AGEING WELL

“It is health that is real wealth and not pieces of gold and silver.”

Gandhi
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Why is ageing well so hard?

As I started writing my annual report this year it dawned on me that I wasn’t writing about something that was happening to other people and in fact I was, writing about things that were happening to me. Everyone is ageing in their own way and it is of course a natural consequence of being alive.

My report this year, “Ageing Well in Gateshead” takes a broad view of some of the challenges that face us as individuals and communities as we age. A consequence of the success we have had in extending the life expectancy of our population is that we now face health and social challenges that would not have been recognised 50 years ago.

My report illustrates how ageing well is complex and different for every person. It is vital that we recognise this and respond by influencing the things that can improve life for all. To be able to live in a community that is supportive, safe, accessible, non-discriminatory and caring, is crucial to good health.

Throughout the development of the report I have been struck by the negative way that ageing is portrayed and the stigma that is associated with it – for example, we are encouraged through advertising, to buy anti-ageing creams, we are pressured to ‘stay younger, for longer’.

I have also reflected on the age old saying; ‘you’re only as old as you feel’. What is ‘old?’ Who does it apply to? Who decides when you’re ‘old?’

I don’t view myself as old, but I am reliably informed by my 14-year-old son that I am already that. I loved it when ‘90 year-old Jack’ (who sings in the choir of the Gateshead Older People’s assembly) was asked what he was doing one day, replied, ‘I’m going to sing to the old people in the care home’. Jack’s numerical age was irrelevant to his perception of what ‘old’ was.

To some extent I accept that as we age it is inevitable that we will face different and increasing health challenges. However, the evidence that we can delay when many of those health challenges start is indisputable.
We, as individuals, communities and services, need to focus on ageing well from a much earlier point so being ‘old’ doesn’t just happen to us. To do that well we need to improve health literacy across our communities. Health literacy describes the combination of personal and social resources required by individuals and communities to access, understand, evaluate and use information and services to make decisions about health. Improving health literacy will encourage individuals and communities to better self-manage their health and well-being.

A central theme of my report has been to understand more about what ‘ageing well’ means to people in our community. I wanted to know what kind of advice people in Gateshead might give to the next generation. The project ‘a letter to my younger self’ challenged my views of what ageing well means to our residents. I expected lots of practical advice on staying fit and eating well and, whilst there was some of this, there was a real focus on self-worth and the importance of friends, family and strong social connections. The letters I read made me question whether we have overcomplicated our response to changing health and care needs without considering the basic need for self-worth, friendship and a sense of inclusion. I am convinced that we need to think much more carefully about how we do more to support and facilitate sustainable, healthy, connected and caring communities.

As with every aspect of health and well-being there are sharp inequalities in ageing well, from when a life limiting condition begins, to the age we are when we die and even how and where we die. Consequently, as with every aspect of improving the public’s health, it is necessary to understand the relationship between ageing well and the wider determinants of health. We need to consider the impact of income inequality on those essential parts of life that keep us healthy and well. It is unacceptable that people are ageing in our borough without the resources to heat their home, put food on the table and participate in an active social life. We must strive to ensure everyone has opportunities to age well in the way they want and in the community of their choosing. This will mean that we must understand the nuances for particular communities and do different things in different places in Gateshead.

In doing all of this we must not lose focus on the importance of family, friendships and opportunities for social connections – I have heard loud and clear that this is the single most important thing for our local people!

**We have already committed to ‘making Gateshead a place where everyone thrives’**

This is absolutely the right thing to do. We have pledged not just as a council but as a health and care system to:

1. **Put people and families at the heart of everything we do**
2. **Tackle inequality so people have a fair chance**
3. **Support our communities to support themselves and each other**
4. **Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough**
5. **Work together and fight for a better future for Gateshead**

I truly welcome the commitment to these pledges as it provides a strong foundation for a borough in which everyone is supported to age well. We want to help our communities not to just survive, but to flourish, prosper and succeed. Our commitment to ageing well in Gateshead needs to stretch across the life course.

All of this requires an approach which influences strategic policy, working with all our partners, to ensure that Gateshead really is a place where everyone, regardless of their circumstance will thrive.
Our population structure is changing

Across the world, people are living longer, the number of people living today aged 60 and over has doubled since 1980, and by 2050 we can expect to see the number of people aged 80 or more to be over 395 million.

Through the latter half of the 20th Century, the UK population has been steadily getting older and this trend is projected to continue in the future. The fastest increase will be seen in the 85 years and over age group.  

In 1948 life expectancy was 66 years for men and 71 for women. By 2035 this is likely to increase to 83 for men and 87 for women.
In Gateshead it is projected that by 2041 there will be an additional 12,100 people aged 65 or older, an increase of 31% since 2016.²

Gateshead population profile

Most common causes of death in the last 100 years

Over time we can see how better sanitation, nutrition and hygiene have helped us to live longer. Advances in medical science, such as the development of antibiotics to treat infections, have been game changers in prolonging life. Polio, diphtheria, tetanus, whooping cough, measles, mumps and rubella have been significantly reduced in the UK since the development of effective childhood immunisation. Although we are seeing problems with increasing numbers of measles cases at the moment.

The causes of death and number of people dying has changed and there has been an increase in the population, particularly the number of elderly people. In 1915 there were 562,253 deaths in England and Wales, compared to 529,655 deaths in 2015, a decrease of 5.8%.³

In 1915 people were dying from infections whereas in 2015 the most common causes of death are related to cancer, heart conditions or external causes (Drug misuse, suicides and self harm). Medical advances have enabled us to save lives and allow people to live longer with conditions that might have curtailed their lives a few years ago.

Since 1945 the leading cause of death for men has been related to heart conditions and for women there has been a rising trend in cancer deaths. Death rates for people under 75 from all cardiovascular diseases and cancers remains high in Gateshead and above the English average.
The chart below clearly shows how national patterns have changed over time.

An interactive version of the chart and further information is available on the ONS website.
Living longer in Gateshead

The increase in the number of people living to a ripe old age could be viewed as a public health success story. However although people are living longer, many of these additional years may be spent in ill health.

Many people are living longer with long term conditions or chronic diseases for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis, cancers and hypertension.

It is important that we improve the health of the population so local people can spend more years in good health. An important part of this is the reduction in health inequalities across different social groups and correspondingly a reduction in the financial pressures on our health and social care services.

Now more than ever, health damaging habits such as smoking, drinking too much alcohol, inactivity and eating excessively are in the spotlight, but it is important that we understand why people take risks that can damage their health.

The way that we live our lives, the challenges that life brings and our relationships with family and friends all have a critical influence on our health and well-being. Whether a place nurtures good health or contributes to poor health depends on how a variety of factors come together to affect the people and communities within it. These factors relate to:

- Our place - the quality and design of homes and public buildings, the maintenance of streets and public spaces, accessible transport, business infrastructure and natural spaces that make up the physical environment of neighbourhoods.

- Our community - the relationships, social contact, perceptions of safety, a sense of belonging and support networks that make up the social environment of neighbourhoods.

The interplay of these factors and the potential risks they present will be different for every individual and family, but they can be summarised by the diagram below.
Living well with ageing and age related stigma

It’s all in the mind

“In this moment you are alive and breathing. Your chronological age will keep changing over time, but the way that you feel inside is entirely up to you”. Laura K. Schenck, Ph.D

We do not recognise ourselves as ‘old’, we are who we are, there will always be those who feel younger than their age and those who feel older, age is subjective; the age that you ‘feel’ is not always the same – as the chronological age you are.

People who develop health problems tend to feel older than their healthy peers. The experience of illness can remind us of our own mortality and the relatively short time we have in our individual lives. Our mental health has a significant impact on our age identity, people with a positive mood report feeling younger than people who are stressed and unhappy. This is the case for young and old alike.

Our modern world

There is evidence to show that older adults are becoming a stigmatized group. In many western cultures, including our own, youth is valued highly and ‘ageism’ is being demonstrated in negative attitudes, stereotypes and behaviours directed toward older adults, based solely on their perceived age.

