

The State of Ageing in Leeds

What life is like for
people aged 50 and
over in Leeds

December 2021



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This report has been produced by Leeds City Council, Leeds Older People's Forum and the Centre for Ageing Better.

The three organisations work in partnership to create a better later life for people in Leeds, now and in the future, and to the benefit of older people in the city and further afield.

Summary

Making Leeds the Best City to Grow Old In



This report looks at what life is like for people aged 50 and over in Leeds, so we can focus our efforts to make Leeds the Best City to Grow Old In.

Around one in three people in Leeds are aged 50 and over.¹ In addition, the number of Leeds residents aged 80 and over will increase by about 50% in the next 20 years.² At birth, males can expect to live to age 78 and females to age 82. Men aged 65–69 can expect to live another 18 years and women 20 years; about half of this is likely to be spent with a limiting condition.³ Deprivation makes a big difference to life expectancy.

People in the most affluent areas of Leeds can expect to live 11 to 12 years longer than those in the most disadvantaged communities.⁴

About 70% of people aged 50 and over in Leeds own their own home, with 23% in the social rented sector. 7% are in private rentals – a little under the national average of 8%.⁵ Most people aged 65 and over in Leeds want to stay in their home as they age.⁶ However, nationally, only one in 10 homes meets the basic accessibility standards that would make this possible.⁷ Expenditure on Disabled Facility Grants (DFGs) by local authorities for adaptations and repairs has increased, but the



50%

The number of Leeds residents aged 80 and over will increase by about 50% in the next 20 years

number of grants awarded each year has gone down.⁸ Of the 32,000 homes planned for Leeds between 2030 and 2040, about one-third will meet desirable accessibility standards.⁹ In line with the rest of the country, about one in five houses in Leeds does not meet the 'Decent Homes Standard'.¹⁰

People aged 50 and over in Leeds are more likely to be employed than people of their age in the rest of the country.¹¹

Nationally, the most common reason for being out of work given by people age 50-64 is not retirement, but ill-health. And three-quarters of people not working for this reason would rather be working. In Leeds, people aged 50-64 claiming unemployment benefit are concentrated in parts of the inner city, which are more deprived.¹² The pandemic has brought a risk of greater long-term unemployment among older workers.

In the city region, more than half of people aged 65 and over take a bus at least once a week.¹³ 80% of this group have claimed their concessionary bus pass – but this drops to 60% or fewer in some of the more deprived areas in the inner city.¹⁴

About one in eight households in Leeds contains one person aged 65 or over living alone – in line with national averages.¹⁵ Feelings of loneliness and social isolation in Leeds appear to be slightly below national averages.¹⁶

Leeds performs relatively poorly in relation to people under 75 dying from preventable cancers.¹⁷ Leeds also has a slightly higher rate than elsewhere for people aged 65 and over with a common mental health condition.¹⁸ About 8,500 people aged 65 and over are living with dementia in Leeds and incidence is correlated with degree of deprivation.¹⁹ The same is true for frailty. People from Black and Minority Ethnic backgrounds in the most deprived areas become frail 11 years younger than White people in the least deprived areas.²⁰

Around 5% of yearly deaths in Leeds is attributed to air pollution – similar to the rest of the country. Excess winter deaths in Yorkshire and the Humber are the highest in England, although Leeds is not the highest in the region.²¹



70%

About 70% of people aged 50 and over in Leeds own their own home, with 23% in the social rented sector



Introduction

This report sets out data and stories about what it's like to grow older in Leeds. It is intended as a tool for individuals and organisations across Leeds, to spark conversation about what our priorities for change should be to make Leeds the Best City to Grow Old In.

Leeds's ambition is to be a place where people age well: where older people are valued, feel respected and appreciated, and are seen as the assets they are. Being age-friendly is one of the eight priorities in Leeds Best Council Plan.

Contributing to the economy

Based on average household expenditure data and household estimates in Leeds, households with people aged 65 and over contribute £38 million a week to the economy.²²

The opportunities and challenges presented by an ageing population are well-rehearsed. People aged 50 and over contribute in countless ways to Leeds's rich and vibrant communities – through the skills and knowledge that they bring to their local communities, high levels of volunteering, acting formally and informally as community connectors, intergenerational interactions, unpaid caring roles, and through the skills and experience they bring to their workplaces.

However, many people are ageing with multiple long-term health conditions, with inequalities in health disproportionately affecting the poorest in our city. There are 49,300 people aged 50 and over living in parts of Leeds which are in the 10% most deprived areas of the country.²³ Inequalities experienced across people's lives are cumulative and have a significant impact on a person's health, financial security, wellbeing and independence in older age.



£38m

People aged 65 and over contribute £38 million a week to the economy



89%

89% of deaths
are people
over 65

The effects of COVID-19

This report has been compiled during the COVID-19 pandemic which has highlighted the inequalities people experience. A report from Public Health England states: 'The largest disparity found was by age. Among people already diagnosed with COVID-19, people who were 80 or older were 70 times more likely to die than those under 40. The risk of dying among those diagnosed with COVID-19 was also higher in males than

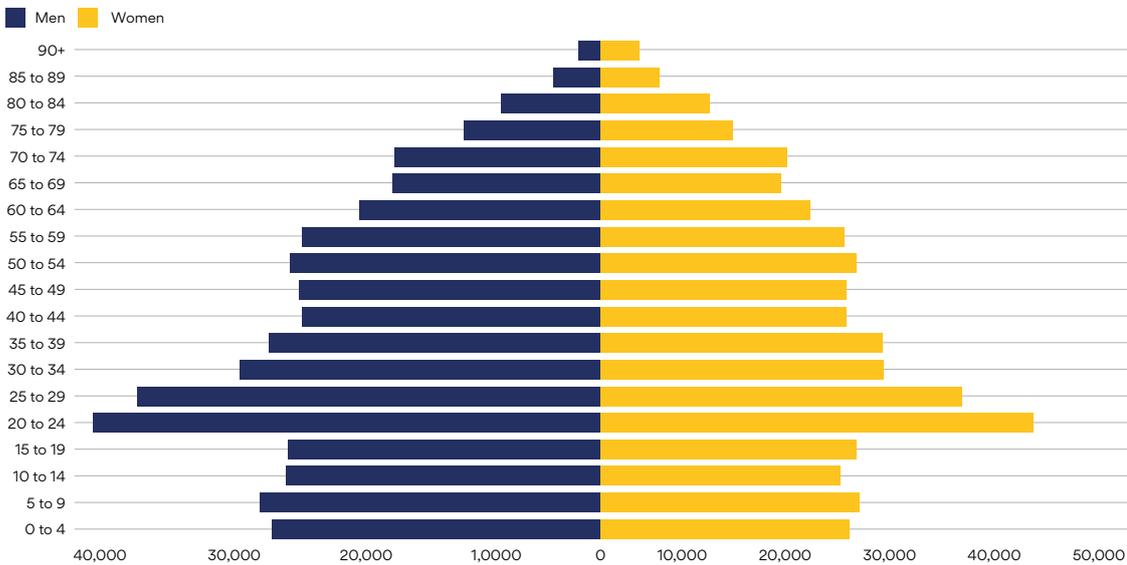
females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups. These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in White ethnic groups.'²⁴

Demography

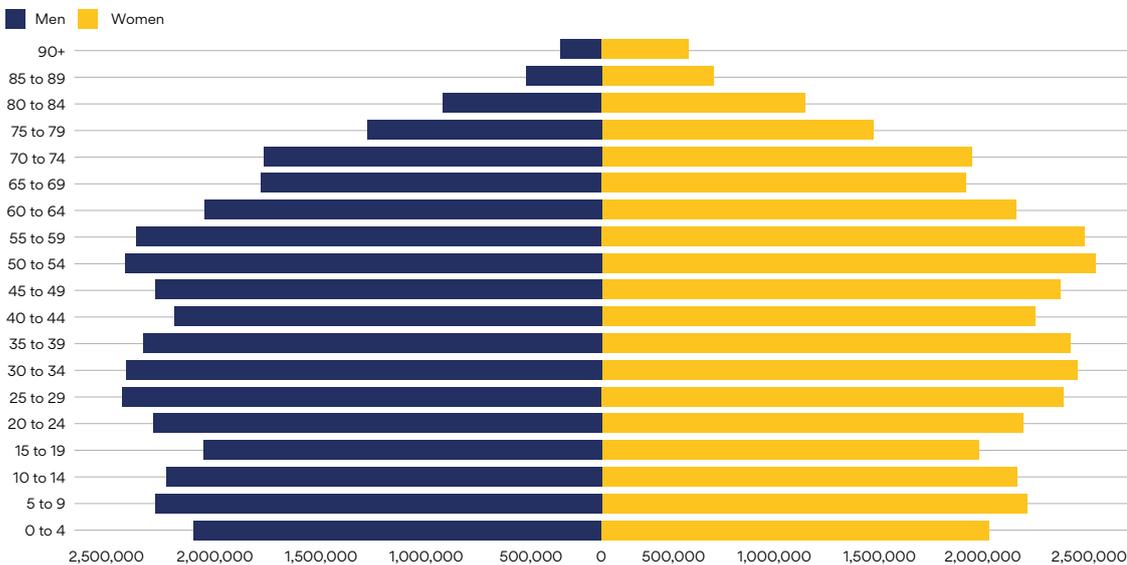
The age profile of Leeds

Around one in three people in Leeds are aged 50 and over, and one in four are aged 60 and over. This means that Leeds has a slightly younger age profile than the UK average, but similar to other core cities.²⁵

Population of Leeds by age group, mid-2020



Population of UK by age group, mid-2020



Source: ONS, Mid-2020 Population estimates



One in three

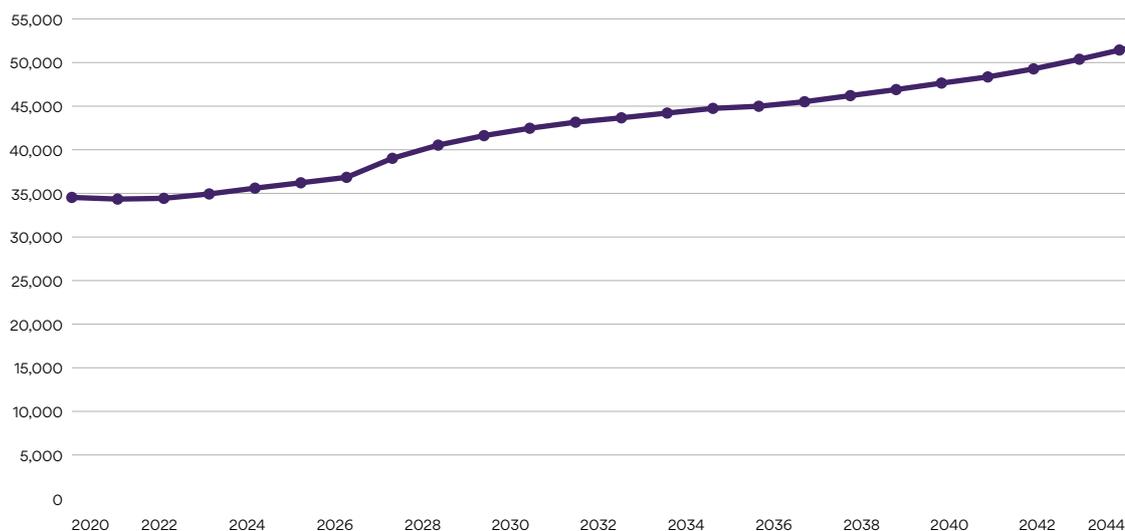
Around a third of the Leeds population is aged 50 and over

As of 2020, around 254,000 people out of a population of almost 800,000 in Leeds were aged 50 and older, 161,000 were aged 60 and over, and just over 34,100 were 80 and over.²⁶

The fastest growing population group in Leeds is people aged 80 and over and this group is set to grow by half (from just over 34,500 to just over 51,000) by 2044.²⁷

Number of people age 80+ in Leeds, 2020 to 2044 (projected)

The number of people age 80+ is set to increase by 50% over the next 14 years



Source: ONS, Population projections for local authorities: Table 2

The city will need to think how it continues to respond to this demographic change and enable larger numbers of people like Mrs M to live independently for as long as possible:

Case study from Time to Shine (Leeds Older People's Forum)

Mrs M is 88 years old and lives alone. She was experiencing a few health problems and her mobility was poor. She was feeling very depressed and her diabetes nurse helped her to contact Care & Repair (Leeds), who fitted a ramp for her.

This led to a referral to Swarcliffe Good Neighbours. Mrs M now goes to the lunch club and her potential was identified immediately by Ken who involved

her in making teas and welcoming people. When he found out she was a knitter he asked her to help revive the knit and natter group, which had ended because a volunteer had moved away. She has been helping with that and now the group has grown to nine members. Mrs M is very proud of how she had supported a woman with dementia to feel part of the group and to join in some of the activities.

How long do people in Leeds live?

At birth in Leeds, males can expect to live to age 78 and females to age 82 – this is lower than the England averages of 79.4 and 83.1 respectively.²⁸

For those already aged 65–69, men can expect to live another 18 years and women 20 years; about half of this period is likely to be spent with a limiting condition or illness.

Whilst life expectancy has seen small increases, these have been higher for men than women, reducing the gender gap from just over five years to just under four years. However the rate of growth of life expectancy for both genders is slowing down and even reversing for some women.

There are major inequalities in life expectancy in poorer parts of the city...

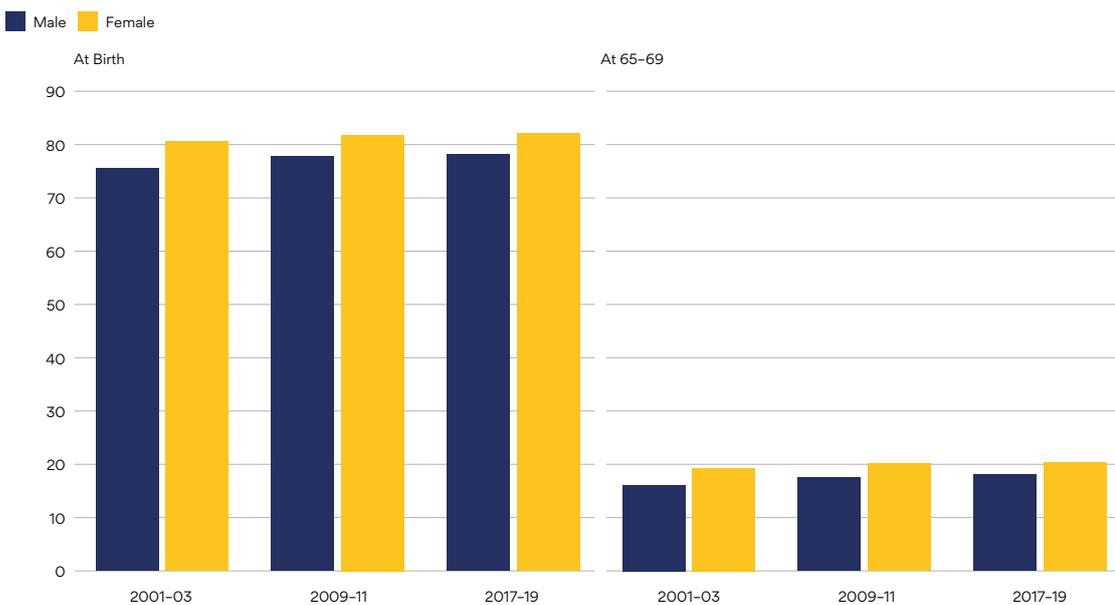
Deprivation makes a big difference to life expectancy. In Leeds, men and women in the most affluent areas can expect to live 11 and 12 years longer respectively than their counterparts in the most disadvantaged communities.²⁹

Worryingly, life expectancy is actually reducing for women in the more deprived parts of the city.

