



# Ageing Well in Kirklees

Director of Public Health  
Annual Report 2017/18

# Foreword

The aim of this report is to describe effective ways to help us age as healthily as possible by highlighting some of the issues we experience as we age that can impact on our health and wellbeing and the kind of things we can do to tackle these more effectively.

It focusses on the range of local assets that make a huge contribution to families and communities by supporting people to improve their outcomes, their wellbeing and their health.



## MENTAL WELLBEING



Although it's positive to see that a high number of Kirklees' older population feels socially included, 1 in 4 experience feelings of loneliness and isolation at least some of the time.

The impact of **intergenerational** work in residential settings in reducing feelings of loneliness amongst older people needs to be determined, to inform longer term planning decisions.

It is important to understand **which groups** are more likely to experience loneliness and isolation at different life stages or following different life events and how local assets can help to prevent this or reduce the impacts.

Spotting **early signs** and responding to distress is vital in preventing depression. Mental health first aid is an evidence-based way of helping people do this, so supporting the provision of training must be a priority.

## INTELLIGENCE-LED COMMISSIONING



Older people are the largest users of health services, representing two thirds of NHS users. Four out of 10 adult admissions to hospital last year were people aged 65+.

Whilst many of these admissions and stays are entirely appropriate, better use of **data** and **intelligence** can help ensure people stay out of hospital when being admitted will not improve their outcome.

**Longer** GP appointments can help reduce avoidable hospital admissions of older people cost-effectively.

Designing social care provision in **equal partnership** with the people that use them (and their carers) will inform the design and delivery of more effective services.

## WORKING WITH PEOPLE (NOT 'DOING TO' OR 'DOING FOR' PEOPLE)



People working together in their communities to solve their problems and make the most of opportunities is at the heart of the way in which health and wellbeing outcomes are improved.

People with long-term conditions that feel able to **manage** their condition generally do better, are more independent and use expensive acute services less.

Barriers, such as organisational bureaucracy and professional hierarchy, that prevent people from working together need to be **removed** so that communities and organisations can develop solutions together, engage people and build relationships based on trust to create long-term, positive change.

**Person-centred** services and interventions need to be supported and commissioned, enabling people to increase their confidence, achieve self-defined goals and maintain health improving behaviour change.

It is not just about people being equipped to manage their health. People need **opportunities** to learn and develop new skills throughout their lifetime, explore opportunities for wider development, not just related to their current work role (e.g. gaining financial and technological skills to generate retirement savings or improve work and health outcomes).

**Working longer** and **volunteering** throughout life meets a desire to help others, meets a need to feel useful and valued, can help people make friends, and promotes enjoyment of new activities.

## EQUITY



The importance of being inclusive cannot be overestimated; ageist attitudes harm older people as they lead to age-based discrimination.

Sensory impairment has a large impact on quality of life, access to social networks and access to services, particularly for those facing additional language or communication barriers. It's important to ensure these impacts are **mitigated**.

Finally, all organisations should embed the '**Carers Charter**' and develop flexible working policies (e.g. flexible working hours and home-office solutions to enable paid work alongside unpaid care) to support people irrespective of their circumstances to work, and to work healthier for longer.

Rachel Spencer-Henshall

Rachel Spencer-Henshall,  
Director of Public Health

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*This icon indicates a link to an external resource.*

*This icon indicates that more information can be found in our Kirklees Joint Strategic Assessment.*



# Introduction

## What data do we use to support local health and wellbeing?

Our *Current Living in Kirklees* (CLiK) survey is an important source of local intelligence on adult health and wellbeing. It is undertaken every four years and tells us things about:

- How people feel about their **health**
- How **confident** people are in managing their health
- Life **satisfaction** See Def A (pg 41)
- Emotional and mental **wellbeing** Def B
- **Resilience** Def C
- Social issues and **behaviours**
- **Similarities** or **differences** between groups Def D

It helps ensure that appropriate Public Health and Health and Social Care services are commissioned and helps us to monitor progress towards achieving outcomes.

In 2016, a random sample of 42,500 households across Kirklees received a postal questionnaire and links to an online version. There were 8,132 valid responses; 3,868 of these were from people aged 50 or over.

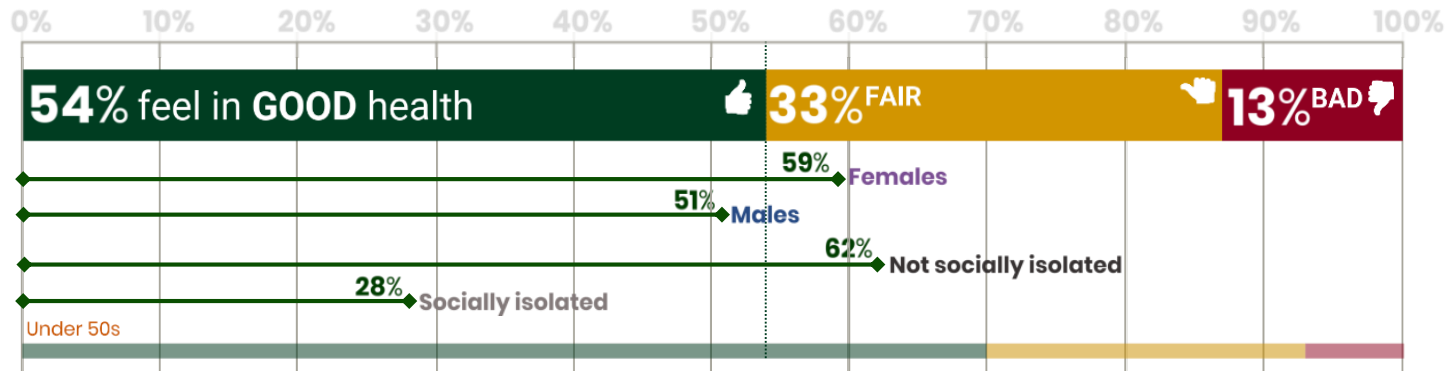
FOR THE PURPOSES OF THIS REPORT, "OLDER PEOPLE" OR "THOSE IN LATER LIFE" ARE CATEGORISED AS BEING **AGED 50+**

### Kirklees Snapshot

#### : How do older people feel locally?

Source: Current Living in Kirklees (CLiK) Survey, 2016

More than half of people aged 50+ feel that they are in good health. Females and those who aren't socially isolated are more likely to feel in good health. Those in good health feel much more confident managing their health than those who feel that their health is bad and most older people in Kirklees also feel resilient and satisfied with life.



**98% & 37%**  
in **good** health & in **bad** health

feel **CONFIDENT** managing THEIR OWN HEALTH

**64%** feel able to **BOUNCE BACK** after hard times

RESILIENCE

**2 OUT OF 3** older people have **HIGH LIFE SATISFACTION**



# Why is an outcomes-based approach important?

In Kirklees we have committed to using an Outcomes Based Accountability™ (OBA) framework<sup>1</sup>. Using this approach we are clear that the starting point for any planning process should be a clear statement of what conditions of wellbeing are desired (the **outcomes**).

The seven outcomes for Kirklees are:



### Children

Children have the best start in life



### Healthy

People in Kirklees are as well as possible for as long as possible



### Achievement

People in Kirklees have aspiration and achieve their ambitions through education, training, employment and lifelong learning



### Safe & Cohesive

People in Kirklees live in cohesive communities, feel safe and are protected from harm



### Economic

Kirklees has sustainable economic growth and provides good employment for and with communities and businesses



### Clean & Green

People in Kirklees experience a high quality, clean, and green environment



### Independent

People in Kirklees live independently and have control over their lives

Starting with outcomes enables us to step back from the things we are already doing or commissioning and explore what needs to be done, by whom and with whom to achieve improved outcomes for the citizens and places of Kirklees and the people who use our services. If we achieve the above outcomes in Kirklees we will know that people are ageing well.

This report contributes to the 'story behind the baseline' (using OBA terminology) for several Kirklees outcomes and the indicators we will use to measure our progress towards achieving them. It will also inform discussions about what strategies, action plans and 'calls to action' are required to achieve improved outcomes for older people and across the life course. Alongside other local intelligence, much of which can be found in the Kirklees Joint Strategic Assessment (KJSA), this report will support Intelligence-led commissioning for outcomes across Kirklees.



# Why is an asset-based approach important?

The contributions of older people to society include:



### EXPERIENCE

Older people have invaluable life experience and have lived through different eras and faced different challenges to those of today.

Only older people know what older people truly need. The report *Caring for Our Futures* outlines what older people say they want; to be active and healthy and it is older people themselves who can best determine how these things can be facilitated<sup>2</sup>.



### KNOWLEDGE & INSIGHTS

They are more likely to volunteer their time for free than any other group.



### VOLUNTEERING

Older people provide a huge volume of unpaid childcare as grandparents and many families depend on this support. It can have positive outcomes for the children, the working parents and the grandparents themselves.



### CHILD CARE



### CARING

They provide more care than any other section of the population and often don't recognise themselves as carers.



### HERITAGE

The character, identity and values of society often centre around heritage and the experiences and stories of older people are central to this.



An asset-based approach starts with 'what's strong' rather than 'what's wrong'.

FOR MORE INFORMATION:



The contribution of older people to society is often overlooked and there are still-prevailing negative stereotypes related to being older. It is vital to build on the assets of individuals and communities, including those in later life.

These contributions can only be ensured if we foster people's health and participation as they age, through environments which promote accessibility, equity, safety, security and support age-friendly environments.

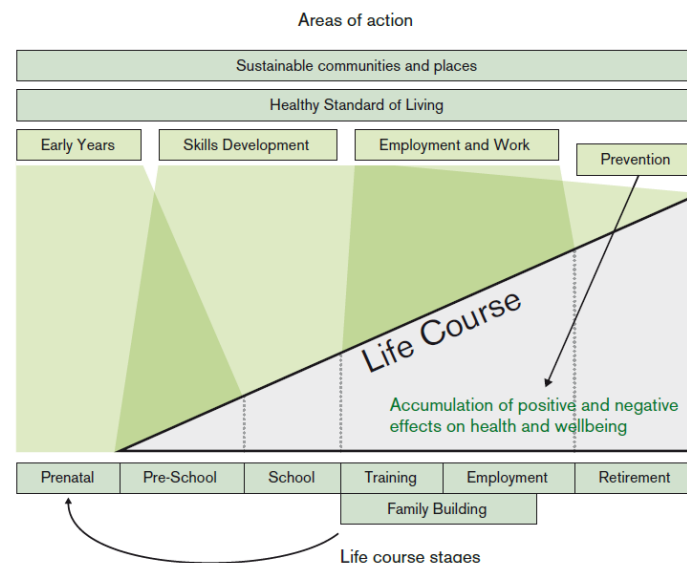
# Why is a life course approach important?

Life course epidemiology is the study of long-term biological, behavioural and social processes that link health in later life to physical or social exposures during gestation, childhood, adolescence, adult life or across generations. There is a growing body of evidence which indicates that certain experiences during the early part of the life course can influence a person's health throughout their life and into old age<sup>3</sup>.

As Marmot highlighted, one of the primary purposes of taking action across the life course is to affect the ways in which socially determined influences impact on the individual with the aim of maximising the positive effects and minimising the negative effects.

What a child experiences during the early years (starting in the womb), including their physical, social, and cognitive development, lays down a foundation for the whole of their life, strongly influences their school-readiness and educational attainment leading to economic participation and long-term health. Later interventions, although important, are considerably less effective where good early foundations are lacking<sup>4</sup>.

There is overwhelming evidence on the increasing costs of an ageing population which provides a strong argument for prioritising preventative approaches. It is more cost effective and easier to prevent some issues that are often present in childhood than to undo them in adulthood.



**Oral health has recently been highlighted as a major global public health priority; a number of health conditions have been scientifically linked with gum disease and poor oral health.**

**Dental caries and periodontal diseases are both highly prevalent and largely preventable chronic conditions which can affect individuals across the life course, from early childhood to old age<sup>5</sup>.**

**In 2010, untreated caries was the most prevalent condition worldwide, affecting 35% of the global population, and oral diseases accounted for 15 million disability adjusted life years worldwide<sup>6</sup>.**

**Dental care accounts for 5 - 10% of total healthcare expenditure and dental caries is the fourth most expensive disease to treat<sup>7</sup>.**



Time off school.



Impact upon aesthetics/ reduced self-esteem.



Monetary and time costs.



Poor oral hygiene and periodontal disease are risk factors for pneumonia and adversely affect diabetes outcomes.



In adults and older people, tooth loss can severely restrict dietary intake, particularly fresh fruits and vegetables<sup>8</sup>.



Decay in baby teeth can lead to misaligned, unhealthy and malformed adult teeth.

# Why is understanding diversity important?

## Inclusion and diversity

There is no agreed definition of 'later life'. Some people may define themselves as 'older' in their 50's and for others this may be much later. Traditionally health and social care services for 'older people' have begun at 65 years. In reality, there is wide variation in when people begin to 'feel old' and define themselves as 'old'. At the age of 50 years, some people may plan seriously for retirement, take early retirement through choice or find it difficult to secure employment. Others may continue to work late into their 60s and beyond – there is no compulsory retirement age.

Clearly not all older people are the same! The diversity of older people applies not only to their employment status but to their family circumstances and responsibilities. 'The squeezed middle' or 'middle aged jugglers' are terms sometimes used to describe people in their 50s who have caring responsibilities for elderly parents as well as their own parenting responsibilities. Significant life events such as divorce, bereavement and becoming a grandparent have enormous implications for the health, wellbeing and economic status of adults which impact on later life. People's levels of self-esteem, motivation levels and personal resilience are shaped across their life course by experiences and events. Some people have the ability to bounce back from adverse events and others do not. Resilience, mental wellness, social support and inclusion all impact on how well we age.

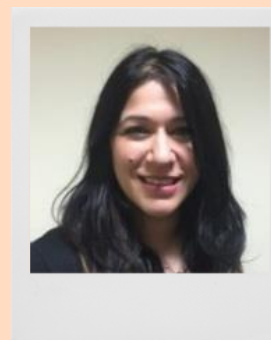
People aged 50+ now are the last generation to have experienced most of their lives without digital technology; and some people are more adaptable than others. Likewise, there is enormous variation in levels of health literacy.

## Ethnicity and Culture

Kirklees is a thriving and diverse area; 22% of people in North Kirklees and 9% of people in South Kirklees are of South Asian ethnicity and the ethnic profile of Kirklees continues to change<sup>9</sup>. There are cultural trends and traditions, lifestyles, habits, histories, behaviours, activities, genetic predispositions across the life course which can impact on health and wellbeing. These include breastfeeding and weaning in infancy; language and literacy; access to skills and education; cultural and social norms and attitudes towards physical activity, sex, drinking, smoking and drugs. It is important to understand the intricacies of different cultures because interventions which might be suitable for one group may be inappropriate for another.

## CULTURAL INSIGHT

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Public and patient engagement  
& involvement professional,  
specialising in health, social  
care and education



British Pakistanis are the second largest ethnic group within Kirklees. Our relationship with food is complex and something that has been emotionally embedded in our community for generations. For many, in what can feel like a grey, cold and dreary environment, it is their only link to their homeland. This, along with the added complication of sedentary routines compared to the lifestyles in their countries of birth, can be a recipe for disaster for health and wellbeing.

A perception in the Asian sub-continent was that those who were overweight were wealthy as they could afford more luxurious food items and sweets. It can also be a sign of prestige to not have the responsibility to work either in or outside of the home. As a result, there is a culture here in Kirklees where the elders in homes quite often have a sedentary lifestyle due it being culturally acceptable. It would be frowned upon by the community if a mother-in-law was cleaning when her daughter-in-law is around to do it for them.

