

Ageing Well in Solihull



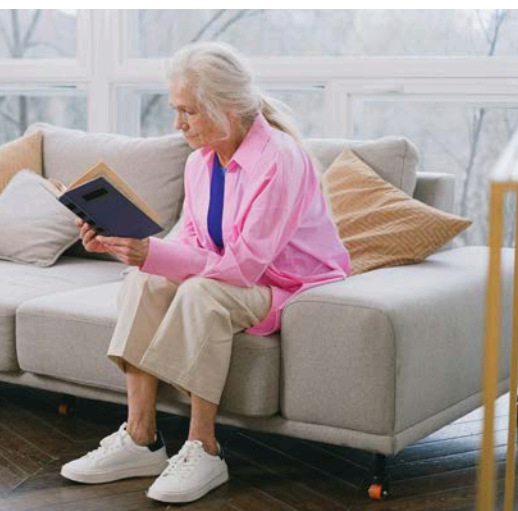
The Director of Public Health

Annual Report 2024-2025

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TABLE OF CONTENTS

1. Foreward	03
2. The Context	05
3. Age Friendly Places	08
4. Productivity and Skills in Older Age.....	18
5. Preventing and Addressing the Major Causes of Ill-Health in Older Age	25
6. Conclusions and High Level Recommendations	37
7. References	38



1. Foreward

Like the rest of the country, Solihull has an aging population. This is a particular issue for the borough. Of 309 local authorities in England, only 41 have a greater proportion of their population over the age of 65. [1] More than 45,000 people in Solihull are over the age of 65: this is expected to grow by around a quarter by 2040, a far greater rate of growth than any other age group.

The topic is also a priority locally, nationally, and internationally. Locally, Ageing Well and improving healthy life expectancy (the number of years people live in good health) are priorities in Solihull's Health and Wellbeing Strategy and Birmingham and Solihull ICS 10-year plan. As a council, we are also committed through our Living Well in Solihull plan to prioritise prevention, where there is strong evidence base to do so. Nationally, the Chief Medical Officer's annual report in 2024 focussed on the topic of Health in an Ageing Society. Internationally, the 2020s are the UN Decade of Healthy Ageing, a status that recognises the need for concerted effort globally to respond to these changes.

There is already a major focus nationally and locally how the NHS and social care will need to continue to change rapidly to adapt to the needs of an ageing population, and it is hugely important that we develop new ways of working in response to our ageing population. The Birmingham and Solihull Community Collaborative will be key to implementing these plans across the NHS and with social care.

This report, however, focusses on what we can do to allow more people in Solihull to reap the benefits of a healthy, productive, and satisfying older age. People are often working longer, bringing significant experience and skills into the workplace either on a paid or part-time basis or often by deploying skills and expertise in a voluntary capacity. Good, healthy ageing allows the opportunity to embrace the positive aspects of growing older; spending leisure time with friends and family, exploring interests, and caring for grandchildren and loved ones.

To enable these opportunities, it is crucial that we work to enable as many residents as possible to spend their older years in the best possible health. In Solihull 'healthy life expectancy' (the average number of years lived in good health) is 67 for men and 66 for women. [2] Given men live for 80 years on average and women for 84 years, this mean that currently many residents are spending a substantial proportion of their older years in poor health. This is not symmetrical across Solihull: in the most deprived areas residents have 18 years fewer healthy life expectancy compared to those in the least deprived areas. A greater focus on preventing ill-health earlier in life and on tackling health inequalities in our communities is critical to addressing this.

For some, the ageing process will be accompanied by changes to their health, mobility, or cognition that society could be better adapted to allow for. These adaptations will allow older people from across society to maximise their independence, their quality-of-life, and the contributions they can make to our society. Many of these adaptations are simple and common-sense, but some require wholesale shifts in our ways of thinking and working.

This report focusses on both of these important topics, in three main sections.

Firstly, the report sets out the context of the demographics of the older population in Solihull, the health of older people in Solihull, and the health inequalities in the borough.

Secondly the report looks at the potential to make Solihull an even better place to grow old, adapting our society to meet the needs of older people. The potential for older residents in Solihull to maximise their capacity for leisure, voluntary, and employment opportunities is dependent on our society being suitably adapted and this is a key theme of this report. I consider this in two major areas: Solihull places (including the environment, housing, transport, and the hospitality/retail sector) and employment and skills.

Thirdly, the report looks at the major causes of ill-health in older age and what services are currently available to address these. We also know that many of these conditions can be prevented and that choices made in middle-age can improve a person's chance of ageing healthily. This report highlights the importance of a renewed focus on prevention and supporting residents to make positive choices in their working years to enable them to age healthily.

I hope that this report amplifies the strengths and contributions of older people to our society and can stimulate a discussion about how to maximise the potential for Solihull's older people to remain healthy and independent, and to make the most of their older years.

I look forward to hearing peoples' views on this important topic.



Ruth Tennant
Director of Public Health, Education and Inclusion.

2. THE CONTEXT

The nature of Solihull's changing population.

Average life expectancy in the UK has increased drastically compared to a century ago, but this increase has stalled more recently. Life expectancy for Solihull residents aged 65 years and over remains higher than the England average. Women aged 65 years old can expect to live for 21.5 further years, with men expecting to live for 18.7 further years on average in Solihull. This compares to 20.9 years for women and 18.4 years for men in England. [3]

However, there remains a stark gap in life expectancy at aged 65 years for both men and women in Solihull, with residents of the least deprived parts of the borough living almost 10 years longer than residents of the most deprived areas. [2] This is largely due to the burden of preventable disease in the most deprived areas, such as respiratory and cardiovascular conditions, particularly in the 40-79 year old males. The contribution of different disease types to the life expectancy between the most and least deprived areas of Solihull in 2020-2021 can be seen in Figure 1. [4]

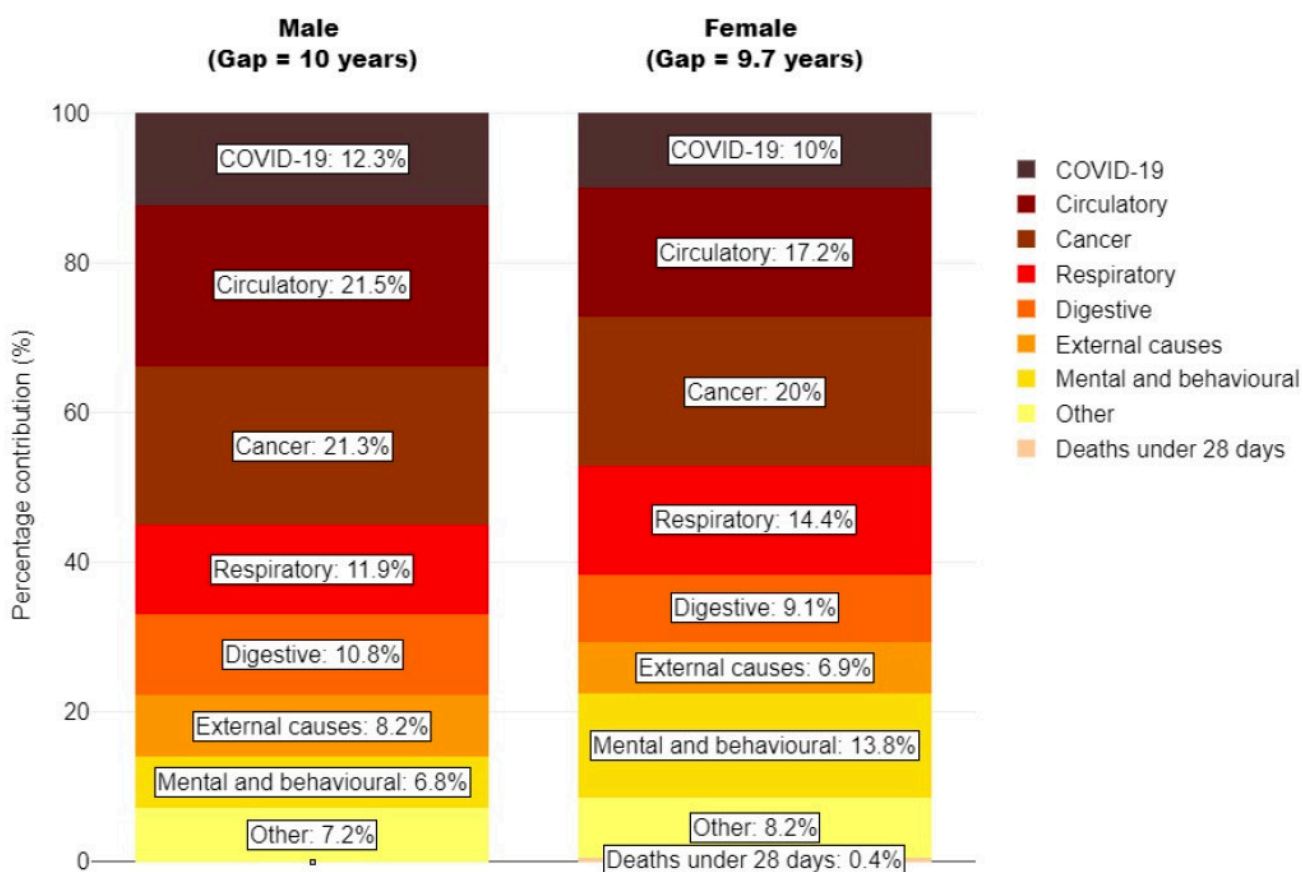


Figure 1. Breakdown of the causes of the life expectancy gap between the most and least deprived quintiles of Solihull by cause of death, 2020 to 2021 [4]

The proportion of older adults living in Solihull has also increased. This population is largely indigenous, and this is despite more people aged 65 years and over moving out of Solihull to areas like Stratford-Upon-Avon than moving in. [5] Between 2011 and 2017 the greatest net outflow from Solihull has been amongst those aged 65 to 69 years, followed by those aged 85 years and over.

According to the 2021 Census, Solihull has a higher proportion of residents aged 65 years and over when compared to England overall. [5] There are 45,600 Solihull residents aged 65 years and over (21% of the population vs 18% England), including 6,700 people aged 85 years and over (3.1% vs 2.4% England). Adults aged 65 years and over were the fastest growing subset in Solihull from 2011 to 2021 (+15%, +6,000 individuals). This trend is projected to continue, with an expected increase of 11,100 people (+22%) between 2021 and 2040. Those aged 85+ years will increase by 3,700 (+43%) and those aged 75-84 years by 4,800 (+30%). [6]

Solihull has a larger population aged over 65 than the England average, and it is the fastest growing population cohort. This growth has been particularly marked in the south of the Borough (see Figure 2 below).

