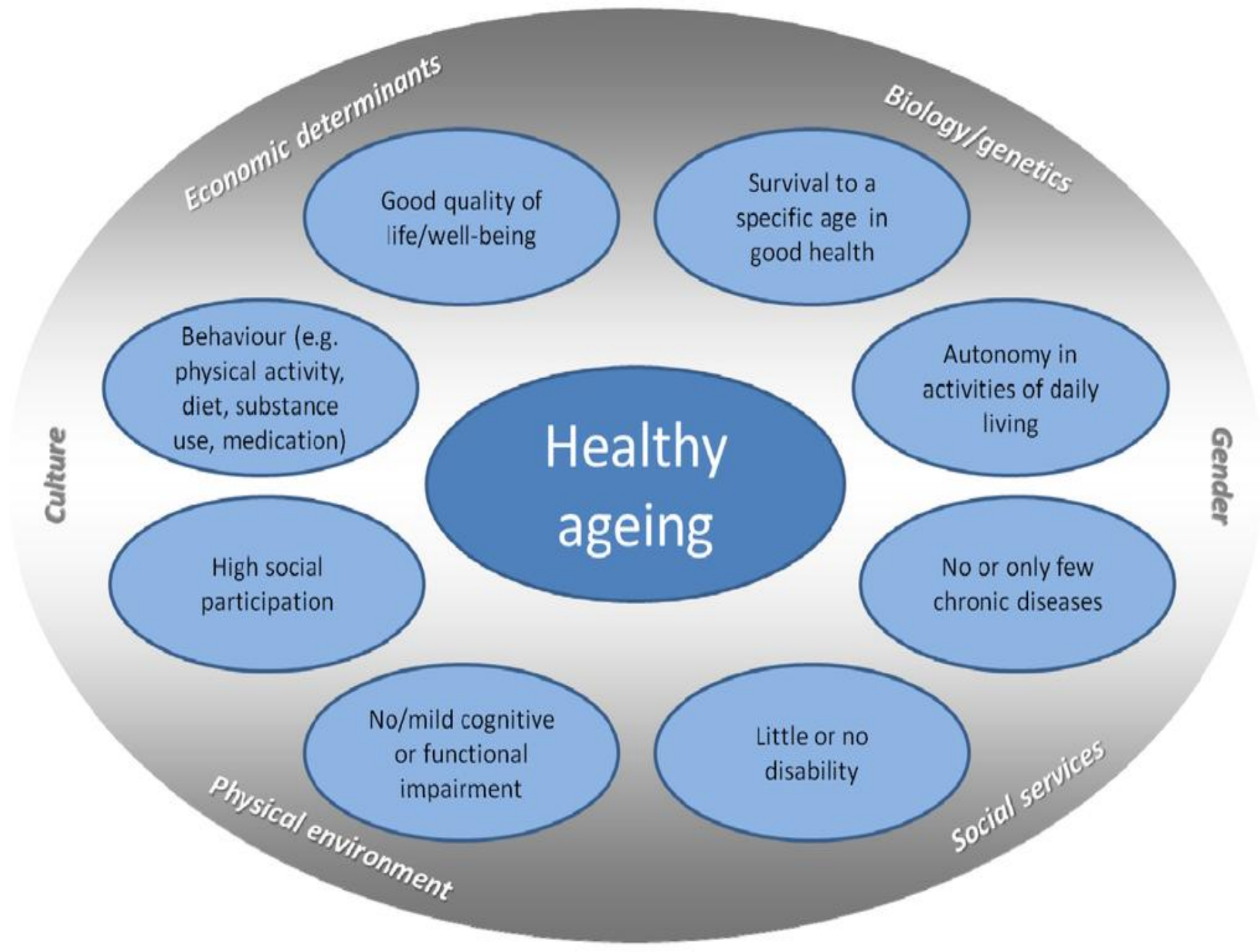




# Ageing

- There is a fear of old age as it is associated with disability and disease
- But the ageing process is not the principal cause of disabling disease
- Ageing is a normal biological process that is believed by itself to have relatively little significant impact until the nineties
- The major influence on the ageing process is external environmental factors
- 75% of longevity can be explained by these factors and only 25% of the ageing process is believed to be genetically determined
- Much of the illness and disability all too often associated with ageing can be prevented or postponed





# Healthy Ageing

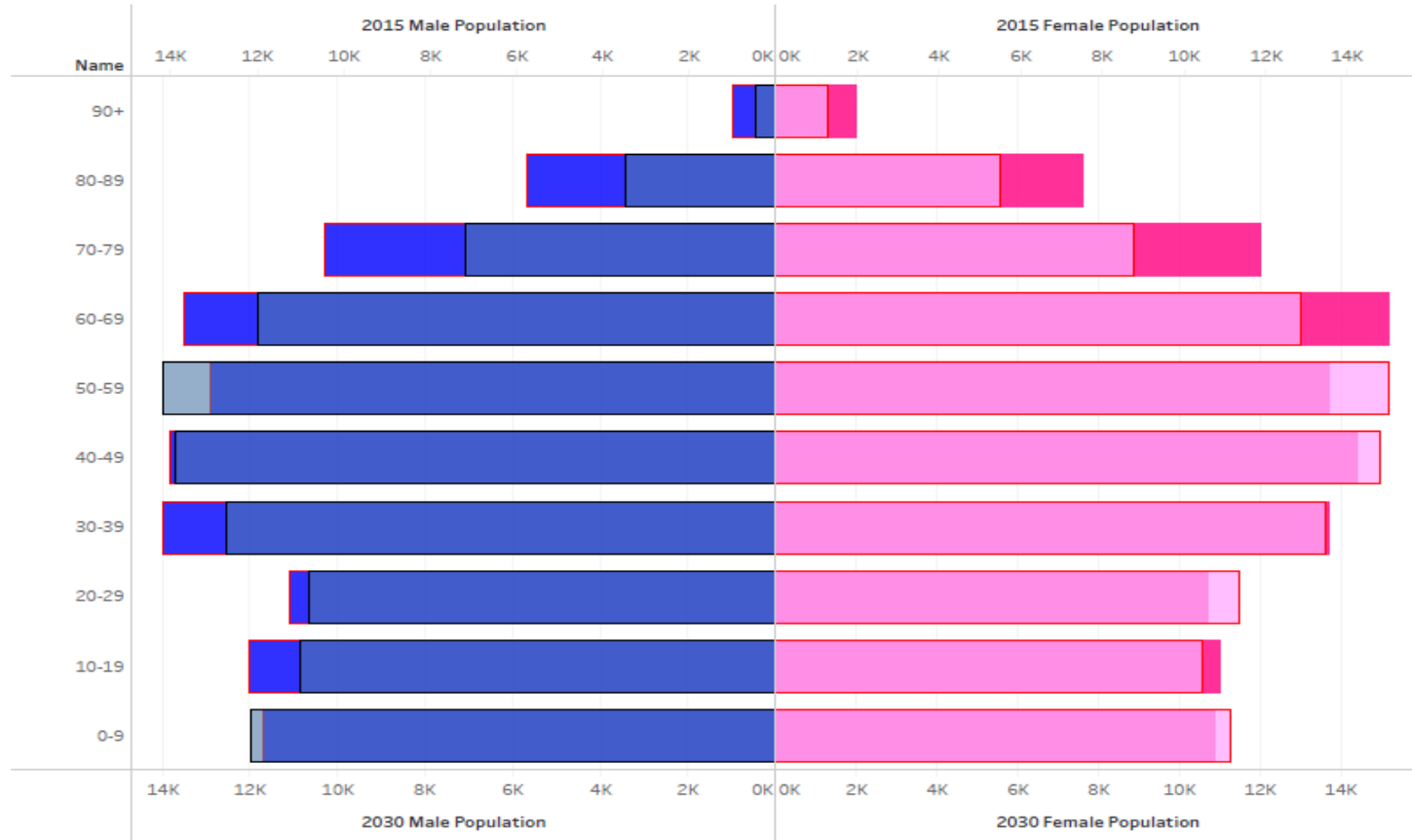
Enabling our residents not only to live longer but more importantly to live longer in good health and enjoy a good quality of life.