The graph opposite indicates the variations in life expectancy by ward across the city. It highlights gaps in life expectancy between some of our most and least affluent areas e.g. between the ward of Burmantofts and Richmond Hill in the inner city, and that of Adel and Wharfedale in the outer area.

For those already aged 65–69, men can expect to live another 18 years and women 20 years

Life expectancy in Leeds, at birth and 65–69, 2001–03 to 2017–09



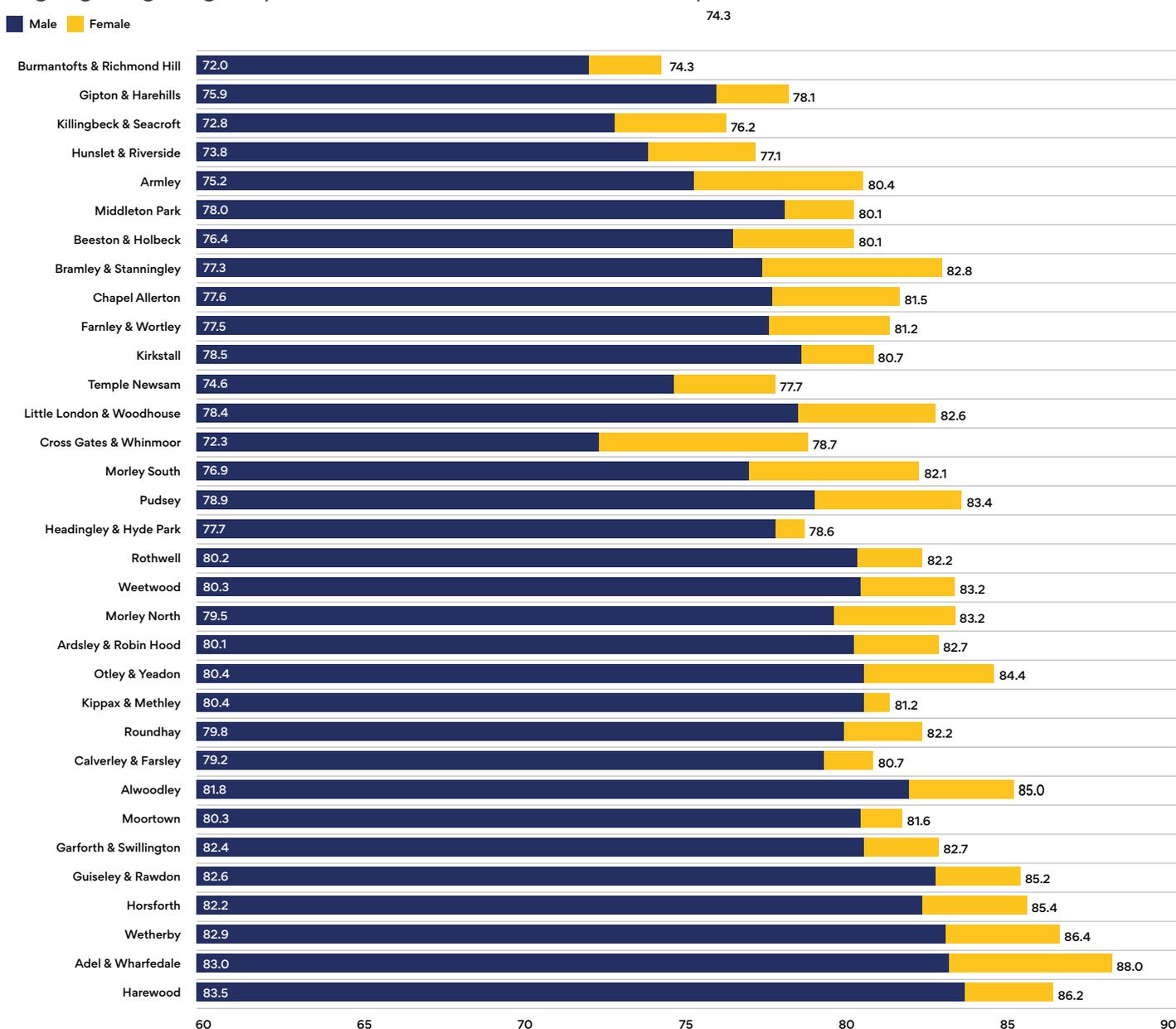
Source: ONS, Life expectancy by Local Authority

Ward Deprivation Inequalities³⁰

The gap in life expectancy between our most deprived and least deprived communities remains stubborn. This emphasizes the need to improve socio-economic conditions in the most disadvantaged areas.

Male and female life expectancy at birth 2017-19

Highlighting longevity, difference, wards are shown in deprivation rank order



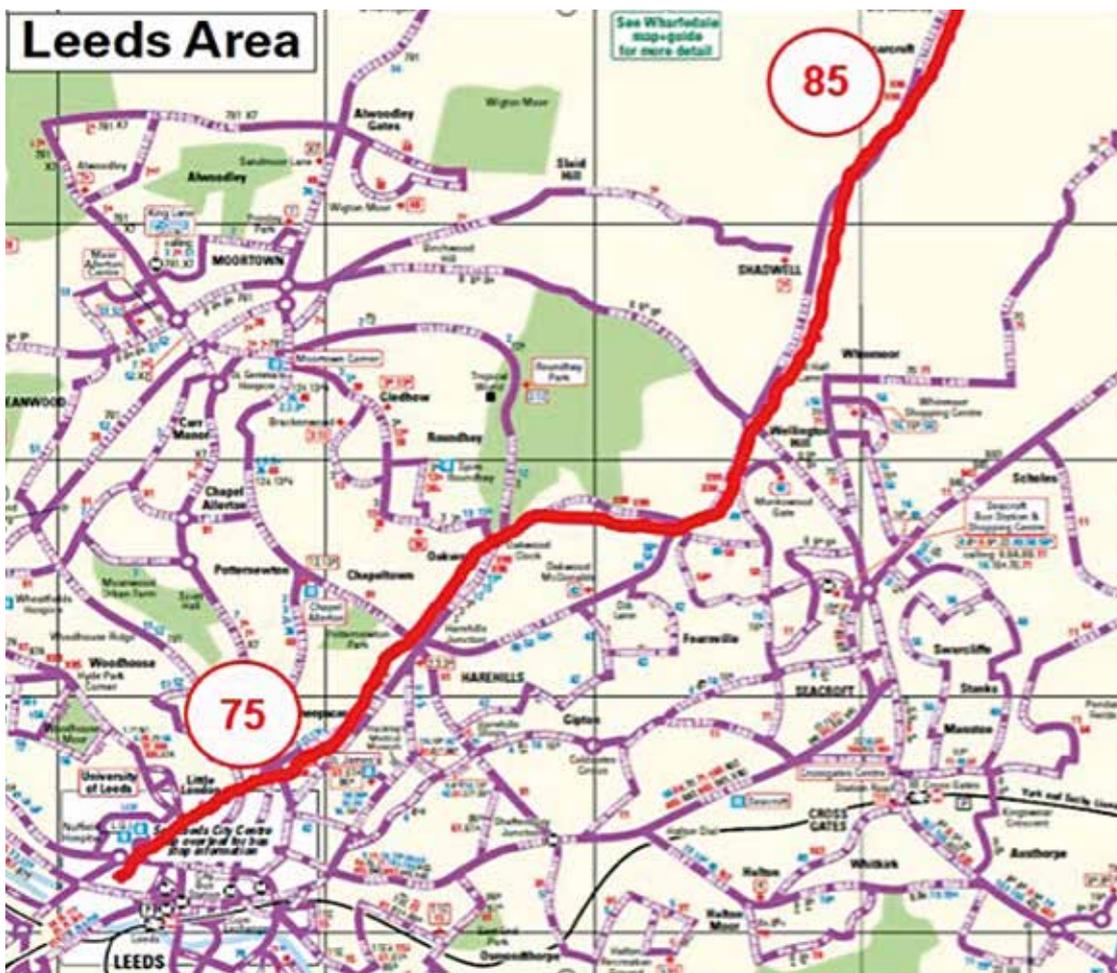
Note X-axis is truncated at 60 years. Ward deprivation ranking calculated using Index of Multiple deprivation 2019 and January 2019 GP registered populations. Source: GP registrations and ONS mortality data.

In broad terms, changes in life expectancy correspond with how far you live from the city centre. For example, along the bus routes that go from Harehills to Wetherby and other affluent suburbs, life expectancy increases from 75 at the start to 85 at the end.

Where do older people in Leeds live?

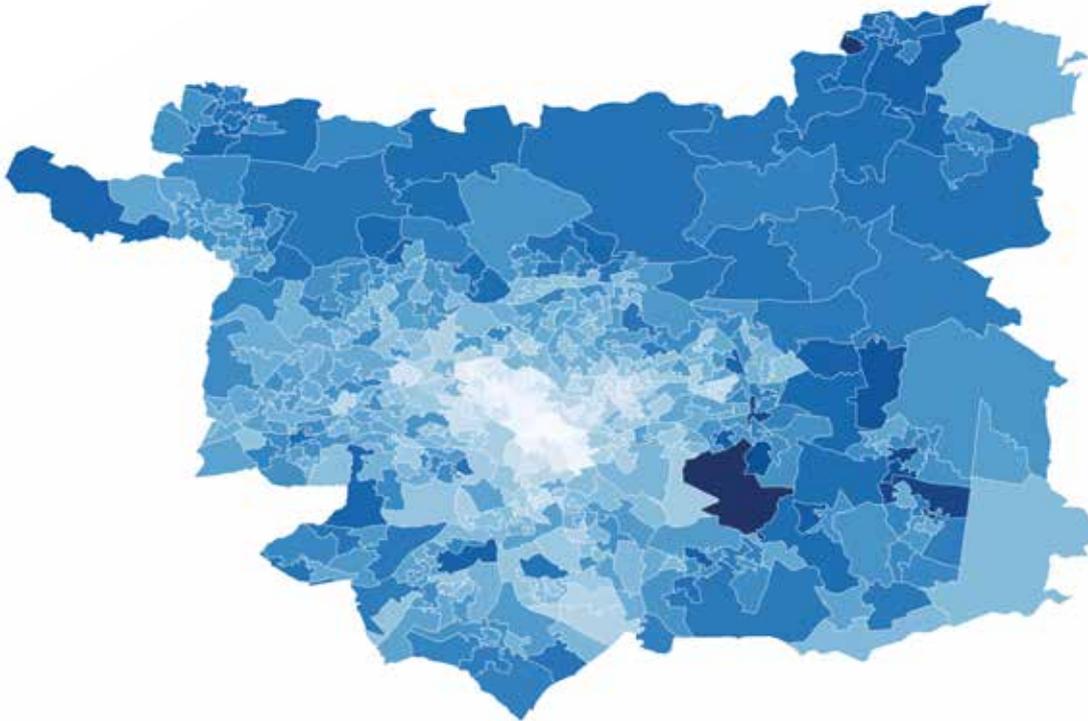
Older people predominantly live in the outer suburbs of Leeds, particularly the south-east, the north-east and the north-west of the city.

Nevertheless, one in five people aged 50 and over lives in neighbourhoods classed as among the top 10% most deprived in the country,³¹ where residents tend to experience significantly higher levels of frailty and long term conditions.



Percentage of population age 50+ by LSOA, 2019

0 65

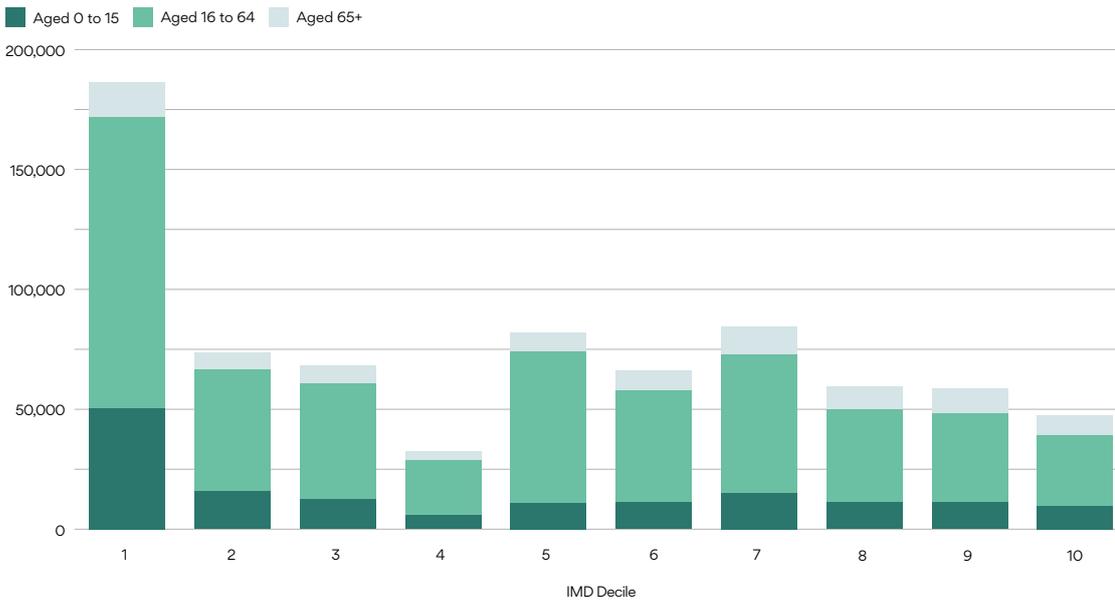


Source: ONS, Lower layer Super Output Area population estimates.

Since the population is ageing, we will see more older people in the most deprived parts of the city, with the cumulative inequality that brings. The graph on page 12 shows the overall population concentration in the more disadvantaged parts of the City, probably due to housing density.

What that means is there are a large number of people who are 65+ living in the most disadvantaged neighbourhoods in the City.

Age profile for each Index of Multiple Deprivation 2019 decile³²



Source: Index of Multiple Deprivation 2019 Mid-Year Population Estimates 2019

How ethnically diverse is the older population in Leeds?

According to analysis based on GP registrations, the majority of people aged 65 and over in Leeds identify as White British (85%). Leeds has a slightly higher Black, Asian and Minority Ethnic (BAME) population than other cities. Some 12% identify as Black, Asian and Minority Ethnic and 3% as Other Ethnicity.³³

The Black, Asian and Minority Ethnic population of people aged 65 and over in Leeds is made up of a large ‘Other White’ population (40%), which mainly covers European groups. This is followed by the more settled migrant groups such as Indian (14%), Pakistani (11%) and Black Caribbean (6%).