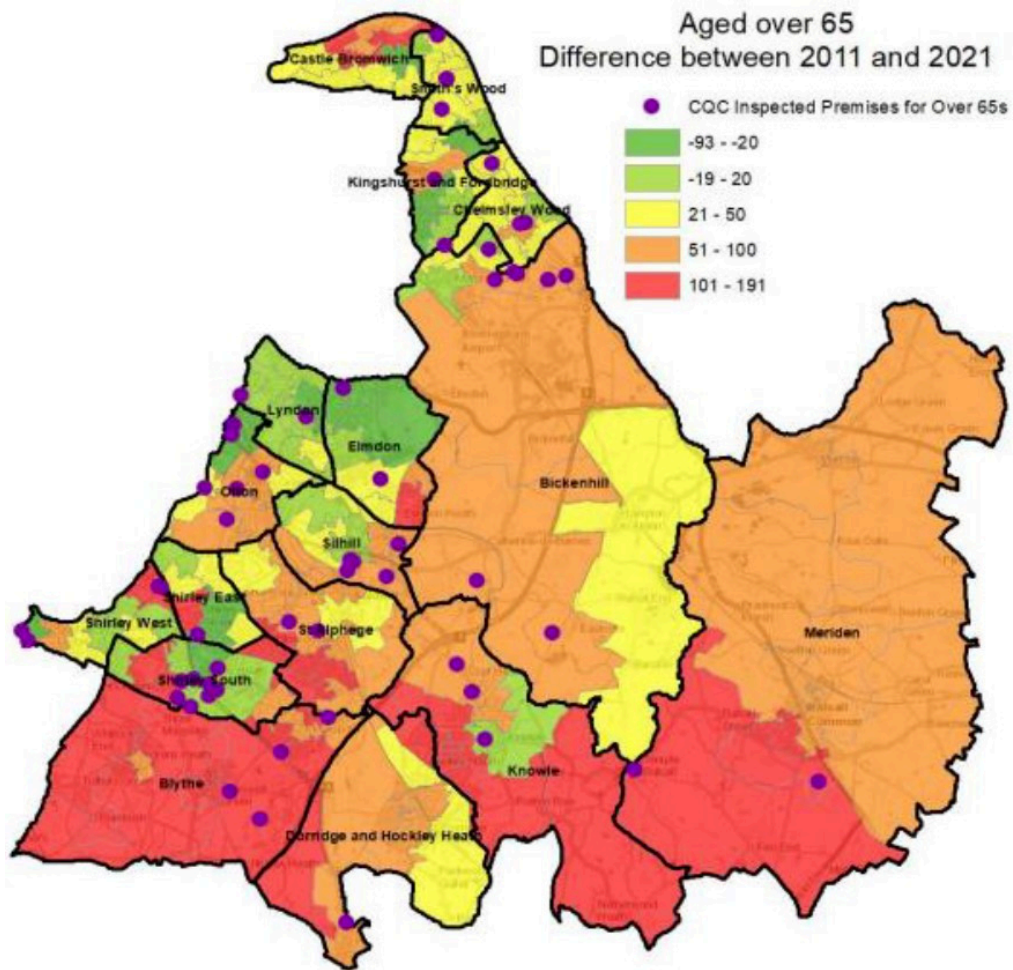


Figure 2 Areas with greatest increase in the over 65 population between 2011 and 2021.

The health of Solihull's older population

A key goal in healthy ageing is to increase the number of years of peoples' lives spent in good health, along with increasing life expectancy. This ensures that as much of a person's life is spent in a position to maximise independence and quality-of-life. Across the country, people are living longer but spending a similar proportion of their lives in poor health. [7] This means a greater number of years spent in poor health, as shown in Figure 3.

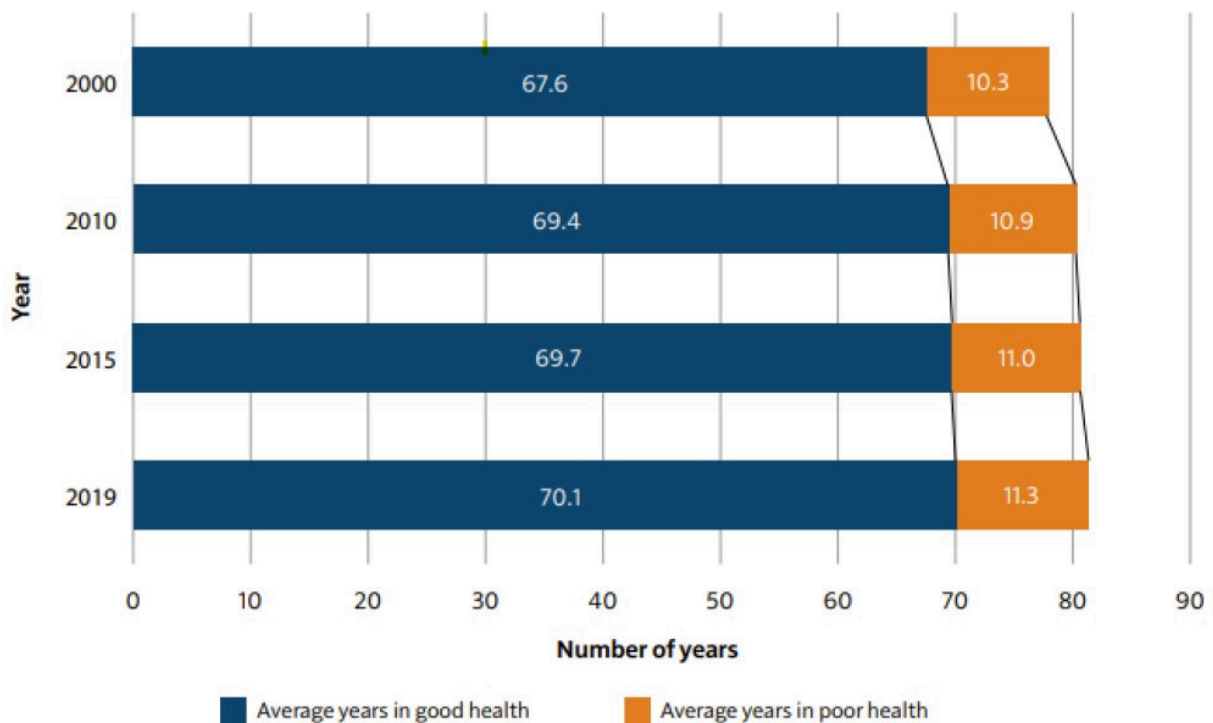


Figure 3. Estimated number of years spent in good health and poorer health in the UK, 2000 to 2019 [7]

In Solihull, at 65 years a women can expect to live a further 9 years free from disability; this is less than the England average of 9.9 years. Men in Solihull have the same disability-free life expectancy at 65 years as the England average, of a further 9.8 years. This means that even though the Solihull population is living longer, a lot of their later years are being spent with some degree of disability. This is even more apparent in deprived populations, with those born in the most deprived areas expected to have 18 years fewer healthy life expectancy than their counterparts born in the least deprived areas. [2]

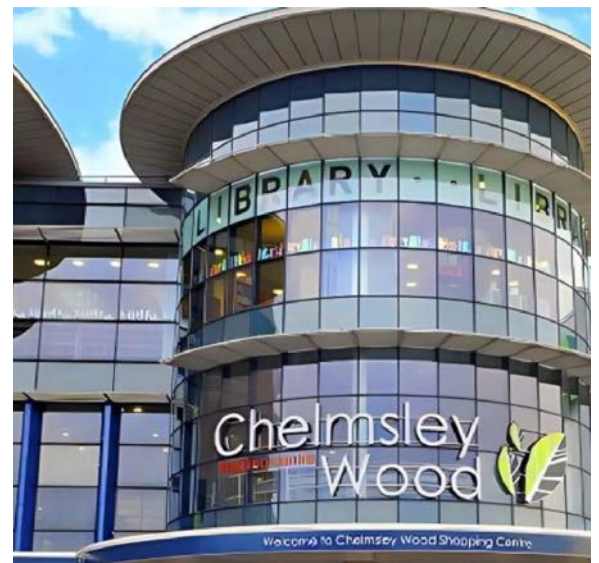
A useful insight into this inequality in life expectancy between our communities is to look at preventable deaths. These are deaths that could have been prevented through concerted prevention or public health efforts, for example all deaths caused by smoking are considered preventable. The north of Solihull has a higher rate of preventable deaths in the under 75-year population and deaths from conditions that are often preventable such as coronary heart disease, myocardial infarction (heart attack), respiratory disease, and lung cancer remain significantly higher in the more deprived areas in the north and some parts of east Solihull. [8] Concerted effort to address risk factors such as smoking, air pollution, and overweight/obesity is necessary to prevent these deaths and therefore to reduce inequalities in life expectancy and healthy life expectancy between our communities.

3. AGE FRIENDLY PLACES

Our Ambition

Where we live has a huge impact on our health and wellbeing. We know that appropriate housing, clean and safe neighbourhoods with good transport links, accessible amenities like shops, schools and healthcare services, and public spaces all contribute to the health of our communities. We also know that this relationship between the place we live and our health is amplified for older people.

Our ambition is to ensure that places in Solihull are oriented to the needs of older people, such that opportunities for older people are not limited by inaccessible transport services, inaccessible retail or hospitality spaces, inaccessible public spaces, or poor-quality housing.



Health and Housing

What do we know?