For many conservative women of the Hindu, Sikh or Muslim faiths, exercising in an unsegregated gym is not an option. For some, it is perceived as both culturally and religiously inappropriate. There is a perception amongst some communities that women seen walking in a park, for example, may be challenged with questions of 'what are you doing here?' with a subtext of 'shouldn't you be at home doing something?'

Taking ownership of one's health and wellbeing is accepted by some and not by others who sometimes use their ill-health for attention and sympathy which can lead to relatives trying to 'out-do' each other. This peer pressure does have a positive side though; if someone is trying out a new approach to improving their health, others want to give it a go. This approach could be utilised with some culturally tailored health management strategies.



# Why is understanding inequality important?

Health inequalities have many dimensions (including age, gender, ethnicity and the other 'protected characteristics' defined in legislation). Socio-economic inequalities are at the root of health inequalities (the 'causes of the causes') across the world.

Locally, we use the Index of Multiple Deprivation (IMD) to monitor and understand socio-economic inequalities<sup>10</sup>. For all key indicators of health and wellbeing there exists a clear 'social gradient' – people who are better off experience better health and wellbeing across the life course than those who are worse off.

For the purposes of this report, significant inequalities will be represented with the group experiencing the **best** outcome on the left and the group experiencing the **worst** outcome on the right:



## EXAMPLE

### Kirklees Snapshot



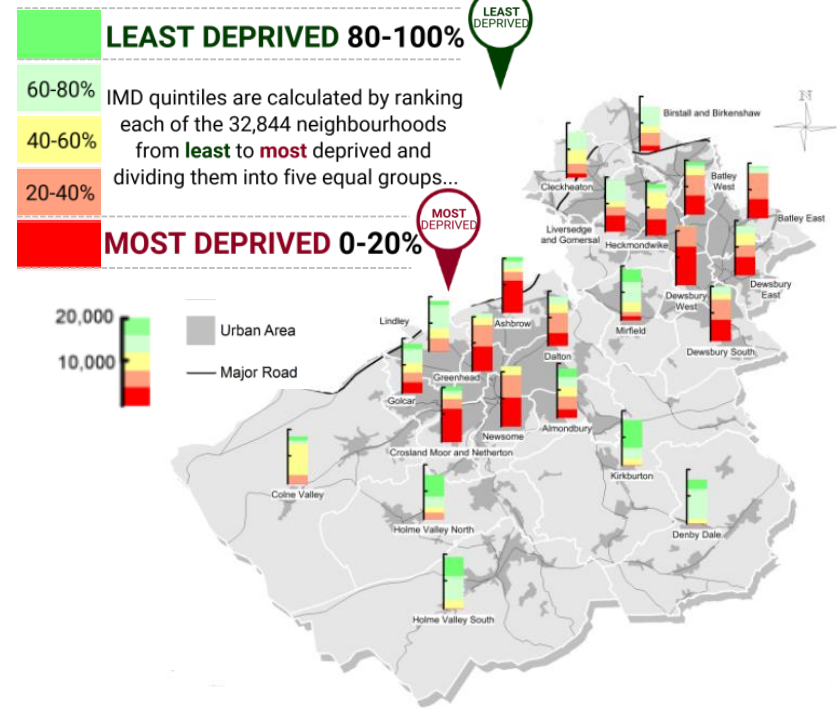
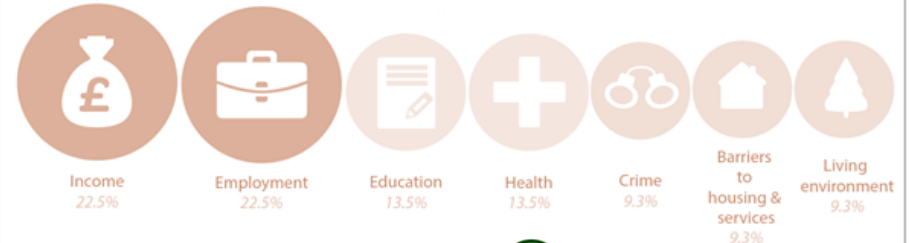
There are **SOCIAL GRADIENTS** in later life



Source: Current Living in Kirklees (CLiK) Survey, 2016

## How do we measure relative deprivation?

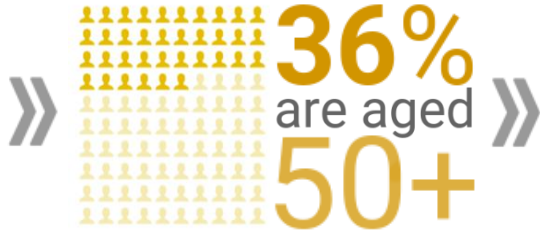
The Index of Multiple Deprivation (IMD) 2015 is the official measure of **relative deprivation** for neighbourhoods in England based upon 7 domains:



Source: GP registered population data, January 2015

# Our Population

There are around **440,200** PEOPLE living in **Kirklees**



There are around **57,300** people in their... **50s**  
They make up **13%** of the total population

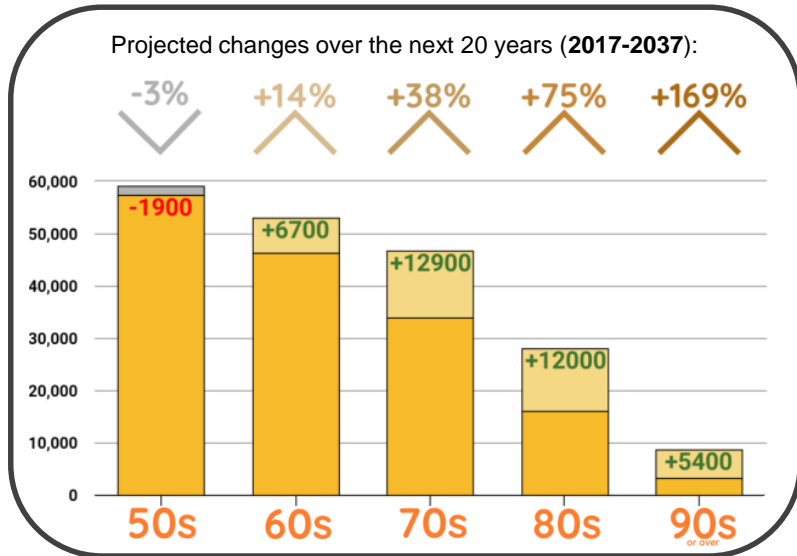
There are around **46,300** people in their... **60s**  
They make up **11%** of the total population

There are around **33,800** people in their... **70s**  
They make up **8%** of the total population

There are around **16,000** people in their... **80s**  
They make up **4%** of the total population

There are around **3,200** people in their... **90s or over**  
They make up **1%** of the total population

## How is the population changing?



Latest population projections for 2037 suggest:

**Largest population increases in youngest and oldest age groups** + **No overall increase in the number of people aged 18-64 years** = **DEPENDENCY RATIO WILL RISE**

(more people too young/'too old' to work relative to 'working age' people)

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**In 2017:**  
**145** PEOPLE OF NON-WORKING AGE SUPPORTED BY **100** PEOPLE OF WORKING AGE

»

**In 2037:**  
**175** PEOPLE OF NON-WORKING AGE SUPPORTED BY **100** PEOPLE OF WORKING AGE

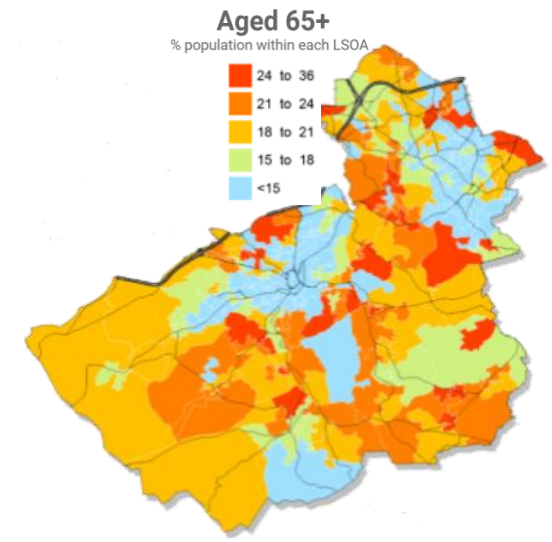
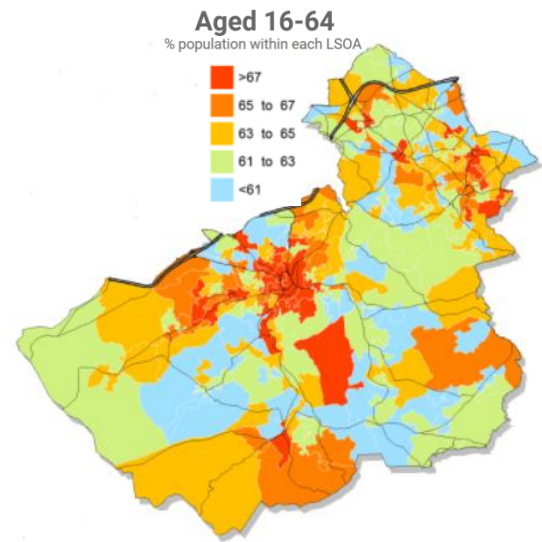
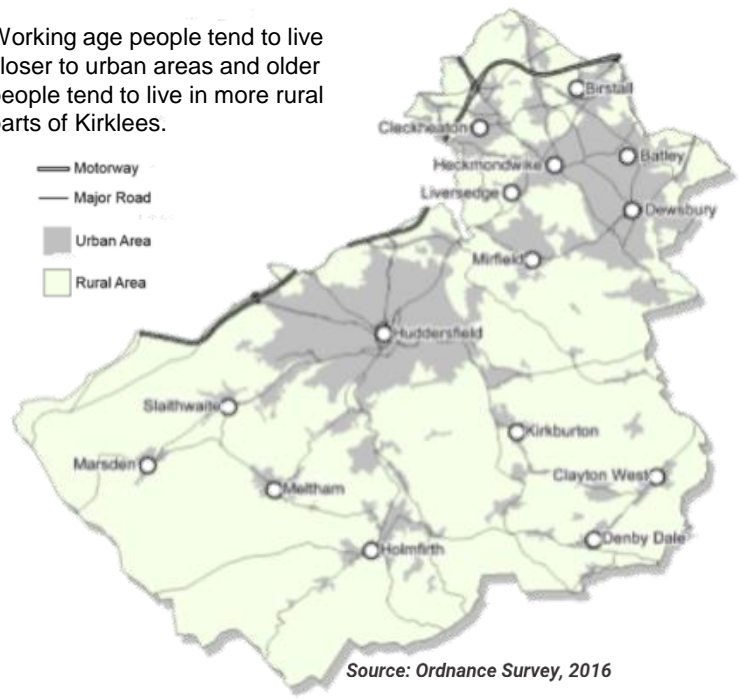
As children and older people tend to use health and social care services more than those of working age, **demands on services are likely to increase** while the burden of revenue generation falls on a relatively smaller proportion of the overall population.

Source: ONS Subnational Population Projections, 2014-based



# Where do older people live?

Working age people tend to live closer to urban areas and older people tend to live in more rural parts of Kirklees.



Source: GP registered population data at ONS Lower Super Output Area (LSOA), 2015  
[The number in brackets is a count of the LSOAs in each category]

**RURAL AREAS** have **higher average wellbeing...**

...but whilst a **smaller proportion of people in rural areas** than urban areas experience a **poor quality of life**, those who suffer from **loneliness** or **isolation** may experience it more acutely because of the **reduced accessibility** of local facilities and transport connections.

...tend to:  
be **less deprived**



- have **lower crime rates**
- have **better air quality**
- have **more accessible green space**

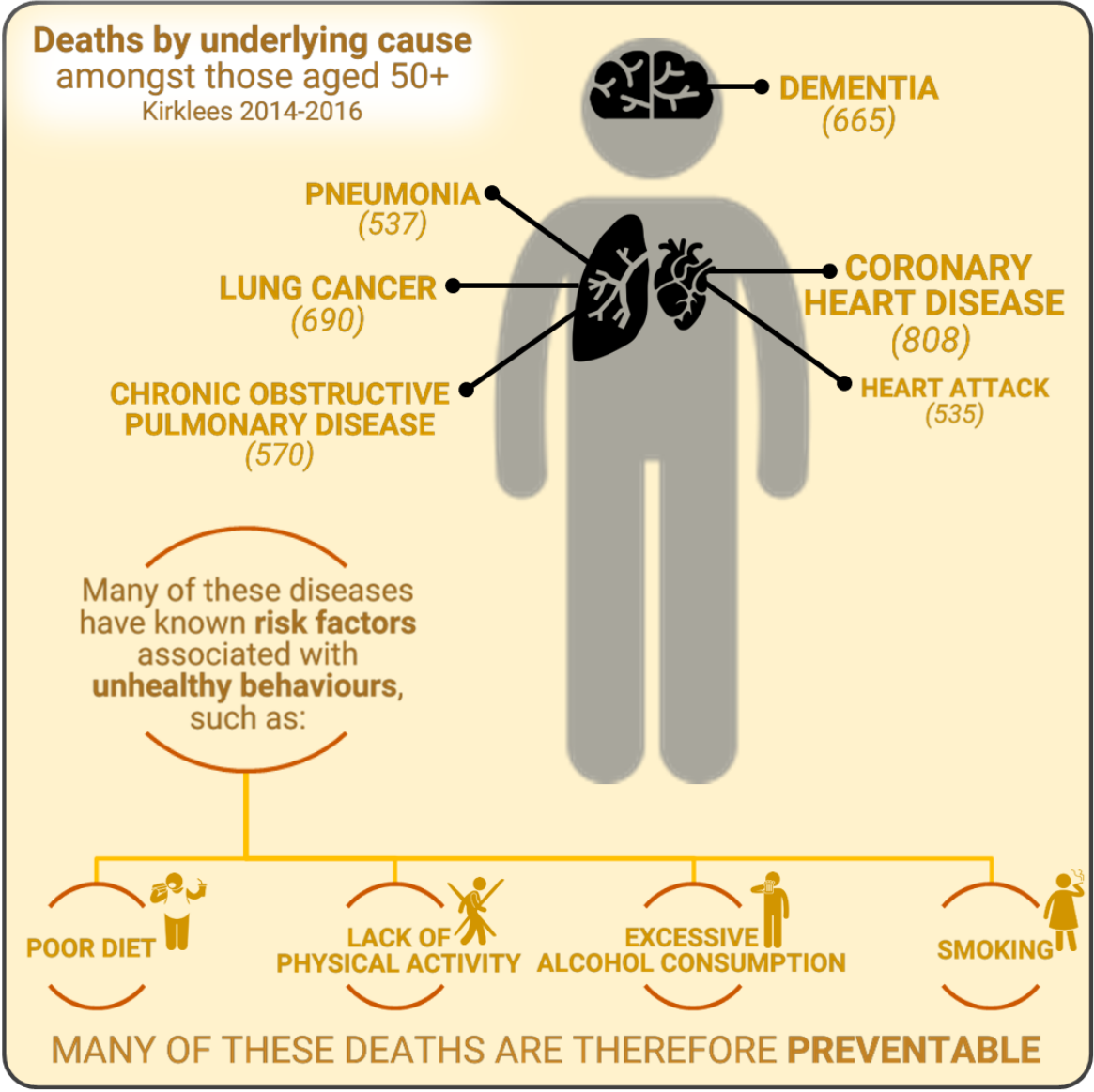
Increased engagement in **heritage activities** and use of **green space** are associated with lower inequality in life satisfaction.

