Report of the Director of Public Health

Trafford 2018

www.trafford.gov.uk

Foreword by Cllr Judith Lloyd

Executive Member for Health and Wellbeing

This year's Public Health Annual Report takes Ageing Well as its theme, and completes our series of three 'life course' based Annual Reports.

It reflects the work undertaken over the last couple of years and sets out some challenges and opportunities for Trafford to create the circumstances for all of our population to live as well as possible for as long as possible.

Ageing is often perceived in very negative terms, but many older people enjoy a happy and healthy older age, and contribute enormously to their friends, family and wider society. The role of older people in volunteering, or in providing care to others, is invaluable in improving the quality of life for us all.

However, the negative effect of inequality also accumulates throughout life and therefore has a large effect on older people. In Trafford we continue to see a gap between our poorer and richer areas both in life expectancy and also in healthy life expectancy. Such is the importance of this that heath inequalities are discussed in a separate section, as well as being referred to throughout.

We are therefore determined to address these inequalities and to take a structured approach to promoting healthy ageing. Overall, we want to make old age something to be embraced, not feared. We need to make sure that our population enters older age as well as possible, and that they are able to maintain this for as long as possible. By doing this we expect to improve outcomes for all: increased independence; reduced hospital and care home admissions; improved mental health; improved social cohesion; lower health and social care costs, and finally, people supported to die in the place of their choice.

Acknowledgements by Eleanor Roaf, Interim Director of Public Health

I would like to thank everyone who has contributed to and helped shape this report, including all members of the Health and Well Being Board.

Particular thanks go to Kate Hardman, Public Health Intelligence Analyst; Paul Burton, Public Health Intelligence Analyst; Helen Gollins, Public Health Consultant; Darryl Quantz, Public Health Consultant; Ben Fryer, Public Health Registrar; Peter Davey, Public Health Registrar; Jane Wagstaff, Project Support Officer; Megan Skelhorn; Public Health Business Administration Apprentice; Karen Ahmed; Director of All Age Commissioning; Deborah Gent, Specialist Commissioner for Public Health; Alex Cotton, Commissioning Project Manager, Trafford CCG.

Contents

Introduction

Nationally and locally, we are seeing a steady increase in the number of people living into their seventies, eighties and beyond. In Trafford, the number of people aged over 65 is projected to increase from 40,400 in 2016 to 52,100 in 2031 (29% increase) and the number of people over 85 is projected to increase from 6,000 to 8,100 (35% increase).[i]

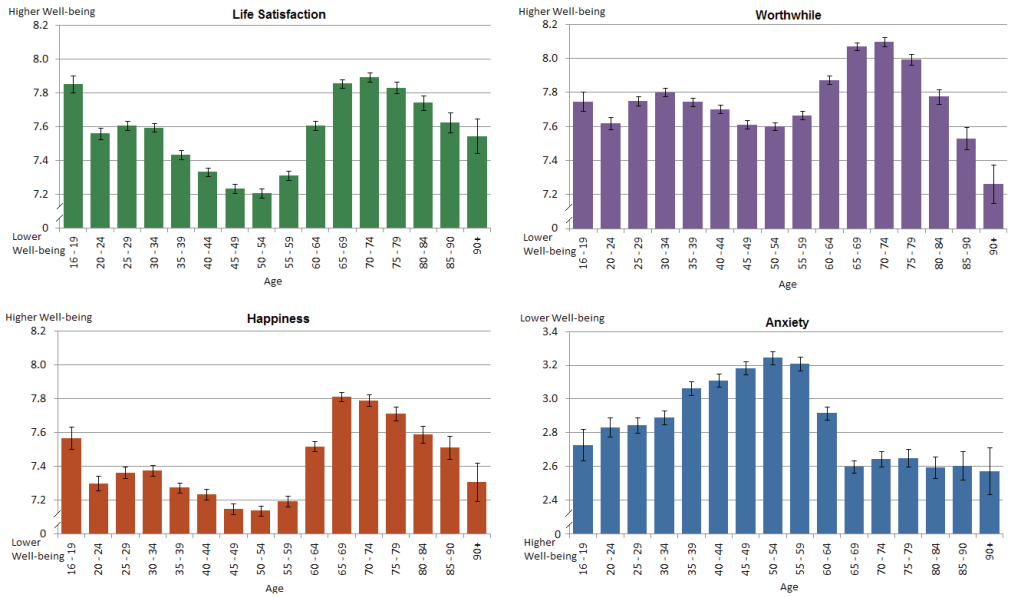
The good news is that more people are living longer and this brings great opportunities. Despite this, for many people, older age brings with it increasing physical and mental difficulties; with a recent estimate that between 2015- 2025 a quarter of the extra years gained after age 65 years will involve disability, with the largest relative increases in dementia cases[2].

However, many long term conditions are preventable. This includes up to 35% of cases of dementia[3]. By improving our diets, reducing smoking and alcohol use, and increasing physical activity, we greatly increase our chance of a long and healthy life.

We need to celebrate this, and move away from a fatalistic attitude that equates older age with inevitable poor health.

This is supported by the findings of the Office for National Statistics surveys of personal wellbeing, where older age is often found to be more positive for people than middle age.

Average personal well-being ratings: by age, 2012 to 2015[4]



For example:

- Older people (mainly aged 75 and over) were more likely to be satisfied with their income, leisure time, feel they can cope financially and belong to their neighbourhood[5].
- The main challenges for older people are lower satisfaction with their health and lower engagement with an art or cultural activity.

For Trafford to make the maximum difference to the health of its older people, interventions are required at three levels:

