

# **Joint Strategic Needs Assessment refresh 2012**

## **Older People: key messages**

### **1. Population and Demography**

- Census 2001 figures showed that 16.5% of the population living in Nottinghamshire were aged 65+.
- Latest estimates for 2010 indicate that this figure has risen to 18.2%. This comprises 141,700 people aged over 65; 12,600 aged over 85 and 5,900 aged over 90.
- It is estimated that by 2025 there will be 196,600 people aged 65+ living in Nottinghamshire, 23% of the total population.
- The largest increase is expected for people aged 75-79 (approx. 16,000 increase) and females.
- Whilst the numbers of older people are expected to increase in all districts of Nottinghamshire, the highest number of older people live in Newark and Sherwood, Gedling and Bassetlaw. Two of these districts, Newark and Sherwood and Bassetlaw are also expected to experience the largest percentage increases in their older populations by 2025. This pattern is reflected in the registered populations of Nottinghamshire's Clinical Commissioning Groups.
- The proportion of older people from ethnic minority groups is also expected to increase in Nottinghamshire.
- Health and wellbeing needs of both an aging and diverse population will need to be addressed.

### **2. Factors around deprivation**

#### **Deprivation and benefits**

- Income Deprivation Affecting Older People is higher in Mansfield and Ashfield where approximately 1 in 5 live in poverty and lowest in Rushcliffe where 1 in 10 live in poverty.
- There are pockets of income deprivation for older people across all areas of Nottinghamshire
- Nearly all benefit data, apart from winter fuel payment, show a similar trend, with Mansfield (24%) and Ashfield (21%) Districts showing high percentages of people aged 50-64 claiming at least one benefit compared with Rushcliffe (10%) showing the lowest levels.
- Winter fuel payment claims are highest in Rushcliffe (97%) and lowest in Ashfield (92%).

## **Employment and unemployment**

- Employment rates for older people (aged 50+) are in line with the national and regional average at 38%.
- Differences within the county are stark with Gedling having an employment rate of 45%, Rushcliffe 40% and Ashfield 39%. Mansfield had the lowest employment rate at 30%.
- Employment rates for people aged 50+ in Nottinghamshire reflect the national trend being highest for men (43%) compared with women (33%).
- Unemployment rates peaked in the early 1990s as a result of recession and then continued to fall during the 1990s and early 2000s. The latest recession has seen unemployment rates increasing again although Nottinghamshire is below national and regional rates.
- Unemployment rates for people aged 50-64 were highest in Broxtowe (4%), Gedling (4%) and Ashfield (4%).

## **Education and skills**

- Education and skills are closely linked to employment, income and well-being.
- There are wide variations in qualification levels obtained by older people across Nottinghamshire.
- 1 in 4 people aged 50-64 in Ashfield and Mansfield have no qualifications. 1 in 8 have no qualifications in Rushcliffe.
- Ashfield (13%) and Bassetlaw (13%) have the lowest level of NVQ4+ achievement across the County whereas Broxtowe (42%), Gedling (40%) and Rushcliffe (35%) have the highest.

## **Social isolation and social capital**

*Social isolation is caused by a variety of factors, many of which affect older people. Loneliness is a major factor contributing to social isolation which can be a cause of poor health and well-being such as depression.*

- Social isolation is difficult to measure but living alone is one indicator. In Nottinghamshire the 2001 Census showed that 24% of the population aged 65+ in the County lived alone.
- Estimates of the numbers of older people living alone in Nottinghamshire show that there is expected to be a rise from around 53,000 in 2011 to 74,000 by 2025, an increase of 40%.
- Social capital has a strong positive relationship with physical and mental health and healthy lifestyle. In Nottinghamshire a variety of organisations (including the voluntary sector) provide opportunities for community engagement for older people

- In addition, vulnerable people are assessed through a Community Care Assessment which may lead to a Personal Budget which can be used to address individual needs.