FOR MORE INFORMATION:





# Deaths in Kirklees



## "C" & Circulatory Disease

cause **more than half** of all deaths

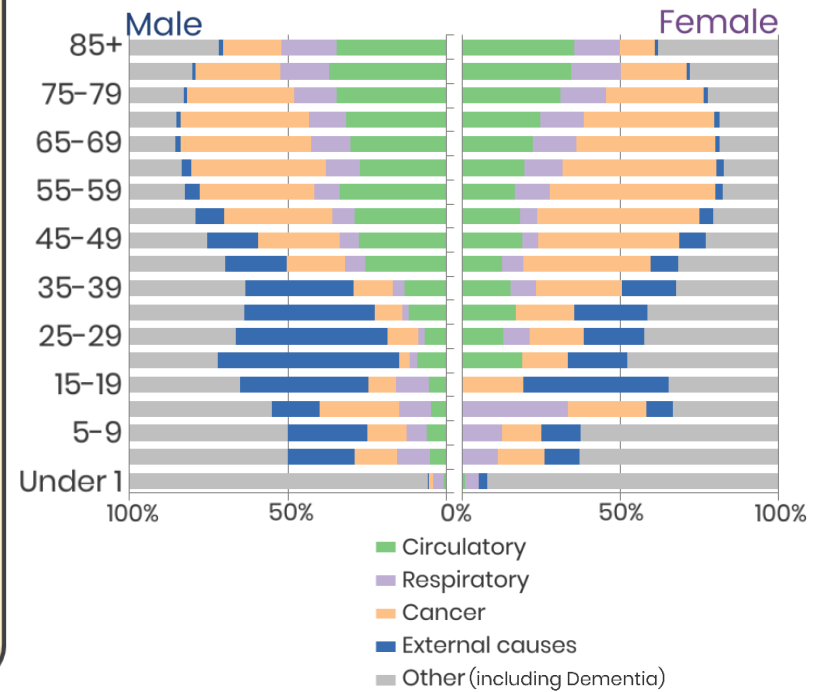
## Respiratory Disease & Mental & Behavioural Disorders

are the next most common

FOR MORE INFORMATION:



Deaths in five-year age bands by underlying cause of death  
Kirklees 2006-2015



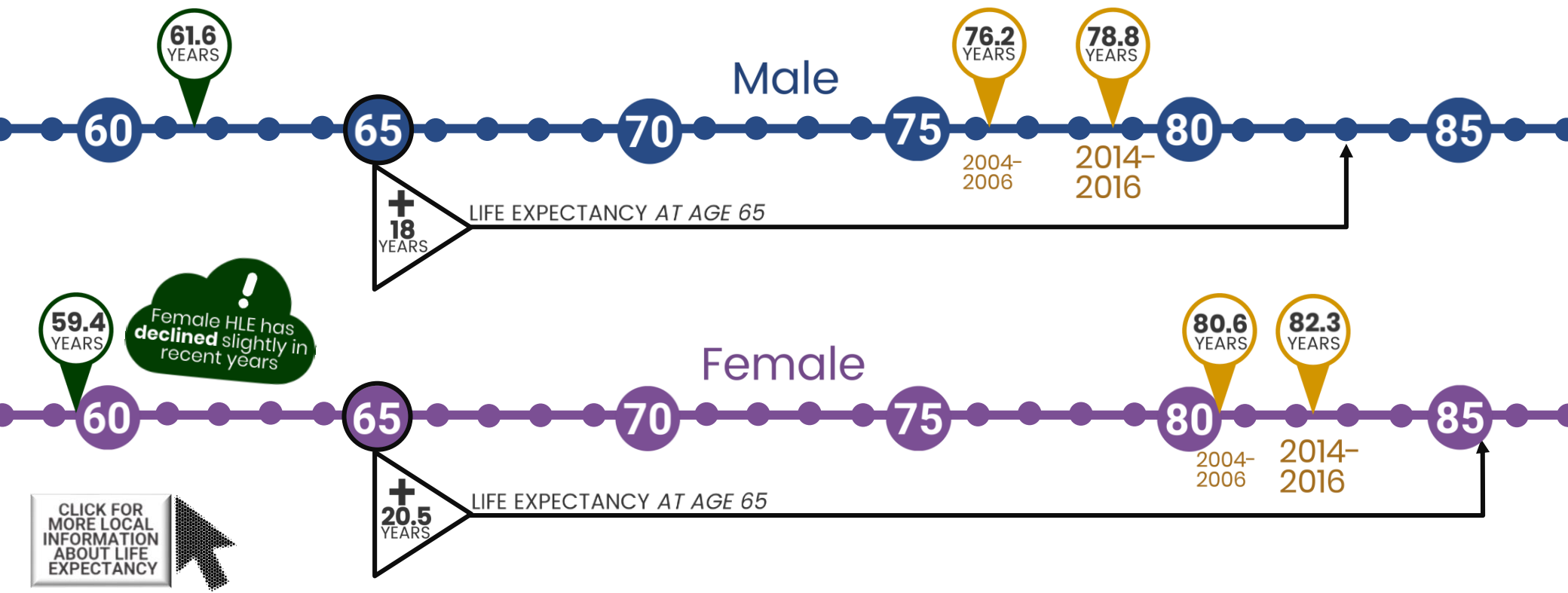
Source: Primary Care Mortality Database

# Are we ageing well?

Life expectancy at birth in Kirklees has increased over the last ten years but, in line with the national trend, this increase has slowed more recently. Healthy life expectancy (HLE: the number of years that people may expect to live in good health) is an important 'ageing well' indicator. Unfortunately, for many people, living longer can mean more years of poor health.

**LIFE EXPECTANCY AT BIRTH**

**HEALTHY LIFE EXPECTANCY AT BIRTH**  
2014-2016



There is a clear **social gradient** for **LE** and **HLE** for both **males** and **females**:



HLE shows a steeper social gradient, with those from the least deprived areas of Kirklees living almost 20 years longer in good health than those from the most deprived areas.

Source: Public Health Outcomes Framework (PHOF)

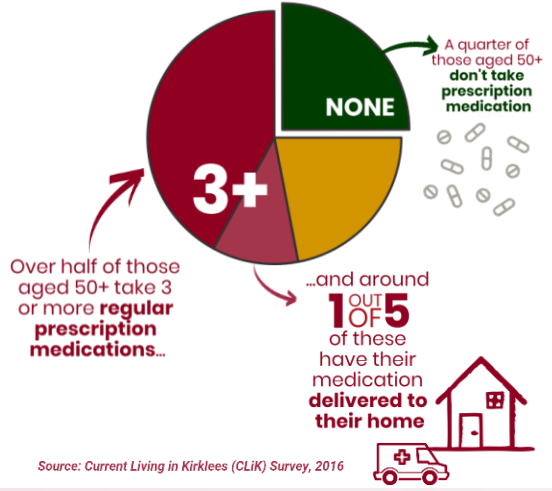
# Healthy People

## Health Issues

The number of people with diseases will double over the next 20 years and the number of people with more than one long-term condition is growing rapidly. The number of people with health and social care needs will also continue to increase unless we enable them to age well.

## Behaviours

Healthy behaviours including not smoking, moderate alcohol consumption, good nutrition, physical activity and safe sex have a positive effect on health. While the health of younger people tends to be less immediately affected by their behaviour, occupation or wealth, unhealthy behaviours in youth and early adulthood significantly determine a person's health in later life so prevention and early intervention throughout the life course is vital.



Source: Current Living in Kirklees (CLiK) Survey, 2016

A life course perspective can increase our understanding of childhood obesity. There is now strong evidence that pre-natal and early-life factors are involved in the development of childhood obesity, and that obesity often begins early in life. Furthermore, despite some interventions with established effectiveness, adult obesity has proved very difficult to treat, emphasising the need for early preventative intervention.

Research has now identified potentially sensitive periods spanning the entire life course. Early childhood and adolescence in particular are emerging as important periods for the establishment of obesity. There are several implications of experiencing overweight or obesity during childhood upon later adult physical and mental health<sup>8</sup>.



Determinants of childhood obesity include maternal smoking, no or short duration of breastfeeding and obesity in infancy.



Lower general health scores, more GP visits and more school absenteeism.



Research overwhelmingly indicates that, despite some movement between weight categories, children who become overweight or obese are likely to remain overweight or obese.



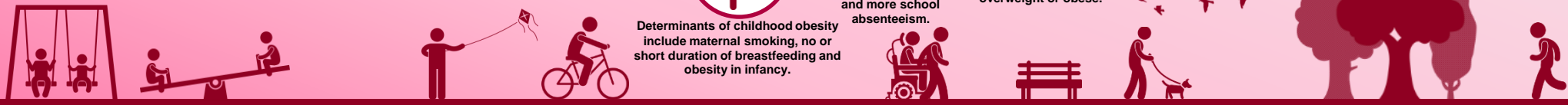
Weight bias increases vulnerability to depression, poor body image, maladaptive eating behaviours.



Obese people are less likely to be in employment than people of a healthy weight.



Overweight and obesity in childhood and adolescence have adverse consequences on premature mortality and physical morbidity in adulthood<sup>11</sup>.





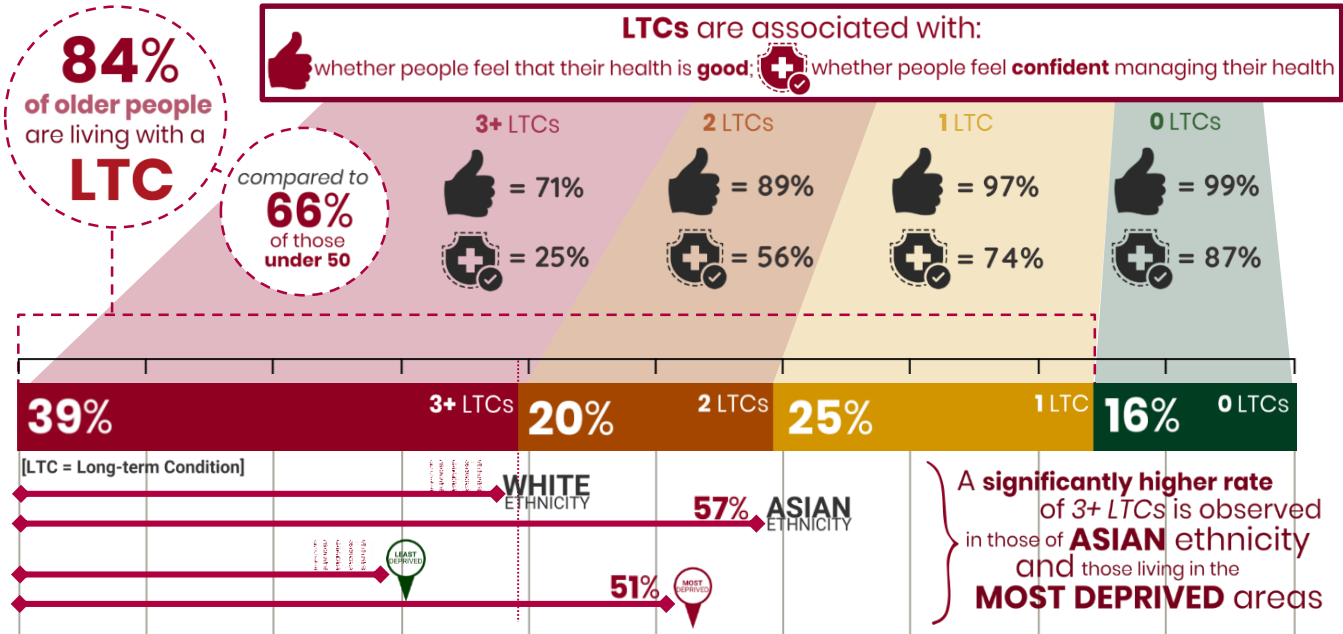
# Kirklees Snapshot

## : Living with Long-term Conditions

Long-term conditions (LTCs) <sup>Def E</sup> are more prevalent in older people and in more deprived groups. People with long-term conditions now account for about half of all GP appointments and about three-quarters of inpatient bed days.<sup>12</sup>

A LTC doesn't necessarily mean living in poor health, but the presence of multiple LTCs can significantly affect how people feel about their health and their confidence in managing it.

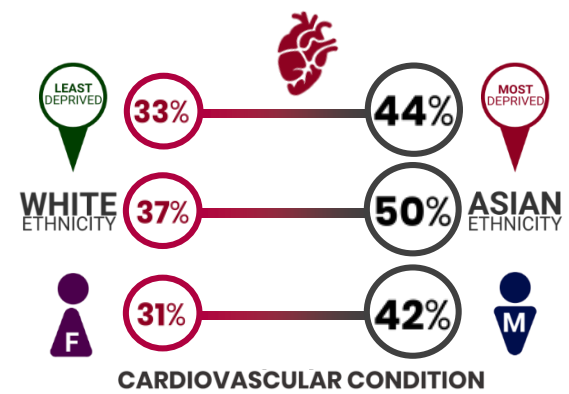
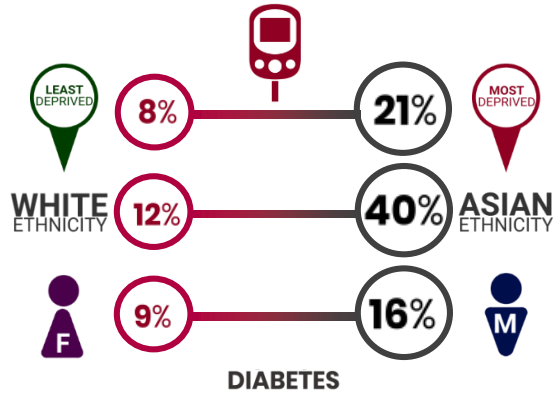
Deprivation, ethnicity and gender are all linked with the prevalence of LTCs such as diabetes and cardiovascular disease.



**14%** of older people have **DIABETES** compared to... **4%** OF THOSE UNDER 50

**38%** of older people have a **CARDIOVASCULAR CONDITION** compared to... **7%** OF THOSE UNDER 50

**CERTAIN OLDER GROUPS** are significantly **LESS** likely to **BE AFFECTED BY THESE CONDITIONS**



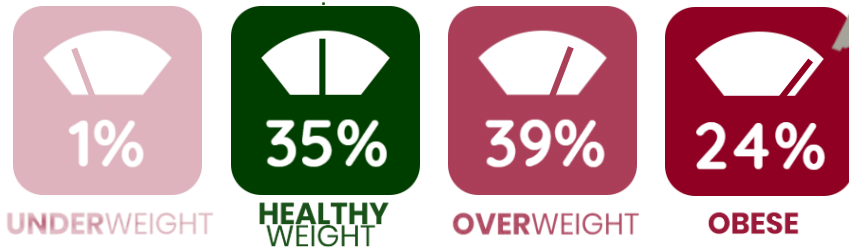
Source: Current Living in Kirklees (CLiK) Survey, 2016

# Kirklees Snapshot : Obesity & Mental Health

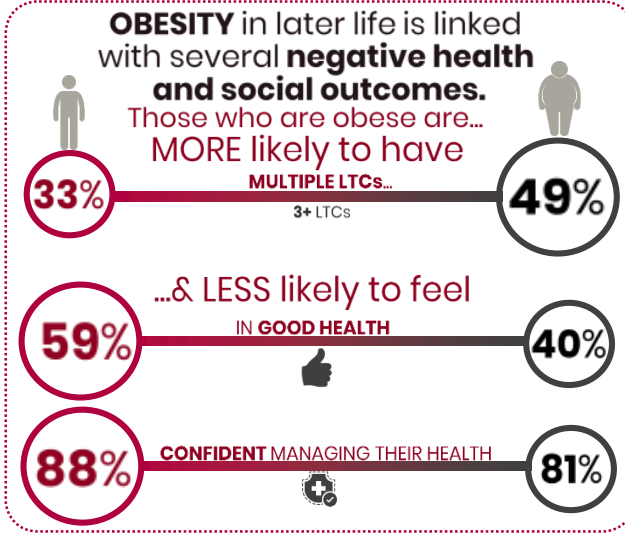
Just over **1 OUT OF 3** people aged 50+ are of a **HEALTHY WEIGHT**



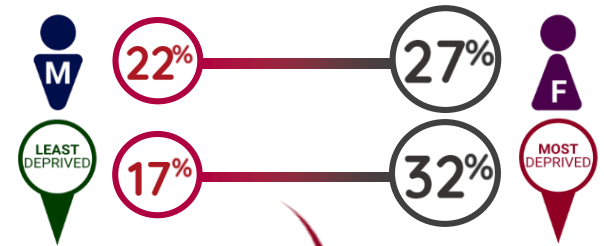
Good physical health significantly increases the likelihood of good mental health, and vice versa. 80% of obese <sup>Def F</sup> patients have never discussed their weight with their GP<sup>13</sup> and twice as many deaths are due to inactivity than are due to obesity on its own.<sup>14</sup> There is an overlap between long-term conditions and mental health problems which can affect outcomes and the cost of treatment. Services are not currently meeting existing levels of demand of those with diagnosable mental health problems.