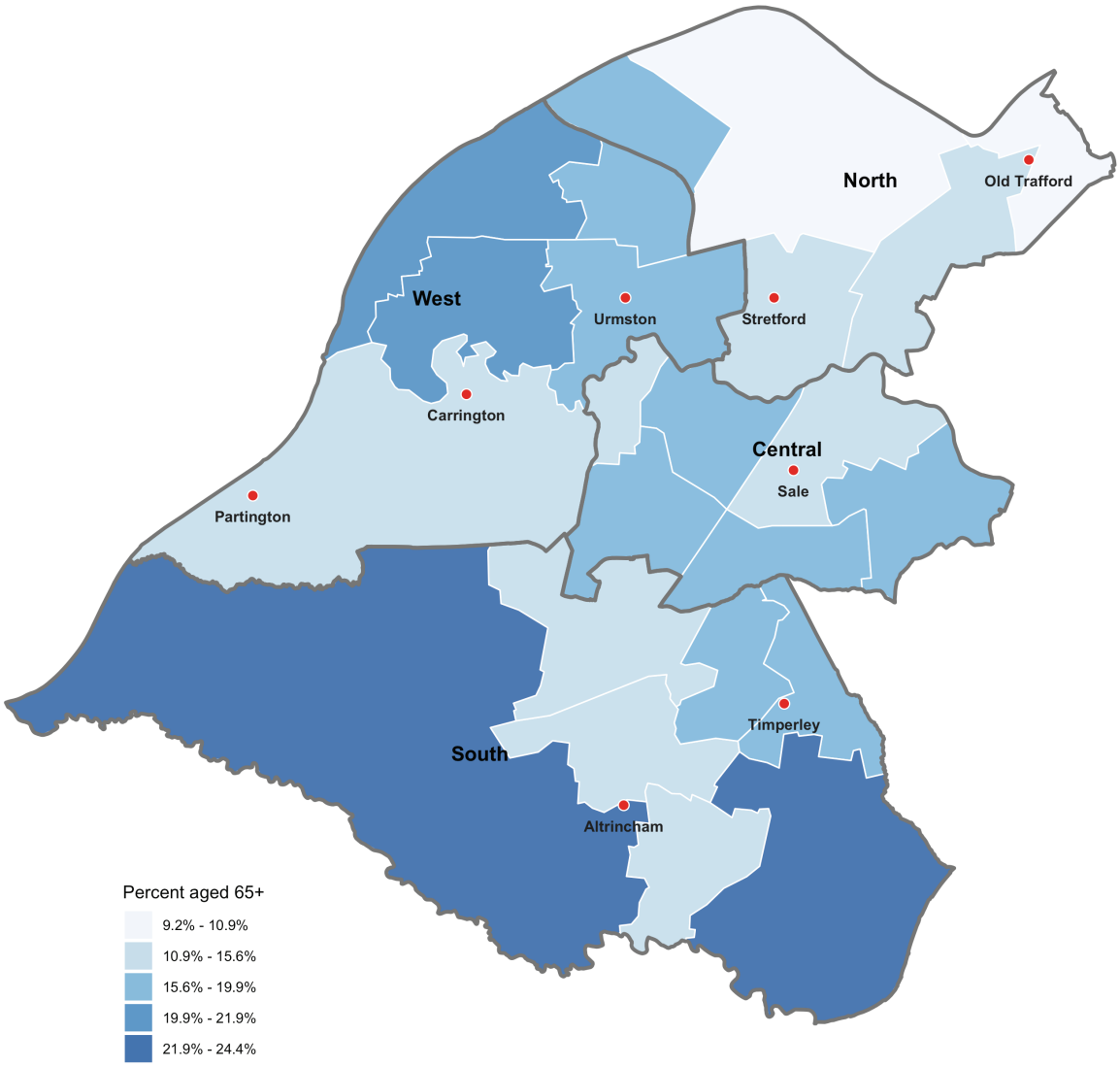
- Actions to promote healthy lifestyles in middle and older age.
- Social, structural and environmental changes (as outlined by the Greater Manchester Ageing Hub).
- Systematic identification of higher risk older people and promotion of evidence based interventions.

Activities to deliver each of these three aspects are discussed in more detail within this report.

Older people's health in Trafford

In Trafford, people aged over 65 make up 17.2% of the total population, proportionally similar to England (18.0%)[6]. Trafford's South locality[1] has proportionally more people aged 65 and over compared to the North; for instance, in Bowdon and Hale Barns wards 1 in 4 (24.4%) people are aged over 65 compared to fewer than 1 in 10 (9.2%) in Clifford in the North[7].

Percentage of the population aged 65+ years - electoral wards in Trafford



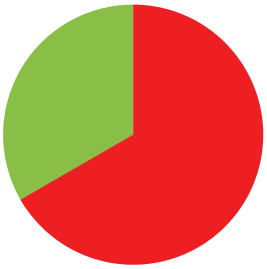
1. Trafford Council split the borough into four locality areas, North, West, South and Central locality. A reference map is included in Appendix A

Inequalities

The North/South Divide

Trafford as a borough does well on most health indicators, but this masks considerable variation within the borough. People living in the North generally have much worse health than those in the South.

For example: in the 2011 Census, just over half of people over 65 reported having a long term illness or disability which limited their daily activities; but this varies hugely across the borough from 43% in Hale Central in the South to 65% in Bucklow-St- Martins in the West.

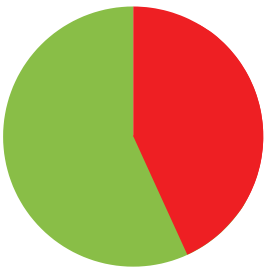


Bucklow-St- Martin

65% of over 65s reporting a limiting long term illness

Trafford

53% of over 65s reporting a limiting long term illness



Hale Central

43% of over 65s reporting a limiting long term illness

People in the North and West of the borough are much more likely than those in the South or Central locality to die before the age of 75, particularly from circulatory and respiratory disease. Inequality is bad for rich and poor, with outcomes for both groups worse on a number of measures in more unequal societies[8].

In Trafford, 7,367 (14.8%) older people live in poverty, lower than the England average (16.2%), but this ranges from 25.8% in the North to 10.2% in the South[9].

The longer someone lives in poverty, the greater the negative outcomes, including reduced healthy life expectancy[10]. Living in poverty is a major factor in increasing the risk of clinical frailty and of social isolation in older people. It also increases the risks from cold weather, with fuel poverty meaning that people cannot heat their homes properly. This increases the risk of illness and even death in the winter.

Healthy Life Expectancy

Healthy Life Expectancy at birth (HLE) represents the average number of years a person can expect to live in good health.

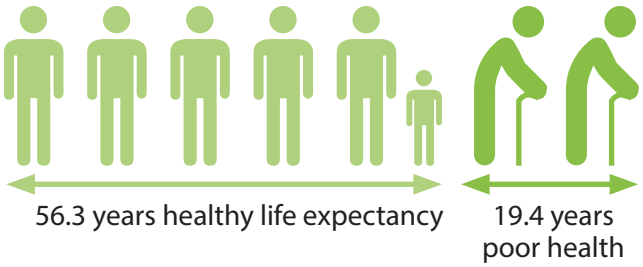
Male HLE in Trafford is 62.7 years, statistically similar to the England average (63.3 years)[11]. Female HLE is 66.2 years, statistically significantly better than the England average (63.9 years)[11].

However, there are wide inequalities within Trafford; for instance, the figures below show that people living in the most deprived area of Trafford have, on average, lower overall life expectancy *and* spend a greater proportion of that life expectancy in poor health. In this area, ill health starts at age 56, well below retirement age.