## **Housing**

- Good housing is seen as an important element of promoting better health.
- Nationally, a third of the housing market is made up of older people.
- Older people in more deprived areas are likely to have higher levels of social need, for example they have higher proportions of older people living with a limiting long-term illness.
- Older people increasingly wish to remain in their own homes as they age and be supported as they become more frail.
- New housing needs to be flexible to allow continued occupancy as people age but in Nottinghamshire.
- There is a mixture of pensioner household tenures across the County with Rushcliffe, Gedling and Broxtowe having very high levels of owner-occupation and Bassetlaw having high levels of social renting.
- Older people and their families in Nottinghamshire need access to good quality information about housing choices.
- An increasing number of people with dementia will require more specialist care, including housing needs.

## **Access and transport**

- Equity of access to services or facilities either by private or public transport is an important factor in ensuring peoples' health and wellbeing needs are met.
- The ability to travel becomes an increasing problem with increasing age and disability and may contribute to social exclusion.
- In Nottinghamshire, car ownership decreases with increasing age and particularly for older women living alone. Access to good public transport networks is therefore of particular importance to older people.
- Older people live in all geographical areas of Nottinghamshire, but larger populations of older people often reside in more rural areas of Nottinghamshire.
- More rural areas of Nottinghamshire tend to have poorer access to key services and facilities, such as GP surgeries, NHS dentists, pharmacies and hospitals, by road distance or public transport travel times. This is particularly an issue to areas of Bassetlaw and Newark and Sherwood and rural areas of Rushcliffe.
- Travel times to key health services by public transport for areas of high health and disability deprivation tend to be shorter than for areas of low health and disability deprivation.

- Some areas of Bassetlaw show high levels of deprivation (top 20% nationally) in terms of both access to services and health.

### **Excess Winter Deaths**

- There were an estimated 25,700 excess winter deaths in England and Wales in 2010/11, virtually unchanged from the previous winter. There are approximately 450 excess winter deaths in Nottinghamshire each year.
- Fuel poverty is defined as: to maintain a satisfactory heating regime, the household would be required to spend more than 10% of its income on all domestic fuel use. Fuel poverty is a major concern in the UK affecting an estimated 4.5 million households. Research suggests excess winter mortality is associated with difficult to heat housing rather than deprivation or rurality.
- 94% of all excess winter deaths in the East Midlands are for people aged 65 and over.
- In our Nottinghamshire, no districts experienced significantly higher percentages of excess winter deaths compared with England.
- Census 2001 showed that the percentage of people aged 65+ without central heating was significantly lower in Nottinghamshire (5%) compared with England (10%).
- Measures that improved the thermal efficiency of dwellings and the ability to heat them affordably will improve health and wellbeing.
- Housing services addressing issues of fuel poverty are available in all districts apart from Mansfield and Ashfield.

### **Life expectancy and disability free life expectancy**

*Life expectancy at age 65 is the number of years, on average, that a person age 65 can expect to live beyond 65. Disability-free life expectancy at age 65 is the number of years on average that a person at age 65 can expect to not have a disability for long-term limiting illness.*

- Nationally and locally females have longer life expectancies at age 65 than males.
- Rushcliffe has the highest healthy life expectancy at 65 for both males and females and Bassetlaw, Ashfield and Mansfield the lowest.
- Supporting healthy ageing is a key priority for Nottinghamshire, particularly in more deprived areas of the County

### **3. Lifestyle**

Many of the issues regarding lifestyle and its impact on health and wellbeing are the same for older people as they are for all adults and therefore the reader is directed to section 3 of the adults chapter of the JSNA. Some key messages relating specifically to older people are outlined below.

- Physical activity has positive benefits for physical and mental health. “Active People” survey results for older people in Notts show that participation levels have increased in Nottinghamshire since 2005 and were higher than the national average for females in 2009/10.
- Nationally the pattern of drinking alcohol changes as people get older. Younger people are more likely to drink larger amounts of alcohol on one or more occasions during a week. Older people are more likely to drink within recommended levels but more frequently within one week.
- Nationally the percentage of people smoking (22%) decreases with age to around 12% in people aged 65-74 and 10% in people aged 75+.
- Health benefits can be gained for any one of any age who stops smoking.
- Eating well and regularly is important to maintain health. Many older people find it challenging to eat regular healthy meals due to decreased appetite, lack of transport to shops and living alone.