Nationally, people from a Black, Asian and Minority Ethnic background tend to be younger. But in Leeds, there are certain ethnic minority groups with an older age profile: White Irish, Other White, Caribbean and Indian.³⁴



85%

The majority of people aged 65 and over in Leeds identify as White British (85%)

Housing

One of the six priorities of Leeds Housing Strategy is meeting housing needs of older residents. This includes making sure that the right housing options are available which allow older people to remain active and independent in their homes and communities.³⁵

Housing tenure

Latest housing data – from the 2011 census – shows that 70% of people aged 50 and over in Leeds owned their own home and nearly one in four (23%) were in the social rented sector. This left 7% in private rentals – a little under the national average of 8%.³⁶

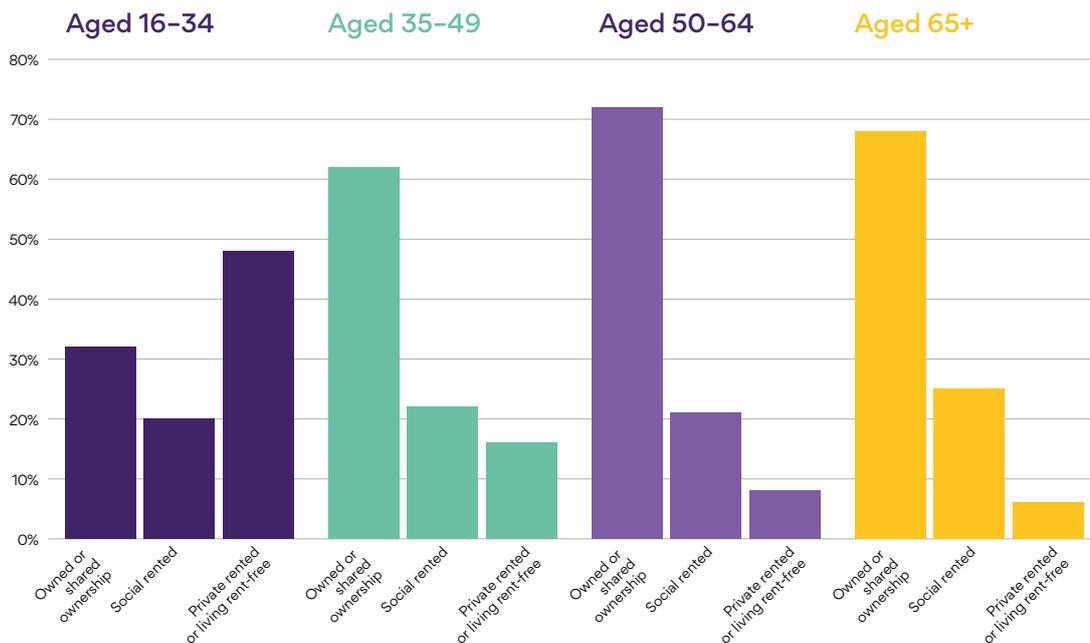
Nationally, the proportion of people aged 55 and over who are in private rented accommodation has increased by more than half over the last ten years, and this is likely to have been mirrored in Leeds.



70%

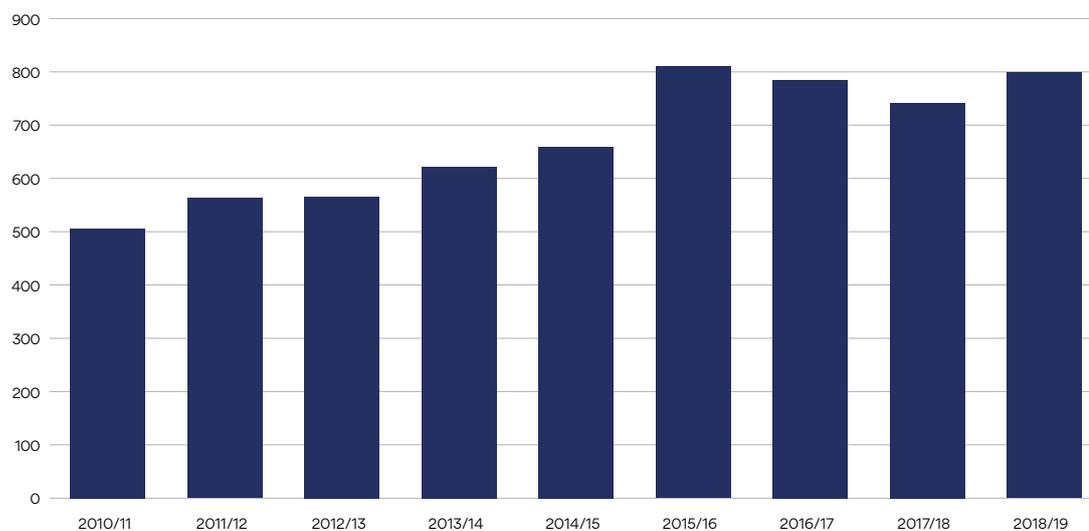
of people aged 50 and over in Leeds own their own home

Housing tenure by age in Leeds, 2011



Source: 2011 Census

Number of private rentals lived in by over 55s (000s), England, 2010/11 to 2018/19



Source: 2011 Census

Since private renters aged 65 and over spend more of their income on rent than any other age group, this can leave them short of money to spend on food, heating and other essentials, and increase their vulnerability to poor health and living standards.

At present, this group spends 39% of income on rent (or 49% excluding Housing Benefit) and this proportion is expected to rise.

The All Party Parliamentary Group on Housing and Care for Older People has made a stark forecast: that by the mid-2040s, 630,000 households over pension age who are privately renting will struggle to meet the cost of their homes.³⁷

Housing satisfaction

People aged 65 and over in Leeds are generally satisfied with where they live: they express higher levels of satisfaction with their accommodation and neighbourhood than other age groups.

While around 11% of older people said they would consider co-housing, most older people in Leeds (more than three in four) want to stay in their home as they age. But how fit are those homes to grow old in?

Accessibility and housing standards

At a most basic level, the homes we live in need to be warm and safe – but the data we have indicates that about one in five houses in Leeds³⁸ (in line with the rest of the country) are falling below the basic standard of decency (the ‘Decent Homes Standard’).

Housing stock in Leeds is old. Most houses (60%) were built before 1965.³⁹ And nationally, only one in 10 homes meets the basic accessibility standards that would make this possible.⁴⁰

Two things need to happen to make our homes fit for an older population: existing homes need to be adapted, and new homes need to be built to a higher standard of accessibility.

Disabled Facility Grants (DFGs), provided by local authorities, are important in enabling people to make adaptations and repairs to improve accessibility and living standards.

In Leeds, expenditure on DFGs has increased over the last five years, but this has been as a result of the size of the average grant increasing – the actual number of grants awarded each year has been going down, even before COVID-19 effects are taken into account.⁴¹

65%

65% of houses in Leeds were built before 1965

Disabled Facilities Grant Expenditure

	DFG budget	Completed DFGs	Average DFG grant
2016/17	£6,975,808	794	£8,786
2017/18	£8,290,495	882	£9,400
2018/19	£8,956,237	704	£12,722
2019/20	£9,173,279	722	£12,705
2020/21	£8,920,845	508	£17,561
2021/22	£9,509,518		n/a

DFGs usually fund major adaptations. However, there is strong evidence for the effectiveness and cost-effectiveness of even minor adaptations and repairs.⁴²

National qualitative research suggests a 'Good Homes Hub' or one-stop-shop offering a range of different home repair services would be popular. The hubs suggested could provide information and advice, access to finance options, and help to find trusted tradespeople to carry out repair work.⁴³

New homes

The percentage of new developments built to accessible and adaptable standards is a key performance indicator (KPI) of the Age Friendly priority in the Leeds Best Council Plan.

Under the current Leeds Local Plan,⁴⁴ 32,470 new homes will be built between 2030 and 2040. Of these, 30% will meet the so-called Category M4(2) standard – providing features like no-step access between the pavement and front-door and walls strong enough to install grab rails.

A further 2% should meet the higher Category M4(3) standard, which means it is immediately suitable to someone who uses a wheelchair all of the time. Therefore just under one-third meet accessible standards: this is slightly below the national average. Although the Leeds population is younger than the national average, with the population of people aged 80 and over expected to grow by 50% in the next 20 years it would appear that provision may need to increase.⁴⁵

The Housing Made for Everyone (HoME) coalition – which includes the Centre for Ageing Better – is campaigning for the Category M4(2) standard to be adopted as the national standard for all new homes and Leeds supported this in its response to a government consultation. This would currently add an estimated £1,387 per dwelling to building costs – although this is likely to come down if the standard became mandatory. This is much lower than the average £7,000 DFG grant to adapt a home which has not been built to this standard,⁴⁶ meaning that building new homes with good accessibility standards is more cost effective than retrofitting old ones.



32k+

32,470 new homes planned between 2030 and 2040

Effects of poor housing

The cost to the NHS of sub-standard homes in England is estimated at around £1.4 billion per annum for all ages. The NHS spends £513 million alone on first year treatment costs for people aged 55 and over living in the poorest quality housing.⁴⁷

Older people are more likely to have a disability or accessibility and mobility requirements, and one in five people aged 65–69 have difficulty with five or more daily activities like washing, dressing or eating.⁴⁸

The case study of Mrs K on the following page demonstrates the multiplicity of health and housing issues people experience and may need help to resolve.



£513m

Nationally, the NHS spends **£513 million** alone on first year treatment costs for people aged 55 and over living in the poorest quality housing



Case study from the Home Plus Service

Mrs K

Mrs K is 46 years old and lives with her husband and her five children. She has a long-term history of depression and arthritis which impacts on both her mobility and her ability to retain information. She contacted Home Plus (Leeds) following a recent fall on the stairs. The two staircases in her home lacked additional stair rails; the house was very cold, with plaster peeling off the walls. During her long stay in hospital following the fall, a leak had developed from the bath onto the ceiling below.

A Home Plus (Leeds) Support Worker from Care & Repair (Leeds) visited Mrs K who was overwhelmed with trying to deal with complex issues of maintenance in the property, particularly the damp and peeling walls. Additional stair rails were installed on the first and second levels to reduce the risk of further falls. The cellar was used for extra storage and Mrs K went down there regularly but it was cold, damp, and lacked a stair rail, so arrangements were made for a rail to be fitted.

It was evident that the central heating was not working downstairs but was functioning well upstairs. Mrs K said it was operating on a two-zone system which she was not able to manage or understand. The Support Worker arranged for a heating engineer to convert it into a single system to heat the whole house simultaneously.

Mrs K highlighted that both the cellar and front doors were very draughty, and she was receiving high fuel bills. A Home Plus (Leeds) Green Doctor visited to install draughtproofing and radiator reflector panels to conserve heat. They also discussed with her the option to change energy providers to reduce her bills. The smoke alarms were found to be faulty, so Home Plus was able to fast-track a referral to the Fire Service for replacement smoke alarms. The Home Plus hazard repairs service were able to repair the seal around the bath to prevent further damage to the ceiling. Mrs K also has quite deep steps up to the front door where she has agreed to have some grab rails to assist her.

Employment and learning

Employment in Leeds

The Leeds Inclusive Growth Strategy sets out how the city will work together to grow the Leeds economy ensuring that everyone in the city contributes to, and benefits from, growth to their full potential. This includes ‘supporting older workers to remain in fulfilling work and accommodate both changing health needs and caring responsibilities’.⁴⁹

One in four workers in Leeds is aged 50 or older⁵⁰

People aged 50 and older in Leeds are more likely to be employed than people of their age in the rest of the country: 82% of 50–64 year olds and 12% of people aged 65 and over are employed here, compared with national averages of 72% and 10% respectively.⁵¹

However, the figures on employment alone do not distinguish between fulfilling and other work, and the number of employees on zero-hours contracts has grown rapidly over the last decade.⁵²

It is estimated that around 12,000 people are on zero hour contracts in Leeds. As a result, people could still be struggling to get by, despite being in work.

Health and caring responsibilities

Some people in their 50s and 60s choose to retire before they reach State Pension Age for positive reasons, with enough money to do so. But the most common reason for being out of work given by people aged 50–64 is not retirement but ill health. In England, three-quarters of the 1.2 million people aged 50–64 who are out of work in March 2020 due to ill health said they would rather be working.⁵³

There are also a substantial number of people in this age group who would like to be working but can’t because they are caring for someone else. In England the peak age for having a caring responsibility is 55–64 – particularly among women.⁵⁴

Nationally, one in three women and one in five men age 55–64 report being a carer. In 2011 (the most recent year for which we have data) one third of all unpaid carers in Leeds was aged 50–64 and another fifth were aged 65 and older,⁵⁵ meaning that over half of unpaid carers were aged 50 and over.

Employers who offer flexible working to fit around caring responsibilities can make a big contribution to better lives for older people, as illustrated by the case study of Mrs B.



82%

of 50–64 year olds in Leeds are in employment, 10% higher than the national average

Case study from the Employment Hub

Mrs B is a 55 year old female living in Leeds. She is a carer for her three grandchildren and needed a cleaning job for just 12 hours to top up her Universal Credit Allowance and to fit around her caring responsibilities.

After Mrs B had been inducted on to the Employment Hub, a CV was written on her behalf and an explanation given on how she could market it towards certain opportunities. The CV was sent round to potential employers on Mrs B's behalf, as her computer skills were in development.

As a result Mrs B was offered an interview and was successful in gaining employment for 12 hours as a cleaner. Mrs B didn't have any appropriate work clothes so a referral was made to Smart Works who sent over some work trousers, a top and some perfume which all helped build Mrs B's confidence for that big first day.

The job fits perfectly with Mrs B's family situation and provides her with the extra income that she needed.



Five actions to be an age-friendly employer

With the State Pension Age continuing to rise, it is important that people do not feel they need to

leave the workforce prematurely if they can and want to work, even if they need flexibility to fit around their other responsibilities.



1 Be flexible about flexible working



2 Hire age positively



3 Ensure everyone has the health support they need



4 Encourage career development at all ages



5 Create an age-positive culture

Effects of the pandemic

Nationally, the impact of the pandemic on employment rates has been ‘u-shaped’, with the youngest and oldest workers hardest hit.