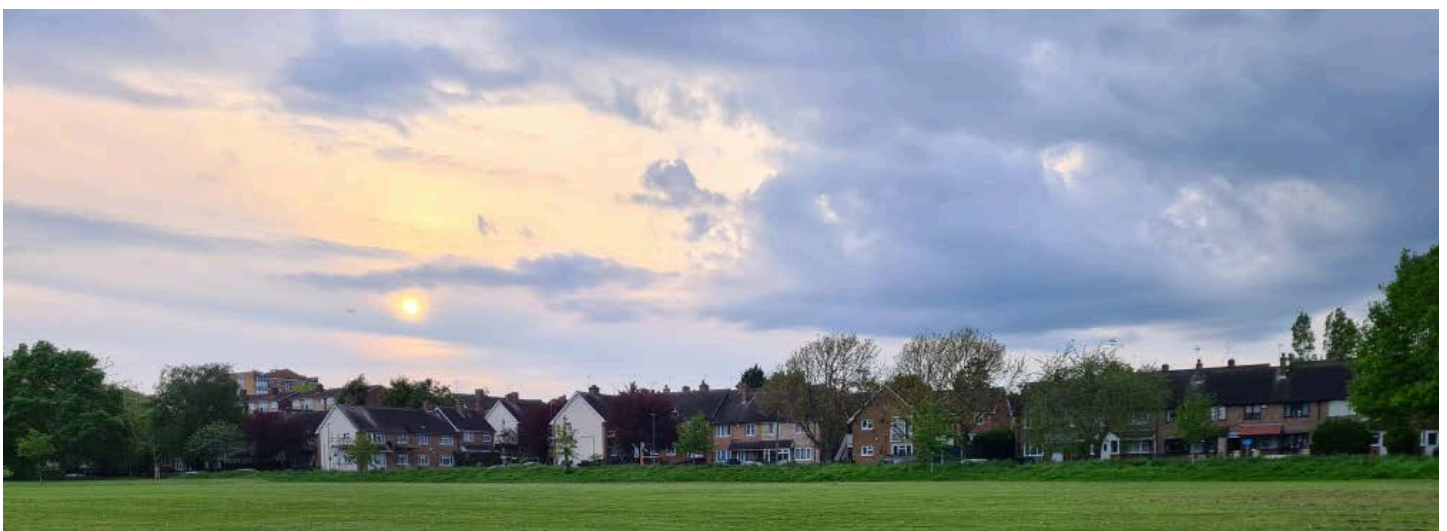
Solihull's location and connectivity, as well as the quality of its residential environments, make it an attractive place to live for older people. There are also opportunities to improve the quality of housing and the built environment in areas across Solihull, including the continued regeneration schemes across the North of the borough.

In Solihull, it is predicted that 27% of residents aged 65 years and over live alone, with over half living in a property with three or more bedrooms, considerably more than the England average of 43%. [9] The number of older people living alone in Solihull is expected to increase. As the ageing population increases, their housing needs must be met. It is predicted that there will be a 35% increase in the number of people aged 65 and over with dementia and a 31% increase in those aged 65 and above with mobility problems. [6] Many older people will not have specific housing needs, but for some specific health or mobility issues (for example dementia), housing must be appropriate for their individual needs, allowing them to maintain independence and reducing demand on health and social care services. Reflecting the diversity of needs of older people, the nature of the housing required will vary, from supported housing, community-led co-housing, retirement living, sheltered housing, extra care housing, residential care, and nursing homes. People will have different preferences, and it is important that older people understand their options and have the opportunity to plan for their future.

Certain older people may be particularly affected by housing issues, for example:

- Older people are more likely to suffer from chronic lung conditions such as COPD. Cold, damp, or poorly insulated homes can worsen these lung conditions and can increase the risk of chest infections. This is particularly relevant given the current high cost of energy bills.
- Some houses may present trip and fall hazards and may become inaccessible for older people with mobility issues, making it more difficult for them to remain independent.
- A lack of suitable housing options can mean that older people remain in hospital for longer, because there are a limited range of suitable places for them to be discharged to.
- Neighbourhoods with a poor sense of community can foster social isolation. This is particularly relevant given that the number of older people living alone is projected to increase.

People living in deprived areas are more likely to be affected by these issues and have less opportunity and access to appropriate housing.



What are we doing?

Solihull Community Housing provides several services to ensure older people are living in safe housing and maintaining their independence. [10] These include:

- A Handyperson Service which supports older, frailer, and disabled residents. They can fit a key safe to the front of the property to allow access for family, friends and carers, which allows the older person to continue to live in their home and can help facilitate hospital discharge. The Handyperson Service can also help with tasks that may be difficult for an older person to tackle at an affordable price, such as putting up curtain rails and shelves, changing lightbulbs and assembling flat-pack furniture.
- A Wellbeing Service which supports people to live independently by providing Safe and Sound community alarms and home visiting, and safety checks for home hazards, trips and falls and fire safety. They also provide assistive technology which can alert services if an older person falls or requires assistance. In December 2021, many of those engaging with the wellbeing service were aged 65 years and over.
- A purpose-built development of 51 flats at affordable rent in Saxon Court for older, disabled and frailer residents aged 55 years and above. It is a supported living environment offering a variety of social activities and leisure facilities.

The Here2Help initiative also provides details of financial help and information to ensure older people can remain safe and warm in their own homes.

What's next?

The Solihull Housing Strategy 2023-2032 outlines the approach that SMBC will take to ensure that older people have access to appropriate housing. [11] This includes:

- Providing a wider range of housing options to ensure all older adults have suitable and secure accommodation that supports their well-being and independence.
- Prevention and early intervention, through initiatives like home equipment and adaptations, ensuring that older people can live independently for as long as possible without involving additional care services.
- Encouraging older people to plan for the long-term and make positive housing choices that will allow them to remain independent for longer. This may involve “rightsizing” into a smaller accommodation or moving to specialist accommodation like retirement living or sheltered living housing, or residential and nursing homes. Most older people wish to continue to live in their own neighbourhood, and all efforts should be made to ensure this.
- Supporting the Government-funded Affordable Warmth programme, which provides home insulation options, grants and funding for older people and other vulnerable groups to ensure efficient energy use and reduce the financial burden of heating homes.

Transportation

What do we know?

Despite good transport links in Solihull, many older people live in rural areas which are poorly served by public transport. Being able to drive therefore provides opportunities for social connectivity, leisure activities, and employment/volunteering. However, reliance on car transportation has consequences for the environment, air quality, traffic build-up, and safety. In Great Britain, between 2004 and 2022, there was a 5% rise in killed or seriously injured casualties from a collision involving at least one older car driver. [12]

What are we doing?

All buses operating in Solihull are accessible for people with mobility issues. There are no steps onto our buses, and the buses can lower further or provide a ramp to allow easy entry and exit. Bus drivers are encouraged to be mindful of older and frailer travellers and wait until the person is seated before moving off.

Residents of Solihull can apply for an older person's travel pass once they reach the female State Pension age. This allows free bus and tram travel during off peak times as well as some train travel.

Local communities have also developed innovative solutions. In response to poor local public transport links and concerns around social isolation, Balsall Parish Council, in collaboration with a local charity (VASA), put in place a locally-run subsidised transport scheme provided by local, fully DBS checked volunteers for residents in Balsall Common, Meriden and Berkswell who need help getting to a medical appointment or wellbeing event.



What's next?

Our aim is to provide safe, reliable, and accessible transport to all older people across Solihull (in urban and rural areas), so that they can continue to access key services and socialise with friends and family as well as contribute to their community. Ideally, this should be active transport, like cycling or walking, which is associated with better mental and physical wellbeing. Public transport (e.g. buses and trains) need to be affordable, reliable, and safe.

Solihull Connected is the transport strategy for Solihull and it acknowledges the challenges associated with Solihull's ageing population. [13] Key priorities of this strategy include:

- Providing transport services to healthcare facilities.
- Making sure public transport is convenient for older people.
- Encouraging active travel amongst older people.
- Planning for older drivers on our roads.
- Providing people in rural areas of the Borough sufficient access to public transport.

SMBC has submitted a proposal to develop a 15-minute neighbourhood in Chelmsley Wood, with the aim of working towards our net carbon zero plan. [14] The aim is to improve housing, transportation links and infrastructure to ensure essential amenities and services can be accessed within 15 minutes by walking or cycling. There are also potential health and wellbeing benefits for the local population, 16% of which comprise older people.

Retail and Hospitality

What do we know?

Solihull has a thriving retail and hospitality sector, from the major shopping centres of Touchwood, Resorts World, and Chelmsley Wood to local high streets and a wealth of chain and independent cafes, bars, and restaurants.

Making retail and hospitality businesses age-friendly is a win-win. Shopping and eating/drinking out provide a leisure and social activity for older people, helping to improve mental health and wellbeing, reduce social isolation, and provide access to fresh air. Equally, in a challenging landscape for the sector businesses can greatly benefit from the custom of older people: by 2040, it is estimated that 63p in every £1 spent by consumers in the UK will be by those over the age of 50. [15]

What's next?

The Centre for Better Ageing have developed an Age-friendly Business framework that provides a useful prompt to the range of areas in which retail and hospitality businesses can work to make their business more age-friendly. [16]

There are also a number of guides to simple and quick-to-implement ways to make businesses age-friendly. Some examples are given in the box below. Similarly, for hospitality premises specifically, the Welcome ALL toolkit for hospitality premises also makes simple suggestions for adapting premises to better suit the range of needs of older customers. These include providing large-font menus, paying attention to lighting and sound, and facilitating table service and cash payments. [17]

No and low-cost ways to make businesses age-friendly

1. Provide a warm welcome to all customers- a genuine smile and friendly hello can make someone's day!
2. Ensure entrance ways and aisles are free from clutter – removing obstacles and possible trip hazards makes for a much easier customer experience.
3. Include age-friendly images in your marketing and promotions – images can evoke an emotional response in people and make or break a message your business is trying to convey.
4. Listen to your older customers and ask them questions. Not all older people are the same, by engaging with older people from the local community you can learn a lot about their needs and preferences and be better placed to cater for them.
5. Offer up notice board or window space for local community groups and services to advertise – playing a role in the local community, no matter how small, can drive loyalty and improve business.

Taken from the Centre for Better Ageing: 'Being age-friendly makes perfect sense for businesses – and the customers they serve.' [49]



Public and Civic Spaces

What do we know?

The provision of accessible, good quality, green spaces, libraries, galleries, museums and community centres can make a positive impact on the wellbeing of communities and contribute to tackling social exclusion areas. This is especially the case for older adults. Such spaces not only play a large role in the wellbeing of residents but also build strong communities. As we get older, we may have more time to enjoy the environment that we live in, so having safe, clean, accessible and enjoyable public spaces is important to promote members of the community interacting and socialising with one another.

There is much to be proud of when it comes to public spaces in Solihull. We have 16 Green Flag Awards (an international quality mark for parks and green spaces) for our parks, cemeteries and green spaces. [18] Overall, there are 19 parks in Solihull, and 23 nature reserves which encompass woodland, river, grassland and lake habitats. The spaces are highly accessible, with multiple disabled parking bays and accessible routes around the parks, so people of all ages, ability and mobility can benefit.

Allotment gardening is very popular in Solihull and there are several allotments found all over the Borough that provide excellent opportunity for people to get involved in gardening, growing their own food and remaining active. Many allotments are found in west Solihull, with three parish council managed allotments found in the north of the borough.