### **4. Health and social care**

#### **What illnesses and conditions are older people living with?**

In this section we have provided a local picture of illnesses that older people experience. Conditions which affect all adults e.g. coronary heart disease, cancer, respiratory conditions etc are considered in section 4 of the adults chapter.

#### **Limiting long-term illness**

- The prevalence of limiting long-term illness is associated with deprivation and is highest in Ashfield and Mansfield and lowest in Rushcliffe.
- The numbers of people aged 85 and over with a LLI are expected to double by 2030.

#### **Depression and severe depression**

- Depression is the most common mental health problem in older people and often co-exists with physical conditions.
- The proportion of people affected by depression is higher in older people than any other age group as they are more likely to experience events that trigger depression: retirement, bereavement, low levels of physical activity, poor diet and nutrition, social isolation, physical ill health and caring responsibilities.

- 10-15 % of people aged 65+ are estimated to have depression and 3-5% severe depression.
- The number of people with depression is expected to increase by 50% between 2011 and 2030, with the highest numbers in Newark and Sherwood.

## **Dementia**

*Dementia is a term used to describe a range of brain disorders that have in common a loss of brain function that is usually progressive. Dementia significantly affects people's ability to live independently and places a burden on carers and family members, who may themselves be old. Carer breakdown is a major cause of people needing to move into long term care.*

- The prevalence of dementia increases with age and is therefore higher in women than men.
- Dementia is one of the main causes of disability in later life and the number of people with dementia is rising as the population ages.
- There is expected to be a 55% increase in the numbers of people living with dementia in the East Midlands by 2025 and it is expected that direct costs to the NHS and social care will treble by 2030.
- The prevalence of dementia is expected to rise across Nottinghamshire by 88% between 2010 and 2030 from 9,800 to 18,400 because of the aging population. The rate of increase for Nottinghamshire is expected to be higher than for the East Midlands.
- Currently it is estimated that only about 40% of people with dementia are diagnosed and treated by their GP. Diagnosis is highest in Nottingham North and East Clinical Commissioning Group and lowest in Newark and Sherwood CCG and Mansfield and Ashfield CCG.

## **Flu immunisation Programme**

The purpose of the seasonal flu programme is to annually offer protection to those who are most at risk of serious illness or death should they develop flu, this includes all people aged 65 and over.

- The target to vaccinate 75% of people aged 65+ has been met in NHS Nottinghamshire in 2011/12. NHS Bassetlaw achieved 73% uptake.
- Locally and nationally there is a trend of decreasing uptake of vaccination.

## **Use of GP services**

- Both NHS Nottinghamshire County and NHS Bassetlaw have fewer GPs for their population than the England average.

- On average people aged 75+ see their GP approximately seven times per year however, this rises with age and people aged 85-89 years have the highest consultation rates at 14 per year.
- Patients' overall satisfaction with GP services was higher for both NHS Notts County (51%) and NHS Bassetlaw (57%) than for England (47%).
- In all areas satisfaction levels were highest among patients aged 65+ across NHS Nottinghamshire and NHS Bassetlaw.
- 4 in 5 people aged 65+ were able to see their preferred doctor compared with 3 in 5 aged 18-44 years.

## **Carers**

Carers are also included in detail in the adults chapter and readers are directed to section 2 for more information.

- The majority of carers in Nottinghamshire are older people.
- According to predictions about the ageing population and increase in age-related illness it is anticipated that there will be an increase in the number of older carers.
- Older carers themselves are likely to have health and disability issues.
- The need for support for older carers is anticipated to increase across health and social care.

## **5. Safety**

### **Mobility and Falls**

- Falls are a significant health issue for older people both nationally and locally. They are a major cause of disability, impairment and loss of function. For older people the main cause of death from injury is due to a fall.
- The annual total cost of falls to the NHS in Nottinghamshire (inc Bassetlaw) is £15 million. Similar costs are incurred by social care.
- Predicted increases in the older population are likely to impact upon local services.
- Implementation of NICE guidance to reduce the risk of hip fractures could save around half a million pounds in Nottinghamshire per year and improve the health and wellbeing of our older population.