For most people the maintenance of functional ability has the highest importance.



# Our ageing population

2015 - 2030 Population Pyramid



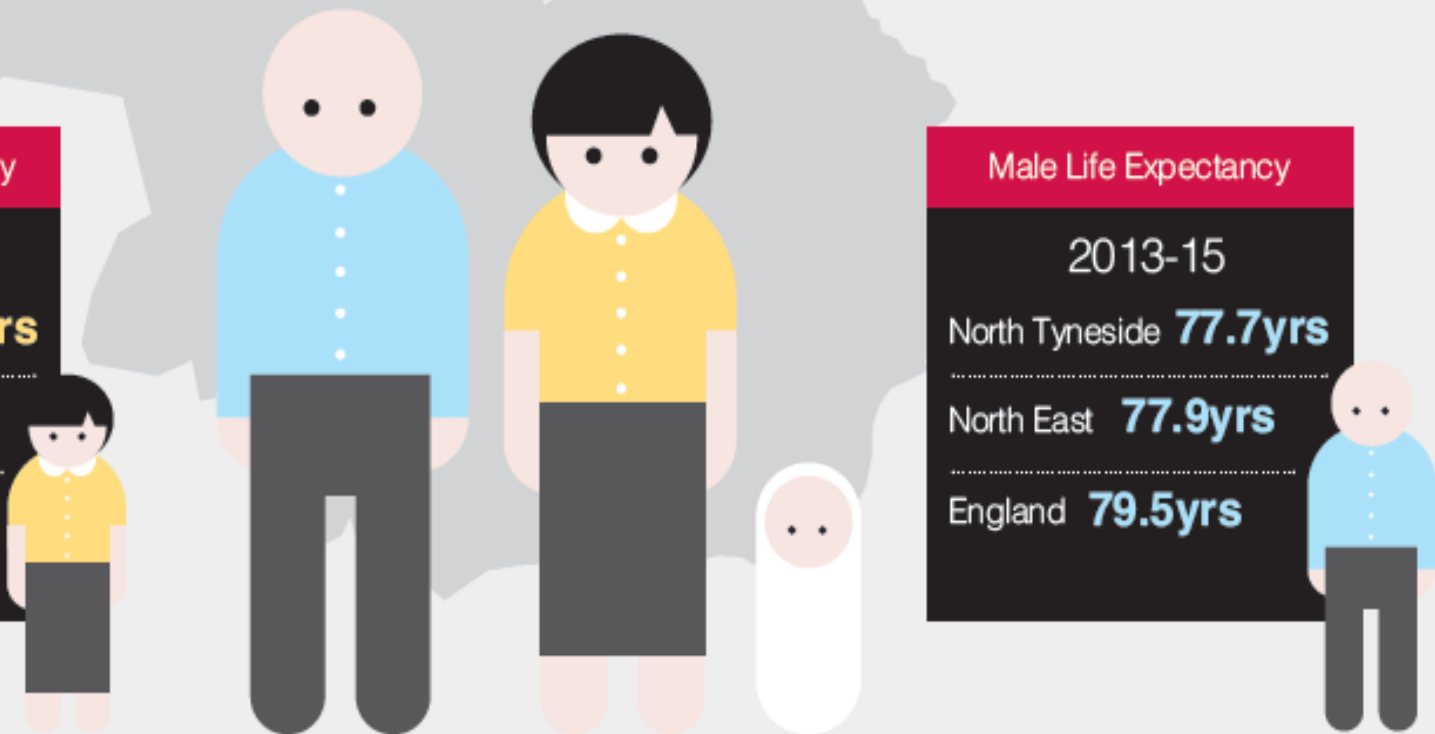
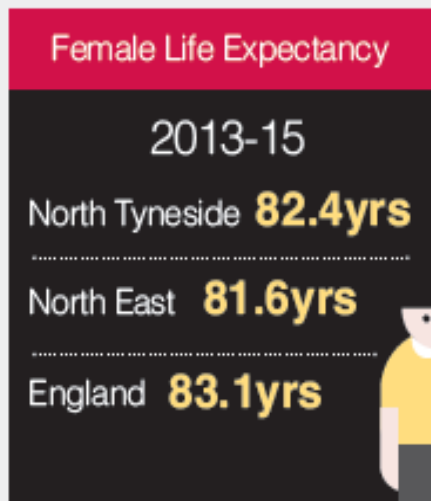
**Measure Names**

- 2015 Male - North Tyneside
- 2030 Male - North Tyneside
- 2015 Female - North Tyneside
- 2030 Female - North Tyneside



