

1st December 2017

Annual Report of the Director for Public Health for North Yorkshire 2017

1 Purpose of the Report – Healthy transitions; Growing old in North Yorkshire

- i. To present the Annual Report of the Director for Public Health for North Yorkshire 2017, “Healthy transitions; Growing old in North Yorkshire.”
- ii. LGNY&Y are asked to receive the report and to consider the actions that members can make to implement the recommendations.

2 Background

- 2.1 It is the duty of the Director of Public Health (DPH) to write an annual report on the health of the local population. This is my fifth report.
- 2.2 This year’s report describes some of the challenges faced by individuals and communities as they age. It examines services that help and explores opportunities for improving systems across social care, health and wider determinants such as housing. The aspiration is that older people should be recognised as active citizens, not passive recipients of services.
- 2.3. The report uses information collated from a range of health and social care sources recognising that ageing is a key issue for many partner organisations in North Yorkshire.
- 2.4 The Main Report is online and can be accessed at

<http://hub.datanorthyorkshire.org/dataset/director-of-public-health-annual-report-dphar-2017>

3 Executive Summary

- 3.1 This year’s report builds on the two previous years examining life stages by focusing on ageing well and dying well. An initial section describes the ageing population across North Yorkshire.
- 3.2 The report goes onto explore three transitions through ageing. The first focuses on healthy retirement considering good mental and physical health as well as financial planning. The second considers need for

support as we age using a series of case studies to illustrate the challenges and potential supports. The third transition examines end of life care.

- 3.3 The recommendations set out key challenges that individuals and the services that support them need to address. The main report will be web-based with a printed executive summary which signposts to the full report.
- 3.3 For the purpose of the report the older age population are those aged 65 years and over. To illustrate the scale of the challenge in North Yorkshire the report notes that:
- In 2015 there were more people aged 65 and over in North Yorkshire than people aged under 20 (130,000) and as many people aged 75 and over (63,700) as there are children aged under 10 (63,300)
 - By 2025 the 65 and over population will rise to over 169,000 (28% of population). This increase will be greatest in those aged over 70, with an expected increase of 44% in the 75-79 age group
 - Life expectancy has improved between 2002- 04 and 2012-14 in both males and females. However, the gap between our most and least deprived communities has remained the same (7.7 years) for men and has widened for women (from 4.8 years to 5.5 years)
 - Life expectancy at 65 for men was 19.3 years in 2012-14. Of this 10.3 years was free of disability. For women it was 21.7 years with 12.5 free of disability
 - There is variation across districts – the largest gap in life expectancy is between men in the most deprived communities in Scarborough (72.5 years) and the least deprived communities in Craven (85.3 years), a gap of 12.8 years (2012-14 data).
- 3.4 In addition there are groups that are vulnerable and need additional support. These include those living with long term conditions, cancer survivors and people with additional responsibilities such as carers.
- 3.5 When thinking about the impact of this on North Yorkshire in the future, we can consider how to:-
- promote healthy ageing ensuring the contribution and needs of older people are considered?
 - support those wanting to remain part of a productive, growing, thriving economy, sharing lessons with other employers across North Yorkshire?
 - demonstrate that we value those who chose to be carers and/or volunteers?
 - make retirement planning for wealth, health and wellbeing the norm across North Yorkshire?
 - ensure older people are proactively supported when they grow frail?
 - promote conversations about end of life care and access to good quality information about available choices?

3.6 This report makes four key recommendations.

4 Summary Annual Report Recommendations – 2017

- **Age-friendly communities**

As people get older it is important that they live in environments that help them to maintain control over their lives and make a positive contribution to their communities.

Policies, plans and services should promote healthy ageing by ensuring the contribution and needs of older people are considered, barriers to full participation and inclusion are reduced, and older people feel safe and supported to make choices about their lives.

- **Comprehensive retirement planning**

Financial security, physical and mental health, and caring commitments are some of the factors that influence the work decisions of people as they get older. Many older people can expect a long period of their lives to be spent “in retirement” and wish to contribute through formal and informal work opportunities after retirement age.

