

# Ageing Well in Sandwell

## Report on the State of Ageing

Version 2.0

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## The State of Ageing in Sandwell

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## 1. Older People

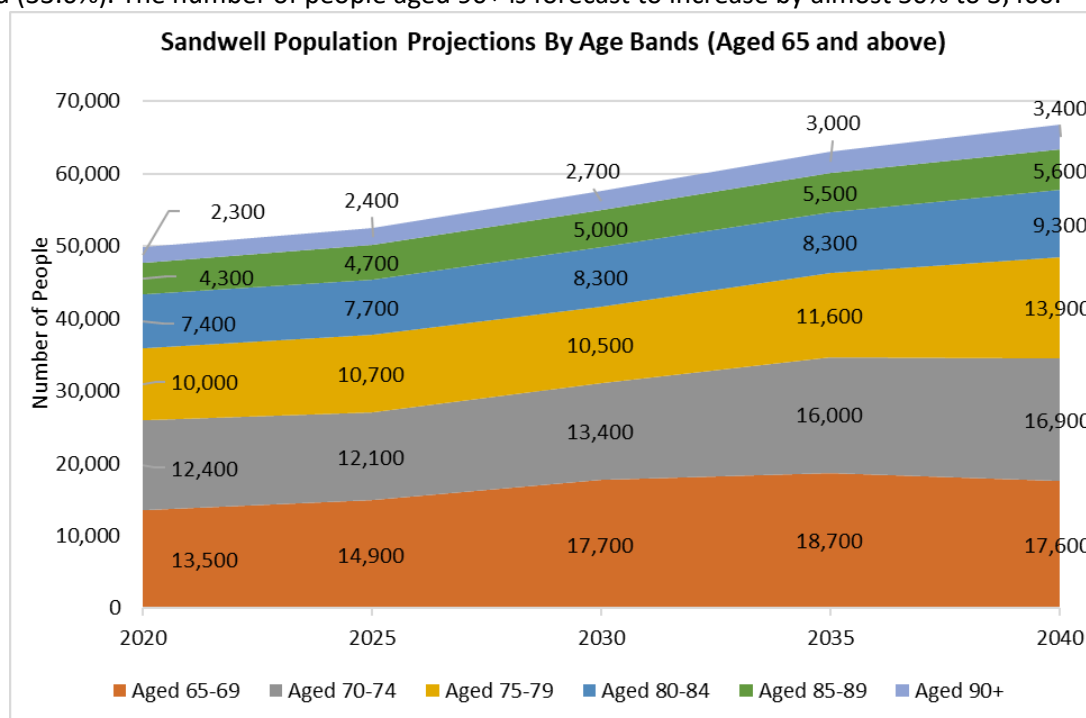
Today there are almost 11 million people aged 65 and over in England - 19% of the total population. In 10 years' time, [this will have increased](#) to almost 13 million people or 22% of the population. Almost 1 in 6 older people were [living in poverty](#) in 2019/20, some 2 million people. We have also seen a reduction in our [life expectancy](#) (of 0.3 years for women and 0.4 years for men). Meanwhile, the number of years we can expect to spend in [good health](#), without a disabling illness, continues to decline; this is now 62.4 years for men and 60.9 years for women. In a period when the state pension age has risen to 66, [employment rates](#) among people approaching retirement age have fallen to their lowest levels since 2016.

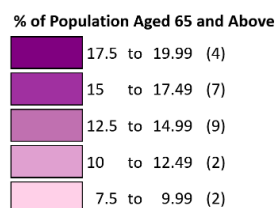
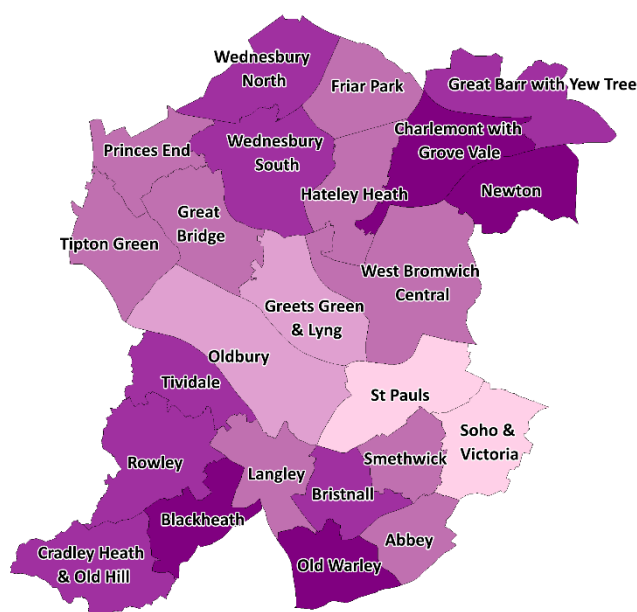
The number of [older people renting](#) rather than owning their homes has reached an all-time high. These factors have major implications for people's financial security and for the quality of their homes as they age. The number of [people in mid and later life who live alone](#) – many without the traditional family structures our approach to ageing has historically relied on – has been increasing steadily, with 1.3 million men aged 65 and over living alone today, up 67% between 2000 and 2019. This has implications for housing and for health and social care. These trends confirm that England is becoming a more challenging country to grow old in. We can see in our data that the pandemic has contributed to many of these problems – but they are ultimately longer-term issues that have been developing for some time.

### 1.1 Older People in Sandwell

Sandwell is home to 49,704 people aged 65 and older, an increase of a little under 1% in the ten year since 2021. In that time the town of Tipton saw the greatest growth in numbers of people aged 65+ (1.6%) and Smethwick the lowest (0.3%). Across the wards of Sandwell, Wednesbury South had the highest growth of older people aged 65+ (2.5%) while in Langley the number of older people fell by almost 1%. All this in a time when the total population of Sandwell grew by more than ten percent (11.0%)

[Population Projections](#) indicate that by 2040 the older population of Sandwell will increase by one third (33.6%). The number of people aged 90+ is forecast to increase by almost 50% to 3,400.