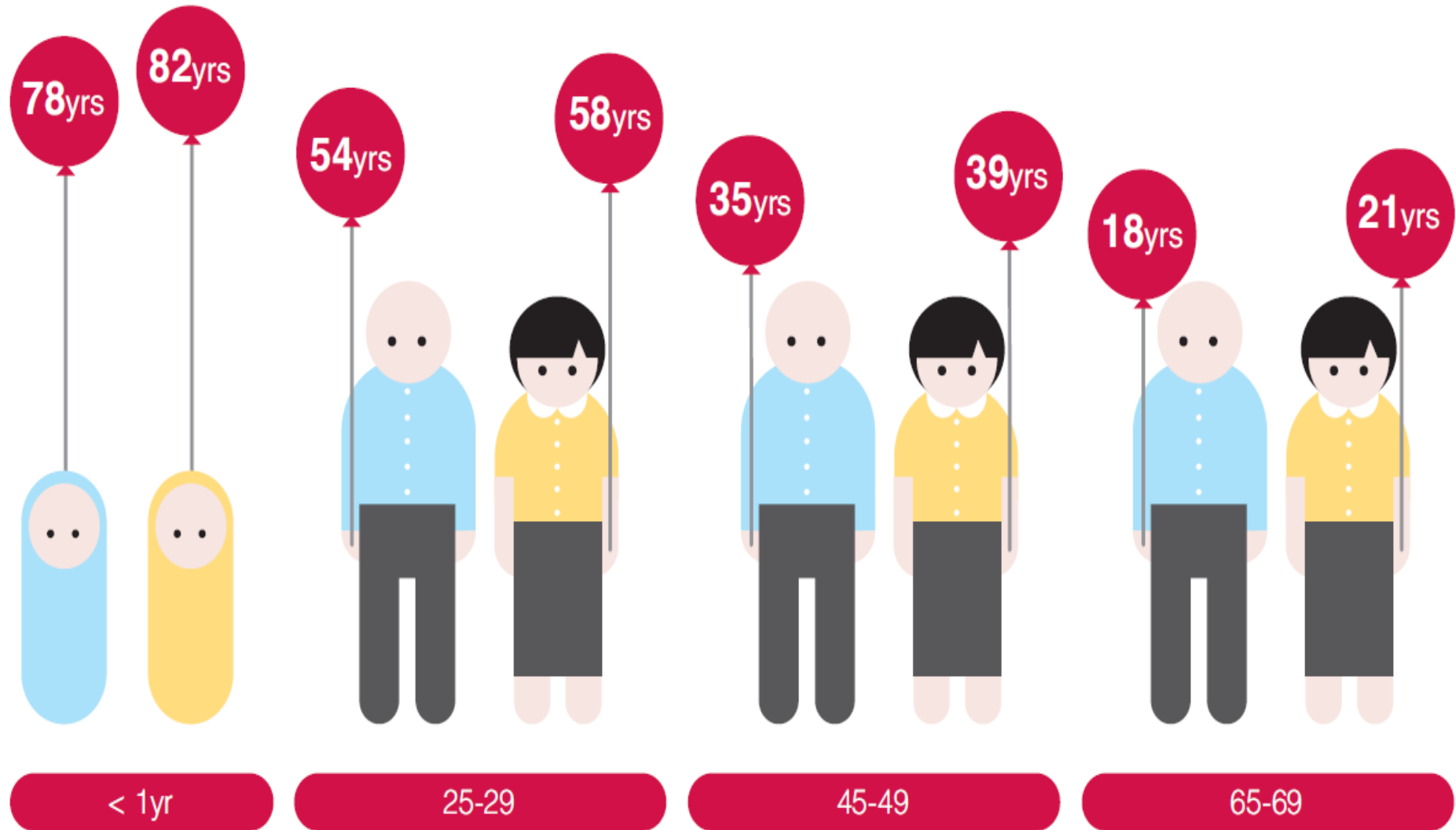
# Adding years to life

## Life Expectancy at birth



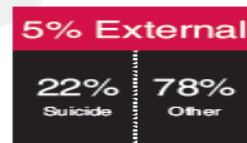
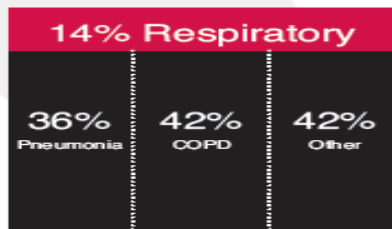
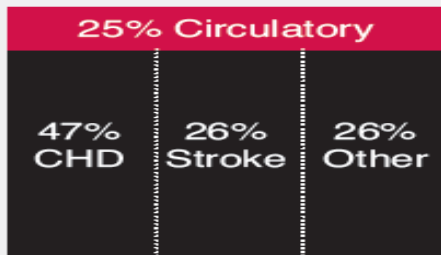
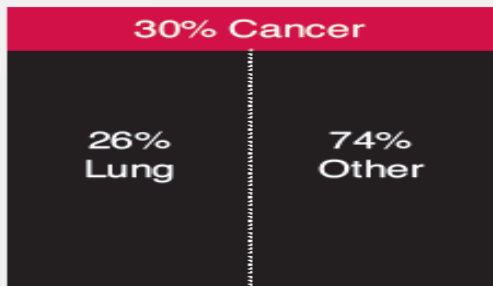
# Life expectancy in North Tyneside at specific ages

Based on your current age, you can expect to live another ...