Employers should facilitate workers to plan comprehensively for retirement including financial planning, ill health prevention, mental and emotional resilience, and social connectedness.

Employers should consider options that allow workers to manage their transition to retirement and allow “retired” people to maintain formal and informal links with the workplace.

- **Identifying and managing frailty**

Older people may experience physical and mental decline as they age especially when they have one or more long term conditions. This can affect older people’s ability to live independently. However, physical and mental health are not the only factors that influence their ability to function. Social support, health and care services and environmental factors are also important.

Information should be made available to older people and their carers to help them to identify the factors (physical, mental and social) that predict loss of independence so plans can be made to manage should these arise.

Health and social care practitioners should develop holistic assessments that focus on functional ability rather than physical or mental frailty. This includes data sharing with appropriate consent between all services dealing with the individual’s wellbeing that take full account of their circumstances including

the resources available to help them cope with reduced physical and mental capacity.

- **End of life planning**

Being able to plan with family and friends about the last stages of life ensures that older people remain in control of the choices that affect them and those they love through the end of their life. This means that they should have access to a wide range of information to plan their end of life wishes.

Services providing end of life care should to be better coordinated across the County, particularly with regards to sharing patient information and examples of good practice.

Health and social care practitioners should facilitate discussions with older people and their carers on end of life planning and support them to access information to inform their planning.

All staff involved in end of life care should receive the appropriate level of training to enable them to provide the best possible quality of care in all locations.

5 Next steps

- 5.1 The annual report is being widely shared amongst partners with a view to inspiring action.
- 5.2 Capacity to deliver in the NYCC public health team has been increased with the recent appointment of a Public Health Consultant and Health Improvement Manager to drive this agenda forward.
- 5.3 We welcome a discussion with LGNY&Y to gather ideas of how to build on existing good work to deliver the recommendations within Local Government Organisations and with partners.

6 Appendices

- 6.1 Appendix 1 – Report of the Director of Public Health for North Yorkshire 2016 – final pdf.

Dr Lincoln Sargeant
Director of Public Health for North Yorkshire

1st December 2017



Healthy transitions; Growing old in North Yorkshire

Director of Public Health Annual Report 2017 Executive Summary

Transition 1 From working life to healthy retirement

Transition 2 Increasing need for support

Transition 3 End of Life



North Yorkshire
County Council

Introduction

A girl born in the UK in 1917 could expect to live for 57 years. Her twin brother could expect to live for 51 years. One hundred years later, girls can expect to live for 84 years and boys for 80 years. The fact that life expectancy has been increasing steadily over the last century should be celebrated as the triumph of public health. Why then is the reference to an “ageing population” so often seen in negative terms?

In this my 5th annual report, I focus on the older population in North Yorkshire. We examine why the achievement of longer lifespans must be matched by societal changes in our attitudes to older people. The pursuit of ever increasing lifespans can come at the expense of quality of life both from an individual and societal perspective. Accepting that life has a beginning, middle and end, and is lived in a specific social context may help us focus as much on the quality of life as the length of life. The notion of a “good life” may once again inform the aims of public health.

For the first time my main report is published online in an interactive format. There you will find the underpinning intelligence which has informed my recommendations.

This report is structured around three transitions that many of our older residents will experience at different ages and in different ways. The first is moving from work into retirement when in addition to planning for economic security and optimising our health, we should also consider how we stay connected.

The second transition concerns the move from independent living to needing support and care. This transition is not the result of a failure of medical science or preventative medicine but a natural consequence of growing older. Improvements in the delivery of health and social care will help but are not the complete answer. This increased need for care

does not diminish the importance of contributions that older people make to the community.

The final transition is preparing for the end of life. There is a sense in which ageing itself is a terminal condition – the official cause of death is merely the mechanism. Living with the end in mind, rather than being morbid, can be liberating for older people and their families who can help prepare each other for this final stage of life.