What's next?

Poor physical and mental health, social isolation and confidence may be barriers to accessing public spaces. Group and supported activities that are offered throughout Solihull can help overcome these barriers for older people, so that they can remain involved and continue to experience what Solihull has to offer.



Community and Social Connections

What do we know?

A strong sense of community is important for wellbeing. Feeling connected to the environment you live in and the people around you reduces stress, isolation and loneliness, and provides support in times of difficulty.

As we get older, we are likely to have more time that can be spent engaging with our community. In later life, people have knowledge, skills and in some cases time which they bring back to their local area and connections. However, people may feel ignored within society, that their skills are not recognised and can suffer from ageism.

We regularly survey the Solihull population to understand their perspectives and these results help us to understand the sense of community in Solihull. For example, just over 6 in 10 people over the age of 65 in Solihull feel that their neighbours would definitely help them if they were ill (Figure 4). Only 1 in 10 feel that their neighbours definitely wouldn't help, and the remainder say it is a possibility. This is a positive result, but it demonstrates that there are a sizeable minority of older people in Solihull who do not feel that their neighbourhood would look out for them in a time of difficulty.

Proportion of Solihull residents who think their neighbours would 'definitely' help them if they were ill....

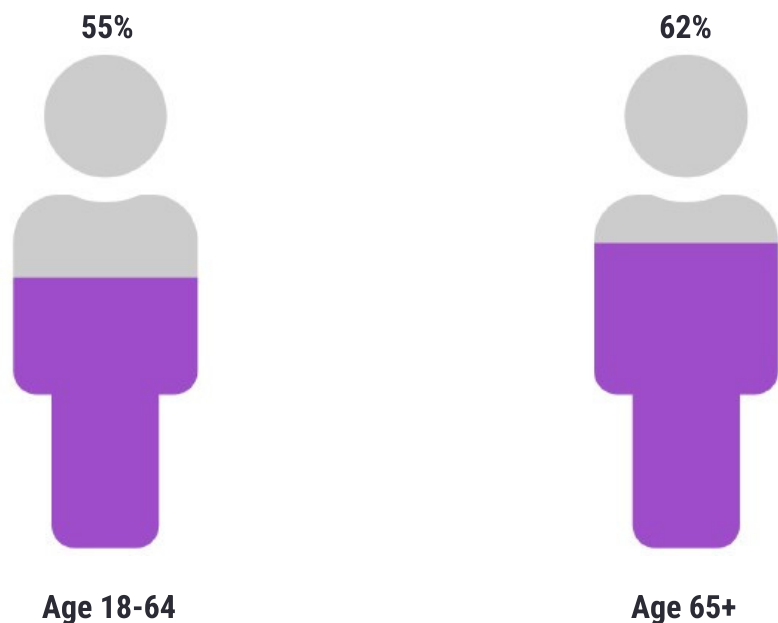


Figure 4. Source: Story of Solihull/SMBC Place Survey 2018 [9]

What are we doing?

Solihull provides many opportunities for older people to socialise with their peers, whether this is through Solihull on the Move physical activities and classes, Age UK Solihull social activities, or other locally organised events.

In 2018, an 11-week pilot programme in Solihull saw nursery children meet and engage in activities with older care home residents. At the end of the programme, the residents had lower rates of anxiety and depression and felt less isolated. They became more open to trying new activities at the care home. The children were more ready for school and had more confidence in trying new things and socialising. An Intergenerational working toolkit has been developed to allow other pairings to form in the future. [19]

Solihull residents have benefitted from initiatives such as Care UK's "Long Lost Hobbies", which saw care home residents share their favourite hobbies with their grandchildren, including gardening, flower arranging, knitting and woodworking. As well as keeping "traditional" hobbies thriving, it allowed older people to spend meaningful time with their loved ones. [20]

What's next?

There are multiple and far-reaching benefits to intergenerational socialising for young people, older adults and the local community. We can do more to establish and sustain intergenerational socialising, where children and young people spend time with older adults doing mutually beneficial activities.



Climate Change and Extreme Weather

What do we know?

Extremes of weather conditions are becoming increasingly common due to climate change. We have experienced very unpredictable summers and an increase in flooding and high winds and other extreme weather events and this is expected to continue. As we age, we are less able to regulate our own body temperature, and so we become less able to tolerate the effects of extreme cold or heat. In 2022, 2,803 people aged over 65 died due to the heat in England. [21]

As well as temperature extremes, some areas of Solihull may become more prone to flooding due to sudden and severe rainfalls. Several rivers run through Solihull, including the river Blythe and river Cole and there is a possibility that flooding will worsen with ongoing climate change.

Air pollution is another important consideration that is related to climate change. Poor air quality has a negative impact on health and can reduce life expectancy, especially in vulnerable older people with chronic health conditions. It is the largest environmental risk to public health in the UK. Air pollution is more likely to affect those living in poor quality housing, near busy roads or industrial areas. In Solihull, 6% of mortality is attributable to particulate air pollution, slightly higher than the 5.8% average in England. [2]

What's next?

The local flood risk strategy outlines how Solihull Council, the Environment Agency and Severn Trent Water have been working in partnership for several years with regards to local flood risk management. This will involve sustainable development and flood-proofing at risk houses. [22]

Solihull's Climate Change Prospectus highlights our goal to be greener and aim for a low carbon economy that is fair in its implementation. This involves working with several departments such as housing, development, transport, schools and community teams to ensure their strategies and policies implement "greener" and more sustainable ways of working. [23]

The Solihull Air Quality Strategy 2024-2028 aims to reduce air pollution in Solihull through leading by example within the council, as well as raising public awareness about air pollution. We will work with schools and businesses to promote initiatives that reduce air pollution and manage emissions from developments and buildings. As part of Solihull's transport strategy, we will also promote "cleaner" transport by making cycling and public transport attractive options. [24]



Warm homes

What do we know?

Staying warm in colder weather is especially important for more vulnerable older people. The winter mortality index looks at the ratio of the number of people that died during winter compared to the expected number of deaths. In Solihull, this is largely comparable to trends in England. In the 85+ year age group, Solihull performed better than England in 2022/23, with a 2.8% mortality index, compared to England's 11.3%. [2]

Despite being a relatively affluent borough, the proportion of households experiencing fuel poverty in Solihull is similar to England. [25] This is likely to result from two factors: areas of Solihull with high levels of deprivation, where fuel poverty prevents older people from warming (or cooling) their homes adequately and also 'asset rich, cash poor' homeowners over the age of 55 who are affected by inadequate energy efficiency, and high energy prices but may not be able to unlock wealth locked in their property.

What are we doing?

Winter Fuel Payments are designed to support older individuals in meeting the costs of heating their homes during the winter season. This is automatically distributed to individuals meeting specific eligibility criteria and receiving the State Pension or another social security benefit. In Solihull, the percentage of eligible individuals receiving Winter Fuel Payments (98.4%) surpasses England and compares favourably to our socioeconomic and regional neighbours. [25]

The Here2help initiative provides guidance on colder weather including how to keep warm, as well as financial advice and help for carers. [26]

Supported by Solihull Council, Age UK provides a local winter warmth helpline for older people. They provide advice and guidance on staying warm, source emergency heaters, provide boiler repairs and access to warm clothing. [27]

There are also several warm welcome hubs in churches and community centres around Solihull which provide a warm friendly environment for people to socialise in the winter with free hot refreshments also offered. These can be located using the finder tool at warmwelcome.uk.



4. PRODUCTIVITY AND SKILLS IN OLDER AGE

Our Ambition

Living longer has changed our society greatly. Where people used to work for most of their lives and then have a short retirement, increasingly people have many more years to spend in retirement, or blending paid work with other skilled roles, volunteering, caring, or leisure.

We need to adapt to this change, but equally there is no one-size-fits-all approach to productivity and skills in older age. We need to reflect the diversity of skill, ambition, and experience in our older population to create a Solihull where anyone, irrespective of their age, has the opportunity to contribute to society in line with their own goals.

This means creating opportunities for older people to develop skills (for example in technology and digital), adapting workplaces to better suit the needs of older people (for example those with chronic health conditions), ensuring that people are financially secure to enjoy their older age, and creating volunteering opportunities that are suitable for all.

Together, this should help foster a society where no person feels that they are unable to contribute to Solihull society because of barriers they face.



Digital Inclusion

What do we know?

Digital technology has become a cornerstone in everyday life and smartphones, apps and social media are ubiquitous. At its best, technology can help people feel more connected with their loved ones and the outside world, help them make new friends, and make them feel less isolated and alone. It makes accessing certain services like banking and shopping faster and easier, and for older people who may find it difficult to physically access these services, this can mean remaining independent for longer. Technology can also help people learn and develop new skills. Technical skills and familiarity with IT software is vital for many areas of employment, so can present a challenge for older adults who may not be less familiar with using them.

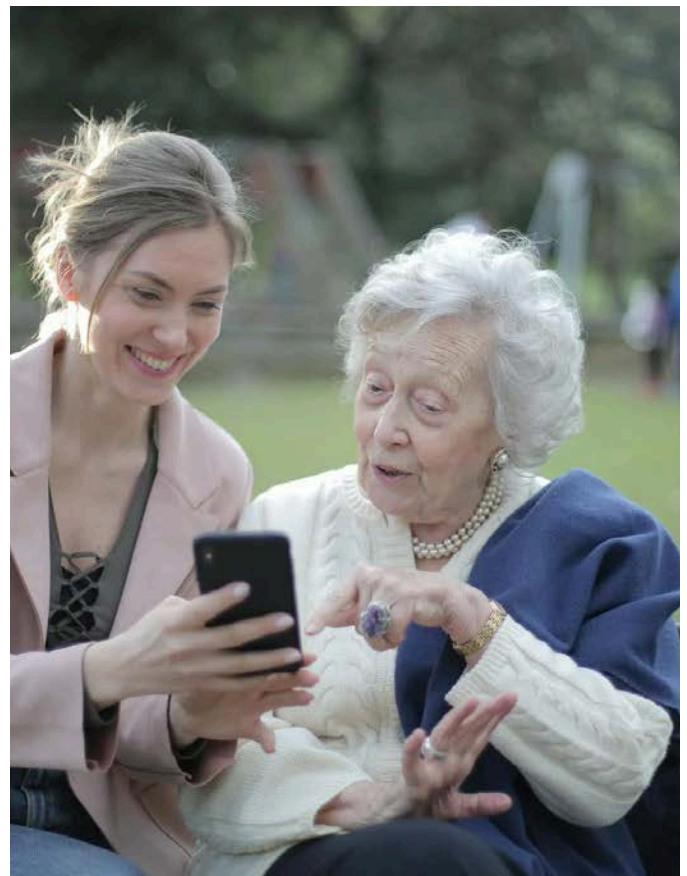
Digital technology is also expanding and developing at a very fast pace, which may be challenging for some older people to adapt to. In the UK, around one in six (18%) people aged 65 and over, and 29% of people aged 75 and over in 2021-22, have not used the internet for personal use or have no access to the internet. [28]

Some common issues include:

- 1. Access** - not everyone can connect to the internet and go online. Although Solihull has an excellent digital infrastructure with 97% of premises able to access Superfast broadband and good 4G mobile coverage, there are parts of Solihull that are less well served by communications services. 9% of rural areas unable to access a decent fixed broadband service. [28] In the current cost of living crisis, affordability of these services may also be an issue.
- 2. Skills** - digital technology evolves rapidly and this can make it difficult for people to understand and use; this is particularly the case if people do not have family members to guide them or other sources of help.
- 3. Confidence** - some people fear online crime, lack trust or don't know where to start online.
- 4. Motivation** - not everyone sees why using the internet could be relevant and helpful. Older people are more likely than young people to prefer in-person interaction rather than a digital service.

