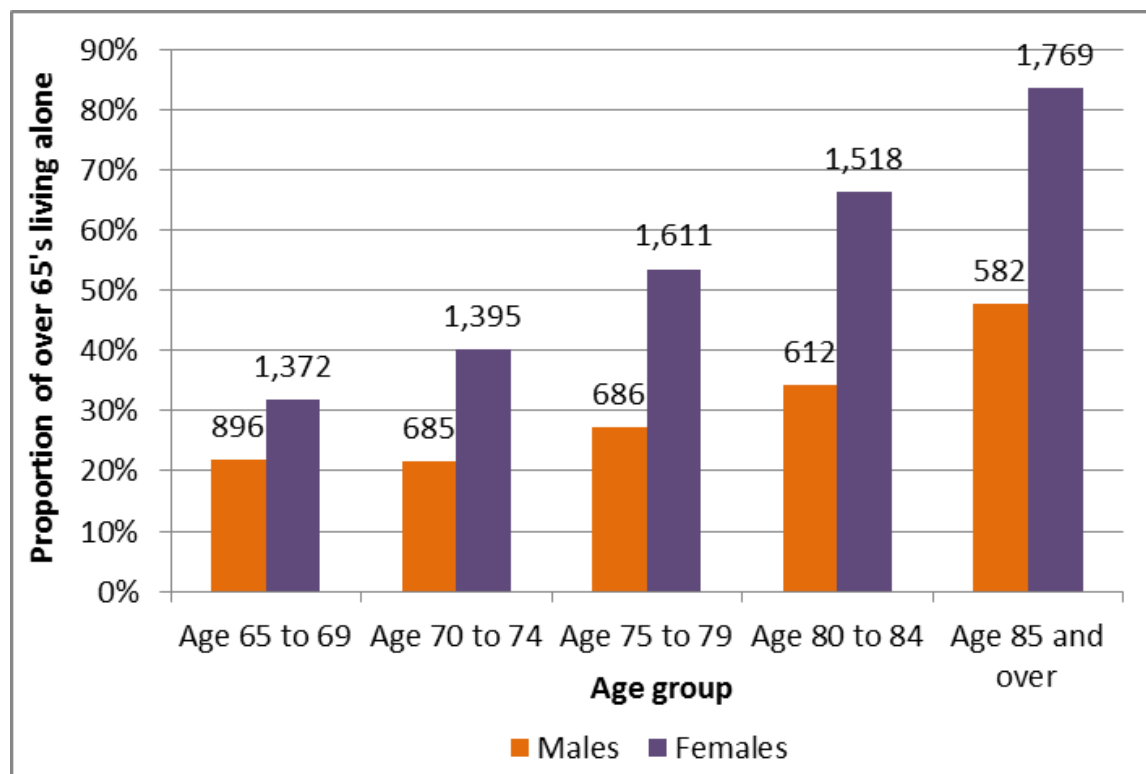
Source: SBC

People who live alone are at greater risk of loneliness. At the 2001 Census, in terms of household composition, there were 8,935 lone people of retirement age living in households in Swindon, making up 11.9% of households in Swindon. By 2011 this had increased to 9,039 lone pensioner households making up 10.2% of the households in Swindon. The proportion has decreased due to a larger increase of other age groups. In 2011, there was a large difference between men and women. Over two thirds of the lone pensioner households (69%) were women, just under one third men (31%). The proportion of men making up lone households has increased over the last thirty years. At the Census in 1981, men made up 19% of lone pensioner households, rising to 22%

⁸⁵ Unpublished, Social Isolation in Swindon, 2015.

in 1991, 26% in 2001 and 31% in 2011. In order to get information by age group, a different categorisation has been used which splits 'living arrangements' into living in a couple and not living in a couple. Not living in a couple is used here as a proxy measure for living alone. This shows in Swindon, at the last Census in 2011, there were 11,126 (40%) people over the age of 65 years who were living alone. 3,461 (27%) of men and 7,665 (50%) of women over the age of 65 were living alone. As age increases, the number of women living alone increases compared to men, possibly due to differences in life expectancy.

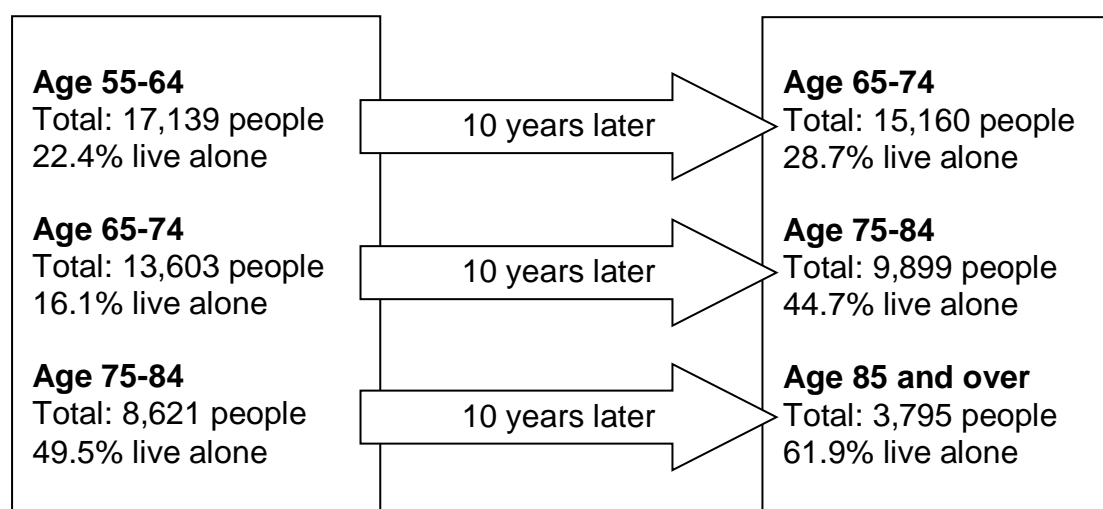
Figure 30: Number and proportion of those over 65 years living alone in Swindon, 2011 Census by sex and age group



Source: NOMIS

As individuals cannot be tracked between censuses, the overall changes can be best seen for people in Swindon by looking at the age groups in the 2001 Census and then adding 10 years onto these age groups and examining the 2011 Census, ten years later. Whilst the number of people living alone decreases as age increases, as expected, the proportion of people living alone increases as age increases. See figure 22.

Figure 31: Proportion of people living alone by cohort, Swindon 2001 to 2011 Census



Source: NOMIS

Comparing cohorts of people of the same age at different censuses shows a mixed picture. There are more 65-74 year olds living alone in 2011 than in 2001 but there are less people aged 75 and over living alone. This is summarised in the table below.

Table 17: Proportion of people living alone by age group, Swindon, 2001 and 2011 Census.

Age group	2001	2011
Age 55-64	22.4%	26.4%
Age 65-74	16.1%	28.7%
Age 75-84	49.5%	44.7%
Age 85 and over	63.1%	61.9%

Source: NOMIS

For those aged 70 and over, the most common category listed in the census for living alone was widowed.

Table 18: People living alone, category listed: widowed, Swindon, Census 2011

Age group	Proportion of people widowed
Age 65-69	40%
Age 70-74	54%
Age 75-79	70%
Age 80-84	82%
Age 85 and over	88%

Source: NOMIS

Ill Health

Summary of Findings

- Older people are more likely to have multiple conditions with 50% of complex patients, identified by NHS England as those who make up the top 2% spend for a CCG, likely to be over 65+. The average patient is likely to have eight admissions per year for three different conditions.
- Around 20,000 people in Swindon aged 65+ are likely to have high blood pressure which increases the risk of stroke and heart problems. Around 6,000 are likely to have cardiovascular diseases and a similar number arthritis and rheumatism.
- Hearing loss affects an estimated 14,000 people aged 65+ and sight loss about half this amount. Older people can be reluctant to use sight and hearing aids.
- For older men prostate cancer is the most common and for women breast cancer. More people are living with or beyond cancer and the long term effects of this as people live longer are not fully understood although they are likely to be both physical and psychological.
- Developing a type of dementia is one of the greatest concerns as people get older both as an individual but also for a partner or loved one. In Swindon around 2,200 people aged 65+ are estimated to be living with dementia, around half of which are 85+. Swindon has a dementia strategy focusing on the whole dementia journey from prevention to end of life and an active Dementia Action Alliance.
- Projections of the number of people with ill health in the future all show increases as they are based on population forecasts.
- There were over 25,000 hospital admissions for those aged 65 and over in Swindon CCG in 2014/15, 36.6% of the total admissions. Cancer was the most common cause of admission for the 65 to 79 age group but for the 80 to 84 age group it was eye related conditions, for the 85 to 89 year olds it was circulatory disease and for those aged 90 plus it was respiratory disease.
- In 2015/16 there were 11,268 attendances at GWH emergency department for people aged over 65 years who lived in the NHS Swindon CCG area. Half were due to known diseases or injury with the most common categories being 'Injury or other external cause', 'Diseases of circulatory system' and 'Diseases of the respiratory system'.

Health conditions summary

There are many conditions that increase in prevalence as people get older. The table below shows some examples and an estimate of how many people might be affected in Swindon.

Table 19: Prevalence of selected conditions, Swindon, 2015

Condition	Age group	Men	Women	Total	Total people 65 or over affected by condition
COPD* ⁸⁶	65-74	204	92	296	545
	75+	130	119	249	
Hearing loss ¹	65-74	1,966	1,525	3,491	13,831
	75-84	2,869	3,725	6,594	
	85+	1,328	2,418	3,746	
Diabetes ¹	65-74	1,334	957	2,291	4,032
	75+	851	890	1,741	
Depression ¹	65-69	290	578	868	2,792
	70-74	242	371	613	
	75-79	159	342	501	
	80-84	194	239	433	
	85+	77	300	377	
Arthritis & rheumatism ⁸⁷	65-74	996	1,926	2,922	5,993
	75+	976	2,095	3,071	
Heart failure ⁸⁸	65-74	236	122	358	2,211
	75+	836	1,017	1,853	
Stroke ⁸⁹	65-74	625	413	1,038	2,618
	75+	777	803	1,579	
CHD ³	65-74	1,818	940	2,758	6,233
	75+	1,825	1,650	3,475	
High BP ⁴	65-74	5,323	5,242	10,566	20,523
	75+	3,982	5,976	9,957	

Note: *Prevalence of emphysema and bronchitis used as proxy for COPD.

The prevalence in the table above cannot be added together as some people may have more than one condition that affects them. Many people are affected by more than one condition, which is known as multi-morbidity. NHS England produced a Commissioning for Value pack for each of the Clinical Commissioning Groups (CCGs) in the country, which have a section about multi-morbidity and complex patients.⁹⁰ The pack defines complex patients as those who make up the top 2% spend in the CCG. In Swindon CCG, 50% of these complex patients are aged 65 or over, 28% are aged 75 or over and 10% are aged 85 or over. The average complex patient in Swindon CCG has eight admissions per year for three different conditions. In this group, 95% of patients had at least one outpatient attendance during the year; 15 attendances a year on average. Around 79% of

⁸⁶ <http://www.poppi.org.uk/index.php>

⁸⁷ General Lifestyle Survey 2010

<http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/publications/reference-tables.html?edition=tcm%3A77-226919>, applied to 2015 mid-year estimate population, ONS

⁸⁸ https://www.bhf.org.uk/-/media/files/publications/research/2012_chd_statistics_compendium.pdf applied to 2015 mid-year estimate population, ONS

⁸⁹ Health Survey England 2014

<http://digital.nhs.uk/searchcatalogue?productid=19587&topics=2%2fIllnesses+and+conditions%2fCirculatory+system+diseases%2fCoronary+heart+disease&sort=Relevance&size=10&page=1#top> applied to 2015 mid-year estimate population, ONS

⁹⁰ <https://www.england.nhs.uk/wp-content/uploads/2016/03/swindon-ccg-cfv.pdf>

complex patients had an A&E attendance during the year with an average of three attendances for this group of patients.

Sight loss

In Swindon UA there are an estimated 6,000 people living with sight loss. Of this total, 3,820 are living with mild sight loss, 1,470 are living with moderate sight loss (partial sight) and 710 are living with severe sight loss (blindness).⁹¹ The older a person gets, the more likely it is that they will be living with some degree of sight loss. The Royal National Institute of Blind People (RNIB) estimates that one in five people aged 75 and over are living with sight loss; compared to one in two aged 90 and over. When a person is formally diagnosed by an Ophthalmologist with a particular sight loss condition, they may be issued with a Certificate of Visual Impairment (CVI). In 2014/15, 78 people (all ages) were issued with a CVI in Swindon. This equates to 36 people per 100,000 population, which is similar to the England average. A CVI initiates the process of registration. Local authorities keep a register of people who are blind or partially sighted. Registration is not compulsory although may be useful for learning about help and support in the local area. In Swindon there are 410 people over the age of 65 who are registered as blind or partially sighted, out of 620 total registrations (2013/14). For more information about sight loss see <http://www.swindonjsna.co.uk/dna/Sight-loss-needs-assessment>

Cancer

One in every two people born after 1960 will be diagnosed with some form of cancer during their lifetime.⁹² In Swindon CCG, the all ages incidence rate is 622.5 cases per 100,000, which is similar to England average 607.7 per 100,000 (2011-13).⁹³ Cancer is the leading cause of death in Swindon. 480 people in the LA area died from cancer in 2013, 29% of total deaths. Breast, prostate, lung, oesophageal, pancreatic and colorectal (bowel) cancer are the most common cancers.⁹⁴

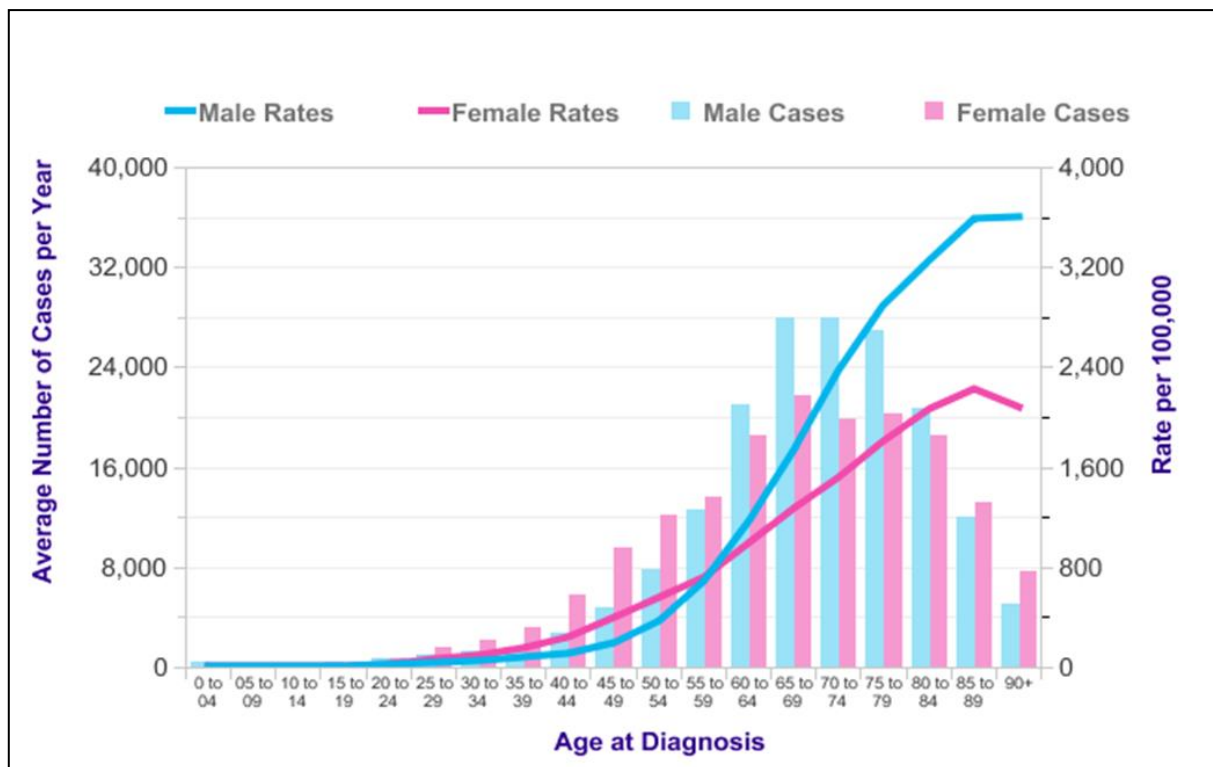
⁹¹ <http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool>

⁹² <http://www.cancerresearchuk.org/health-professional/cancer-statistics#heading-Three>

⁹³ [http://www.cancerresearchuk.org/cancer-info/cancerstats/local-cancer-statistics/?location-name-1=Swindon\(LA\)&location-1=00HX](http://www.cancerresearchuk.org/cancer-info/cancerstats/local-cancer-statistics/?location-name-1=Swindon(LA)&location-1=00HX)

⁹⁴ <http://www.swindonjsna.co.uk/summaries/cancer>

Figure 32: Average Number of New Cases per Year and Age-Specific Incidence Rates, All Cancers (C00-C97 Excl. C44) UK, 2011-2013



Source: Cancer Research UK⁹⁵

As shown in the chart above, once men reach their fifties, the rate of cancer diagnosis rises sharply from 400 cases increasing to about 3,600 cases per 100,000 population for those aged 90 plus. In women the increase is not as sharp and starts from a slightly older age in their fifties, 600 cases increasing to 2,200 cases per 100,000 population. In men in the UK aged 50-74 years and 75+ years, the most common cancer is prostate cancer accounting for around a quarter of all cases in 2011-13. In women aged 50-74 years and 75+ years, breast cancer is the most common cancer and accounts for about a third of cases.⁹⁶

A cancer survivor is someone who is living with or beyond their cancer. This could be someone who's completed their treatment or having ongoing treatment for their cancer. Survival of cancer after one year in Swindon is slightly lower than the England average at 67.7% compared to 70.2%.⁹⁷

There are two million people living with or beyond cancer in the UK. This figure is set to rise to four million by 2030. This number is increasing due to an aging population, higher rates of diagnosis in older people and better treatment, which means people are living for longer and fewer are dying of cancer. Macmillan Cancer Support estimate that half of all people diagnosed today will live for at least ten years.⁹⁸ For the people living with and beyond cancer, it is estimated that at least 500,000

⁹⁵ <http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-Zero>

⁹⁶ <http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-Three>

⁹⁷ [http://www.cancerresearchuk.org/cancer-info/cancerstats/local-cancer-statistics/?location-name-1=Swindon\(LA\)&location-1=00HX](http://www.cancerresearchuk.org/cancer-info/cancerstats/local-cancer-statistics/?location-name-1=Swindon(LA)&location-1=00HX)

⁹⁸

<http://www.macmillan.org.uk/getinvolved/campaigns/weareaforceforchange/survivorship/livingwithorbeyondcancer.aspx>

people have one or more physical or psychosocial consequences of their cancer or its treatment that affects their lives on a long-term basis. This includes chronic fatigue, sexual difficulties, mental health problems, pain, urinary and gastrointestinal problems and lymphoedema. As a result, they may be unable to take part in activities that had been a normal part of their life before, such as working, shopping, socialising, being physically active, going on holiday and enjoying sexual intimacy. In turn this may cause the breakdown of relationships, mental health problems and further isolation. Psychosocial problems, such as fear of recurrence, are common, whether or not someone has physical consequences. Certain cancer treatments increase the risk of long-term conditions such as heart disease, osteoporosis or a second cancer, and can add to the other acute and chronic conditions common in older age, resulting in serious health and social care problems or premature death.⁹⁹ Macmillan has a series of guides available online for to offer help to people living with the consequences of treatment.¹⁰⁰

Dementia

Dementia causes damage to the brain resulting in a progressive decline in more than one area of function, including memory, reasoning, communication skills and the skills needed to carry out daily activities. It affects people differently depending on the type of dementia, stage of illness (mild, moderate or severe) and individual. People with mild dementia can live independently and cope well with day to day living. It is estimated people live on average for seven to twelve years after diagnosis. See the Swindon Dementia JSNA for more information at <http://www.swindonjsna.co.uk/dna/dementia-needs-assessment>

It is estimated there are 2,211 people aged 65+ with dementia in Swindon, nearly half of whom are over 85.¹⁰¹ This equates to about 7% of the total population over 65. Estimates suggest there are about 50 people with early onset dementia (i.e. affecting people under 65)¹⁰² Recorded prevalence on GP registers is 4.05% of people over the age of 65 years. This is lower than the England average of 4.27%.¹⁰³ The difference between these figures for prevalence may estimate the proportion of people undiagnosed or not yet recorded on their GP register. For those who are on the GP register, in 2014/15, 74.4% have had their care reviewed in the last 12 months. This is lower than the England average of 77%.¹⁰⁴

The Alzheimer's Society run an awareness campaign called Dementia Friends. It is a social movement aimed at giving people across England a greater understanding of dementia and the small things they can do to make a real difference to people living with the condition. In postcodes

99

<http://www.macmillan.org.uk/Documents/AboutUs/Research/Researchandevaluationreports/Throwinglightontheseconsequencesofcanceranditstreatment.pdf>

100

<http://www.macmillan.org.uk/aboutus/healthandsocialcareprofessionals/macmillansprogrammesandservices/consequencesoftreatment.aspx>

¹⁰¹ Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU), for the Alzheimer's Society, 2007. Accessed via Projecting Older People Population Information System (POPPI), applied to 2014 population.

<http://www.poppi.org.uk/index.php?pageNo=334&PHPSESSID=g67es37qs2vldiiqc7c5m0g0f4&sc=1&loc=8317&np=1>

¹⁰² <http://www.swindonjsna.co.uk/Files/Files/Dementia-Needs-Assessment.pdf>

¹⁰³ <http://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/0/gid/1938133052/pat/6/par/E12000009/ati/102/are/E06000022>

¹⁰⁴ Quality Outcomes Framework, NHS Digital 2014/15

that cover Swindon and the surrounding area, there were 3,346 Dementia Friends registered up to August 2016.¹⁰⁵

Falls

Falls and fall-related injuries are a common and serious problem for older people. Each year 30% of over-65s experience one or more falls and about 50% of people aged over 80 fall each year.¹⁰⁶ The age and frailty of hip fracture patients mean that up to a third will die within a year of the hip fracture. Only half of the deaths occurring within a few months of hip fracture can be directly attributed to the injury, hospitalisation and surgery but patients, their families and carers often recognise the impact of hip fracture in precipitating or complicating a patient’s final illness.¹⁰⁷

Falling also affects the family members and carers of people who fall. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. A fall can hasten a move into residential care; after a hip fracture 50% of people can no longer live independently. For more information see <http://www.swindonjsna.co.uk/dna/falls-and-bone-health-needs-assessment>.

The rate of hip fractures in Swindon for people over 65 years is 551 per 100,000 population, which is similar to the England average.¹⁰⁸ The rates vary between men and women and different age groups as the table below shows.

Table 20: Rate of hip fractures by age group and sex, standardised rate per 100,000 population, Swindon, Warrington and England, 2014/15

	Swindon	Warrington	England
Men aged 65-79 years	132	115	167
Women aged 65-79 years	389	369	312
Men aged 80+ years	839	1,129	1,174
Women aged 80+ years	1,951	1,937	1,895

Source: PHOF

Rates of hip fractures are higher in women than in men. Rates are also much higher in the 80+ years age group, however, as there are increases across the country for this age group, the rates in Swindon and nearest neighbour Warrington remain similar to the England average.