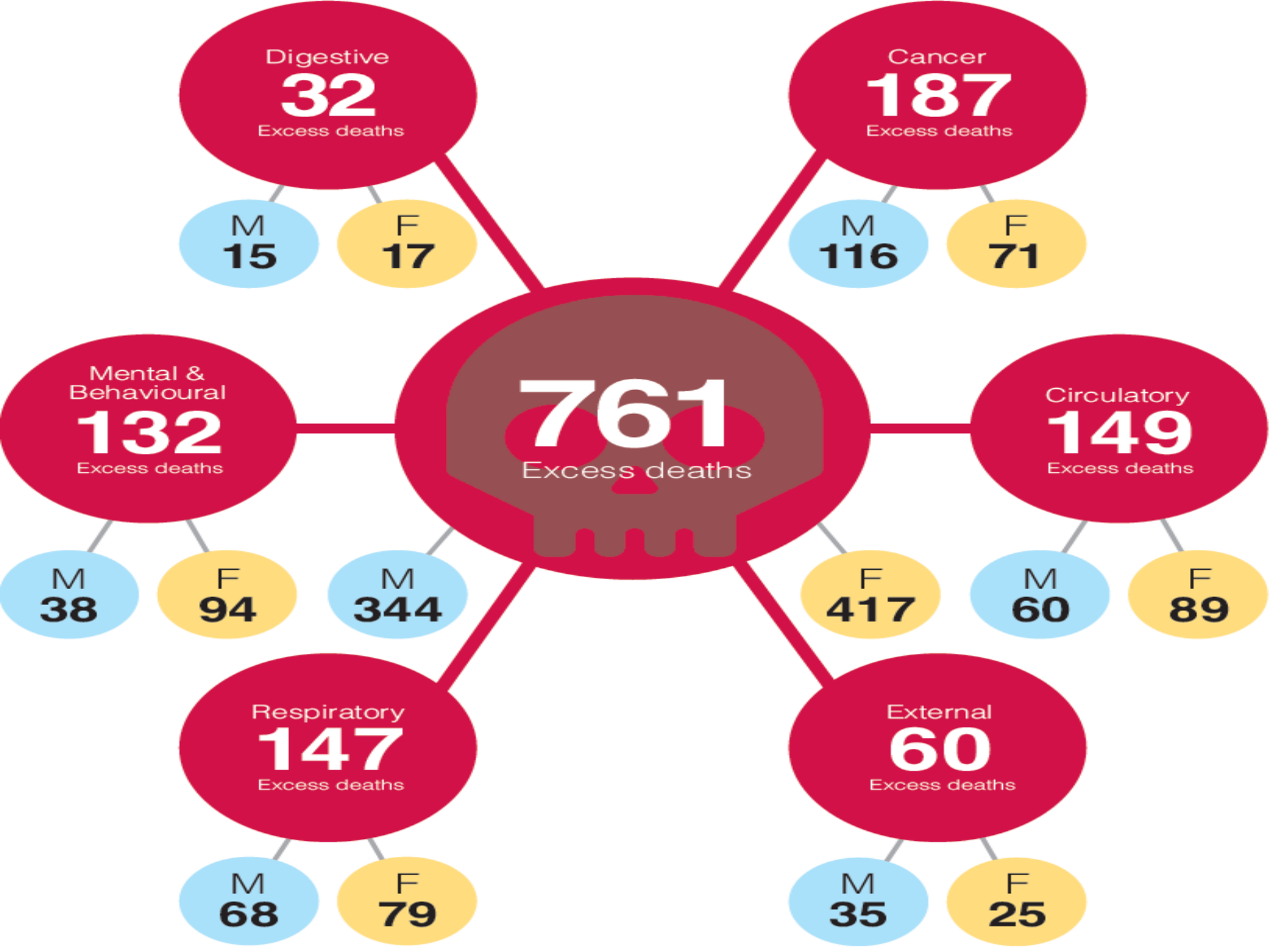


# Percentage deaths in North Tyneside

Source: Public Health England 2016







**761**  
Excess deaths

Cancer  
**187**  
Excess deaths

M  
**116**

F  
**71**

Digestive  
**32**  
Excess deaths

M  
**15**

F  
**17**

Circulatory  
**149**  
Excess deaths

M  
**60**

F  
**89**

Mental & Behavioural  
**132**  
Excess deaths

M  
**38**

F  
**94**

M  
**344**

F  
**417**

Respiratory  
**147**  
Excess deaths

M  
**68**

F  
**79**

External  
**60**  
Excess deaths

M  
**35**

F  
**25**

# Living longer in good health?

**20yrs**  
Spent in  
poor health

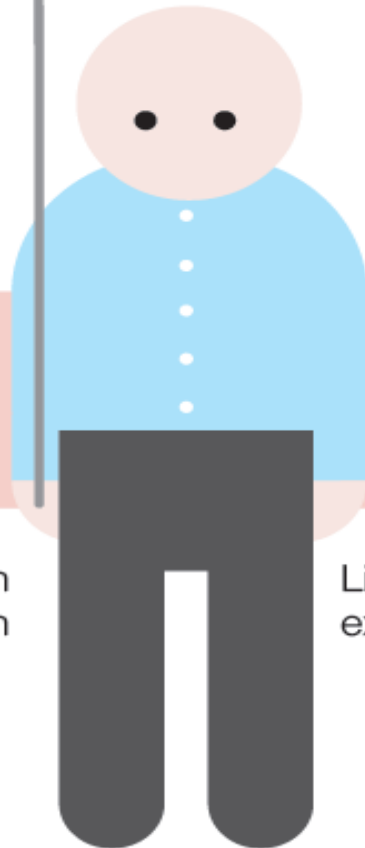
**17yrs**  
Spent in  
poor health

**62yrs**

**82.4yrs**

**60.9yrs**

**77.7yrs**



Years lived in  
good health

Life  
expectancy

Years lived in  
good health

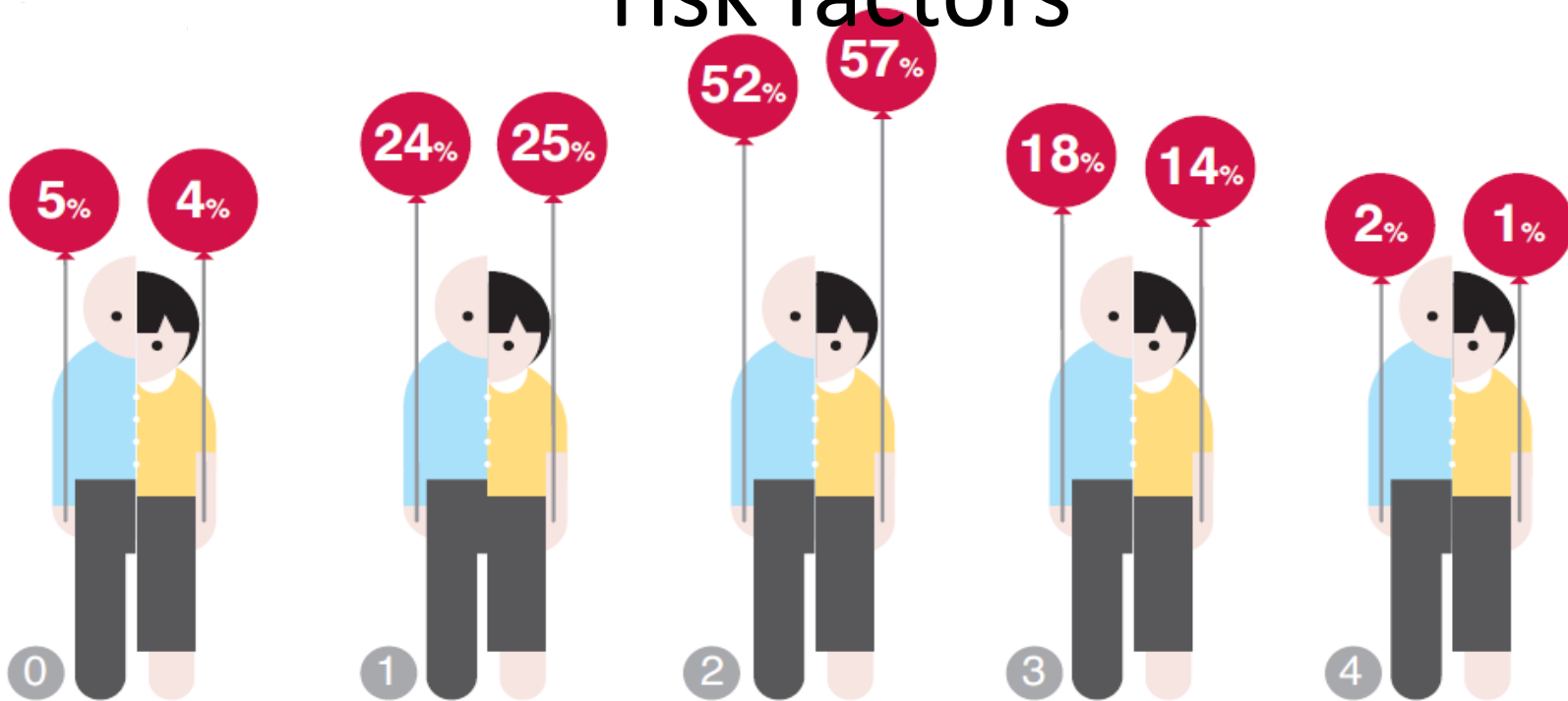
Life  
expectancy

# Risk factors - why do they matter as we age?

- Many of the diseases, conditions and disabilities that people associate with old age and that impact upon years lived in good health are not caused by ageing
- Lifestyle and environmental factors increase the exposure to certain risk factors
- The longer a person has lived, the longer they will have been exposed and the greater chance they have of getting a disease or condition
- Over 50% of people over 65 years have 2 risk factors



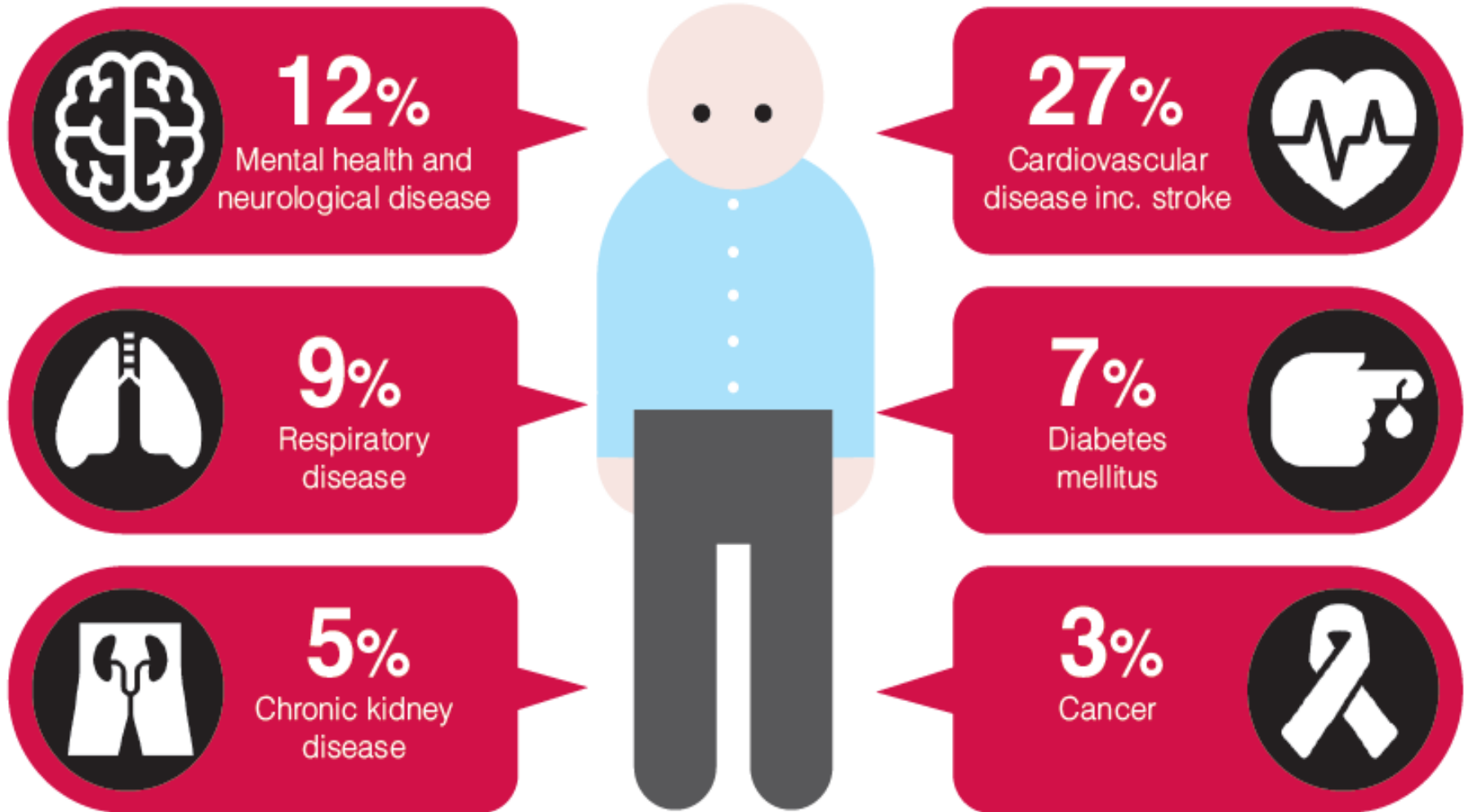
# Proportion of people age 65+ with 0-4 risk factors



More than half of all adults in North Tyneside aged 65+ have two or more risk factors. This equates to around 20,000 people.

The most common combination of risk factors for men and women is low physical activity and low consumption of fruit and vegetables.