What are we doing?

An example of a project to support the development of digital skills is the Age UK Solihull Digital Champions project. This aims to help older people get online and feel more confident in doing so. They provide drop-in sessions, where volunteers help troubleshoot any issues older people have with their smartphones, tablets or laptops. They also provide one-to-one sessions at home for people who are unable to leave the house. They can provide support on how to read and send emails, how to use search engines, how to use banking apps, how to shop safely online and how to use social media to connect with others. Through this project, they have also loaned tablets for older people to use. [29]



Employment and Skills

What do we know?

The vast majority of over-65s in Solihull are retired (87%) according to the 2021 census. 9% of people over the age of 65 are in employment, 3% are not working due to sickness, disability, or caring responsibility, and a small number (<1%) are in education. [30]

However, the importance of the intersection between healthy ageing and employment starts before the age of 65. An increasing proportion of the workforce in the UK (around one in three) is aged over 50. Workers over 50 account for a disproportionately large proportion of people who are working with a long-standing health condition (43%) and of those who are out of work due to long-term illness or disability (53%), suggesting that the impact of ageing-associated conditions is important to consider in this age group. [31]

There are a number of inequalities relating to being unable to work due to ill-health amongst over 50s: [1]

- Women on average leave the workforce sooner than men. There are likely to be many contributors to this, but two important factors are:
 1. Caring responsibilities. Women aged 45-65 (15%) are seven times more likely than men (2%) to name caring for children/grandchildren as a reason to consider giving up work.
 2. The menopause. Women who have at least one problematic menopausal symptom at the age of 50 are 43% more likely to have left their jobs by the age of 55. [32]
- There are ethnic differences in the percentage of people in employment aged between 50 and 64. For both men and women, people from non-White backgrounds are less likely to be in employment, but the difference is far greater for women.
- People on lower incomes are more likely to leave paid work due to health issues, whereas those on higher income are more likely to leave paid work due to choice.

The benefits of creating a society where people are able to work productively, without being limited by their health, for as long as they choose to are twofold. The local economy benefits from increasing employment amongst those in the last decade or so of their working life. Equally as importantly, the benefits of good-quality work in improving health and wellbeing for individuals is well-documented.⁴² The relationship between healthy ageing and work is reciprocal: good-quality work has a positive impact on health and mental wellbeing, but the development of long-term conditions through the ageing process can limit participation in the workplace.

The psychological effects of unemployment are also particularly pronounced in older age groups. It had once been assumed that the psychological impact of unemployment would be harshest for those of middle-age, who are more likely to have the pressing financial concerns of a young family and a mortgage. However, the evidence instead shows that the reverse is true. The effects of unemployment on mental health are most severe for the youngest and oldest age groups, not for those of middle-age. [33]

This might partly be explained by the financial impacts of unemployment in older age. Typically, older workers have to wait a longer time than younger workers before being re-employed elsewhere, and when they do this work tends to be of lower quality and lower pay. Indeed, many of those who become unemployed over the age of 50 never become re-employed [34] and re-employment within three months after redundancy is three times less likely for workers over 50 compared to under 50s. [1]

But research also suggests that unemployment does not worsen mental health only because it causes financial difficulties, but also because good-quality employment provides the benefits of: [35]

- A time structure and activity to fill a person's day.
- Broadening of a person's social circle outside of their immediate friends and family.
- A sense of purpose, meaning, and being useful to others.
- A feeling of being valued and appreciated by others.

Of course, these benefits are not only found from paid employment, but also from volunteering, caring responsibilities, and social activities.

In 2017 Age UK published a paper titled 'The Economic Contribution of Older People in the UK'. It identified that older adults contribute positively economically at a society level through employment, informal caring including childcare, and volunteering. People aged 50 or over in the UK contributed £796 bn (approx. 45% of Gross Value Added) of which people aged 65 or over contributed with £160 bn. The employment contribution amounted to £570 bn (£ 54 bn from those over 65 years); informal caring activities added another £175 bn (£ 95 bn), informal childcare was worth £7.7 bn (only estimated for those aged 65 or over) and volunteering represented another £43.4 bn (£ 2.7 bn).

What are we doing?

Locally, 69 Solihull residents aged 65 years and over received help from the Employment and Skills team between 2018-2023. The average age of initial engagement with the service was 64 years old, with the oldest person being 77 years old. Many resided in the north or east of the Borough. They were provided with support depending on their needs which included CV writing support, job searches and interview preparation. By the end of 2023, 22 people had found employment (32%), 7 went into some form of further training, and 6 were in education. Regardless of employment outcome, 9 people gained new skills or qualifications. In 2024, 16 people above the age of 63 years have engaged with the service, with four achieving employment or going into education so far. With the projected increase of older people continuing to work, it is important that there is good quality work and learning for them to have access to and engage with.

What's next?

It is clear that there is much opportunity to improve the number of people over 50 in high-quality employment (and to reduce inequalities in this) and to ensure that people in this group are supported to maximise their potential in the workplace. Possible interventions that might help with this include:

- Working with employers (including SMBC itself) to help workers in their 50s and 60s to flourish, for example by signing the [Centre for Better Ageing Age-Friendly Employer Pledge](#).
- Promoting the benefits of access to good-quality occupational health support. Survey data shows that a sizeable minority (38%) of older workers with a health condition received no support and that workers over the age of 45 are less likely to receive occupational health support than those aged over 45. [31]
- Working to reduce stigma and ageism in our communities and workplaces, so workers feel confident disclosing health conditions and accessing support.
- Improving access to out-of-work employment support services for older people. National statistics suggest that older people are less likely to have access to these services, often do not report a positive experience (for example, due to perceived ageism), and are less likely to successfully find work as a result. [31]
- Targeted support for those on a waiting list for NHS treatment: 67% of those employed and waiting for NHS treatment feel that waiting for the treatment is 'strongly impacting' their lives. [36]

Case study: Age Friendly Leeds [50]

Leeds City Council established the bold ambition of making Leeds the best city to grow old in, where older people are valued, respected and appreciated, and seen as assets to their communities.

Work on improving access to good-quality employment amongst over-50s is part of their Age Friendly Leeds strategy. The strategy plan encompasses work to promote and improve healthy ageing across the system and across domains including housing, public and civil spaces, travel and road safety, public health, community cohesion, and importantly employment.

Their work on employment includes:

- Developing an Age Friendly employer approach, using the Centre for Ageing Better framework.
- Working on a national Good Recruitment of Older Workers (GROW) project, piloting new approaches to counter age discrimination in retirement.
- Working with the voluntary sector to help increase uptake of unclaimed Pension Credit.



Financial Wellbeing

What do we know?

Financial security is a mainstay for ensuring wellbeing. Being able to comfortably afford essentials like food, clothing, and fuel, and having income to buy healthy foods, take part in physical activity, and socialise have a great positive impact on a person's physical and mental health.

Income Deprivation Affecting Older People (IDAOP) varies significantly in Solihull, as displayed in table 2, with Chelmsley Wood scoring at the lowest end, and St Alphege the highest at 93. [37] The trend in IDAOP is also reflected in the percentage of older people claiming pension credit.

Wards	Average IDAOP Percentile Rank (1=most deprived, 100=least deprived)
Chelmsley Wood	21
Smith's Wood	25
Kingshurst & Fordbridge	26
Lyndon	47
Shirley West	53
Bickenhill	58
Elmdon	59
Shirley South	65
Shirley East	65
Olton	68
Castle Bromwich	68
Meriden	72
Silhill	74
Blythe	85
Knowle	88
Dorridge & Hockley Health	88
St Alphege	93

Table 1. Income Deprivation Affecting Older People (IDAOP) in Solihull 2019 [37]

In England, 11% of people at State pension age are claiming pension credit. In Solihull, there is a large geographical discrepancy on the proportion of eligible people claiming pension credit, with 23% in the most deprived areas receiving pension credit, and just 3% in the least deprived. [38] Pension credit can also help older people access housing benefit, council tax deductions, dental costs and heating costs. Some may be unaware that they are eligible for this benefit.

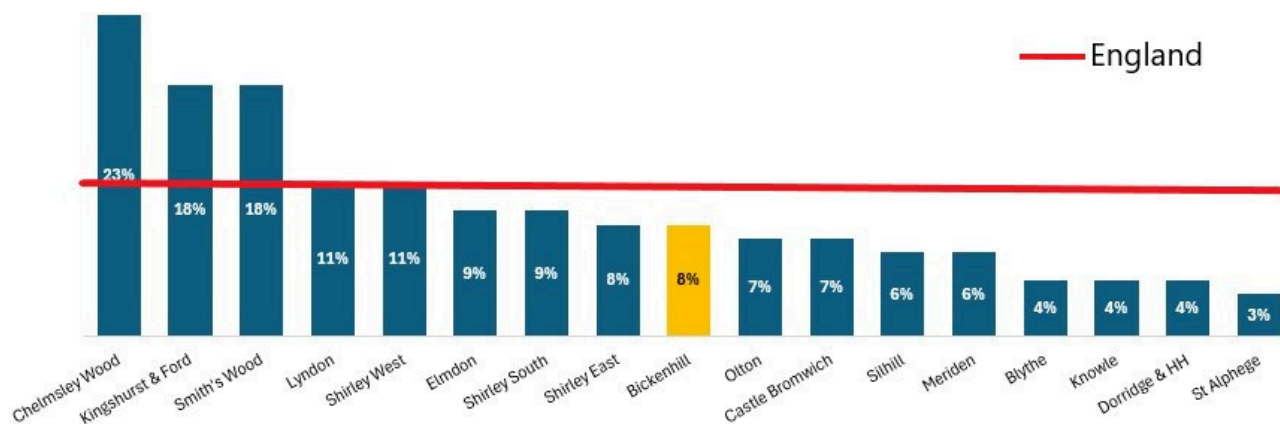


Figure 5: Pension Credit Rate in Solihull February 2023 [38]

What are we doing?