In terms of the ward population, Charlemont with Grove Vale (19.5%), Blackheath (19.1%), Old Warley (18.6%), and Newton

(18.6%) have the greatest proportion of older residents aged 65 and older. St Pauls (9.5%) and Soho and Victoria (7.7%) in Smethwick have a much younger age profile with less than ten per cent of the population aged 65 and older. These areas also contrast in terms of the levels of relative deprivation with Smethwick showing higher levels of deprivations a pattern which is mirrored across Sandwell with the less deprived areas having an older population.

### 1.2 Sex

[Health inequalities between men and women](#) in their 50s are most marked and the impacts of these inequalities would appear to influence key health outcomes for women in Sandwell. Although the overall population of people aged 65+ is forecast to grow by around one third by 2040, the number of women in Sandwell will increase less (28%) than that for men (32%). Disability Free Life Expectancy (DFLE) for women in Sandwell (56.3 years) is significantly lower than the England figure (60.9) and the gap has widened since 2014. Disability Free Life Expectancy for men is not significantly lower than national figure. Disability Free Life Expectancy for Women in Sandwell aged 65+ (6.4) is the lowest in England and since 2014 has fallen away from the England figure (9.9).

### 1.3 Ethnicity

Evidence clearly suggests that the COVID-19 Pandemic exposed and exacerbated [health inequalities](#) and particularly those experienced by Black and Minority Ethnic Groups. Broader analysis of the [health of people from ethnic minorities](#) shows a more complex interplay of factors including deprivation, environment, health-related behaviours and the ‘healthy migrant effect. Older people from Black and Minority Ethnic Groups face challenges due to an [accumulation of disadvantages](#) built up over the life course. The self-reported health status of different ethnic groups diverges at around the age of 30, continuing into old age.

Number of People Aged 65 and Above	Proportion of People Aged 65 and Above			
	Sandwell	Sandwell	West Midlands Region	England
<b>Ethnic group</b>				
Asian, Asian British or Asian Welsh	6,436	12.9%	5.1%	3.9%
Black, Black British, Black Welsh, Caribbean or African	1,900	3.8%	1.5%	1.5%
Mixed or Multiple ethnic groups	247	0.5%	0.3%	0.4%
White	40,178	80.8%	92.4%	93.3%
Other ethnic group	943	1.9%	0.7%	0.9%
<b>Total</b>	<b>49,704</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
White: English, Welsh, Scottish, Northern Irish or British	39,107	78.7%	89.5%	89.7%
Ethnic Minorities	10,597	21.3%	10.5%	10.3%

The table above shows the percentage of people aged 65 or older in Sandwell in each of the principal ethnic groups and the profile shows a marked difference from the overall Sandwell Population where less than six out of ten (57.3%) identified as White compared with eight out of ten (80.8%) for people aged 65 and older.

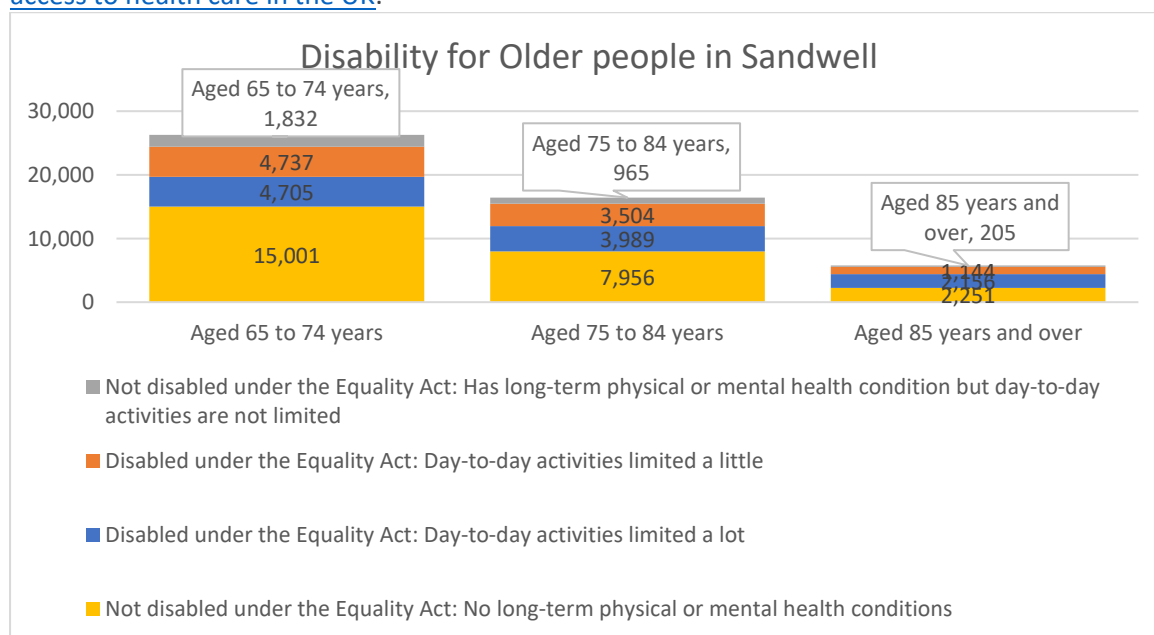
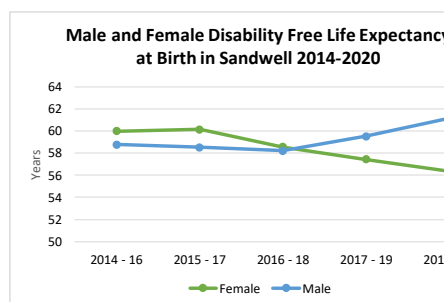
### 1.4 Sexual Orientation

[Recent analysis](#) highlights higher rates of homelessness, domestic abuse and sexual violence experienced by people from LGBT communities. Evidence further suggests generally poorer health outcomes, with lower rates of physical activity and substantially higher instances of mental health issues and drug/alcohol dependency. Health inequalities arise at different stages of people’s lives, and LGBT people often experience additional discrimination and marginalisation when accessing services to address these health inequalities. Multiple health inequalities across a lifespan can impact sequentially and can lead to significantly worse health outcomes.