We all spend a life-time internalising stereotypes of ageing until we reach old age ourselves and realise we are the targets of these stereotypes. Some of our perception of age is unconscious, we are presented with verbal and non-verbal cues with which we categorise the people that we meet; how someone dresses, how they wear their hair, how their face looks, how they appear to move, walk and talk, all influence our interaction with them. It is a natural social behaviour, but if we do not consciously examine our reaction to these cues, we risk applying stereotypes and assumptions about the person we are interacting with, perhaps making inferences about their intentions, goals and wishes which may be far from accurate.

Our attitude to ageing is ingrained in our mainstream culture and there is no doubt that in Britain today, ageism is rife. The Royal Society of Public Health report ‘That Age Old Question’ highlighted:

• negatively framed headlines in the media,
• pressure from the beauty industry to use “anti-ageing” products,
• lack of contact between older and younger generations,
• age based prejudice in the workplace.
Ageist attitudes lead to age-based discrimination and can, in some cases, lead individuals to apply negative stereotypes to themselves. How often have we heard someone say, “I am too old to do that”, when that may not actually be the case.

The RSPH report highlighted that millennials (aged 18-34) had the most negative attitudes to ageing and older people, compared to other age groups, and that there is a high level of misunderstanding or ignorance about ageing and its impacts:

**Two in five** 18-24 year olds (40%) believe

“there isn’t any way to escape getting dementia as you age.”

**One in four** 18-34 year olds (25%) believe

“it is normal to be unhappy and depressed when you are old.”

**One in four** 18-34 year olds (25%) think

“older people can never really be thought of as attractive.”

All of the attitudes are FALSE
The representation of age in the mainstream and social media is having a negative impact.

Research shows that men and women feel pressured to stay ‘younger’ for longer. It has been argued in recent studies that anti-ageing narratives are pushing unrealistic body norms and poor body image, ultimately affecting health related behaviours.

The way we visualise the experience of getting older is often driven by ‘anti-ageing’ terminology which ignores the fact that everyone is ageing in their own way and this is a natural consequence of being alive.

Changing our attitude and understanding of ageing is essential and it is clear that our younger generations have the greatest potential to benefit from promoting a more positive culture around ageing.

“I never thought about getting old. You know to tell you the truth I don’t feel old, only when I come to take the top off a jam jar”.

Joan

“I don’t even know what old age is. I hear people refer to it, you know ‘oh it’s old age’ and I say what is old age, I don’t feel old”.

Tommy
Income security – is a pension enough?

We consider people to be living in poverty when their resources are not enough to meet their basic needs and also allow them to take part in society. This could mean struggling to cover food and energy bills, watching every penny spent, worrying that nothing is set aside for a sudden emergency such as the cooker breaking down, or being unable to afford the cost of transport needed to visit a friend or go to a social club.

There is a common belief that pensioner poverty is not an issue but in recent years the number of persons in poverty has started to increase. The Centre for Ageing (2019) has recently reported that pensioner incomes have been stagnant for a decade and that longer-term data suggests that progress on reducing pensioner poverty is beginning to reverse, with people aged 75 and over being particularly vulnerable to poverty. 11

A Department for Work and Pensions report in 2019 indicated that 2 million (16%) of pensioners in the UK are considered to be living in poverty. 12

It is also suggested that people entering retirement are marginally less well off than in previous years. This may indicate that there is a new wave of people in mid-life who are entering retirement with less money who will therefore be at greater risk of poverty in later life.

Many older people are strongly averse to debt and in order to stay debt-free they work hard to live within their means. It is reported that pensioners keep a close eye on their budget and manage their resources very carefully. This involves effort, discipline and resourcefulness; the constant need for restraint and ‘existing’ with little prospect of a situation improvement can be emotionally draining.

Pensioners take pains to ensure that they met their household bills and many make sacrifices to do so. They go without holidays, stop going out, do not replace household goods, and some take action to reduce their heating and energy costs by turning off appliances.
There are a lot of people who are working poor, the ones who we find struggle the most are the ones who are just outside of that, they don’t quite qualify, lots of people in their 50s and 60s still have mortgages. If they are ill, they get no help.”

“There is a perception that, when eligibility for goods and services talks about moderate savings, people worry about this, they believe they won’t be entitled and sometimes they will be, they are often reluctant to disclose, they think they have lots of money when they have £3K, when in reality they would get help or be eligible for a service. At an age when you stop buying material stuff, you stop appreciating what’s a lot of money and what’s not. This can stop them coming forward at all.”

The women we support who are 70 or 75 plus are very much of a generation of not living above their means. The much older people don’t want to talk about money or mental health, as it’s still considered a taboo subject.”

“Scams - social media in particular is difficult for older people, they believe if it is written down it must be true - kids at least have an awareness it’s possible to have fake news - older people see it, read it and believe it.”
Skills for life

There is a strong link between learning and better health and well-being. The concept of life-long learning doesn’t just mean obtaining employment-related qualifications, it also means learning throughout life.

Participating in adult learning can lead to involvement in voluntary activities and a reduction in social isolation but the benefits are not limited to individuals: better health and increased participation in society means reduced healthcare costs and a greater contribution to our community as a whole.

Levels of participation in education tend to decrease with age, though it is never too late to learn new skills and knowledge. This poses a challenge to policy makers, who need to ensure that opportunities to access, retrain and learn new skills are available to all throughout their lives.

It is estimated that about 8 million working age adults have ‘below-functional’ numeracy skills and about 5 million have ‘below-functional’ literacy skills in England. It is difficult to identify specific Gateshead data on literacy and numeracy across working age adults, but in 2005 Skills for Life found in Gateshead 22% of people need support with their literacy and 63% need support with their numeracy. 13

In Gateshead 58% of those accessing community learning, employability and careers, opendoor and skills for life courses in the academic year 2019/20 were over 40 years of age.

"I like to learn new things, to fill my time and not be bored. You get to spend time with other people and that’s important for everyone". Gateshead resident, McErlane Square
**Employment**

An increase in life expectancy, combined with a need for workers to stay in employment later in life has resulted in an increase in adults working or seeking work for longer. However not everyone who wants to work has equal access to employment.

A recent parliamentary report (2018)\(^{14}\) suggested that, for older workers, there were 3 key issues which need significant attention:

- tackling age bias and discrimination, particularly in recruitment;
- making workplaces and working practices more flexible and adaptable to the changing needs of older workers in all their diversity; and
- access to skills development, career advice and support throughout people’s lives.

Supporting an ageing population in employment is important for public health, as research has shown that working into later life can maintain cognitive and physical activity, provide a sense of identity and access to social support, and create intrinsic benefits of feeling productive and valued. Over recent decades there has been a significant increase in the number of older workers, with over 50s now making up nearly a third (31%) of the entire UK workforce. This trend will only continue as the State Pension age rises.\(^{16}\)

Supporting people to be in good quality work for as long they want is critical for their financial security now and into the future. Good quality work also provides a vital opportunity to help them manage their health and improve their well-being.

As people age and their circumstances change, they may need part-time working arrangements or support to take on new roles and learn new skills. Tackling age discrimination means affecting a major shift in attitudes on the part of employers and older employees.

Successfully increasing the older-worker employment rate is important as future labour-market shortages are foreseen across Europe, and there are many jobs that only older people can fill without significant investments in retraining. Retaining older workers can be an opportunity for employers to transfer knowledge and experience from older to younger workers, and mentoring schemes could play a key role in bridging the intergenerational divide and share skills and knowledge.

Women face difficulties in accessing work in later life as often they still do the majority of caring for children and other family members and are more likely to be in part-time work. While the employment rate for women aged 50 to 64 has been rising for many years, it remains significantly below that of men.\(^{16}\)

The gender pay gap is particularly pronounced for women over 40, meaning that even when in work, older women generally earn less and smaller pensions.\(^{17}\)

The recent publication by the Centre for Ageing Better (2018)\(^{18}\) reported that mid-life is an important stage in planning and preparing for a good later life. It stated that:

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**With a rising state pension age and many people living for longer, there is a greater need to plan and prepare for the future than ever before. While some people in mid-life are looking forward with confidence to a good retirement, many others are not. Many people are not saving enough, with an estimated 12 million people heading towards an insufficient retirement income.**
Mid-life is also the start of a steady increase in the prevalence of long-term health conditions. The evidence shows that many people do not plan for their later life. As much as 57% of people haven’t thought about their hopes or ambitions for life after 60 much or at all. Most usually say it’s because they don’t tend to plan their life out in advance or that it seems too far off.