Please visit the website where the full report is presented in an interactive format. We want to provide a positive experience for readers and give the option to link to other sources of information for those who want to explore topics in greater detail than a print only version would allow.

This includes an update on how we have progressed creating healthy workplaces and building healthy workforces from last year’s report.

As always I hope this report is a spark for conversation and action. I look forward to hearing from you and working with you to implement the recommendations I am making this year.



Dr Lincoln Sargeant
September 2017



Who is old in North Yorkshire?

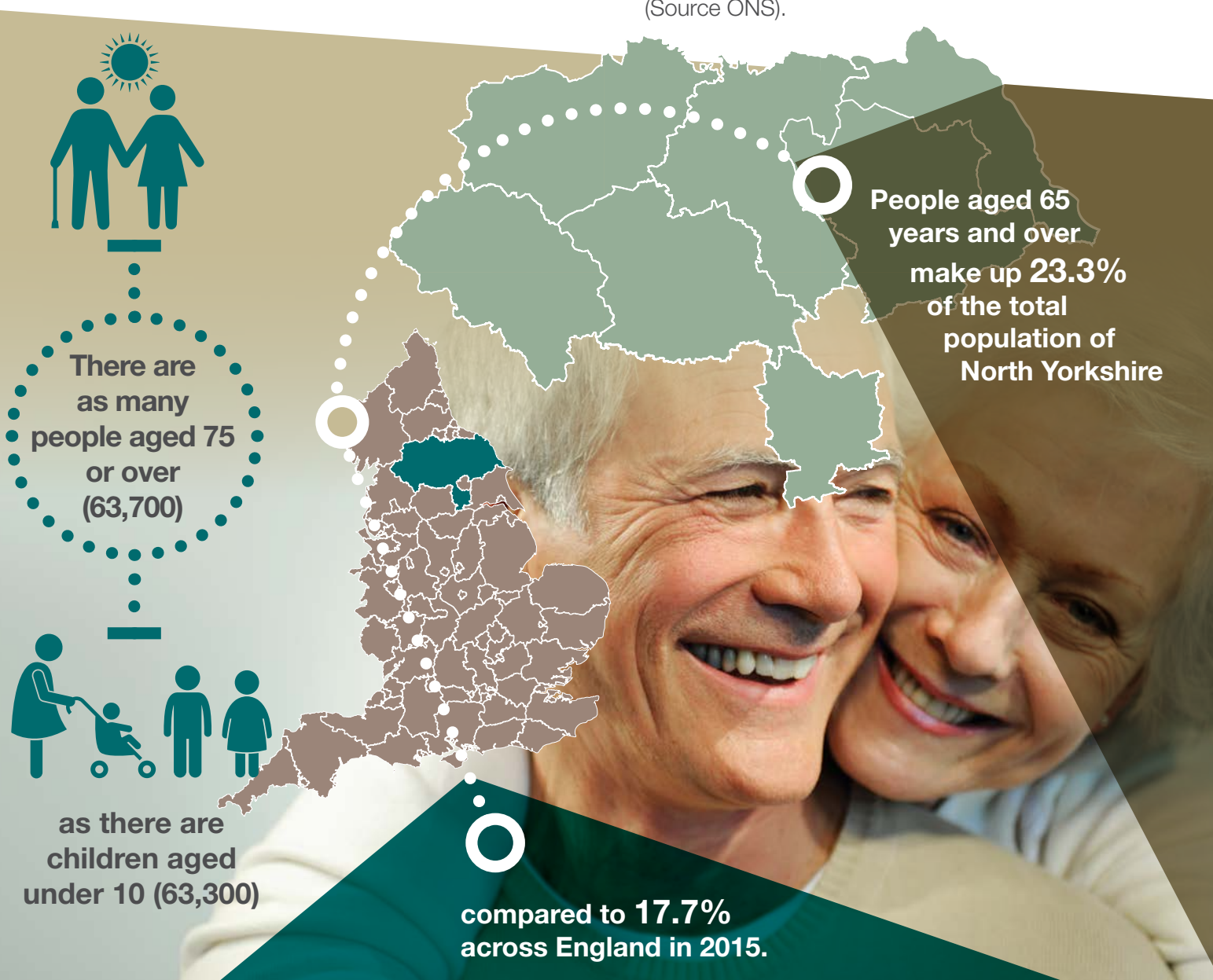
Two thirds of the population growth in North Yorkshire over the last 10 years has been as a result of increased numbers of people aged 65 and over.