In Sandwell, a little over one in fifty people (2.2%) identified as Lesbian, Gay, Bisexual or other non-straight sexual orientation (LGB+). The percentage of people aged 65 or older identifying as LGB+ was less than half of one percent (0.4%). These figures should be treated with caution and are likely to underestimate, as the level of non-response to the question in the Census was 8% for people aged 16 or older increasing to 11% for people aged 65 or older. The health needs of [LGBTQ+ community in Sandwell](#) are given careful consideration in detailed chapter of the Sandwell JSNA.

### 1.5 Disability

Disability is closely related to health conditions but is not the same. There is strong evidence that people with a [disability experience significant health inequalities](#): with 20 years shorter life expectancy and double the risk of developing depression, asthma, diabetes, stroke, obesity or poor oral health. Disability-free life expectancy, which is the number of years on average people can expect to live without a disabling health condition, has continued its dramatic fall, particularly among women. And there is significant inequality in how much of our lives we will live with illness and disability. There is further evidence that people with a disability experience [worse access to health care in the UK](#).



The prevalence of people in Sandwell who are Disabled under the Equality Act and for whom day to day activities are limited a lot increases dramatically with age: 18% for people aged 65-74, 24% for people aged 75-84 and 37% for people aged 85+ compared with 8% for the population as a whole.

### **1.6 Deprivation**

[People that live in the most deprived areas](#) can expect to live 18 fewer healthy years than those in the least deprived areas nationally. Currently only people in the three least-deprived deciles nationally are likely to retire in good health, while people in the most-deprived deciles are expected to spend some of their working life in poor health. Additionally, evidence shows that those living in the most deprived areas of England face the worst [healthcare inequalities](#) in relation to healthcare access, experience and outcomes. More than [one in four older people in Sandwell](#) (26.0%) live in poverty a figure which is almost double the national rate (England 14.2%) and the highest in the West Midlands.

### **1.7 Intersectionality**

Individual factors interact to influence our level of vulnerability to poor health. It is important to recognise that individual factors such as age, gender, ethnicity, sexual orientation, disability and deprivation do not exist in isolation. They interact with one another to influence our vulnerability to poor health. And evidence shows that our state of vulnerability is neither a constant nor a given. While some factors are fixed (i.e. ethnicity), others are fluid (i.e. age, deprivation, geography, employment), altering our state of vulnerability at any point in time. And while we may have one or more risk factors, we may also have protective factors that attenuate risk, for example a strong social network. It is, therefore, not a given that older people are vulnerable, nor that those from an ethnic minority have poorer health. It is how individual factors co-exist that influence vulnerability. This concept is referred to as [intersectionality](#).

## 2. Wider Determinants of Health

The wider determinants of health cover a broad range of factors which influence the health of older people and the communities they live in from their own genetic and personal make up to their habits and behaviours, the homes and communities they live in, the places where they work, the local environment and the policies and strategies locally regionally and nationally. Sandwell has a wide range of places and settings for older people to come together, connect and socialise including commercial shopping, community centres, libraries, parks and open spaces all of which contribute to health and wellbeing of people and places.

### 2.1 Connected

Before the COVID-19 pandemic, people without access to the internet were already at a significant disadvantage in terms of seeking job opportunities, accessing financial support, ordering online, and connecting with organisations. The pandemic has dramatically exacerbated this situation. Many people, for the first time, have increasingly had to rely on the internet and digital devices to access support, get things done and to participate more fully in society.

This digital inequality can be particularly seen for those in mid to later life, with ONS data (2020) highlighting that prior to the pandemic, 32% of those who had never or not recently used the internet were aged between 50 and 69 (over 1 million individuals). Digital exclusion is an important issue for older people, with those who face a higher risk of being digitally excluded being those who generally face a higher risk of health inequalities.

Evidence suggests that digital exclusion may present barriers to social interaction beyond the actual use of the technology. As public services move increasingly to digital access, a significant number of older people may be missing out.

### 2.2 Loneliness and Isolation

The number of older adults age 65 and older is growing, and many are socially [isolated and regularly feel lonely](#). The coronavirus outbreak in 2020 brought even more challenges due to health considerations and the need to practice [physical distancing](#). Everyone needs social connections to survive and thrive. But as people age, they often find themselves spending more time alone. Being alone may leave older adults more vulnerable to [loneliness and social isolation](#), which can affect their health and well-being. Studies show that loneliness and social isolation are associated with higher risks for health problems such as [heart disease](#), [depression](#), and [cognitive decline](#).

Loneliness and social isolation are different, but related. Loneliness is the distressing feeling of being alone or separated. Social isolation is the lack of social contacts and having few people to interact with regularly. You can live alone and not feel lonely or socially isolated, and you can feel lonely while being with other people. Older adults are at higher risk for social isolation and loneliness due to changes in health and social connections that can come with growing older, hearing, vision, and memory loss, disability, trouble getting around, and/or the loss of family and friends. Adults who are lonely or socially isolated are less healthy, have longer hospital stays, are readmitted to the hospital more often, and are more likely to die earlier than those with meaningful and supportive social connections.

Older people aged 75+ in Sandwell were more likely to feel lonely or isolated (24.7%) than people in the overall population (17%); and conversely older people were much less likely to rarely feel lonely or isolated (54.3%) compared with the overall population (69.1%).

### 2.3 Housing

Millions of people live in homes that are damaging their health and wellbeing and many are unable to make the changes needed to make their homes warm and safe due to a lack of money, time, support and/or advice.

COVID-19, and the associated lockdowns, brought into sharp focus the need for everyone to have a warm, dry home, free from hazards, and easy to get in and out of. The pandemic also provided a stark illustration of the consequences when these things were not the case. Overcrowding was one of the reasons for higher mortality rates from COVID-19 in certain population groups (e.g. Ethnic Minority groups). So, too, was having certain health conditions, such as respiratory diseases, that can be caused and exacerbated by poor-quality housing.