Financial advisors, through Age UK Solihull, and Here2help can provide financial support and advise older people on any benefits they are eligible for and assist with any financial concerns.

The department for Work and Pensions (DWP) has provided funds to councils to support low-income families with energy and food costs, known as the household support fund. In Solihull, there are different schemes to help those in need. This includes:

- The discretionary crisis fund which provides essential household items for people in urgent need
- Advice and support with energy bills through our partners Act on Energy. They can also provide fuel vouchers and fuel debt relief.
- Age UK Solihull providing cost of living grants for residents of state pension age, as well as supporting with keeping warm with provision of blankets, warm clothing, emergency portable heaters and fuel debt relief. [27]
- Referrals to the Solihull Food Bank to provide food for those who do not have immediate access.

Warm welcome hubs around Solihull provide a free source of warmth and refreshments as well as an opportunity to socialise for older people.

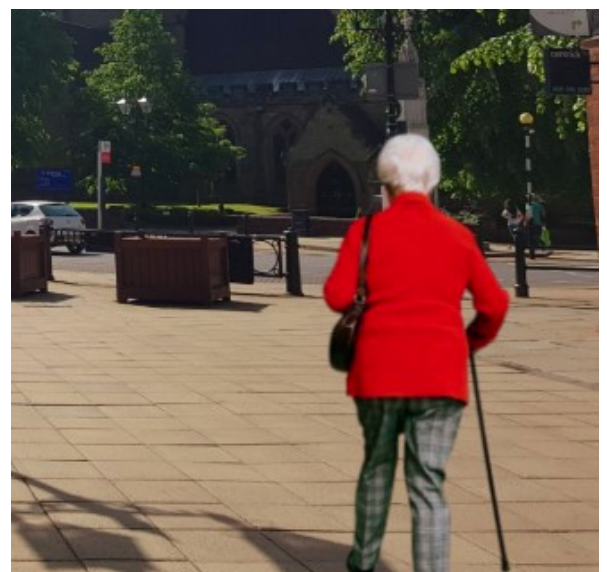
5. PREVENTING AND ADDRESSING THE MAJOR CAUSES OF ILL-HEALTH IN OLD AGE

Our Ambition

As we get older, we are more likely to develop a chronic health problem. This can include heart disease, diabetes, high blood pressure, cancer, or dementia. It is also more likely that we will have more than one chronic health condition the older we get. Our ambition is for older people in Solihull to live as much of their lives in good health as possible and to allow older people with long-term health conditions to continue to live a full and joyful life.

Our prevention strategy “Living Well in Solihull” emphasises that healthy ageing revolves around prevention and early intervention and promoting positive well-being. We aim to provide the opportunities, resources, and information to allow people to remain active, healthy and independent for as long as possible. When the time comes for long term support, this is to be provided in a timely, proportionate and responsive manner, with good quality care that enables people to continue to live their lives as they wish.

Through Solihull’s Health and Wellbeing Strategy, local partners are committed to reduce the health gap in Solihull, by focusing on steps to improve the health of working aged adults which in turn will have positive impact on health in later life. Central to this is our work to tackle the major risk factors for ill health (for example smoking) and encourage people of all ages to make positive choices for their health.



Physical Activity

What do we know?

Being and remaining active provides an important foundation for healthy ageing. Physical activity is good for health and well-being and can improve social connections. Physical activity can prevent falls and joint pains, by strengthening core muscles and improving stability and posture. As well as becoming physically stronger, remaining active reduces the risks of cognitive decline and mental health issues in later life. Being physically active has been shown to reduce stress, improve sleep and maintain a healthy weight. Physical activity can also reduce the risk of certain diseases such as type 2 diabetes, cardiovascular disease, and some cancers. Remaining active means an older person can stay independent for longer. [39]

Physical activity should be in a form that is enjoyable and accessible for the individual. This can take many forms, for example gardening and housework contribute to staying physically active. We also know the importance of developing good habits: building even small amounts of physical activity into a person's daily routine can be hugely beneficial to their health.

In Solihull, only 42.5% of those aged 65+ were physically active in 2023/24. [40] National data suggests a substantial increase in levels of physical inactivity in older age (Figure 6). [41] We also know that there are inequalities in physical activity levels: in the general Solihull population, adults with a disability or long-term illness, or those from a deprived area, are less likely to be physically active. [40]

% of people report physical inactivity (<30 minutes activity per week)

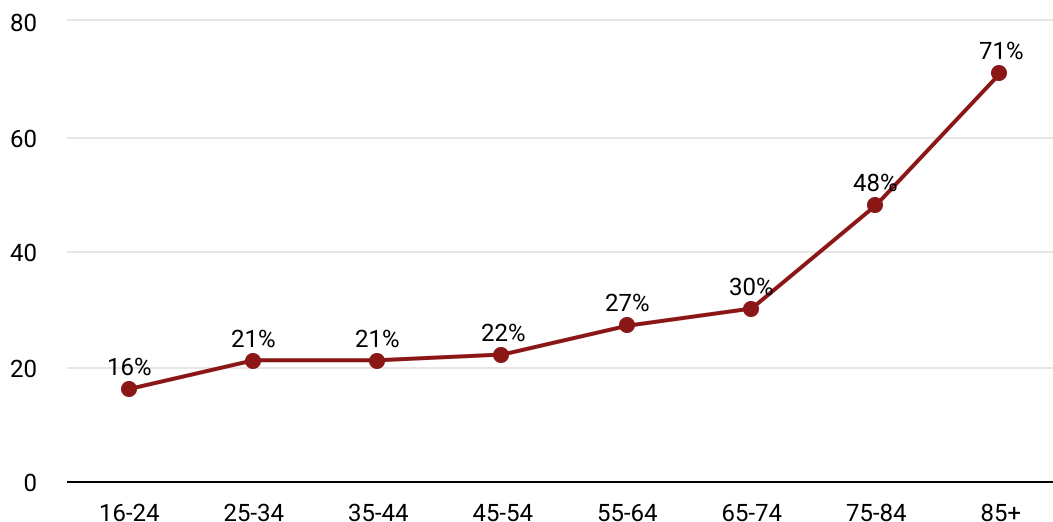


Figure 6: Proportion of people reporting physical inactivity (<30 minutes physical activity per week) according to age. Source: Sport England Active Lives Adult Survey [41]

There are several reasons why this might be:

- Chronic health issues that may limit mobility or increase fatigue.
- Time constraints due to work or care responsibilities.
- Unaffordability of certain forms of physical activity.
- Assumptions about what physical activity older people should take part in.

People living in more deprived areas are more likely to encounter these barriers, compared to people in less deprived neighbourhoods. People from ethnically diverse backgrounds may have specific barriers to engaging with physical activity due to cultural barriers around modesty and language barriers, as well as cultural views of physical activity especially in older age.

What are we doing?



The “Solihull on the move” initiative offers several opportunities for older adults in Solihull to become more active and 16,319 older people accessed their services in 2023. [40]

Step into Solihull is a gentle activity programme which incorporates a walking programme and activity sessions suitable for older adults. These sessions offer a range of options such as fitness and dance classes, tai chi, walking sports, and yoga.

The Solihull Striders and Strollers provide scheduled health walks with volunteer walk leaders. These walks suit a range of abilities and provide older people with the opportunity to walk around Solihull with other members of their community.

The NHS recommends incorporating strength training, especially as we age. The Strong and Steady initiative provides people 50 years and over with a free resistance band and exercise book to allow them to complete strength exercises from the comfort of their own home. There are also several community exercise sessions available, covering a range of abilities, from gentle, land-based movements to aquatic sessions and more intensive dance classes.

PING! Solihull table tennis has provided indoor and outdoor table tennis tables in various parks in Solihull for an enjoyable way to get moving.

For people who have a long-term health condition or if they are at risk of developing one, their GP can refer them to DocSpot, a 12-week physical activity programme which aims to reduce the impact of a long-term health condition on their physical and mental wellbeing.

Smoking

What do we know?

Smoking is linked to multiple life limiting health conditions such as respiratory diseases, heart disease and cancer. It remains the single biggest preventable cause of morbidity and mortality worldwide. Quitting smoking at any stage of life can reduce our risk of developing serious health conditions and reduce the amount of time spent in ill health later in our lives. [42] Quitting smoking also has great financial benefits.

In Solihull, 10.6% of people aged 18 years and over continue to smoke in 2023, which is lower than the England average of 13.6%. [2] Residents living in more deprived areas of Solihull are more likely to start smoking earlier, smoke more heavily, and be less likely to quit than those living in less deprived areas. This increases the burden of preventable disease in these areas and contributes to reduced healthy life expectancy and quality of life.

It can be difficult to quit smoking, especially without support. Older people may face particular challenges, for example more stubborn addiction given a longer smoking history, or difficulty accessing remote services.

What are we doing?

Smokefree Solihull provides a 12-week tailored smoking cessation programme, with free nicotine replacement therapy provided during that time. The Swap to Stop programme provides a four-week vape kit for free as well as behavioural support sessions if needed.

Local data shows that, during 2023/24, 252 people aged 60 years and over accessed smoking cessation services in Solihull and set a date to quit. Of these, 43% self-reported that they had quit smoking, which was the highest proportion compared to other age groups. A little more than a quarter had not managed to quit smoking within the year, and around 30% were lost to follow up.

What's next?

Quitting smoking at any age confers large and enduring benefits to a person's health. We must continue to prioritise and promote smoking cessation for all age groups; anything we can do to help people quit smoking at any age will help to ensure that people can age healthily and live longer.

In 24/25 we will be working closely with community champions to focus on wards with higher levels of deprivation and health inequalities, to build relationships with residents and target groups that don't typically engage with healthcare services. Priority groups include ethnically diverse communities that may experience barriers to accessing support, mental health groups acknowledging that those with mental health conditions are more likely to smoke, pregnant smokers to prioritise the health of both mother and baby, and entrenched smokers, including older smokers, that require a greater level of support to successfully quit smoking.