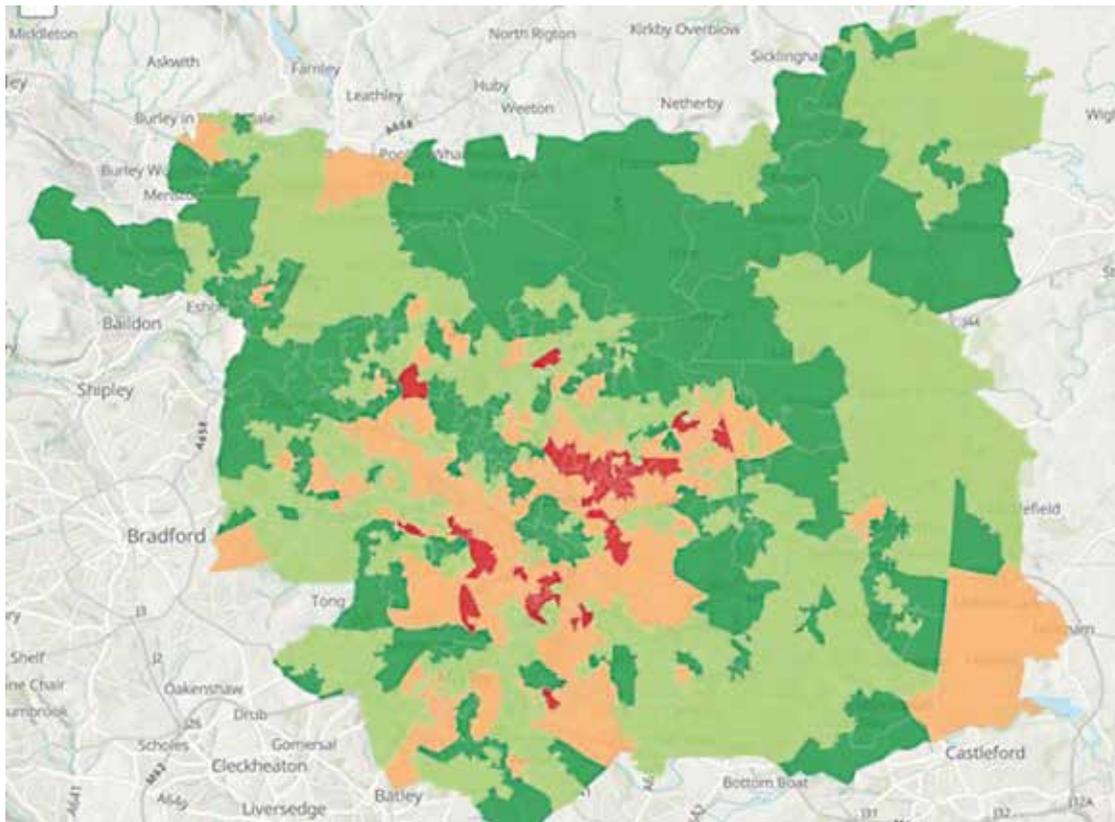
Nearly 6,125 people aged 50 and over in Leeds were claiming unemployment-related benefits in September 2021, representing 21% of all such claimants.⁵⁶ Claimants aged 50–64 are concentrated in the inner North East and inner South West of the city, which are among the more deprived areas.⁵⁷

While the numbers of claimants aged 50 and over are similar to those aged 16–24 claiming these benefits,⁵⁸ the increase in the claimant count has been particularly high among men aged between 16 and 44.⁵⁹

Even if older workers are not falling out of work at a faster rate than younger workers, they are taking longer to return to it. People aged 50 and over who are unemployed are twice as likely as younger workers to be out of work for 12 months or more, and almost 50% more likely than workers aged 25–49.⁶⁰

6k+

Nearly 6,125 people aged 50 and over were claiming unemployment-related benefits in September 2021





26%

of workers nationally aged 55 and over who were furloughed in February remained so in May

The pandemic has brought a risk of greater long-term unemployment among older workers. Even pre-pandemic, workers aged 50 and over were the least likely to return to work within three months of redundancy. More recent data has shown that older workers are much less likely to have returned to work from furlough than younger workers.⁶¹

When the hospitality industry started to re-open in May 2021, it was mostly younger furloughed workers who left the scheme and returned to work. 26% of workers aged 55 and over who were furloughed in February remained so in May – compared with 6% of 35–44s and 16% of 18–34s.⁶²

Older workers ‘left behind’ on furlough were more likely to face redundancy when the scheme ended.⁶³ It is therefore important that the employment support provided to older workers is targeted and tailored to meet their needs.

Skills and learning

In a world where more people are working for longer – and where careers are set to involve more change than among previous generations – it is crucial that people have access to training and development into their 50s and 60s, and that they are motivated to take it up.

In Leeds, just over one in four people on the Adult Education Programme are aged 50 and over, so they are proportionately less likely to be engaged in education than younger adults. They are predominantly enrolled on English for Speakers of Other Languages (ESOL), digital skills, languages and art and craft courses and initial engagement courses aimed at helping reduce social isolation and assist community development.⁶³

Nationally, rates of participation in learning and training decline sharply after age 54. During lockdown, less than 40% of people aged 55–64 participated in any learning activity at all.⁶⁴

The Adult Education Budget has been devolved to West Yorkshire Combined Authority, which has an objective in its Local Skills Report to ‘Support employers to retain older workers in fulfilling work for longer’.⁶⁵

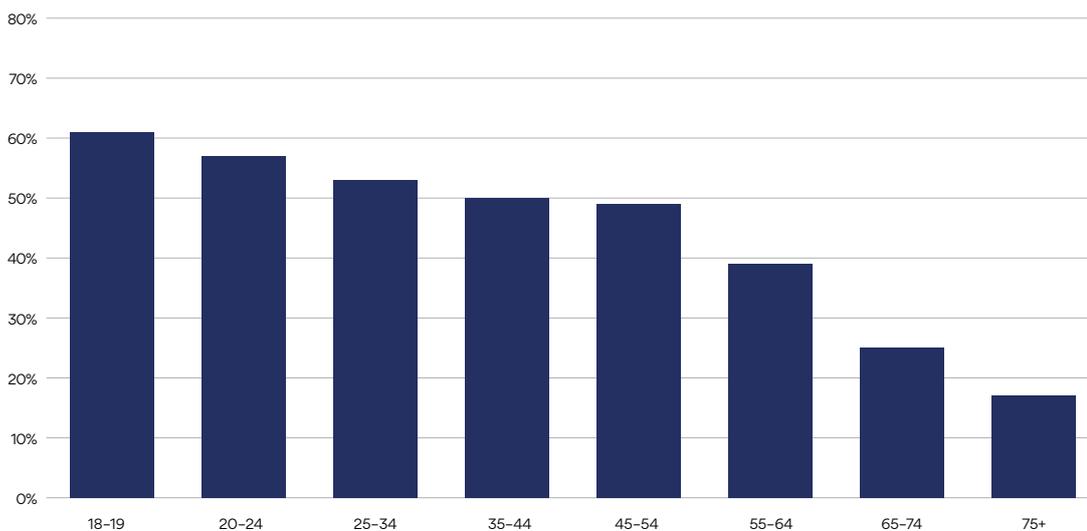
The case study of Mrs E illustrates how engaging in digital skills can lead to employment:



1 in 4

people on the adult education programme are aged 50 and over

Participation in learning since the coronavirus lockdown by age, UK



Source: Learning and Work institute. Adult Participation in Learning Survey, 2020

Case study from the Employment & Skills Service

Mrs E enrolled on an innovative 10 week TechMums course delivered by the Council's Family Learning team. This course covers a range of subjects from online safety, blogging, and social media to basic coding.

Mrs E was taking her first step back into learning as she wanted to improve her digital skills, get up to date and use these skills to promote the setting up of her own business.

Mrs E was always interested in technology but she did not have the confidence to work with it or even talk about it. She particularly enjoyed the sessions on blogging and keeping children safe online.



Travel and road safety

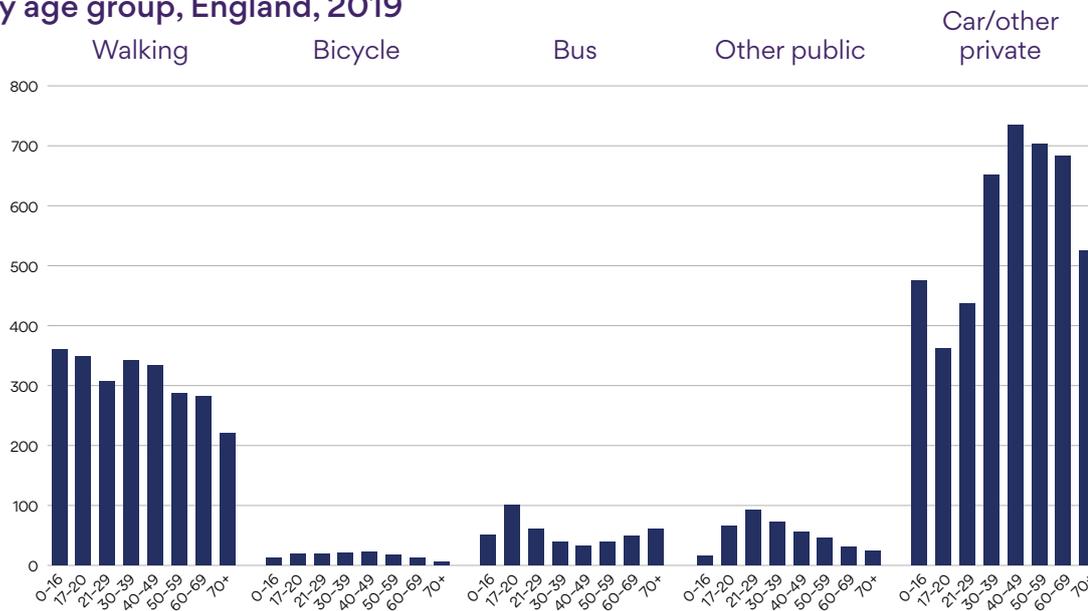
Leeds Transport Strategy sets out a ‘vision for Leeds to be a city where you don’t need a car, where everyone has an affordable zero carbon choice in how they travel.’⁶⁶

The older we get, the more likely we are to take the bus

National data shows that, as people get older, they make fewer trips in general. People walk and cycle less and spend less time in the car, but from the age of 50, start taking more trips on the bus.

National data shows that, as people get older, they make fewer trips in general

Average number of trips made annually according to main mode, by age group, England, 2019

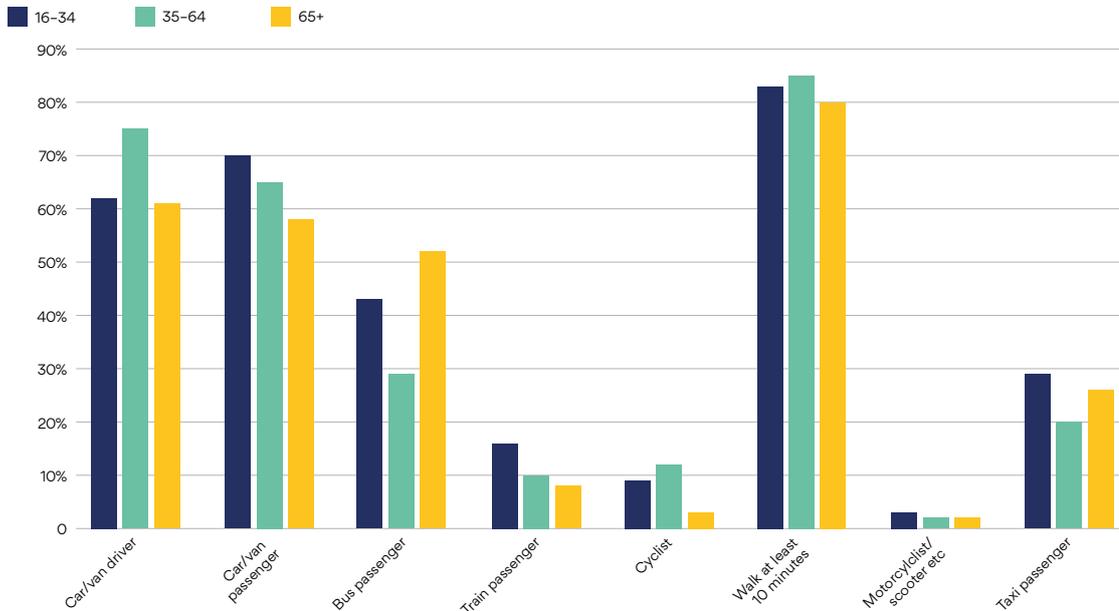


Source: DfT, National Travel Survey, Get the data

In West Yorkshire,⁶⁷ more than half of people aged 65 and over say they take a bus at least once a week,

compared with less than 30% of people aged 35–64.

Average number of trips made annually according to main mode, by age group, England, 2019



Source: WYCA (2020), Customer Perceptions of Transport Survey

West Yorkshire residents aged 65 and over give an average satisfaction score of 6.4/10 for the affordability of public transport – a higher rating than other age groups.⁶⁸ However, the data also suggests that they are less likely than younger people to have access to a frequent bus within 400m: only 8% live within this range. This may be particularly important for women – who are more likely to be living with frailty than men.⁶⁹

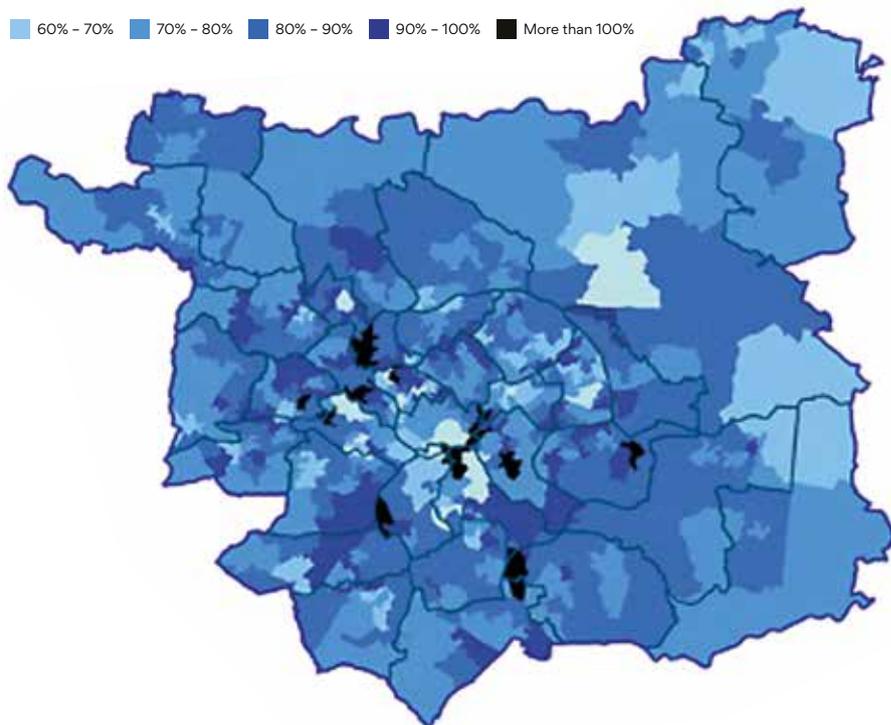
80% of people aged 65 and over in Leeds have claimed their concessionary bus pass – but only 60% or fewer of this age group in some of the more deprived areas in the inner city.⁷⁰ This is a concern because, among people who have claimed their concessionary pass, those in more deprived areas are twice as likely to use it than those in more affluent areas, showing that they need it more.

80%
of people aged 65 and over in Leeds have claimed their concessionary bus pass

Card ownership by population

Aged 65+, October to December 2019

Less than 60% 60% - 70% 70% - 80% 80% - 90% 90% - 100% More than 100%



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Cars

Cars remain the most common form of transport we use as we age. In 2011, car ownership in Leeds was particularly high among people age 50 to 64: 82%, compared with 75% of the population as a whole.⁷¹

The national data shows that people in their 60s and 70s are increasingly likely to take car trips as passengers, rather than drivers. Yet people aged 70 and over are still at the wheel themselves twice as often as when they sit in the passenger seat.⁷²

In West Yorkshire, the Customer Perceptions of Travel survey suggests that people aged 65 and over are the *least* likely to travel as a car passenger once a week, i.e. they are driving themselves.

A reduction in car use as a population is something we all should be striving for to reduce carbon footprints. But it has to be recognised that good public transport options need to be made available to avoid people becoming socially isolated. This is particularly true for older women, who are both less likely than men to hold on to their driving licence into their seventies⁷³ and also more likely to be living with frailty.⁷⁴



3%

Only 3% of people aged 65 and over report cycling at least once a week

Road safety

Road traffic accidents are less common amongst older people than younger people both in Leeds and nationally. However, older people are more at risk of being in a road accident as a pedestrian compared with the average across all ages.⁷⁵

Active travel

Active travel – walking or cycling – has health benefits for the individual and environmental benefits for society. Leeds Local Plan's update for the Climate Emergency is considering 20-minute⁷⁶ neighbourhoods and how they can support this agenda.