Half of the 4 million non-decent homes in England, which fail to meet basic decency criteria as defined by the government, are headed by someone aged 60 or over. Those aged 75 and over are most likely to be living in homes that are too cold and/or lack modern facilities. [One estimate](#) suggests that 21.5% of excess winter deaths may be due to cold housing.

Only 9% of homes have all four accessibility features (a WC at entrance level; flush threshold; sufficiently wide doorways and circulation space; and level access) that make a home visitable. cross the country, 1 million homes are lived in by someone who requires an adaptation but is going without; a third of these people are aged 55 and over.

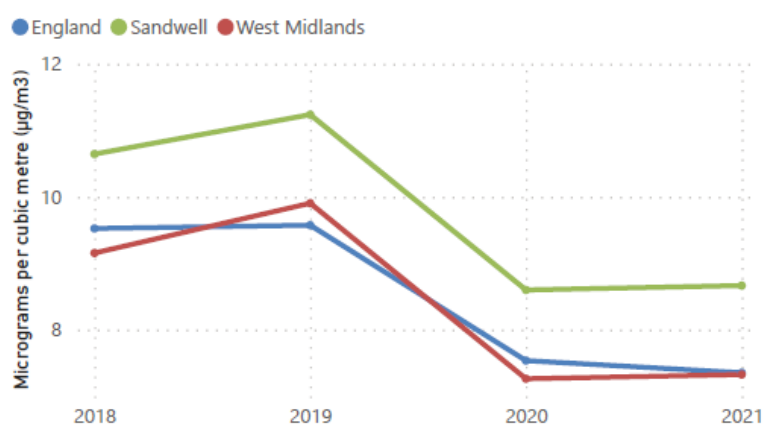
The significant increase in the number of people set to rent rather than own their home in later life is changing our relationship with our home. The proportion of privately rented homes nationally headed by someone aged 55-64 increased from 6.3% in 2010/11 to 11.3% in 2020/21. Renting privately means higher levels of financial insecurity and the potential for more pensioner poverty. The private rented sector also has the highest proportion of poor-quality homes.

Homeowners also face challenges, and recent estimates suggest that nearly half of all households in relative poverty are owner occupied, and of these 1 million are headed by someone aged 55 and over. Homeowners are also the largest group in terms of the numbers living in non-decent homes, far larger than the number in private or socially rented housing. Without the means to undertake vital repairs, these homes may become increasingly hazardous to the health of those living in them. And without the means to adapt their homes to their needs as they age, homeowners may find their independence and quality of life seriously, and avoidably, limited.

## 2.4 Environment

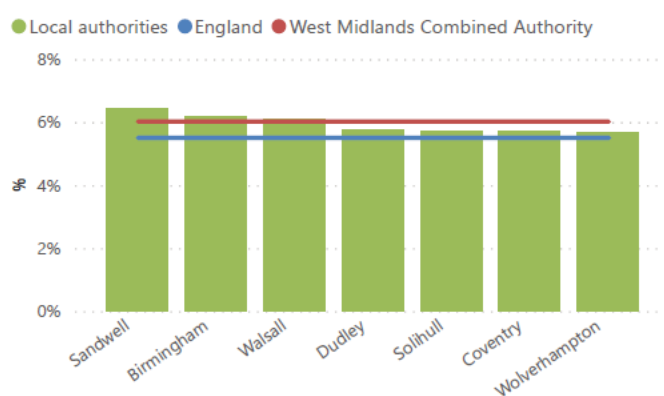
[Poor air quality](#) is a major public health issue. Evidence shows that air pollution is linked to coronary heart disease, stroke, respiratory disease, lung cancer, asthma, low birth weight and reduced life expectancy. Deprived areas often have poorer air quality than more affluent places, thus widening health inequalities. Sandwell is the 12th most deprived local authority in the country and has a road network of local and major arterial roads, including the M5 and M6 Motorways, which are some of the busiest and most congested roads in Europe.

Air pollution: Annual average concentrations of fine particulate matter (PM2.5)





% of deaths attributable to fine particulate matter (PM2.5) air pollution (2021)



[Poor air quality](#) presents real threats to older people, many of whom are already living with cardiovascular diseases, COPD and other breathing problems. Older people are more vulnerable to air pollution partly because they are a group with high levels of long-term conditions occurring at the same time, such as high blood pressure, diabetes and heart disease. Older people have an increased risk of hospitalisation when there are high levels of particulate matter in the

air. Particulate matter is also associated with a higher risk of stroke in older people. Exposure to air pollution is associated with accelerated cognitive decline in older people.

Particulate matter (PM) in the air with a diameter of 2.5 µm or less is known as fine particulate matter (PM2.5). PM2.5 has a significant impact on public health because the particles are small enough to be inhaled into the deepest parts of the lung. This means there is no safe level of exposure to PM2.5. Concentrations of PM2.5 vary from year to year due to the weather. Sandwell has had consistently higher levels of PM2.5 than the regional and national levels. However, the COVID-19 pandemic and lockdowns resulted in a substantial decrease in PM2.5 emissions between the years 2019 and 2020.

Evidence indicates that the relative risk associated with living in areas with higher levels of air pollution over the long term is greater than that of daily variations in exposure. Sandwell's consistently higher level of air pollution is reflected by higher mortality rates attributable to long term exposure to particulate air pollution. In 2021, Sandwell had the highest levels of deaths linked to air pollution in the West Midlands Combined Authority area despite Sandwell Council [strategies to improve air quality](#).

## 2.5 Physical activity

Physical inactivity is one of the most significant risk factors for developing conditions that lead to preventable disability in later life. Being regularly active can help to prevent and delay many age-related conditions and diseases, and can help people to maintain their functional ability, independence and quality of life as they grow older. However, the proportion of people who are physically inactive generally increases with age, so that older people are at increased risk of poor health outcomes connected to sedentary lifestyles in later life.

Physical inactivity [levels are high in Sandwell](#) with 36.8% of adults doing less than 30 minutes exercise each week compared with 30.2% for the West Midlands region and 25.8% nationally. Inactivity levels are high across the Black Country linking to high levels of deprivation and are consistently below the national rates for wider determinants of health. Overall, for the Black Country area, 35.9% of adults (345,200) were classed as inactive. For the Black Country to be on a par with the national average (25.8%), it would require an additional 97,262 adult residents to be active for at least 30 weekly minutes at moderate intensity.