It is not easy to find comparative data on the age profile in workplaces and often age profiles are closely linked to the type of work.

‘Anecdotally a lot of specialist / manufacturing and public sector businesses report an old and ageing workforce (45+) but employers in hospitality, retail and call centres have a predominantly younger (under 30) workforce’ (Better Health at Work Award lead, 2019).

This seems to be demonstrated in the age profile of employees at Gateshead Council, 69% of the staff employed by Gateshead Council are aged over 40.

![Age of staff employed by Gateshead Council](source: Gateshead Council)

To ensure that the health and well-being of staff is supported the Council are engaged in various activities, through the Better Health at Work Award to ensure that staff are made aware of the need to stay healthy and active.

**Better Health at Work Award**

Workplace Health is an integral part of the Gateshead public health strategy and is a priority in challenging economic times, when companies need to use every tool available to ensure productivity and competitiveness.

The Better Health at Work Award North East was established in 2009, to take health and well-being into the workplace. Individuals benefit from a healthier environment and culture, increased access to health information and interventions. Workplace activity as part of the Award has potentially saved lives – identifying dangerously high cholesterol levels and early stage cancers. Through the award we are also working with employers to raise awareness of issues relating to ageing well.

Employers benefit from improved staff engagement, lower levels of absenteeism and increased productivity. There are few more apparent win-win situations.
Living in our digital world

Technology is transforming our lives, it affects how we communicate with each other, how we work, how we carry out our daily activities and how we spend our spare time.

Changes in technology have progressed quickly, the first call from a mobile phone in the UK was made in 1985 and now two-thirds of adults in the UK have a smart phone. For some people, our digital world has become very challenging.

Familiar activities are changing, we now have many more television channels, traditional television viewing is falling with more people watching catch up TV or using subscription services. The way that we receive information is becoming digital, the number of letters delivered by the Royal Mail is declining year on year and we are seeing a shift away from paper-based communication.

Digital transformation is seen by the Government as an important part of public sector reform with the aim of increasing efficiency and providing a better service for users. Much of the growth in information and communication technology has been driven by the development of the internet and most younger people would find it difficult to imagine a world without it. Many older people have also fully embraced digital technology, but there remains a stark difference in internet use between the youngest and oldest age groups. Virtually all (99 per cent) of young adults have recently used the internet but this falls to just 33 per cent of those aged 75 and over.

While many who do not use the internet say this does not interest them, given the speed of change, there is a risk that they will be left behind in our increasingly digital world, we must ensure that those who are not online do not miss out on, or find it harder to access, essential goods and services.

The use of assistive technology, which supports people to stay in their homes safely and for longer, is enhancing the lived experience of those living with disabilities and those who care for them.

Everyone has the right to access information and this comes from our shared values like ensuring dignity, fairness, equality, respect and independence. These values are defined and protected by law (Human Rights Act, 1998)
Transport and access to services

A combination of factors can play a role in increasing the risk of poverty and social exclusion as people age. In later life, being able to get out and about is vital to access local amenities and stay a part of the local community.

Reconfiguration of public services is having an impact as local services close or are moved into hubs to enable economies of scale. Some local services have closed due to lack of available funding to support their work. Local shops and social venues are being hit by changes in the way that we shop and meet people i.e. out of town shopping and internet.

Gateshead is part of the Tyne and Wear Local Transport Plan, which aims to have a fully integrated and sustainable transport network, allowing everyone the opportunity to achieve their full potential and have a high quality of life.

We are aware however that changing the way that people travel is a long term and costly investment and that there are currently some very real issues for people in Gateshead. To explore what the issues are, a focus group in June 2019 discussed transport in the context of ageing well and the following points were made.

‘In terms of buses in Gateshead, some places are well served such as Birtley (every 10 mins) and have very good services and are perhaps even over-served, compared to more rural areas which are poorly served (1 or 2 buses every hour). Travelling through Blaydon is a real issue, where bus routes are sparse. Rowlands Gill to the Centre of Town requires multiple buses.’

‘Activities need to have transport embedded as part of their service as transport is a barrier to accessing the activities.’

‘From a dementia perspective the carer always has to go with a person to their appointments predominantly due to the issue of transport. Could there be a better system in place for providers to tell passengers what stop they are at, and when to get off. There are multiple issues with people not having access to good transport: loss of independence, costs of using a taxi, partners might stop working to help with transport, wasted money on private transport when there is public transport’

‘Safety of the public on transport– newly settled communities don’t feel safe on public transport, lots of antisocial behaviour on buses’.

(Ageing Well workshop June 2019)
‘Health, housing and social care services assume that older people prefer to age in place. While this may be true for many individuals, we shouldn’t assume it’s always the best option for all older people.’ Helen Brown, Occupational Therapist

Our current policies aim to support ageing in place, allowing individuals to preserve their identity and community links. We refer to this as ‘living independently’ and assume that this is the best model for everyone.

For many this may be the case, but we should not forget that for some their home can become a prison, due to ill health, lack of access or loss of friends and family. It is also the case that the incidence of elder abuse, including financial abuse, physical or sexual abuse and neglect is increasing. It is estimated that 1 million people in the UK are subject to elder abuse. If people are to age in place successfully then we need to consider how to safeguard them against abuse of all kinds.

A safe, physical environment is essential for well-being in later life. Yet some people experience fuel poverty leading to damp, cold homes and others are at significant risk of falls due to disrepair of their home, both of which have hugely negative impacts on their well-being.

It is important that we ensure that a range of housing and service options, to meet the housing needs and aspirations of our ageing population is available. Our planning should consider the needs of those who wish to age in place and may need support with home adaptations and care and support services at home and also provide options for those individuals who may choose to relocate.

Taking a strategic approach to this, reflecting on ageing population profiles, and the implications for health, could lead to a shift of attention to the opportunities for quality bespoke housing provision, across all tenures in the right places. This could encourage people to think about actively planning for an age related home move, rather than this being triggered by a crisis, such as bereavement or after a serious fall.

This will only happen if we are prepared to move away from our existing assumptions and enter into a discussion with local people about how and where they wish to live.

Reflections on a home and a choice – Ageing Well Project

Independence was a clear priority for people in the project. Generally, they would not decline help, but they did want to have a defining voice in any decisions made about their care. A number had already made the decision to live in sheltered accommodation and saw this as a necessary compromise. Several people had made this transition with considerable trepidation but had been surprised at some of the unforeseen benefits. One woman said,

“I can have my time here ... my family know I’m okay, they don’t need to worry. I can make choices for myself.” - Margaret
Caring

The number of people providing unpaid care is increasing rapidly, and it appears there are far more unpaid carers in the UK than previously anticipated. Carers UK (2019) suggested that figure could now stand at around 8.8m adults – one person in six – up nearly 40 per cent from the estimated 6.3m in 2011. Forecasts published at the start of century estimated that the number of unpaid carers in the UK wouldn’t reach nine million until 2037.  

The 2011 Census indicated that there were 22,220 people providing unpaid care in Gateshead, 11.1% of the population; this is higher than the England average of 10.3%. Almost 22% (4,866) of unpaid carers were over 65. (Gateshead JSNA)

Most people willingly take on the task of helping to care for a loved one – often but not always a husband or wife – and don’t think of themselves as doing anything out of the ordinary. Caring for a loved one whether they are a family member or a friend can make it difficult to sustain your own social networks as it is hard to get away to see people unless someone else can take over from you. Loneliness can have a negative impact on a carers mental and physical health, compounding the serious challenges many carers already face.

Over half (54.8%) of people aged 65 and over who provide at least one hour of care, have a long-standing illness or disability – equating to well over a million people (1,262,500), or one in ten (10.7%) of all these family carers aged 65 and over.

Age UK report that the bulk of child care undertaken by older people is carried out by those aged 65 and over - most frequently grandparents who look after their grandchildren, to enable their own adult children to work - an example of the crucial economic (and social) contribution older people often make, even when they are not in paid employment themselves.  

We cannot overlook the fact that for many, their caring role defines who they are and they are very happy to look after their loved ones. Our aim must be to ensure that services exist to offer carers support and respite when they need it and recognise the valuable role that they play in our community.
Changing needs

The traditional nuclear family is in decline in the UK, as more people choose to live alone or as couples without children. Families are often separated by miles as they live, work and study across the region and beyond.