¹⁰⁵ <https://shapeatlas.net/dementia/#10/51.6755/-1.9006/l-df>

¹⁰⁶ <https://www.nice.org.uk/guidance/cg161/chapter/Introduction>

¹⁰⁷ Falls and Fragility Fracture Audit Programme (FFFAP) 2015. National Hip Fracture Database (NHFD) Annual report supplement 2015. An analysis of 30-day mortality in 2014. [http://www.nhfd.co.uk/20/hipfractureR.nsf/945b5efcb3f9117580257ebb0069c820/7cf236c00475272480257f5d00307ad3/\\$FILE/NHFD%202015%20annual%20report%20supplement_WEB.PDF](http://www.nhfd.co.uk/20/hipfractureR.nsf/945b5efcb3f9117580257ebb0069c820/7cf236c00475272480257f5d00307ad3/$FILE/NHFD%202015%20annual%20report%20supplement_WEB.PDF)

¹⁰⁸ <http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000044/pat/6/par/E12000009/ati/102/are/E06000022/iid/41401/age/27/sex/4>

III-Health Projections

Limiting long term illness

In 2015, there were an estimated 7,745 people aged 65 and over in Swindon who had a long term illness that limited their day to day activities a lot.¹⁰⁹ Projected increases in the number of older people mean this figure is forecast to rise by 63% by 2030 when it is estimated there will be 12,653 older people in Swindon with a limiting long term illness. A more detailed breakdown is provided in the table below.

Table 21: Estimated number of people aged 65+ in Swindon with a long term illness limiting their day to day activities a lot

Age group	2015	2020	2025	2030
65-74	2,697	3,067	3,349	3,941
75-84	3,004	3,430	4,280	4,903
85+	2,044	2,508	3,066	3,809
Total 65 +	7,745	9,005	10,694	12,653

Source: POPPI

Mobility

In 2015, there were an estimated 5,986 people aged 65 and over in Swindon who were unable to manage at least one mobility activity on their own.¹¹⁰¹¹¹ Projected increases in the number of older people mean this figure is forecast to rise by 64% by 2030 when it is estimated there will be 9,841 older people in Swindon unable to manage at least one mobility activity on their own. A more detailed breakdown is provided in the table below.

Table 22: Estimated number of people aged 65+ in Swindon unable to manage at least one mobility activity on their own

Age group	2015	2020	2025	2030
65-69	894	919	1,055	1,259
70-74	1,010	1,312	1,338	1,540
75-79	1,008	1,173	1,545	1,557
80-84	1,114	1,226	1,443	1,895
85+	1,960	2,385	2,860	3,590
Total 65 +	5,986	7,015	8,241	9,841

Source: POPPI

¹⁰⁹ Projecting Older People Population Information: www.poppi.org.uk

¹¹⁰ Projecting Older People Population Information: www.poppi.org.uk

¹¹¹ Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

Depression

In 2015, there were an estimated 2,853 people aged 65 and over in Swindon with depression.¹¹² Projected increases in the number of older people mean this figure is forecast to rise by 56% by 2030 when it is estimated there will be 4,446 older people in Swindon with depression. A more detailed breakdown is provided in the table below.

Table 23: Estimated number of people aged 65+ in Swindon with depression

Age group	2015	2020	2025	2030
65-69	884	907	1,041	1,241
70-74	635	825	842	970
75-79	508	591	778	784
80-84	433	481	566	745
85+	392	473	566	706
Total 65 +	2,853	3,277	3,791	4,446

Source: POPPI

Diabetes

In 2015, there were an estimated 4,135 people aged 65 and over in Swindon with diabetes (type 1 or 2)¹¹³ Projected increases in the number of older people mean this figure is forecast to rise by 57% by 2030 when it is estimated there will be 6,494 older people in Swindon with diabetes. A more detailed breakdown is provided in the table below.

Table 24: Estimated number of people aged 65+ in Swindon with diabetes

Age group	2015	2020	2025	2030
65-74	2,359	2,698	2,933	3,461
75+	1,776	2,089	2,592	3,034
Total 65 +	4,135	4,787	5,525	6,494

Source: POPPI

Obesity is the major risk factor for diabetes and future obesity levels will have a major impact on the projected number of people with diabetes in the future. It is estimated¹¹⁴ that in Swindon diabetes prevalence will be 7% lower if obesity rates stay at 2010 rates rather than increasing in line with expectations.

Dementia

In 2015, there were an estimated 2,280 people aged 65 and over in Swindon with dementia.¹¹⁵ Projected increases in the number of older people mean this figure is forecast to rise by 75% by 2030 when it is estimated there will be 3,979 older people in Swindon with depression. A more detailed breakdown is provided in the table below.

¹¹² Projecting Older People Population Information: www.poppi.org.uk

¹¹³ Projecting Older People Population Information: www.poppi.org.uk

¹¹⁴ Public Health England, <http://www.yhpho.org.uk/DEFAULT.aspx?RID=154049>

¹¹⁵ Projecting Older People Population Information: www.poppi.org.uk

Table 25: Estimated number of people aged 65+ in Swindon with dementia

Age group	2015	2020	2025	2030
65-69	131	135	155	185
70-74	211	274	279	324
75-79	351	409	538	543
80-84	550	607	714	939
85-89	561	678	772	950
90+	477	625	801	1,038
Total 65 +	2,280	2,727	3,259	3,979

Source: POPPI

Stroke

In 2015, there were an estimated 766 people aged 65 and over in Swindon who had a long standing health condition caused by a stroke.¹¹⁶ Projected increases in the number of older people mean this figure is forecast to rise by 60% by 2030 when it is estimated there will be 1,228 older people in Swindon with a long standing health condition caused by a stroke. A more detailed breakdown is provided in the table below.

Table 26: Estimated number of people aged 65+ in Swindon with a long standing health condition causes by a stroke

Age group	2015	2020	2025	2030
65-74	359	411	447	529
75+	407	479	595	699
Total 65 +	766	890	1,042	1,228

Source: POPPI

Bronchitis/emphysema

In 2015, there were an estimated 560 people aged 65 and over in Swindon who had a long standing health condition caused by bronchitis and emphysema.¹¹⁷ Projected increases in the number of older people mean this figure is forecast to rise by 58% by 2030 when it is estimated there will be 885 older people in Swindon with a long standing health condition caused by bronchitis and emphysema. A more detailed breakdown is provided in the table below.

Table 27: Estimated number of people aged 65+ in Swindon with a long standing health condition causes by a bronchitis and emphysema

Age group	2015	2020	2025	2030
65-74	305	349	380	449
75+	255	299	371	435
Total 65 +	560	648	751	885

Source: POPPI

¹¹⁶ Projecting Older People Population Information: www.poppi.org.uk

¹¹⁷ Projecting Older People Population Information: www.poppi.org.uk

Cancer

The number of new cases of cancer in Swindon was projected up to 2023 in complementary pieces of work undertaken by GWH and SBC in 2014. The number of cases was forecast to increase by 23% to almost 1,300 cases in 2023.

Table 28: Estimated number of new cases of cancer in over 65s, Swindon

	65-69	70-74	75-79	80-84	85+	Total 65+
2015	225	214	215	193	202	1,049
2016	227	225	215	193	211	1,071
2017	221	244	218	197	224	1,104
2018	219	258	222	197	232	1,127
2019	223	266	235	205	241	1,170
2020	225	271	242	213	245	1,196
2021	227	271	256	213	258	1,225
2022	234	266	280	213	267	1,259
2023	242	260	297	221	275	1,295

Source: GWH/SBC based on ONS populations and HSCIC cancer registrations

Note: These projections were based on ONS population projections which are lower than the SBC policy-led ones developed in 2014.

Sight loss

The estimated number of people affected by sight loss is expected to double by the year 2030 (to 9,220) and the projected number of people registered blind or partially sighted will also double by the year 2030. Given the majority of registrations (66%) are in people aged 65 and over, it is likely that the majority of the increase in people affected by sight loss will also be in this age group.

Long-Term Conditions/Multi-Morbidity

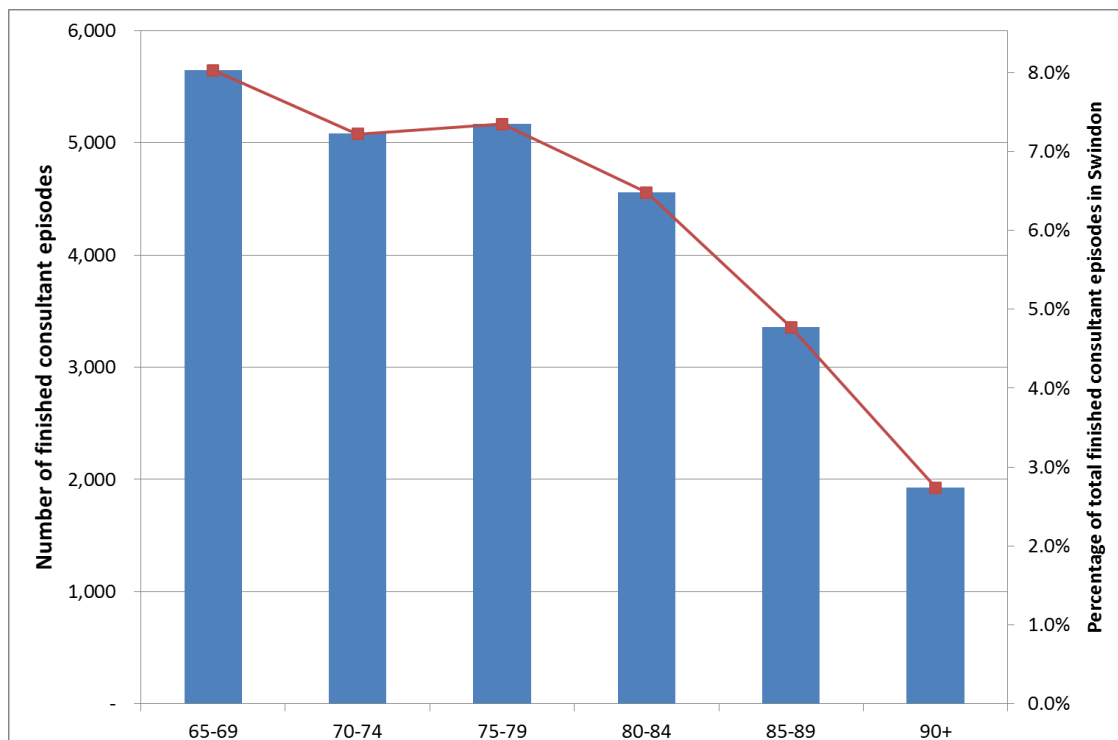
The prevalence of individual conditions cannot simply be added together to calculate the number of older people who are estimated to be in poor health in the future. Some people may have more than one condition that affects them; known as multi-morbidity. Lifestyle factors such as smoking; excess alcohol, physical inactivity and obesity are contributory risk factors for long term conditions and multi-morbidities that are amenable to prevention. Therefore the future prevalence of long term conditions and people with multi-morbidities depends to a certain extent on the success in reducing these factors. Quantifying this is the subject of a research project at the South West Local Knowledge and Intelligence Service at PHE.

Acute and emergency service use

Hospital services

There were over 25,000 hospital admissions for those aged 65 and over in Swindon CCG in 2014/15, this was 36.6% of the total admissions. Nationally, admissions of those aged 65 and over made up 40.9% of all admissions.

Figure 33: Inpatient admissions* for over 65s in Swindon CCG, 2014/15



Data Source: NHS Digital

*=finished consultant episodes

Data for England for 2013/14 further shows the extent to which older people use hospital services, particularly outpatient clinics. Overall 65% of those aged 65 plus access at least one of inpatient, outpatient or A&E.

Table 29: Hospital services accessed by age, England, 2013/14

Percentage of population	0-64	65-74	75-84	85+	65+
Percentage Accessing Inpatient	14%	24%	34%	43%	30%
Percentage Accessing Outpatient	30%	53%	65%	61%	58%
Percentage Accessing A&E	17%	15%	23%	37%	21%
Percentage Accessing at least one	41%	58%	71%	77%	65%
Percentage Accessing all three	4%	8%	14%	20%	12%

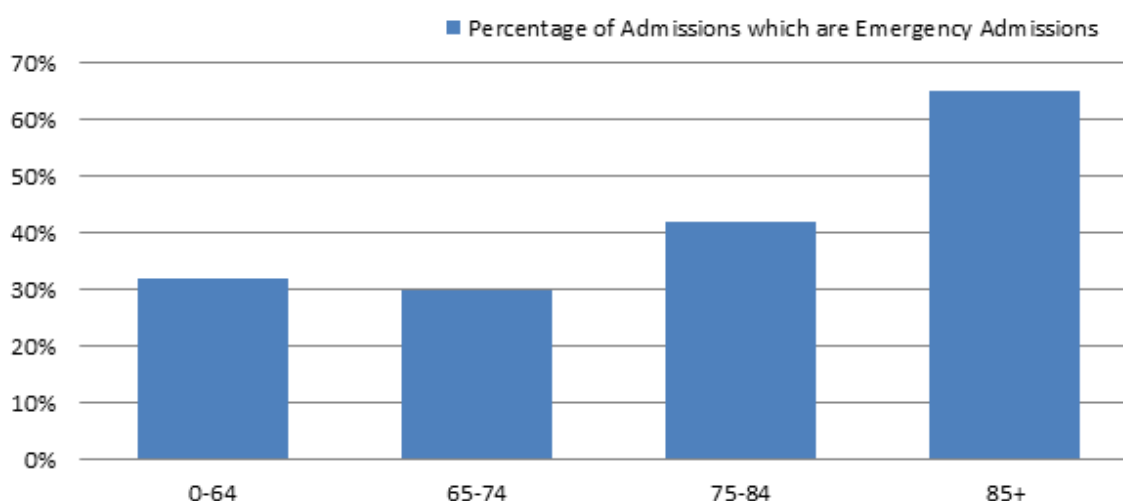
Source: NHS Digital

Older people are also more likely to be admitted in an emergency. In 2013/14, in England, 41% of admissions to over 65s and 65% of admissions to over 85s were emergency admissions compared to only 32% for under 65s.

Table 30 and Figure 34: Emergency admissions by age, England, 2013/14

Age group	All Admissions	Emergency Admissions	Percentage of Admissions which are Emergency Admissions
0-64	9,693,942	3,108,352	32%
65-74	2,301,487	684,642	30%
75-84	2,045,175	858,103	42%
85+	1,027,206	668,483	65%
65+	5,373,868	2,211,228	41%

Percentage of inpatient admissions which are emergency admissions



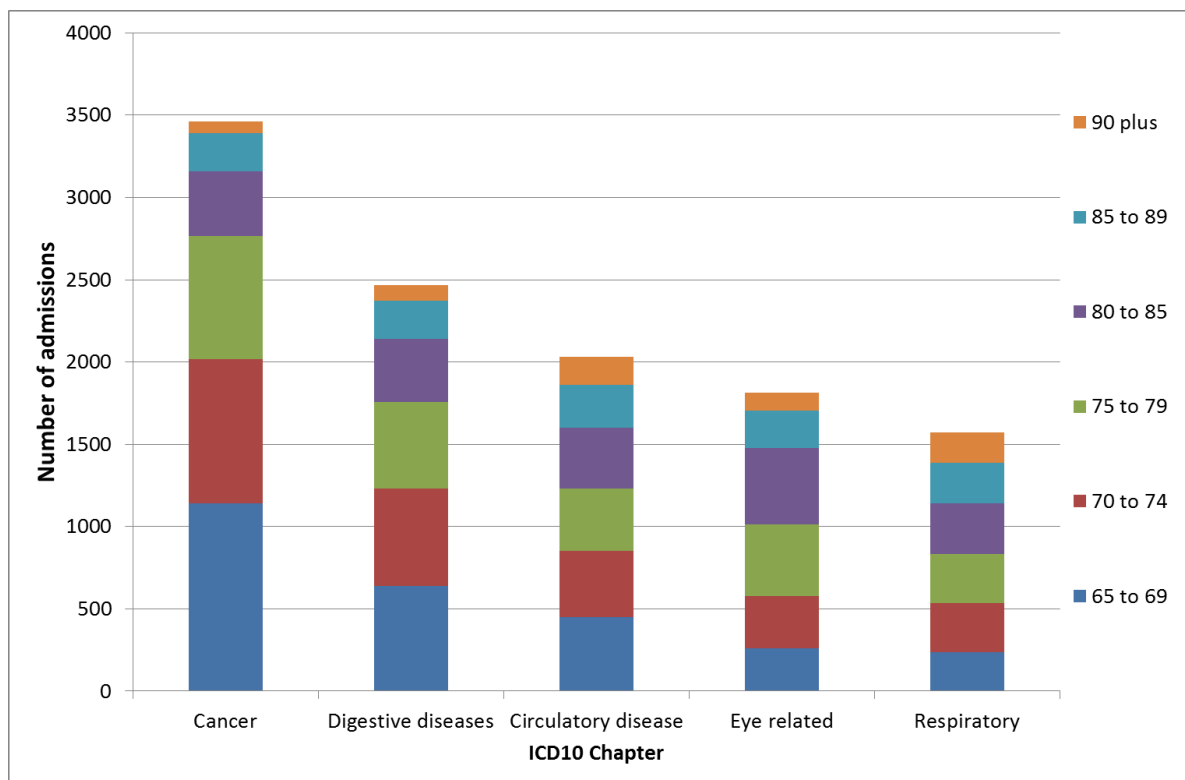
Source: NHS Digital

Reasons for inpatient admissions

The five main reasons for inpatient admissions for over 65s are shown in the figure below; they make up around 50% of the total admissions for this age group. Cancer, digestive disease and circulatory disease are also the three main reasons for admission for people of all ages. However, admissions for eye related conditions and respiratory disease are much more common in older people.

Cancer was the most common cause of admission for the 65 to 79 age group but for the 80 to 84 age group it was eye related conditions, for the 85 to 89 year olds it was circulatory disease and for those aged 90 plus it was respiratory disease with cancer dropping to only the 8th most common reason. Admissions for injury, poisoning and other consequences of external causes was the second most common reason for those aged 90 plus to be admitted compared to the 10th most common reason for those aged 65 to 74.

Figure 35: Top five reasons for admission to hospital, age 65 plus, Swindon, 2014/15



Source: Swindon CCG

Note: excludes Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (ICD10 R00-R99)

Cancers include malignant and benign tumours in all sites and of all types.

Digestive disease includes liver conditions, hernias, ulcers, appendicitis and pancreatitis.

Circulatory disease includes conditions such as heart disease and those that affect the circulation of blood to the brain, such as stroke.

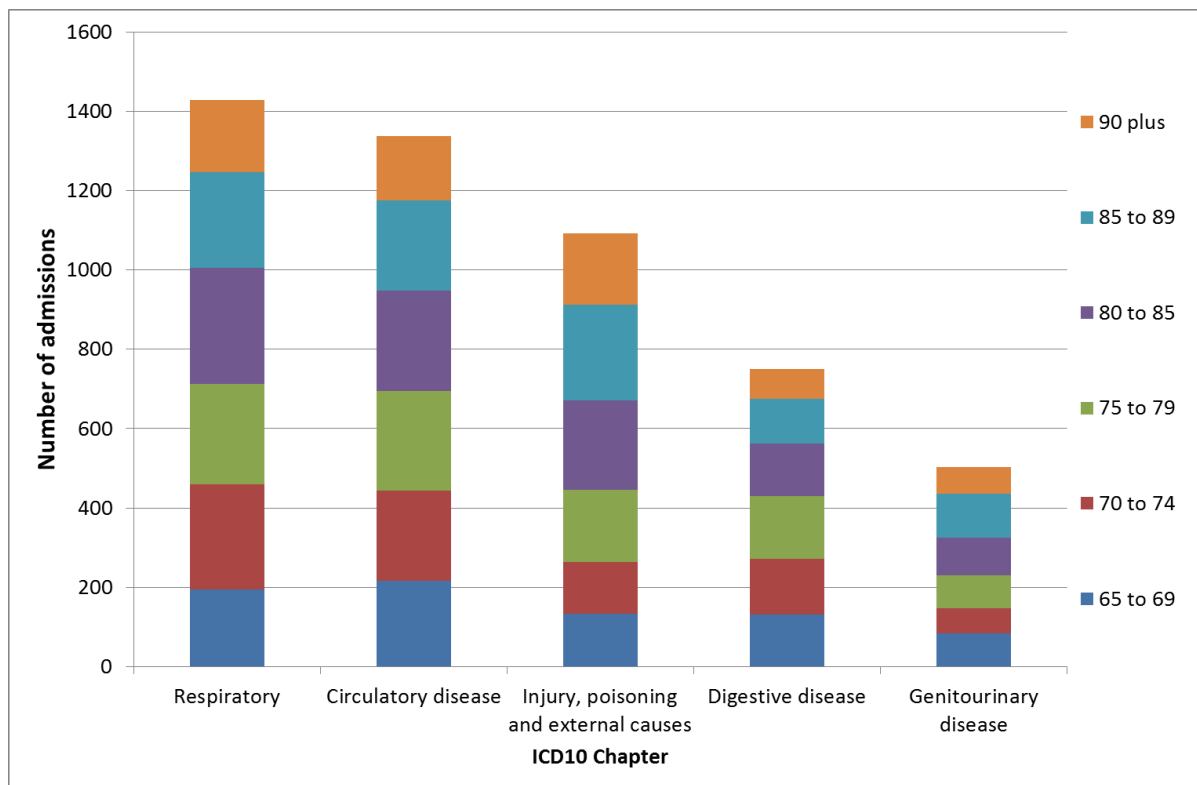
Eye related disease includes glaucoma, conjunctivitis and cataracts.

Respiratory disease includes conditions such as bronchitis, asthma, pneumonia, emphysema and influenza.

The five main reasons for emergency inpatient admissions for over 65s are shown in the figure below; they make up over 60% of the total admissions for this age group. These are the same five main reasons for admission for people of all ages, albeit in a different order (admissions for injury, poisoning and other consequences of external top).

Circulatory disease was the most common cause of admission for the 65 to 69 age group but for those aged 70 plus it was respiratory disease. Admissions for injury, poisoning and other consequences of external causes was ranked higher for the older age groups.

Figure 36: Top five reasons for emergency admission to hospital, age 65 plus, Swindon, 2014/15



Source: Swindon CCG

Notes: excludes Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (ICD10 R00-R99)

Respiratory disease includes conditions such as bronchitis, asthma, pneumonia, emphysema and influenza.

Circulatory disease includes conditions such as heart disease and those that affect the circulation of blood to the brain, such as stroke.

Injury, poisoning and external causes includes intentional and accidental events such as falls, transport accidents, overdoses, assaults and drowning.

Digestive disease includes liver conditions, hernias, ulcers, appendicitis and pancreatitis.

Genitourinary disease includes kidney and renal conditions and those concerning genital organs.

Accident and Emergency attendances

The data presented on emergency department attendances below should be interpreted with caution. Because of limitations regarding the type information that is recorded, it is not possible to definitively say what is the reason for attendance to the emergency department. The data below use an initial diagnosis code as a proxy for the reason for attendance. The dataset records the number of attendances not the number of patients (i.e. one patient may have multiple attendances) and therefore attendance rates per head of population cannot be accurately determined.

In 2015/16 there were 11,268 attendances at GWH emergency department for people aged over 65 years who lived in the NHS Swindon CCG area. This is broken down by age group in the table below.