### **Crime and disorder**

- Fear of crime particularly affects older people and can have an adverse impact on their wellbeing, willingness to travel or community engagement.
- Across the districts Nottinghamshire residents aged 65+ are most likely to feel safe after dark in Rushcliffe (51%), Newark and Sherwood (43%) and Bassetlaw (43%).

**JOINT STRATEGIC NEEDS ASSESSMENT FOR  
NOTTINGHAMSHIRE 2012  
Older People  
1. Population and Demography**

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# Older People: population and demography

## Introduction

This chapter of Nottinghamshire's JSNA focuses on older people. It covers a wide age range from 50 years and over and endeavours to explore factors and conditions that impact upon health and wellbeing for this population. Many of these factors are important for adults of all ages and therefore this chapter may reference a relevant section of the adults chapter of the JSNA, where appropriate.

### 1. Population and demography

#### Key messages

- Census 2001 figures showed that 16.5% of the population living in Nottinghamshire were aged 65+.
- Latest estimates for 2010 indicate that this figure has risen to 18.2%. This comprises 141,700 people aged over 65; 12,600 aged over 85 and 5,900 aged over 90.
- It is estimated that by 2025 there will be 196,600 people aged 65+ living in Nottinghamshire, 23% of the total population.
- The largest increase is expected for people aged 75-79 (approx. 16,000 increase) and females.
- Whilst the numbers of older people are expected to increase in all districts of Nottinghamshire, the highest number of older people live in Newark and Sherwood, Gedling and Bassetlaw. Two of these districts, Newark and Sherwood and Bassetlaw are also expected to experience the largest percentage increases in their older populations by 2025. This pattern is reflected in the registered populations of Nottinghamshire's Clinical Commissioning Groups.
- The proportion of older people from ethnic minority groups is also expected to increase in Nottinghamshire.
- Health and wellbeing needs of both an aging and diverse population will need to be addressed.

#### 1.1 Population of older people in Nottinghamshire

The 2001 Census results showed that the mean age of Nottinghamshire's population was 39.6 years, with 16.5% of the total population aged 65 plus. When these figures are compared with those for the East Midlands and England, the county's mean age was significantly higher as is the percentage of people aged 65 and older. These comparative figures are shown in Table 1.1.1 below. Although there is no recent official mean age, based on 2010 estimates, the County's mean age is now 40.1 - this has risen from 39.6 in 2001.

**Table 1.1.1: County, Regional and National populations, 2001**

	<b>Mean Age Years</b>	<b>Over 65s %</b>
Nottinghamshire	39.6	16.5%
East Midlands	38.9	16.1%
England	38.6	15.9%

Source: *Census Key Statistics for Local Authorities. Crown Copyright. 2003*

Within the county there are similar disparities. Table 1.1.2 below shows similar statistics, also taken from the 2001 census. This table shows that Gedling and Newark and Sherwood had the highest mean age and that Newark and Sherwood had the largest percentage of over 65 year olds. Conversely, the table also shows that Ashfield had both the lowest mean age and smallest percentage of over 65 year olds. Figures are also shown for the Nottingham City area and these show the very marked differences, with the city having a much younger age structure than the rest of the county.

**Table 1.1.2: District and County Populations, 2001**

	<b>Mean Age Years</b>	<b>Over 65s %</b>
Ashfield	39.0	15.69%
Bassetlaw	40.0	16.2%
Broxtowe	39.7	16.4%
Gedling	40.1	16.9%
Mansfield	39.0	16.4%
Newark and Sherwood	40.1	17.3%
Rushcliffe	39.6	16.2%
Nottinghamshire	39.6	16.5%
Nottingham City	35.9	14.4%

Source: *Census Key Statistics for Local Authorities. Crown Copyright. 2003*

More up to date statistics on population and demography can be obtained from the annual Register General's Population Estimates. The latest year for which statistics are available is 2008 and these show that by mid 2010 the county's total population had risen to 779,900.