In 2017, it is estimated that 7.7 million people (28% of households) contained only one person. For those aged 65 and over, the larger proportion of people living alone were female (66.5%). This is partly because there are more women than men in the total population aged 65 and over due to women’s higher life expectancy. By the age of 65, most women have been married and husbands are typically older than their wives. These two factors mean that more women than men become widowed, which may lead to living alone. In spite of this, the number of widowed women is falling due to life expectancy increasing faster for men compared with women.  

There are 1 million older people without children in the UK, and this is set to double by 2030. The main issue during government discussions is the assumption of family help being available, as well as judgements and stigma attached to those without children, particularly for older people in BME communities meaning that they may be less likely to ask for help. Furthermore there is often an assumption that older people without children will have surrogate friends and family to provide help which of course isn't always the case.

Our ageing population is also increasingly diverse. There is a need to consider what elements of the care system are common to all groups, and what areas are likely to differ. There is a misconception that all older people are heterosexual and have family to take care of them, this is not always the case. For example, many older LGBTQ+ are alone and single without any children to take care of them, and some of them have been estranged from their family, meaning they are more reliant on good health and social care services.

The older LGBTQ+ community have different needs to their heterosexual peers, surveys show they may consume more alcohol and drugs and have higher mental health needs. The recent national LGBTQ+ survey showed that 24% of respondents had accessed mental health services in the last 12 months.

There are major gaps in the knowledge and training of staff relating to LGBTQ+ people, resulting in unfair treatment of LGBTQ+ patients and colleagues. In the Unhealthy Attitudes study (2014), 75% of the 3,001 patient-facing staff had not received any training on the health needs of LGBTQ+ people or the rights of same-sex partners and parents.
Social isolation

The media report that loneliness and social isolation is an epidemic in our modern world and that message was highlighted by the work of the Jo Cox Commission in 2017, which reported that more than 9 million people always or often feel lonely in the UK. The statistics gathered by the Commission are a startling reminder of why we need to raise awareness and strive to reduce social isolation. It is reported that around 200,000 older people will not have had a conversation with a friend or relative in more than a month and that for 3.6 million people aged over 65 television is their main form of company.

What do we mean?

Social isolation:
The inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place (individual, group, community and the larger social environment).

Loneliness:
An emotional perception that can be experienced by individuals regardless of the breadth of their social networks.

“People are falling through the net. There is a feeling that for the most isolated very little in the way of information reaches them. Even those who have family may not be encouraged to access more activities, as the family may feel what they provide is enough”

Workshop note 2019

Social isolation can have a negative impact on a person’s health and well-being. The reasons that a person might become disconnected from social groups can be due to a range of factors, these might include not having enough money to afford the expenses involved in taking part in social activities, and social and cultural factors such as perceived and actual discrimination based on ethnicity, race, nationality, health status, sexual preferences and age.

Anyone can experience social isolation and loneliness. While social isolation is more commonly thought about as a factor of later life, it can occur at all stages of the life course.

“I had been with Bill since I was 15, we had been married a long time and he died suddenly, I wasn’t prepared. Then I realised you can still have a life, you can still have a happy life because it’s up to yourself .. that’s what I did”

Margaret
Over **9 million** adults are often or always lonely. (British Red Cross and Co-op)

For **3.6 million** people aged 65 television is the main form of company. (Age UK)

**Over half** of parents (52%) have had a problem with loneliness with 21% feeling lonely in the last week. (Action for Children)

**43%** of 17 – 25 year olds using Action for Children services experienced problems with loneliness. (Action for Children)

**38%** of people with dementia said that they had lost friends after their diagnosis. (Alzheimer’s Society)

More than **1 in 3** people aged 75 and over say that feelings of loneliness are out of their control. (Independent Age)

**50%** of disabled people will be lonely on any given day. (Sense)

**58%** of migrants and refugees in London described loneliness and isolation as their biggest challenge. (The Forum)

8 out of 10 carers have felt lonely or isolated as a result of looking after a loved one. (Carers UK)

More than **1 in 10** men say they are lonely, but would not admit it to anyone. (Royal Voluntary Service)
How do we make changes?

We know that social relationships and strong social networks can promote health by giving people a sense of belonging and identity. In Gateshead we know that the best way to stay connected is to practise the Five Ways to Well-being.

There is strong evidence that indicates that feeling close to, and valued by, other people is a fundamental human need and one that contributes to functioning well in the world.

Our community groups understand the benefit of social contact across the life course and are working hard to reach out to people who may not be very well connected. Relationships are critical for promoting well-being and for acting as a buffer against mental ill health for people of all ages.

Cosy Crow Singers

The Cosy Crow singers is a group of more than twenty people aged 50+ from Gateshead. Every week, they meet at Gateshead Older People’s Assembly to sing, chat, and generally have a lot of fun.

The group sings chart classics from the seventies onwards and does regular performances in care homes and at local events. Singing in a group is a fantastic way of improving mental and physical health and provides an excellent opportunity to make new friends and engage with something creative and meaningful.

The participants all get something different from taking part but what unites them is how they support one another and harmonise in more ways than one.
Sometimes you meet someone, and know in five minutes that you’ll get on.

Friends might have a laugh or go on a good night out together. Friends look out for each other.

Friendship is a two-way street, friends are there when you need them - it feels good to be trusted and to be told what’s on your marra’s mind. You can have a good moan enjoy companionship.

You have different friends for different conversations but family aren’t always friends.

Some friends love shopping therapy. Golfers play with friends - it’s good to banter and best to beat them.

Good friends share time, make memories together.

Good friends don’t have to talk - You can listen to each other’s problems, or relax and sit in silence.
Lifelong friends, they’re very special. With good friends, you can pick up from the place you left off after months or even years. So many shared memories of going around together.

Friends might play bingo – you win some, lose some maybe lose a canny few!

Friends can be a pain in the backside, everyone has a different character so friends learn about each other, come to an understanding – make allowances.

Friends are thoughtful, when needed they’ll feed your pet. Some friends are furry, like Ivan, Albert’s cat.

By George, Carole, Gillian, Albert and Margaret
A Letter to my younger self

As we age, we often find ourselves reflecting on the past and all those ‘what might have been’ questions. To try to explore what ageing in Gateshead means and what we can learn, we commissioned a writing project, supported by Equal Arts. The project asked local people to consider what advice they might give to their younger selves.

The key messages which were repeated over and over related to the value of finding and sustaining friendships, to remaining active, keeping in contact with others and to living in the present. It was clear that participants were saying that ‘the past is over and done with’ and that ‘we can’t change it’.

The letters and poetry produced contained some very personal messages which we can all learn from:

Dear Younger Me

Elizabeth heed your mothers advice to help people as you never know when you will need good advice as well.

Being nice costs nothing but your time and patience.

This comes to mind when I walk through Saltwell Park. It is a great leveller, and maybe you will just make someone’s day.

With love
Elizabeth

Here I am at 50 years old and all I am really in a good place. Life has been good to me which I can’t believe. I started going back in the past had a great husband who was kind and considerate. My children came along and we became a real family.

Then moving up to my life now at 78 years all children have their own families. We moved to a bungalow in sheltered accommodation, it suited my husband and I.

Bill died in 2014 life changed.

But you find a new life for myself now which I have found which has worked.

With love
Margaret
Good news it’s 2019 and you’re still alive.

Things have changed a bit in the future.

Some advice, computers rule everyone’s lives, so take computing courses.

Try to take more attention to family and friends don’t worry about things too much all turns out well.

Money is everyone’s god in 2019 so look after family, lock doors. Be careful don’t drink too much it’s unhealthy, eat well, no curry.

With love George

Wish I knew then what I know now.

Think for myself, not worry what others think. I should not have got married so young.

3 children in 2 yrs 9 months, good catholic no birth control. Went to South Africa and came back with a fourth. May not have chosen so quick or even married same man. Never took tablets for 79 years, never ill, kept healthy with herbs, took blood pressure tablets fell twice through low blood pressure.

Now Gateshead is a good place to live.


Bus pass enables meeting people on buses.

With love

Joan.

As you get older don’t start thinking about your age and how you should act. Live life to the full, enjoy new challenges, spread your wings, meet new people, value your friends. Form opinions but listen and respect the opinions of others.