Inequalities in male life expectancy

Least deprived area in Trafford

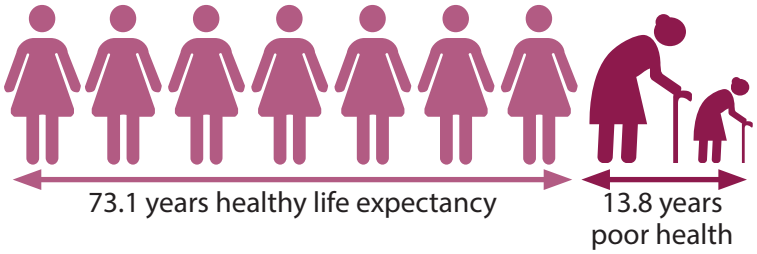
Total life expectancy 83.3 years (13% of total life expectancy lived in poor health)



Most deprived area in Trafford

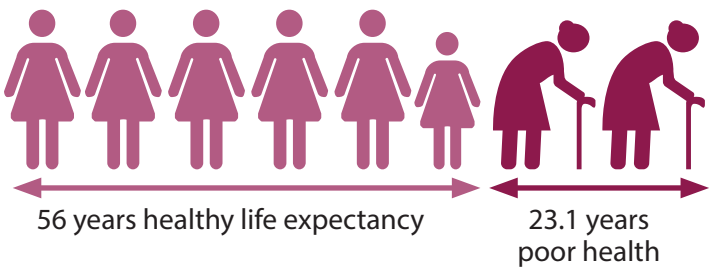
Total life expectancy 75.7 years (26% of total life expectancy lived in poor health)

Inequalities in female life expectancy



Least deprived

Total life expectancy 86.9 years (16% of total life expectancy lived in poor health)

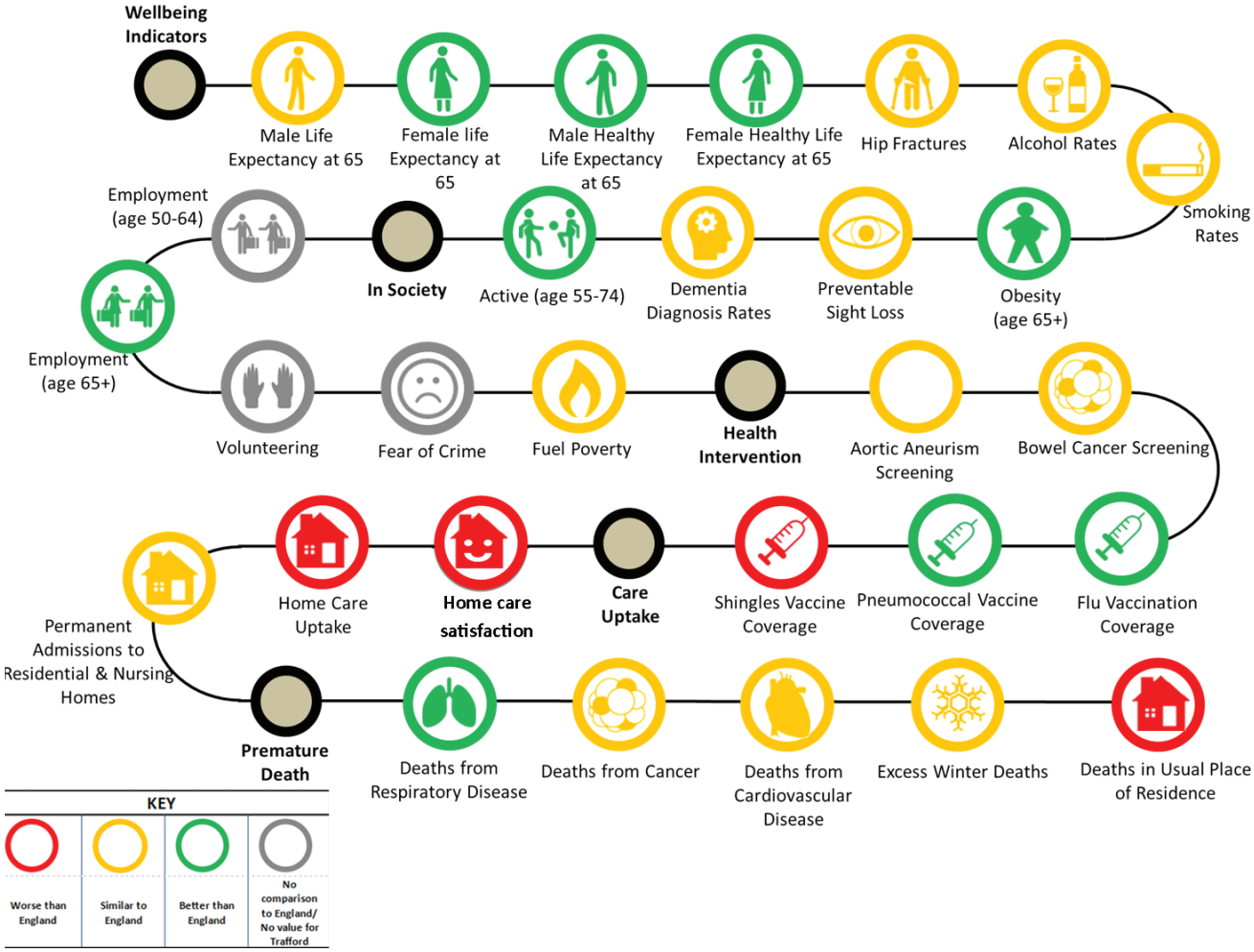


Most deprived

Total life expectancy 79.1 years (29% of total life expectancy lived in poor health)

Trafford's Age Well Outcomes

The diagram below shows that on most indicators, we are doing well in Trafford. However, we perform particularly poorly on home care uptake, satisfaction with care, delayed discharges from hospital; and deaths in usual place of residence, with too many people spending their last days in hospital. These issues will be discussed in more detail later within this report.



For more information about Trafford's population and their health needs go to Trafford's Joint Strategic Needs Assessment

www.traffordjsna.org.uk

Ageing Well in Trafford

In March 2018, the World Health Organisation (WHO) named Greater Manchester as the UK's first age-friendly city region[12], recognising the excellent work taking place to make Greater Manchester a great place to grow older.

The Age Friendly approach is summarised in the flower diagram[13] opposite, and is aimed at addressing all the wider determinants of health, such as housing, the environment, and transport, in order to improve the lives of older people.

People over 70 spend at least 80 per cent of their time either in the home or in the immediate surrounding area[14].