Table 1.1.3 below shows a breakdown of the older population by five year age groups.

**Table 1.1.3: Resident Population Estimates for Nottinghamshire Mid 2010: 5 year age groups by sex (000's)**

Age band	Males	Females	All
50-54	24.9	25.4	50.4
55-59	25.0	25.0	50.1
60-64	25.6	26.4	51.9
65-69	18.8	19.8	38.5
70-74	15.5	17.1	32.6
75-79	11.9	14.8	26.7
80-84	8	11.6	19.6
85-89	4.1	7.9	12
90+	1.3	4.0	5.9
50+	135.1	152	287.7

Source: ONS, Population Estimates Unit, Crown Copyright 2010

In broader age groups, the 2010 midyear estimates show that for the county there were 141,700 people aged over 65, 12,600 aged over 85 and 5,900 aged over 90.

When age ranges are investigated, this shows that the same midyear estimates record the following for the county:

**Age Band/Year      Population**

65 - 74	71,100
75 - 84	46,300

## 1.2 Population Projections

This section explores the potential impact that demographic change might have on those sections of the population aged 65 and over.

Table 1.2.1 and figure 1.2.2 show the population of the county, broken down into five year age bands, projected to 2025. The table clearly shows that numbers are projected to increase substantially, from 141,700 in 2010 to over 195,000 in 2025. The table also shows that whilst for most 5 year cohorts, the figures are forecast to increase by approximately 10,000 between 2010 and 2025. The number of 75-79 year olds is projected to increase by approximately 16,000 in that same period.

The proportion of people aged 65 and over is expected to increase from 18% to 23%, almost one in four people. For people aged 85 the proportion in the population is expected to double from 2 to 4% over the same period, one in 25 people.

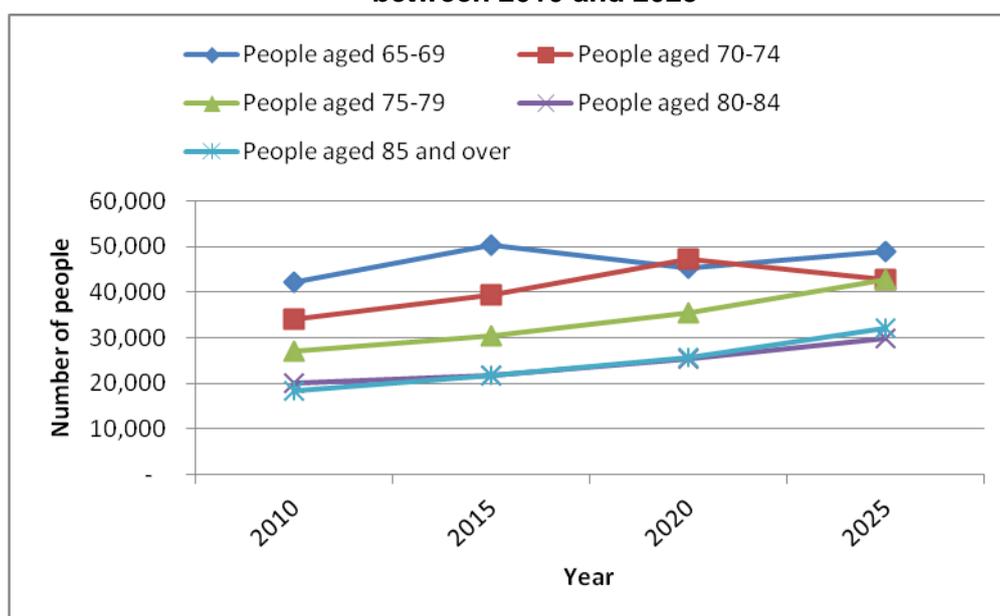
**Table 1.2.1: Nottinghamshire population (numbers and %) aged 65 and over, in five year age bands, projected to 2025**