Half the population at age 50 is estimated to have at least 1 long term condition

There estimated to be around 17,000 adults aged 65-84 with multiple long term conditions in North Tyneside



Two or more conditions

Physical and mental health condition

Two or more conditions

Physical and mental health condition

Two or more conditions

Physical and mental health condition

30%

12%

65%

18%

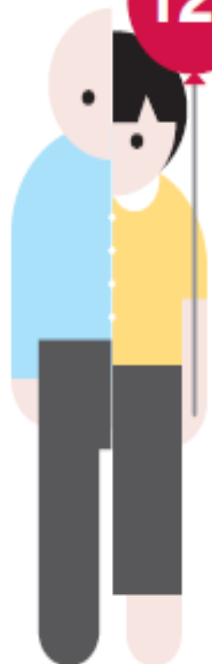
82%

31%

45-64

65-84

85-90



“Stroke is one of the major causes of disability, resulting from decades of diet causing narrowing of the arteries of the brain, the risk often increased by smoking or decades of living with high blood pressure from a high salt diet and obesity. LIFESTYLE NOT AGEING.”

*Sir Muir Gray*

“It is sometimes suggested that because cancer is ten or a hundred times more likely to arise in the coming year in old people than in young people, ageing per se should be thought of as an important determinant of cancer. We rather doubt whether this view point is a scientifically fruitful one and in any case we are concerned with the avoidable causes of cancer, among which we can hardly count old age”

*Sir Richard Doll and Sir Richard Peto*



# The importance of healthy behaviour and lifestyle

## General health

**73%** residents rate their health as good.



**60%** at 55-64 and  
**45%** at 65+

## Physical activity and weight

**73%** of females and  
**80%** males of adults over the age of 55 are overweight or obese in North Tyneside.



**52%** of adults eat five portions of fruit and vegetables per day.

**34.4%** of all adults in North Tyneside are inactive.

**50%** of adults inactive at age 65+. Around **27,000** adults.



## Alcohol

**13%** of 65+ drink every day compared to **9%** of 25-64.



**1 in 3** of adults drink at levels harmful to their health.

## Smoking



**18%** of adults in North Tyneside (29,000 people) smoke.

**12,000** people aged 50-69 are estimated to smoke in North Tyneside.

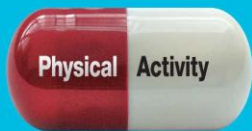
**RIP**

On average, people who continue to smoke over the age of 60, die five years earlier than non-smokers.





# Miracle Cure!



# Physical activity

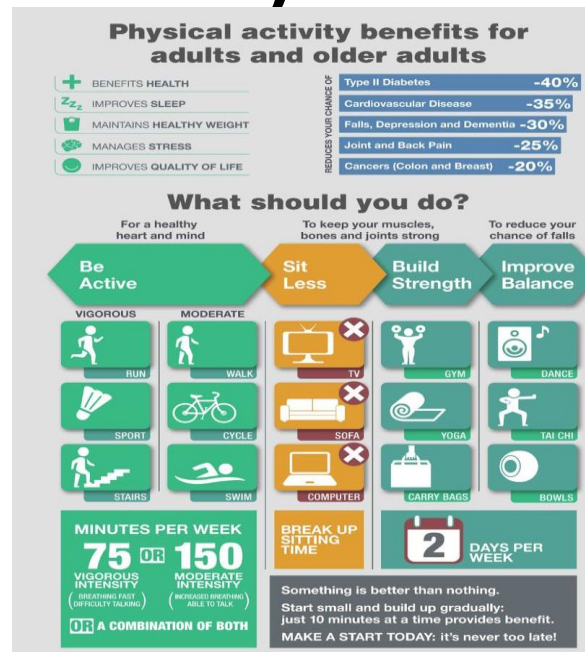


"Those who think they have no time for bodily exercise will sooner or later have to find time for illness." Edward Stanley (1826-1893)

"If it was a pill, activity would be the miracle drug."

- Professor Dame Sally Davies,  
Chief Medical Officer for England

TONIGHT



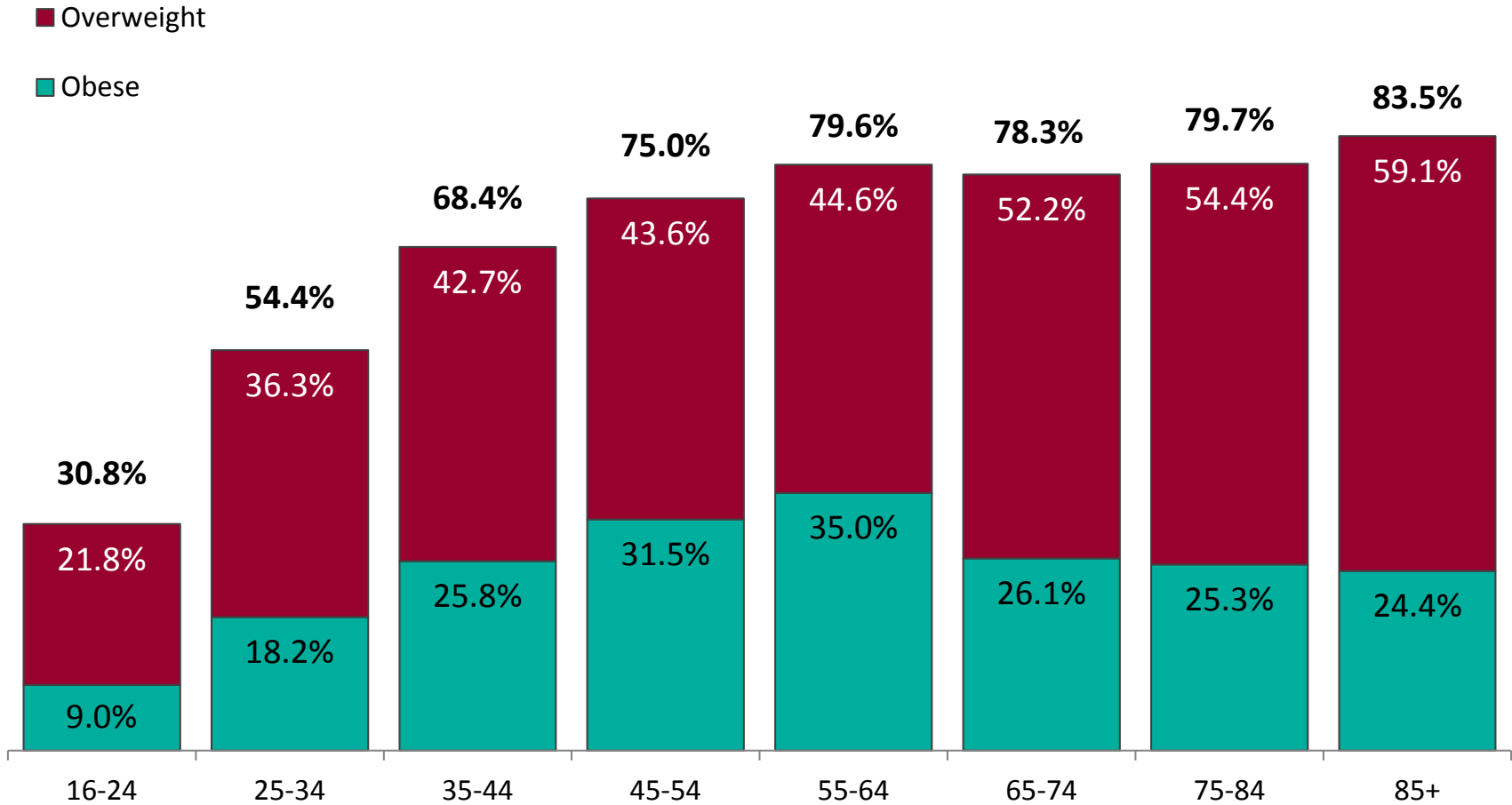
# Physical activity is a key determinant of active, healthy ageing

- Physical activity is heavily related to functional ability
- Fitness can be dramatically improved at any age
- Five key dimensions
  - Strength:** muscles of the core, upper & lower limbs
  - Stamina:** activities that makes you breathless
  - Suppleness:** Yoga Tai Chi Pilates
  - Skill:** balance exercises
  - Healthy weight**