Changes are going to be forced on you so meet them head on and turn them to your advantage as much as you can.

In short don’t give in to old age, get out of the house, try new things, make new friends. Join any or all of the groups the council offers, you’ll have the greatest time of your life and find out that you never grow old.

With love

Carole

I write this letter with love and a wish your life will develop into a happy successful future surrounded by people who care and love you. Friends who are loyal and supportive. I know you will have a great deal of kindness to offer and a willingness to learn and achieve.

Choose your partner carefully. You need to know they appreciate you and that you are willing to listen and work with their interests, ‘give respect’ never be critical of others.

Eat well and keep as fit as possible to ensure health throughout life. Laugh, dance, and travel while you can. ‘Never moo breakfast’. Widen your horizon, go out and try new interests. I do puzzles to maintain brain power.

Love life, praise the lord. Prepare for the future by enjoying the present.

Love from me to you

Jan
Dear Tommy

My thoughts go back thirty years which was when Irene was taken ill. I nursed her and I cared for her and my love for her grew for twenty years until she died. I found no social life. I spent every bit of my time with her and admired her on courage. I left my job to be with her.

The last years were the most unhappy time of my life but I am now happy and enjoying life. My wife’s been dead for 10 years but I still talk to her occasionally.

With love
Tommy

Memories from the corners of my heart

Dear Younger Me

You’ve been a fool. You should have done things took chances took opportunities that offered themselves and not cowered away from them. Been more responsible for your own happiness. My past is full of regrets but in life you blindly fumble on and forgive yourself. Hoping that you gain acceptance of who you are and learn. Life is about love seeking it and giving it, loving and being loved – Reading Bertrand Russell’s the ‘Conquest of Happiness’ helped me enormously. And music, art, nature and 8 out of 10 things in life are rubbish anyway so don’t worry, uselessly.

With love Walter

PS. Nourish the inner child!

Dear Younger Me

I live very near to Saltwell Park which is a great place for meeting people. Walking around the lake is a lovely social place. The park is a place you could visit on your own.. strike up a conversation with someone else. If Dad was out and about and someone said “hello, nice day” it made his day, this is what I like to do. Sometimes someone says “you are the first person I’ve spoken to today”.

Remember this when you walk around even a smile can make their day.....

Any yours

With love
Elizabeth

I enjoy being old
But I don’t half feel the cold
I do wear purple and a red hat that doesn’t match
I enjoy looking at men’s bums.
But I don’t touch cos I don’t want to catch
I wear odd socks
I no longer wish to fit into society’s box.
I do what I want to do
Well what I can
I love to dance, but I can no longer do the can can
I sing when I feel like it
Well make odd noises
I dance up and down the kitchen when I feel like it and I make tea
I like being me.

Joan

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With love Walter

PS. Nourish the inner child!
‘You need to be yourself - I was trying to be what others wanted me to be.’ (Joan)

‘Don’t be afraid of not fitting in - difference is not weakness. Forgive as much as you can. Take care of your joints – keep moving. Speak your mind, ask for help if you really need it. Give help willingly if you can.’ (Tony)

‘Don’t be afraid to enjoy life. Do what you want so long as it doesn’t hurt anyone. Don’t be in a hurry to fall in love but if it happens cherish the moments.’ (Carole)

‘I would tell myself to smile more, listen more, worry less, to rely more on myself not others. To not only recognise opportunities but to act on them.’ (Walter)

‘I’ve enjoyed every minute of my life. Even when I didn’t know where the next penny was coming from. I had a good man, he fitted like an old shoe. I still talk to him, I do. I talk to his photograph.’ (Molly)

‘Remember, things change when you’re older. Time goes faster, you must know how to change as well.’ (Susan)

‘Live Life and enjoy every minute - You only get one chance.’ (Elizabeth)

‘You need friends around you to be honest and make memories together, to tell your secrets to.’ (William Morris Lounge group members)
A reflection by Ceinwen - artist in residence

It has been a privilege to work as resident artist in the ‘Ageing Well in Gateshead’ project. My brief was to run writing workshops with groups of elders who live independently in Gateshead and to discover what advice they might give to their younger selves regarding how to live well as they advanced in years. All the groups that I worked with pre-existed e.g. people were residents of the same sheltered housing scheme or they were members of groups that met to engage in cultural or leisure activities.

Our workshops were characterised by the participants’ open attitudes, trust, friendship and humour (sometimes refreshingly wicked). It was also evident that, at times, people were sharing aspects of themselves, and their lives, that had previously remained under wraps. People were prepared to take risks in front of each other, revealing feelings, memories and insecurities and this was met with kindness and understanding. Levels of mutual support were high, and people had a strong commitment to the well-being of their peers.

It was no surprise that, in line with recent research outcomes, people consciously and repeatedly recognised that access to:

- friendships (including intergenerational ones)
- meaningful activities (especially creative ones)
- support networks
- ongoing contact with family members
- social engagement
- independence
- having a role in kinship groups and the wider community

was at least as important to their health and well-being as good exercise regimes, diet and physical healthcare.

I witnessed, again and again, the strength of people’s acceptance of their life circumstances, rather than rumblings of grudging resignation. Our participants were people who continue to embrace life and I am humbled by their trust in me as the facilitator, and by their commitment to the process. I witnessed many extraordinary moments, moments of recognition, connection and joy. These were often accompanied by gales of laughter, occasionally by tears.

What started as a journey to discover acquired wisdom about health issues often developed into a celebration of lives lived, resilience and love. In one session, a woman in her late eighties stated,

“Would I do it all again – no I wouldn’t – I’m happy now. I’ve had a good life.”

Thank you to Equal Arts for supporting the Ageing Well project.
Our genetic make-up and lifestyle plays a huge role in how we age, minor aches and pains inevitably come with the passing of time. It is important to learn what to expect from normal ageing as understanding these changes can help reduce stress and anxiety about these normal body changes.

The way that we look will change, our skin becomes thinner and becomes more prone to bruising, our hair will be more brittle and go grey, our bones lose density and are more prone to fractures. We may lose balance and mobility, we may become forgetful and our teeth will weaken, our eyesight and hearing will change. Our sense of smell and taste may change and our immune systems become weaker, increasing our risk of infection.

This does not mean that there is nothing that we can do to reduce our risk of ill health as we age. By staying active, eating well and being linked to friends and family we are looking after our well-being.

Taboo subjects: a midlife crisis?

We all suffer from life stresses which are typically brought on by work or relationship issues, divorce, money problems or worrying about family, children or ageing parents. Sometimes we describe a “midlife crisis” when we think we have reached life’s halfway stage.

Anxieties over what we have accomplished so far, either in our work or personal life, can lead to anxiety or depression and make us question our role and future. For many the menopause and natural physical signs of ageing trigger such feelings.

Menopause for a woman is when her period stops permanently, it is a normal part of a woman’s life. It is sometimes called “the change of life.” The human body transitions to menopause over several years and can result in a range of symptoms and irregular periods. The average age for menopause in the UK is 51.32

Unlike menopause in women, when hormone production stops completely, testosterone decline in men is a slower process. The testes, unlike the ovaries, do not run out of the substance it needs to make testosterone. A healthy man may be able to make sperm well into his 80s or later.

For both men and women, their late 40s and early 50s, is a time when it is not uncommon to have issues with mood swings and irritability, to have problems with sleep and lack of energy, to see bodily changes such as loss of muscle mass and a reduced ability to exercise, a reduced sex drive and problems with memory and concentration. It is important that we talk about these very normal changes and remember we can all age well.
There are 3.5 million women aged over 50 in the workplace in the UK. Studies have shown menopause symptoms can have a significant impact on attendance and performance in the workplace and there is evidence to suggest that gendered ageism within organisational culture is an issue.

There is a growing awareness about the impact of menopause and nationally an emphasis on working with employers, unions and managers to increase their awareness and understanding so that they can support women at work in a helpful way and make appropriate adjustments in the workplace if required.

Are you over 40? it’s time to move and stretch more

The World Health Organization (WHO) recommends at least 150 to 300 minutes of moderate exercise a week for adults up to age 64. That works out to about 30 minutes a day, five to seven days a week. It’s also recommended that adults do muscle-strengthening exercises, focusing on all areas of the body, at least two days a week. And in midlife, it’s important to incorporate stretching both before and after physical activity, to better prepare the body for a strong workout.