Table 31: Emergency department attendances by age group, NHS Swindon CCG area, 2015/16

Age group	Emergency department attendances
65-74 years	4,059
75-84 years	4,181
85 years and over	3,028

Source: GWH

Using the initial diagnosis code, about half (48%) of all attendances were due to known diseases or injury. The top three categories of these attendances are the same across the age groups and are:

- Injury or other external cause
- Diseases of circulatory system
- Diseases of the respiratory system

These three groups account for nearly two thirds of attendances (63%) relating to known disease and injury.

Ambulance data

In the year August 2015 to July 2016, the South West Ambulance Service Trust (SWAST) responded to 31,214 call outs in the Swindon area. The proportion of call outs to those aged 65 and over was 42% (6% age was unknown). The proportion by age group is shown in the table below.

Table 32: Number and proportion of calls to Ambulance Service by age group, Swindon area (SN1, SN2, SN3, SN4, SN5 and SN25), Aug 2015-July 2016

Age group	Total calls	Proportion
65-74 years	3,493	11%
75-84 years	4,889	16%
85+ years	4,573	15%
Total over 65 years	12,955	42%

Source: SWAST

For those aged 65-74 years and 75-84 years, 39% were classed as 'hear and treat' or 'see and treat' meaning they were not transported to hospital or GP surgery, etc. for further treatment. For those aged 85 years and over, a slightly higher proportion (42%) were treated at the scene.

The top five reasons for call outs by age group are shown in the table below. 'Health professional' have the highest number of call outs across all three age groups accounting for approximately one in four calls to people over 65 years. This category is made up of codes such as; health care professional call, NHS 111, call escalated, clinical support desk re-triage/red downgrade and concern for welfare. As age increases, the proportion of call outs relating to falls increases within each age group, accounting for 12% of calls to 65-74 year olds, rising to 23% of those aged 85 or over.

Table 33: Grouped top 5 reasons for call outs, Swindon area (SN1, SN2, SN3, SN4, SN5 and SN25), Aug 2015 – July 2016

65-74 years	75-84 years	85+ years
Health professionals (28%)	Health professionals (26%)	Health professionals (26%)
Circulatory (25%)	Circulatory (22%)	Falls (23%)
Falls (12%)	Falls (17%)	Circulatory (19%)
Respiratory (9%)	Respiratory (10%)	Respiratory (8%)
Medical conditions (7%)	Medical conditions (7%)	Medical conditions (8%)

Source:
SWAST

Examining the ‘health professional’ calls, there is variation by postcode area around Swindon. Area SN3 has the highest proportion of calls coded as ‘Health ‘Professional’ with nearly one in three (32%) of all calls coded in this way. The reason for this is unclear. This postcode area does contain GWH but it is also not known what the underlying reasons for the health professionals requesting an ambulance are, nor if the cause is a difference in protocol or related to the health of the people in the SN3 area.

Reablement

There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services.

A key outcome for many people using reablement services is whether an individual remains living at home 91 days following discharge¹¹⁸. In 2014/15, in Swindon 93.2% of people (aged 65 or over) met this standard compared to 82.1% in England overall and 84.0% in the South West. Nationally, the percentage decreases as people get older. This indicator reflects the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement.

However, effective reablement services must be backed-up with good coverage. Only 0.9% of older people (aged 65 and over) in Swindon received reablement/rehabilitation services after discharge from hospital compared to 3.1% in England overall and 3.5% in the South West.

Recovery after a fragility fracture is important for older people. In Swindon (CCG) in 2014, 40% of patients, with a fragility fracture, recovered to their previous levels of mobility at 30 days after admission to hospital. By 120 days, this rose to 73.3%. This is similar to the national rate (34.3%) at 30 days but better than the national rate (57.6%) at 120 days.¹¹⁹ Nationally, recovery rates were similar over the older age groups with the highest rates in the 65-69 group.

¹¹⁸ HSCIC Adult social care outcomes framework, 2B[1] & 2B[2]

¹¹⁹ HSCIC CCG outcomes indicator set 3.10i & 3.10ii

Adult social care

Summary of Findings

- In 2015/16 there were 5,543 people using adult social care services with 65% over 65. There is an upward trend in the number of contacts to social care from people of all ages (12,898 in 2014/15 and 14,068 in 2015/16), with around 50% of these leading to referral and assessment. 54% of all clients have one service with 23% having 3 or more: however a 'service' may also include pieces of equipment.
- The most common type of care for people age 65 and over is personal care support where people find it difficult to do physical things on their own. This includes domiciliary care which is offered at home: on 31 March 2016, 742 clients over 65 received this service with highest numbers of people in parts of Wroughton and Highworth.
- Social services data shows 337 people aged 65+ living in residential care and 184 living in nursing care: similar numbers to the previous year. However there is increasing demand to find beds, particularly for people on discharge from hospital.

SBC are responsible for providing social care services for those who need them and are eligible for them. After assessing needs and finances, SBC may agree to pay for some or all of the care and support a person may need. The adult social care team guide people through the options available. Services can help and support people with disabilities to live more independently. If someone is not eligible for free social care, they may still have a right to receive benefits and other financial help or access to equipment and concessions on transport or the Blue Badge Parking Scheme.¹²⁰ Information on services available is available on www.mycaremysupport.co.uk website.

In Swindon in the year 2015/16, there were 5,543 people using adult social care services and 3,625 (65%) of those were over the age of 65 years. See table below for more detail.

Table 34: Number and proportion of adult social care clients by sex and age group, SBC 2015/16

	Under 65		65-74		75-84		85+		Total
Female	1,008	30%	403	12%	785	23%	1,176	35%	3,372
Male	910	42%	319	15%	462	21%	480	22%	2,171
People	1,918	35%	722	13%	1,247	22%	1,656	30%	5,543

Source: SBC

The client category is allocated to a person based on their primary need. The category used the most is personal care support, accounting for 46% of people.

¹²⁰ <http://www.nhs.uk/conditions/social-care-and-support-guide/Pages/what-is-social-care.aspx>

Table 35: Number and proportion of adult social care clients by category of client, SBC 2015/16

Category of client	Total (aged 18+)	Proportion of total in category	Total (aged 65+)	Proportion of total in category	Proportion of the population
Learning Disability Support	688	12%	74	2%	0.2%
Mental Health Support	535	10%	126	3%	0.4%
Physical Support - Access & Mobility	1,284	23%	871	24%	2.6%
Physical Support - Personal Care Support	2,549	46%	2128	59%	6.4%
Sensory Support - Support for Dual Impairment	50	1%	45	1%	0.1%
Sensory Support - Support For Hearing Impairment	72	1%	58	2%	0.2%
Sensory Support - Support for Visual Impairment	109	2%	83	2%	0.3%
Support with Memory and Cognition	256	5%	240	7%	0.7%
Grand Total	5,543		3,625		

Source: SBC

People may receive multiple services depending on their needs. Over half of adult social care clients received one service over the past year, as shown in the table below.

Table 36: Number of people by the total number of adult social care services received, aged 18+, SBC, 2015/16

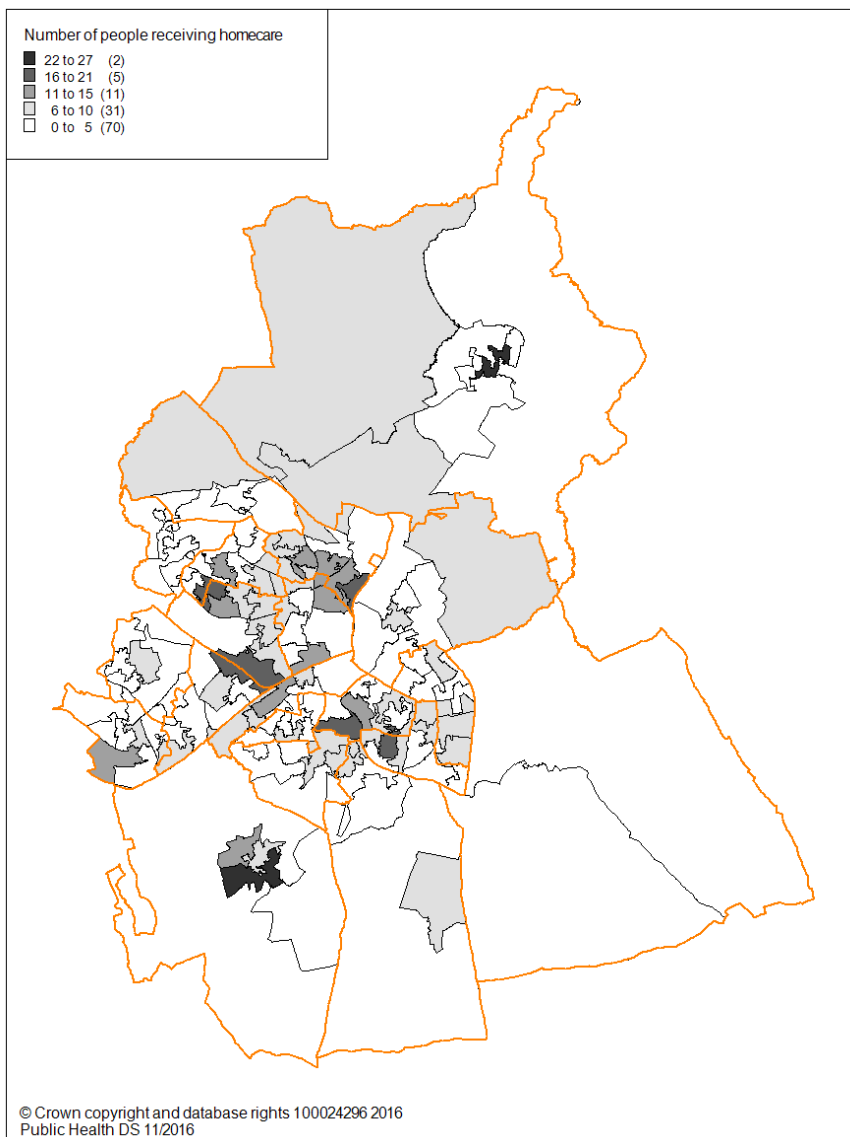
Number of services received*	Number of people
1	3,019
2	1,263
3	659
4	352
5	161
6	71
7	15
8	3
Total	5,543

Source: SBC

*A service may also be a piece of equipment and so if a person received multiple pieces of equipment, each piece may be counted as a 'service'.

Home care, which is also known as domiciliary support, is one of the services available in Swindon. A service snapshot, taken on 31 March 2016, showed there were 742 clients over the age of 65 receiving this service. This equates to about 11,300 hours a week on average. The people receiving this service are a subset of the 3,625 total clients mentioned above. The map below shows the levels of use of this service across Swindon.

Figure 37: Map to show number of older people using homecare from adult social care services across Swindon, 2015/16.



Source: SBC

Prevention and screening

Summary of Findings

- There are a range of services provided by the Community Health and Wellbeing Team which are focused on supporting people to change behaviour and preventing isolation and ill health. These include health ambassadors, the circles of support project, and community navigators: 17%, 100% and 58% of clients respectively were aged over 65. Weight management support is also offered: between 16% and 21% of those who attend Dietbusters or are referred to Weightwatchers are over 65. There are no services specifically for older people although those available welcome all ages. People can also choose to attend Slimming World: 20% of attendees are aged 65 and over.
- Older people are routinely immunised against pneumococcal disease, influenza and shingles. Uptake of PPV vaccine for pneumococcal is lower than the England average in Swindon at 65% but uptake for influenza and shingles are similar to England.
- Screening for abdominal aortic aneurysms (AAA), breast cancer and bowel cancer covers older people although for specific age ranges. Take up is similar to the English average for AAA, better for breast cancer and significantly worse for bowel cancer.
- Sight tests are free for those over 60 and around half of people have an NHS test annually. People with hearing loss are less likely to seek help: on average people wait 10 years before seeking help and it is estimated three times as many people could benefit from hearing aids as have them.

Health Ambassadors

The Community Health and Wellbeing Team at Swindon Borough Council has been set up with the aim of reducing health inequalities in communities across Swindon. The team consists of Ambassadors, Befrienders and Champions, all of whom are recruited because of their interest and desire to help others. Health Ambassadors are trained in a nationally recognised health related qualification and undergo on-the-job training and development but are not medically trained. The Health Ambassador role is to motivate people to take steps towards improving their physical and emotional health and wellbeing. This is achieved by the Health Ambassador spending time with their client building rapport and gaining trust, to address attitudes and behaviours towards health and wellbeing. Sensible and practical advice is offered around¹²¹:

- healthier food choices
- diet and exercise
- stopping smoking

¹²¹ <http://mycaremysupport.co.uk/i-need-help-with/health-and-wellbeing/healthy-living/health-and-wellbeing-ambassadors.aspx>

- reducing alcohol intake
- access to learning
- access to community activity

The service is free and is carried out in six sessions, usually one-to-one, which can be extended if needed. The meetings usually take place in a community setting but a home visit can be arranged. In 2015/16 the service worked with 305 clients, of which 52 people (17%) were over the age of 65 years.

Circles of Support

The Circles of Support service is coordinated from within the Localities team at SBC. Swindon Circles is about matching local people with; time to give, skills to share and a willingness to make a difference, to older people. Volunteers help local older people with small tasks, share a drink or a meal, go for a walk or simply have a cuppa and a chat. Just a little help or company can really brighten someone's day and lift their mood. On average a client will see a volunteer about once a week for two hours. Examples of further activities include:

- Home visits: Cuppa and a chat, washing up, putting the bins out, reading mail, gardening and going for a walk.
- Assisted shopping trips: A lot of clients still want to do their own shopping but may lack confidence due to health conditions/mobility issues so volunteers will support them with this.
- Help with getting out and about: Transport is a big issue for many older people. Some are confident using taxis or taking the bus but others find it daunting or not possible without a helping hand. Volunteers help keep older people connected to friends and family and can take people to garden centres, lunch clubs, coffee mornings etc.

Client referrals come from local services who believe that the support volunteers at Circles offer will help keep older people active (both physically and mentally) and living independently for longer. The services who make referrals to Circles include other befriending services such as Red Cross, Age UK and Contact the Elderly, social workers, GWH, GPs, Community Navigators and sheltered housing officers. The service provided is free and available to those aged 65 and over living in Swindon who are experiencing social isolation. Training is also provided to develop volunteer skills and confidence. In the year September 2015 to August 2016, 200 people were registered with the service. Over half of the people using the service were aged over 85 years, see table below.

Table 37: Age breakdown of clients using Circles of Support service, SBC, Sept 2015-2016

Age group	Number of people	Proportion
65-74 years	31	16%
75-84 years	67	34%
85+ years	102	51%
Total	200	

Source: SBC

Community Navigators

The Community Navigator programme is aimed at working with adults with one or more long term conditions to help them to manage their condition and reduce demand on statutory services. It is

led by members of the Health and Wellbeing Team in SBC in partnership with NHS Swindon CCG. Participation in the programme is through GP surgeries and the Navigators use a coaching and goal setting approach to support people to manage their condition. This can be achieved by the following activities:

- Information and signposting,
- Connecting people to local groups,
- Helping people to establish new friendships/connections/groups,
- Encouraging family members to learn and support
- Supporting people to access activities

The programme is about behaviour change and empowerment through social prescribing. For the year 2015/16, 633 people in total signed up to the programme and 368 (58%) of these were over the age of 60 years (see table 29). Looking at people of all ages who signed up for the service, the most popular reason given was to help with social isolation/community support needs, followed by physical activity and then healthy eating.

Table 38: Age breakdown for those aged over 60 years in the Community Navigator programme, Swindon, 2015/16

Age group	Number of people signed up	Proportion of people signed up
Under 60 years	265	42%
60-69	98	15%
70-79	108	17%
80-89	122	19%
90-99	40	6%

Source: SBC

Befriending and Home from Hospital Services

Age UK currently provide befriending services in Swindon taking referrals from the British Red Cross, health ambassadors, community navigators and others. They support people for an hour a week or via signposting and information provision depending on need. In March 2016 they supported 128 people locally.

The British Red Cross provide a home from hospital service that offers short term practical and emotional support up to 6 weeks with a visit per week of up to 2 hours. The most common type of support is companionship and signposting to other services. They can also offer telephone support and often refer people onto Age UK's services. They have had 190 referrals in the last year.

My Care My Support

My Care My Support¹²² is an information directory online for the Swindon area. Divided into children's and adult's services, it can be a first port of call for someone who is looking for what services are available to support them or a person they care about in the Swindon area. The

¹²² <http://mycaremysupport.co.uk/>

information on the website covers: legal services, keeping people safe, care homes, living at home, healthy living and getting out and about amongst others.

Weight management

The Health Improvement Team in SBC offer a weight management service. This is a 12 week course of free lifestyle help with losing weight including support to eat a healthy diet, and become more active for adults who live in the Swindon Borough Council area. Referral is through a Swindon GP or a health professional. The sessions are held in different parts of Swindon, and there is a choice of venues. The current programmes include Dietbusters and Weight Watchers. In the referrals for Weight Watchers, 21 out of 135 people (16%) are aged over 65 years. For Dietbusters, 45 people out of 215 (21%) are aged over 65 years.

Weight Watchers were able to provide information for those who pay a membership to join the club. Across the UK at August 2016, there were near 1.5 million members of whom 266,000 (18%) were over the age of 65 years. In the urban Swindon district the proportion of those over 65 was slightly lower at 16% (1,295 out of 8,183 members)¹²³.

Slimming World provided information on their fee-paying members in Swindon. Around 1500 members attend 20 groups in the Swindon area. The age breakdown in August 2016 is shown in the table below. The proportion of those aged 65 and over attending Slimming World is slightly higher than those attending Weight Watchers.

Table 39: Age profile of people paying to attend Slimming World groups in Swindon, Aug 2016

Age group	Proportion of members in Swindon
15-24 years	6.04%
25-34 years	17.13%
35-44 years	16.13%
45-54 years	21.93%
55-64 years	18.83%
65-74 years	15.83%
75+ years	4.10%
Total 65+ years	19.93%

Source: Slimming World¹²⁴

Immunisations

Introduction

Vaccinations remain one of the greatest public health interventions. The first vaccination programmes dramatically reduced the number of deaths from disease and were crucial in establishing the concept of preventative public health measures.¹²⁵ Today, there are still people dying from vaccine preventable diseases such as measles and influenza are still in circulation. When vaccination rates are low and there are a lot of unvaccinated people in an area, an outbreak

¹²³ Unpublished data provided by Weight Watchers PR Team on request.

¹²⁴ Unpublished data provided by Slimming World PR Team on request

¹²⁵ <http://www.nhs.uk/conditions/vaccinations/pages/the-history-of-vaccination.aspx>

can occur which can put more people at risk. The elderly are particularly at risk of developing complications from disease and for this reason there are specific vaccination programmes for them.

Pneumococcal

Pneumococcal disease is a significant cause of morbidity and mortality. Pneumococcal infections can be non-invasive such as bronchitis, or invasive such as septicaemia, pneumonia and meningitis. Cases of invasive pneumococcal infection usually peak in the winter during December and January. The PPV (Pneumococcal Polysaccharide Vaccine) protects against 23 types of Streptococcus pneumoniae bacterium and is usually given as a one-off vaccine rather than annually given. It is thought that the PPV is around 50-70% effective at preventing more serious types of invasive pneumococcal infection. Since 2003 the PPV vaccination programme has expanded to include immunisation to all those aged 65 years and over in England. In Swindon, uptake of PPV has been consistently below the England average for the past five years of data. The proportion of the over 65 population receiving this vaccine in Swindon was 65% in the year 2014/15.¹²⁶

Influenza

Flu is highly infectious and spread by droplets which can linger in the air from coughs and sneezes and on contact. The influenza (flu) vaccine is an annual vaccine and contains strains that are predicted to be in circulation that year. The flu vaccination is offered to people who are at greater risk of developing serious complications if they catch flu. It is hoped that increasing flu vaccine uptake will in turn reduce the winter pressures faced by primary care and with hospital admissions.¹²⁷ In Swindon, 72.3% of people over the age of 65 received the flu vaccine in the 2015/16 season. This was slightly higher than the England average of 71%. However, the proportion receiving the vaccine has been falling since 2011/12.¹²⁸

Shingles

The main symptom of shingles is pain, followed by a rash that develops into itchy blisters, similar in appearance to chickenpox. The pain may be a constant, dull or burning sensation, and its intensity can vary from mild to severe. An episode of shingles typically lasts around two to four weeks. A person is contagious until the last blister has dried and scabbed over. The virus that causes shingles can remain in the bloodstream dormant from having chicken pox as a child, it can then flare up later in life. Shingles most commonly occurs in people over the age of 70 usually due to a weakened immune system.¹²⁹

The shingles vaccine is a single dose vaccine that can be given at any time of the year. The vaccine is expected to reduce your risk of developing the disease and severity if you do develop it by boosting an individual's pre-existing immunity. For those who receive the vaccine and still go onto have shingles, they may expect a milder and shorter form of the disease.¹³⁰

¹²⁶ <http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000043/pat/6/par/E12000009/ati/102/are/E06000030/iid/30313/age/27/sex/4>

¹²⁷ <http://www.phoutcomes.info/public-health-outcomes-framework#page/6/gid/1000043/pat/6/par/E12000009/ati/102/are/E06000030/iid/30314/age/27/sex/4>

¹²⁸ <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000043/pat/6/par/E12000009/ati/102/are/E06000030/iid/30314/age/27/sex/4>

¹²⁹ <http://www.nhs.uk/conditions/shingles/pages/introduction.aspx>

¹³⁰ <http://www.nhs.uk/Conditions/vaccinations/Pages/shingles-vaccination.aspx>

In 2010, the UK's Joint Committee on Vaccination and Immunisation (JCVI) recommended that a herpes zoster (shingles) vaccination programme should be introduced for adults aged 70 years, with a catch up programme for those aged 71 to 79 years. In Swindon, the uptake of the vaccine among people age 70 years is 59% for 2014/15, which is similar to the England average.¹³¹

Screening

Introduction

The NHS offers population screening programmes to healthy people who may be at increased risk of a particular condition. A person can choose whether to have the screening test or not after an invitation is sent. There are many benefits of having the screening test such as:

- Screening can detect a problem early, before you have any symptoms.
- Finding out about a problem early can mean that treatment is more effective.
- Finding out you have a health problem or an increased risk of a health problem can help people make better informed decisions about their health.
- Screening can reduce the risk of developing a condition or its complications.

Screening tests also carry risks and have limitations:

- Screening tests are not 100% accurate. False positives may lead to some people having unnecessary further tests or treatment as a result of screening. False negative results could lead to people ignoring symptoms in the future.
- Some screening tests can lead to difficult decisions, e.g. further invasive tests.
- Finding out about a potential health problem can cause considerable anxiety.
- If your screening test result is normal or negative a person may still go on to develop the condition.¹³²

Aortic aneurysm screening

An abdominal aortic aneurysm (AAA) is a swelling (aneurysm) of the aorta – the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body. If a large aneurysm bursts, it causes huge internal bleeding and is usually fatal. The bulging occurs when the wall of the aorta weakens. The cause of the weakness is unclear; however, smoking and high blood pressure are thought to increase the risk of an aneurysm. AAAs are most common in men aged over 65. A rupture accounts for more than one in 50 of all deaths in this group and a total of 6,000 deaths in England and Wales each year. All men are invited for a screening test when they turn 65. The test involves a simple ultrasound scan, which takes around 10-15 minutes.¹³³ In Swindon, the proportion of men aged 65 having an AAA screen is 80.4% in 2014/15, similar to the England average. This is within the targets for an acceptable level of uptake. The next level is 'achievable' which is equal to or more than 85% uptake.¹³⁴

¹³¹ <http://www.phoutcomes.info/public-health-outcomes-framework#page/6/gid/1000043/pat/6/par/E12000009/ati/102/are/E06000030/iid/92324/age/99/sex/4>

¹³² <http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx>

¹³³ <http://www.nhs.uk/Conditions/repairofabdominalaneurysm/Pages/introduction.aspx>

¹³⁴ <http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/E12000009/ati/102/are/E06000030/iid/92317/age/94/sex/1>

Breast cancer screening

Breast screening supports early detection of cancer and is estimated to save 1,400 lives in England each year. It is hoped that earlier detection will mean more cancers are treatable, rather than at a late diagnosis. Treating cancer early may mean it can be prevented from spreading to other parts of the body.¹³⁵ Breast cancer can affect around 50,000 women a year and about 8 in 10 of these women are over the age of 50 years.¹³⁶ The breast cancer screening test is known as a mammogram and consists of a series of x-rays taken of the breast. Results are sent to the patient and their GP no later than two weeks from the date of the test.¹³⁷ In Swindon the proportion of eligible women aged 53 to 70 who had an adequate breast cancer screen within the last two years was 79.6% (at 31st March 2015), which is higher than the England average of 75.4%. The proportion of women taking part in breast cancer screening in Swindon has been consistently higher than the England average over the past six years.