# Prevalence by age: men

Health Survey for England 2014

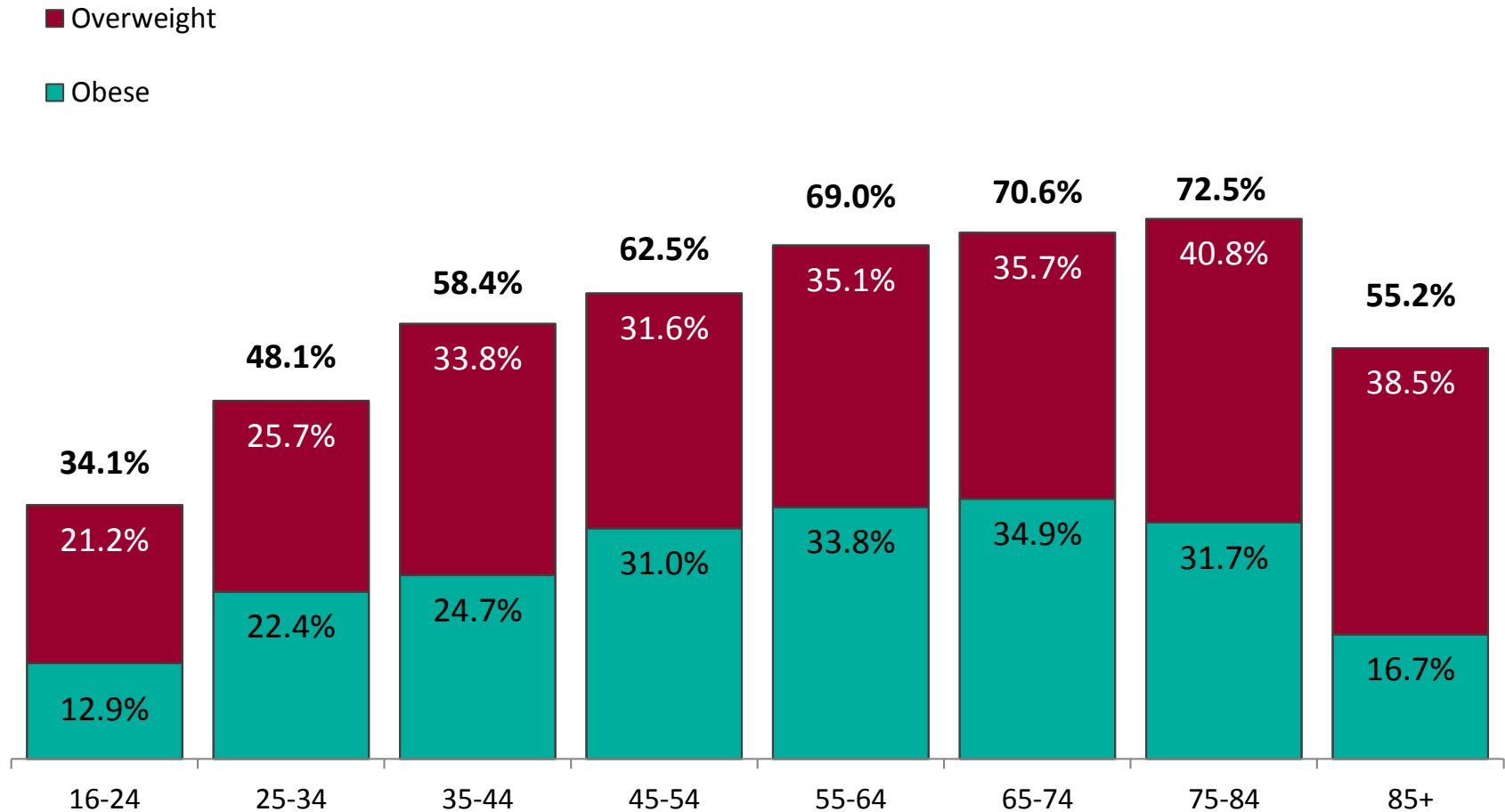


Adult (aged 16+) BMI thresholds: overweight: 25 to <30kg/m<sup>2</sup>; Obese: ≥30kg/m<sup>2</sup>



# Prevalence by age: women

Health Survey for England 2014



Adult (aged 16+) BMI thresholds: overweight: 25 to <30kg/m<sup>2</sup>; Obese: ≥30kg/m<sup>2</sup>

Patterns and trends in adult obesity



North Tyneside Council

# Mental health and ageing

- Mental health and physical health are inextricably linked throughout life
- People with long term mental health problems throughout adulthood have poorer physical health
- Depression is synonymous with the ageing process but this is a faulty notion
- Physical health is overwhelmingly a key determinant of emotional and mental wellbeing amongst people aged 65+
- Social factors are also very important



# Mental health and ageing

- There are an estimated 14,500 people in North Tyneside aged over 50 in North Tyneside who feel anxious or depressed
- Anxiety and depression is highest in the 50 – 59 age group and over 80's
- 41% of 50-70 year olds living in the least affluent areas have symptoms of depression compared to 13% living in the
- Older people have the lowest use of IAPT services



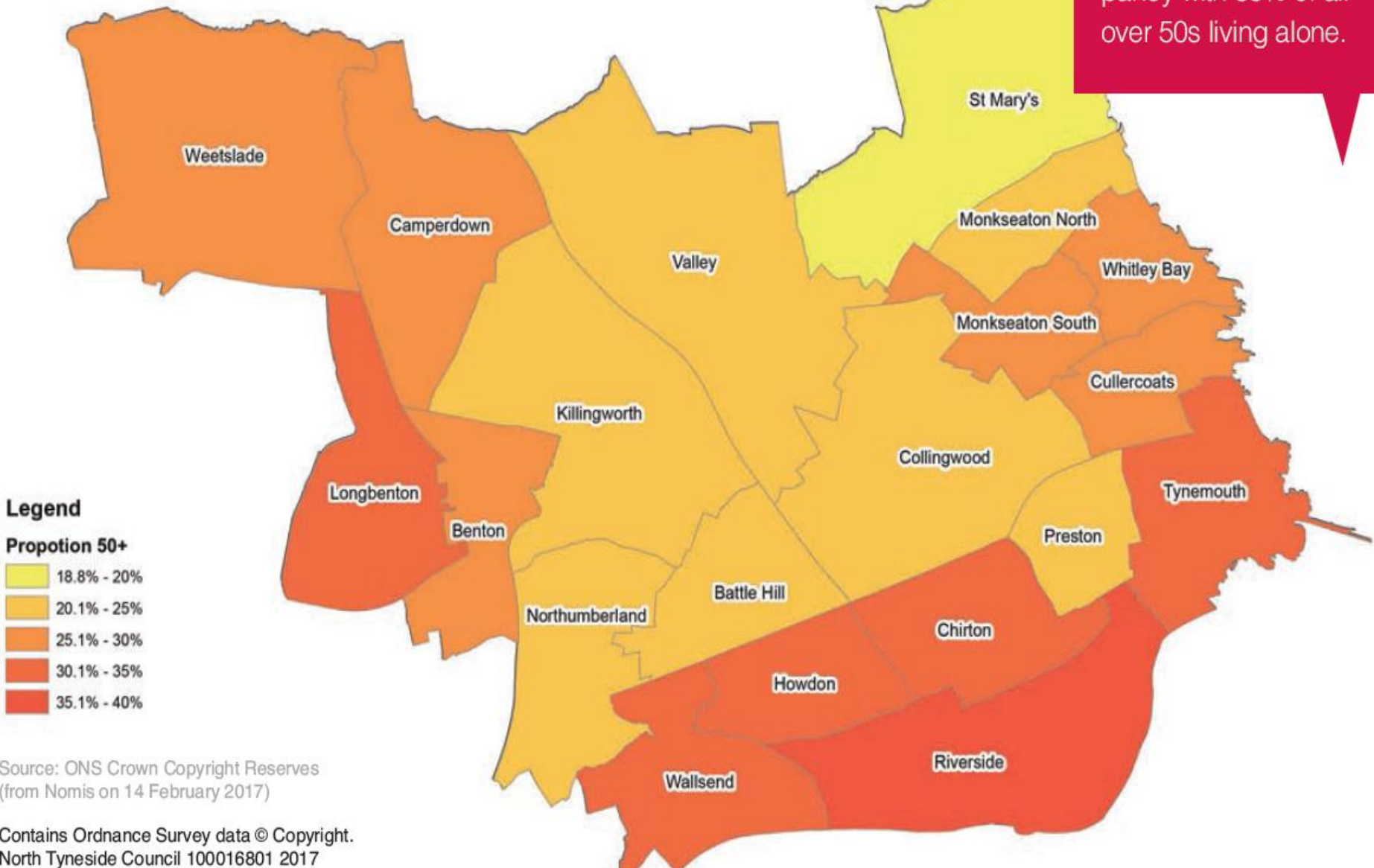
# Social factors

- Social inclusion and access to social networks is a known protective factor for health and wellbeing particularly as we age.
- Older people who have close connections and relationships not only live longer, but also cope better with health problems and are less likely to experience depression.