Levels of physical activity tend to [reduce as people age](#) and across the Black Country more than half of people aged 75+ (56%) and almost half of all people that are retired (45.6%) are inactive. In Sandwell [rates of physical inactivity for people aged 75+](#) (59%) are at a similar albeit a little higher level.

## 2.6 Retirement and employment

Nationally, the employment rate for people aged 50-64 decreased from 73% at the time of the COVID-19 pandemic to 71% in 2020/21 (Fingertips). By the time they are 65, nearly half of men and a third of women are still in employment. Those who work part-time are three times more likely to be women than men ([Centre for Ageing Better](#)).

The menopause can have a real and lasting impact on women's working lives. This continues to be an issue that is largely ignored by employers, but a survey found that one in four consider leaving work due to severe symptoms, which can include fatigue and 'brain fog' (Centre for Ageing Better).

Health is the leading reason for people aged 50+ to be out of work, and the disability employment gaps are especially large for older workers (ONS). However, caring responsibilities and a lack of skills or training are other contributors. The result is that people aged 50+ who are unemployed are twice as likely as younger adults to be long-term employed (ONS).

Workers aged 50+ are the least likely to receive 'off the job' training, and 40% of 55-64 year olds have undertaken no formal training or education since leaving school (Centre for Ageing Better). This impacts their ability to keep up to date with new skills and gain further employment.

The Department for Work and Pensions (DWP) has estimated that 38% of the working age population (12 million people) are not saving enough and are facing an inadequate retirement income. While this is likely to be linked to regular spending, median weekly earnings typically peak in people's 40s and begin to decline in their 50s and 60s, particularly for full-time workers. Additionally, the gender pay gap is largest for women in their 50s, who are more likely to be working part-time (Centre for Ageing Better).

Many people would like to be able to work until state pension age (presently 67) as a financial necessity but evidence suggests that this may not be possible for everyone in Sandwell.

Data from the 2021 Census of Population indicates that in Sandwell:

- lower proportion of residents aged 50-64 in Employment (64.1%) compared to the West Midlands region (68.5%) and England (69.5%)
- higher proportion of residents aged 50-64 were Unemployed (4.2%) (WM 3.1%; Eng 2.9%)
- higher proportion of residents aged 50-64 Economically Inactive (31.7%) (WM 28.4%; Eng 27.7%)
- lower proportion of residents aged 65+ in Employment (8.2%) (WM 10.1%; Eng 10.7%)
- slightly higher proportion of residents aged 65+ were Unemployed (0.30%) (WM 0.25%; Eng 0.27%)
- higher proportion of residents aged 65+ were Economically Inactive (91.5%) (WM 89.7%; Eng 89.0%)

**Source:** Office for National Statistics Census 2021 (Figures may not total 100% due to rounding)

Aged 50-64 Claimant Count in Sandwell between January 2020 and December 2023:-

- Pre and post pandemic Sandwell shows similar trends to the West Midlands Region and England and
- was always higher than the West Midlands region with in Dec 2023 4.1% of Sandwell residents aged 50-64 claiming relevant benefits compared to 3.1% in the West Midlands region and 2.6% in England
- in December 2023 2,515 Sandwell residents aged between 50-64 claimed relevant benefits

Aged 65 and above Claimant Count in Sandwell between January 2020 and December 2023:-

- Pre and post pandemic Sandwell shows fairly similar trends to the West Midlands Region and England and
- Sandwell has always had a higher aged 65 and above Claimant Count than West Midlands region with 0.39% of Sandwell residents aged 50-64 claiming relevant benefits compared to 0.23% in the West Midlands region and 0.2% in England in Dec 2023
- in December 2023 195 Sandwell residents aged between 65 and above claimed relevant benefits

Sandwell has lower rates of people in Employment and higher rates of Unemployment and Economic Inactivity at both aged 50-64 and aged 65 and above than the West Midlands region and England suggested older Sandwell residents are finding it harder to work (if they want to) in the years before state retirement age (presently 67) and after.

Sandwell has a higher Claimant Count than the West Midlands region and England suggested older Sandwell residents are finding it harder to work (if they want to) in years before state retirement age (presently 67).

### 3 Health and Wellbeing

#### 3.1 Falls

[Falls and fractures](#) are a common and serious health issue faced by older people in England and the single most common reason for older people losing independence, admission to a care home or hospital admission. People aged 65 and older have the highest risk of falling; around a third of people aged 65 and over, and around half of people aged 80 and over, fall at least once a year. Falling is a cause of distress, pain, injury, loss of confidence, loss of independence and mortality. **Reasons** for older people falling include muscle weakness, poor balance, effects of medication, sensory impairment, and environmental and home hazards. Physical activity, particularly strength, balance and flexibility are essential protective factors. However, physical activity tends to decrease with age, and older people in the poorest neighbourhoods are more likely to be physically inactive than people in the wealthiest.

In Sandwell the most recent data shows that there were 1000 people aged 65 and over who [experienced a fall](#) that led to an emergency hospital admission in 2020/21. The age standardised rate (per 100,000) for falls for people aged 65+ (2,129) and 85+ (5,342) in Sandwell are similar to the national rates for England and have been at a similar level as nationally since 2017/18, although prior to that the Sandwell rates were higher than the England rate.

Falls which lead to an emergency hospital admission are estimated to be less than one in ten falls for people aged 65+(7%). By 2040, with an ageing population, the number of falls for people aged 65+ in Sandwell is estimated to increase to almost 18,000 a year and almost 4,000 a year for people aged 85+.

#### 3.2 Dementia

An estimated 850,000 people are living with dementia in the UK and numbers are expected to double to 1.6 million by 2040. This progressive condition can have a devastating effect, not just on the person with dementia, but also on families, carers and wider society. There is no cure for dementia, and it is the leading cause of death in England. Dementia is usually associated with older people but there are more than 40,000 people in the UK under the age of 65 affected.