In 2015 we had:

- More people aged 65 or over (140,000) in North Yorkshire than aged under 20 (130,000).
- An increase of 27.3% in the older population compared to 2005.
- 54% of the population aged 65 or over are women – rising to 61% among the 80 and over population.

By 2025:

- The 65 and over population will rise to over 169,000 (28% of population).
- This increase will be greatest in those aged over 70, with an expected increase of 44% in the 75-79 age group.
- The proportion of the population aged over 80 is estimated to rise 8% by 2025 (from 6% in 2015). (Source ONS).



People aged 65 years and over make up 23.3% of the total population of North Yorkshire

There are as many people aged 75 or over (63,700)

as there are children aged under 10 (63,300)

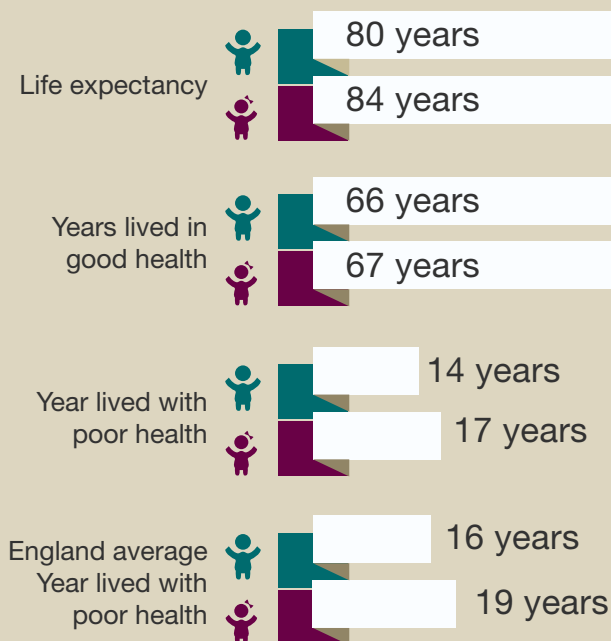
compared to 17.7% across England in 2015.

Life expectancy

A boy born in North Yorkshire today will live to around 80 years old, of which 66 years will be in good health. A baby girl can be expected to live until around 84 years old, of which almost 67 years will be in good health. This indicates that whilst men and women in North Yorkshire live longer, they also live longer in good health and spend fewer years (and a lower proportion of their lives) in poorer health, compared to the England average.

- Life expectancy has improved between 2002-04 and 2012-14 in both males and females. However, the gap between our most and least deprived communities has remained the same (7.7 years) for men and has widened for women (from 4.8 years to 5.5 years).
- Life expectancy at 65 for men was 19.3 years in 2012-14. Of this 10.3 years was free of disability. For women it was 21.7 years with 12.5yrs free of disability.
- There is variation across districts – the largest gap in life expectancy is between men in the most deprived communities in Scarborough (72.5 years) and the least deprived communities in Craven (85.3 years), a gap of 12.8 years. (2012-14 data).

Born today in North Yorkshire



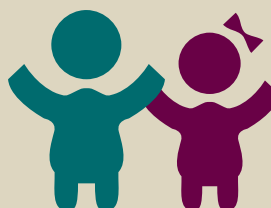
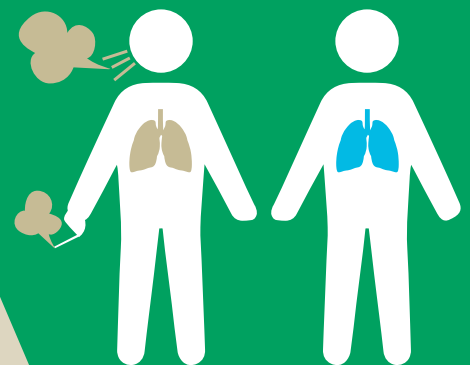
Main causes of death in older people

Among older adults (65 and older), cardiovascular diseases (chronic ischaemic heart disease, heart failure and stroke) are the most common cause of death and account for 32% of deaths. Cancer is the second most common cause of death (25% of deaths). Respiratory conditions accounted for 14% of deaths, whilst dementia accounted for 12% of deaths.