WYCA data shows that cycling is uncommon among all age groups – but particularly among people aged 65 and over, only 3% of whom report cycling at least once a week. Most people, though, walk for at least 10 minutes once a week – 80% of people age 65 and over do so.

Making it easy for people to choose active travel – by provision of cycle lanes, for example, or well-lit streets to walk down – is an important step towards encouraging people to engage in more physical activity. Leeds residents are not, however, very satisfied with the condition of pavements or the provision of cycling routes, giving them average satisfaction scores of 5.5 and 5.2 out of 10 respectively.⁷⁷

Accessibility

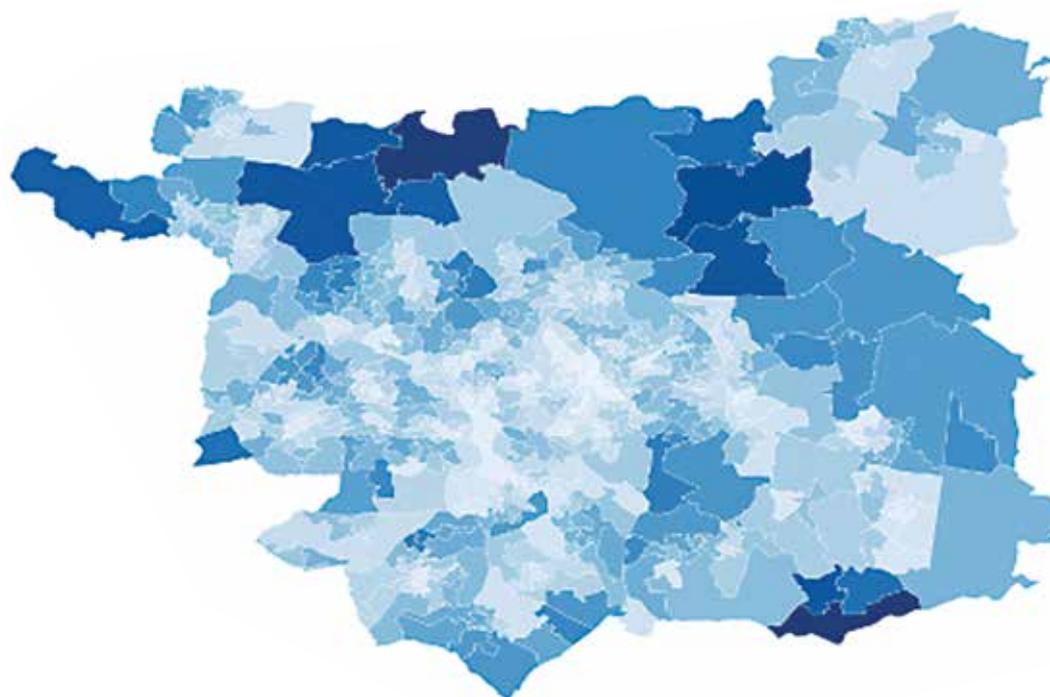
The harder it is for people to get around, the more isolated they are likely to be. As we get older, ease of access to essential services, like health services and groceries, becomes increasingly important. In Leeds, the average travel time by foot or public transport to a food store is 8 minutes and to the nearest GP is 11 minutes⁷⁸ – this fits with the aim of 20-minute neighbourhoods. Average travel time to the nearest hospital is longer, at 33 minutes.

As shown in the map below, access to GPs on foot or by public transport varies across different parts of the city, so those who do not have access to a car are more disadvantaged in some areas.⁷⁹ Understanding inequalities of access among different groups of older people – by gender, disability and where they live, for example – is an important first step in addressing how to overcome them.

As we get older, ease of access to essential services, like health services and groceries, becomes increasingly important

Average travel time to GP by foot or Public Transport by LSOA, Leeds, 2019

0  28



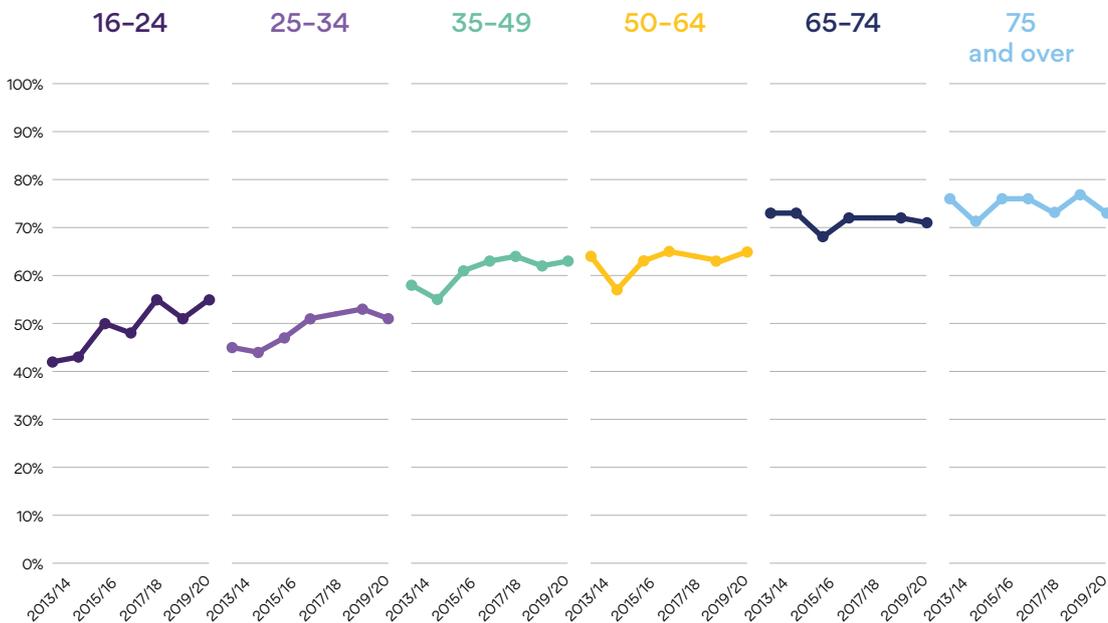
Source: ONS, Lower layer Super Output Area population estimates.

Active, included and respected

Age-friendly communities are places where people of all ages can live healthy and active lives. These places make it possible for people to continue to stay in their homes, participate in the activities that they value, and contribute to their communities, for as long as possible.

The older we are, the more likely we are to report a sense of belonging to our neighbourhood.

Percentage of people by age who feel strongly that they belong to their immediate neighbourhood, England, 2013/14 to 2019/20



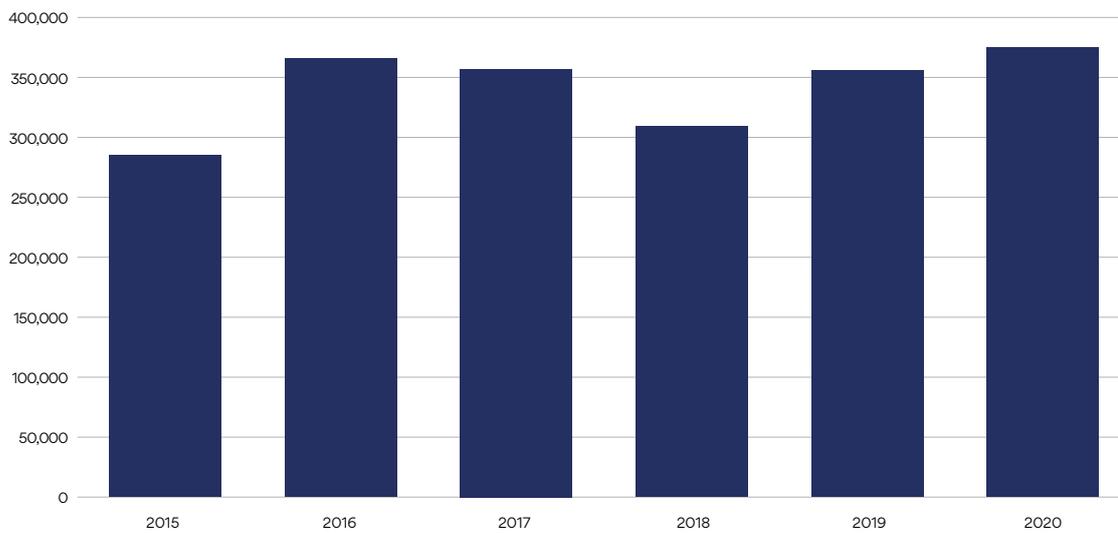
Source: Community Life Survey, 2019/20, Get the data

Loneliness and social isolation

In 2011, about one in eight Leeds households comprised one person aged 65 or older living alone – in line with national averages.⁸⁰

Across the region, single person households of individuals aged 65 and over have grown by about one-third since 2015, so they may now represent nearly one in six households in Leeds: the 2021 Census will provide this information.

Estimated people age 65+ living alone in Yorkshire and the Humber, 2015 to 2020



Source: ONS, People in households, regions of England and UK constituent countries, 2015 to 2020 • CV > 5 and ≤10

Nationally, there are still far more women than men age 65 and over living alone, but the number of men living alone is increasing much more rapidly.⁸¹

Loneliness and social isolation can be issues for older people. Better data is needed, but what we have suggests that the proportion of people aged 55 and older in Leeds who say they never feel lonely is slightly below national averages.⁸² Around one in three people aged 55–74 say they never feel lonely and one in four of those aged 75 and over. Loneliness is higher in places that are more deprived.⁸³

Leeds has a unique community infrastructure which is helping to tackle these issues: the Neighbourhood Networks. These community support organisations support local older people to live independently and participate in their communities, and are currently funded by Leeds City Council (up to 2024 – with a potential five more years of funding) and the Clinical Commissioning Group.



This infrastructure has played a vital role in supporting older people during the pandemic – providing basic needs to people shielding, social and emotional support, and access to digital training and equipment. The long term funding model advocated by Leeds City Council meant organisations were in a position to respond quickly and absorb the shock of the pandemic more readily than others.⁸⁴

Most Neighbourhood Network members are aged 70 and over; one in five are aged 60–69, and just 2% are 50–59.⁸⁵ While it is not surprising that most of the members are at the older end, it is important that those approaching later life are not excluded – as there is an opportunity to prevent issues from setting in which might cause problems later on.

Nationally, there are still far more women than men age 65 and over living alone

Targeted interventions to tackle loneliness work

In 2014 Leeds Older People's Forum led a successful consortium bid for an Ageing Better grant from the National Lottery Community Fund. The focus of the seven-year Time to Shine programme was on reducing social isolation and loneliness amongst people aged 50 and over in Leeds. As of February 2020, 8,518 older people had regularly participated or volunteered in 101 Time to Shine projects.

The majority of Time to Shine respondents identified as being lonely when they first joined a project (55%), but it was found that through the projects people experienced reduced social isolation and loneliness, and improvements to their wellbeing.⁸⁶

Having a sense of purpose is really important, as Mr P's Story demonstrates:



55%

The majority of Time to Shine respondents identified as being lonely when they first joined a project

Mr P's Story from Time to Shine, Leeds Older People's Forum

I felt closed in and alone. There was a lot of boredom because I didn't have much to do and I didn't meet many people.

I used to come into St Luke Cares charity shop to buy the odd item. People were friendly and we had a bit of a laugh so I came in more and more just for a cup of tea.

One day the staff were struggling to get something down off the shelf and asked I could help. It just took off from there and now they can't get rid of me!

Now I'm out of the house more – before I was lucky to get myself out more than twice a week because I didn't know anyone in the area. I'm happier and feel more content and helpful. I'm more focused.

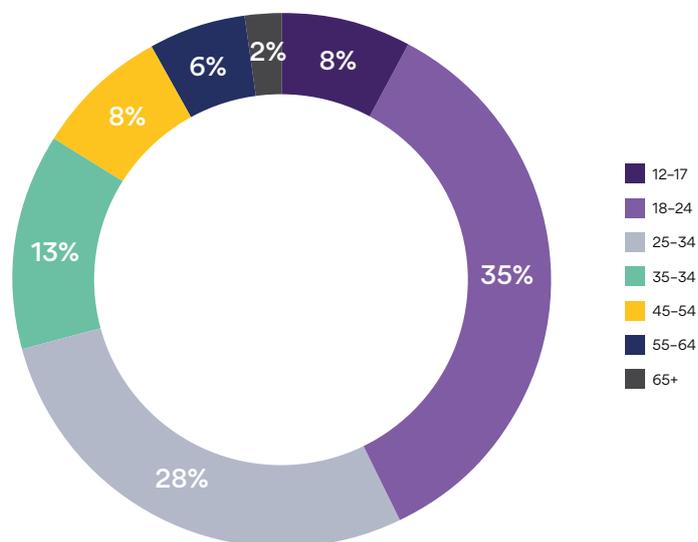
I'd say to people 'give it a try!' I'd tell them my experience of how I became a volunteer and tell them how good it can be. I've always been polite and helpful but since coming to this area five years ago I hadn't had much chance until now to show my true personality.

Volunteering and the effects of lockdown

Volunteering reduces social isolation. The figures below show that 8% of the volunteers registered with Voluntary Action Leeds volunteer centre were aged 55 and over.

However, this doesn't measure the amount of general 'neighbourliness' and informal volunteering, or volunteering directly with a local charity, that people do in their local communities which is impossible to capture on a citywide basis. This gap in data means the number of volunteers and the amount of volunteering they do across the city is unknown.

Volunteers registered at the Volunteer Centre (Leeds, 2021-2021)



Lockdown as a result of the pandemic reduced volunteering. Over half of the people in Leeds advised to shield were aged 65 and over. The opportunity to volunteer was therefore removed from many of this group – unless they could volunteer digitally or by phone (see Mr G’s story on page 38).

Unsurprisingly the return to volunteering by older volunteers has been somewhat slower than other groups, possibly due to fears about leaving home and reduced confidence.

Inclusive volunteering requires we connect and listen, focus on what matters to people; play to people’s strengths, remove barriers and be flexible. As the city moves into recovery, these will be ever more important to encourage older volunteers back.

50%+

Over half of the people in Leeds advised to shield were aged 65 and over



Digital inclusion

The pandemic also made being digitally connected more important than ever. However, older people are less digitally connected than younger people – for example, nationally, only about half of people aged 65 and over own a smartphone, compared with 98% of people aged 16–24.⁸⁷ Older people have the lowest use of the internet over the mobile phone than any other group. Furthermore, 18% of people aged 64 and over do not have access to the internet in their home; among those that do, 9% are not confident using it,⁸⁸ compared with 5% of people of all ages.

People from lower socio-economic households also experience digital exclusion. 11% do not have internet access, and for those that do, 10% are not confident using it. People who rely on a mobile phone for internet access might struggle to work or learn from home or complete online forms – this represents 10% of all adults, and 18% of adults in lower socio-economic households.⁸⁹

Broadly speaking, the areas of Leeds poorly served by broadband connectivity are areas in the north and east which are less densely populated and less commercially viable for operators. However broadband coverage only gives us a part of the picture.