There is a total of 1,970 people aged 65+ recorded with dementia in Sandwell or 3.9% of people of that age which compares with a predicted prevalence of 3,640 using the method adopted by the POPPI Method suggesting a diagnosis rate of 54%. [Prevalence estimates](#) are predicted to increase by almost a third by 2040 to 4,740 (POPPI data)

The [recorded prevalence of dementia](#) in Sandwell, also estimated by OHID for the Fingertips Healthy Ageing Profiles, is similar to England (3.85% compared to 3.97%). The Healthy Ageing Profile from OHID show an estimated dementia diagnosis rate of 69.1% which is higher than the national rate (Eng 63.0%). Sandwell shows a high rate of emergency admissions to hospital with Dementia (4,104/100,000) and a trend since 2016 which although not increasing has always been higher than the national rate (England 3,517).

#### 3.3 Sensory impairment

Sensory impairment is significant health issue that can reduce independence in older age. While not limited to or expected in older age, it is common at this point in life. Most commonly, sensory impairment refers to sight or hearing loss, or deaf blindness (dual sensory impairment). Loss of hearing and/or sight can be debilitating, with a wide range of negative impacts on health and wellbeing, increasing the risk of depression, falls and hip fractures, loss of independence, withdrawal

from society and cognitive decline. Sensory impairment is also a barrier to accessing services and may be overlooked in health and social care.

[Current estimates](#) suggest that there are almost 1,500 people in Sandwell aged 65-74 with a moderate or severe visual impairment and a further 3,100 aged 75+. These numbers are projected to increase as the population ages to almost 2,000 aged 65-74 and almost 4,000 aged 75+ by 2040.

The [impacts of hearing loss](#) are broad and can be profound. They include a loss of the ability to communicate with others which can lead to social isolation, loneliness and frustration, particularly among older people with hearing loss. Hearing loss cannot always be prevented and is likely to get worse as we grow older. However, there is strong evidence that hearing technology, including hearing aids and cochlear implants, enables people with hearing loss to stay socially active, reduces the risk of depression, and may even reduce the risk of [dementia](#).

An estimated 4,100 people aged 65+ in Sandwell experience severe hearing loss, a figure which represents one in 12 (8.0% of the 65+ population) and set to increase to 5,300 by 2040.

### 3.4 Multi-morbidity

People in Sandwell are living a longer portion of their lives in poorer health. This is largely due to long-term conditions and the increasing numbers of people with multi-morbidity. [Research](#) suggests that by 2035 it is estimated that two-thirds of adults aged over 65 are expected to be living with multiple health conditions (multi-morbidity). Seventeen percent would be living with four or more diseases, double the number in 2015. One-third of this group would have a mental illness like depression or neurological condition like dementia.

This impact is likely to be larger in more deprived areas like Sandwell, where healthy life expectancy is lower, and women and men aged 50+ are more likely to have type 2 diabetes and/or respiratory illness.

### 3.5 Musculoskeletal Conditions

The likelihood of having a Musculoskeletal condition (MSK) increases with age. In the UK, just under one in three in people aged 35-44 have an MSK condition. This increases to almost [two in three for those aged 65 and over](#). As well as morbidity due to MSK conditions themselves, these problems often co-exist with others. Among people aged 45 and over living with a long-term condition, more than [three out of ten also have an MSK condition](#). And the co-morbidity is often with a mental health condition. [Primary care data in England](#) reveals there is a 40% increase in the odds of a self-reported mental health condition among people with an MSK condition. With the over 65 population in England and Wales set to rise from [11 million to 13 million in the next ten years](#), the burden of these issues are only going to increase, and will have a significant impact on health care and social care systems.

In Sandwell there are more adults with an [MSK Condition](#) (21.3%) than regionally or nationally (WM 20.5% Eng 18.4%). Sandwell also has a greater and increasing percentage of adults with an MSK condition who also report [depression or anxiety](#) (30.8%) compared with regional and national rates (WM 24.8% Eng 24.1%).

### 3.6 Health behaviours

Smoking and tobacco use, poor diet and alcohol misuse are three of the strongest risk factors driving poor health in older age. [In Sandwell](#) more than one in five adults (21.0%) aged 18+ smoke, much higher than in the West Midlands (13.4%) and nationally (12.7%) and rates in the more deprived areas are higher still.

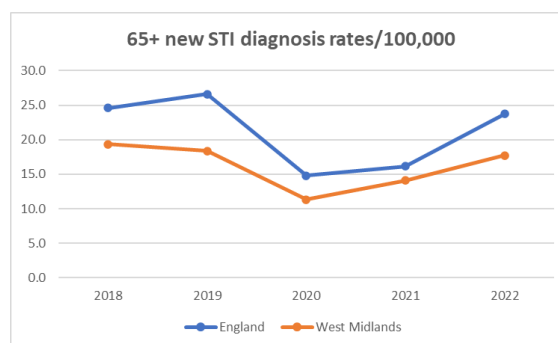
For almost twenty years premature deaths from [alcohol related liver disease](#) in Sandwell (32.1 per 100,000) have been significantly higher than the national rate (21.1). Research suggests that high risk drinkers aged 50+ tend to be male, younger, and identifying as LGBT+, and associated with living alone, not having a partner, being widowed, and having a chronic illness or disability. The impacts of alcohol resonate through the health system in Sandwell with more potential years of life lost due to alcohol than regionally or nationally.

Poor nutrition is a key risk factor and in Sandwell adults meeting guidance on eating fruit and vegetables (20.7%) is much lower than West Midlands (29.0%) or nationally (32.5%).

### 3.7 Sexual health

Before the COVID-19 pandemic, sexually transmitted infections were rising in older people. [Sexual health](#) is an important part of healthy ageing. Data show that 84.5% of men and 59.9% of women aged 60-69, and 31.1% of men and 14.2% of women aged 80+ are still sexually active. Before the COVID-19 pandemic, the rate of new sexually transmitted infections (STIs) in people aged 65+ was rising. However, rates for all age groups declined in 2020 when the pandemic hit. The rate for people aged 65+ is still much lower than rates for those in other age groups. National data for 2019 recorded 26.5 per 100,000 new STI diagnoses for the 65+ age group, compared to 2,311 in 15-19s, 4,224 in 20-24s, and 2,014 in 25-34s in 2019.