Falls prevention

Many people believe that falls are just a part of getting older, but this is not necessarily the case. Experts believe that most falls could be prevented with some modest changes to our lifestyle and home. Medically speaking, falls are often a warning sign that something isn’t quite right – but it’s often something treatable.

There were 250 hospital admissions for hip fractures in Gateshead in 2017/18.

The short and long-term outlooks for patients are generally poor following a hip fracture. Only 46% of those with a hip fracture return to their usual residence or previous level of independence. Falls worsen long-term outcomes and are a major cause of people moving from their own home to long-term residential or nursing care. Falls can lead to social isolation and an increased reliance on social care services. In short, falls are costly. Not only to the person, but also to the wider health and social care system.

Taking steps to make a home environment free of things to trip over, having a regular eye check, medication reviews, safe footwear, better lighting and reducing alcohol consumption can all help, but the key factor is to do regular exercise to maintain balance and stay steady.

Certain exercises go a long way to help strengthen muscles, which can help prevent falls, and therefore, breaking a bone. They also help maintain better posture, strength, flexibility and movement. These moves should be done along with strength training, which uses weights to help build muscles, along with aerobic exercise.
6 exercises for strength and balance

1. **Heel Raises**
   Stand tall, holding the back of a sturdy kitchen-type chair or kitchen sink, then lift your heels off the floor, taking your weight onto your big toes. Hold for three seconds, then lower with control. Repeat 10 times.

2. **Toe Raises**
   Stand tall holding the same support, then raise your toes – taking your weight on your heels. Don’t stick your bottom out. Hold for three seconds, then lower with control. Repeat 10 times.

3. **Sit to Stand**
   Sit tall near the front of a chair with your feet slightly back. Lean forwards slightly and stand up (with hands on the chair if needed). Step back until your legs touch the chair then slowly lower yourself back into the chair. Repeat 10 times.

4. **Heel-Toe Stand**
   Stand tall, with one hand on your support. Put one foot directly in front of the other to make a straight line. Look ahead, take your hand off the support and balance for 10 seconds. Take the front foot back to hip width apart. Then place the other foot in front and balance for 10 seconds.

5. **Heel-Toe Stand**
   Stand tall, with one hand on a support like a kitchen cabinet. Look ahead and walk 10 steps forwards, placing one foot directly in front of the other so that the feet form a straight line. Aim for a steady walking action. Take the feet back to hip width apart, turn around and repeat the steps in the other direction.

6. **One-Leg Stand**
   Stand close to your support and hold it with one hand. Balance on one leg, keeping the support knee soft and your posture upright. Hold the position for 10 seconds. Repeat on the other leg.
Frailty

‘Frailty, like a fall, is not an inevitable part of ageing’ it is an age-related condition which describes how our bodies gradually lose their in-built reserves, leaving us vulnerable to dramatic, sudden changes in health triggered by seemingly small events such as a minor infection or a change in medication or environment. There are many variables which can influence a person’s potential of becoming frail.

For most of us, there is lots that we can do to reduce the potential of becoming frail and even reverse certain frailty traits. Following this advice is an investment of effort and time, an investment in our future. The return on this investment is confidence, mobility and, hopefully, independence and freedom in later life. 38

If 10% of the mildly frail had remained fit, the savings would be more than £15million. (frailty iCARE) 39

1. Stay physically active
From around the age of 40, unless we continue to build our muscular strength, the body gradually becomes weaker and weaker. It is a natural process but we do know that athletes that have continued to train hard as they age show very little sign of decline, which may suggest that it is only a ‘natural’ part of ageing for people who are more sedentary. The phrase “Move it or lose it” really is true.

Women, who typically have thinner bones than men, are more likely to have to deal with osteoporosis, which is weakened bone or bone loss, and is more likely as oestrogen levels drop at menopause. For this reason weight bearing exercise is very important and we should all do some low and high impact exercise for bone strength. 40

2. Eat well
Sense of taste and smell can alter with age, and this can affect appetite and enjoyment of food. As we age we tend to eat less and our body’s ability to absorb some nutrients also becomes less efficient. It is important for everyone to eat a varied diet to ensure an adequate supply of all the essential vitamins and minerals and enough food to cover our energy requirements. This is often neglected by those living alone or on a tight budget. 41

It is never too late to start eating healthily and a healthy diet doesn’t have to be boring or expensive.

3. Keep your mind active
There has been a lot of discussion about how you can keep your mind busy and claims made about keeping the memory sharp and holding off degenerative diseases such as dementia. The evidence to support this is inconclusive, but we do know that continued learning through life enhances self-esteem and encourages social interaction and a more active life.

Anecdotal evidence suggests that the opportunity to engage in work or educational activities particularly helps to lift people out of depression. The practice of setting goals, which is related to adult learning in particular, has been strongly associated with higher levels of well-being.

4. Connect with others
There is strong evidence that indicates that feeling close to, and valued by, other people is a fundamental human need and one that contributes to functioning well in the world. It’s clear that social relationships are critical for promoting well-being and for acting as a buffer against mental ill health for people of all ages. Staying connected to your community, family and interests is an important factor is staying well.
Focus on heart health

As you get older, your risk of having heart disease increases. While men are more likely to have a heart attack than women, it’s important to stay as heart-healthy as possible. One way to do that is to stay active and take part in the recommended amount of aerobic exercise each week.

Nearly 7 million people are living with Cardiovascular Disease (CVD) in England, and it contributes to over a quarter of deaths each year. People from our most deprived populations are nearly 4 times more likely to die prematurely from CVD, compared to those from the most affluent populations.

Of the 482 deaths recorded in 2015/17 due to CVD in Gateshead (in people younger than 75 years of age) 310 were considered preventable. (Gateshead JSNA)

Health and social care costs in England relating to CVD are estimated at £7.4 billion each year, with wider costs to the economy estimated at £15.8 billion annually.

The NHS Health Check programme aims to:

- improve life expectancy for local people
- reduce the life expectancy gap due to vascular disease between Gateshead and the rest of England through the provision of NHS Health Checks (risk identification, assessment and management) for 40-74 year olds, not previously diagnosed with vascular disease
- promote and improve the early identification and management of the individual behavioural and physiological risk factors for vascular disease and the other conditions associated with these risk factors
- support individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based clinical interventions
Cardiovascular Disease prevention, early detection and management

The Department of Health estimate that the NHS Health Check programme could prevent 1,600 heart attacks and strokes, at least 650 premature deaths, and identify over 4,000 new cases of diabetes each year. At least 20,000 cases of diabetes or kidney disease could be detected earlier, allowing individuals to be better managed to improve their quality of life. The evidence also shows that the programme isn’t just reaching the worried well, there is equitable access among groups with the greatest CVD risk.

Since 2013, the programme has also aimed to reduce levels of alcohol related harm, and to raise awareness of the signs of dementia and signpost people for help. Everyone attending a NHS Health Check has their alcohol consumption risk assessed. From 2018 dementia risk reduction messaging has been included in the NHS Health Check.

In Gateshead, in the 5 years between April 2014/15 and March 2018/19 just over half of people invited for a NHS Health Check actually had one (52%). In the last year 3123 NHS Health Checks were completed, and of those 24% did not know that they had an increased risk of developing cardiovascular disease in the next 10 years. (Gateshead JSNA)

Our community pharmacies

Up to 90,000 people in the North East of England are unaware they are living with high blood pressure, according to new estimates from the British Heart Foundation (BHF).

If untreated, high blood pressure can significantly raise the risk of heart attack and stroke. It’s also associated with an increased risk of vascular dementia.

High blood pressure is often referred to as a silent killer as it does not usually have any symptoms. This means that many people are unaware they are living with one of the risk factors most commonly associated with heart attacks and strokes.

For every ten people who are diagnosed with high blood pressure, a further seven people remain undiagnosed and untreated. High blood pressure is the third biggest risk factor for premature death and disability in England after smoking and diet.

However, if detected the condition can be easily treated by a combination of simple lifestyle changes and medication, depending on the individual.