Around **1 OUT OF 4** people aged 50+ are **OBESSE**



Males and those who live in the **least deprived areas** are less likely to report a mental health condition



Source: Current Living in Kirklees (CLiK) Survey, 2016

## Local Assets



Thriving Kirklees is designed to improve outcomes for pregnant women, children, parents and their families. This contributes to a better start for children which prevents health problems in later life, enabling more people to age well.



Desmond

Desmond provides a family of group self-management education modules, toolkits, and care pathways for people with, or at risk of, Type 2 diabetes.

My Health Tools is an online resource that provides access to a wealth of trustworthy information and resources, to help people find support and feel more in control of their health. It currently has information on pain, anxiety, breathing problems, diabetes and depression.



Kirklees Health Trainers

Kirklees Health Trainers provide an encouraging and supportive role to adults in Kirklees who have a long term health condition and who want to make positive changes to their lives to improve their health and wellbeing.

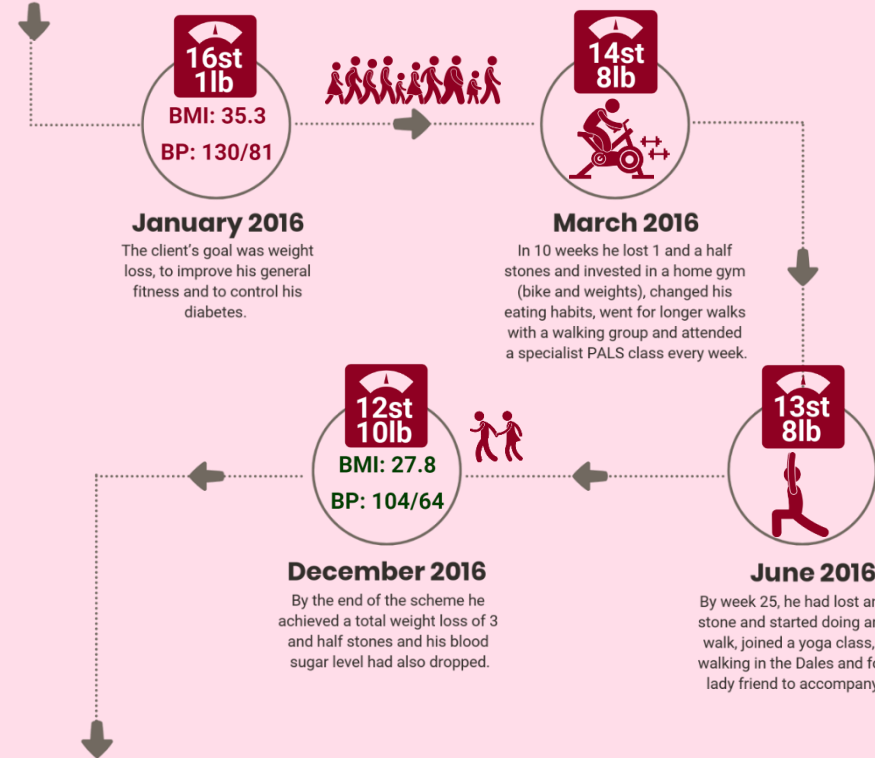
The Wellness Service will be a holistic, person-centred and strength-based approach to improving health and wellbeing amongst adults at risk of long-term health problems. It will aim to improve access to and awareness of services for people with long-term conditions and support people to consider what local assets are available.

**The Wellness Service**

## CASE STUDY

**"Mr Desmond"**  
Male, aged 68, North Kirklees

The client was referred to the scheme by the diabetes DESMOND group. He is a full time carer for his father and the only activity he did prior to joining the scheme was some gardening and local walking. He had never been to a sports centre before and never attended a class.



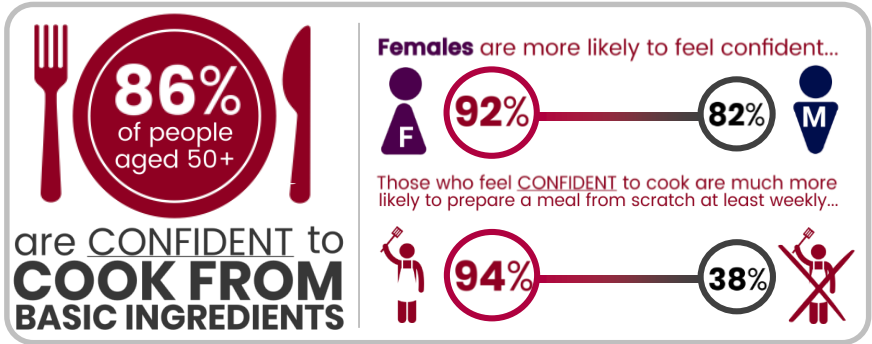
**"I feel like a new man! My clothes I have not worn for years now fit me. I feel confident, full of energy and want to do more and not stop. PALS and its classes have changed my life. I never thought I could achieve such good results!"**

**"Mr Desmond"**

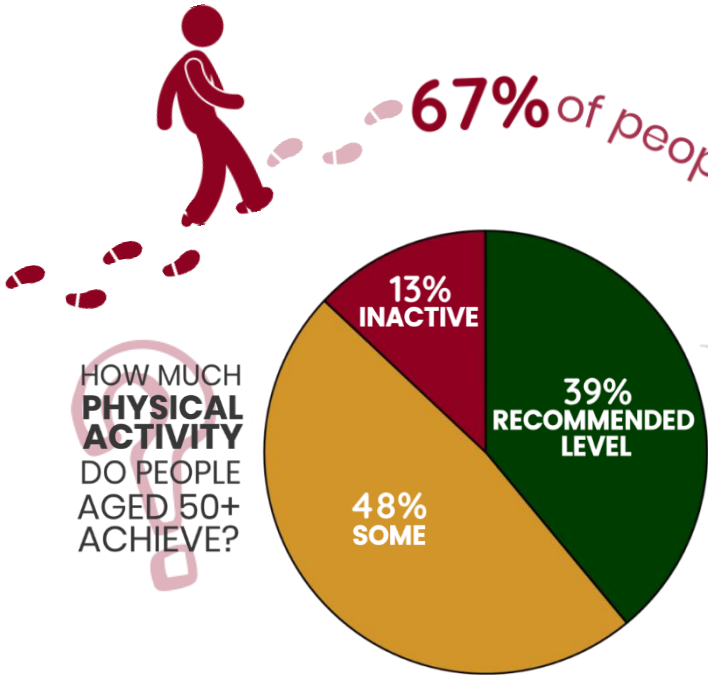


# Kirklees Snapshot : Being Active & Healthy

Although reported levels of physical activity are rising and levels of smoking are declining slightly, rates of obesity are predicted to continue to rise. The rates are higher in more disadvantaged groups. Certain lifestyle choices present a threat to population health as they significantly increase the risk of chronic disease, including cancer, and reduce life expectancy.



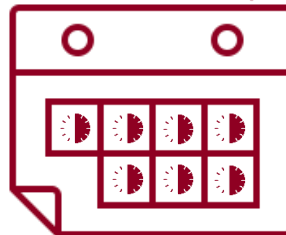
Older malnourished people are twice as likely to visit their GP, have more hospital admissions, stay in hospital longer, and have more ill health.<sup>15</sup>



**67%** of people aged 50+ walk weekly\* and **7%** cycle



The **RECOMMENDED LEVEL** of physical activity is 150 minutes of moderate aerobic activity per week (which is around **30 minutes per day**)

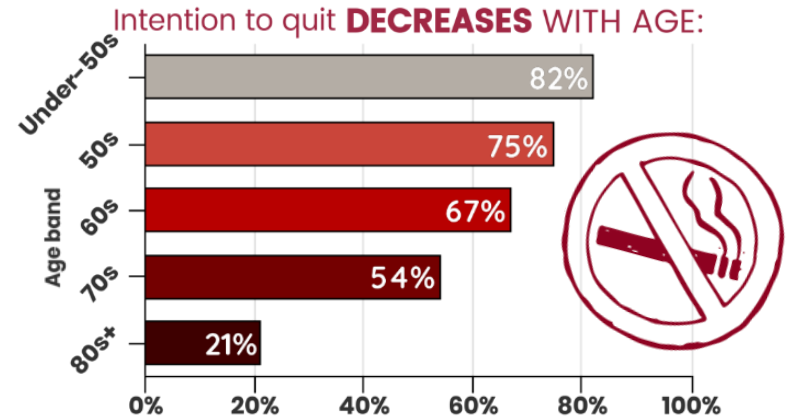
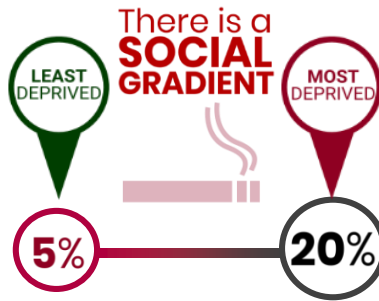
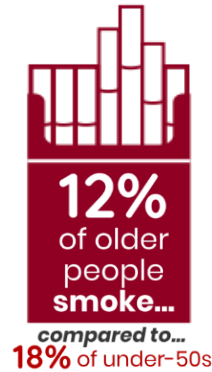


\* (walking for at least 10 minutes, for either travel or leisure)

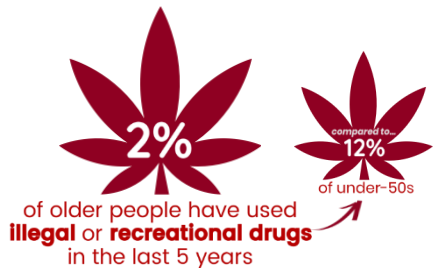
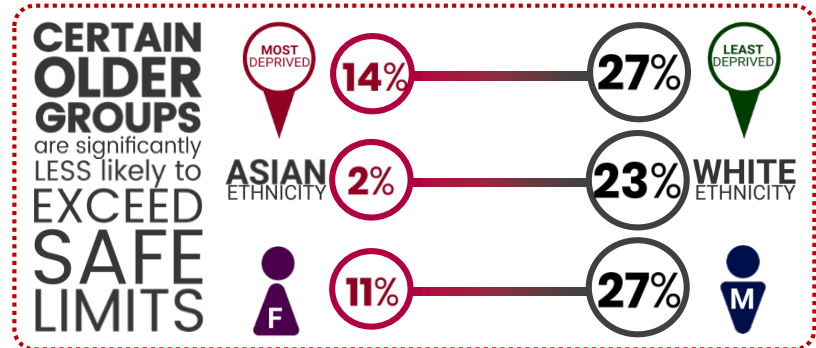
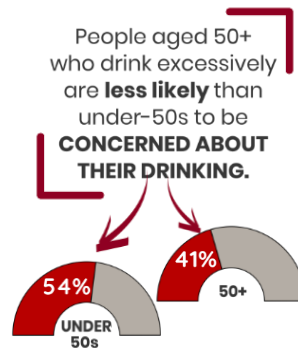
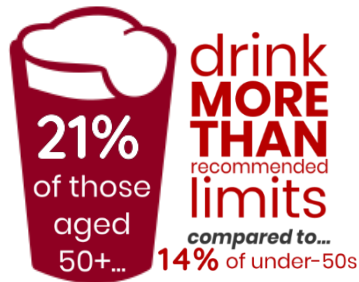
# Kirklees Snapshot

## : Unhealthy Behaviours

Smoking prevalence is lower amongst those aged 50+ but a social gradient spans the life course; four times as many older people living in the most deprived areas smoke compared to those living in the least deprived areas. As smokers age, their intention to quit becomes much lower.



A higher proportion of older people drink alcohol in excess of the recommended weekly limit (15+ units) compared to the under-50s. They also tend to be less concerned about their drinking habits.



### UNHEALTHY BEHAVIOURS

- POOR DIET
- LACK OF PHYSICAL ACTIVITY
- SMOKING
- DRINKING EXCESSIVELY
- TAKING DRUGS

Out of every **10** older people in Kirklees...

- 0** UNHEALTHY BEHAVIOURS
- 1** UNHEALTHY BEHAVIOUR
- 2** UNHEALTHY BEHAVIOURS
- 3+** UNHEALTHY BEHAVIOURS

## Local Assets



Practice Activity and Leisure Scheme (PALS) is a local Exercise Referral Scheme which aims to get more people more active more often. It is a partnership project between Kirklees Council, NHS Kirklees and Kirklees Active Leisure (KAL).

Everybody Active is an online resource for people living in Kirklees who would like to get more active and gives free access to step-by-step guidance, help to set realistic goals, easy-to-use online features and tools ideas, tips and information on a range of activities.



Yorkshire Smokefree offers telephone support, face-to-face session and online quit programmes to help people stop smoking.

Kirklees FINE Project is a healthy eating service which trains staff, professionals and volunteers in 'nutrition literacy' (understanding key messages about healthy eating). Since 2009 FINE have trained over 2,000 individuals in Kirklees who have used this knowledge in their area of work. The FINE team are currently targeting managers, cooks and care staff within older people's residential homes.



## CASE STUDY

### "Mrs PALS"

On beginning the scheme Mrs PALS felt lost and she described herself as being 'beige'. Daily pain was consuming her and any social activity was avoided as much as possible; it was easier to hide away.

At her initial consultation, Mrs PALS rated her self-esteem and physical health as poor and reported that she only got out of the house once a week. Together with her PALS officer, an action plan of attending Aqua Med each week was agreed.

Apprehensively Mrs PALS gave her action plan a go and attended Aqua Med and much to her surprise enjoyed it. She could move with ease in the water and found the other participants friendly. By the time Mrs PALS attended her first review consultation she had begun attending Aqua Med three times each week and was keen to continue.

At her second review she had progressed to attending Aqua Fit classes and had begun walking more. After being shown around the facilities at The Stadium, Mrs PALS decided to join as a full KAL member.

At her final consultation, Mrs PALS rated her self-esteem and physical health as above average and reported socialising at least five days a week. Mrs PALS became emotional when recalling her progress and reflecting on how much happier she felt. She noted that at the weekend she had complained about being out of breath after rushing back to the car with her daughter to avoid a parking fine. Her daughter laughed and commented: "**you wouldn't have been able to get back to the car like that a year ago!**".

Although Mrs PALS still experiences some joint pain, it is much more manageable. Her life is no longer beige, it is full of colour.



## Insight...

## Action...



The impact of intergenerational work on reducing loneliness amongst older people in residential settings, for example, bringing services such as nurseries, youth clubs, and care homes under the same roof.

Holistic approaches to the family, the environment, the community and the society into which a child is born and raised.



What older people need to know and do to maintain their sexual health and how local services and assets can enable this.

Support and build on existing networks and provision to prevent dementia and improve the lives of people living with dementia, their families and carers.



Explore motivations to improve NHS Health Check uptake, particularly amongst black and minority ethnic (BME) communities and people from poorer backgrounds.