Quite often it is the simple things, such as fear of being unable to find a public toilet, that keep older people house-bound. Actions that make the local environment more welcoming to older people will also benefit other groups in the population, such as people with disabilities or children[15].

Similarly, activities that promote community engagement or social cohesion, such as Play Streets, while ostensibly targeted at children, tend to be extremely popular with older people too.

Trafford, in common with all other Greater Manchester boroughs, needs to show how it is improving in all the Age Friendly domains. To this end, we have been carrying out a consultation with local people and businesses to learn what it means to 'age well' for our residents and visitors and determine what we can do to make Trafford an even better place to live as we age.

Public Health Recommends

For Trafford people to age well, all Partners should:

- Ensure that streets and public spaces are designed to promote social interaction.
- Support activities that provide contact with other people on a regular basis.
- Make opportunities for intergenerational contact.
- Create volunteering opportunities across the age range.
- Ensure people feel safe to go out; pay attention to pavement quality, street lighting, travel and transport options.
- Address poverty and ensure older people are advised on how to maximise their income.

Social isolation and loneliness - not inevitable in older age

Much has been written about the damaging effect that loneliness can have, including in increasing health and social care costs. Being lonely continues to be stigmatised, and people are often unwilling to admit to feeling lonely. Blaming loneliness for additional costs to services will only add to the stigma. Loneliness is also often confused with social isolation, social exclusion and sometimes depression. These terms are often interrelated but they are separate entities.

Social Isolation: An objective measure of a lack of contact with family or friends, community involvement and integration, or access to services.

Loneliness: Subjective experience about the perceived lack of social relationships, either in terms of quantity or quality

Loneliness and ill health are associated, but it is not clear that loneliness causes ill health, instead of ill health leading to loneliness[16]. It is likely that other factors, including age, deprivation, long term conditions, depression and perceived (dis)ability contribute to loneliness, social isolation and healthcare resource use.

As Marmot says ***"Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. Social networks have a larger impact on the risk of mortality than on the risk of developing disease, in the sense it is not so much that social networks stop you from getting ill, but that they help you to recover when you get ill"***[17]

An estimated 10% of the population aged over 65 report being lonely most or all of the time[17]. Using this figure[18], there are an estimated 4,062 lonely older people in Trafford.

Age UK have used four major risk factors gathered from census data to predict the prevalence of loneliness, these are marital status, self-reported health status, age and household size[19]. In Trafford the areas around Partington, Stretford and Old Trafford are in the highest fifth areas for risk of loneliness in the UK. But the factors identified in this work are only weakly predictive of loneliness risk and lonely people will reside in every ward in the district.

The following factors have been identified as being common to successful interventions:

- Group, rather than one to one interventions, especially those with an arts, educational learning or social focus
- Interventions focussed on social isolation, rather than loneliness
- Interventions targeted at people and areas with a higher risk of social isolation
- Participatory approaches

"I've had anxiety problems. I could very easily sit at home. I started with the coffee morning and had the social side and then through that learned about the postural stability class. That has helped me a lot and has given me the confidence to go out more."

Public Health Recommends

- Primary Care should engage with social prescribing, encouraging people to take up new activities, or join local groups, instead of or alongside traditional medication.
- Commissioners of current activities for older people, for example, falls prevention interventions, should also look for outcomes around reducing social isolation and loneliness.
- Practical support, such as buddying schemes, to enable people who are socially isolated to access activities must be offered, to improve social connectedness.
- Commissioning for social isolation should be based on evidence of effectiveness, for example, telephone and internet befriending have been shown to offer no benefit.

Opportunities for Lifestyle Change

Physical Inactivity

As we get older, physical activity becomes more important than ever in helping us to maintain a healthy, energetic and independent lifestyle. There is a three-year difference in life expectancy between people who are inactive and people who are minimally active[20].

Unfortunately, in the UK physical inactivity increases as we age. In Trafford, about 30% of people between 65 and 74 and more than half of people over 75 are doing less than 30 minutes per week of physical activity.[21]

Public Health Recommends

For Trafford's older people to be more physically active, we should:

- Promote community wide understanding of the importance of physical activity.
- Raise awareness of the importance of physical activity as we age, including exercises to improve strength and balance.
- Ensure there is access to safe, pleasant green spaces for outdoor activities.
- Make sure the activities we offer or promote encourage everyone to be active. Activities offered should be evidence based, accessible and appropriate to older people. There should be a variety of other sport and leisure activities such as led walks, gardening and dancing.
- Develop tailored physical activity programmes for older people.

Case Study 2- Trafford Leisure

"I feel so positive for my future"

In January 2017 Miriam, 72, was diagnosed with cancer. She had surgery, followed by six months of chemotherapy.

Miriam says: "I was given the all clear in September 2017 and I was delighted. But my overall health had taken a beating. I'd always been quite fit in the past, but after my treatment I couldn't walk for more than five minutes without feeling exhausted and out of breath. I had to start using an inhaler and I had put on three stone in weight. The cancer had gone, but I felt worse than ever."

She was initially referred to Trafford Leisure in October 2017 but at that time she didn't feel ready for the challenge. However, by January she was keen for a fresh start and she was given a plan to increase her general health, focusing on strength, movement and cardio.

Miriam says: "I had never stepped foot inside a gym before, but I love it here. Everyone is so friendly and welcoming. I often use the centre's café to enjoy a nice cup of coffee and have a chat with new friends.

The entire experience has been beneficial and I feel so positive for my future. I'm feeling stronger, I'm sleeping better, I've toned up and I'm much less out of breath going up the stairs."

Smoking

Overall, smoking rates have declined in the UK. However, there are still 1.1 million smokers over the age of 60 in the UK[22] with this figure estimated to be 4660 in Trafford[2].

Helping these individuals to quit represents a huge opportunity to improve health: smokers who quit after the age of 65 benefited from 2-4 extra years of life[23]. Quitting smoking also reduces the risk of dementia, heart disease[24], macular degeneration[25] and osteoporosis[26].

There are barriers for older people to access stop smoking services, partly due to misconceptions regarding the health impacts from smoking cessation in older age amongst both smokers and indeed healthcare professionals. In Trafford, it is essential that we work with our partners to ensure that older people are given the same level of support to quit smoking as other age groups.

We need to keep giving the message that it's never too late to get the benefits of stopping smoking.