A new two-year project ‘Let’s Tackle High Blood Pressure’ was launched (May 2019) in a number of community pharmacies in Gateshead and Newcastle to help tackle undiagnosed high blood pressure by providing free blood pressure tests, healthy living advice, and home blood pressure testing to the communities that need it most.
Focus on diabetes

More people than ever have diabetes. More people than ever are at risk of Type 2 diabetes. If nothing changes, more than five million people will have diabetes in the UK by 2025. The good news is that three in five cases of Type 2 diabetes can be prevented or delayed. We are supporting people to find out about their risk and take action to reduce it. We are working together with NHS England and Public Health England to provide Healthier You: NHS Diabetes Prevention Programme (NDPP), the first national programme to help those who are at high risk of Type 2 diabetes. The programme gives participants personalised support to help them achieve a healthy weight, improve their diet and become more physically active, all together which have been shown to reduce the risk of developing the condition. Since it started, more than 300,000 people have been a part of the service.

From January 2019, all Gateshead patients who are thought to be at risk of developing diabetes by their GP will be able to access a local course, with support, for at least 9 months. There are several community venues across Gateshead running courses every week and Newcastle Gateshead currently have the highest referral rates in the region.

There have been 1924 referrals to the NDPP to date (August 2019), and in July 2019 there were 271 referrals, and 114 started on the programme.

Diabetics can do anything

Brian Watson

I was diagnosed in 1957 and I have lived with Type 1 diabetes for 62 years. I have endured discrimination during my life with this condition, but I have overcome it with determination, help from my parents, healthcare professionals and Diabetes UK.

When I was at school nobody knew what diabetes was, I was picked on, bullied because I was different. My mum talked to the headteacher and things got better. I felt like I had won the lottery when I was finally allowed to go on a school trip, when the teachers finally understood that I was not going to be ‘too high risk’.

When I started looking for work, employers did not reply to my letters, I was knocked back all the time. I had to tell people I was a diabetic, but employers thought I was a risk. I finally got a job with Common Brothers on a 6 month trial after that I worked for 40 years; diabetes has not stopped me doing anything.

There is a lot of discrimination against the disabled, against those with long term conditions, it is ignorance really, we have a long way to go. I do a lot of voluntary work with Diabetes UK, talking to people with Type 2 diabetes and their carers. People need the opportunity to talk to others about their experiences with other like-minded people, to get their questions answered and share information.

I worry about the future for younger people, they are too sedentary, they eat the wrong foods, everything is fast food and pizza. People really do not understand how much damage they are doing to themselves. There are things that can be done to reverse Type 2 diabetes, through diet and understanding, people need better education on nutrition and managing long term conditions like this.

I am one of the longest living Type1 diabetics in Gateshead. When I was diagnosed, they told my Mum I would live until I was 25, I have proved them wrong and I am enjoying my life. I can travel the world, socialise, meet people and follow the football. Diabetics really can do anything.
Focus on dementia

Dementia is a term used to describe various different brain disorders, that have in common a loss of brain function that is usually progressive and eventually severe. Symptoms of dementia can include loss of memory, confusion and problems with speech and problem solving.

It is estimated that there are 850,000 people with dementia in the UK and that this could increase to over 1 million by 2025. It is estimated that 21 million people in England have a close friend of family member living with dementia. 48

The number of people 65 years of age or older currently with dementia in Gateshead is estimated to be 2,654. (Gateshead JSNA)

According to an Alzheimer’s Society survey, dementia is the most feared health condition for people aged over 55, more feared than the threat of cancer, heart disease or HIV / AIDS. In the UK, 62% of people with dementia are female and 38% are male. This is likely to be a consequence of the fact that women live longer than men and age is the biggest known risk factor for the condition. 49

There are a number of lifestyle factors that can increase dementia risk and it is now believed that ‘what’s good for the heart is also good for the brain’.

The guidelines recommend reducing the risk of or delaying the onset of disability, dementia and frailty by helping people to:

- stop smoking
- be more active
- reduce their alcohol consumption
- improve their diet
- lose weight if necessary and maintain a healthy weight

In Gateshead we are working hard to support people to be more aware of how they can reduce the risks of ill health in later life and encouraging everyone to remain active and healthy throughout their lives.
Citizens Advice Gateshead – dementia advice work

The complexity of the care and benefits systems does not make it easy for those living with dementia or their carers to get the right support at the right time. Citizens Advice Gateshead has an advice worker dedicated to supporting people with dementia and their families. Building on the success of this service they went on to fundraise to create a dementia café.

Citizens Advice Gateshead provides advocacy, information and support to help people apply for benefits and they often find that people are unaware of the help that they can receive.

A recent case highlights the issues that people face.

Alice is an 81 year old lady who lives in her own accommodation. Her monthly household income totalled £364, made up from her State Retirement Pension and an occupational pension. Her husband moved permanently into a residential care home when he was diagnosed with Alzheimer’s disease and multiple health conditions requiring constant care and supervision. This left Alice in a difficult position financially.

Alice attended an appointment at Citizens Advice Gateshead and the adviser helped her to complete a benefit check and write to her creditors to stop further communications, she was unable to pay as the removal of her husband’s income (which now goes towards his care home fees) left her with a very small income to live off. It was identified that the client was eligible for a council tax reduction and pension credit.

It was identified that a lasting power of attorney needed to be discussed with family and friends with regards to her husband, as the care home were concerned that he was going to lose capacity. They jointly own property and had joint bank accounts, which could impact the client as the bank account may be frozen if he lost capacity and she would be unable to sell the house without his permission if she needed to downsize.

Outcomes

• The adviser identified that Alice may be eligible for Pension Credits. The outcome of this was a successful award of £45.75 per week backdated to when her husband moved into the care home.

• The adviser identified that Alice may be eligible for council tax reduction. The outcome of this was a successful award of £18.88 per week.

• The adviser wrote to the creditor and agreed that as a result of the unique circumstances they would write off the debt of £5,000.

• The adviser identified that the Alice and her husband may benefit from Lasting Power of Attorney and successfully applied with the help of a local solicitor.

This case is not unusual and it highlights that there are many people with financial and legal concerns, due to health issues, who need support in Gateshead.

(The clients name has been changed to protect her identity)
Focus on cancer

In the UK it is estimated that 1 in 3 people will develop some form of cancer in their lifetime. As our population lives longer, this figure is expected to increase further. It is a major contributor to the gap in life expectancy between Gateshead and England.

Public Health England and Macmillan predict that the number of people living with and beyond cancer will increase dramatically in the coming years. It is estimated that the number of people in the North East and Cumbria who will go on to live for twenty years or more following a cancer diagnosis will grow from 91,000 to over 178,000 by 2030. This change will come about as a result of an ageing population in which cancer is becoming increasingly prevalent and improvements in treatment and diagnosis will increase the proportion of people who go on to survive their cancer.

Analysis shows that 31% of the male life expectancy gap between Gateshead and England is due to excess deaths from cancers and of those, 17.9% are due specifically to lung cancer. For females, 29% of the gap is attributed to cancers with 19.8% specifically to lung cancer. (Gateshead JSNA)

Cancer is heavily influenced by lifestyle, with research suggesting up to half of all cancers could be prevented by changes to lifestyle behaviors such as: smoking, physical activity, and alcohol consumption.
FACT (Fighting All Cancers Together)

For most people a cancer diagnosis can be a huge shock and many patients find additional support outside of a clinical setting very helpful. We offer a range of non-clinical services for people diagnosed with cancer, as well as their families, friends and carers.

The people we work with do not need to be referred and we do not have waiting lists; help is there when needed, be it in a peer group or 1-1, in a group with family and friends or sessions that build friendships and new relationships.

FACT offer many things, ranging from emotional and physical support to exercise classes, yoga, pilates, walking groups, high-intensity interval training (HIIT) and over 50’s sessions, to name but a few. Our social groups include coffee mornings, men’s groups and other ladies and family groups which are all delivered in relaxed, homely and welcoming environments. For those seeking emotional support we offer counselling and well-being therapies.

Many people come to us after their treatment is complete. Once someone is discharged from hospital and the treadmill of clinical appointments has reduced, they can find themselves lost and isolated. Often people are told that their medical journey has come to an end and this is where FACT steps in, to plug the gap in provision.

Our outreach hubs benefit our beneficiaries in remote and rural areas helping those who cannot always travel far from home to access the services and support, that they desperately need the support to help them recover mentally and physically.