Bowel cancer screening

About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the fourth most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year.¹³⁸ Bowel cancer screening aims to detect bowel cancer at an early stage in people where there are no symptoms as this is when treatment is more likely to be effective. Bowel cancer screening can also detect polyps. Polyps are not cancers, but may develop into cancers over time and can easily be removed, reducing the risk of bowel cancer developing. Bowel cancer screening coverage is calculated as the percentage of people in the resident population eligible (aged 60-74) for bowel screening who were screened adequately within the previous 2½ years on 31 March each year. Swindon has the second lowest coverage across Local Authorities in the South West at 51.3% for 2015 and is significantly below the England average.¹³⁹

Sight test

People are eligible for an NHS sight test under a number of different criteria, for example aged over 60 years and under or in receipt of certain benefits.¹⁴⁰ A sight test is an opportunity to spot signs disease which may be treatable and also detect early signs of conditions before any symptoms appear. Low uptake of sight tests may lead to later detection of preventable conditions and increased sight loss. Private sight tests can be paid for, but there is no nationally available dataset to collect the number of people opting for this. In the NHS Bath, Gloucestershire, Swindon and Wiltshire Area Team there were around 167,000 NHS sight tests in the over 60s in 2014/15, which is around 47% of the population.¹⁴¹

Hearing tests

Six million people have hearing loss in England which is significant enough to benefit from hearing aids, but only two million people have them. People with hearing loss typically wait up to 10 years

¹³⁵ <http://www.phoutcomes.info/public-health-outcomes-framework#page/6/gid/1000042/pat/6/par/E12000009/ati/102/are/E06000030/iid/22001/age/225/sex/2>

¹³⁶ <http://www.nhs.uk/conditions/Cancer-of-the-breast-women/Pages/Introduction.aspx>

¹³⁷ <http://www.nhs.uk/conditions/breast-cancer-screening/Pages/Introduction.aspx>

¹³⁸ <http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer#heading-One>

¹³⁹ <http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/E12000009/ati/102/are/E06000022/iid/91720/age/280/sex/4>

¹⁴⁰ <http://www.swindonjsna.co.uk/dna/Sight-loss-needs-assessment>

¹⁴¹ General Ophthalmic Services, Activity Statistics for England 2014/15, HSCIC

to take action and when they do seek help they may be dismissed, as the hearing loss may be considered an inevitable consequence of aging.¹⁴² A quick hearing check is available to find out how healthy a person's hearing is without visiting a GP or specialist. The check is free, painless, can take about 15 minutes and can be done online, over the phone in a person's home (from Action on Hearing Loss) or on the High Street (in places such as Specsavers). It consists of a 'speech-in-noise' check, which assesses ability to hear someone speaking when there's background noise, similar to being in a crowded room. A voice will read out three random numbers and a person uses the numbers on a telephone keypad to indicate the numbers heard.¹⁴³ There isn't a national screening programme for hearing checks and so checks are usually made when a person experiences a problem.

NHS Health Check

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease by making early lifestyle interventions. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes. Each person is given advice and support to reduce or manage their risk of developing these conditions by making changes to their lifestyle, or if the check highlights signs of a condition, to further diagnostic tests.¹⁴⁴ Swindon level data is available for the number of people invited to an NHS Health Check (55.6%) the number of people receiving an NHS Health Check (24.1%) and also the number of people taking up an NHS Health Check invite (43.2%).¹⁴⁵ Cumulatively, Swindon is below the England average for all these measures. However in the 2015/16 year, the number of people taking up an invite to an NHS Health Check was above the England average (49.5%).¹⁴⁶ When looking at the demographics of people having an NHS Health Check in Swindon, in 2015/16, 18% were over the age of 65 years.¹⁴⁷

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https://www.actiononhearingloss.org.uk/~media/Documents/Policy%20research%20and%20influencing/Research/Screening_Report_pdf.ashx

¹⁴³ <http://www.nhs.uk/Livewell/hearing-problems/Pages/getting-your-hearing-tested.aspx>

¹⁴⁴ <http://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/6/gid/1938132726/pat/6/par/E1200009/ati/102/are/E06000030/iid/91735/age/219/sex/4>

¹⁴⁵ <http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000042/pat/6/par/E1200009/ati/102/are/E06000022/iid/91100/age/219/sex/4>

¹⁴⁶ <http://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/0>

¹⁴⁷ Unpublished data from Health Check programme

Staying independent

Summary of Findings

- Transport is very important for ageing well. The proportion of households without a car increases from 15% for those aged 65 to 69 to 66% of those aged 85 and over. People over 65 account for 85% of customers on the concessionary travel database and all people reaching state pension age are eligible for a free bus pass.
- At the last census in 2011 two thirds of households aged over 65 owned their own home outright, reducing to 61% of those over 85. Nearly one in five households over the age of 85 years live in homes rented from Swindon Borough Council. People want different things from housing: adaptability is more important than type. Level access to showers and stair lifts are the most common disability facilities grant adaptations with council tenants having £900,000 worth of work in 2015/16 including showers, door widening, ramps, paths and conversions.
- In Swindon, 90.4% of people have used the internet in the last three months and 9.3% have never used it or used it more than three months ago. National data found 56.5% of people over 75 never used the internet in 2016 but this has been falling year on year. Swindon Borough Council's primary source for information sharing is the MyCareMySupport website: 'Support at home' and 'Getting out and about' are the most frequently accessed pages in the marketplace.
- Part of Ageing Well is about feeling valued and for some older people this is from providing care and/or volunteering. Around one in seven older people in Swindon are providing unpaid care according to the census. It is estimated that the 4,520 people aged 65+ who provide unpaid care will increase to 7,000 by 2030. This includes around 780 people aged 85 and over. Over 36% of people aged 65+ nationally participate in voluntary activities at least once a month: a significant workforce and valuable contribution to society and community.
- For people aged over 55 years, 17.4% take part in sport at least once a week in Swindon, and one in five had participated in any sport during the last 28 days which has been declining in recent years. Nationally the most popular sports for those aged 65 and over are swimming, fitness and conditioning, and golf. 29.3% of people over 65 said they would like to do more sport.
- Swindon has a wide range of sports facilities including 21 swimming pools, and over 20 squash courts and tennis courts. There are also a range of walking groups aimed at different abilities, exercise on referral, balance and safety, gym sessions, chair based exercise and exercise aimed at people with different health conditions.

Transportation

Transport and social isolation are closely related issues. Affordable accessible transport is essential with regard to keeping friends and family in touch and enabling individuals to access health,

education and social activities which keep them mentally well.¹⁴⁸ The average proportion of people between the ages 18-64 years who do not have a car or van in their household is 14%. Examining people over the age of 65 years, the proportion of households without a car or van increases as age increases, see table below.

Table 40: Car/van availability for households in Swindon UA, Census 2011, by age group

Age group	Total number of households	Households without a car/van	Proportion of households without a car/van
65 to 69	8,414	1,290	15%
70 to 74	6,657	1,410	21%
75 to 79	5,531	1,802	33%
80 to 84	4,078	1,890	46%
85 and over	3,340	2,219	66%

Source: NOMIS

In a time where about 85% of households have access to a car¹⁴⁹, those who cannot drive must be able to retain a level of independence. Local travel services become part of daily life to enable people to work, do their shopping and socialise. Councils operate concessionary travel services and all bus passes in England are to a standardised design. A person can qualify for a bus pass due to age (men and women who reach the women state pension age) or disability. The National Standard bus pass is valid from 9.30am – 11pm Mondays to Fridays and any time on Saturdays, Sundays and Bank Holidays. The bus pass is also valid for free off-peak travel on local buses throughout England. If a person is registered as severely sight impaired they will be able to travel for free any time within Swindon and Wiltshire (National All Day) and for free at off-peak times outside this area. Travel vouchers are available for people who have severe mobility problems and cannot use local public bus services. The vouchers are for Swindon Dial A Ride and other community transport. If a person is wheelchair dependant, these vouchers may also be used for travel with certain taxis and private hire operators. The value of the vouchers issued per year is £80. A companion allowance is available for people whose disabilities require them to need assistance to travel on public transport. The companion pass is only valid after 9:30am.¹⁵⁰

On the concessionary travel database, people aged 65-69 have the highest representation, accounting for a one in four customers, as seen in the table below. Those aged over 65 account for nearly 85% of all customers.

¹⁴⁸ <http://www.swindonjsna.co.uk/dna/adult-mental-health-and-wellbeing-needs-assessment>

¹⁴⁹ NOMIS DC4109EWIa - Car or van availability by sex by age, Swindon, 2011

¹⁵⁰ http://www.swindon.gov.uk/download/downloads/id/1557/concessionary_travel.pdf

Table 41: Number and proportion of customers on the concessionary travel database by age group, Swindon, Aug 2016

Age	Men	Women	Total	Proportion of total
1-15	75	33	108	0.3%
16-18	42	35	77	0.2%
19-29	294	243	537	1.5%
30-59	1,171	1,116	2,287	6.5%
60-64	1,032	1,536	2,568	7.3%
65-69	4,167	4,796	8,963	25.4%
70-74	3,382	3,844	7,226	20.5%
75-79	2,501	2,945	5,446	15.4%
80-84	1,759	2,336	4,095	11.6%
85+	1,488	2,481	3,969	11.3%
Total	15,911	19,365	35,276	

Source: SBC Concessionary Travel Database

The most common form of concessionary travel for older people is the National Standard bus pass, listed for over 99% of older people on the database, shown in table below. For disabled older people, the flexibility of the system means a number of different categories of concessionary travel are used, with nearly one in three people receiving vouchers.

Table 42: Breakdown of type of concessionary travel registered for on concessionary travel database, Swindon, Aug 2016

Concession type	National All Day	National Companion	National Standard	Vouchers	Vouchers x 2	Total
Older Person	0	0	30,012	89	0	30,101
Older Person (Disabled)	0	213	492	426	332	1463
Disabled (physical and mental)	0	820	2,525	48	41	3434
Disabled (blind and partially sighted)	130	28	45	>5	>5	207
Unable to drive (Medical)	0	0	79	0	0	79
Total	130	1,061	33,153	560*	370*	35,280*

Source: Source: SBC Concessionary Travel Database

*Numbers rounded

Housing

The relationship between poor housing and ill health is complex and involves many different factors. Evidence suggests that living in poor housing can lead to an increased risk of cardiovascular and respiratory disease as well as to anxiety and depression. Problems such as damp, mould,

excess cold and structural defects which increase the risk of an accident also present hazards to health.¹⁵¹

Older people may spend 70% - 90% of their time in their home. The need for a warm and secure environment that meets individual requirements is crucial. In Swindon between 2% and 3% of people over the age of 65 live in a home without central heating.¹⁵² As people become older, factors such as decreasing mobility and illnesses relating to old age sometimes mean accommodation is no longer suitable without some support or adaptation. Some people may decide to stay in their current home, while others move into specialist accommodation for older people.¹⁵³

At the last Census in 2011, in Swindon, two thirds of those households aged over 65 years owned their own home outright (households categorised using the Household Reference Person [HRP] who is the classed as the reference point for that household). Within each age group, the proportion of households in each tenure category is shown in the table below. Nearly one in five households over the age of 85 years live in homes rented from SBC.

Table 43: Tenure by age group, numbers and proportion, Swindon, 2011

Tenure	Age 65 to 74		Age 75 to 84		Age 85 and over	
	number of households	% of households	number of households	% of households	number of households	% of households
Owned: Owned outright	6,141	67.4%	4,788	67.7%	1,751	61.2%
Owned: Owned with a mortgage or loan or shared ownership	933	10.2%	414	5.9%	134	4.7%
Social rented: Rented from council (Local Authority)	1,267	13.9%	1,211	17.1%	559	19.5%
Social rented: Other social rented	362	4.0%	414	5.9%	265	9.3%
Private rented: Private landlord or letting agency	247	2.7%	89	1.3%	35	1.2%
Private rented: Other private rented or living rent free	158	1.7%	156	2.2%	119	4.2%
Total	9,108		7,072		2,863	

Source: NOMIS

On the Council's housing waiting list, there are two classifications. Band A are those in urgent and critical need of housing. Band B is a household in need of housing. Data is available for those who

¹⁵¹ <http://www.cieh.org/policy/housing/poor-housing.html>

¹⁵² ONS, CT0227 Age by type of central heating

¹⁵³

http://england.shelter.org.uk/_data/assets/pdf_file/0013/41440/factsheet_older_people_and_housing_may_2007.pdf

are tenants and those on the waiting list for each band. For those in Band A, 40% are aged over 60 years and have/need a one or two bed home. In Band B, the proportion for those aged over 60 years is lower at 11%.

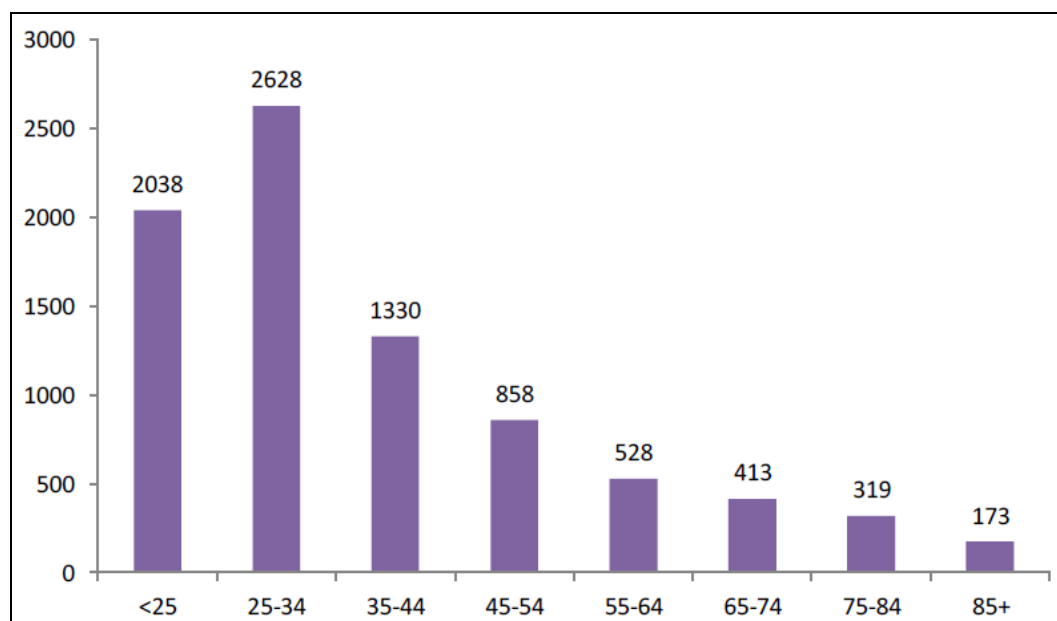
Table 44: Number of applicants and tenants on the housing waiting list at 1st April 2014, SBC

	1 bed	2 bed	3 bed	4+ bed	Aged 60+ for 1 or 2 bed	Total in band
Band A	228	29	23	4	191	475
Band B	4,502	1,092	1,267	70	866	7,797
Total	4,730	1,121	1,290	74	1,057	8,272

Source: SBC¹⁵⁴

The chart below examines the age profile of those applicants on the Council housing register (Band A and B combined). Whilst there are a high number of applicants at younger ages, the applicants over 65 years are likely to be in need of some housing and care support services in addition to their housing requirement.¹⁵⁵

Figure 38: Age profile of applicants on housing register, SBC at 1st April 2014



Source: SBC

SBC owns approximately 10,300 dwellings in Swindon, approximately 3200 are one bed and 2800 are 2 bed.¹⁵⁶ Of the total number of dwellings, the type of accommodation is as follows; 50% were houses, 10% were bungalows, 1% were maisonettes and 39% were flats.¹⁵⁷ SBC have 1,500 units of sheltered housing for older people, and a further 1,000 approximately are owned by Registered

¹⁵⁴ [http://www.swindon.gov.uk/download/downloads/id/2001/ed_3-07b - housing_strategy_2015-2026_appendix_3.pdf](http://www.swindon.gov.uk/download/downloads/id/2001/ed_3-07b_-_housing_strategy_2015-2026_appendix_3.pdf)

¹⁵⁵ www.swindonjsna.co.uk/Files/Files/Swindon-Strategic-Housing-Market-Update.pdf

¹⁵⁶

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512044/Local Authority Housing Statistics data returns 2014 to 2015.xlsx](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512044/Local_Authority_Housing_Statistics_data_returns_2014_to_2015.xlsx)

¹⁵⁷ [http://www.swindon.gov.uk/download/downloads/id/2001/ed_3-07b - housing_strategy_2015-2026_appendix_3.pdf](http://www.swindon.gov.uk/download/downloads/id/2001/ed_3-07b_-_housing_strategy_2015-2026_appendix_3.pdf)

Providers. There are four extra care schemes in Swindon. One of these is managed by the SBC while the rest are managed by housing associations. These have a care provider on site and offer meals provision. Extra care schemes mean people still have their own flats, so are able to live as independently as they can, but also receive any support they might need. This is important, as the cost for someone to be supported by adult social care in nursing/residential care is on average £550, whereas the cost in a community setting is on average £110.¹⁵⁸ The total number of people supported by adult social care in nursing/residential care is 1,733 people.

Property adaptations can help people to remain in their own home and be independent for longer. This is especially important for older people as moving home can be extremely stressful. It may also be more economical to stay at home as residential care can be costly. People can alter to their own private home, subject to Building Regulations. Adaptations can be specific to the person using them and the complexity depends on their situation. Items as simple as kitchen aids such as jar openers, electric tin openers and ring pull assistants can be bought from high street stores at low cost. More complex items include new armchairs that tilt to allow easier sitting and standing up, to a more efficient central heating system which will require a professional installation.

A private home owner can either pay for alterations themselves, or if they meet certain criteria they may be able to get funding through a Disabled Facilities Grant (DFG). In 2014/15, there were 102 DFGs for adaptations and 75 of these (nearly three out of every four DFGs) were given to people over the age of 60 years. Most adaptations cost under £5,000 and only very rarely do people require the maximum grant entitlement of £30,000.

Table 45: Number and proportion of Disabled Facilities Grants by amount, all ages, Swindon, 2014/15

Cost	Number of grants	Proportion
Less than £5,000	59	58%
£5,001 to £15,000	31	30%
£15,001 to £30,000	12	12%

Source: SBC

In 2015/16, there have been 115 DFGs costing £679,000 for people of all ages in Swindon. Half of all DFGs are given to provide level access to a shower and nearly a third (27%) for stair lifts.

If a person lives in a Council owned home, a separate scheme run by the Council will fund these alterations. In the scheme for council tenants, there were 266 adaptations for people of all ages costing £901,000 in 2015/16. These adaptations include: level access showers, door widening, ramps, paths and conversions.

The recommendation (referral) for adaptations for Council tenants or for private tenants funded by DFGs, comes from an Occupational Therapist via Social Services in SBC. All requests for adaptations are measured against eligibility criteria and a survey of the property to ensure it is suitable. For Council tenants, an alternative to adaptation may be moving to another property, particularly where there is under occupation or if extensive adaptations are needed.

¹⁵⁸ Data from SBC Seminar; Developing Specialist Housing in an Inclusive Environment, June 2016

Internet

The internet is continuously growing as a number of services move online. Keeping in touch with friends and family is increasing moving onto social media sites such as Facebook, Instagram, Twitter etc. In the UK there are 31 million active monthly for Facebook, 14 million monthly users of Instagram and 15 million users of Twitter. About 60% of the population in the UK has a Facebook account.¹⁵⁹ In Swindon, you can manage your council tax bill and payments online, apply for concessionary travel, apply for a parking permit and pay rent or allotment charges on the Council's website.¹⁶⁰ The benefit is that a person can do these payments and applications at their convenience and usually in their own home. Popularity of sites such as Amazon and eBay and each stores independent site mean nearly everything a person could need can be bought online and delivered to their door. Whilst this may be helpful for some, it may also reduce the amount of social contact a person may have and support must remain for those unable or unwilling to access the internet.

In Swindon, 90.4% of people have used the internet in the last three months and 9.3% have never used it or used it more than three months ago. This is similar to the UK averages. Across the UK, recent internet use is lowest in the older age groups. However, those reporting never used the internet aged 75 and over had decreased from 76.1% in 2011 to 56.5% in 2016¹⁶¹, as shown in the table below.

Figure 39: Internet usage by age group, UK, 2016

Age group (years)	Used in the last 3 months (%)	Used 3 months ago (%)	Never used (%)
All adults	87.9	1.8	10.2
16-24	99.2	0.2	0.3
25-34	98.9	0.4	0.4
35-44	98.2	0.5	1.1
45-54	94.9	1.4	3.5
55-64	88.3	2.7	8.9
65-74	74.1	4.3	21.5
75+	38.7	4.8	56.5

Source: ONS

These figures above may indicate a cohort of those willing to learn something new at an older age. The internet became widely used in the mid-1990s and so people aged 75 and over now, would have been over 55 years old then.

Looking at the difference between men and women, the proportions of usage are similar for all categories within each age group apart from those aged over 65 years, as shown in the table below. Nearly two thirds of women over 75 years have never used the internet; the highest proportion in any age and gender group.

¹⁵⁹ <http://avocadosocial.com/the-latest-uk-social-media-statistics-for-2016/>

¹⁶⁰ <http://www.swindon.gov.uk/site/index.php>

¹⁶¹ <http://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2016>

Table 46: Internet usage by sex and age group, UK, 2016

Age group		Used in the last 3 months (%)	Used over 3 months ago (%)	Never used (%)
65-74	Men	75.8	4.1	20.0
	Women	72.5	4.6	22.8
75+	Men	46.7	4.5	48.8
	Women	32.6	5.0	62.2

Source: ONS

Information, advice and details of support services in Swindon are collected and displayed in an online directory at www.mycaresupport.co.uk for adults and children. The average number of sessions in the adult's 'info and advice' pages was 1,417 per month, with an average of 5,269 page hits (Sept 2015 - Aug 2016). In the section for information and advice, the 'living at home' pages have the most views as shown in the table below.