Public Health Recommends

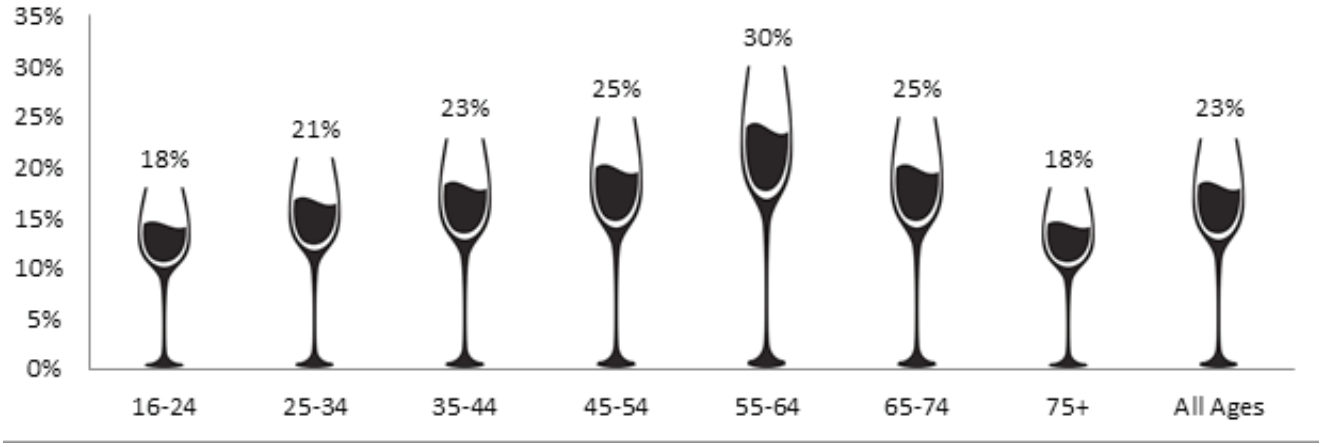
- Public Health will continue to advocate for smoking cessation across all partners including health and social care. It is never too late to give up smoking.
- Primary Care and other health and care professionals should offer smoking cessation support and nicotine replacement therapy to older adults who are smokers.
- Making Every Contact Count: partners should work with carers and voluntary groups to engage older people to quit smoking.

2. Age-specific smoking prevalence for England from the Annual Population Survey (2017) have been applied to Trafford mid-2017 population estimates.

Alcohol

Increases in alcohol related mortality and morbidity over the last decade have become a public health concern. Over a quarter (28.3%) of Trafford adults drink above recommended levels[27]. Across England, prevalence of unsafe drinking is highest in 55-64 year-olds (30%)[27], whereas prevalence among over 75s (18%) is lower than the average for all ages (23%)[27].

Proportion of adults who drink above recommended levels (14+ units per week) by age group; England, 2016.



Source: Health Survey for England, 2016

Metabolic changes that accompany ageing increase the risk of alcohol-related diseases, including malnutrition and liver, gastric and pancreatic diseases. Drinking heavily can also lead to alcohol-related brain damage. Older people also have greater risks for alcohol-related falls and injuries, as well as the potential hazards associated with mixing alcohol and medications. Alcohol-related hospital admissions can help us understand the impact of alcohol. In 2016/17, in Trafford the alcohol-related admission rate was more than three times higher in over 65s compared to under-40s[28].

Public Health Recommends

- Older people should limit the amount of alcohol they drink to 1.5 units per day to reflect the increasing impact of alcohol as the body ages.
- Service providers and partners should understand the risk factors for alcohol and substance misuse amongst older people to better plan prevention programmes.
- Public Health will continue to work with primary care providers and other health care professionals to ensure that they are able to screen and discuss alcohol use with older people tactfully and sensitively.
- Commissioners should ensure that addiction services are equitable across all ages.
- Continued advocacy through Greater Manchester Health and Social Care Partnership for the introduction of minimum unit pricing.

Cancer screening and Early Diagnosis

As people age, the risk of developing cancer increases and around a quarter of deaths in Trafford to people aged over 65 are from cancer. It is important that residents are aware of the symptoms of cancer, discuss any concerns or symptoms with their GP and take up the offer of cancer screening. There are three cancer screening programmes: cervical screening targeted at women up to the age of 64 years, breast screening targeted at women up to 70 years, and bowel screening targeted at both men and women between the ages of 60 and 74 years. Cancer screening saves lives by detecting changes in cells at an early stage, when treatments are most effective, and in some cases can prevent cancers from developing in the first place. Early diagnosis is also enormously important to improving outcomes.

Bowel cancer screening

People aged between 60 and 74 years are eligible to be screened for bowel cancer every 2 years. The screening test is completed by the individual in their home and posted back to the lab for testing. Coverage is improving and reached 58.7% in Trafford in 2016/17, similar to the England average (59.1%).

In 2019, a more accurate, quicker and easier screening test will be introduced. This will improve uptake and detect more cancers. Over time, screening will then be extended to people aged 50.

Breast cancer screening

All women aged 50 to 70 are eligible for breast screening every three years. Coverage in Trafford in 2016/17 was 71.5%, only slightly lower than the England average of 72.5%. Older women over the age of 70 years are encouraged to remain breast aware and can request a screen after the age of 70.

Screening and inequalities

There is variation between primary care practices in uptake of screening which is linked to deprivation and the profile of the registered population. For bowel screening, coverage in the most deprived fifth of Trafford practices was 43.4% compared to 61.6% in the least deprived fifth. The social gradient in breast cancer screening is less clear than for bowel screening; however, coverage is lower in Trafford's North locality (63.9%) compared to the rest of the borough.

People from black and minority ethnic communities are less likely to take up the invitation for cancer screening compared to other communities. Reasons include, stigma of the condition and screening programme, misunderstanding the significance of prevention, as well as access and wider barriers such as language and also fear[29]. In Trafford we work with Voice of BME-Trafford, this community engagement programme has demonstrated positive results for all our cancer screening programmes.

Public Health Recommends

- All Trafford residents eligible for a screening programme take up the offer if appropriate.
- Public Health should continue to work with local communities to increase the uptake of cancer screening.
- All partners should continue to raise awareness of the early signs of cancer and encourage people to discuss any symptoms with their GP.

Meeting Health and Social Care Needs

Too many people from Trafford, often with multiple conditions and complex needs, end up being treated in hospital when, with the right support, their needs could be better met at home or in the community.

The home and not the hospital should be the default setting for care.

Living in a care home increases the risk of hospital admission for older people, and there is more that should be done to make sure that people are not transferred to hospital unless their needs cannot be met in the home. To achieve this, we need to support care homes (and home care) to deliver basic care well, and in particular ensuring that proper attention is paid to nutrition, hydration, infection prevention and control, and falls prevention. This can help prevent a number of conditions that might otherwise lead to a hospital stay.