FACT supports all affected by cancer if that be directly or indirectly and that support is available to them when they need it, there is no time limit on that. Sometimes we are there just for a chat, but we are there. Our beneficiaries tell us that what we offer they couldn’t find anywhere else, and the help they have receive is priceless. They refer to us as their FACT family and we do them.

www.fact-cancersupport.co.uk/
Recommendations

Put people and families at the heart of everything we do

Through early intervention and prevention approaches, we must seek to educate and support our community with healthy ageing. We must deliver a coherent well-being offer (based on the five ways to well-being), using existing resources across statutory and non-statutory partners, to address social isolation and strength and balance.

The Gateshead system must commit to ensuring that activities are available for all, and where possible ensure that they are geographically based and inclusive regardless of age. To support this work partners must invest in targeted early intervention and prevention activity to keep our population active, motivated and engaged.

The role of unpaid carers must be highlighted and all organisations must ensure that services exist to offer carers support and respite when they need it and recognise the valuable role that they play in our community.

Recommendation 1:
Develop a coherent and organised well-being offer across Gateshead based on the principle of Making Every Contact Count and the five ways to well-being.

Tackle inequality so people have a fair chance

The Gateshead system must recognise that a combination of factors increases the risk of poverty, inequality and social exclusion as people age. We must ensure that everyone has access to the resources they need to live well. This will mean providing different levels of support in a proportionate way based on needs.

In later life, being able to get out and about is vital to access local amenities and stay a part of the local community. Access to local services and good value public transport networks are critical, too often we hear about difficulties such as cost pressures or service reductions impacting local people.

We need targeted action to reduce poverty and seek to ensure that every person can stay warm, eat well and fully participate in a social life of their choosing. This will help to reduce the need for expensive crisis services that are required when someone becomes unwell and potentially contribute to a reduction in premature death.

We must improve the quality and condition of our housing stock so that all persons are able to feel safe and secure in their homes and be able to make choices about how and where they wish to live across their life.

We have recognised the need to consider changing housing needs in our housing strategy, but we need to go further and ensure that our housing adaptations services are able to work proactively and with a falls prevention focus.

Recommendation 2:
Review and strengthen the focus on opportunities that support people to age well in all relevant policy areas identified in the Health and Wellbeing strategy e.g. transport, housing and poverty.

Recommendation 3:
Ensure everyone has the resources they need to live and age well. This includes an early focus on implementation of the recommendations contained in the Strategic Review of Advice, Information, Guidance and Advocacy. 50

Recommendation 4:
Target the wellbeing offer, proportionately based on our Local Index of Need (LIoN), to strengthen health literacy in our most disadvantaged communities.
Support our communities to support themselves and each other

Everyone has a role to play in ageing well, we must ensure that future generations are well equipped for later life so that everyone can enjoy good physical, mental and emotional health and well-being, with the aim of being able to live independently for longer, with a better quality of life and continue to work and participate in their communities.

The Gateshead System must commit to make Gateshead a place where full participation is within the reach of all people, regardless of age. This means that every voice is heard, everyone can access services and engage with civil society, with their contribution being recognised and valued.

Our whole community must be involved in the co-production of future policy from an early stage, and we must work to identify and understand the barriers which people may face in healthy ageing and social inclusion.

We acknowledge that access to information is critical for all members of our community and that for some people digital access is not the norm.

**Recommendation 5:**
Improve the engagement offer for people facing additional challenges as they age by returning to community focused delivery that’s adaptable to local needs and uses trusted venues and people.

**Recommendation 6:**
Review the volunteering experience for older people to ensure everyone has access to a good quality experience.

Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough

We must focus on making workplaces and working practices more flexible and adaptable to the changing needs of older workers in all their diversity; and ensure access to digital skills development, career advice and support throughout people’s lives.

**Recommendation 7:**
Ensure people can work for as long as they wish through action to tackle age related bias and discrimination in the workplace.

**Recommendation 8:**
Identify opportunities to recognise, value and maximise the different contributions people make through unpaid care and volunteering as they age.

**Recommendation 9:**
Promote health and well-being in the workplace, both within our own workforce and with local business partners, through the Better Health at Work Award.

Work together and fight for a better future for Gateshead

An age-friendly Gateshead will enable people of all ages to actively participate in community activities and will treat everyone with respect, regardless of their age. We must make it easy for older people to stay connected to the people that are important to them.

**Recommendation 10:**
Ensure all residents, as they age, can participate actively in society, their contribution valued and influential.
Update on Obesity report 2018.

Whole systems approach

As the report recognised, our work on obesity is challenging and as such requires a long term approach. In the last year we have developed a strategic alliance and operational workshops to support and steer priorities for our work to address obesity. We are taking a whole system approach, focussing on collaboration so that everyone understands and is committed to ensuring ‘Health in All Policies’.

Gateshead is one of the first areas regionally to express an intention to sign up to the Healthy Weight Declaration, in partnership with Food Active. The declaration is focused on population level interventions which take steps to address the social, environmental, economic and legislative factors that affect people’s ability to modify their behaviour.

In 2018/19 the Gateshead Families Overview and Scrutiny Committee (OSC) reviewed obesity across the life course which led to long-term commitment from key stakeholders. It is now widely acknowledged that cultural change, as part of the whole systems approach, is required.

Poverty

We recognised that poverty has a profound impact on people’s lives and the choices they can make. To inform our approach we are working in collaboration with Newcastle University and an embedded researcher, who is focussing specifically on the issues associated with austerity and nutrition. In particular we are exploring the social determinants of food insecurity and its nutritional impact on women and their young children. The work is at an early stage but will help us to understand the specific impact of austerity on nutrition in our more disadvantaged communities.

Population

Our initial focus has been on population-based approaches. We have been looking at the evidence for restrictions on advertising and promotion of high salt, sugar and fat food and drink on the local transport system. This builds on the work currently being implemented on the London transport system and we hope this will be supported by legislative change in the future.

Engagement

A number of community organisations contacted us following the publication of the Obesity Report, they wanted to know more about the healthy weight agenda and how they could work with us. In response to this we have linked with community organisations and further consultation events are planned to understand community priorities.

Early consultation work has started with the young people in Gateshead. The work is focused on the lived experiences of young people and the impact of the food environment on the food choices linked to health inequalities. The findings will help to influence some of the place shaping work happening in Gateshead.
**Activity**

Gateshead is supporting the regional daily mile programme, which contributes greatly to achieving the required 30 minutes of school-time activity recommended by the Chief Medical Officer. Approximately 30% of Gateshead schools are now engaged with the programme and this has been closely aligned in a partnership approach with the work of the Gateshead School Sport Partnership.

Our work on obesity has now begun in earnest, we do not underestimate the challenge and we have been overwhelmed by the positive response from our community.
Appendix 1 - References

1. ONS (2018) Living Longer: how our population is changing and why it matters.
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Appendix 2 - Acknowledgements

Thank you to the following people for their contribution to this report.

Organisations contributing to the Ageing Well workshop 16th June 2019

Gateshead Big Local, Diabetes UK, Bensham Social Group (St Chads), Gateshead Older Peoples Assembly, The Alzheimer’s Society, Equal Arts, Tyneside Women’s Health, AGE UK Gateshead, FACT, Sight Services, Baltic, Tyne & Wear Fire and Rescue Service, Citizens Advice Gateshead.

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Gateshead Council

In particular:

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Emma Gibson, Programme Lead, Public Health, Gateshead Council
Phil Snow, Graphic Designer, Gateshead Council
Iain Lynn, Corporate Officer, Gateshead Council

Alice Wiseman
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“You find you are now among the last old trees in the park, wary of wild winds of fortune that might weaken you or uproot you.

What keeps me going are the young, and the very old, the remarkably old.

The young are beacons that burn bright with new hope, new energy, with the beauty of fervour, the joy of discovery. To be with them, to work with them, is to be inspired, feel the enchantment and excitement of youth again, to share it, to live in its glow. With them, around them, playing, talking, working, the years peel away. Age no longer wearies. When they’ve gone I know they have tired me, but I sleep deep and wake contented, refreshed, younger in heart”.

Michael Morpurgo on keeping right on to the end of the road
(BBC, September 2019)