Table 47: Webpage views in Info and Advice section, www.mycaresupport.co.uk webpages, September 2015 - August 2016

Page title	Page views	Proportion of total page views
Living at Home	5,315	28.3%
Health and Wellbeing	4,398	23.4%
Information, legal and financial issues	2,600	13.8%
Getting out and about	2,174	11.6%
Care Homes and Housing Options	1,721	9.2%
Being a Carer	1,458	7.8%
Getting in touch or getting involved	741	3.9%
Keeping People Safe	371	2.0%
Total	18,778	

Source: SBC

Services in Swindon are available for browsing by topic. This section is called the 'Marketplace' and for September 2015 - August 2016 the 'support at home' section had the most views as shown in the table below.

Table 48: Webpage views in Marketplace section, www.mycaremysupport.co.uk webpages, September 2015 - August 2016

Marketplace topic	Page Views	Proportion of total page views
Support at Home	14,733	38.5%
Getting Out and About	9,216	24.1%
Advice and Other Support	3,249	8.5%
Health and Wellbeing	3,155	8.2%
Supported Living and Housing Options	2,140	5.6%
Support for Carers	2,029	5.3%
Skills, Training, Employment and Volunteering	1,910	5.0%
Equipment	1,412	3.7%
News and Events	419	1.1%
Total	38,263	

Source: SBC

A third of visitors reach the site from a search engine such as Google and nearly half come from links from other sites such as the Council website. Nearly two in ten visitors come to the site by directly typing in the web address.¹⁶²

In Swindon, computer courses for beginners are available at some of the libraries. The courses show those taking part how to use the internet, how to use a search engine to find information, paying bills online, job seeking, how to use social media and email, online shopping and more. The sessions run for two and half hours and the courses last for six weeks and are run by qualified trainers. Courses on how to use an iPad are also available.¹⁶³

Crime

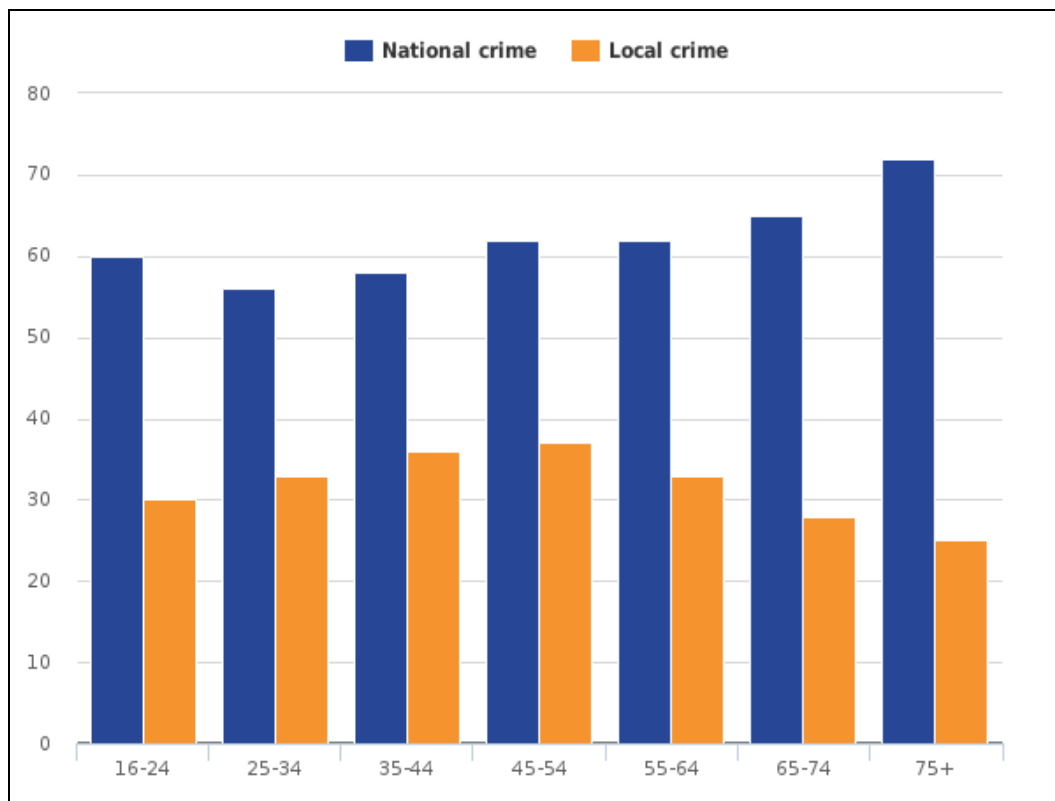
It is widely reported in the media when a person is a victim of crime, such as an assault or a scam for money. This can lead to an increased perception of crime where actual incidence figures may not reflect this. Knowledge gained from the Crime Survey for England and Wales¹⁶⁴ shows differences in perceptions of crime. Women were more likely than men to have believed crime had risen in recent years. This was the same for both local crime (68% for women, 55% for men) and crime across the country (36% for women, 28% for men). Perceptions of crime, both local and national, show differences by age group. For perception of national crime, the pattern was for people to think crime has been increasing over the past few years and this increased as age increased with 72% of those aged 75 years and over having the highest proportion. Conversely, perceptions of crime rising locally peaked in the 35 to 44 and 45 to 54 age groups (36% and 37% respectively), and then reduced as age increased. While those aged 75 years and over were the most likely to think crime was rising across the country as whole, they were the least likely to view local crime as having risen (25% of this group).

¹⁶² Unpublished information provided by SBC My Care My Support Team

¹⁶³ <https://swindonlibraries.wordpress.com/2016/08/19/free-computer-courses-in-your-local-library/>

¹⁶⁴ <http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/perceptionsothercsewopendatable>

Figure 40: Percentage of adults saying local and national crime levels have increased over the past few years by age group, England and Wales, 2013/14

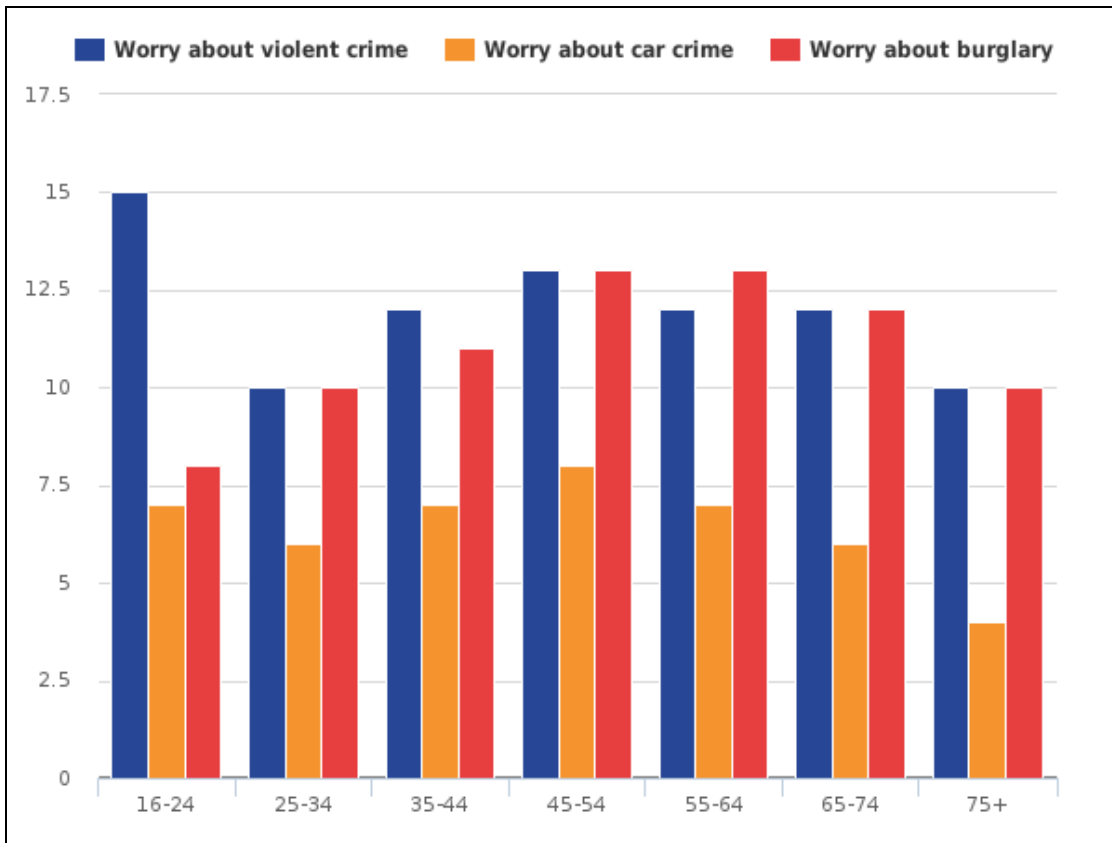


Source: Crime Survey for England and Wales

The percentage of people who were worried about car crime, violent crime and burglary differed between the age groups. Aside from those aged 16-24, who were the most worried about violent crime (15%), the age group that were the most worried about these different types of crime was those aged 45 to 54 years. However, less than 15% of any age group are worried about any type of crime and therefore while the proportion of people reporting worry about these types of crime decreases with age, it is only by a few percentage points, see chart below. This paints a different picture than shown in the media, who often portray older people as too scared to leave their own homes because of fear of crime.¹⁶⁵

¹⁶⁵ <http://news.bbc.co.uk/1/hi/uk/3044625.stm>

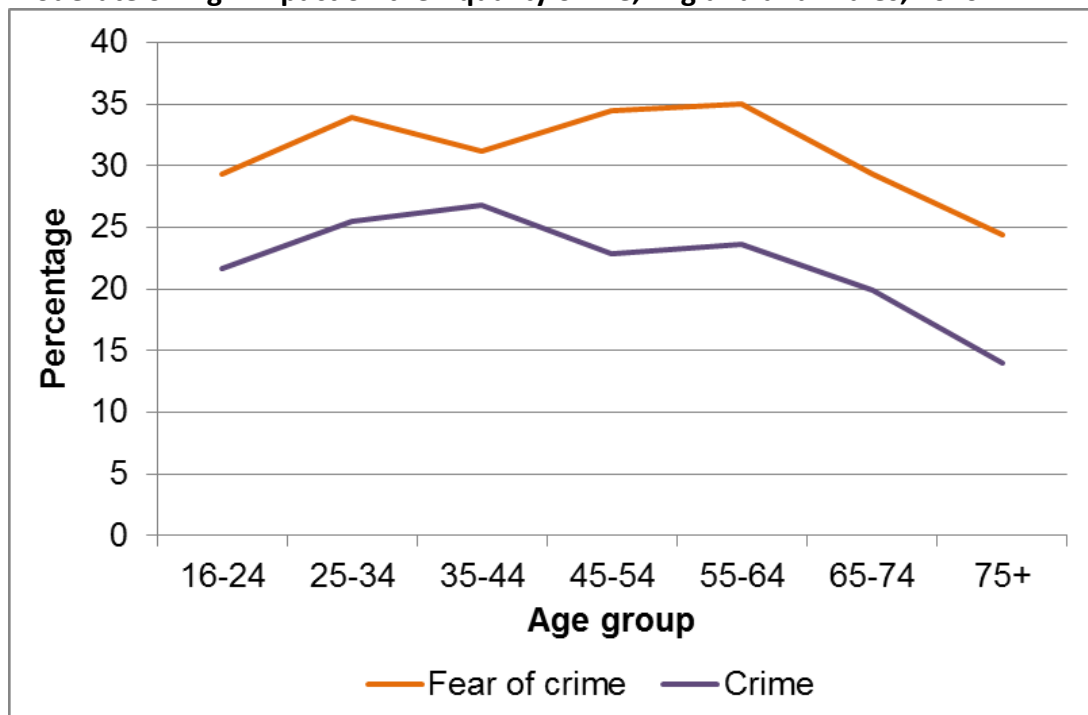
Figure 41: Percentage of individuals with high levels of worry about crime, by type of crime and age, England and Wales, 2013/14



Source: Crime Survey for England and Wales

When looking at how fear of crime affects people, the story is slightly different. Of those aged 65-74 years, nearly one in three people (30%) said fear of crime has a moderate or high impact on their quality of life. When asked how actual crime affects their quality of life, only one in five (20%) report a moderate or high impact. These levels decrease for those aged 75 years and over, see chart below.

Figure 42: Percentage of people by age group reporting that fear of crime or crime itself has a moderate or high impact on their quality of life, England and Wales, 2016



Source: Crime Survey for England and Wales

The Crime Survey reports that residents in the 20% most deprived areas, were more worried about all crime types than individuals in all other areas, particularly for worry about violent crime, where 18% were “very” or “fairly” worried compared to only 7% of those in the 20% least deprived areas.

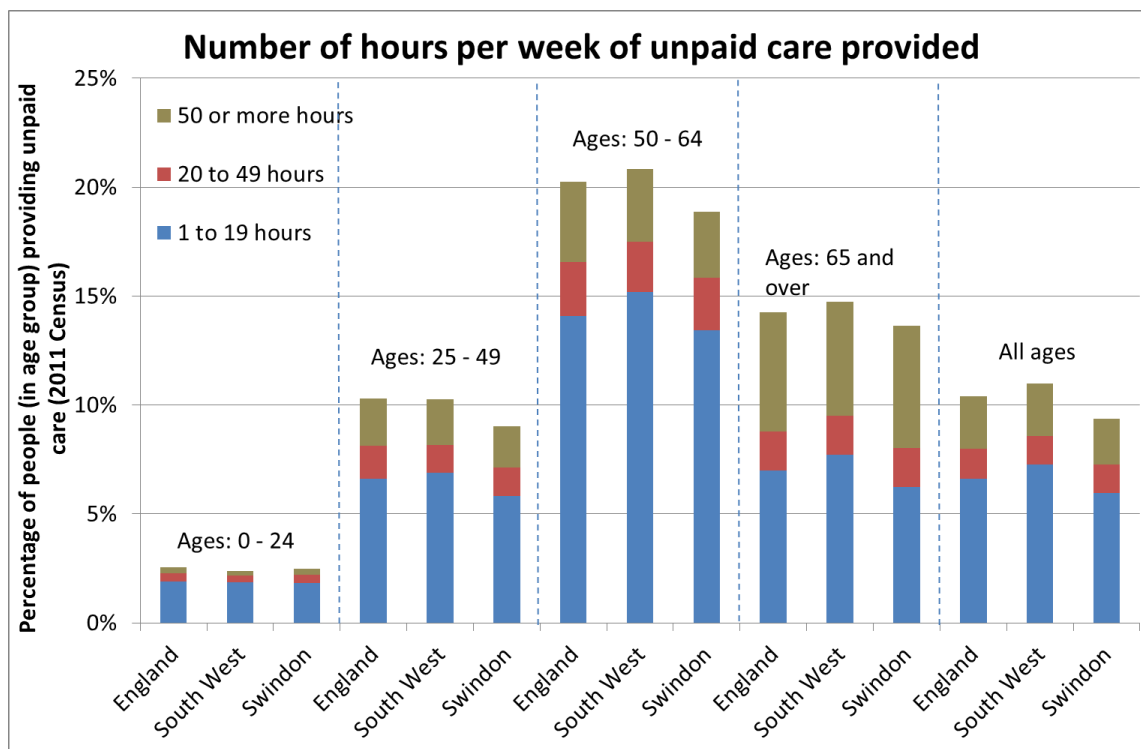
Volunteering

Provision of unpaid care

According to the 2011 Census, 5.6% of over 65s (1,567 people) in Swindon were providing 50 or more hours of unpaid care¹⁶⁶ a week. A further 1.8% (509) were providing between 20 and 49 hours and 6.2% (1,743) up to 19 hours. This means around one in seven older people in Swindon are providing unpaid care.

¹⁶⁶ A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. This does not include any activities as part of paid employment. No distinction is made about whether any care that a person provides is within their own household or outside of the household, so no explicit link can be made about whether the care provided is for a person within the household who has poor general health or a long term health problem or disability.

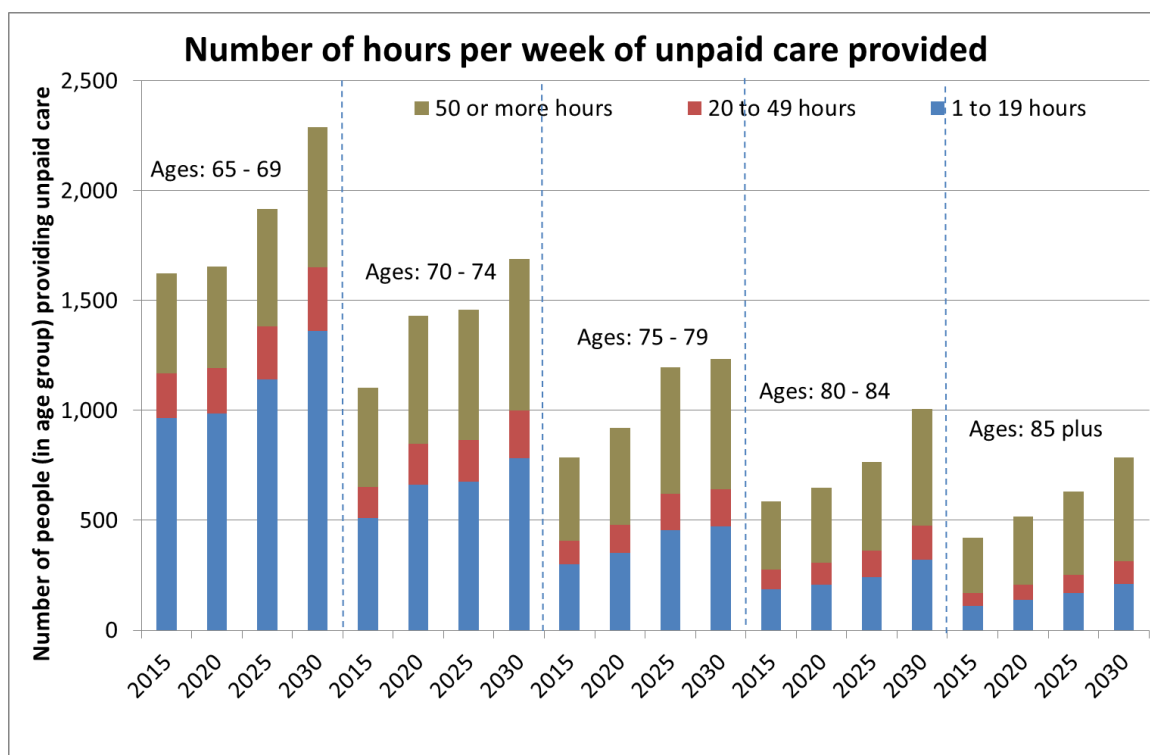
Figure 43: Provision of unpaid care, 2011 Census



Source: 2011 Census (ONS)

Using population estimates and projections the number of carers aged 65 and over in Swindon has been forecast for 2015 to 2030. There were an estimated 4,520 people aged 65 and over providing unpaid care in 2015 and this is projected to rise by 55% to 7,003 in 2030. 786 of these will be aged 85 or older and 471 of these will be providing over 50 hours of care per week.

Figure 44: Provision of unpaid care, 2015-2030



Source: POPPI

Carers require support to care effectively and safely; to look after their own health and wellbeing; to fulfil their education and employment potential; and have a life of their own alongside caring responsibilities. The Council and partners need to respond to the increasing number of carers and the legal right to an assessment of their needs that the 2014 Care Act introduced.

Volunteering

There is substantial evidence on the benefits of volunteering for older people. According to the 2012 Kings Fund report 'Volunteering in Health', 'volunteering was associated with less development of frailty in later life in a cohort study, after adjusting for age, disability and cognitive function'.

Older people appear to benefit more from volunteering than younger people¹⁶⁷ and older retirees are found to benefit more than younger ones¹⁶⁸. This is possibly because volunteering gives older people a new sense of purpose, which may be more significant for this group because of evidence suggesting that older people tend to be more prone to feeling lonely¹⁶⁹. The English Longitudinal Study of Ageing showed that the higher the frequency of volunteering the better the well-being measured by the life satisfaction, quality of life, social isolation and depression of the individuals involved. People who volunteered had improvements in their well-being scores compared to those who did not. The study also found that there was a relationship between the frequency of

¹⁶⁷ Plagnol, A. C., and Huppert, F. A. (2010). Happy to help? Exploring the factors associated with variations in rates of volunteering across Europe. *Social Indicators Research*, 97, 157-176.

¹⁶⁸ Schwingel et al, 2009.

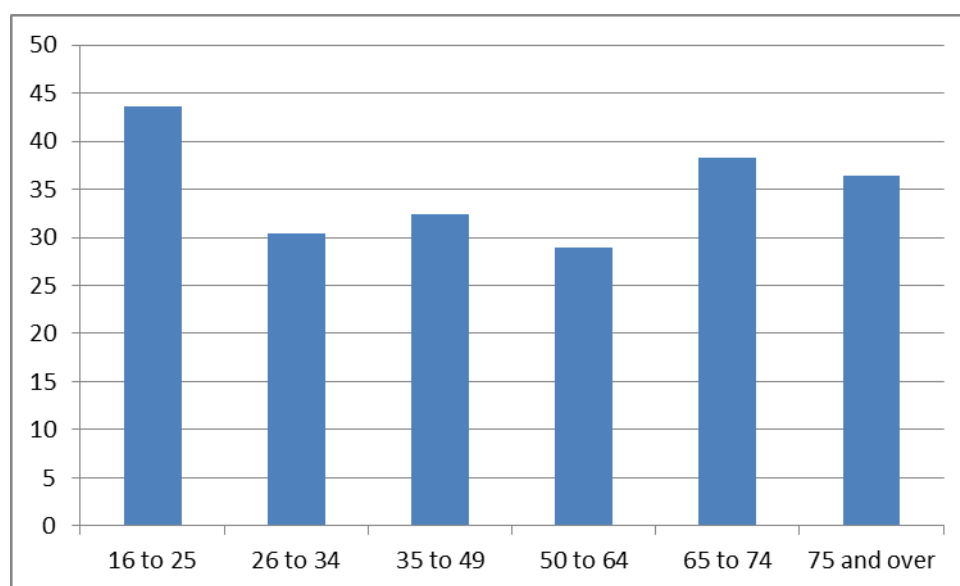
¹⁶⁹ McCloughan, P, Batt, WH, Costine M and Scully, D (2011), Participation in volunteering and unpaid work, <http://www.eurofound.europa.eu/pubdocs/2011/02/en/1/EF1102EN.pdf>

volunteering and improvements in individual well-being. Those who volunteered frequently had higher levels of individual well-being compared to those who had not volunteered.

A number of successful volunteer programmes that mainly engage older people are intergenerational. Research has demonstrated that one of the most popular types of volunteer opportunity among older people involves activities with young people and/or children. Other popular approaches are 'service exchanges' (service exchange programmes are based on the concept of the 'time dollar', which involves 'banking' the hours volunteered and receiving credit (time dollars) for them in return). For example, in a time dollar programme, if a volunteer gives twenty hours to the community, she or he can draw on the community for twenty hours of service in return) and 'experienced volunteer engagement programmes' (successfully utilising volunteers' skillsets).