Enable longer GP appointments to reduce avoidable hospital admissions among older patients cost-effectively.



Factors linked to lower levels of wellbeing and personal resilience amongst people in their fifties to aid implementation of preventive action in the workplace and communities.

Adopt integrated approaches to physical and mental health to protect the mental health of people living with long-term conditions.

Doctors to take a lead role in promoting the benefits of regular physical activity.

Ensure older people have access to services such as addiction or sexual health services, traditionally associated with younger people.

Older people who are less visible within communities and may be at risk of developing depression.

Promote holistic definitions of health which include mental as well as physical health.

Support provision of mental health first aid training.

Improve access to support for mental health problems which often underpin poor health behaviours). Services are not currently meeting existing levels of demand.



The most effective approaches and local assets to enable people from BME communities to feel confident managing their health and long-term conditions.

The health behaviours of different groups of older people and what works to promote and maintain behaviour change.



Where there are poor levels of health literacy.

Address poor health literacy to increase levels of knowledge, understanding and confidence around health issues and health behaviours.

Address loneliness to protect the mental health of older people (e.g. by signposting to local social activity services).

Build on and support local assets to reduce social isolation (e.g. through social prescribing, improving connections between networks and enabling timely and reliable information about local assets to be readily available).



# Care and Support

**Changing Need**

As well as an increase in the amount of ill health, population ageing will mean a greater prevalence of age-related conditions. The 'oldest old', who have a substantial risk of requiring long-term care, are the fastest growing age group in the UK.

**Carers**

Over the last 20 years, the management of chronic disease has moved from secondary care to primary and community care, with older people receiving the majority of their personal care from family and other unpaid carers. The way in which people receive care is changing. Traditional hospital in-patient stays are reducing, and more management of long term conditions is possible in the community.

Alzheimer's disease is the most common cause of dementia and, with an ageing population, prevalence is increasing yearly. Alzheimer's is not determined in any single time period but results in the complex interplay between genetic and environmental exposures throughout the life course.

A healthy lifestyle can help reduce the risk of Alzheimer's disease and other dementias. It has been estimated that up to half the cases of Alzheimer's disease worldwide may be the result of seven key modifiable risk factors: diabetes, high blood pressure, obesity, smoking, depression, cognitive inactivity or low education, and physical inactivity.

## Alzheimer's Disease through a life course lens

Risk factors for developing Alzheimer's include intrauterine environment and birth weight.

Cognitive stimulation throughout the life course, especially during the sensitive period in early life, influences dementia risk.

Smokers have a 45% higher risk of developing dementia than non-smokers. Exposure to second-hand smoke (passive smoking) may also increase the risk of dementia.

Low socioeconomic status (SES) in parents may lead to a similarly low attained SES in their offspring, which in turn may lead to suboptimal adult SES – a risk factor for Alzheimer's.

Being obese in mid-life doubles the risk of developing dementia at a later age, but the mechanisms behind the link between remain unknown.

Health literacy throughout the life course facilitates the recognition of symptoms in later life and timely diagnosis and care. 18,19

**Dementia** increases rapidly with age;  
 10% of deaths in **males** aged 65+ &  
 15% of deaths in **females** aged 65+  
 are attributable to dementia<sup>16</sup>

**2 OUT OF 3** people with dementia are cared for in the community, mostly by **UNPAID CARERS**

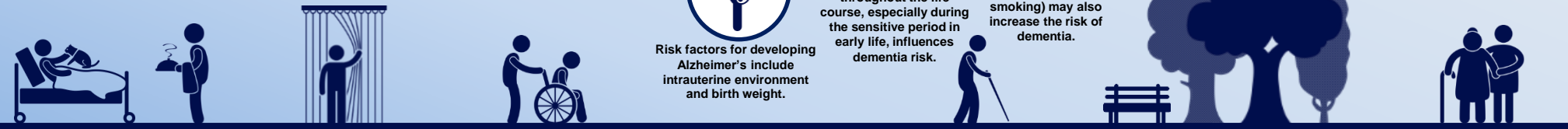
FOR MORE INFORMATION: **K J S A** Dementia

Kirkees Dementia Needs Assessment

**Frailty** is a loss of resilience that means people living with frailty do not bounce back quickly after a physical or mental illness or accident;

5% of people in their **60s & 65%** of people aged **90+** have frailty

**1 OUT OF 7** people aged over 60 have frailty and it tends to be more common in **females**<sup>17</sup>

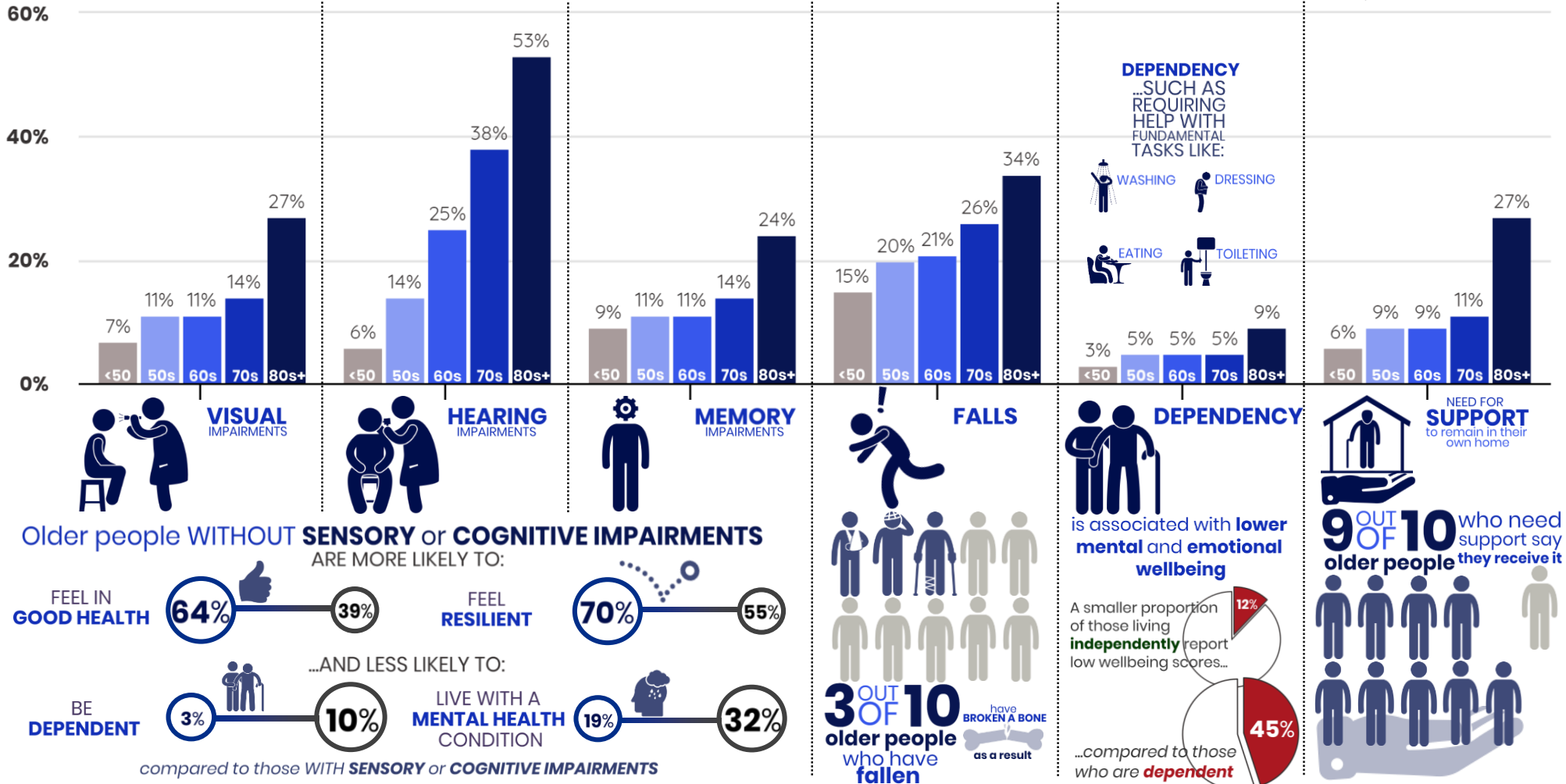


# Kirklees Snapshot

## : Living with Additional Needs & Age-Related Impairments

Dependency is associated with higher health and social care costs so it is important that people live as well as they can for as long as they can. Older people are the largest users of health services, representing two thirds of NHS users. 41% of all admissions to hospitals last year were people aged 65+.<sup>15</sup>

The risk of frailty increases with age and, in those aged 65 and over, lower socio-economic status is associated with more physical, psychological, cognitive and overall frailty. Between a quarter and a half of people over 85 are estimated to be frail, which is associated with disability and crisis admissions to hospital.<sup>20</sup> Dementia is also becoming a critically important issue in terms of both the high personal and social costs related to the disease and the wider impact on other parts of the health and care system.



Source: Current Living in Kirklees (CLiK) Survey, 2016

# Local Assets



Kirkwood Hospice provides support to people living with illness or deteriorating functional status in order for them to achieve the best quality of life.



**BreatheBetter**  
Feel good, do more

**End of Life Care**  
End of Life Care Admiral Nurse

**The Share + Care Group**



Making Space delivers the Kirklees Dementia Information Service, providing comprehensive information about services available within Kirklees and appropriate signposting support to People with Dementia, their Carers and Family Members.

The 'Museum in a Box' scheme is a range of historical resources which have been produced by Kirklees Museums and Galleries. The boxes are primarily used for reminiscence work and have proven to be an effective way of reaching people living with dementia.



The Kirklees Dementia Hub is a partnership between Community Links and Age UK Calderdale & Kirklees and offers community activity, awareness raising and information and advice sessions for adults of any age a diagnosis of dementia.

An active Dementia Action Alliance with almost 200 members. 'Dementia Friendly' training sessions can be provided by the alliance to businesses, schools and community groups.



**CREATE SPACE**  
PROMOTING POSITIVE MENTAL HEALTH

**HOOT**  
creative arts

**community links**  
inspiring hope  
inspiring change

**Kirklees Advocacy Service**



**Community Mental Health Services**

There are many local groups and services for people with age-related conditions; befriending, dancing, lunch clubs, exercise classes and community groups such as Dementia Cafes. There are also various mental health services that provide support for older people.

# CASE STUDY

## Museum in a Box

Supporting people through reminiscence

The 'Museum in a Box' project was developed nine years ago and now consists of 20 boxes (which are available for groups and organisations to borrow for free) on a variety of themes including school days, kitchen and washday, textile mills and rugby league.

Each box contains a range of 20 multi-sensory objects to help stimulate discussion, including tactile objects that can be handled, photographs, CDs and smells from bygone times. The themed objects and resources help to rekindle memories, encourage conversations, boost self-esteem and can offer support at a time of change. Over 90 box loans took place during January to June 2017, from 24 different organisations include care homes, hospitals, charities, agencies and community groups.

Kirklees Museums and Galleries have recently commissioned The Audience Agency to undertake an evaluation of the health and wellbeing impacts of the Museum in a Box scheme. Nine organisations that have used the boxes on a regular basis over the last year were surveyed. These organisations are using the boxes to supporting a range of service users including the elderly, people living with dementia and their families, people with long term health conditions, limited mobility and people with learning difficulties. Of those organisations surveyed:

- All strongly agreed that service users have enjoyed reminiscing/engaging with their personal history through using the boxes.
- All strongly agreed/agreed that Museum in a Box resources and sessions have enabled service users to improve their social interaction with others (e.g. care staff, family, other service users/participants).

Some of the benefits of using this scheme which were expressed in the survey included:

*"Some residents really look forward to the sessions. Improves confidence and self-esteem as they realise how much they know. Creates laughter and positive feelings."*

*"Some residents who do not communicate much seem to come alive when we start to do the reminiscence session."*

*"Increases feelings of happiness and creates a 'buzz'"*

The multi-sensory nature of the boxes are key to their success. One survey user commented:

*"The variety of items, including tactile items, smells, music etc. all work on the brain in different ways to invoke memories."*



# Kirklees Snapshot : Caring Responsibilities

The changing health demands of the UK population will affect the provision of health and care over the next decade. The community, families and unpaid carers are a vital part of the health and care system and are integral to future success. Increasing community capacity and capability is central to enabling people to live more independently. Nationally, the value of unpaid support by carers roughly matches the cost of the NHS.

Unpaid carers face a number of challenges and supporting them to balance other competing responsibilities, particularly work, will help meet the increasing future demand.

**Older people WITH NO or LOWER FREQUENCY CARING RESPONSIBILITIES**

**<50 HOURS PER WEEK**

**55%**

ARE MORE LIKELY TO FEEL IN **GOOD HEALTH**

**50+ HOURS PER WEEK**

**39%**

**24%**


...AND LESS LIKELY TO LIVE WITH A **MENTAL HEALTH CONDITION**

**32%**


**15% OF OLDER PEOPLE WHO PROVIDE 50+ HOURS OF CARE WEEKLY**

*compared to 30% of under-50s*

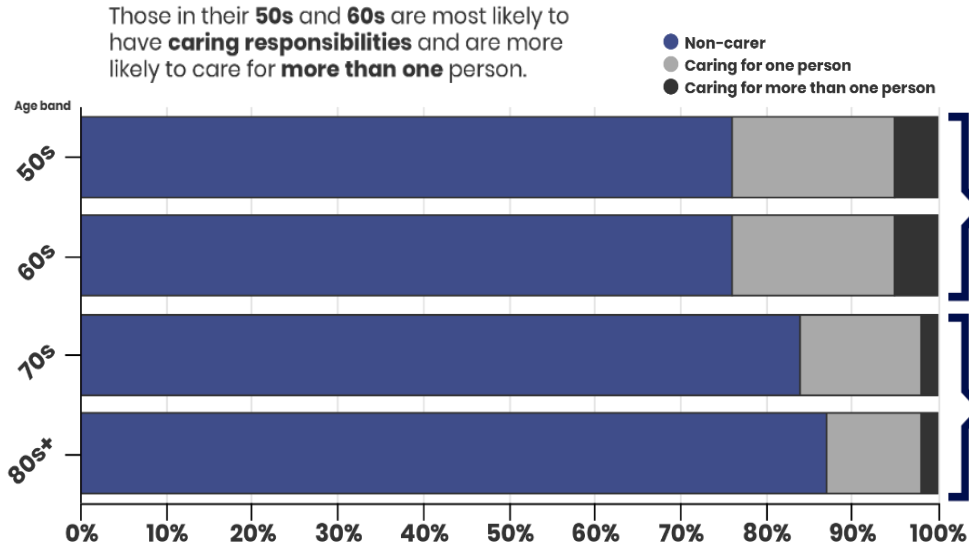
**HAVE USED RESPITE CARE IN THE PAST 12 MONTHS**

  
**1 OUT OF 4 FEMALES**

**&**

  
**1 OUT OF 5 MALES**

**AGED 50+ HAVE CARING RESPONSIBILITIES**



**47%** feel satisfied | **21%** feel dissatisfied with the **general support** provided to them **as a carer**

**1 OUT OF 10 WORKING CARERS PROVIDES 50+ HOURS OF CARE PER WEEK**

**A QUARTER** of the older workforce have some kind of **CARING RESPONSIBILITIES**

Source: Current Living in Kirklees (CLiK) Survey, 2016



## Local Assets



## CASE STUDY

### "Mr & Mrs"

**Carers Count**

Carers Count has been set up to promote the wellbeing of carers so they can continue in their caring role and have a life of their own.

Both are in their 80s and were referred from their GP's surgery to see what support we could offer them at *Carers Count*. They have no family in the area.

After a discussion about their financial situation, it became apparent that "Mr" could claim Attendance Allowance and a home visit was arranged to assist with filling out the form. After this was done he was awarded this at the higher rate.