Age band	2010	2015	2020	2025
People aged 65-69	42,100	50,400	45,300	48,900
People aged 70-74	34,000	39,300	47,300	42,800
People aged 75-79	27,100	30,300	35,400	42,900
People aged 80-84	20,000	21,800	25,300	30,000
People aged 85 and over	18,500	21,600	25,700	32,000
Total population 65 and over	141,700	163,400	179,000	196,600
65 and over as % of total population	18%	20%	21%	23%
85 and over as a % of total population	2%	3%	3%	4%

Source: Crown copyright 2010

Figures may not sum due to rounding

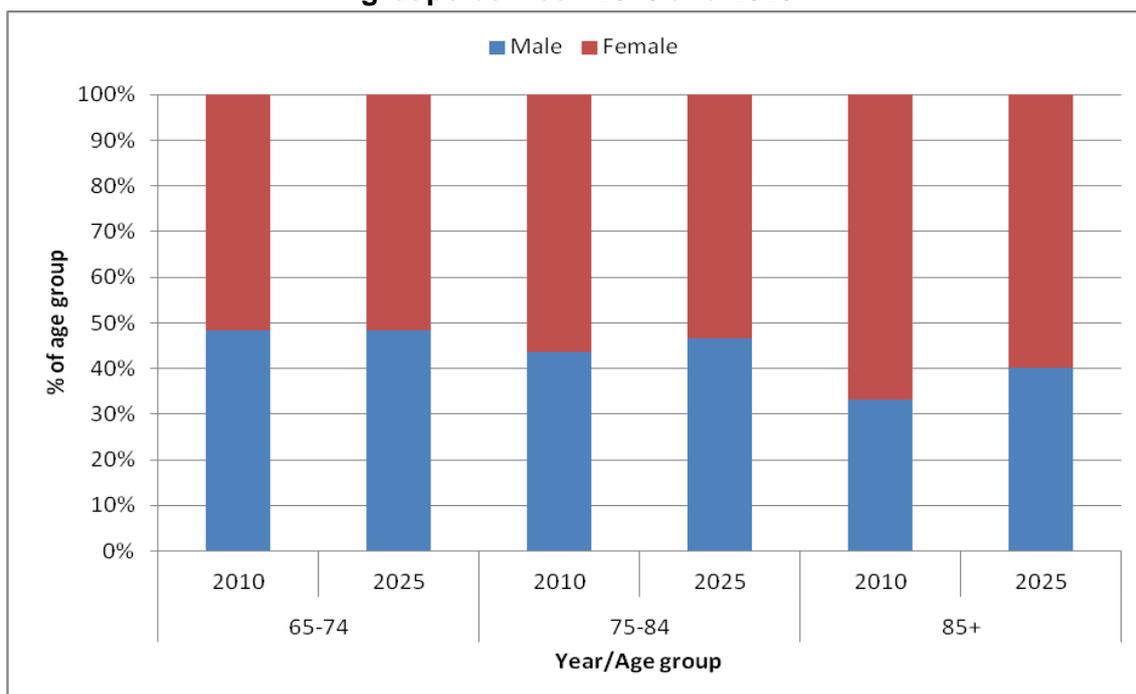
**Figure 1.2.2: Population projection for those aged 65 and over for Nottinghamshire between 2010 and 2025**



Source: Subnational Statistics Unit, ONS: Crown Copyright. 2010

The figure below demonstrates the proportional increase in the female population within Nottinghamshire.