Despite some variation in the frequency and levels of volunteering across age ranges, over a quarter of people in each age range report volunteering at least once a month. 38% of people aged 65-74 volunteer and 36% aged 75 or over.¹⁷⁰

Figure 45: Percentage participation in voluntary activities at least once a month, by age, England, 2015/16



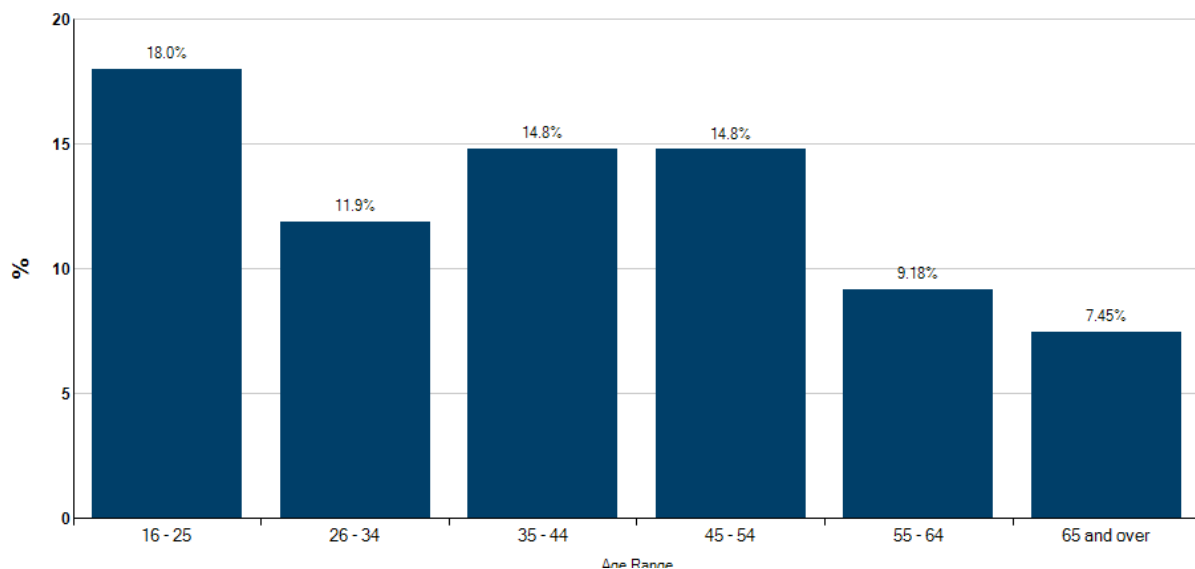
Source: Community Life Survey¹⁷¹

Some older people volunteer in sport. However, figures from 2015/16 show that rates for those aged 65 and over (7.45%) were the lowest in any age group.

¹⁷⁰ <http://www.ivr.org.uk/ivr-volunteering-stats/99-who-volunteers-uk>

¹⁷¹ <https://www.gov.uk/government/collections/community-life-survey>

Figure 46: Volunteering in sport by age, England 2015/16



Source: Sport England, Active People Survey 10, Q2

The most recent Swindon residents' survey (2012) showed that levels of volunteering in Swindon were broadly in line with national figures. Overall 37% of Swindon residents volunteered at least once compared to 39% nationally and 22% of residents volunteered at least once a month compared to 25% nationally. This represented a small decrease from the previous survey and is in line with national figures which show that levels of volunteering are now holding steady following a significant decrease.

Volunteer Centre Swindon is part of a national network of Volunteering Development Agencies. They work with individuals, groups and organisations in the voluntary sector to promote, support and develop volunteering in the community. They provide free guidance for anyone looking for volunteering opportunities and free support and good practice advice to volunteer-involving organisations.

Value of volunteering¹⁷²

ONS recently estimated the annual value of regular formal volunteering to be £23.9 billion. Earlier work by Volunteering England put the annual output figure for all formal and informal volunteers at £45.1 billion.

Sport and Leisure

Sports participation

Sport England's Active People Survey measures sports activities across the population. It provides a measure of participation in at least 4 sessions of moderate intensity for at least 30 minutes in the previous 28 days, which is the equivalent of at least one session per week. The over 55s have lower participation in sport than any other age group across all geographies but have seen a slight rise in participation over the nine years of the Active People Survey.

¹⁷² <http://www.ivr.org.uk/ivr-volunteering-stats/196-what-is-the-economic-value-of-volunteering>

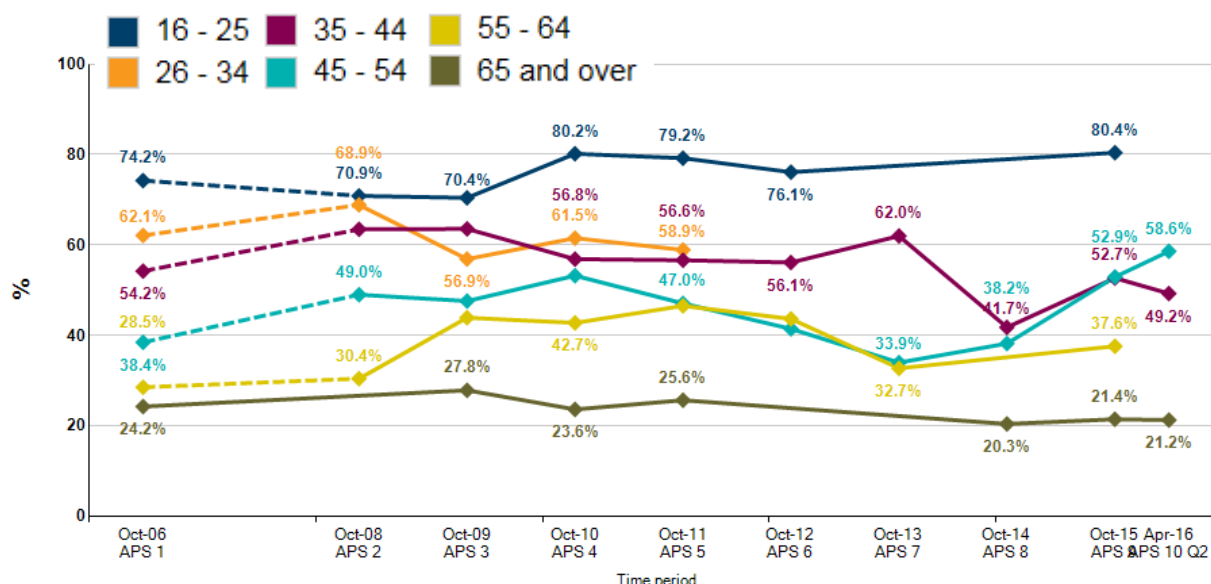
Table 49: Sports participation (at least once a week) by age group

Age group	Swindon		South West		England	
	2005/06	2014/15	2005/06	2014/15	2005/06	2014/15
16 to 25	55.90%	*	59.70%	57.10%	56.20%	55.20%
26 to 34	47.70%	*	48.10%	46.80%	45.60%	44.60%
35 to 54	36.30%	41.80%	35.90%	40.20%	35.70%	38.20%
55+	17.40%	18.50%	19.00%	22.40%	18.90%	20.90%

Source: Sport England, Active People Survey

In Swindon, in 2015/16, 21.2% said they participated in any sport during the last 28 days (including light intensity sports (e.g. darts, pool, shooting, snooker)). This is the lowest participation rate for any age group surveyed and has declined from 24.2% in 2006.

Figure 47 Sports participation (at least once a month) by age group, Swindon



Source: Sport England, Active People Survey

The most popular sports for those age 65 and over nationally in 2015/16 were:

- Swimming (5.2%),
- Fitness and conditioning (3.8%),
- Golf (3.7%),
- Keep fit classes (2.8%),
- Cycling (2.7%),
- Bowls (2.2%),
- Angling (1.3%).

Sport and physical activity are closely linked and the following table shows that although many older adults are participating in activities that help keep them active there is scope for boosting these levels.

Table 50: Participation in activities (65 and over), England

Activity	Inactive	Insufficiently active	Active
Dance	95.10%	2.73%	2.16%
Gardening	65.10%	12.10%	22.80%
Recreational Walking	89.10%	4.02%	6.86%
Active Walking	91.90%	4.26%	3.84%
Recreational Cycling	97.50%	1.24%	1.22%
Active Cycling	98.60%	0.91%	0.48%
Sport (Public Health England definition)	87.10%	5.22%	7.64%
Gym and Fitness	95.90%	2.29%	1.78%

Source: Sport England, Active People Survey

There is clearly demand for more participation. In England, in 2015/16, 29.3% of over 65s said they would like to do more sport. It is not clear whether the barriers were personal or service related. 25.6% said they already participated in sport and 19.8% had a club membership and 7.2% in competitions. 8.4% were involved in coaching.

Sports and leisure provision in Swindon

There are a wide range of sports and leisure facilities in Swindon borough comparable with authorities of a similar size and nature. It has 21 swimming pools which are important facilities for older people as shown above.

Table 51: Sports facilities by type, Swindon and similar authorities

Total number of facilities compared with nearest neighbours

Facilities	Swindon	Calderdale	Peterborough	Trafford	Warrington
Athletics Tracks	1	1	2	3	1
Golf	8	13	11	11	9
Grass Pitches	199	283	185	272	283
Health and Fitness Suite	31	33	29	33	26
Ice Rinks	1	0	1	1	0
Indoor Bowls	1	0	2	0	0
Indoor Tennis Centre	4	2	1	1	2
Ski Slopes	0	4	0	2	0
Sports Hall	49	42	25	50	36
Squash Courts	24	14	8	22	18
Studio	32	18	25	25	30
Swimming Pool	21	13	17	24	15
Artificial Grass Pitch	24	14	26	47	28
Tennis Courts	22	22	32	93	37
Total	417	459	364	584	485
16+ Population (000s)	171.6	169.6	143.9	177.3	163.2

Source: Active Places Power. Measure: Number of sports facilities by facility type. Time period(s): 2015

[For more information click here](#)

Sports and leisure provision is about more than facilities though, it is also about making the best use of them and offering a range of activities catering for all abilities and sections of the community. SBC run a range of activities for all abilities and for people with disabilities. Free walking groups and free cycling training are also provided. SBC aims to increase participation in sport and physical activity to achieve sustained physical and mental well-being of Swindon residents.

Some specific classes/activities that may be suited to older people's needs are:

- The Steps to Health Scheme which promotes better health through physical activity. This is accessed by referral from a GP or Practice Nurse if they believe physical activity will help with a medical condition. Experienced and qualified exercise specialists work to safely improve health over a 13 week programme. It is available in three different Swindon venues. Thirty four people aged over 65 took part in this group in 2015/16, which was 22% of the total participants (152).
- Three walking groups for adults:
 - Swindon Health Walks (www.walkingforhealth.org.uk/walkfinder/south-west/swindon-health-walks) are free weekly group walks, which end at a community venue for refreshments and socialising. There are currently 14 walks per week: standard walks, usually last 40 - 60 minutes, and gentle walks, which are up to 20 minutes and are suitable for beginners, for people recovering from illness, for those with mobility difficulties and wheelchair users.
 - Up 'n' walking is a weekly gentle walking group for beginners or those with a health condition.
www.swindon.gov.uk/info/20094/health_improvement_programmes/554/walking/4
 - Walk fit, is a walk based fitness class for those of a moderate fitness level. There are currently two classes per week, which last for 60-90 minutes.
www.swindon.gov.uk/info/20094/health_improvement_programmes/554/walking/4

825 people took part in the various walking groups in 2015/16, of which 263 (32%) were aged over 65. However, these walking groups also have high proportions of those aged 55 to 64.

- Balance and safety classes which are designed specifically to help those at risk of falls. It can help improve upper and lower body strength, mobility, co-ordination and balance.
- Health improvement gym sessions which are for people who are unsure how to start exercising or haven't exercised for years or have a health condition or are recovering from an injury.
- Cardiac rehabilitation circuits, run by a fully qualified instructor, which are a gentle class suitable for Phase IV cardiac rehab and those who want to look after their heart.
- Chair classes where all exercises are performed from a chair and are aimed at older adults with low mobility.
- COPD circuit class which are a combination of aerobic conditioning, strengthening and flexibility work for those living with COPD.

- 266 people were signed up for various SBC outreach services (e.g. gentle circuits, exercise to music and seated exercise sessions) in 2016 of which 217 people (82%) were over the age of 65 years.

Other Services

Across Swindon there are a range of activities and services available for older people. These include befriending, tai chi and yoga, lunch clubs, bowling, church groups, the University of the Third Age, the Women's Institute, community coffee mornings, craft sessions, bingo sessions, dance and singing and much more.

End of Life Care

End of life care is not simply about the last few days of life, it encompasses the last year of life. Depending on the conditions a person may live with can change how the last year of their life progresses. Different people experience the last year of life at different ages and illness can sometimes appear unexpectedly. Pensions are often thought of in order to support someone financially in their later years but planning future care needs and death is often taboo. It is important for people to prepare for their later years in order for wishes to be documented and taken in consideration.

Advance Care Plan

In Swindon an Advance Care Plan was launched in 2015 by partner organisations. An Advance Care Planning document is a resource both for the general public and health care professionals which helps individuals plan for their future care. It gives people the opportunity to think about, talk about and write down their preferences and priorities for their future care, including how they want to receive care at the end of life. It also provides opportunities for discussion with families and carers so that all may understand what is important to the patient at the end of their life. Finally it helps the individual to be clear about those things that are important to them, and document their wishes so that they can be carried out at the appropriate time.¹⁷³

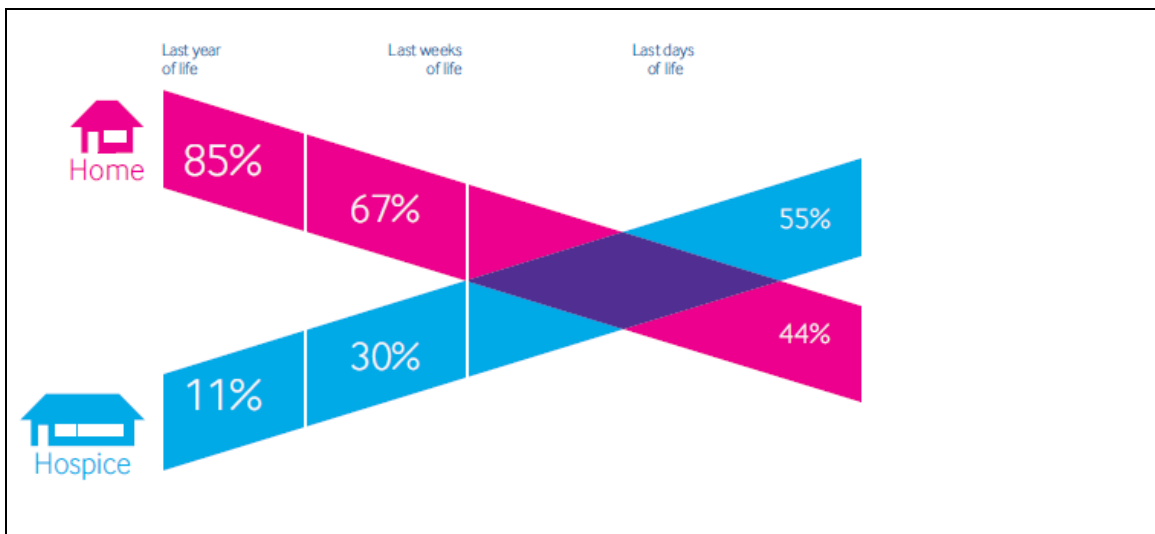
In a Sue Ryder survey in 2013, about 63% of people wanted to die at home.¹⁷⁴ In Swindon, in 2014, 25% of people died at home.¹⁷⁵ Preferred place of death is included on the advance care plan and recorded in an electronic patient information system in Swindon. It is hoped as more people have those difficult conversations and fill in the advance care plan that more wishes for place of care and death will be able to be fulfilled. The respondents for the Sue Ryder survey were drawn from the general public. However, people's preferred place of death may change over time, especially if they become ill. The graphic below shows that wishing to be cared for in a hospice increases as people approach their last days of life, this effect was even more pronounced when a person had previous experience of using a hospice.

¹⁷³ <http://www.prospect-hospice.net/GPs-and-Healthcare-Professionals/Advance-Care-Planning>

¹⁷⁴ www.sueryder.org/~media/Files/About-us/A-Time-and-a-Place-Sue-Ryder.ashx

¹⁷⁵ <http://fingertips.phe.org.uk/profile/end-of-life/data#page/0/gid/1938132883/pat/6/par/E12000009/ati/102/are/E06000022>

Figure 48: Where do people want to be cared for at the end of their life, UK, 2013



Source: Sue Ryder

Hospice

Swindon has a hospice service provided by Prospect Hospice who have been operating in Swindon and the surrounding area for over 30 years. Recently new services have been developed, including Day Hospice, a Family Support Team, a Therapy team and a Prospect@Home service, each reflecting their belief that care for people who are dying is about much more than just their final days.¹⁷⁶ The comprehensive service provided in Prospect Hospice in Swindon for people in their last days is reflected in the PHOF. The proportion of deaths taking place in a hospice in Swindon is 9.8% (in 2014), which is statistically higher than the England average and the highest across the South West.

Time spent in hospital at end of life

There has been research conducted into deaths to see if there is any correlation or predictive factor that can be used to identify when someone is in their six months of life. This research uses linked anonymised patient records from hospital admissions and death certificates to see how much time people spent in hospital in the last six months of their life (day cases not included). It is hoped palliative care services and other health care service providers can use this information to provide services more effectively and timely.

On average in England, three in four people will spend some time in hospital in the last six months of their life. There is variation across the country and by cause of death, see table and map below. Nationally, for all causes of death, on average a person spends just over three weeks (22.8 days) in hospital in the last six months of their life. The average for people in NHS Swindon CCG area is slightly lower at 20.8 days.

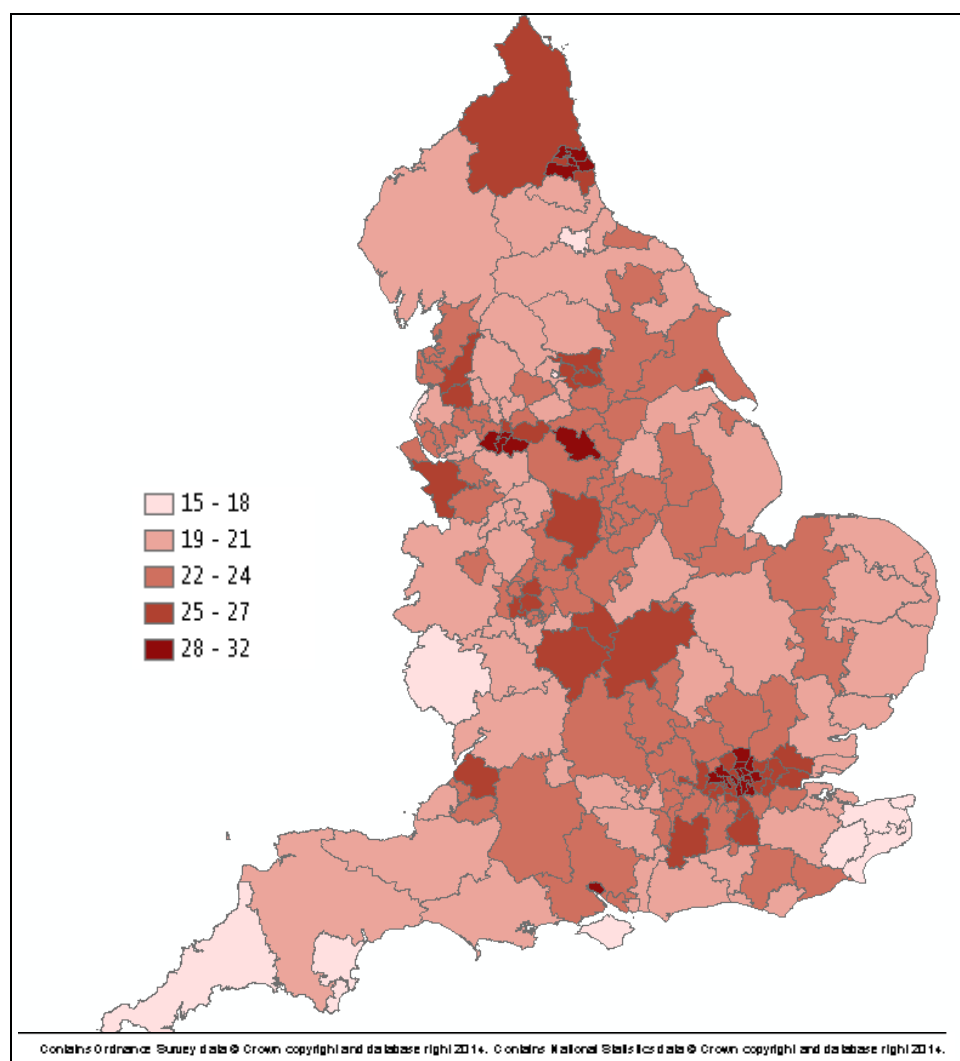
¹⁷⁶ <http://www.prospect-hospice.net/About-Us/History>

Table 52: Number of days spent in hospital in the last six months of life, by cause of death, England, 2010-12

Cause of death	Average number of days
Falls	14.9
Coronary heart disease	19.0
Cancer	22.1
COPD	24.3
Stroke	24.9
Other	25.0
Liver disease	25.4
Alzheimer's, dementia and senility	25.9
All causes of death	22.8

Source: PHE¹⁷⁷

Figure 49: Time spent in hospital in last six months of life, by CCG, 2010-2012



Source: PHE

¹⁷⁷ <http://decipher.uk.net/wp-content/uploads/2015/03/F3-Nina-Robery-Time-spent-in-hospital.pdf>

Wills

Part of future planning to have wishes considered is to complete a will. In a national survey about 53% of respondents said they did not have a will. However, this appears to be among the younger age groups as when considering older groups, 74% of those aged 65-74 years and 90% of those 75-84 years reported having a will. Almost 70% of cohabiting couples have no will. This means that on death, the surviving partner would have no automatic right to inherit.¹⁷⁸ To encourage people to make a will, a campaign for free wills was launched. Free Wills Month brings together a group of well-respected charities to offer members of the public aged 55 and over the opportunity to have their simple wills written or updated free of charge by using participating solicitors.¹⁷⁹

¹⁷⁸ <http://www.willaid.org.uk/press/research>

¹⁷⁹ <http://freewillsmoonth.org.uk/>

4. Understanding the Views of Older People

Summary of Findings

- The Swindon Residents Survey found that the most important things in making somewhere a good place to live for people aged 65+ were health services, clean streets, public transport and the level of crime.
- Approximately 28% of those aged 65 and over were very satisfied with their local area as a place to live and older people were more likely to be satisfied with services provided by the Council.
- Focus groups across Swindon found that 'ageing well' was perceived to be about maintaining mental health and wellbeing, watching out for your neighbours and being content.
- Mental wellbeing was important to all age groups, but this evolves through the different life stages. For the youngest age group (50-64), mental wellbeing was about maintaining relationships through work, friends and family i.e. socialising, being busy. For those aged 65 to 79 there were similar themes but the concept of mental wellbeing began to shift towards mentally preparing yourself for old age, maintaining mobility to get out and about, and being positive about ageing. With the oldest age group (80+), mental wellbeing also focused on getting out and exercise but shifted even more to maintaining independence and accepting assistance.
- Younger older people had some concern about the perception of growing older and how society views older people.
- Views on Swindon varied significantly although a majority of people had good things to say about Swindon in general as a place to live. This ranged from good places to visit such as green spaces for walks, cycling, and shops, to Swindon being well connected.
- There was a difference in views in terms of knowledge and participation in things going on in the town. This was less about there not being enough going on and more about lack of awareness and poor communication.
- There was also a view that needs change over time and as people get older they need to both recognise that things may be more difficult but also that there should activities available that are at different levels.

Introduction

This chapter includes three sources of information:

- Existing survey data from the Swindon Residents Survey and the Adult Social Care Survey
- Results from 8 focus groups commissioned from MEL Research
- Results from community researchers talking to older people attending existing groups and clubs in priority areas.