In Sandwell from 2012 the diagnosis rate for all STIs remained at around 750/100,000 for four years before falling for two years and then increasing to reach its highest level in 2019 of 792. During this time, the Sandwell rate was always lower than the rate for England. During 2020 the impact of the Pandemic saw both national (551) and Sandwell (571) rates fall before increasing for the next two years to 656 in Sandwell and 694 in England for 2022. The comparable figures for older people aged 65+ showed a very similar pattern for both the West Midlands and England (Sandwell data not available) falling during the pandemic and increasing for the next two years.



### 3.8 Mental health

It is estimated that more than one in eight (13.4%) people aged 65+ in Sandwell have a [common mental disorder](#), a rate which is higher than both the West Midlands (10.7%) and England (10.2%) and the highest of all Local Authorities in the West Midlands. Rates are likely to be higher in more deprived areas, where women and men aged 50+ are up to five times more likely to have depression.

Older adults may also experience severe and enduring mental illness, usually a longstanding condition that developed at a younger age. It is uncommon to develop new onset severe mental illness such as bipolar affective disorder or psychotic disorder in later life. Older adults with pre-existing bipolar disorder have different symptoms to those with late-onset disease. Schizophrenia developed after the age of 65 is more common among women and often presents with a different symptom profile to when developed at a younger age. While only a small percentage of older adults will experience these severe mental illnesses, as a result of the ageing population the absolute number of people with severe mental illness will increase and comprise a larger proportion of all people with these diagnoses in the future.

## 4 Health and Care

Adult Social Care covers a wide range of activities to help people live independently and, stay well and safe. It is for people who are older, or adults who are living with disability or physical or mental illness. Social care includes short-and long-term support which may take place in people’s own homes, day centres, care homes, or nursing homes. It also provides ‘reablement’ services, aids and adaptations for people’s homes, information and advice, and support for family carers.

### 4.1 Social care

The costs of care in West Midlands are the fifth highest for regions in the UK at an average of £573 per week these compare with the lowest in the North West (£511) and highest in London (£741) and the England average cost of care of £611.

In Sandwell, care home utilisation is significantly higher than regionally and nationally with 362 permanent admissions of people aged 65+ to Care Homes in 2021/22 a rate of 762 per 100,000 population aged 65+ (WM 580, Eng 539) and fourth highest in the region after Stoke-on-Trent, Coventry and Dudley.

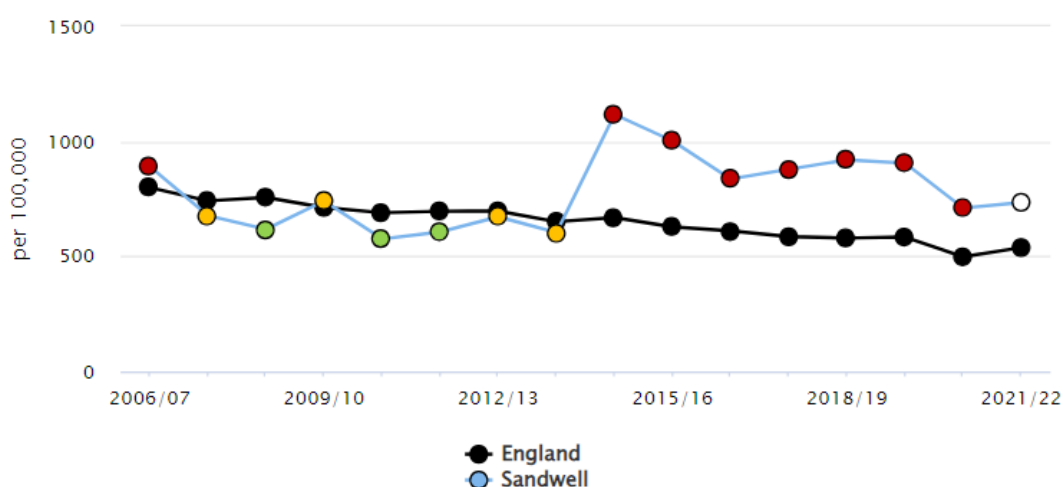
#### Permanent admissions of people aged 65+ to Care Homes in 2021/22 in West Midlands

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	56,346	539	534	543
West Midlands region	↓	6,450	580	566	594
Stoke-on-Trent	↑	390	878	793	970
Coventry	→	409	811	734	893
Dudley	→	518	789	723	860
Sandwell	↓	362	734	661	814
Wolverhampton	→	317	724	646	808
Solihull	→	276	605	536	681
Worcestershire	↓	804	585	545	627
Walsall	→	286	571	507	642
Staffordshire	→	1,104	569	536	603
Warwickshire	→	677	558	517	602
Herefordshire	→	226	466	408	531
Telford and Wrekin	→	142	447	377	527
Birmingham	↓	624	418	386	452
Shropshire	→	315	388	346	433

Source: Adult Social Care Outcomes Framework (ASCOF) based on ASC Short and Long Term support (SALT) data returns, NHS Digital

However, the trends for Sandwell shows that although the rate of admissions has been significantly higher than nationally since 2014/15 the gap has closed.

#### Sandwell permanent admissions of people aged 65+ to Care Homes in 2006/07 to 2021/22



### 4.2 Prevention and early intervention

Prevention and early interventions are essential tools to enable healthy ageing and prevent high health and care expenditure. Many older people are eligible for these\*. This includes **screening** for abdominal aortic aneurysm (AAA), breast cancer, cervical cancer, and bowel cancer.

In Sandwell screening rates for older people are significantly lower than nationally. The screening rate for Abdominal Aortic Aneurism is 65.7% and falling (Eng 70.3%). Take up of screening for Breast, Cervical and Bowel cancers is lower than expected, although Bowel Cancer screening has been increasing since 2017, matching national trends. Vaccination coverage rates for Flu, PPV and Shingles are also low with the rate for flu (67.9%) more than ten points lower than the national rate (Eng 79.9%).