Riverside Ward has the highest proportion of over 50s in single household occupancy with 35% of all over 50s living alone.

# Single household occupancy Proportion where occupant is 50 years plus



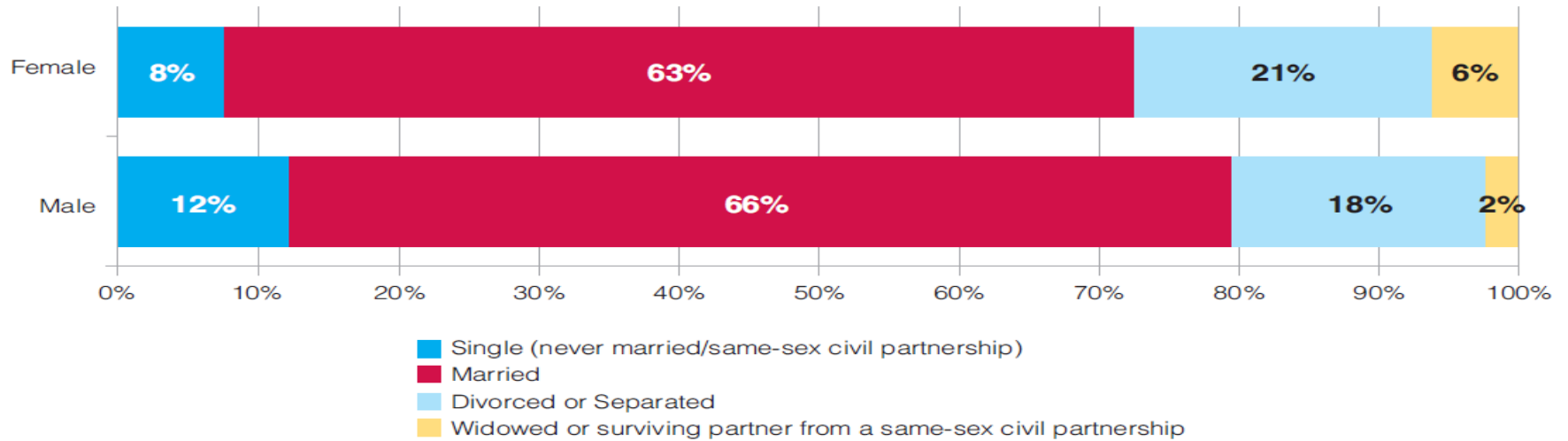
**Legend**  
**Proportion 50+**  
18.8% - 20%  
20.1% - 25%  
25.1% - 30%  
30.1% - 35%  
35.1% - 40%

Source: ONS Crown Copyright Reserves (from Nomis on 14 February 2017)

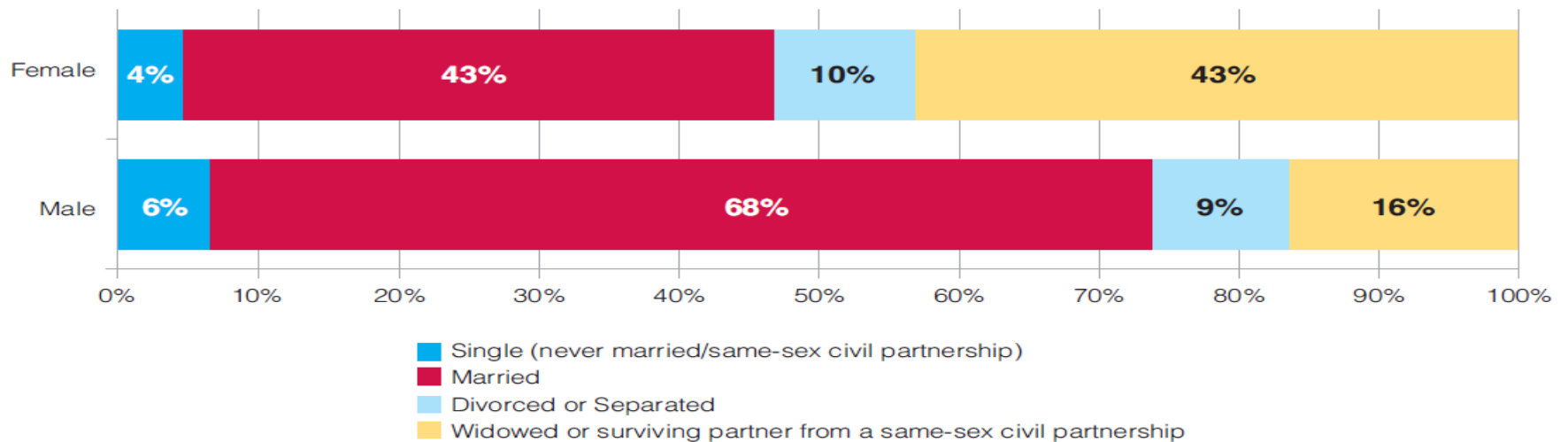
Contains Ordnance Survey data © Copyright. North Tyneside Council 100016801 2017



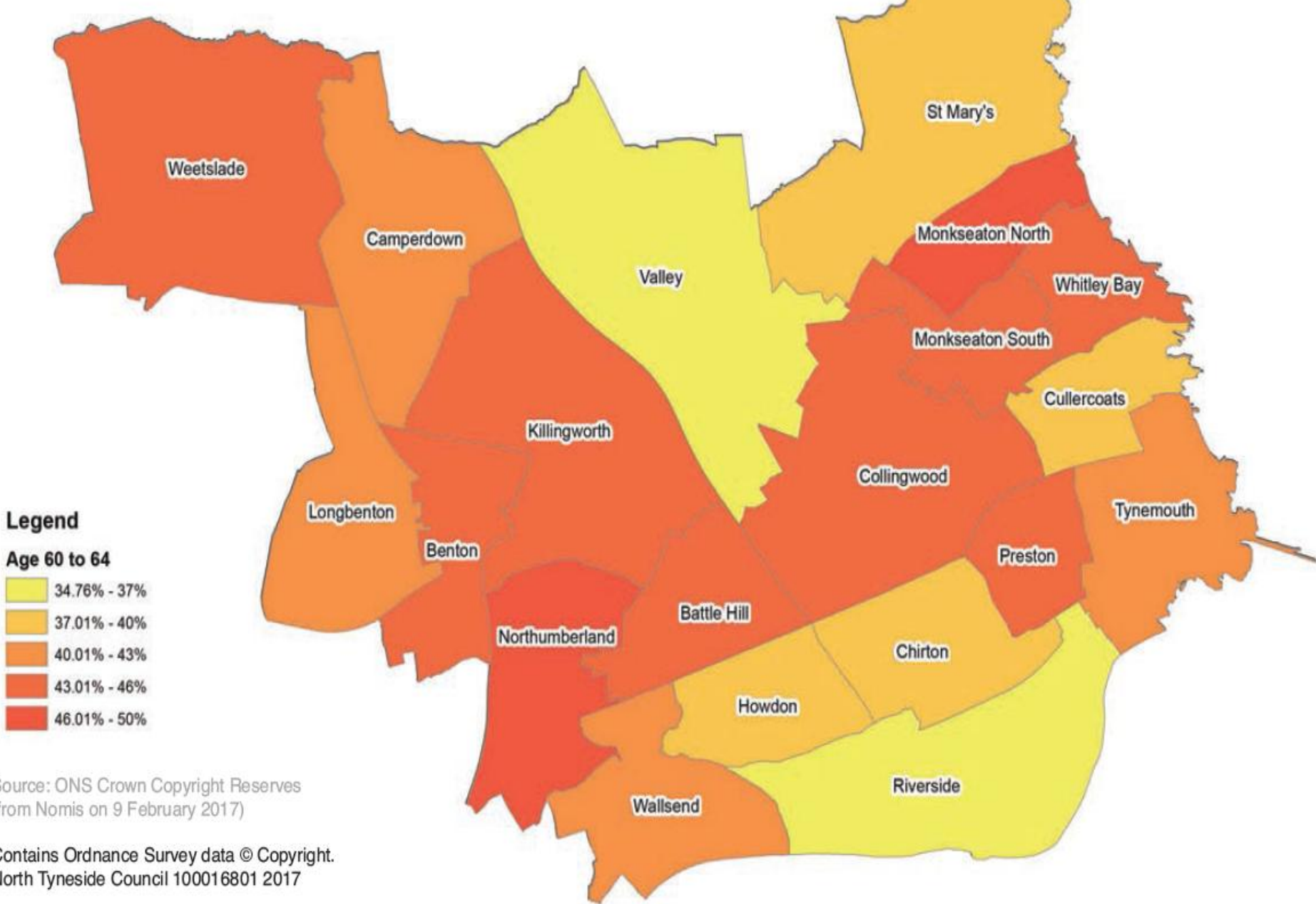
### North Tyneside Marital Status - Age 50 to 64, Male Female comparison (2011)