Alcohol

What do we know?

For many, consumption of alcohol in moderation is a social and pleasurable thing to do. However, drinking alcohol regularly or at higher than recommended levels (more than 14 units in a week) has been linked to multiple health problems such as liver disease and cancer. It can also have a profoundly negative impact on our mental, social and financial wellbeing. Increased alcohol consumption is linked to poorer health in later life, by increasing the risk of falls, accidents and injuries, as well as contributing to mental health and memory problems. [43] By intervening to tackle unhealthy alcohol consumption across all age groups, we can help to prevent ill-health in later life.

Over a 10-year period from 2011-2021, adults aged 65 years and over made up 22% of alcohol related hospital admissions in Solihull (over 65s make up 26% of the adult population in Solihull [44]). Despite most admissions being from the South of the Borough, alcohol-related death rates were higher in the North and in more deprived areas of Solihull. [45] There is also a divide between men and women, with men being more likely to have damaging levels of alcohol consumption than women. Hospital admissions among men in Solihull are three times more common than those among women. [25]

In 2023/24, out of the total adults entering structured treatment, 18.9% were 55 years and older in Solihull. For adults aged 55 years and older, 36.2% were in treatment for alcohol.

Harmful drinking may not be as readily recognised in the older population. This can mean those at risk of alcohol dependence are identified late and are not signposted to appropriate services in a timely fashion.

What are we doing?

People may decide to quit or cut down their alcohol intake independently, or following advice from their GP or other professionals. For others, there is also a specialist service available. In Solihull, Solihull Integrated Addiction Services (SIAS) provides support for alcohol dependence, alongside other substance misuse. Individuals can self-refer or be referred by their GP for information and advice, 1-to-1 sessions and medical assisted detoxification.

With an increasing number of people living in supporting accommodation, working with care providers has provided new routes to address this issue. In 24/25, 64 staff members (Extra Care) Solihull Retirement Workforce were trained and upskilled to have holistic conversations about health and well-being, engaging with 120 residents. Working in collaboration with Adult Social Care, SIAS delivered direct Substance Misuse awareness training to the Adult Social care teams to upskill the workforce, particularly those supporting clients leaving hospital, including work with the Discharge Team and Alcohol Care Teams. Partnership working was strengthened through the arrangement of joint appointments with clients to help broach the subject of alcohol consumption. SIAS also provided additional online Substance Misuse training across the Solihull Safeguarding Week 20-24th November, to support ASC workforce with 90 staff members attending.



Sexual Health

What do we know?

Sexual health remains an important aspect for most people's wellbeing as they get older, despite the often-incorrect assumption that interest in sex declines with age.

In England, there was a 20% increase in the number of over 65-year-olds being diagnosed with sexually transmitted diseases between 2017 and 2019. [46] Locally, the diagnosis of new STIs in the older population remains low, with just 5 cases recorded last year. However, these figures may underestimate the true number of STI diagnoses amongst older people in Solihull because local data suggests that many STI cases are undiagnosed.

There are a number of potential barriers to older people engaging with sexual health services:

- Safe sex campaigns remain targeted at younger people, which may wrongly perpetuate the belief that older people do not need to be concerned about sexually transmitted infections (STIs).
- With the reduced risk of pregnancy, postmenopausal women may not appreciate the continued benefit of condoms to protect against STIs.
- Older people may be less likely to access health services due to embarrassment or stigma, especially in certain ethnic backgrounds or sexual identities.
- Older people may be more likely to attribute the symptoms of common STIs to other causes (such as urinary tract infection), causing them to delay seeking help.
- Older people may also be less likely to engage in sexual health screening due to lack of awareness.

What are we doing?

In Solihull, Umbrella Sexual Health services provide free services for all ages, including STI screening and management, contraception, and HIV support. They post STI screening kits if needed and provide both drop-in and booked appointments.



What's next?

As highlighted in the Sexual and Reproductive Health Strategy 2023-2030, older adults are a priority group. To improve the sexual health of older people, healthcare professionals need to be trained in having appropriate conversations regarding sexual health with their older patients. Equally, more needs to be done to engage and educate the older population on sexual health and wellbeing as well as how to access services. [47]

Reducing the risk of falls

What do we know?

A fall can have a catastrophic effect on an older person's life. Falls can lead to fractures, prolonged hospital stays and physical deconditioning, which in turn can severely impact mobility. Reduced mobility, as well as a fear of further falls, can cause people to lose confidence in their own ability, making them more dependent on others. Ultimately, falls can lead to a drastically reduced quality of life. The risk of falls and its subsequent injuries can be reduced by managing factors such as bone health, postural stability and strength, eyesight and hearing, to name a few. [48]

The causes of falls are complex and not always preventable. However, there are many modifiable risk factors that can be identified and managed to try and mitigate their impact. This can include:

- Performing regular medication reviews to reduce side effects of medications that can cause falls.
- Wearing properly fitted footwear.
- Removing trip hazards in the home, like rugs or low-lying tables.
- Screening for sensory impairment and providing appropriate aids.
- Improving muscle strength and balance through physical activity and strength exercises.

There has been significant improvement overall in the number of emergency admissions due to falls in people aged over 65 years in Solihull, although it remains higher than the England average. There has been a 20% reduction in admission rates in 2022/2023 compared to 2016/2017 in Solihull, compared to a 9% reduction in England for the same period. Most of this reduction is in the population aged 80 years and over. The rate of hip fractures in Solihull remains comparable to the England average, with no significant improvement compared to previous years. Women continue to have more hip fractures than men. [2]

What are we doing?

Age UK Solihull provides the Postural Stability Instruction (PSI) Service to people aged 65 years and over, who have had a fall in the last 6 months, to help them improve balance, muscle strength, and confidence. The exercise programme lasts for 20 weeks and includes weekly group classes as well as an individualised home exercise programme.

Age UK also provides a "Dance to Health" programme, which incorporates well-evidenced falls-prevention programmes (FaME and Otago) with dance. This dance programme has been proven to reduce falls by 58% and significantly reduces the risk of a hospital admission after having a fall.

People can be referred to the Solihull Community Falls Team by their GP. The team then assesses any modifiable risk factors that the individual may have and puts a plan in place to reduce these. This may include referring to other specialist services or providing equipment for the home to help reduce risk of falls and keep the person as independent and as safe as possible.

What's next?

The BSOL ICS Falls Strategy for 2024-2027 is currently under review. The main priorities of the strategy are as follows:

- Prevention and early identification of people at risk of falls: This includes preventative physical activity for those at risk and increasing public awareness of what risks are associated with falls to help people help themselves.
- Evidence-based and good practice falls prevention interventions and services: People who have fallen should have timely referral to services such as physiotherapy, medication review and patient education, and feel empowered to access the services available to them.
- Action to address risk in hospital and the community: All health providers should have access to and use a multi-factorial risk assessment for falls to help minimise the risk of repeat falls and re-admissions.
- Data collection: This will allow accurate evaluation of current services and inform future changes to service provision.
- Technology and innovation: Technology, such as fall alarms, should be implemented to alert local falls teams sooner and allow better and earlier care of the individual.
- Inclusive services: Falls prevention and management services should be accessible to all, regardless of their socio-economic background.

Dementia and Memory Loss

What do we know?

Cognition refers to our ability to perform mental processes such as thinking, learning, and remembering. It includes being able to make decisions, pay attention and understand language. Mental health concerns our psychological and emotional wellbeing. Cognitive health and mental health are interlinked throughout our lives, and this can become more pronounced as we age. Poor mental health can lead to worsening cognition, and poor cognitive health can increase our risk of mental health problems.²³ In older people, one may be mistaken for the other, meaning the right help and support is not provided.

It is normal for there to be changes to some cognitive functions as we get older. However, declining cognition in older life can also be caused by certain conditions, such as with dementia or following a stroke. Poor cognitive health leads to a reduced quality of life and more reliance on others for help. However, contrary to mainstream belief, most people will live with good cognitive health throughout their lives.

Dementia can be delayed or even prevented. Many of the risk factors for developing dementia are the same as those for heart disease, so physical activity, good nutrition, quitting smoking and moderating alcohol intake remain the hallmarks of reducing dementia risk. Social interaction has also been shown to reduce the risk of developing dementia.

Early diagnosis of dementia is important to allow the right care at the right time, and to allow people to be involved in their own long term care planning. Diagnosis can be delayed due to difficulty in accessing diagnostic services, lack of awareness of the symptoms of dementia, and the stigma and fear attached to a dementia diagnosis.

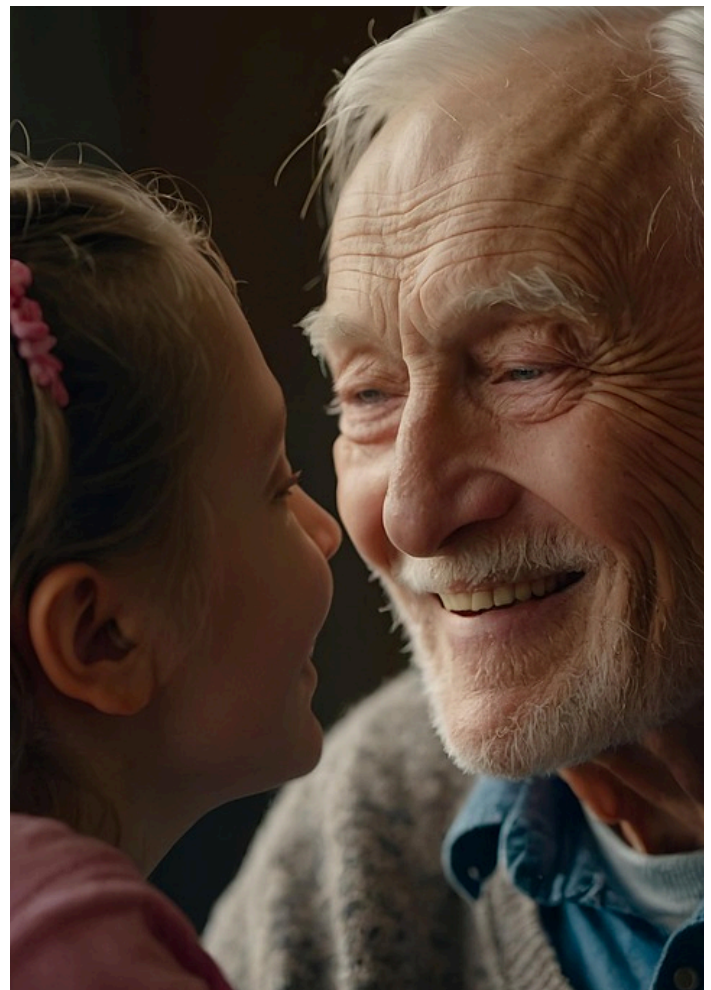
In Solihull, it is estimated that, in 2023, 3,647 people aged 65 years and over have dementia, representing 8% of the age group population. Dementia becomes more common with age, affecting 26% of those aged 85 years and over. The number of older people in Solihull with dementia is projected to increase in line with population growth. [49]

What's next?