Following this, it was identified that "Mrs" received the underlying entitlement to Carers' Allowance and her pension credit was topped up. This has made a difference of approximately £400 to them each month.

Gateway to Care is a single point of access for adult social care which provides information and advice for carers and people who are cared for, including support to complete Carers' Assessments.

**Kirklees COUNCIL**  
**Gateway to Care**

They also mentioned that they were having problems with access to their home and were waiting to hear from someone but they did not know who. Enquiries were made to Housing Association, Handy Care Team and Accessible Housing and the work was expedited which has made access much easier for them.

They are now aware of all our services and are planning to attend our Coffee and Chat group in the near future for support.



Free sessions and courses for carers are available locally. They offer support with building resilience, safeguarding, time management and self-care.



## Insight...

## Action...



Enable upstream, preventive interventions across the life course using evidence-based commissioning of 'age friendly' services.

Utilise new technology to support people with sensory and cognitive impairments and their carers to continue to live independently.

Enable older people to stay at home, feel safe and confident managing their daily routines.

Develop activities and opportunities (including volunteering) specifically aimed at older people.

Promote peer and mentor support.



Improve data quality on frailty and falls in older people to identify vulnerable and at-risk groups.

Ensure older people have access to health services that do not discriminate and which are equipped to provide safe, high quality care.

Co-production of social care provision, designing and delivering services in equal partnership to improve outcomes for older people.

Promote and enable carer-friendly health and care services.



Understand how referral and recovery rates and routes to Cognitive Behavioural Therapy and psychotherapy differ between age groups.

Access to stepped care approaches such as Cognitive Behavioural Therapy and Psychotherapy.



Particular challenges for older carers from different Black and Minority Ethnic groups.

Understand the impacts of sensory impairment on quality of life and social networks and access to services particularly for those facing additional language or communication barriers.



Embed the Carer's Charter across organisations.

Develop more Dementia Friendly initiatives.

Work with local businesses to help them recognise and support carers.

Support more carer break schemes.

Enable 'hidden carers' (those not in touch with formal support services) to find support and advice.

Work collaboratively and creatively with carers to address their health and employment outcomes.

# Good Communities

**Housing**

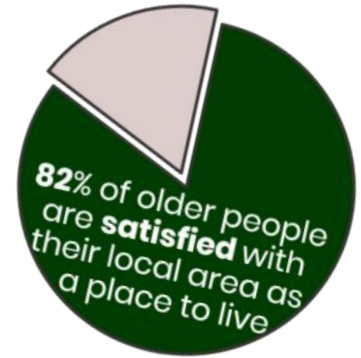
Good housing throughout the life course helps people to stay warm, safe and healthy, and enable them to do the things that are important to them. We know that people in later life spend more time in their homes and immediate neighbourhood than any other age group.

**Accessible Places**

People interact with outdoor spaces and the built environment in ways that reflect their lifestyles and physical capabilities. For some older people, their external environment has a major impact on mobility, access to resources and services, social participation, independence and quality of life. Places which are accessible and supportive facilitate social inclusion.

**Social Inclusion**

Staying connected (with family, friends, events, services, news and activities) is a key part of life. Social relationships are particularly important for older people, not only in facilitating access to support and leisure, but also in increasing resilience and promoting recovery from illness in socio-economic circumstances that otherwise would be detrimental to health.

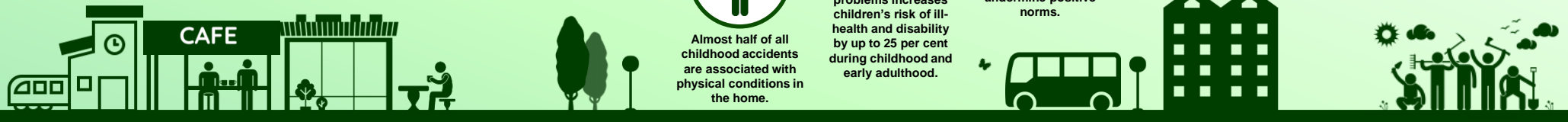


Source: Current Living in Kirklees (CLIK) Survey, 2016

The home and neighbourhood are seen as having a crucial role in the wellbeing of older people. The home and place in which people live are an essential element of their quality of life; the home cannot simply be viewed as a 'setting'.

The sense of belonging to a place is connected with identity; deterioration in a neighbourhood and fear of crime have a strong negative influence on wellbeing by limiting activity and engagement with the outside world.

## Neighbourhoods through a life course lens



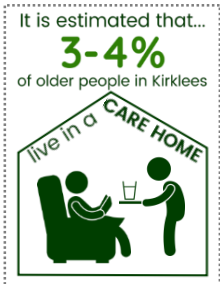
# Kirklees Snapshot

## Housing Composition, Planning & Suitability

Over the next 20 years, there will be an estimated 35,000 more people aged 50+ years living in Kirklees. The number of people aged 80+ years is projected to almost double.

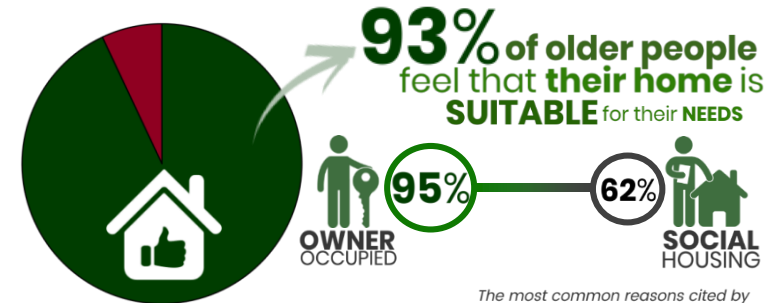
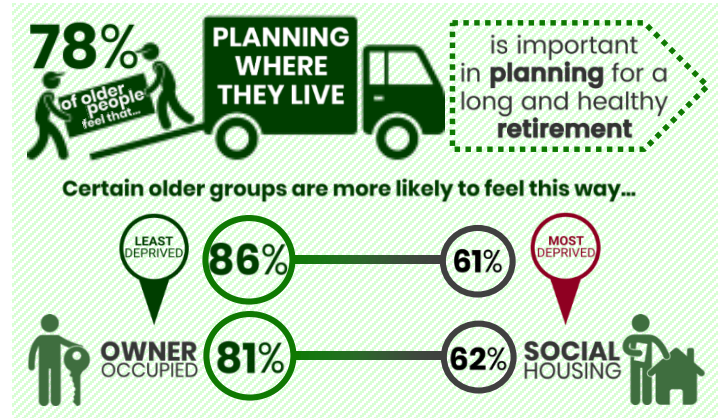
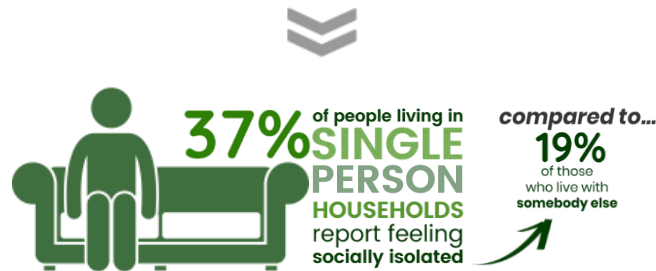
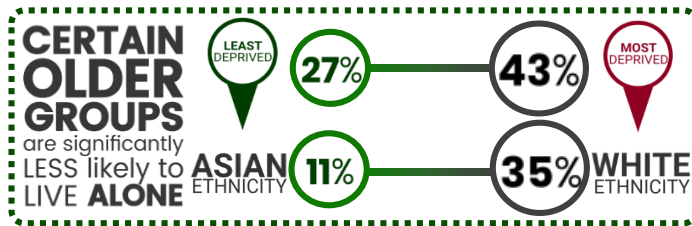
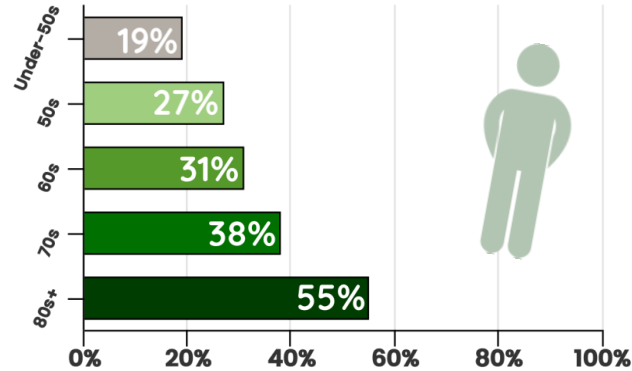
The majority of older people in Kirklees want to stay in their own homes with help and support when needed. Those living in familiar environments that suit their needs can find it easier to get out, and so are more likely to be physically active, connected and happy. However, compared to the rest of the population, people in later life are more likely to live in homes that are in a state of disrepair and pose a threat to health. Poor housing for older people costs NHS at least £634m every year.<sup>15</sup>

Most people in later life live in their own homes, but many homes do not have the key features required for independent living.

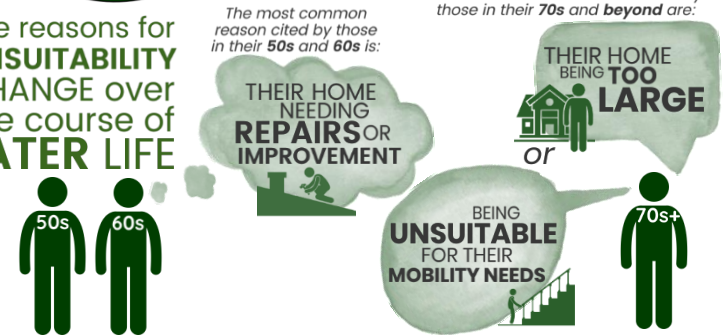


Housing composition changes across the life course due to **life events** such as becoming a parent, becoming independent, marriage, divorce, caring responsibilities and bereavement.

The proportion of people living alone **INCREASES WITH AGE:**



The reasons for **UNSUITABILITY CHANGE** over the course of **LATER LIFE**



Source: Current Living in Kirklees (CLiK) Survey, 2016



## Local Assets



Kirklees has a multi-disciplinary team which includes the Accessible Homes Team (AHT) (home adaptations), the Housing Solutions service (homelessness) and Kirklees Neighbourhood Housing (KNH) who are commissioned to manage the housing stock as well as other duties such as enforcement.

Home from Hospital provided by Age UK in partnership with Community Transport offers a seamless transport and support service for people who have spent time in hospital.



Good Neighbours is a local community scheme to help older people retain their independence, delivered by the Royal Voluntary Service.

## Safe and Well

Safe and Well schemes, delivered by West Yorkshire Fire and Rescue Service carry out holistic community safety work, providing home fire safety advice as well as identifying people at risk of falls or isolation and signposting to services for those aged 65+.

**Extra Care Housing** schemes are a group of self-contained flats provided by Council-owned Private Finance Initiatives (PFIs) and designed to maintain the independence of older people (usually 50+) who have care and support needs. Currently, there are schemes in **Heckmondwike**, **Crosland Moor** and **Dewsbury**. There are 50 more units in development in **Ashbrow**, **Huddersfield** which will be available in 2020.

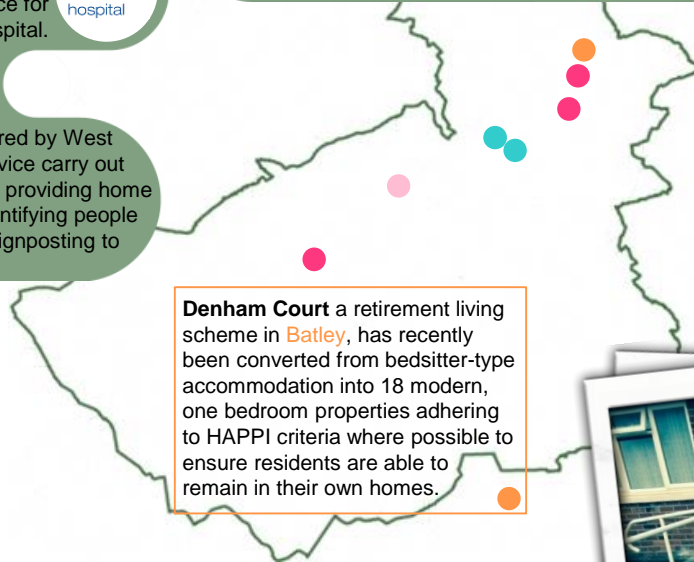
**Denham Court** a retirement living scheme in **Batley**, has recently been converted from bedsitter-type accommodation into 18 modern, one bedroom properties adhering to HAPPI criteria where possible to ensure residents are able to remain in their own homes.

There are various **retirement living schemes** across Kirklees which are owned by Kirklees Council and managed by KNH. All have communal facilities and Wi-Fi and two have community centres; **Finching Grove** and **Oddfellows Street**.

Activities include intergenerational initiatives and those that reduce social isolation and encourage health and wellbeing in later life.

The Choose 'n' Move scheme provides the opportunity for people to see which social rented properties are currently available and the chance to bid on them.

**choose 'n' move**



## CASE STUDY

### "Mr & Mrs L"

Mr & Mrs L (aged 67 & 68) lived in a 3 bedroomed private rented house for around 24 years. Due to deterioration in Mr L's health they sought support from Kirklees Council and were referred to the Accessible Homes Team (AHT).

Mr L suffered with COPD (a chronic lung problem). Due to this he was unable to get up and down the stairs to access his bedroom, bathing facilities and toilet. The property also had a lot of damp that exacerbated his breathing problems. The couple had converted their dining room into a bedroom for Mr L and he based himself downstairs. He had a specialist bed, a commode and his wife would strip wash him daily. He would only go out for appointments but this was a struggle as there were steps at the access of the property.

A home visit was carried out by a Medical Advisory Officer from AHT, and band B (high medical priority) was awarded as the property could not be adapted.

Mr & Mrs L bid on Choose 'n' Move and they came top of a shortlist for a one-bedroomed bungalow at Meltham which was already adapted with a level access shower and was close to family support. AHT worked with Kirklees Neighbourhood Housing (KNH) in order to organise a viewing of the property. An Occupational Therapist from AHT was also present at this viewing. The couple accepted the property and moved in a couple of weeks later.

Following this, a further assessment was carried out and, as Mr L was experiencing breathlessness when walking, it was decided that the property could be further adapted to make it wheelchair-accessible for him; alterations were made to the width of the door, and a ramp was created.

This enables Mr L to be more independent within his own home. He is based on one level with easy access to all facilities and is able to bathe independently without assistance from his wife. He is able to get out of his property independently, and this in turn takes a lot of pressure off his wife who was beginning to struggle. Without this move and these adaptations, Mr L would have been at risk of falls, infection and a break-down in care which in turn would have impacted on NHS and Social Care resources.