Delayed discharges from hospital

In Trafford we have a particular problem with delayed transfers of care, that is, people having to stay in hospital because of a lack of community based services such as home care or care homes to meet their needs. **Staying in hospital longer than necessary is harmful to people, as they are likely to lose skills and independence.** The rate of delayed transfer of care per 100,000 in 2016/17 was 38.5, which was the third worst in the country[30] . This is now improving but remains an area of concern for Trafford.

Care homes and home care

Many of the delays to hospital discharge are caused by a lack of appropriate beds in care homes, or by a lack of home care. While this is improving, due to considerable joint work between health and social care, the care sector in Trafford remains vulnerable. According to the latest CQC data[3], of the 56 care homes in Trafford looked at, 6 were rated inadequate (11%), 16 need improvement (29%), 34 rated as good (60%) and none rated outstanding[31]. There remains a significant difficulty in finding places in care for people with very complex needs.

Support for Carers

We need to do much more to improve support for unpaid family carers across Trafford. Substantial amounts of unpaid care for family members is provided by people who are elderly themselves[32]. Providing this level of care, however willingly, is likely to have an impact on the carer, and we know that in general carers do have worse health than others.

3. Data correct as of 3rd September 2018, however these figures are subject to change.

Public Health Recommends

- Partners support people to live healthier for longer, remaining independent and reducing the need for long term care.
- Wherever possible, people should be supported by a single team providing high quality personalised care with the aim of helping them get the most out of life.
- More open discussions across our whole population about the risks of hospital versus care home/ home care for older people.
- We need to ensure care homes and home care workers are aware of the importance of providing the highest standards of basic care (including hygiene, vaccination, nutrition and hydration, and falls prevention), and are supported to deliver this.
- The care home and home care sector needs to be properly supported to meet the needs of an ageing population, including those with highly complex needs caused by conditions such as dementia.
- Partners need to ensure that carers are properly supported and that the impact on their own health and wellbeing is minimised.

2. Age-specific smoking prevalence for England from the Annual Population Survey (2017) have been applied to Trafford mid-2017 population estimates.

Health conditions in our population

Frailty

Frailty is used to describe 'a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves'. About 10% of people aged over 65 years have frailty, rising to between a quarter and a half of those aged over 85 years.

The use of the term frailty is controversial as older people may not perceive themselves as frail, or may not wish to be defined by a term that is often associated with increased vulnerability and dependency.

However, frailty gives the potential for serious adverse outcomes after a seemingly minor stressor event or change. Thus knowing about frailty can help people take action to prevent the poor outcome for a particular intervention (or even to avoid the intervention) and to address the issues contributing to frailty. For example, physical activity is an excellent treatment for frailty, and there is emerging evidence that frailty increases with obesity, especially when this is coupled with other unhealthy behaviours such as a poor diet or smoking.

It is important to remember that:

- frailty varies in severity (individuals should not be labelled as being frail or not frail but simply that they have frailty).
- the frailty state for an individual is not static; it can be made better and worse.
- frailty is not an inevitable part of ageing.

Public Health Recommends

- Primary care should consider social as well as medical interventions to reduce risk for people living with frailty.
- Primary care should also always consider if there is a raised falls risk in an individual with frailty and refer to services as appropriate.
- Health and social care partners should raise awareness that having frailty means that people should be more, not less, physically active.

Falls

Falls have a considerable impact on the health and wellbeing of Trafford's older people. The risk of a fall increases with age, but the consequences depend on the severity of the fall and fragility of the person who has fallen. For many people, a serious fall can be the end to their ability to live independently in their own homes. Thus reducing falls risk is critical to maintaining independent living. Annually approximately 5% of older people living in the community who fall experience a fracture or need hospitalisation[33] .

Emergency admissions to hospital for falls are used as a measure of the incidence of falls. In 2016/17, there were 1,026[34] emergency hospital admissions for Trafford residents aged 65 years and over as a result of a fall. The rate of emergency hospital admissions from a fall for persons aged 65-79 per 100,000 population in Trafford was significantly higher than the England and the North West rates, and the fourth highest rate, when ranked among other similar authorities [28].

This figure represents a small proportion of older people who fall, as most falls result in no serious injury. However, a fall should be taken seriously and a non-injurious fall should be seen as a prompt to review living conditions, medication, eyesight or strength and balance.

Public Health Recommends

- Partners should understand the reasons for Trafford's higher rates of hospital admission due to falls, and work together to reverse this trend.
- Primary care and other partners should ensure referral into falls prevention services for people identified as having frailty.
- Increasing the number of people participating in falls prevention activities such as strength and balance classes.
- Ensure that all those at high risk of a fall are offered services that meet the NICE guidelines[27].
- Ensure that care home residents are properly protected from falls as per national standards.
- Consider the need for a fracture liaison service.

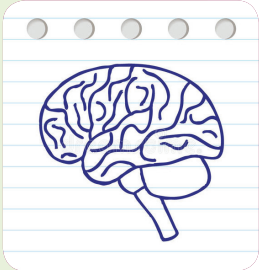
Dementia

With an ageing population and improving treatment for common health problems, we can expect more and more people in the borough to be affected by dementia. In 2016/17 there were a total of 1,999 individuals registered by their GP as having dementia, with 1,946 these being aged over 65. This ranks as fourth highest out of the 10 GM local authorities[28].

Dementia remains one of the most feared conditions associated with ageing[36] and we need to make life with dementia as easy and as positive for patients and carers alike. We recognise that family carers can often be old or frail themselves and that the strain of caring for someone with dementia can cause physical or mental health problems for the carer.

What is dementia?

Dementia is a condition that results in an ongoing decline of the brain and its abilities, such as thinking, language, memory, understanding, and judgment. All types of dementia are progressive and the person's ability to remember, reason, understand and communicate gradually declines over time. How quickly this happens depends on the individual.



People with dementia may also have problems controlling their emotions or behaving appropriately in social situations. Aspects of their personality may change. Most cases of dementia are caused by damage to the structure of the brain.

Are there any particular risk factors for dementia?

Broadly, the same factors that increase the risk of cardiovascular disease or cancer also increase the risk of developing dementia: *'What's good for the body is good for the brain'.* Reducing the number of people in Trafford who smoke, drink unsafe levels of alcohol, have high blood pressure and cholesterol or who are physically inactive, will reduce the number of people who go on to develop dementia.

People with learning disabilities are at particular risk of developing dementia, and the early stages are more likely to be missed or misinterpreted, so it is vital that people who understand the person well are involved when assessment and diagnosis is being explored.