Healthwatch Leeds⁹⁰ has identified eight factors which make people particularly likely to experience digital exclusion: poverty, age, literacy and communication preferences, skills and motivation, precarious lifestyles, privacy, disability and specific conditions, trust in IT. Broader factors such as the home environment can also make it difficult to find the space and safety to access healthcare, or to disclose needs to a medical professional securely.⁹¹

Leeds is committed to involving people digitally with its 100% Digital programme and one example of its work is provided by Mr G's story on page 38.

Leeds is committed to involving people digitally with its 100% Digital programme

Mr G's Story from 100% Digital Leeds

Mr G is 77 years old, lives in Pudsey and has had COPD since 1995 (26 years).

He has a pulmonary nurse who has supported him to improve his self-management since his diagnosis, with regular goal setting and monitoring symptoms and triggers. He's attended Pulmonary Rehab with Leeds Community Healthcare and attends a weekly Breathe Easy Group in West Leeds.

In 2019 through 100% Digital Leeds digital champion training, Mr G was made aware of myCOPD, a self-management app to support people living with COPD. He was interested in finding out more but had very low confidence and skills with tech and didn't have a device other than his smartphone which he only used for calls and texts. myCOPD was offered to the group and he was encouraged by his peers to increase his digital skills and explore the benefits it could bring him.

Mr G received digital support from his group members after their digital champion training and felt more confident using his smartphone; he also borrowed an iPad via 100% Digital Leeds which would then enable him to do more online and not use up the limited data on his phone. He received the

myCOPD app and through the Breathe Easy group members support has now become more digitally enabled and more confident with using and accessing the app regularly to support his self-management.

He now uses the app regularly to complete Pulmonary Rehab. He has followed the education videos on chest clearance and breathlessness which he said "gave me a better insight into the condition I've got and I feel like I understand it better. The app has really made a great difference to my health". He takes his medication as required and now logs this on the app so he knows when he's taken his inhalers and when he uses his relievers, on days that are more challenging.

"When the pandemic hit we were able to set up virtual Breathe Easy groups which have been a lifeline. It's meant we can all still meet, keep in touch, raise each other's spirits and be there to support each other, especially through this hard year with us all shielding. It's invaluable to help you control and manage your condition, exercise, have a chat, cup of tea (when we can again!) as we all have varying degrees of the condition so that peer support is so important."

Healthy and independent ageing

Leeds Health and Wellbeing Strategy has a bold ambition: Leeds will be the best city for health and wellbeing.

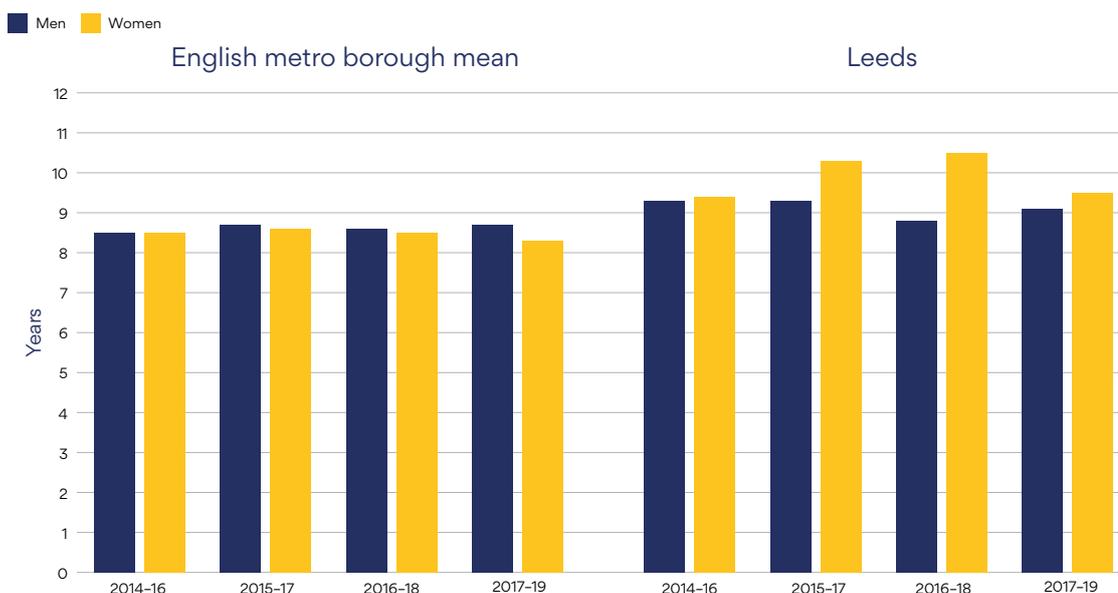
And a clear vision: Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

In our Age Friendly Leeds Strategy we state: in Leeds we want to support older people to be able to live healthy lives and remain independent for longer.

At 65, people in Leeds can expect to live longer free of a disability or limiting condition than people their age in other English Metropolitan Boroughs. However, even prior to COVID-19, the number of years someone aged 65 could expect to live without disability was starting to fall.

People in Leeds aged 65 can expect to live around half of the rest of their life with a disability or limiting condition

Disability-free life expectancy (DFLE) at 65, English Metropolitan Borough mean and Leeds, 2013-15 to 2017-2019



Source: ONS, Life expectancy by Local Authority

We do not have many years of data to track change over time. But the trend we would like to see – of a steady increase – is not there.

People in Leeds aged 65 can expect to live around half of the rest of their life free of disability or in good health, and the remaining half of it with a disability or in poor health – in line with national averages.⁹²

People experience and manage living with disabilities and long term conditions differently. This will be impacted by their housing, opportunity to work and community of support.

Conditions affecting wellbeing

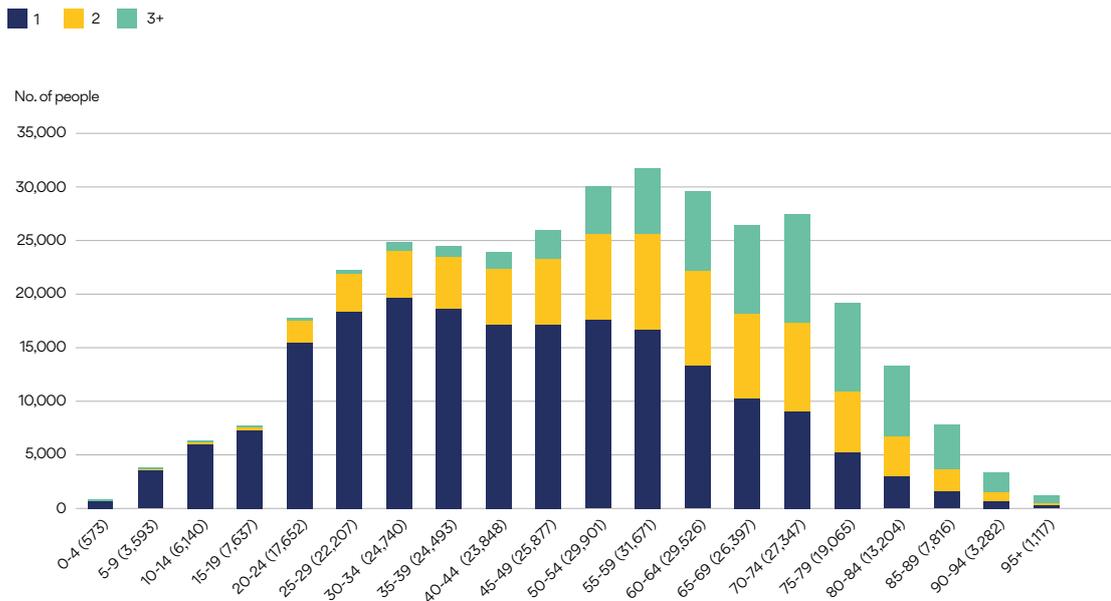
Older people are more likely to have multiple long-term health conditions (LTC), with the poorest disproportionately affected. Inequalities in older age are cumulative and have a significant impact on a person’s health, wellbeing and independence.

The main causes for premature mortality in Leeds are cancer, Cardio Vascular Disease and respiratory conditions.⁹³

There are 346,086 people registered with at least one LTC in Leeds. The highest proportion of these is in the 50–59 age bracket, but the proportion of people with more than one LTC tends to increase as people get older.⁹⁴

People in Leeds aged 65 can expect to live around half of the rest of their life free of disability or in good health

Long term conditions by age and number of conditions

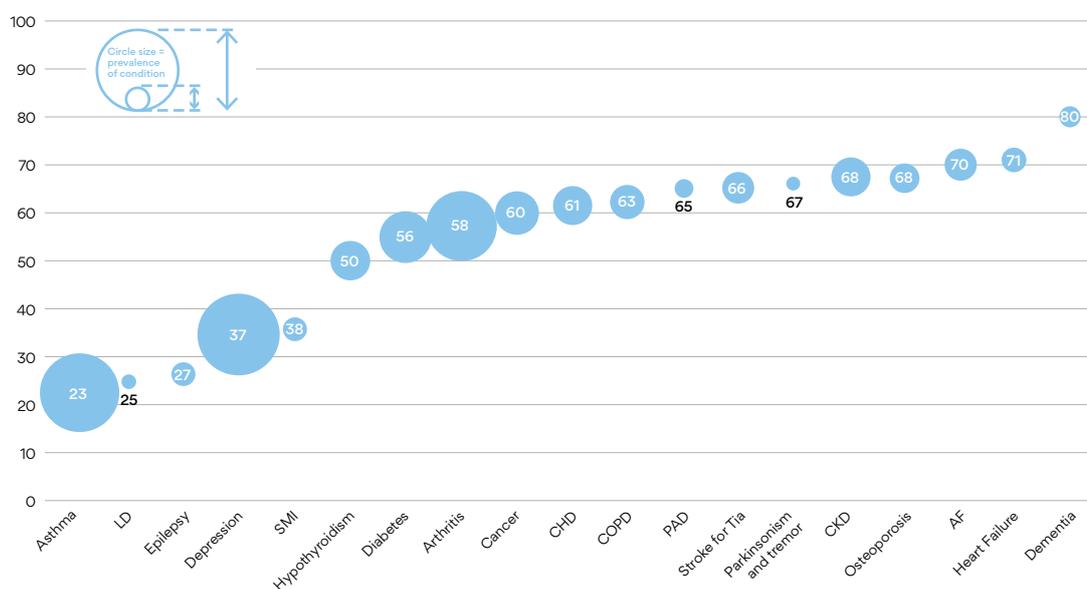


Many conditions are first diagnosed at a young age

The bubble graph below displays the average age at the time of the first known recorded diagnosis for all people diagnosed with each LTC. The circle size shows prevalence levels for each condition.

Depression is the most prevalent, with an average age at first diagnosis of 37, and Parkinsonism the least prevalent with an average age at first diagnosis of 67.

Long term conditions - average age of first recorded diagnosis



Source: Leeds PHM LTC Data (Leeds Data Model)

Cardiovascular Disease

Cardiovascular disease is the largest contributor to the gap in life expectancy in Leeds. 25.4% of men and 23.4% of women die prematurely because of circulatory diseases. The gap has started to narrow over the last few years, possibly as men at risk are being identified earlier as a result of preventative measures that have been put in place. For example, thanks to the NHS Health Check, men are more likely to be given a diagnosis.⁹⁵

Chronic Obstructive Pulmonary Disease (COPD)

2.2% of the population in Leeds (18,792 people) were diagnosed with COPD at the end of March 2021.

Nearly one-third (31.8%) of people with COPD live within one of the 10% most deprived areas nationally, and more than half live within the 30% most deprived areas. For those diagnosed in 2019/20 a similar pattern is observed.⁹⁶

25.4% of men and 23.4% of women die prematurely because of Cardiovascular Disease

	Proportion of males with a cancer diagnosis (%)	Proportion of females with a cancer diagnosis (%) ⁹⁷
50-59	2.6	5.8
60-69	7.4	10
70-79	15.8	14.5
80+	23.1	16.5

Cancer

The proportions of people with cancer in Leeds increase as age increases.

The differences between males and females may be due to the types of cancer most likely to affect males and females and differences in screening uptake. It is likely that there will be a further increase in the number of people living with cancer as the ageing population increases and with improvements in treatment.

Leeds performs relatively poorly in relation to people under 75 dying from preventable cancer. In Leeds, the rate is 65 per 100,000 compared with 60 regionally and only 54 in the country as a whole.⁹⁸

This suggests that there are potential gaps and opportunities for primary prevention and improvement of early diagnosis and treatment through delivery of the Leeds Cancer Programme.

As a result of the COVID-19 pandemic, Cancer Research UK has estimated that there were more than 45,000 fewer patients starting cancer treatment between April 2020 and March 2021 – largely driven by a drop in the number of people being diagnosed with cancer in the last year.⁹⁹

Common Mental Illnesses

It is estimated that 13,127 people in Leeds experience a common mental health illness (CMI).¹⁰⁰

Leeds has a slightly higher rate than the region or the country for people aged 65 and over experiencing a CMI. The rate is 10.8% for Leeds, 10.7% for Yorkshire and Humber and 10.2% for England.¹⁰¹

CMIs such as depression and anxiety are often considered an inevitable aspect of growing older; this is not the case, but such a view may contribute to a reluctance in older adults to seek help.

13k+

It is estimated that 13,127 people in Leeds experience a common mental health illness (CMI)

Dementia

About 8,500 people aged 65 and over are estimated to be living with dementia in Leeds, of whom about two-thirds (65.9%) are diagnosed. In January 2020, pre-pandemic, Leeds had an estimated diagnosis rate of 75%, above the national target of two-thirds.¹⁰²

The following chart shows how the number of people living with dementia varies with age.

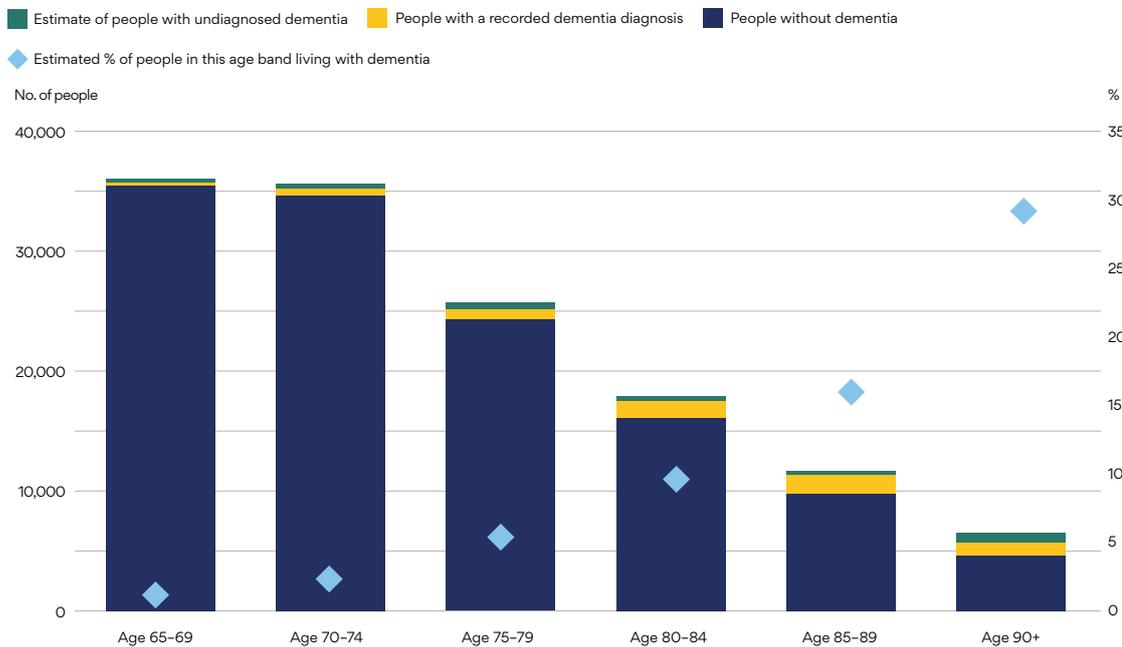
People living with dementia are a minority of older people, with the proportion becoming more significant with increasing age.