### North Tyneside Marital Status - Age 65 and Over, Male Female comparison (2011)



# Economically Active: Aged 60 to 64 years old



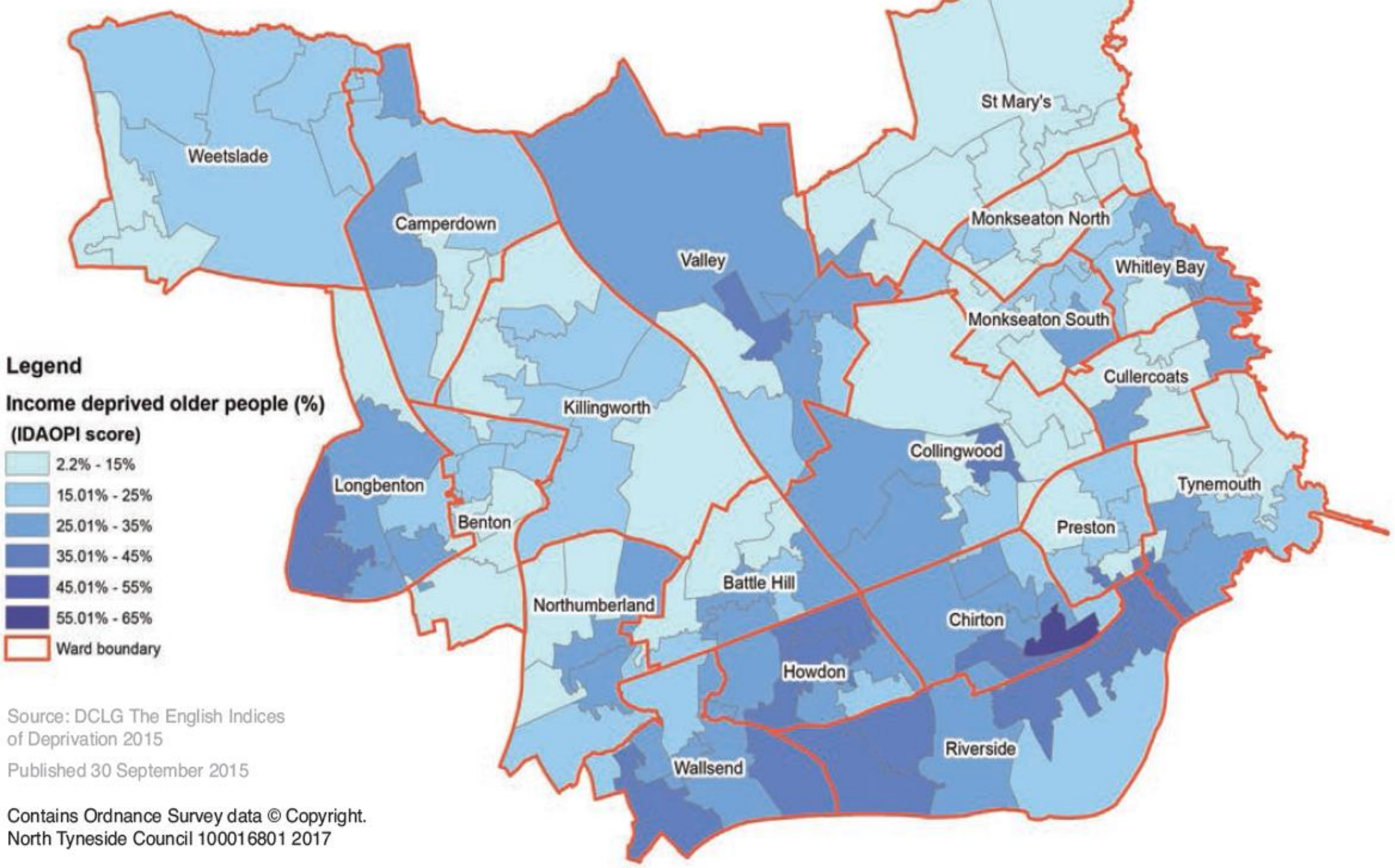
**Legend**  
**Age 60 to 64**  
34.76% - 37%  
37.01% - 40%  
40.01% - 43%  
43.01% - 46%  
46.01% - 50%

Source: ONS Crown Copyright Reserves (from Nomis on 9 February 2017)

Contains Ordnance Survey data © Copyright. North Tyneside Council 100016801 2017

# English Indices of Deprivation 2015:

National rank of Income Deprivation Affecting Older People Index (IDAOP1)  
by Lower Super Output Area (LSOA)



Source: DCLG The English Indices of Deprivation 2015  
Published 30 September 2015

Contains Ordnance Survey data © Copyright.  
North Tyneside Council 100016801 2017

# Social activity: use of facilities by age

Age	Parks and Green spaces (%)	Beaches (%)	Sports and Leisure (%)
18-34	94	97	81
35-44	96	97	82
45-54	94	91	75
55-64	89	87	67
65+	79	74	44
Age	Theatres/Art Centres (%)	Libraries (%)	Museums/Galleries (%)
18-34	51	53	48
35-44	70	74	61
45-54	56	63	49
55-64	54	58	41
65+	53	64	40

Frequency of use is defined as > 1 visit per month

Source: North Tyneside Residents Survey 2015

# Conclusions

- It is good to grow old and society benefits from having older people
- Disease and disability are not inevitable consequences of ageing
- Many of the conditions that we associate with ageing are preventable
- The lifetime of exposure to risk factors impact on health at any age but as we get older they become more pronounced
- Wider social and economic factors are also important and impact our health as we age



# Conclusions

- We are living longer but some residents are living for two decades with health conditions that limit the way they are able to live their lives
- Much of the chronic disease burden is preventable through modifiable risk factors
- It is never too late to modify the even in people with chronic disease
- Physical health, mental health and social connectedness are inextricably linked



# Conclusions

- Physical activity is critical for functional ability
- Staying active in adult life can prevent much of what we currently consider as ageing
- Health and social care costs are being driven by an increase in the population and chronic disease, not by age per se



# Recommendations

- A systematic, positive and preventative approach
- Focus across the life course from birth
- Universal and targeted approaches to healthy lifestyle with a focus on tackling inequalities
- Upscale efforts to increase physical activity levels
- Targeting the baby boomers
- Preventing deterioration for those with existing long term conditions
- Promoting social connectedness and the use of community assets





*“Older people contribute to society in many ways – whether it be within their family, to their local community or to society more broadly. However, the extent of these human and social resources, and the opportunities available to each of us as we age, will be heavily dependent on one key characteristic: **our health**. If people are experiencing these extra years in good health, their ability to do the things they value will have few limits. “*

*Healthy Ageing in the 21<sup>st</sup> Century: The Best is Yet to Come (Birmingham Policy Commission 2014)*



North Tyneside Council