Abdominal Aortic Aneurysm Screening Coverage <span>New data</span>	2021/22	–	1,151	65.7%	75.6%*	70.3%*	10.5%		90.2%
Population vaccination coverage: Flu (aged 65 and over)	2022/23	↑	31,258	67.9%	78.9%*	79.9%	59.6%		86.8%
Population vaccination coverage: PPV	2020/21	↓	33,158	63.4%	69.5%	70.6%	49.9%		78.7%
Population vaccination coverage: Shingles vaccination coverage (71 years)	2021/22	–	921	35.8%	41.9%	44.0%	22.3%		66.1%
Cancer screening coverage: breast cancer <span>New data</span>	2023	↓	21,596	62.0%	65.5%*	66.2%*	34.3%		78.9%
Cancer screening coverage: cervical cancer (aged 50 to 64 years old) <span>New data</span>	2023	↓	21,323	69.9%	73.9%*	74.4%*	55.1%		79.0%
Cancer screening coverage: bowel cancer <span>New data</span>	2023	↑	29,843	63.1%	70.4%*	72.0%*	53.3%		79.5%

\***Screening:** Abdominal aortic aneurysm (men aged 65-74); Breast cancer (women aged 53-70); Cervical cancer (women aged 50-64); Bowel cancer (all aged 60-74); **Vaccines:** Flu and PPV (all aged 65+); Shingles (all aged 71).

### 4.3 Dental care

Maintaining **good oral health** can become more difficult in old age -long term conditions such as arthritis and Parkinson’s disease can reduce dexterity for mouthcare, and dementia can make people resistant to care. Many medicines cause a dry mouth, increasing the risk of tooth decay and oral infections. Older adults with poor oral health are also more susceptible to pneumonia; those with diabetes are a greater risk of gum disease and oral infections can affect control of blood glucose; and there are associations between coronary heart disease, stroke, peripheral vascular disease and oral health. Poor oral health can also make it difficult to speak, smile and eat, and pain can affect behaviour, making people more reluctant to socialise and more at risk of malnutrition and dehydration. Although function and absence of pain are key, maintaining appearance, dignity and self-respect are also important to older people.

The impacts of poor oral health disproportionately affect the most vulnerable and socially disadvantaged individuals and groups in society. These [differences in oral health](#) across population groups do not occur by chance, nor are they inevitable. Oral diseases are largely preventable and therefore are avoidable. Reducing these oral health inequalities is a matter of social justice and ethical imperative.

The World Health Organization’s Commission on [Social Determinants of Health](#) articulated an emphatic call for action on addressing health inequalities and nationally, public bodies across the health sector have legal duties and responsibilities to address inequalities that are set out principally through 2 pieces of legislation:

- the Equality Act 2010 sets out the public sector Equality Duty
- the Health and Social Care Act 2012 sets out the Health Inequalities Duty

### 4.4 End of Life and Palliative care



About 1% of the population in the UK die each year (over half a million), with an average of 20 deaths per GP per year. A quarter of all deaths are due to cancer, a third from organ failure, a third from frailty or dementia, and only one twelfth of patients have a sudden death. The considerable benefits of identifying patients in need of palliative care include providing the best health and social care to both patients and families and avoiding crises, by prioritising them and anticipating need. Identifying patients in need of palliative care, assessing their needs and preferences and proactively planning their care, are the key steps in the provision of high-quality care at the end of life in general practice. It is estimated that 90% of people who died in the UK between 2017 and 2021 would have benefitted from [palliative care](#).

The total number of annual deaths in Sandwell is around 3,000; this figure increased to almost 3,600 in 2020 as a consequence of the Pandemic and then decreased to around 2,400 in 2021 and back to a little over 3,000 in 2022. National research then suggests that each year 2,700 people in Sandwell each year would benefit from Palliative care. The three main causes of death are Ischaemic Heart Disease, Dementia and Alzheimer's Disease and Chronic Respiratory Diseases apart from in 2020 and 2021 where deaths involving COVID were most common. From 2013 more than half of all deaths were in hospital although the proportion has been decreasing from 57% in 2013 to 47% in 2022. Over the same period deaths at home have increased gradually from 25% in 2013 to 28% in 2020 and then increasing more rapidly to 33% in 2022.

#### 4.5 Barriers to accessing services

The evidence suggests that older people who are LGBT+, from an ethnic minority background (including Gypsy, Roma and Travellers), and/or those with a physical or learning disability face **barriers to accessing health and social care** services.

These generally centre around a **lack of understanding of their needs**, leading to discrimination and a lack of culturally appropriate care. This highlights the need for effective **training of the health and care workforce** to ensure that all older people feel comfortable accessing services.

Older people living with **frailty** also face barriers to accessing health and care. Sometimes this may come down to the simple fact that an individual does not see themselves as frail. They therefore find it **hard to engage** with health or social care professionals who treat them as such. This links back to **social attitudes** surrounding ageing.

Health and social care changed during COVID-19, creating many opportunities to improve care. However, evidence reviews show that the sudden and dramatic increase in the use of **tele-and video-consultations** has alienated some older people, particularly those without family and friends to help get them online. GPs have also recognised the challenges of **conducting effective consultations remotely**, with concerns that remote consultations increase the risk of misdiagnosis, delayed care, missing early signs of disease deterioration, and the inability to monitor and update medications. Some older people had no problems **accessing** health, social/council, pharmacy, voluntary or dental services during the pandemic. Mental health staff felt that patients in rural areas could be accessed more easily.

However, some older people **avoided booking appointments** with their GP during the pandemic, for fear of being called into the surgery and catching COVID-19. As a result, there have been **fewer referrals** to many specialist services during lockdowns, including for cancer and mental health. In addition, older people are most likely to have had medical appointments and planned **procedures** delayed or cancelled. Many **clinical trials** have been interrupted, removing vital treatment for older patients with cancer and other life-threatening conditions.