The Birmingham and Solihull Dementia Strategy for 2022-2027 provides a plan for how health and social care services will work together across Birmingham and Solihull to improve the lives of people with dementia and those who care for them. [50] This includes prevention and early intervention, access to timely diagnosis, prevention of crises and providing support to the individual, their families and their communities, and improving the quality of personalised care and support planning for people with dementia.

This will be achieved through four main priorities:

1. Information which focuses on prevention of dementia, early intervention, and support.
2. Access to a timely diagnosis with support before and after.
3. Supporting people with dementia, their loved ones, carers, and communities to prevent crisis.
4. Improving the quality of personalised care and support planning for people with dementia, including planning for end of life.



Promoting Positive Mental Health and Wellbeing

What do we know?

Older people are just as likely to have mental health problems as younger people, but this is less likely to be recognised. Mental health problems present differently in the older population and may be confused with cognitive decline. Some, including the individual and healthcare professionals, may think these symptoms are a normal part of ageing but untreated mental health problems in older age can lead to a reduced quality of life and poorer physical health outcomes.

Accurate mental health data is difficult to find, because many people will not access services despite having mental health concerns. This can be due to a range of reasons such as stigma, a reluctance to be “labelled”, or due to cultural attitudes. For example, men are less likely to seek help for their mental health than women. This can make it difficult to accurately assess the needs of the population, and where the most help is needed, increasing health inequalities. It was estimated that, in 2023, around 1,300 people aged 65 years and over (2.9% of the age group) in Solihull have severe depression. The number of Solihull older people aged 65+ years with severe depression is projected to rise by 20% (+287 people) between 2023 and 2030. [49]

What are we currently doing?

Improving mental health and wellbeing is multifaceted. Physical activity is linked to better mental wellbeing, and Solihull on the move offers a range of exercise programmes for older adults to be more active and socialise with other members of the community.

Adult Social Care services in SMBC support and enable people to stay independent and well as possible for as long as possible, working closely with partners who include the NHS, voluntary organisations, care providers, community groups and local businesses. Adult Social Care services include information and advice, home care, direct payments, day opportunities, supported living, extra care and residential and nursing care homes.

What's next?

Many of the risk factors for poor mental health are the same in the older population as the general population. However, there are some specific mechanisms to promote better mental health that are particularly applicable to the older population where we could focus efforts in future. This includes:

1. Providing support for caring responsibilities.
2. Addressing physical health issues, which are in turn associated with poorer mental health.
3. Promoting community cohesion, social engagement, and avoiding social isolation.
4. Providing opportunities for leisure activities, volunteering, and employment, which give a sense of purpose and structure.

Preventing Infection in Older People

What do we know?

Despite massive progress worldwide in reducing the burden of infectious diseases, they remain a major cause of illness and death for older people. This is because our immune system weakens as we get older, making it harder to fight off disease. Diseases that are often mild in younger people - such as a chest infection or a urinary tract infection (UTI) - can lead to more serious complications in older adults such as hospitalisation, confusion, sepsis, and death. [51]

Outbreaks of infectious disease are more likely to occur in hospitals and care homes. We can all do our part to minimise an older person's exposure to infectious diseases such as flu or norovirus by following universal infection prevention measures.

The NHS England Vaccination programme recommends vaccinations for people over the age of 65 years to help protect them from influenza, COVID-19, shingles and pneumococcal disease. According to the World Health Organisation, flu vaccine coverage in the over 65-year age group should reach or exceed 75% to provide adequate population immunity. [52]

What are we doing?

Currently in Solihull, we are exceeding the 75% flu vaccine population coverage target, with 78% of 65+ year olds receiving the flu vaccine. 77% have also received the pneumococcal vaccine. This is higher than the England average of 70%. Shingles vaccines were provided to 51% of eligible residents.

What's next?

Despite good vaccine uptake in Solihull, there remain stark differences in the proportion of people receiving vaccines depending on where they live. There is marked variation according to GP practice, ranging from 60.5% to 85.9% for the flu vaccine and between 13% and 93.2% for the shingles vaccine.

Poor vaccine coverage can increase the risk of outbreaks of disease and make communities more susceptible to contracting the illness. It is therefore vital to provide public and professional awareness of the vaccination programme, encourage all eligible individuals to have their vaccinations, and work with health services to increase availability of suitable, accessible appointments including effective joint working with care providers.



Early Identification

What do we know?

Evidence-based early identification and screening programmes help to identify disease or long-term health conditions early, in some cases improving outcomes or preventing progression to more severe disease. This contributes to helping people to live longer and spend more years of their lives in good health.

Nationally, there are a number of programmes in place to support the prevention and early identification of disease. Some of these are formal screening programmes which conform to high standards of medical evidence with highly effective and predictable tests in place to identify potential signs of preventable disease and medical evidence of that interventions are effective and minimise the risk of doing harm. Others enable earlier identification of issues to allow clinical conversations to take place around medical or other measures to reduce harm.

There are a number of national programmes that residents of Solihull are invited to participate in. These include:

- The NHS Health Check programme, which aims to help prevent heart disease, stroke, diabetes and kidney disease by screening and identifying risk factors, raising awareness and supporting people in reducing their risk profile. Everyone aged 45-74 years who does not have a previously diagnosed health condition is invited once every 5 years for an assessment.
- Abdominal Aortic Aneurysm (AAA) screening, which is offered to men when they turn 65.
- Cervical screening, which is offered to women (and people with a cervix) aged 25 to 64, every 3 years for 25-49 year olds and every 5 years for 50-64 year olds.
- Breast cancer screening, which is offered to women aged 50 to 70 (and for over-70s by self-referral).
- Bowel cancer screening, which is offered to people aged between 50 and 74 every 2 years (and for over-75s by self-referral).



Colorectal

Coverage is **66.7%** compared to 66.2% in England as a whole.



Cervical

Coverage is **76.2%** compared to 74.4% in England as a whole [50-64 year olds].



Breast

Coverage is **66.7%** compared to 66.2% in England as a whole.



NHS Health Check

Coverage is **35.5%** compared to 28.1% in England as a whole

Figure 7: coverage (i.e. the proportion of the eligible population taking part in national programmes during the interval period) in Solihull. Source: OHID Fingertips [2]

However, there are important inequalities in screening uptake. Those living in deprived areas, certain ethnic backgrounds, and men aged 40-60 years old have a much lower rate of attendance for screening. This means they are more likely to receive a diagnosis in later stages of the condition, which can potentially limit good treatment options and cause poorer health than someone who has the condition diagnosed at an earlier stage. They may not engage because they are unaware of screening services, they may be unable to travel to clinics to access the service, or they may have significant work or care responsibilities. It is important to raise awareness in these communities about the rationale and benefit of screening services to ensure they can make an informed choice about attending screening services.



What can we do better?

There is work to be done to ensure that take up of these programmes remains high and importantly to reduce inequalities relating to screening uptake, working with communities to understand and address barriers.

An example of work to improve uptake is a recent programme of work to reduce inequalities in the NHS Health Check programme between the North and South of Solihull, through targeted Quality Improvement programmes and close working with primary care. Learning from this work could be applied to NHS-run screening programmes locally.

6. CONCLUSIONS AND HIGH LEVEL RECOMMENDATIONS

For SMBC

1. This report has demonstrated the breadth of local factors that contribute to allowing healthy ageing, for example housing, transport, and education. We should draw on best practice from across SMBC and local government to ensure that **the needs of older people are consistently considered when planning services and infrastructure. Similarly, services should be 'future-proofed' by accounting for the projected growth of the older population in Solihull over time.**

Partnership between the NHS, Social Care and Public Health

1. Increasing life expectancy whilst also increasing the number of years spent in good health will require concerted effort across the life course to prevent ill-health; much of the health burden of failing to prioritise prevention falls in later life. **Prevention must remain a strategic priority and investment must be made in supporting people earlier in their lives (particularly during their working age) to make positive decisions for their health.**
2. This report has identified specific examples of where it would be useful to better understand how our services respond specifically to the needs of older people. This includes smoking cessation, employment support, drug and alcohol dependency, and sexual health services. **We should work with our providers to establish how they respond to the needs of older people, and work with them to implement best practice if they are not already doing so.**
3. There are persistent inequalities and variation in uptake of key public health programmes delivered by the NHS, including immunisation and screening. These are crucial public health tools in preventing unhealthy ageing, and **improving uptake and tackling inequalities in uptake should be a key priority moving forwards.**
4. The voices of older people themselves have been critical to the development of this report. **SMBC and NHS/Social care organisations should collaborate to put the views of older people themselves at the heart of their work to develop new models of care to adapt to the ageing population in Solihull.**
5. The benefits to the whole health and care system of embracing prevention in earlier life, to preserve health in older age for as long as possible, are clear. Much of this prevention activity – for example early identification of risk factors (secondary prevention) and vaccination – takes place primarily in primary care. **This must continue to be a priority amongst the health and care system in Solihull.**
6. Supporting independence and dignity during the ageing process requires system-wide change. For example, improving timely diagnosis of dementia requires concerted system-wide effort in itself, but reaping the benefit of timely diagnosis requires even wider effort (for example, including social care and housing). **Work to address key priorities – such as early dementia diagnosis – needs to be joined-up across the system.**

Businesses, voluntary and social organisations, and Solihull residents

1. Relatively small changes to practices can make a big difference to how accessible businesses are for older people, and to how welcome they feel. The Centre for Better Ageing have some useful resources to guide businesses as to the adaptations they can make, reflecting the diversity of different needs older people may have. **Any business or organisation whose customers or attendees include older people may want to consider the steps they can take to make their businesses accessible and welcoming to all.**
2. There are benefits to both employers and employees to supporting people to work into later life and to adapt to the needs of employees with long-term health conditions. **Solihull businesses may consider evaluating their employment practices and occupational health offer to ensure that they are reaping the benefits of being an age-friendly employer.**

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