In our very old (over 80) residents, the proportion of deaths attributable to circulatory diseases rises to 34%, followed by cancer (19%) and respiratory diseases (16%). An increasing proportion of deaths are as a result of multiple organ failure and frailty associated with old age.

The proportion of deaths attributable to flu or pneumonia in the 65 and over population was 6%, rising to 7% in the over 80 population. (2013-16).

Smokers need social care on average 4 years earlier than non-smokers (ASH 2017).



Transition 1 -

From working life to healthy retirement:

Most of us dream about what we will do when we retire. Some plan to spend time with loved ones, seeing children and grandchildren grow up. Others want to travel the world. Some look forward to spending more time on hobbies like cycling, gardening or walking the dog. Some people will continue to work in older age on a full or part-time basis.

To a great extent, having a healthy retirement depends on our choices and behaviours in the years prior to retiring. The full report examines how factors such as what we eat and how active we are affect our health. It also considers good mental health including staying connected to other people by learning, caring and volunteering. In older age more of us are living with one or more long term condition or having survived health concerns such as cancer.

30% of people aged 65 and over were recorded as living in a one person household in 2011.



As a result people play a key role in maintaining their own health by accessing services when necessary.

The report highlights economic wellbeing in older age. Whilst much national press has highlighted the value of the “grey pound” this report notes issues of asset-rich and cash-poor households as well as the inequalities across the population. There is advice for people wishing to plan their financial security, recommending making a will, arranging powers of attorney and guarding against fraud.

It’s important to remember that older people make a huge contribution to communities across North Yorkshire by volunteering, being carers, actively participating in society and in many other ways.

See the full report for more on:

- How ageing affects us
- Making healthier choices
- Making best use of health care in old age
- Staying connected
- Financial planning

Transition 2 - Increasing need for support

During 2016/17, 6.6% of the population aged 65 and over in North Yorkshire were in receipt of social care from the council.

Over time most older people will need more support. The rate at which this happens is affected by many factors and support may come from a number of sources. Fundamentally this support must meet the individual's needs whilst maintaining their independence and dignity.

The full report examines issues that may affect older people as they increasingly need support such as safeguarding and fraud, loneliness and social isolation and some common mental and physical health issues. The report also highlights the services such as housing, supportive technology, social care and the Living Well team that are in place to assist them.

North Yorkshire Woman loses 20,000 to fraudsters

Fiona is a 65 year old widowed lady who was defrauded out of 20,000.

North Yorkshire County Council teams, including Trading Standards, Safeguarding and Living Well, have helped her to overcome the stress and anxiety this caused. As her care needs have increased, however, she has moved into an Extra Care Housing scheme where she has settled happily.

Anita phones home

With help from the Living Well team Anita learnt how use Skype. Despite her health problems she now maintains contact with her family more easily.

With help from his friends Jack's back on track

Jack, who used to be a drinker and has recently been diagnosed with dementia, has taken steps to ensure he can continue to be an active member of his local community. "My friends at the bowls club provide me with transport so that I can continue to go and enjoy myself. Another member helps me with the administration side of my work as social secretary, and I can continue to make suggestions for trips and events."

Legs eleven...

Local bingo enthusiast, Susan, is back playing her favourite game thanks to her befriending service. She also thanked her local hospital for their excellent care for her diabetes and osteoporosis: "If I have a win at the bingo I'll definitely be making them a donation to say thanks!"