Public Health Recommends

- The implementation of our local Dementia Strategy, ensuring that we address each of the five aspects within the Dementia United Programme:
  - Preventing well – through improving healthy lifestyles in the borough.
  - Diagnosing well – ensuring that GPs and others are able to make an early diagnosis and that GPs keep their dementia registers up to date.
  - Living well – making sure that the individual and their carers can live life to the full despite the diagnosis, and that we make Trafford into a Dementia Friendly borough.
  - Supporting well – as people's needs increase, make sure that they and their families get the help they need, as they need it.
  - Dying well – make sure that wherever possible people with dementia are able to die in the place of their choosing.

Depression

Depression is a mental health disorder characterised by low mood, lack of energy and a loss of interest in previously enjoyable activities. People can experience a range of other symptoms including loss of appetite, sleep disturbance, feelings of worthlessness and hopelessness, difficulty concentrating and suicidal thoughts.

Failure to identify and treat depression means that people are put at increasing risk of social isolation, physical inactivity, or higher rates of smoking or alcohol use, all of which will have further adverse impacts on their physical and mental health.

A 2016 report[37] by Age UK showed that referrals to the IAPT (talking therapies for common mental health disorders such as depression or anxiety) programme for people aged 65 and over was just 6.1%, even though it is estimated that depression affects 22% of men and 28% of women aged 65 or over[38].

Public Health Recommends

- Primary care should increase the identification and recording of depression in older people and offer a choice of appropriate treatment.
- Trafford should work to change the perception that depression is a normal part of ageing, through raising awareness.

Dying Well

Providing high quality end of life care is important for individuals and families. Knowing that one's loved one has died in the place and the manner that she or he wanted can provide comfort to families and may help in the grieving process.

Sadly, far too many people in Trafford do not die in the place they wished. This is despite the fact that most people in Trafford die from conditions that are amenable to end of life planning. It is estimated[39] that only 14% of people die suddenly (that is, there was no obvious prognosis until their last days). It is well known that the majority of people would prefer not to die in hospital, but in 2016, 55.5% of Trafford residents died in hospital, the worst performance in our group of 15 statistically similar authorities[28].

End of life care does not always need specialist palliative support. Most people will not want or need to be cared for by specialist teams, or may need only a small element of specialist input or support. For the majority of people, care can be well managed by themselves, their carers, community nursing and the GP. This requires good communication and co-ordination between the patient, their family, and services.

Improving our end of life care should help patients and families make appropriate preparations and assist in understanding and expectations regarding worsening illness and exacerbation of symptoms. This will help patients make realistic plans for the care they wish to receive and where they want to die. This in turn is likely to reduce the risk of patients being transferred inappropriately to hospital in their final days.

Nationally, there is evidence that some population groups receive worse end of life care than others. Particular care needs to be given to ensuring that black and minority ethnic people, homeless people and people with learning disabilities get adequate access to high quality services including end of life care planning.

Public Health Recommends

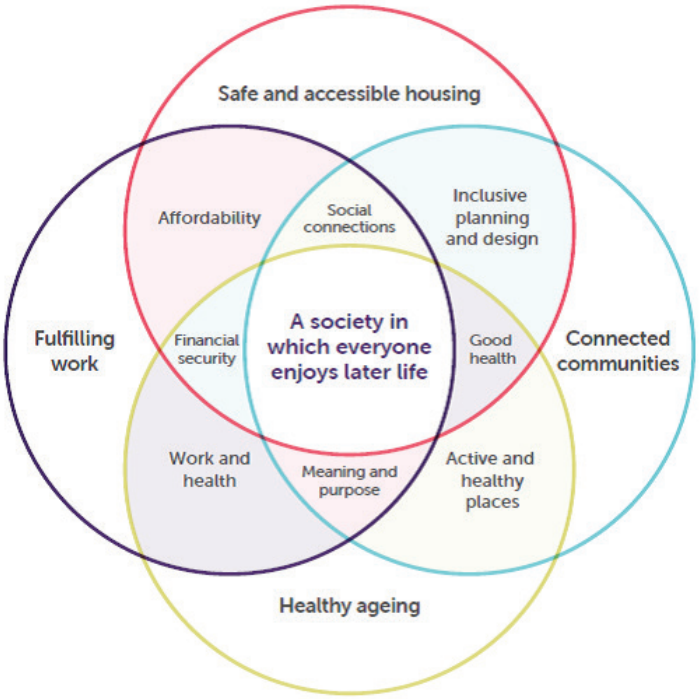
- Trafford partners raise the acceptability of discussing death and dying, including continuing to participate in Dying Matters.
- That general practice maintain up to date palliative care registers.
- Commissioners should review the reasons why fewer people than expected die in care homes in Trafford and develop an action plan to address this.

Closing Comments by the Director of Public Health

The purpose of this report is to give a brief overview of some key aspects of growing older in Trafford, with recommendations for how we can be as healthy and happy as possible in later life, and how we can make Trafford into the best possible place to be an older person.

Trafford's Public Health Team recognises that ageing well is complex and can not be achieved by agencies working in isolation. We support the long-term vision of the Centre for Better Ageing for 2040[40] which is represented in the diagram below.

Centre for Better Ageing Long-Term Vision 2040



Good luck plays a big part in healthy ageing, but good planning can make up for at least some bad luck. As none of us knows what the future holds, it is prudent to make sure that we co-design services alongside older people as this makes it much more likely that the services will be of the quality that we would want for ourselves. If we are lucky, we will live long enough to enjoy them.

Some key messages:

- Inequality is bad for all of us, and leads to worse outcomes for rich and poor. We need to recognise where inequalities are arising, and take steps to address these.
- We are social animals; and we conform to social norms. We need to recognise when these are bad for our health, and support each other to make positive changes. For example, 'Eat less, move more' is deceptively simple advice but hard to achieve in a car dominant, junk food culture.
- To improve our health we have to improve the context in which we live. This includes improving quality of housing, parks and public open spaces, transport and even the air we breathe. Anything we do to make Trafford a better place for older people to live will also benefit other groups, especially children and young people, or people with disabilities.

Some of the actions we recommend in the report are aimed at individuals, some at groups and others at organisations. Some are quicker or easier to achieve than others, but none are impossible, and all will help make life better for all of us, now and in the future.

References

[1]ONS (2017) Mid-2016 based Sub-National Population Projections, https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2016basedprojections

[2] Guzman-Castillo, M, Ahmadi-Abhari, S, Bandosz, P et al. Forecasted trends in disability and life expectancy in England and Wales up to 2025: a modelling study. (published online May 23) *Lancet Public Health. 201*

[3] Livingston, G, Sommerlad, A, Orgeta, V, Costafreda, S, Huntley, J, Ames, D et al (2017) https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31363-6/fulltext?code=lancet-site

[4] ONS, (2018), Measuring National Well-being: Quality of Life in the UK, 2018, www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/measuringnationalwellbeingdomainsandmeasures.