**Table 1.2.3: Projected change in the proportion of males and females in older age groups between 2010 and 2025**



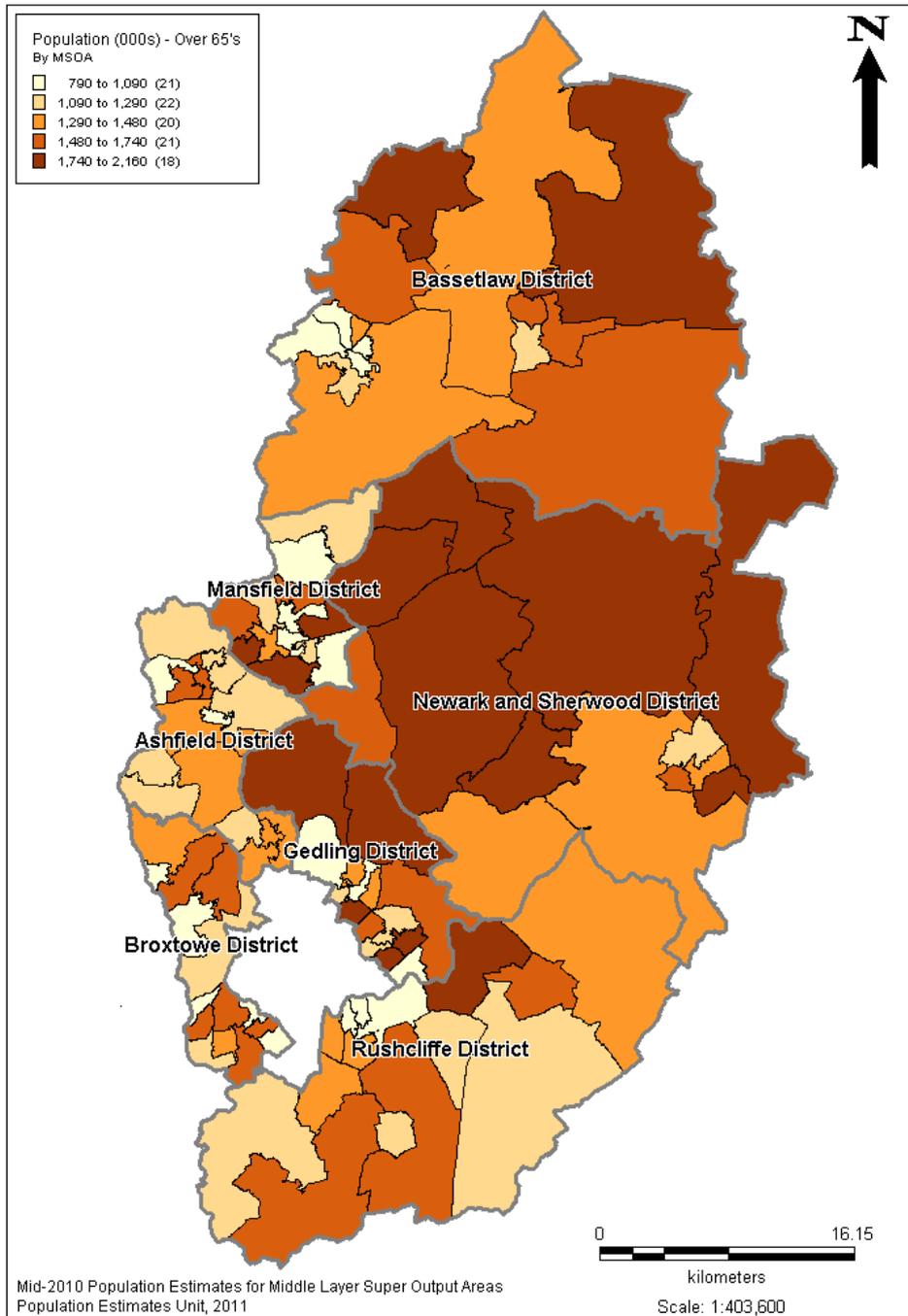
Source: Subnational Statistics Unit, ONS: Crown Copyright.2010

Figures 1.2.4 shows a more detailed breakdown of the population of older people (65+) in 2010, showing the pattern across the county broken down by middle super output area (MSOA).

The tables 1.2.5 to 1.2.17 show the population of older people for each Clinical Commissioning Group in Nottinghamshire by age group and gender, projected until 2025. The predicted increases in people aged 65+ vary across the CCGs, with Bassetlaw (47%), Newark and Sherwood (42%) and Principia Rushcliffe (40%) CCGs expected to experience over 40% increases in their populations aged 65+. This is compared to expected increases in Mansfield and Ashfield (37%), Nottingham North and East (32%), and Nottingham West (30%) CCGs.