8.5k

About 8,500 people aged 65 and over are estimated to be living with dementia in Leeds

Prevalence of dementia in the older population Leeds, August 2021



Equality, diversity and inclusion

Although age is the main risk factor, dementia risk is also increased by health conditions such as heart disease, high blood pressure and Type 2 diabetes, which are more prevalent in deprived areas.

The pattern of dementia in Leeds is as expected taking this into account. There are higher absolute numbers in more affluent areas but higher rates in each age group in more deprived areas. So, while there are more people aged 90 and over in the more affluent suburb of Wetherby – and therefore a high incidence of dementia – than in the less affluent Harehills, a 70-year old living at Harehills is more likely to have dementia than a person the same age in Wetherby.

The proportion of people with dementia in diverse Black, Asian and Minority Ethnic populations is broadly in proportion to the number aged 65 and over. There are small differences in some populations – people identifying as ‘Indian’, ‘Black African’ and ‘Chinese’ have fewer people than expected with a diagnosis. The differences may be due to the age structures of those populations, but are being investigated further.

The Leeds dementia strategy

“Living well with dementia in Leeds – our strategy 2020–25” was agreed at Leeds Health and Wellbeing Board (September 2020) and Executive Board (October 2020).¹⁰³ It contains more information and detail on the above and other priority areas, such as carer support, quality of care and people with more complex needs, and end of life care.

Dementia-Friendly Leeds

For people to age well with dementia steps are needed to include people and reduce the sense of stigma around the condition. People may need the understanding and support of others to sustain social life and community networks. Our sense of ourselves and our culture is at risk as dementia progresses, and a place which does the right things for people living with dementia is likely to be getting it right for all older people.

Dementia-friendly approaches seek to change attitudes, so that it becomes easier to talk about dementia or to express worries about it; to raise awareness e.g. through Dementia Friends sessions; and to promote practical changes such as better signage and design.

Leeds is accredited under the dementia-friendly communities recognition process run by the Alzheimer's Society/British Standards Institute. The local campaign is co-ordinated by Leeds Older People's Forum (LOPF), funded by Leeds City Council. and 180 local organisations are signed up¹⁰⁴ with action plans.

LOPF bring together Age-Friendly and Dementia-Friendly work, encouraging joint sign-ups, which even during the pandemic months included Leeds City Station and Leeds Rhinos. The age-friendly work is funded by 'Time To Shine', which is coming to an end (March 2022). So the capacity for this connected approach is at risk.

For people to age well with dementia requires steps to include people and reduce the sense of stigma around the condition



Dementia-friendly in Drighlington – the Coffee Pot Memory Café

The Coffee Pot is run by volunteers, led by the local Methodist Church. It started in 2016, responding to one family's experiences, and the need to tackle isolation, stigma and loneliness. Mr M from the café has written about their work:¹⁰⁵

“At the first meeting we had about six couples for coffee and cake, which was amazing. This grew week on week, mainly spread by word of mouth. Within a year we had over twenty couples... Surprisingly, we had lots of volunteers, mostly from older, single people and we realised that there was an additional problem: many people who are physically well still suffer from loneliness and isolation.

“Our guests told us about how important the cafe is to them:

We really look forward to coming, they are friendly, helpful and give us advice.

We enjoy the lovely lunch and are able to partake in games if we wish, it's just nice to have a chat with everyone.

All the staff/helpers/organisers are so cheerful and welcoming, it's a joy to be here

“We had reached the point of seeking ways to expand and help more people when Covid struck, and we had to change the way we did things. We started visiting our guests every month on café day, supplying them with books, jigsaws, quizzes, scam alerts, news and special treats like flowers, chocolates and afternoon teas. At Christmas we took out 105 afternoon teas! They were well received:

... Thank you for your brilliant ideas and challenges. You keep us alive and ticking over until we get back together.”

The Coffee Pot re-opened in May 2021, the first Memory Cafe in Leeds to reopen. As a response to the pandemic and the impact of social distancing and isolation, they increased their commitment from monthly to weekly meetings.

The impact of the pandemic and social distancing

The pandemic saw the required closure of day services in March 2020, with all seven in Leeds reopening to some degree from July to November 2020. Restrictions to care home visits were implemented and although guidance has changed, practice remains inconsistent. The effect on families and people living with dementia has been well documented. Families struggled when people with dementia couldn't understand the advice for social distancing, or when memory cafés and support groups had to 'pause'.

Memory assessment services closed for six months and, as services catch up with the backlog and the diagnosis rate recovers, people are presenting with more needs and risks, as opportunities for timely preventative support have been missed. At the end of July 2021, there were still 700 fewer people with a dementia diagnosis than 18 months previously, a drop of more than 10%.

Community groups and services have worked in dedicated and imaginative ways to support people – e.g. by doorstep visits, delivering treats, Zoom activities.

Of the 50 or so memory cafés operating in Leeds before the pandemic, half are run on a voluntary basis by dementia-friendly organisations, such as faith groups and sports clubs. These have found other ways to help people during the times of social distancing, and have been among the first to start meeting face-to-face again. The 'Coffee Pot' Memory Café,¹⁰⁶ run by volunteers from Drighlington Methodist Church, reopened in July and has increased from a monthly to a weekly meeting. This is because people are keen to meet up again, and smaller numbers each week supports social distancing.

At the end of July 2021, there were still 700 fewer people with a dementia diagnosis than 18 months previously, a drop of more than 10%.

Frailty and falls

“Frailty is a distinctive state related to the ageing process, as multiple body systems gradually lose their in-built reserves” (NHS England 2014)

It is progressive, typically erodes functional, cognitive and/or emotional reserves, increasing vulnerability to sudden loss of independence and adverse health outcomes following a comparatively minor stressor event such as an acute infection or injury.

The electronic frailty index (eFI), which uses routine data based on up to 36 indicators held on primary care databases, is the main measure used to identify people living with frailty.

There is a clear link between deprivation and frailty. The proportion of people living with frailty within the most deprived 10% of neighbourhoods in Leeds is almost three times higher (22.1%) than those who live in the least deprived decile (7.8%).¹⁰⁷

Further, the average age of people with frailty gradually increases from the most to the least deprived areas.

People from Black, Asian and Minority Ethnic backgrounds in deprived areas become frail, on average, 10.8 years younger than those people from a White background in the least deprived areas.

There were 2,850 emergency hospital admissions in Leeds due to falls involving people aged 65 and over in 2018–19.¹⁰⁸ Leeds has the highest number of admissions due to falls compared with other cities in the Yorkshire and Humber region, and a higher rate of admissions than the England average. However, the rate of hospital admissions for hip fractures in Leeds has been reducing since 2015 and is now closer to the England average.¹⁰⁹ Interestingly the number of emergency hospital admissions in Leeds due to falls involving people aged 80 and over in 2018/19 is closer to the national average with 5,745/100,000 compared to 5,644/100,000.¹¹⁰

There is a clear link between deprivation and frailty

Falls can result from environmental factors as well as physical, as the case study of Mr S shows:

Case Study from Time to Shine, Leeds Older People's Forum

Mr S was referred to MHA Communities Rothwell & District on discharge from St James' hospital after treatment for a fall. He presented with anxiety and expressed fear that social services would interfere and force him to move out and into a care home.

On the initial assessment it was found that:

- He had no working central heating or hot water – he used a fan heater and oil-filled radiator to heat the living room to live and sleep in
- He had a gas fire but this had not been serviced for 20 years and it wasn't working properly. There was a CO₂ detector but this was not working and there was no smoke detector
- He boiled pans of water on the stove and carried them to the bathroom to bathe and hand wash laundry
- He had a fridge/freezer but this was not working so he walked to the shop daily to buy fresh food
- Carpets/rugs were worn and presented trip hazards

- There was poor lighting in the hallway and stairs – bulbs needed replacing
- His home was cluttered and dusty and in need of a deep clean
- There was a leak in the kitchen extension roof causing damp and mould
- He was isolated, with no family or friends. He had minimal contact with immediate neighbours but some contact with, and was known by, Post Office staff

With Mr S's agreement, a range of support and practical help was put in place to help him stay in his home. This resulted in a significant improvement in his quality of life through improving his home environment and creating opportunities to build social networks.

With levels of inactivity increasing as a result of the COVID-19 pandemic and the restrictions endured, national modelling is predicting the total number of falls could increase by 124,000 for males (an increase of 6.3%) and 130,000 for females (an increase of 4.4%). Taking a person-centred, community approach to strength and balance provision is being recommended by PHE.¹¹¹

Health-related behaviours in later life

Alcohol

Nationally, the percentage of people consuming levels of alcohol which put their health at risk rises with age, and peaks at age 55–64. Men are particularly at risk: 40% of men in this age group drink at least 50 units per week.¹¹²

In Leeds, people aged 65 and over are not being admitted to hospital for alcohol-related conditions as much as the rest of the country, although rates of hospital admission in Leeds have mostly been growing since 2008/9 alongside growing rates for England.¹¹³ This requires further investigation.

Physical activity

According to the Sport England survey, over half – 56% – of people aged 75 and over in Leeds were physically inactive in the year to November 2020.¹¹⁴ This is a sharp increase (of 20%)¹¹⁵ on the year before, which may well be pandemic-related. Small sample sizes mean we should be cautious about this data – but it is clear that there are many older people in Leeds who are not doing at least 30 minutes of physical activity a week.

There is also a strong cohort of fitter older people in Leeds: 38% of people aged 75 and over reported doing at least 150 minutes of physical activity a week.

Data collected locally through questionnaires with Leeds residents highlighted that those people aged 65 and over who responded and reported they were physically active, reported higher levels of physical activity per week (4.03 days) than 45–64 year-olds (3.64 days).¹¹⁶ This demonstrates that when older adults are physically active, they are likely to do more activity than their younger active counterparts.

People aged 65 and over reported higher levels of physical activity per week than 45–64 year-olds

This data also explored reasons that people were active and inactive and showed that those aged 65 and over showed the lowest levels of self-belief in their own ability to be active and the lowest levels of motivation to be active.

As of July 2019 there were 67,587 individuals with a Live Leeds Card 60 or 60 Extra Card. However, of these, only 7215 (11%) had been used at leisure centres in the six months prior to July 2019. This may indicate a reluctance or inability to use leisure centres as currently designed, or that they do not like the activities offered.

Smoking

There are challenges in collecting data on smoking due to how it is reported to general practice and how it is recorded.

Healthy eating and nutrition

It is estimated that 1.3 million (11%) people in England aged 65 and over are living with malnutrition.¹¹⁷

Applying these national estimates to the Leeds population, this would imply that there were 13,540 people aged 65 and over in Leeds living with malnutrition in 2018.

This is likely to increase to 16,530 malnourished people over 65 in Leeds by 2030.

Analysis from Age UK revealed that 1.4 million older people aged 60 and over in England have been eating less since the start of the pandemic and could therefore be at a greater risk of becoming malnourished, while 3.7 million say that either they or others in their household have been unable to eat healthy and nutritious food.

Lockdowns have left some older people with reduced appetites and less able to shop for, prepare and eat enough good food.

Eating and drinking enough is especially important as we age. Being well nourished helps to maintain muscle mass, which in turn improves mobility and reduces falls. It keeps us warm, and gives us energy, as well as being a big mood boost that enables us to continue to do all the things that are important to us, including engaging socially with others.

Nine out of ten people experiencing malnutrition are believed to be living independently within the community.¹¹⁸ Therefore identification, support and resources should continue to be directed to those not in receipt of formalised care.

Being well nourished helps to maintain muscle mass, which in turn improves mobility and reduces falls

COVID-19

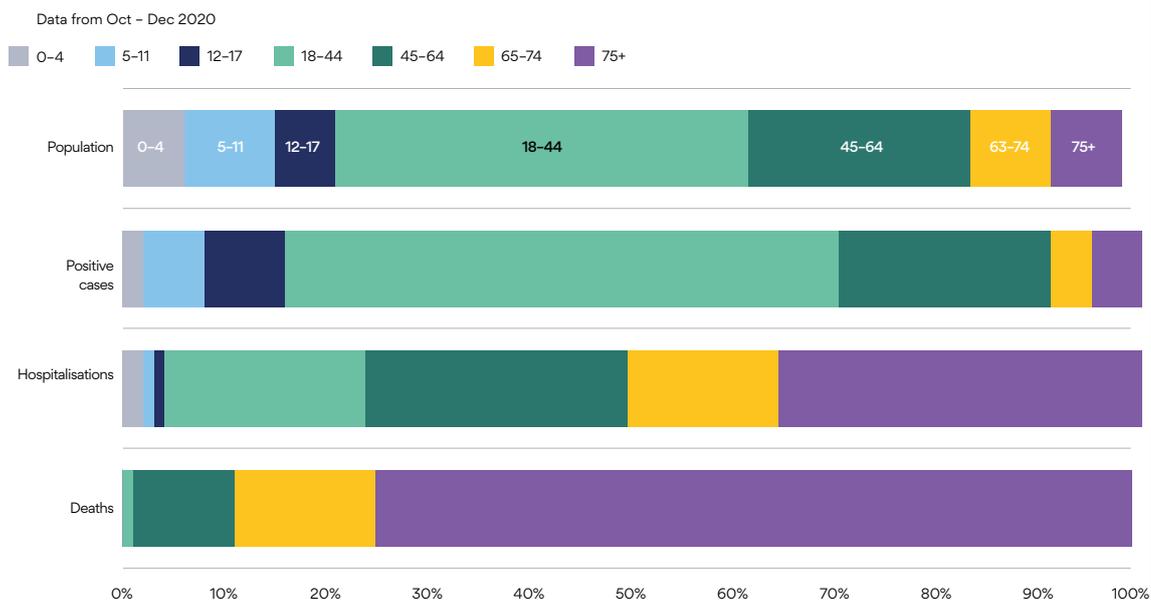
Inequalities by age are most stark in relation to COVID-19. Almost nine out of ten people (89%) who died of the disease in Leeds between March 2020 and August 2021 were aged 65 and over.¹¹⁹

This is illustrated clearly by the graph below which shows the impact of COVID-19 in terms of infections, hospitalisations and death.

89%

Almost nine out of ten people (89%) who died of COVID-19 in Leeds between March 2020 and August 2021 were aged 65 and over

How age plays a role in COVID infections, hospitalisations and deaths in Leeds



Source: Leeds GP Registered Population, PHE Situational Awareness Explorer, LTHT Hospital Admissions, LCC Deaths Resitrations

National analysis shows that the mental health and wellbeing impact of COVID-19 has been different for different groups of people: older adults who were recommended to shield were more likely to report higher levels of depression, anxiety and loneliness.¹²⁰

Aggressive ageism increased in the pandemic, with news articles on ‘culling’ and other articles pitching generations against one another.