Swindon Residents Survey

The 2012 Swindon Residents Survey asked around 4,000 people in Swindon their views on a range of issues. One of these was about the things that are most important in making somewhere a good place to live. Overall, the most important aspect was considered to be the level of crime (46%) followed by clean streets (39%) and health services (33%). However, for the 65 and over age group, health services were the most important aspect (43%) followed by clean streets (40%) and public transport (37%).

Table 53: Most important things in making somewhere a good place to live

Rank	All ages		65 plus	
	Aspect	%	Aspect	%
1	The level of crime	46%	Health services	43%
2	Clean streets	39%	Clean streets	40%
3	Health services	33%	Public transport	37%
4	Parks and open spaces	29%	The level of crime	35%
5	Public transport	27%	Shopping facilities	30%
6	Shopping facilities	26%	Road and pavement repairs	25%
7	Affordable decent housing	24%	Parks and open spaces	23%
8	Education provision	22%	Affordable decent housing	21%
9	Access to nature	21%	Access to nature	20%
10	Road and pavement repairs	18%	Education provision	15%
11	Job prospects	17%	Cultural facilities	14%
12	The level of traffic congestion	15%	The level of traffic congestion	14%
13	Cultural facilities	13%	Activities for teenagers	13%
14	Activities for teenagers	12%	Job prospects	9%
15	Facilities for young children	10%	Facilities for young children	8%
16	Wage levels/local cost of living	10%	Community activities	7%
17	Sports and leisure facilities	10%	Wage levels & local cost of living	6%
18	Community activities	7%	Sports and leisure facilities	5%
19	The level of pollution	6%	The level of pollution	4%
20	Race relations	2%	Race relations	2%

Source: Swindon Residents Survey, 2012

Overall, 20% of respondents said they were very satisfied with their local area as a place to live but this rose to 28% of those aged 65 and over. However, more older people were very dissatisfied with their local area as a place to live (7%) than overall (4%).

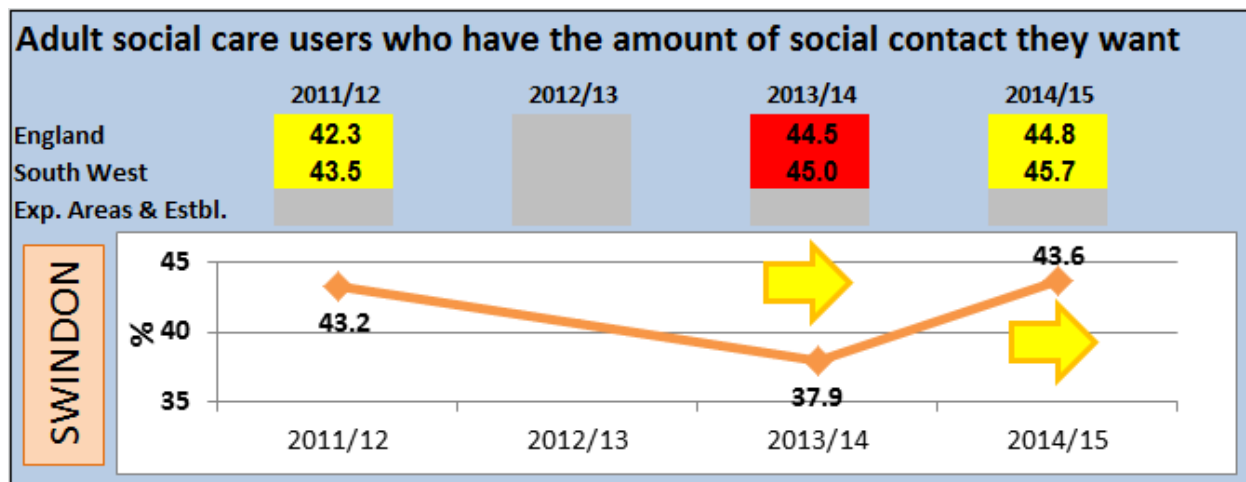
Forty percent of those aged 65 and over agreed that they could influence decisions affecting their local area compared to 35% overall. However, older people are less likely to want to get involved in making decisions that affect the local area with only 15% of over 65s wanting to compared to 24% overall.

Older people are more satisfied with service provision. Forty nine percent of those aged over 65 were satisfied with the way Swindon Council runs things compared to 38% overall. This age group is also most likely to think that the Council provides value for money (31% compared to 26% overall).

Adult Social Care Survey

There is a clear link between loneliness and poor mental and physical health. A key element of the Government’s vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. The Adult Social Care Survey asks service users about their levels of social contact as an indicator of social isolation for both users of social care and carers.

Figure 50: Social contact



Source: Adult Social Care Survey

Nationally, the data shows how service users feel they have less social contact as they get older. Over 50% of those aged 44 or under have as much social contact as they want but from 45 onwards this drops to around 43%, although interesting it does not continue to decline as people age further and 43.6% of those aged 85 plus get as much social contact as they want.

Other questions in the survey explore the control people retain over their lives once they are service users. Promisingly, although fewer older people have as much control over their daily lives as they want, even in the 75-84 age group over 70% do and only 6.5% say they have no control over their daily lives.

The survey goes onto ask about how people spend their time. Around 50% of those aged 18 to 44 say they are able to spend their time as they want doing things they value or enjoy. However, this percentage drops as people get older: to around 40% of those aged 45-74 and further to around 30% for those aged 75 or older.

Around 50% of respondents aged between 18 and 44 say they can get to all the local places in the area that they want. However, this drops to 33% for those aged 65-74 and down to 15% for those aged 85 plus. Almost 50% of social care users aged 85 plus say they do not leave their home (up from less than 10% of under 55s).

Focus Groups

Eight focus groups were held in different areas of Swindon involving 42 residents, including Highworth, Wroughton, Old Town, north and west Swindon, Walcot and central. The discussions

were spilt according to residents' age: 50-64, 65-79 and 80+. Respondents were recruited across the borough via on street and doorstep methods.

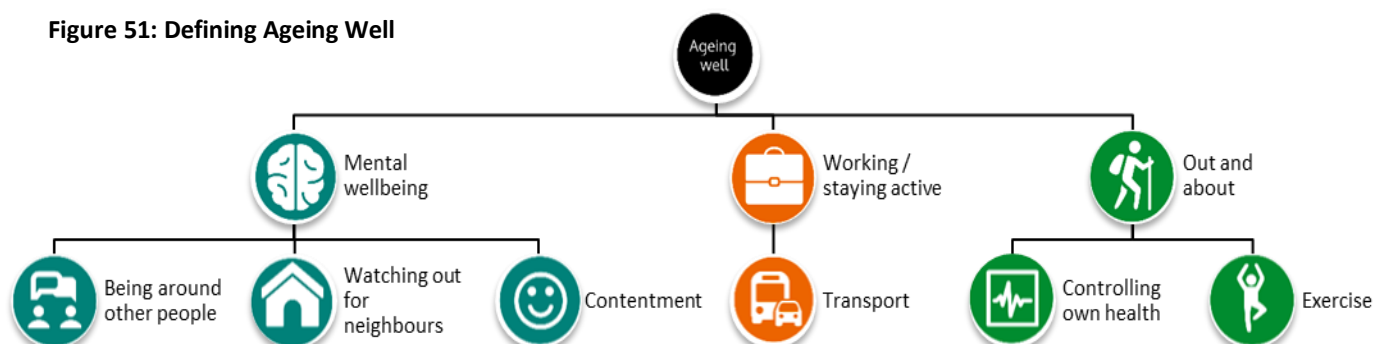
The key topics discussed (which were the same as those in the community research) were:

- what 'ageing well' means to residents
- priorities and concerns at varying life stages to ageing well
- barriers to ageing well
- growing older in Swindon – what makes Swindon a great place to grow old in
- resilience – what makes people more successful at ageing well.

Defining Ageing Well

There are many definitions of ageing well or healthy ageing. The most commonly used academic definition combines avoiding disease and disability, high cognitive and physical function, and engagement with life. However older people themselves have tended to view ageing well differently, with many more reflecting where they are in their life and accepting that contentment, interests and companionship can be more important than avoiding ill health as people get into their 80s and 90s. This was reflected in the Swindon focus groups with themes around what 'ageing well' meant to people focused around mental wellbeing, working and staying active, and being out and about in the community.

Figure 51: Defining Ageing Well



Most participants agreed that ageing well was about having a positive 'mind-set' and mental wellbeing. Some of those in their 80s express this as 'staying alert' or 'being aware of what's going on' and simply 'being positive'.

"It means looking at the bright side of ageing rather than declining physical stuff" (65-79 yr group)

Being around and connecting with other people (seeing friends and family, different age groups, and attending social events) was also seen as being important. Older people in sheltered accommodation schemes talked about the balance of having independent space but access to social opportunities in a nice environment. Contentment was a subjective assessment based on an individual's appearance and enjoyment of life: this was often attached to having some sort of 'plan' for older age in place.

"You live one life so live it to the full" (80+ group)

"I just think it's all got all to do with the frame of mind, isn't it?" (F Group 1)

“well-being content for what you are and what you want to do and what your plans are for the future” (M, Group 1)

“If you can retire early and you’ve got a plan, then it’s a good thing and I was fortunate to do that, so I consider myself very, very lucky, even though I’ve got, you know, arthritis....So, I can concentrate on keeping healthy now.” (M, Group 1)

Working as long as possible in either paid work, casual work or volunteering provided a real purpose in older life. Some participants made a connection between ending their work lives and struggling to then maintain social networks/isolation. One gentleman explained how, even though he is now retired, his ex-colleagues occasionally ask him for professional advice which still makes him feel helpful. Transport was also important: at best being able to drive into older age was really valued but otherwise access to regular and well-connected buses was a priority. Free bus passes were highly valued, and transport facilitated not only functional activities such as attending groups and shopping but also developing a routine that gave people structure and motivation. Although physical health itself was not seen as necessarily a barrier to ageing well, it was when it affected day to day life such as not being able to get on buses or walk to a bus stop.

“When I moved, I said it had to be near a bus stop” (80 yrs+ group)

“But in Swindon I think we are – I’m talking about what area I know, but I think we are very lucky, we have very good bus network.” (M, Group 3)

Getting out and about, such as having access to good quality parks and open spaces was a consistent theme across most groups. Direct mentions of physical activity/exercise were less frequent, with the exception of walking but keeping active was felt to be important. Evidence from wider research strongly promotes the benefits of physical activity at every age and in particular in maintaining strength, balance and activity as people get older.

“Getting out of the house is most important to stay healthy.” (M, Group 3)

“So you’re not going to meet anybody if you stay in a flat or in a house, you know. We live one life and you’ve got to live it to the full.” (F Group 5)

“to continue in some sort of exercise that you’ve always enjoyed throughout your life, is I think, is important” (M, Group 1)

“you can go on walks and, you know, you’ve got houses which are, you know, built, but you’ve got so many spaces you can walk into and you’re in the countryside within minutes. (M Group 1)

Some people had strong views that people should take responsibility for their health through positive lifestyle behaviours. However as people got older they were more accepting of the effects of age on health and also that surviving serious illness such as cancer was an achievement in itself. Some saw longevity itself as equating to ageing well with references to people aged 94 and 103 living in care homes who were perceived to be ageing well despite needing a high level of support.

This relates again to the view that ageing well is about attitude and state of mind and that its attributes are perceived differently depending on the age of the person asked.

“At 59 I got my first cancer. And that was a very serious one..... And then about a year later I got breast cancer as well. So I didn’t think I was aging very well.... But then by the time I got to 75 I was starting to think I was very lucky. And at 85 I think I’m enormously lucky that I’m still here.” (F Group 2)

“And if you’re looking after your body, because your body is a temple, so you’ve got to look after that to live to the ages that people are living to.” (F, Group 5)

“Well age is just a number, same as the, you know, some people feel the age, others don’t. (F Group 5)”

How perceptions change by age/life stage

It was apparent throughout all discussions that priorities change between each of the age groups (Table 51). Those already in their 80s said that money was less of a priority for them than when they were in their 60s because they were used to ‘making do’. A recurring theme in older groups was that some now have a more positive attitude towards ageing (than when they were younger). Cognitive ability was taken for granted aged 50 to 65 but for those aged 75 plus it was thought about much more.

“When I was 60 I never thought about aging.... I don’t know, I think if you just look – think positive. We all had to get old eventually.” “Takes us time to get used to that though.” “It never entered my head I’d be here at 85 years.” (2xF Group 2)

“I expected to go downhill quicker than I have. Thank God!” (65-79 yr group)

The theme of being more positive in older age was underpinned by the older groups (80+) in feeling more prepared, such as making plans for funeral etc. and now that they are over 80 they can just enjoy life.

“I now have two grandchildren that keep me quite busy which I enjoy”.

“Life...just go with the flow”

“I am now 84 and getting old is good”

“I realised that getting old was not the end of the world!” (80+ yr group)

However, there was also concern from younger older people about the perception of growing older and how society views older people. Older residents did not want to be defined by their age i.e. labelled as the OAP club, but valued as people in their own right.

“I don’t class myself as a senior citizen.” (F, Group 1)

“Sometimes they talk about the elderly like they’re a different species” (65-79 yr group)

“I hate being defined by my age” (65-79 yr group)

“...Like it's an ‘ageing’, I find it patronising particularly from youngsters” (65-79 yr group)

Table 54: Priorities and concerns at different ages

	Someone aged 60	Aged 75	Aged 85
Priorities	<ul style="list-style-type: none"> Work Keeping fit Seeing friends and family / socialising Hobbies Holidays / ‘fulfilment’ 	<ul style="list-style-type: none"> Seeing friends and family Maintaining good health Pension Keep mobility 	<ul style="list-style-type: none"> Home help Health generally Avoiding loneliness Ability to take own medication
Concerns	<ul style="list-style-type: none"> Wealth/income (except for ‘lucky some’ you can consider retiring early) Have children left home / are they okay Keeping up trends and technology (e.g. social media) 	<ul style="list-style-type: none"> Start planning for death / funeral /wills Mental health Many friends not around any more Cognitive skills Cost of residential care 	<ul style="list-style-type: none"> Being forgotten Mobility / physical impairments Transport Safety and security of home/neighbourhood

Ageing Well in Swindon

Views on Swindon varied significantly although a majority of people had good things to say about Swindon in general as a place to live. This ranged from good places to visit such as green spaces for walks, cycling and shopping, to Swindon being well connected. People were complimentary about the open spaces, closeness to countryside such as Lydiard Park, places with character such as Old Town, Town Gardens and Highworth and places with a strong sense of community such as Wroughton.

“I think it’s a terrific place.” (F Group2)

“What do you like most about Swindon?” “The road out.” (M Group 1)

“when you’ve been to other places, Swindon’s one of the best.” (m group 3)

“We have very good open spaces, good parks, lovely countryside, a good buses network, good connection to the rest of the country and good employment for the youngsters” (M Group 3)

“I have lived in six countries, and Swindon is easily the best place (I have lived)” 65-79 yr group

There was a difference in views in terms of knowledge of, and participation in, things going on in the town. Some people felt there were lots going on such as choirs, dancing, lunches, and classes

whereas others were not aware at all. Some older residents who are clearly very active in their communities took exception to the point made that there are no opportunities to get involved.

"I only moved to Swindon two years ago... my husband and I, our main activity is this dancing, But what we were pleased to find was that when we came here there was lots of dancing, lots of places around Swindon where there was dancing. And for us, that's exercising and socialising, 'cause we've made lots of friends through it as well." (F Group 3)

"Cause the thing is, we think because we're perhaps more outgoing than some people in their 80s... ..that we think perhaps everybody is like us. And that we don't realise that lots of people sit in their homes and don't meet anybody and don't socialise and don't do anything." (F Group 2)

Clubs and organised activities were important to the majority of attendees but there were variations with the type of activities made available. Residents currently aged below 65 expect more exciting and compelling activities than they perceived bingo to be, whilst older participants (in 80s) talked about bingo, crafts, knitting. There was appetite for dance classes, exercise classes, craft clubs, chair based exercises, gardening clubs, choirs, and singing. Some said they would be very keen to learn new skills e.g. tablet computing. There needs to be far greater awareness amongst the general public of community activities if they already exist. Attendees recommended the following:

- Publish good walks that are available locally. One respondent talked about how motivating her pedometer is to get out and about and walk regularly.
- Need to create a culture amongst residents as they age – keep them 'open minded' towards opportunities and interests (participants sometimes spoke negatively about fellow residents in scheme who had been invited to the research but 'couldn't be bothered', same for other social events).
- A few mentioned the role/support that national charities can provide this cohort e.g. Age UK could be better leveraged. Awareness of these charities is felt to be low.
- A few residents talked about the role of faith in their lives and the active contribution their churches make to social capital (e.g. visits to sheltered accommodation schemes).

There was also a view that needs change over time, and as people get older they need to both recognise that things may be more difficult but also that there should activities available that are at different levels. People wanted to keep active but some exercise classes are felt to be too strenuous as people got older and not accessible.

"Because we do wonder why we get tired, you know. You think you've been doing things and you suddenly think – you sit down in the chair and you think, "I can't move. You know, I'm so tired," if you've been clipping the hedge or something like" (F Group 2)

It was felt that overall there is a suitable mix of housing types across the town. Most respondents in the older age segments, were able to list many sheltered accommodation schemes or neighbourhoods where there was suitable private housing e.g. bungalows etc. The role of shopping was also important to many. It provides a purpose and a meeting place. The quality of the central shopping environment received very mixed feedback overall. One group suggested that a vibrant market might revitalise the town.

In terms of negative aspects to Swindon again opinion varied significantly. Some people were concerned about safety and a lack of police whilst others were concerned about the maintenance of parts of Swindon such as the town centre, rubbish in parks and overgrown shrubs. Some people mentioned the transfer of leisure assets away from Council ownership and also the closure of libraries. Improvements suggested included:

- There is a need to vastly improve the awareness of wellbeing activities that are available locally – more than just the Link magazine
- One group of 80+ year olds said they would like to see more day centres in Swindon and places to socialise more generally
- Participants who attended the sessions generally enjoyed being consulted and would like to see more activities of this kind.

Housing

People were asked about their housing aspirations as they got older. Type of housing had to be prompted in most groups, rather being a key focus. Those in owner occupied housing did not generally express a desire to move into sheltered accommodation or something 'a bit smaller' such as a bungalow. Independent living is seen to some extent as a 'badge of honour' and a clear signal of ageing well. Barriers to moving out would be investment in property, perceived loss of wealth/asset and loss of investments (e.g. solar panel installation).

"My husband and I have worked hard to buy our house, to be able to have it left for our children. And it worries me that if we ever have to go into care, which I hope we won't, but if we ever do, that they can then take your house to pay for your care." (F Group 3)

Sheltered housing was more valued by the 80+ age group as it gave a sense of community as well as freedom, but still with that element of security. This group also felt there were a lot of good options of sheltered housing locally.

"People keep popping in for a chat and coffee ... they become part of my extended family" (80 yrs + group discussing life in sheltered accommodation)

Adaptions to property e.g. walk-in showers or stair lifts are highly valued by some and sustain independent living for longer. Emergency cords or wrist bands provide peace of mind for individuals and, to a lesser extent, families. However, there was an acknowledgement that as people got older maintaining a home could be more challenging.

"the thought of, I think a person, especially if they're on their own, with a house, sort of, where they may have lived there for many, many years and it's all been lovely and gleaming and tidy, they may be not be able to do it so, you know, much." (F, Group 1)

Resilience

Participants generally struggled with this final topic with younger people feeling that your state or frame of mind had an impact on your level of resilience to ageing well. Participants felt that keeping occupied and taking part in hobbies is fundamental in maintaining wellbeing.

Participants in the middle age group, 65-79, also highlighted the need to maintain mental and physical health which in turn helps people to age well. Participants in the older 80+ age groups seem more resilient: for example observing '*the lives we have led have made us stronger*'. Other things felt to be important included:

- the confidence to try new things
- having a regular routine such as going to the shops each day creates motivation and interest
- the value of a 'good' community where neighbours took an interest in each other and there was lots going on.

The figures overleaf give an overview of the key themes by each age group from the focus groups.

Community Research

Older people were also spoken to at a range of existing groups by the community research team. This covers people aged 60 to 90 in locations which included Toothill, Eldene, Park South, Pinehurst, Wroughton, Covingham and Penhill.

Defining Ageing Well

People felt that maintaining independence was key to ageing well but there was attention to mobility and physical health than in the focus groups. Getting out and about was important together with having social networks from family, friends or the wider community. Other themes included:

- looking after health and weight and managing well on medication you have to take
- ageing well should start from childhood and being healthy throughout life
- being mentally active, e.g. reading and doing crosswords
- volunteering- feeling of helping yourself by helping others and staying active as part of ageing well

Ageing Well in Swindon

Supporting people to maintain independence and have a strong and active social life was seen as key to Swindon being a great place to grow old in. Park South participants viewed Swindon as a great place due to family connections and things to do; Wroughton participants were very proud of the community spirit in the village.

Barriers to ageing well included:

- physical health when it created a barrier to using transport or going to groups or exercise including hearing loss which made it difficult to participate in groups
- confidence in terms of attending new groups or meeting people for the first time
- lack of knowledge about what is available, in a form that does not rely on internet access as many people did not have this
- some people raised concerns about personal safety.

Most people were living in council or social housing and had a preference to stay there as they got older; although some recognised that not going into a care home depended on family, friends and

other social support. There was a fear of isolation, appreciation of the community groups that currently existed and concerns that financial cuts may affect their viability.