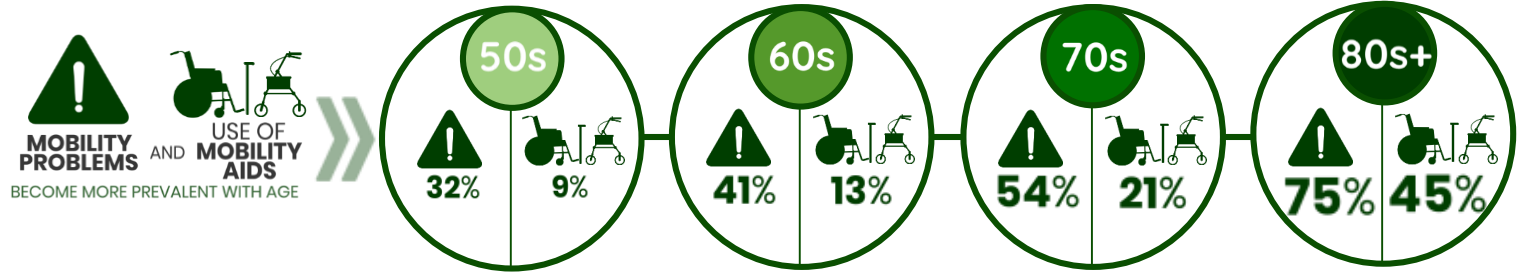


# Kirklees Snapshot

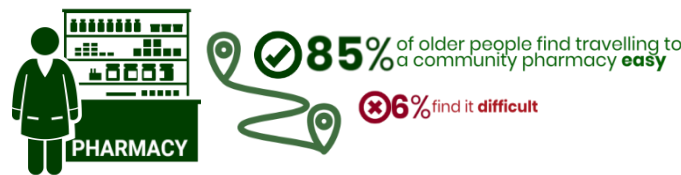
## Mobility, Facilities & Safety

Well-designed and accessible environments have a positive effect on individual and community health and wellbeing and reduce isolation. For older people, these could include well maintained recreational areas, ample rest areas, safe pedestrian routes and accessible buildings as well as affordable and accessible transport.

Areas with more accessible green space are associated with better physical and mental health and the risk of mortality caused by cardiovascular disease is lower in residential areas that have high levels of "greenness". There is also evidence that exposure to nature could be used as part of the treatment for some conditions.<sup>23</sup> Illnesses related to sedentary urban lifestyles are creating an increasing economic and social cost. In order to maintain good health as we grow old, we need to be more physically active throughout our lives. Increasing the accessibility of the local environment can enable people to be more active, more often.

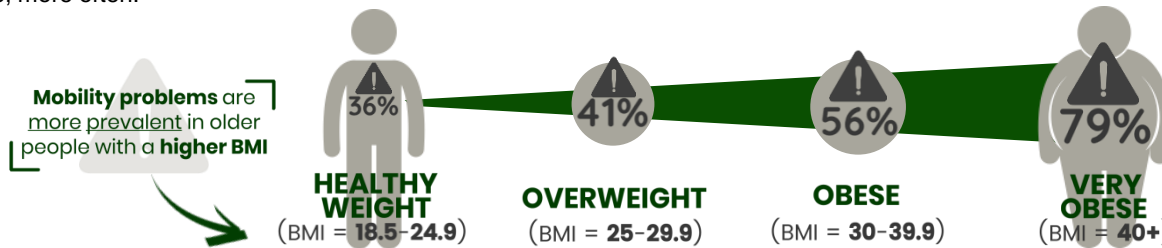


Those who use **mobility aids** are significantly **less** likely to **feel safe** during the day than those who don't:



**82%** of those aged 50+ feel safe in their **local area** during the **day**...

and **67%** feel safe **after dark**



Source: Current Living in Kirklees (CLiK) Survey, 2016

# Local Assets



## AccessBus

A door-to-door service using specially equipped vehicles for people who have difficulty in using conventional public transport. A number of free of charge Access Bus routes are available to those eligible throughout West Yorkshire.

Steps are being taken to ensure accessibility is at the heart of the West Yorkshire Local Transport Plan; procedures are in place to help disabled people, older people and people with dementia feel safe; transport information is made available in Braille, large print and easy-read; bus drivers can attend awareness information sessions; Travel Assistance Cards are designed to help disabled and vulnerable people when using public transport to let drivers know about any requirements they may have.



## SCOOT

A number of road networks in Kirklees operate a SCOOT system (world leading adaptive signal control system). It responds automatically to fluctuations in traffic flow through the use of vehicle detectors reducing congestion and maximising efficiency. This brings benefits to vulnerable road users including older people via reducing emissions and improving air quality and by prioritising public transport.

## CASE STUDY

### Local Improvements

Over the past few years, the Landscape Team have been making improvements to local parks and green spaces across Kirklees to increase their accessibility.

September 2014  
Tolson Museum Memorial Garden  
Huddersfield

An area of the park tucked away behind the museum, where a secluded space could be used to create a memorial garden which would be a quiet, peaceful and uplifting environment to reflect on how wars and conflicts affected people. Working in an intergenerational context, the area was made safer and more accessible as well as being more informative and interesting.



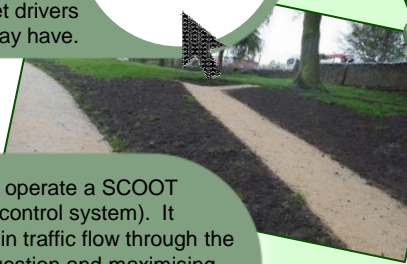
July 2015  
Dewsbury Country Park  
Ravensthorpe

The 76 acre park, which is a former landfill site, is bordered by Dewsbury Moor, Mirfield and Heckmondwike and also includes the Spen Valley Nature Reserve. The rejuvenation of the site included a car-parking facility with an attractive and welcoming entrance point and a footpath network with trails for cycling and horse riding. These transformations have helped to make it a welcoming and accessible and a vital resource for the health and wellbeing of the local people



November 2012  
Rectory Park  
Thornhill Lees

The Landscape Team were commissioned to project manage the creation of new compacted gravel surfaced paths with timber board edges, designed to provide wide, even and regular surfaces to walk on and to allow wheelchair access where possible. The improvements also included the installation of benches and of ramps over uneven and sunken areas.



August 2016  
Mirfield Petanque  
Mirfield



The Landscape Team were asked to project manage the extension of the petanque court in the Mirfield Memorial Park. Petanque is a form of boules and the existing court is well used and appeals mostly to older users. It is anticipated that the extension will help to encourage greater use of this outdoor activity area, particularly amongst older people in the Mirfield area.

October 2011  
Ings Grove Park  
Mirfield

Ings Grove Park was hidden away from view behind a high retaining wall and was overgrown. A new entrance from Huddersfield Road was created and more accessible footpaths were designed throughout the site. Improvements were also made to the War Memorial in consultation with the British Legion, with the creation of an accessible ramp and lighting to the monolith.





Kirklees Snapshot



: Cohesion, Inclusion & Connectedness

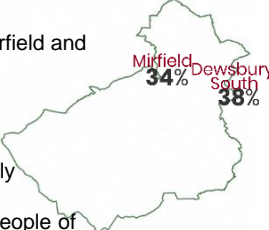
The effect of maintaining adequate social relationships is comparable with quitting smoking and exceeds many known risk factors for mortality. The causes of social isolation are varied and older people are particularly vulnerable, however there are many 'protective factors' that contribute to social inclusion; maintaining friendships, retaining a good income, having access to transport, transitioning well from employment to retirement, keeping in contact with children and family, keeping healthy and mobile and good levels of health and digital literacy.

However, older people are at higher risk of experiencing 'trigger events' such as bereavement, having falls or facing other health issues which may leave them feeling excluded. Some groups of older people will face discrimination because of their race/ ethnicity, sexual orientation, mental ill-health and so on that may increase isolation. The number of single-person households is predicted to rise significantly, particularly amongst older people, whilst at the same time many people are becoming increasingly connected through technological networks.

**51% of older people feel that... people from DIFFERENT ETHNIC BACKGROUNDS GET ON WELL TOGETHER**

This was lowest in Mirfield and Dewsbury South.

Older adults of Asian ethnicity were significantly more likely than people of White ethnicity to feel that people of different ethnic backgrounds get on well together:



**57% of older people feel that... people TRUST EACH OTHER**

Wellbeing is a significant predictor of social trust; twice as many people with a high wellbeing score felt that people trust each other locally than people with a low wellbeing score:



**67% of older people feel that... their local area is a place where people TREAT EACH OTHER WITH RESPECT AND CONSIDERATION**

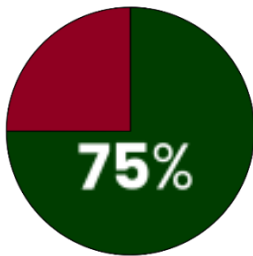
compared to... 60% OF THOSE UNDER 50



Social Inclusion

**"Socially included":** Rarely/never experiencing feelings of loneliness or isolation

**"Socially isolated":** Experiencing feelings of loneliness or isolation some/most/all of the time



Most people aged 50+ feel socially included. Loneliness is associated with depression (either as a cause or consequence) and higher rates of mortality.

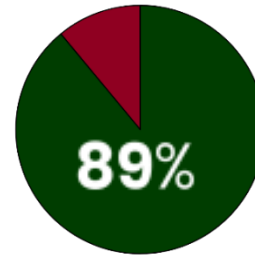
In Kirklees, rates of social inclusion are much lower in those who have suffered from depression within the previous 12 months:



Social Connectedness

**"Socially connected":** Having somebody to comfort you when upset OR to help you out in a crisis

**"Socially disconnected":** Having nobody to comfort you when upset OR to help you out in a crisis



Most people aged 50+ are socially connected; males are more likely to lack social connections.

Older people who aren't socially connected are less likely to feel in good health than those who are socially connected:



Source: Current Living in Kirklees (CLiK) Survey, 2016



# Local Assets



Kirklees Older People's Network

KOP Network is an organisation which enables older people to have an active and collective voice in Kirklees.

University of the Third Age is a society of people who want to maintain and improve their quality of life by keeping fulfilled and active.



The Community Directory lists organisations that can provide help and support in community settings.

The Curtains Up Players is an over-50s theatre group which promotes communication and friendship and supports members to live well.



Huddersfield Over Fifties Forum

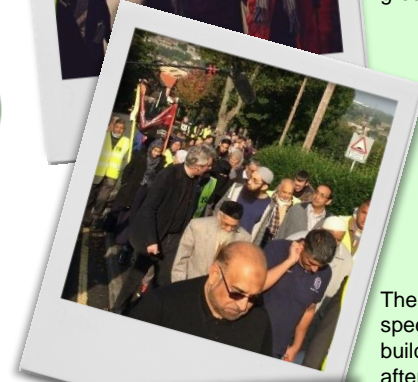
HOFF is a growing campaigning and social group for issues such as pensions, health, care transport and leisure who meet monthly.

Men's Sheds are places run by men, for men in collaborative ways, where men come together to work side by side on a weekly basis to undertake projects.



Huddersfield OWLS

Owls is a weekday leisure provision at Huddersfield Leisure Centre for those over 50, which includes activities such as swimming, gym, bowls, table tennis, squash and badminton.



## CASE STUDY

### Walk With Us Project

The project started with an officer from the Community Engagement & Development team engaging with faith and non-faith groups to identify whether they were willing to make time for an event to bring communities together. Building rapport with groups helped to establish a planning group of key partners from different communities.

The *Walk With Us* Project was inspired by the idea of bringing local people together to find out more about their neighbours. Key partners included United Benefice of Batley (C of E), Indian Muslim Welfare Society, Batley Bulldogs, Pakistani Kashmiri Welfare Association, Batley Central Methodist, St Mary's Batley, Batley Smile and the Police.

A group of 20 volunteers arrived an hour before the event as planned for their briefing. The walk started on time at 2:30pm. The afternoon stroll in the sunshine begun with 200 local people walking together with smiles on their faces. People young and old, people of different backgrounds, local businesses, and local police and fire crews took part.

The finishing line was at Batley Bulldogs Stadium. When everyone had arrived three short speeches were made by local groups to thank partners for working together and to all involved for building a stronger Batley community. Afternoon tea and cakes were served by volunteers soon after and the walkers enjoyed the rest of the afternoon by getting to know each other and enjoying the play activities.

The complexity of the event was heightened with the by-election just days away as their was potential for electioneering. However, this was carefully balanced to minimise risks. Candidates were able to attend but election campaigning was not allowed. Two candidates attended but this was only in their community capacity to take part with the event. In the end this event created a good feel factor in the community which many people felt was required given the current affairs linked to the by election campaigns.

There were many positive comments collected on the Friendship Tree:

***"I made a brand new friend and met someone else to get crafty with - more woolly projects will follow! Lovely Batley event"***  
Julie

***"There's a special feeling when you've been part of something amazing"***  
Mohammed

***"So much goodwill and mutual respect let's keep the momentum going!"***  
Colin

## Insight...

## Action...



Preventable illnesses and injuries resulting from inadequate housing.

How parks could be made more accessible and support their creation and maintenance amongst communities.

Which groups are more likely to experience loneliness and isolation at different life stages or following different life events and how local assets can help to prevent this or reduce the impacts.

Encourage cycling and walking amongst all age groups.

Raise awareness of accessibility issues and barriers to services.

Promote active citizenship across the life course.



How people in residential/care homes could remain at home for longer.

What helps to make older people feel safe so they can more easily and confidently access facilities and services in their communities.

Spatial and social barriers to using public transport (e.g. location of bus stops, accessibility of vehicles).

More about the barriers and facilitators to participation in local networks and lifelong learning opportunities.

Facilitate planned downsizing.

Improve physical accessibility to aid social inclusion.

Enable older drivers to recognise whether physical problems or medication are affecting their driving.

Support older people to maintain existing relationships and develop new connections.



Return on investment for provision of specialist accommodation.

Evidence to support commissioning and future supply of housing stock.

Increase availability across all tenures to meet all needs and budgets.

Gendered interventions to tackle inclusion barriers.

Involve older people in design.

Reach people at 'trigger points' for increased loneliness/ isolation and signpost to appropriate sources of support.



Perceptions, expectations and experiences of housing of different black and minority ethnic (BME) groups and vulnerable groups.

Improve access to green spaces to improve wellbeing.

Utilise psychological approaches to loneliness, e.g. cognitive behavioural therapy and mindfulness.



Inclusive design of outdoor spaces (adequate seating, public toilets, etc.).

Provide audible and visual road crossings and short crossing distances.

Familiar location to maintain community ties and stability.

Promote intergenerational relationships.

Utilise technology.

Use the Local Plan to achieve accessible, safe, and people-centred communities for new infrastructure, and protect and enhance accessibility of existing facilities.

# Working Longer

## Employment & Retirement

As people live longer, extended working is becoming more common. There are more people aged 50+ years in employment than ever before. By 2022, one in three of the working age population will be aged 50+ years. Nationally, legislation already supports fuller working lives, with the reform of the State Pension since **2010**, the removal of the default Retirement Age in **2011** and employees being given the right to request flexible working after six months continuous service.

## Volunteering

The most important factors that motivate people to volunteer later in life are putting a structure on free time, a way of continuing to use skills acquired through work and a route to explore and develop new skills unhindered by the demands of paid employment. These are in addition to the reasons that apply to volunteering across the life course: the desire to help others, a need to feel useful and valued, the desire to make friends, and enjoyment of the activity itself.

The quality of retirement is influenced by factors affecting retirement 'readiness' as well as events during retirement and the extent to which the reality of retirement lives up to expectations. Longer life expectancy is changing the structure of families so more generations are living simultaneously and many adults are juggling work and caring roles. This can create new challenges for families, communities and services as well as opportunities for inter-generational approaches to improving health and wellbeing.

Competence in oral language and the resulting transition to literacy is seen as crucial as a protective factor in ensuring later academic success, positive self-esteem and improved life chances. The acquisition of cognitive skills is strongly associated with better outcomes across the life course over a range of domains including employment, income and health.

A significant number of children have Speech, Language and Communication Needs (SLCN), but they fall into two groups. It is estimated that around 10% of all children have a long-term persistent SLCN, whereas upwards of 50% of children on school entry have more transient difficulties and, with the right support, are likely to catch up.<sup>24</sup>

## Language & Communication through a life course lens



There is a link between early spoken language skills and subsequent reading and writing skills.



There is evidence that the social class distinction for communication skills identified at pre-school can continue into adult life.



Because of their poor conversational skills, limited non-verbal skills and often poorly developed social understanding, children with SLCN are more likely than their peers to find peer interaction and forming real friendships difficult.