[5] ONS, (2018), Measuring National Well-being: Quality of Life in the UK, 2018, www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/measuringnationalwellbeingdomainsandmeasures.

[6] ONS (2018) Mid-2017 estimates for local authorities, https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

[7] ONS (2017) Mid-2016 estimates for electoral wards, https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental

[8] Wilkinson, R, Pickett, K, (2010) The Spirit Level, https://www.researchgate.net/profile/Lyndsay_Grant/publication/259854638_The_Spirit_Level_by_Richard_Wilkinson_and_Kate_Pickett/links/5a7b18a8a6fdcc3774881772/The-Spirit-Level-by-Richard-Wilkinson-and-Kate-Pickett.pdf

[9] Public Health England (2015) Local Health (based on data from the 2015 Indices of Deprivation), http://www.localhealth.org.uk/#sid=265;sly=ltla2013_DR;v=map8;i=t4.hle_f;l=en

[10] Marmot, M. (2010). *Fair Society Healthy Lives (The Marmot Review)*. [online] UCL Institute of health equity. Available at: http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

[11] ONS (2017) Healthy Life Expectancy estimates for 2014-16, https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies

[12] WHO (2018) Greater Manchester – Age-Friendly World, https://extranet.who.int/agefriendlyworld/network/greater-manchester/

[13] World Health Organisation, (2007) Global Age Friendly Cities: A guide, WHO.

[14] Wahl, H. W. Iwarsson, S. Oswalkd, F. (2012) Aging Well and the Environment: Toward an Integrative Model and Research Agenda for the Future

[15] Wahl, H.W, Iwarsson, S. Oswald, F. (2012) Aging Well and the Environment: Toward an Integrative Model and Research Agenda for the Future *The Gerontologist*, Volume 52, Issue 3, 1 June 2012, Pages 306–316, https://doi.org/10.1093/geront/gnr154

[16] Smith, K, Victor, C (2018) Typologies of loneliness, living alone and social isolation, and their associations with physical and mental health, https://www.cambridge.org/core/journals/ageing-and-society/article/typologies-of-loneliness-living-alone-and-social-isolation-and-their-associations-with-physical-and-mental-health/D353C1E49A62C970DDA90C313B52B6E3

[17] Age UK Oxfordshire (2011),Safeguarding the Convoy A call to action from the Campaign to End Loneliness, https://www.campaigntoendloneliness.org/wp-content/uploads/Safeguarding-the-Convoy.-A-call-to-action-from-the-Campaign-to-End-Loneliness-1.pdf

[18] Campaign to End Loneliness (2011) Campaign to End Loneliness Constituency campaign pack, https://campaigntoendloneliness.org/wp-content/uploads/Local-loneliness-statistics.pdf

[19] Iparraguirre, J (2014) Predicting the prevalence of loneliness at older ages, https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/predicting_the_prevalence_of_loneliness_at_older_ages.pdf

[20] Public Health England. (2014). National Physical Activity Strategy: Everybody Active Every Day. www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life

[21] Sport England (2017). Active Lives Adult Survey May 2016/ 2017 Report (Published October 2017)

[22] Jordan, H., Hidajat, M., Payne, N., Adams, J., White, M., & Ben-Shlomo, Y. (2017). What are older smokers' attitudes to quitting and how are they managed in primary care? An analysis of the cross-sectional English Smoking Toolkit Study. *BMJ Open*, 7(11), e018150. http://doi.org/10.1136/bmjopen-2017-018150

[23] Jordan, H, Hidajat, M, Payne, N, Adams, J, White, M, Ben-Shlomo, Y, What are older smokers' attitudes to quitting and how are they managed in primary care? An analysis of the cross-sectional English Smoking Toolkit Study. BMJ Open 2017;7:e018150. doi: 10.1136/bmjopen-2017-018150

[24] Robert West (2017) Tobacco smoking: Health impact, prevalence, correlates and interventions, Psychology & Health, 32:8, 1018-1036, DOI: 10.1080/08870446.2017.1325890

[25] Velilla S, García-Medina JJ, García-Layana A, et al. Smoking and Age-Related Macular Degeneration: Review and Update. Journal of Ophthalmology. 2013;2013:895147. doi:10.1155/2013/895147.

[26] The effects of smoking on bone health Peter K. K. Wong, Jemma J. Christie, John D. Wark Clinical Science Sep 2007, 113 (5) 233-241; **DOI:** 10.1042/CS20060173

[27] NHS Digital (2017) Health Survey for England, 2016, https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2016

[28] Public Health England, Public Health Profiles, https://fingertips.phe.org.uk/

[29] Cancer Research UK, (accessed 2018), Cancer and health Inequalties: An introduction to current evidence, http://www.cancerresearchuk.org/

[30] NHS Digital (2017), 2C – Delayed transfers of care from hospital, and those which are attributable to adult social care, https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current/delaying-and-reducing-the-need-for-care-and-support/2c-delayed-transfers-of-care-from-hospital-and-those-which-are-attributable-to-adult-social-care

[31] Care Quality Commission (2018), CQC Directory, https://www.cqc.org.uk/sites/default/files/3%20September%202018%20Latest%20ratings.xlsx

[32] Carers UK, (2015) Facts about Carers 2015, www.carers.org.

[34] This figure represents activity; the number of people admitted may be less as an individual may be admitted multiple times within 12 months.

[35] NICE, (2017) Falls in Older People, QS86, www.NICE.org.uk.

[36] Alzheimer's Reseach UK () You Gov Polling for Alzheimer's Research UK, 29th November - 2nd December 2013, https://www.alzheimersresearchuk.org/wp-content/uploads/2015/01/Referenced-statistics-about-dementia1.docx

[37] Age UK (2016) Hidden in plain sight The unmet mental health needs of older people, https://www.ageuk.org.uk/brandpartnerglobal/wiganboroughvpp/hidden_in_plain_sight_older_peoples_mental_health.pdf

[38] Age UK (2016) Later Life in the United Kingdom, https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf

[39] Public Health England (2013) National End of Life Care Intelligence Network, http://www.endoflifecare-intelligence.org.uk/home

[40] Centre for Better Ageing – Transforming Later Lives Strategy (2018) https://www.ageing-better.org.uk/sites/default/files/2018-07/Ageing-Better-Transforming-Later-Lives.pdf

Appendix A - Locality and ward map of Trafford