Ageism is bad for individuals and bad for society. It means that people potentially limit themselves in how much they can enjoy their longer lives and the activities they do.

Shielding

Since March 2020, over 72,000 people in Leeds have been identified as being “clinically extremely vulnerable” to COVID-19, i.e. that they have long term conditions that make them particularly vulnerable to more serious illness. More than half of these were aged 65 and over.¹²¹

For three periods, totalling 35 weeks, they were advised to shield at home. This meant not leaving home for work, shopping or even to collect prescriptions in person and limiting most face-to-face social contact. This group continues to be at high risk, but due to high levels of vaccine take up, government advice is that full shielding will not be necessary in future.

Additionally, all over 60s have been advised that they are at greater risk from COVID-19, even if they do not have any other health concerns, and are advised to follow government advice very closely. For many this has meant missing out on face to face contact with friends and family, and for some this also led to reduced physical, mental and social activity over a sustained period of time.



72k+

Since March 2020, over 72,000 people in Leeds have been identified as being “clinically extremely vulnerable” to COVID-19

Public and civic spaces

‘The Leeds Spaces Strategy sets out how public spaces across the city will be developed to be vibrant and inclusive. It is a call to action to ensure that the creation of green infrastructure is at the forefront of all new development proposals being brought... a vision for the creation of world-class and inclusive spaces that can improve the health and wellbeing of the city centre and all the people who use it.’¹²²

Some Leeds residents have relatively good levels of access to green space

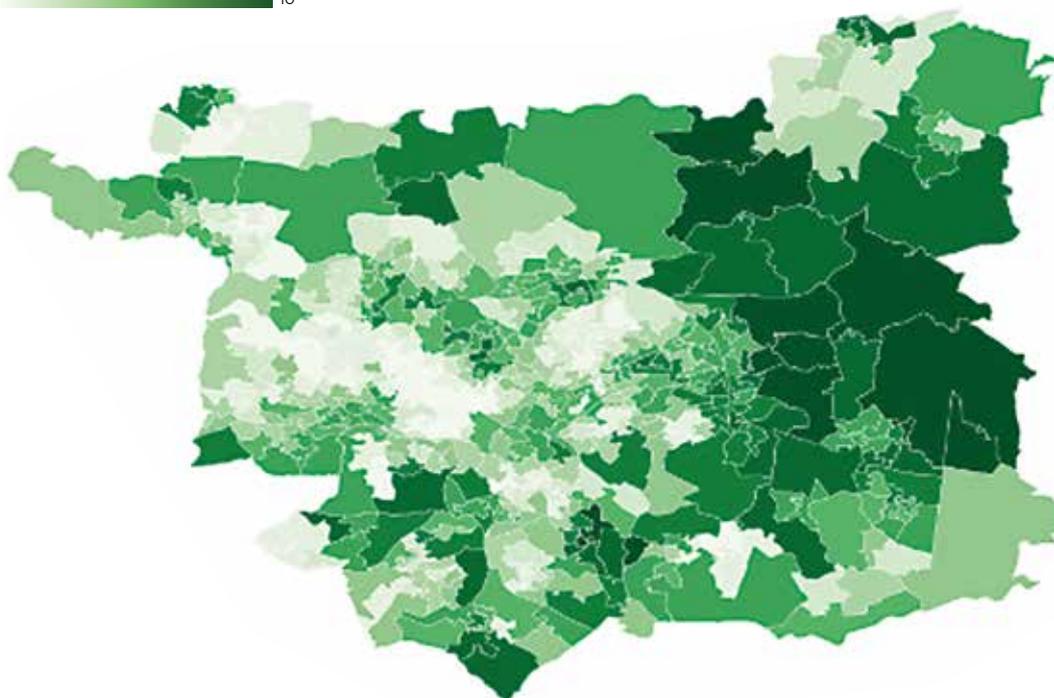
Leeds has, on average, more accessible green space than the country as a whole.¹²³ This is illustrated in the map on page 56, where the darkest green areas indicate that the amount of green space accessible to the people who live there puts them in the top 10% of green places in the country.

There is little accessible green space in the inner, more deprived parts of the city, particularly for people who are ageing and where transport to green space may be an issue. However, there is no clear correlation between age and accessibility to green space.

Leeds has, on average, more accessible green space than the country as a whole

Level of Accessible Green Space in Leeds compared to the rest of Great Britain, by Decile, Leeds, 2019

0  10



Source: Geographic Data Science Lab, Access to Healthy Assets and Hazards Survey. 10 is the highest. Areas marked '10' are in the top 10% of places in Great Britain, in terms of amount of accessible green space. Places marked '1' are in the bottom 10%.

Safety

People will only participate and be active in our communities – and make use of the public spaces – if they feel safe. Most people in Leeds aged 65 and over believe the city to be safe: more than four out of five (83.5%) respondents to the Police and Crime Commissioners Survey (2019/20) in this age group said they felt “very safe” or “safe” in their local area.¹²⁴

Residents of Leeds aged 65 and over give a high score of 7.2/10 for their satisfaction with the street lighting in their area – the same as the WYCA average for people aged 65 and over.¹²⁵

Most people in Leeds aged 65 and over believe the city to be safe

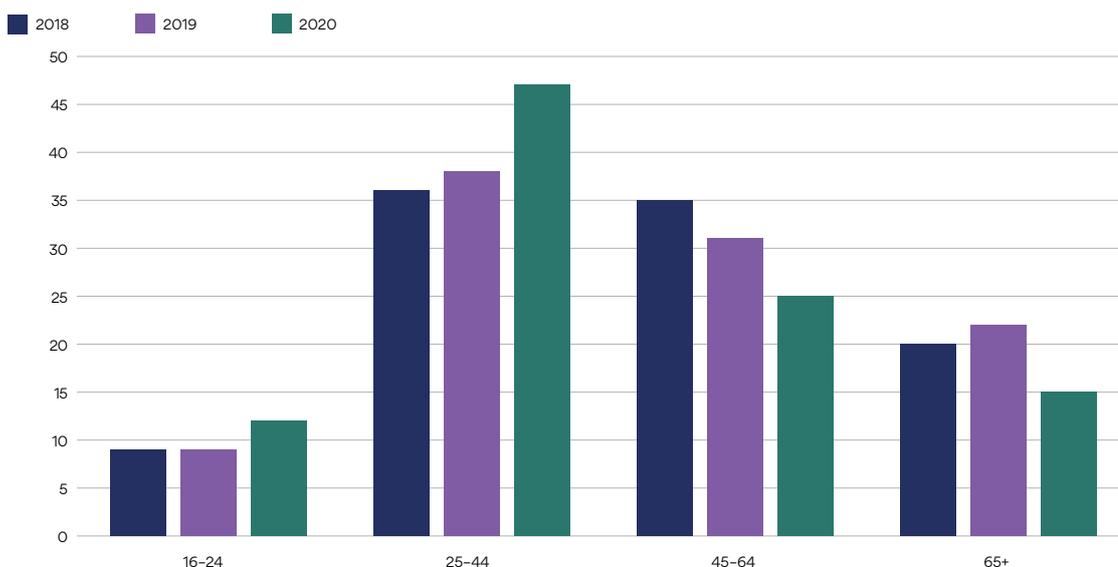
Heritage

Leeds ranks 191 (out of 316) in the RSA's 2020 'Heritage Index',¹²⁶ which assesses the assets and activities in a place that support residents and visitors to engage in its heritage. However, Leeds ranks much higher for the heritage activities that take place there (104) than it does for the existence of heritage assets (313) – suggesting that the city does well at exploiting and making the most of its heritage assets.

There are eight public museums and one art gallery in Leeds. Visitors responding to their annual survey show around 20% of respondents are aged 65 and over.¹²⁷ This dropped during the pandemic while Leeds was in Level 3 restrictions.

Leeds ranks much higher for the heritage activities that take place there

Leeds Museum Annual Survey Returns



Climate change

People are at risk from the health impacts of air pollution across their whole life – with implications for their health now and into adulthood and later life. This particularly applies to older people with respiratory conditions. Around 5% of the mortality rate in Leeds is attributed to air pollution – similar to the rest of the country.

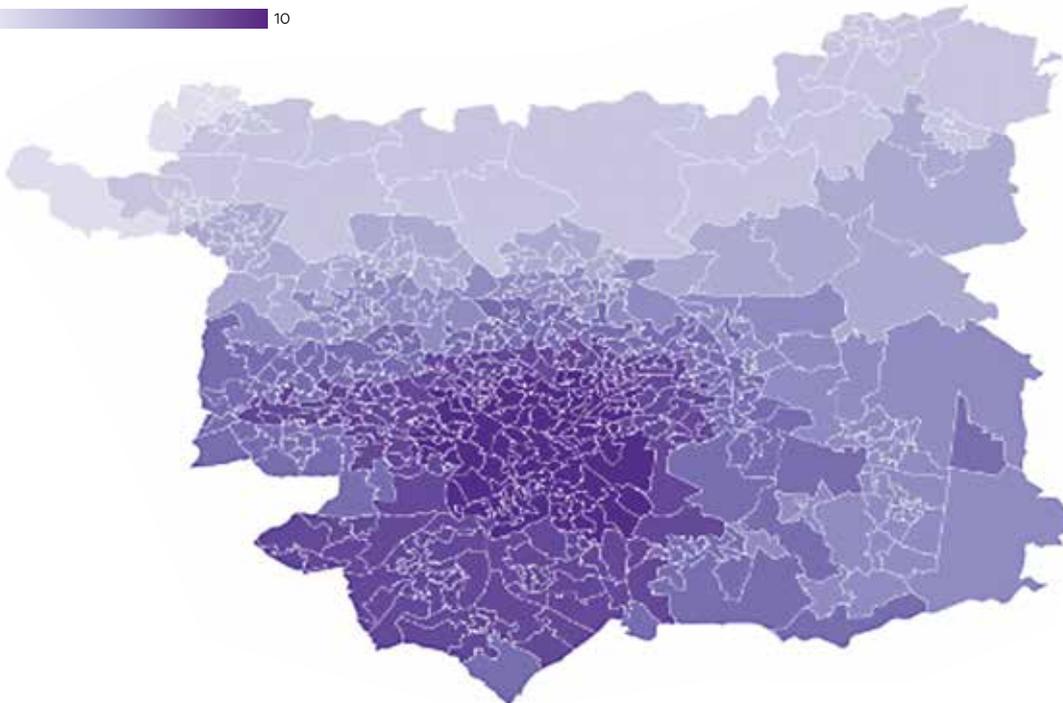
Nowhere in Leeds is there air pollution as bad as in the worst 10% of areas in the country, but nowhere is the air as unpolluted as in the best 20%. The places in Leeds with the highest levels of air pollution – in the top 20% in Great Britain for levels of Nitrogen Dioxide, Particulate Matter and Sulphur Dioxide – are all, unsurprisingly, in the inner city. Air quality is generally better in the parts of Leeds where older people tend to live.

5%

of the mortality rate in Leeds is attributed to air pollution

Air quality in Leeds compared to the rest of Great Britain, by Decile, Leeds, 2017

0  10



Source: Geographic Data Science Lab, Access to Healthy Assets and Hazards Survey. 'Quality' is calculated from the mean annual levels of Nitrogen Dioxide, Particulate Matter, and Sulphur Dioxide. 10 is the highest. Areas marked '10' are in the top 10% of places in Great Britain, in terms of average levels of air pollutants. Places marked '1' are in the bottom 10%.

Weather extremes and mortality

Climate change has led to – and will lead to – more frequent and intense weather extremes in the UK.

Excess winter deaths – calculated by comparing mortality in the period December to March with other months – are higher in Yorkshire and the Humber than in other regions of the country.¹²⁸

An estimated 28,300 excess winter deaths occurred in England and Wales in winter 2019 to 2020, which was 19.6% higher than winter 2018 to 2019 (deaths from COVID-19 are excluded from this analysis). Respiratory diseases continued to be the leading cause of excess winter deaths that occurred in 2019 to 2020.

Respiratory diseases continued to be the leading cause of excess winter deaths in 2019 to 2020

PHE Fingertips data: overview of 'winter' data by region

■ Better 95%
 ■ Similar
 ■ Worse 95%

Indicator	Period	England	East Midlands region	East of England region	London region	North East region	North West region	South East region	South West region	West Midlands region	Yorkshire and the Humber region
Percentage of people aged 65+ receiving winter fuel payments	2019/20	94.4	94.5	94.4	90.0	94.0	94.6	94.4	95.0	94.9	94.3
Excess winter death index	Aug 2018 – Jul 2019	15.1	16.4	16.4	14.3	16.2	13.4	14.3	15.2	13.9	17.8
Excess winter death index (age 85+)	Aug 2018 – Jul 2019	18.2	18.2	20.6	17.1	16.7	16.1	18.7	17.4	17.9	19.6

PHE Fingertips data: overview of excess winter deaths for Yorkshire and Humber region

■ Better 95%
 ■ Similar
 ■ Worse 95%

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Craven	Doncaster	East Riding of Yorkshire	Hambleton	Harrogate	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	Richmondshire	Rotherham	Ryedale	Scarborough	Selby	Sheffield	Wakefield	York
Excess winter death index	Aug 2018 – Jul 2019	15.1	17.8	17.7	19.2	10.9	16.4	16.8	15.3	18.3	7.6	24.3	22.0	20.6	20.3	13.8	7.2	25.6	10.1	22.8	11.2	15.8	15.1	15.3
Excess winter death index (age 85+)	Aug 2018 – Jul 2019	18.2	19.6	19.9	28.1	11.7	11.5	22.4	14.2	17.9	7.0	28.2	18.8	20.5	26.3	12.0	11.5	26.8	34.4	5.4	11.2	17.2	17.3	36.5

However, it may be no surprise that excess deaths caused by heatwaves in the region is lower than in many other parts of England.

There were 15 heatwaves in England between 2016 and 2020. Of these, only three were judged by Public Health England to have led to excess deaths in Yorkshire and the Humber (one in 2016 and two in 2019) – all among people aged 65 and over.¹²⁹

This means that Yorkshire and the Humber have fared better than most other regions of the UK. But it also underlines that the older population in Leeds is vulnerable to heatwaves – and may be more so if temperatures rise further in future.

Call to action: the time is now for change

As we move into the recovery phase of the pandemic, looking at our work practices is more important than ever. It is an opportune time for partners in Leeds to take this information and refresh the Age Friendly Leeds action plan.

Age Friendly Leeds should consult with the citizens of Leeds to understand their experience of ageing in the city, and to gather their views on how we can work together to improve the experience of all.

This report identifies how people are ageing and where they are missing out on a good later life. Partners in Leeds should work together to find ways of reducing inequalities and to improve the lives of people as they age in the city. These should be taken forward with oversight by the Age Friendly Leeds Board.

Age should remain a high priority in the city through the Best Council Plan and progress monitored through the KPIs identified in the Best Council Plan.

A diverse range of partners in the city, through events like the Age Friendly Partnership and the State of the City should be involved in supporting the age priority of the Best Council Plan and the Health and Wellbeing Strategy.

Leeds should continue to work with exemplars in the field of ageing, and in all the domains outlined in the age friendly framework (WHO). As a key partner with the Centre for Ageing Better Leeds should continue to share learning with other areas and continue to play an active role the UK Network of Age-friendly Communities.

This report identifies how people are ageing and where they are missing out on a good later life

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