Marvin's back on his feet

After a fall Marvin, a former engineer, remains an active member of his community with help from local equipment services. He's also benefited from the support of his local falls team who arranged for him to attend an exercise group. Marvin thanked his buddy Jim from the group: "Jim has been great. He's really encouraged me to keep going when I've been a bit tired or worried."

See the full report for more information about the people above and the services that have helped them.

Transition 3 - End of Life

Around 1% of the North Yorkshire population dies each year, with 50% of these dying in their usual place of residence in 2015. The main causes of death in North Yorkshire are cardiovascular disease and cancer.

It is recognised that most (but not all) people would rather die in their usual place of residence. The provision of end of life care has therefore shifted towards a community setting, which is not only preferred by most people but is also more cost-effective than lengthy (and often unnecessary) hospital admissions towards the end of life. The public health approach to end of life care encourages the development of compassionate communities, recognising that all individuals (whether carer, health professional or simply member of the community) have a role to play in caring for people during the last year of their lives.

There remain some areas of end of life care where we need to do better. Services providing end of life care need to be better co-ordinated across the County, particularly with regards to sharing patient information and examples of good practice. All staff involved in end of life care should receive the appropriate level of training to enable them to provide the best possible quality of care in all locations. Finally, it is important to promote and encourage a culture where individuals, carers and staff feel comfortable talking about death, allowing important decisions around end of life preferences to be made in a timely manner.



Recommendations

The aspiration is that older people should be recognised as active citizens, not passive recipients of services.

1. Age-friendly communities

As people get older it is important that they live in environments that help them to maintain control over their lives and make a positive contribution to their communities.

Policies, plans and services should promote healthy ageing by ensuring the contribution and needs of older people are considered, barriers to full participation and inclusion are reduced, and older people feel safe and supported to make choices about their lives.

2. Comprehensive retirement planning

Financial security, physical and mental health, and caring commitments are some of the factors that influence the work decisions of people as they get older. Many older people can expect a long period of their lives to be spent “in retirement” and wish to contribute through formal and informal work opportunities after retirement age.

Employers should facilitate workers to plan comprehensively for retirement including financial planning, ill health prevention, mental and emotional resilience, and social connectedness.

Employers should consider options that allow workers

to manage their transition to retirement and allow “retired” people to maintain formal and informal links with the workplace.

3. Identifying and managing frailty

Older people may experience physical and mental decline as they age especially when they have one or more long term conditions. This can affect older people’s ability to live independently. However, physical and mental health are not the only factors that influence their ability to function. Social support, health and care services and environmental factors are also important.

Information should be made available to older people and their carers to help them to identify the factors (physical, mental and social) that predict loss of independence so plans can be made to manage should these arise.

Health and social care practitioners should develop holistic assessments that focus on functional ability rather than physical or mental frailty. This includes data sharing with appropriate consent between all services dealing with the individual’s wellbeing that take full account of their circumstances

including the resources available to help them cope with reduced physical and mental capacity.

4. End of life planning

Being able to plan with family and friends about the last stages of life ensures that older people remain in control of the choices that affect them and those they love through the end of their life. This means that they should have access to a wide range of information to plan their end of life wishes.

Services providing end of life care should be better co-ordinated across the County, particularly with regards to sharing patient information and examples of good practice.

Health and social care practitioners should facilitate discussions with older people and their carers on end of life planning and support them to access information to inform their planning.

All staff involved in end of life care should receive the appropriate level of training to enable them to provide the best possible quality of care in all locations.

Data quoted in this report correct as at July 2017.

PREVIOUS PAGE

Contact us

Dr Lincoln Sargeant, Director of Public Health for North Yorkshire, County Hall, Northallerton DL7 8DD

Tel: **01609 532476** Email: nypublichealth@northyorks.gov.uk

Web: <http://hub.datanorthyorkshire.org/group/dphar> Twitter **#PublicHealthNY**

If you would like this information in another language or format please ask us.

Tel: **01609 780 780** email: customer.services@northyorks.gov.uk