There is a high correlation between children with special educational needs and youth crime. 50% off the UK prison population has been identified as having literacy difficulties compared to 17% of the general population



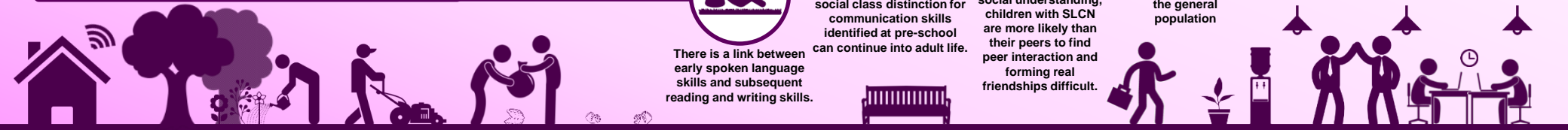
People with SLCN will have restricted employment opportunities limiting them to routine or semi-routine work or to unemployment.



Low income throughout the life course will adversely impact upon the ability to save for a pension and be financially secure in later life.<sup>24,25,4</sup>



Evidence shows that these skills can improve people's retirement savings and their work and health outcomes.



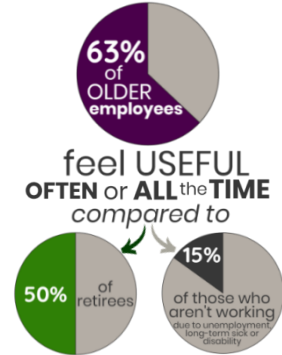
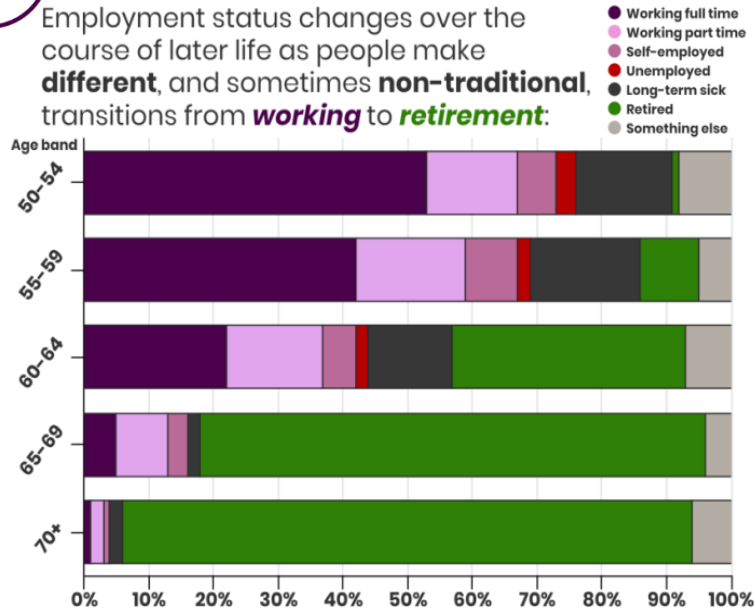
# Kirklees Snapshot



## Employment Status

Working later in life has benefits for individuals and families, employers and wider society. For most people, remaining in work as they age is good for both finances and health and wellbeing. There are a number of factors that influence early exit from the labour market. Some workers leave employment 'voluntarily' having planned financially for retirement but for others leaving the labour market early is a result of ill health, caring responsibilities or redundancy.

Employment status changes over the course of later life as people make **different**, and sometimes **non-traditional**, transitions from **working** to **retirement**:



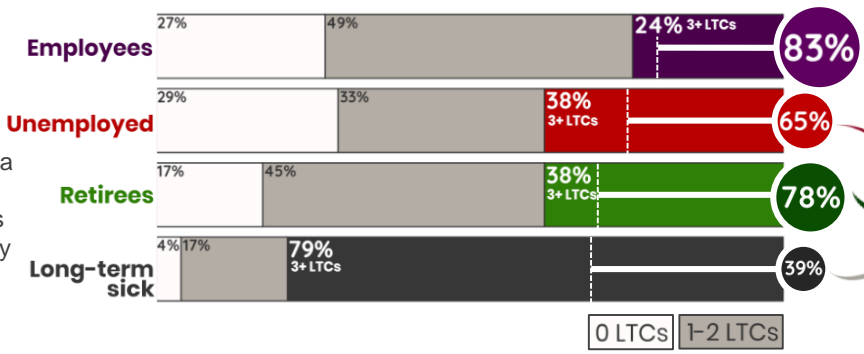
Employment in later life is positively associated with having a **sense of purpose** and **reduced feelings of isolation**.



Positive aspects of retirement may include more leisure or family time, or a chance to pursue lifelong or new interests.



Negative aspects of retirement may include a fall in living standards, social isolation or a loss of the status and identity associated with work.



Older employees have a lower rate of multiple long-term conditions than those who are **unemployed**, **retired** or on **long-term sick**.  
**Employment status** is associated with how **CONFIDENT** older people feel about **managing** their **OWN HEALTH**.



Source: Current Living in Kirklees (CLiK) Survey, 2016



## Local Assets



A free database for employers looking to hire staff aged 50+ who are seeking work locally.

KNH's Tenants into Work team provides support into training and employment.



Jobcentre Plus districts have Older Claimants Champions delivering support of older workers (a national initiative).

Fusion Paddock Partnership with Kirklees Council delivers the Works Better initiative which helps people overcome barriers to employment.



A programme offering skills support for those trying to get back into work, affected by redundancy, or at risk of long-term unemployment.

Sessions are on offer for people aged 55+ to engage with digital technology.



Workers' Educational Association offers courses in Kirklees, providing positive learning opportunities for adults with little or disappointing educational experience.

C&K Careers Service offers free support for people aged 50+ looking for work.



A more dynamic labour market and the impact of automation on jobs mean that workers of all ages need to adapt to more frequent and significant changes during their working lives and that re-training and re-skilling are increasingly important.

Age-diverse teams offer benefits for **employers**, including:

<b>Problem solving skills</b>	<b>Experience</b>
<b>Reliability</b>	<b>Greater innovation</b>
<b>Punctuality</b>	<b>Knowledge sharing</b>
<b>Different perspectives</b>	<b>Professionalism</b>
<b>Interpersonal skills</b>	<b>Mentoring</b>

DID YOU KNOW?



Participation in organised adult learning is falling. **Older people** are currently less likely to receive workplace training or participate in adult education, and there are differences in participation across **socio-economic groups, genders and ethnicities**.

## A special note on: "Grandparenting"

Higher life expectancy provides a number of retirement opportunities, particularly for increasing the positive contribution of grandparents who play a significant role in the provision of childcare nationally.

### "Grandparenting" can...



...foster a **child's** sense of wellbeing



...help **younger generations** remain in employment



...promote resilience in **later life**

The proportion of grandparents who are of working age is set to grow as the retirement age gradually rises.

Grandparenting responsibilities can impact on people's ability to work, their health and wellbeing and their opportunities to volunteer as well as the financial implications of saving and future childcare provision.

### NATIONALLY:

**1 OUT OF 5** GRANDMOTHERS PROVIDES **10+ HOURS** OF CHILDCARE PER WEEK

**1 OUT OF 4** WORKING FAMILIES & **1 OUT OF 3** WORKING MOTHERS USE GRANDPARENTS FOR CHILDCARE

**63%** OF GRANDPARENTS

with GRANDCHILDREN **UNDER 16** help out with **CHILDCARE**

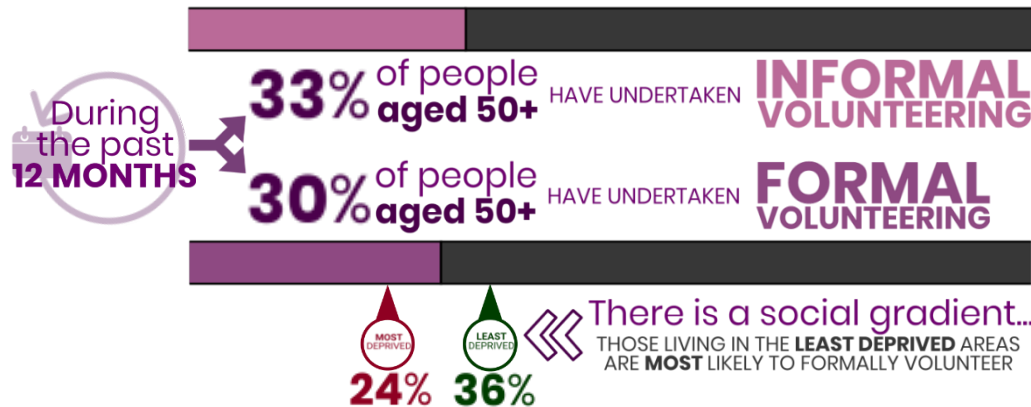


# Kirklees Snapshot

## : The Benefits of Volunteering

Volunteering brings many benefits to people who volunteer including:

-  improved quality of life;
-  improved life satisfaction;
-  improved ability to cope with ill health;
-  healthier lifestyles;
-  improved family relationships;
-  improved social networks;
-  improved self-esteem;
-  sense of purpose.



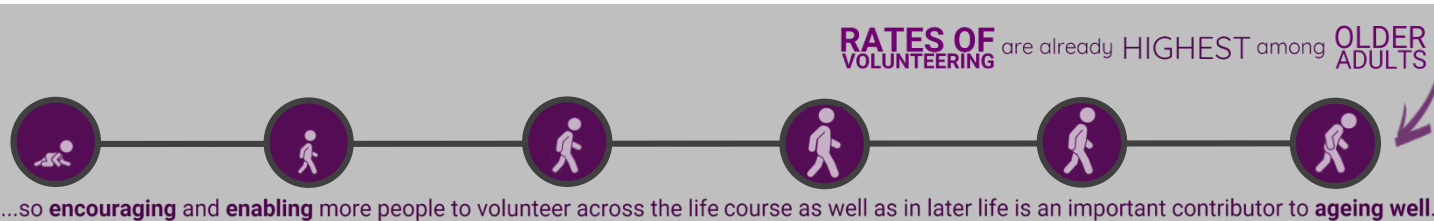
**THOSE IN THEIR 60s** are the most likely to volunteer (49%)

**45%** of people aged 50+ **VOLUNTEER** at least monthly



### VOLUNTEERING in later life IS ASSOCIATED WITH HIGHER WELLBEING SCORES\*.

	VOLUNTEERING at least monthly	NO VOLUNTEERING
I'm satisfied with my life nowadays	70%	61%
The things I do in life are worthwhile	74%	62%
I felt happy yesterday	70%	61%



It is also important to remember the valuable contribution of volunteers and volunteering to improved outcomes for the individuals, families and communities they work with.

# Local Assets



Volunteering Kirkles work to make Kirkles a place where people of all ages can easily give time to make a differences to themselves and communities. They help communities to take action, help people find rewarding ways to give time and support organisations to work well with volunteers.

Over 1000 registered voluntary organisations

Almost 25,000 people volunteer through voluntary organisations alone. For more information on local assets and volunteering, please see:



Over 1000 unregistered voluntary organisations



Kirkles Museums and Galleries

Kirkles Museums and Galleries (K MAG) offer a wide range of volunteering opportunities. These include:

- Gardening and Conservation at Oakwell Hall and Country Park;
- Research roles 'behind the scenes' with the Curators;
- Public Engagement roles supporting a busy events programme.

The volunteer programme attracts a large number of retired Kirkles residents with successful retention rates – over half have been volunteering for at least three years.

In 2016, K MAG commissioned the Audience Agency to assess the health and wellbeing impacts of their volunteer programme over a two year period. The evaluation framework focused on the 'Five Ways to Wellbeing':



Volunteers were invited to complete a survey, which was then followed up with some one-to-one interviews. The study identified positive health and wellbeing impacts for K MAG volunteers, spanning all 'Five Ways to Wellbeing' pathways:

- CONNECT** 84% of volunteers increased their opportunity to spend time with other people.
- BE ACTIVE** 63% of volunteers have increased the amount of physical activity they do through their volunteering role
- KEEP LEARNING** 90% of volunteers agree that they have learnt new things through their role.
- Give** 100% believe they make a worthwhile contribution to society through their volunteering work.

The interviews also uncovered some personal stories in relation to why people volunteer and how volunteering has helped them through difficult times in their lives:

- "After a second mental breakdown I needed a reason to get out of bed"*
- "I feel a lot fitter and a lot stronger than what I was before; coming here has given me a better purpose"*
- "The thing with having a stroke is, it can leave you quite tired by the middle afternoon, but I don't get that now...Because I'm interacting with people and there are quite a variety of things so I don't get bored."*
- "..one of the reasons why I still do it, is it's just been so beneficial for my mental health."*



## Insight...

## Action...



Explore motivations for volunteering at different ages.

Build on, work with and support existing local assets that are enabling lifelong learning in communities across Kirklees.

Enable lifelong learning and address barriers to participation in adult education.

Identify more opportunities for enabling volunteering across the life course, bringing different generations together and combining volunteering with paid employment.



Explore the barriers and facilitators to preparing for older age.

Support self-employment which may prolong participation in work for older age groups.

Enable individuals to reskill throughout their lifetime; explore opportunities for wider development not just current work role (e.g. financial and technological skills to improve retirement savings, work and health outcomes).

Explore the opportunities for collaborating on the commissioning/ provision of pre-retirement information/ education/ support (e.g. Age UK run pre-retirement seminars around the country).

Explore opportunities for encouraging people to think about working and retirement options whilst they are 'middle aged' and plan ahead for later life.

Increase community volunteering opportunities for older people. This would also provide settings for older people to socialise and reduce feelings of isolation.



Explore how the Wellness Service can work with businesses to improve staff wellbeing.

Enable preventative "health at work" programmes.

Flexible working policies (e.g. flexible working hours and home-office solutions to enable paid work alongside unpaid care).

Train managers to understand ageing workforce requirements.

Support local businesses to improve the health and wellbeing of their staff and to facilitate the retention, retraining and recruitment of older workers.



Gain insights into the cultural aspects of working into older age and retirement.

Signpost people to useful checklists and advice to help them to prepare for retirement emotionally.



Assess support required by grandparents around childcare.

Embed Inclusion & Diversity principles in the workplace to prevent and respond to age discrimination.

Collaborate with carers to find out how best to manage the balance between caring responsibilities and working.

Support the existing voluntary sector in Kirklees to continue to thrive and develop.



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# Definitions

**Def A** *Life satisfaction:* Based on response to the question “On the scale of 0 to 10: overall how satisfied are you with your life nowadays?” [Defined as: Low=0-4, Medium=5-6, High=7-10].

**Def B** *Wellbeing:* A subjective evaluation of how we feel about our lives. Based on responses to the questions from the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEEMWBS). [Defined as: Low=7-19.3, Medium = 20-27, High=28.1-35].

**Def C** *Resilience:* Being able to adapt compassionately in the face of adversity, yet continue to function normally. Based on agreement with the statement “I tend to bounce back quickly after hard times”.

**Def D** *(Statistical) Significance:* The likelihood that the difference between comparable numbers is caused by something other than mere chance. In this report, only statistically significant differences are highlighted where 95% confidence intervals do not overlap.

**Def E** *Long-term conditions (LTCs):* Chronic diseases for which there are currently no cure and which may be managed with drugs and other treatment (including, but not limited to, depression, anxiety, other mental health conditions, asthma, cancer, chronic pulmonary disease, diabetes, heart disease, long-term pain, sciatica/lumbago/recurring backache, neuromuscular condition, musculoskeletal/rheumatological problems, dermatological problems or continence problems).

**Def F** *Body Mass Index (BMI):* Used to determine a person’s weight in regard to their height to indicate whether they are underweight, of a healthy weight, overweight or obese. [Defined as: BMI under 18.5= Underweight, between 18.5 & 24.9 =Healthy weight, between 25 & 29.9= overweight, between 30 & 30.9= obese, 40+= very obese]

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