Figure 52: Overview of focus groups age 50-65 (n=15)

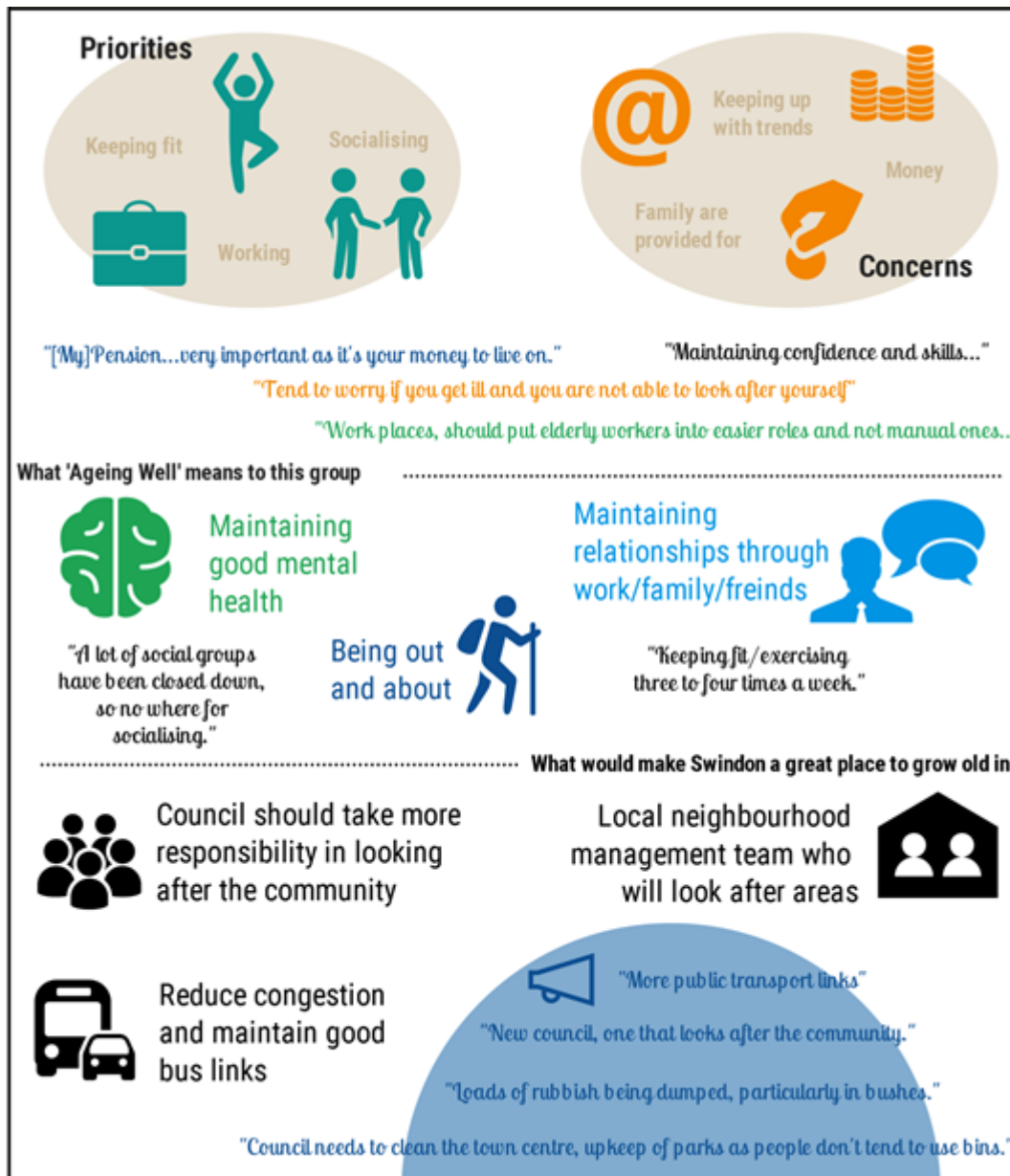
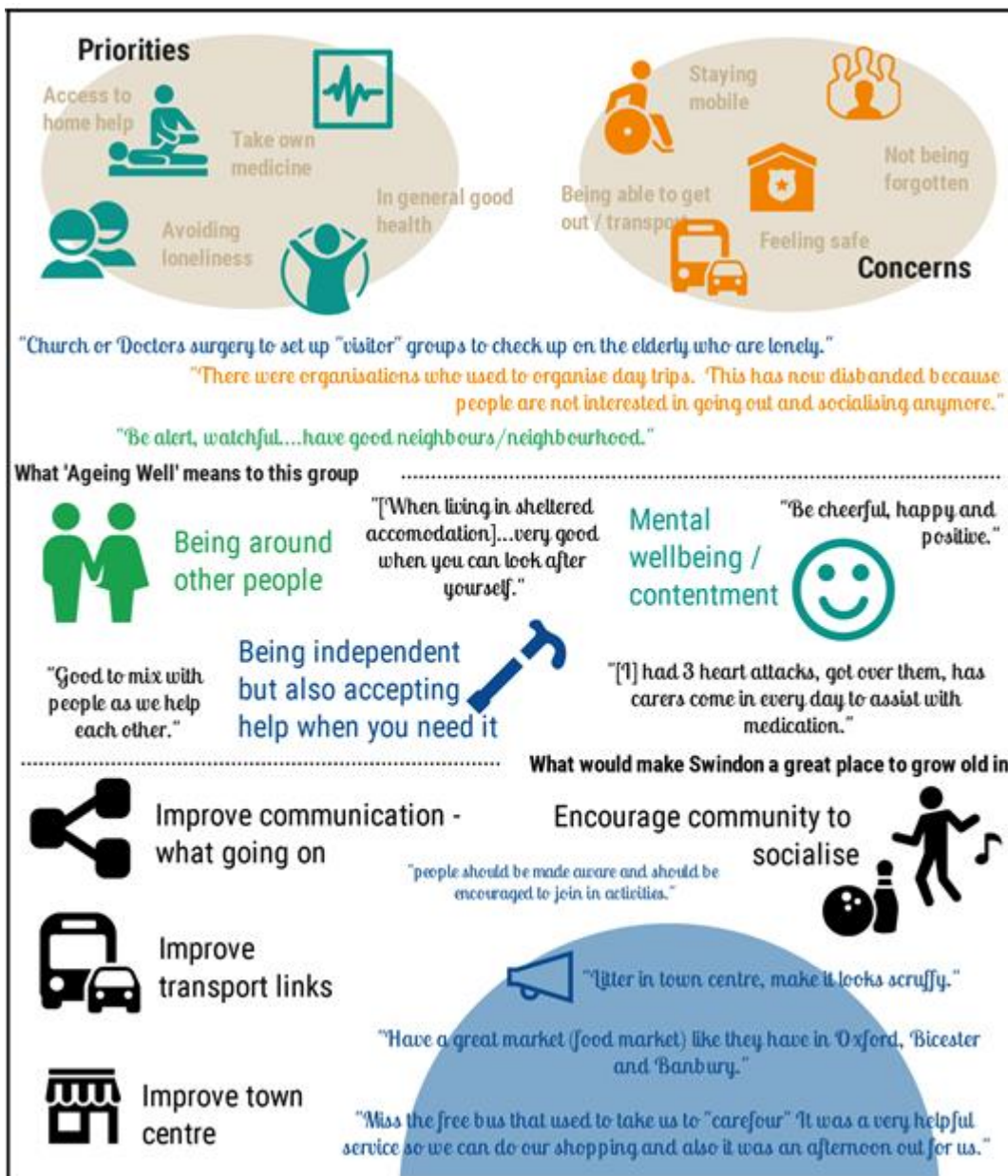


Figure 53: Overview of focus groups aged 65-79 (n=11)



Figure 54: Overview of focus groups aged 80+ (n=13)



5. Conclusion and Recommendations

This profile brings together a large amount of data and information about ageing well in Swindon including both quantitative and qualitative research. This final chapter draws together a summary of the findings, some key messages and then makes some recommendations for the way forward.

Summary of Findings

Population, Deprivation and Life Expectancy

- There are about 33,000 people living in Swindon over 65, 15% of the total population. 1548 are aged over 90 with double the number of women than men in this age group.
- Older people are not evenly across Swindon. The wards which have the highest proportion of population over 65 are in Chiseldon and Lawn (26.6% of the population aged 65+) and Wroughton and Wichelstowe (25.3%) whereas the lowest are in Priory Vale (4.8%) and St Andrews (5.6%). Sometimes people can feel more isolated in areas which are predominantly younger as there are less facilities and services aimed at older people.
- There are low proportions of older people in the new housing estates such as those in the north and west.
- Census data from 2011 indicates 870 people in Swindon were living in care homes, a lower rate than in the South West and England. 88% of these are over 65.
- Numbers of older people likely to live alone are projected to increase significantly between now and 2030 (52% increase for those aged 65 to 74 and 70% increase for those aged 75+).
- The number of people in Swindon is likely to increase significantly over the next 20 years with the largest percentage increase seen in those over 65. The 85+ age group is projected to have the largest growth rate at 136% from 3,823 in 2011 to 9,039 in 2031.
- Income deprivation affects nearly half of older people in the Manchester Road area of Central ward and Walcot East South West area of Walcot and Park North. Throughout Swindon there are likely to be around 1 in 3 older people eligible for pension credit who are not claiming it based on national rates.
- Life expectancy at aged 65 is 18.5 years for men and 21.1 years for women on average. Women tend to live longer but spend more years after age 65 in poorer health.
- 2011 Census data on how good people rate their health shows 61% of those aged 65 to 74 rate their health as good or very good compared to 28% of those aged 85 and over. One in four people aged 85+ consider their health to be bad or very bad.

Lifestyle, Sexual, Oral and Mental Health

- Lifestyle considers weight, alcohol, physical activity and smoking behaviours.
- At national level around two thirds of women and three quarters of men aged 65+ are overweight or obese, increasing with age for men but decreasing for women. Swindon is unlikely to be significantly different. Issues around weight and nutrition are more complex as people get older as being underweight is also a risk to health. Medication and changes in appetite and chronic diseases can affect how much and what type of food people eat. Because of increasing numbers of older people in the future the number of older adults

likely to be obese is projected to increase by 53% by 2030. This has implications for both social care and health services.

- Although people are less likely to drink alcohol as they get older, nationally the proportion who drink almost every day is increasing. 28% of 85+ men report drinking almost every day compared to 4% of those aged 25-34 although 22% have not drunk alcohol at all in the last 12 months (increasing to 42% of women). In Swindon the rate of hospital admission for alcohol related conditions for those aged over 65 years is higher than the England average, 224.8 admission episodes per 100,000 population against England average of 190.5. This is much higher for men than women.
- As people get older they are less likely to be physically active: about one in five of those aged 65+ report taking part in sport in the last month and 47% of people over 65 are classed as inactive (less than 30 minutes of activity per week). Social care data shows people most commonly need help with physical support so maintaining strength and balance for as long as possible is valuable.
- In Swindon in 2015 18.7% of adults were current smokers, which is likely to reduce to around 12% of those aged 65-69 and 3% aged 90+ according to national prevalence data. In 2015/16 around 200 people over 65 used local smoking cessation services in Swindon with around 58% achieving a four week quit target. Forecasts suggest less people will smoke in the future with only 4% of those aged 65-74 smoking in 20 years time.
- 0.6% of people attending a sexual clinic for the first time were over 65 in Swindon with double the number of men than women. National survey data found that 2% of people aged 65-74 had at least one new partner in the last year and there is some evidence that older people are less likely to use condoms than any other age group and that health professionals do not perceive older people to be at risk of sexually transmitted diseases.
- There is no locally collected data on the proportion of older adults with oral diseases although there is increasing national concern about oral health for people living in care homes. Tooth decay is most likely to affect those aged 25 to 34 and aged 75+ and in the south west 59% of the population experience some gum disease.
- One in four people of all ages will experience a mental health problem at some point in life: risk factors such as caring responsibilities, life events, social isolation, lack of social networks and ill health are likely to be significant factors for older people.
- Measures of wellbeing in the Annual Population Survey are similar for Swindon compared to England. National breakdowns show that whilst older people tend to have better satisfaction and happiness ratings than those in midlife those over 80 have the highest percentage reporting low worthwhile scores.
- The national Opinion and Lifestyle Survey found that nearly one third of people report high levels of loneliness. Analysis of MOSIAC data in Swindon identified two types most likely to be lonely; people who experience anxiety and depression, and those who have limited contact and are less likely to use the internet.

Ill health and use of Acute and Emergency Services

- Older people are more likely to have multiple conditions with 50% of complex patients, identified by NHS England as those who make up the top 2% spend for a CCG, likely to be

over 65+. The average complex patient is likely to have eight admissions per year for three different conditions.

- Around 20,000 people in Swindon aged 65+ are likely to have high blood pressure which increases the risk of stroke and heart problems. Around 6,000 are likely to have cardiovascular diseases and a similar number arthritis and rheumatism.
- Hearing loss affects an estimated 14,000 people aged 65+ and sight loss about half this amount. Older people can be reluctant to use sight and hearing aids.
- For older men prostate cancer is the most common and for women breast cancer. More people are living with or beyond cancer and other illnesses and the long term effects of this as people live longer are not fully understood although they are likely to be both physical and psychological.
- Developing a type of dementia is one of the greatest concerns as people get older both as an individual but also for a partner or loved one. In Swindon around 2200 people aged 65+ are estimated to be living with dementia, around half of which are 85+. Swindon has a dementia strategy focusing on the whole dementia journey from prevention to end of life and an active Dementia Action Alliance.
- There were over 25,000 hospital admissions for those aged 65 and over in Swindon CCG in 2014/15, 36.6% of the total admissions. Cancer was the most common cause of admission for the 65 to 79 age group but for the 80 to 84 age group it was eye related conditions, for the 85 to 89 year olds it was circulatory disease and for those aged 90 plus it was respiratory disease.
- In 2015/16 there were 11,268 attendances at GWH emergency department for people aged over 65 years who lived in the NHS Swindon CCG area. Half were due to known diseases or injury with the most common categories being 'Injury or other external cause', 'Diseases of circulatory system' and 'Diseases of the respiratory system'.

Social Care

- In 2015/16 there were 5,543 people using adult social care services with 65% over 65. There is an upward trend in the number of contacts to social care from people of all ages (12,898 in 2014/15 and 14,068 in 2015/16), with around 50% of these leading to referral and assessment. 54% of all clients have one service with 23% having 3 or more: however a 'service' may also include pieces of equipment.
- The most common type of care for people age 65 and over is personal care support where people find it difficult to do physical things on their own. This includes domiciliary care which is offered at home: on 31 March 2016, 742 clients over 65 received this service with highest numbers of people in parts of Wroughton and Highworth.
- Social services data shows 337 people aged 65+ living in residential care and 184 living in nursing care: similar numbers to the previous year. However there is increasing demand to find beds, particularly for people on discharge from hospital.

Prevention and Screening

- There are a range of services provided by the Community Health and Wellbeing Team which are focused on supporting people to change behaviour and preventing isolation and ill health. These include health ambassadors, the circles of support project, and community

navigators: 17%, 100% and 58% of clients respectively were aged over 65. Weight management support is also offered: between 16% and 21% of those who attend Dietbusters or are referred to Weightwatchers are over 65. There are no services specifically for older people although those available welcome all ages. People can also choose to attend Slimming World: 20% of attendees are aged 65 and over.

- Older people are routinely offered immunisation against pneumococcal disease, influenza and shingles. Uptake of PPV vaccine for pneumococcal is lower than the England average in Swindon at 65% but uptake for influenza and shingles is similar to England.
- Screening for abdominal aortic aneurysms (AAA), breast cancer and bowel cancer covers older people although for specific age ranges. Take up is similar to the English average for AAA, better for breast cancer and significantly worse for bowel cancer.
- Sight tests are free for those over 60 and around half of people have an NHS test annually. People with hearing loss are less likely to seek help: on average people wait 10 years before seeking help and it is estimated three times as many people could benefit from hearing aids as have them.

Staying Independent

- Transport is very important for ageing well. The proportion of households without a car increases from 15% for those aged 65 to 69 to 66% of those aged 85 and over. People over 65 account for 85% of customers on the concessionary travel database and all people reaching state pension age are eligible for a free bus pass.
- At the last census in 2011 two thirds of households aged over 65 owned their own home outright, reducing to 61% of those over 85. Nearly one in five households over the age of 85 years live in homes rented from Swindon Borough Council. People want different things from housing: adaptability is more important than type. Level access to showers and stair lifts are the most common disability facilities grant adaptations with council tenants having £900,000 worth of work in 2015/16 including showers, door widening, ramps, paths and conversions.
- In Swindon, 90.4% of people have used the internet in the last three months and 9.3% have never used it or used it more than three months ago. National data found 56.5% of people over 75 never used the internet in 2016 but this has been falling year on year. Swindon Borough Council's primary source for information sharing is the MyCareMySupport website: 'Support at home' and 'Getting out and about' are the most frequently accessed pages in the marketplace.
- Part of Ageing Well is about feeling valued and for some older people this is from providing care and/or volunteering. Around one in seven older people in Swindon are providing unpaid care according to the census. It is estimated that the 4520 people aged 65+ who provide unpaid care will increase to 7000 by 2030. This includes around 780 people aged 85 and over. Over 36% of people aged 65+ nationally participate in voluntary activities at least once a month: a significant workforce and valuable contribution to society and community.
- For people aged over 55 years, 17.4% of people take part in sport at least once a week in Swindon, and one in five had participated in any sport during the last 28 days which has been declining in recent years. Nationally the most popular sports for those aged 65 and

over are swimming, fitness and conditioning, and golf. 29.3% of people over 65 said they would like to do more sport.

- Swindon has a wide range of sports facilities including 21 swimming pools, and over 20 squash courts and tennis courts. There are also a range of walking groups aimed at different abilities, exercise on referral, balance and safety, gym sessions, chair based exercise and exercise aimed at people with different health conditions.

Understanding People's Views

- The Swindon residents' survey found that the most important things in making somewhere a good place to live for people aged 65+ were health services, clean streets, public transport and the level of crime.
- 28% of those aged 65 and over were very satisfied with their local area as a place to live and older people were more likely to be satisfied with services provided by the Council.
- Focus groups across Swindon found that 'ageing well' was perceived to be about maintaining mental health and wellbeing, watching out for your neighbours and being content.
- Mental wellbeing was important to all age groups, but this evolved through the different life stages. For the youngest age group (50-64), mental wellbeing was about maintaining relationships through work, friends and family i.e. socialising, being busy. For those aged 65 to 79 there were similar themes but the concept of mental wellbeing began to shift towards mentally preparing yourself for old age, maintaining mobility to get out and about, and being positive about ageing. With the oldest age group (80+), mental wellbeing also focused on getting out and exercise but shifted even more to maintaining independence and accepting assistance.
- Younger older people had some concern about the perception of growing older and how society views older people.
- Views on Swindon varied significantly although a majority of people had good things to say about Swindon in general as a place to live. This ranged from good places to visit such as green spaces for walks, cycling, and shops, to Swindon being well connected.
- There was a difference in views in terms of knowledge and participation in things going on in the town. This was less about there not being enough going on and more about lack of awareness and poor communication.
- There was also a view that needs change over time and as people get older they need to both recognise that things may be more difficult but also that there should activities available that are at different levels.

Key Messages

- Older people are a diverse group with differing views, wants, desires and needs. Their physical and mental health, and their attitudes to life are shaped by their generation, life experience and work, family and retirement experiences. Planning for such a group requires the flexibility and variation to capture this diversity.

- It is often difficult to get local level data in detail for older people as they tend to be grouped as 65+ which can potentially span 40 years of life and at least two generations including parents and children in the same family.
- No one aspires to need care or move into a care setting; independence was a theme throughout the qualitative research and maintaining independence was a priority for most people.
- There is evidence of increasing demand for social care: Swindon is not unique in this but work is ongoing to look at transition points between services and the role of the voluntary sector in supporting people earlier on. A review across the south west found that state support tends to lead to increased levels of dependency rather than decreased levels so keeping people supported by their own social networks and community if needed is more effective.
- Older people are currently much less likely to live in the new developments in Swindon. In the future planning for more mixed communities and intergenerational living would have benefits for community integration, perceptions of ageing and reducing isolation at all ages as more people would be around during the day and using local services.
- The significant increase forecast in the number of older people living alone has implications for the type and nature of housing needed in the future. There may also need to be more consideration of creating communities where people can maintain independence (a strong message of what all older people want) but also facilitate the social networks and activities that are seen as key to ageing well and will reduce demand on social care.
- Inequality affects older people significantly. Looking locally the difference in the proportion of older people experiencing income deprivation varies from 4% in an area of Liden to 48.7% in a part of Central ward. Targeted work with the communities particularly in Central to ensure people are getting the benefits and advice they are eligible for could help address this.
- There is some evidence nationally that people are drinking more often as they get older. Alcohol can increase the risk of falls and affect medication so increasing understanding of the effects of this is important.
- Physical health itself wasn't seen as a barrier to ageing well; it became a barrier when it stopped people keeping mobile, accessing transport, seeing friends and family or doing what they enjoyed.
- Ill health for older people occurs on a spectrum and the conditions that need the greater clinical intervention are not necessary those that create the greatest barrier to ageing well. For example hearing loss and sight loss which affect around 40% and 20% of older people respectively can affect people's confidence in going out, using public transport, attending groups or social activities and seeing family and friends.
- Projections of the number of people with ill health in the future all show increases as they are based on population forecasts. Unless there is a step change in behaviour, significant advances in treating chronic disease or a generational shift through population intervention, the number of people with chronic diseases and vulnerability to falls and limited mobility will increase even if prevalence stays the same as the number of older people will increase. To maintain the present number of people who have, for example, a long term illness that

limits their day to day activities to the same level in 2030 will require a reduction in the prevalence from 23.4% at present to 14.1% in 2030. Increases in long term conditions will also impact on the demand for social care.

- Part of 'ageing well' includes taking opportunities to protect against disease, detect illness early and get support when needed from a range of different sources. Promoting access to immunisation, screening, sight and hearing tests allows people to maintain independence for longer and have treatment and support as appropriate.
- There are different expectations at different ages: younger older people seem to have greater expectations of state support as they look to getting older. However older people themselves have a more positive view of getting older compared to younger older people.
- Three quarters of people aged 85+ rate their health as fair, good or very good and nearly 50% consider day to day activities are limited a little or not at all in that age group. Promoting ageing well to raise expectations that it is possible to keep healthy and be active and fulfilled as people get older is important and will also encourage people to strive for this in the future. There may be learning from the social norms work used in schools to encourage people to expect more from their bodies and minds and seeing looking after themselves as being achievable.
- Wellbeing scores for older people suggest that while people can be happier and more satisfied as they get older, those over 80 have the lowest worthwhile scores. More should be done to look at how people are valued at all ages: there are examples within the Circles of Support project of volunteers age 90+ and YOLO is a group of very active people living with dementia who contribute to a wide range of strategies and projects.
- There are various opportunities for targeted support when large numbers of older people access services when information or advice could be given. These include when people are immunised against influenza each year, initial contacts with social care, changes in council tax status, and when people are given their free bus pass.
- There is no silver bullet for ageing well: the nearest is physical activity and opportunities to do this are most effective if built into day to day life. Having groups and classes which meet the whole spectrum of being physically active is important as they also have benefits in terms of social interaction.
- Research suggests that a multi-faceted approach to prevention is needed including encouraging and improving the employability of older people, providing older people with opportunities to share and develop their knowledge and skills, providing opportunities for life-long-learning, and addressing isolation. When people do need low level care, providing this promptly or having a stepped intervention that draws in befrienders, signposting and lifestyle support whilst waiting for assessment or services can delay or even prevent increased demand later.

Gaps

- A more comprehensive review of service provision could be included including costs associated with supporting older people.
- More detailed work with different communities in Swindon is needed, for example, those from the Goan and Nepalese communities who are a key part of the older community in Swindon

- Work on effective intervention is being looked at separately but will be incorporated into the development of an ageing well strategy. However as indicated above there is little definitive evidence on what interventions deliver healthy ageing it is more likely to require a whole systems approach from childhood focused particularly on keeping physically active and maintaining strength and balance together with facilitating the development of strong social networks.

Recommendations

- To develop an ageing well strategy and action plan based on the findings and key messages from this report
- Ensure there is joining up and reflection of ageing well in existing and developing strategies including:
 - o Health and Wellbeing Strategy
 - o Swindon Falls and Bone Health Strategy
 - o Get Swindon Active Strategy
 - o Swindon Healthy Weight Strategy
 - o Alcohol Strategy
 - o Oral Health Strategy
- Promote the messages and insight from this report to relevant Housing and Planning boards to encourage intergenerational living in new developments and housing which reflects the aspirations and approach to living for older people now and in the future
- To develop a comprehensive strength and balance activity offer for people in midlife and as they get older as an integral part of Live Well Swindon, including signposting to existing community activities
- To develop a 'Valuing Older People' campaign which promotes Swindon as a great place to grow old in but embed positive ageing into Council communications and policies across the board
- To identify external funding to explore age-friendly environments, linking to the dementia friendly work already planned
- To work with partners to map out trigger points for ill health, social isolation and crisis and ensure interventions are targeted towards these. These will include retirement, bereavement, loss of mobility, changes in caring role, coming home from hospital and first access of formal care and support
- To work with Healthwatch to look at the feasibility of an Older People's consultation panel
- Review the evidence for intergenerational work to improve understanding of getting older and making the most of older people's experience and skills.