The tables 1.2.18 to 1.2.32 show the population of older people for each for each district in the county by age group and gender, projected until 2025. The predicted increases in people aged 65+ vary across the districts, with Bassetlaw (46%), Newark and Sherwood (45%) and Rushcliffe (42%) expected to experience over 40% increases in their populations aged 65+. This is compared to expected increases in Ashfield (39%), Mansfield (36%), Gedling (32%) and Broxtowe (30%).

**Figure 1.2.4: Estimated population - over 65s in 2010**



Source: Subnational Statistics Unit, ONS: Crown Copyright. 2010

## Population Projections for populations aged 65+ for Nottinghamshire's Clinical Commissioning Groups

**Table 1.2.5: Nottinghamshire Clinical Commissioning Groups population aged 65 and over projected to 2025**

Clinical Commissioning Group	2010	2015	2020	2025
Bassetlaw CCG	20100	23900	26700	29600
Mansfield & Ashfield CCG	31100	35400	38800	42700
Newark & Sherwood CCG	23600	27800	30100	33600
Nottingham North & East CCG	26000	29600	32200	34500
Nottingham West CCG	17400	19700	21100	22700
Principia - Rushcliffe CCG	22200	25800	28500	31100

*Source: ONS 2008 based population projections, published 2010.  
CCG registered populations as at July 2010.*

A breakdown for each CCG is shown on separate pages below.

**Table 1.2.6: Mansfield & Ashfield CCG: Population aged 65 and over, in five year age bands, projected to 2025**

<b>Age Band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	9,500	11,000	10,100	11,100
People aged 70-74	7,500	8,700	10,100	9,400
People aged 75-79	5,800	6,600	7,900	9,100
People aged 80-84	4,400	4,800	5,500	6,600
People aged 85 and over	3,900	4,300	5,200	6,500
<b>Total population 65 and over</b>	<b>31,100</b>	<b>35,400</b>	<b>38,800</b>	<b>42,700</b>

*Source: ONS 2008 based population projections, published 2010.  
CCG registered populations as at July 2010.*

**Table 1.2.7: Mansfield & Ashfield CCG: Population aged 65 and over by gender, and in five year age bands, projected to 2025**

<b>Gender/Age band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Males aged 65-69	4,600	5,400	4,900	5,400
Males aged 70-74	3,600	4,200	4,900	4,600
Males aged 75-79	2,500	3,000	3,700	4,300
Males aged 80-84	1,800	2,000	2,400	3,000
Males aged 85 and over	1,300	1,600	1,900	2,500
<b>Total males 65 and over</b>	<b>13,800</b>	<b>16,200</b>	<b>17,800</b>	<b>19,800</b>
Females aged 65-69	4,900	5,600	5,200	5,700
Females aged 70-74	3,900	4,500	5,200	4,800
Females aged 75-79	3,300	3,600	4,200	4,800
Females aged 80-84	2,600	2,800	3,100	3,600
Females aged 85 and over	2,600	2,700	3,300	4,000
<b>Total females 65 and over</b>	<b>17,300</b>	<b>19,200</b>	<b>21,000</b>	<b>22,900</b>

*Source: ONS 2008 based population projections, published 2010.  
CCG registered populations as at July 2010.*

**Table 1.2.8: Bassetlaw CCG: Population aged 65 and over, in five year age bands, projected to 2025**

<b>Age Band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	6,200	7,500	6,800	7,300
People aged 70-74	4,900	5,800	7,100	6,400
People aged 75-79	3,800	4,400	5,200	6,500
People aged 80-84	2,800	3,100	3,900	4,600
People aged 85 and over	2,400	3,100	3,700	4,800
<b>Total population 65 and over</b>	<b>20,100</b>	<b>23,900</b>	<b>26,700</b>	<b>29,600</b>

Source: ONS 2008 based population projections, published 2010.  
CCG registered populations as at July 2010.

**Table 1.2.9: Bassetlaw CCG: Population aged 65 and over by gender, and in five year age bands, projected to 2025**

<b>Gender/Age band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Males aged 65-69	3,100	3,700	3,400	3,600
Males aged 70-74	2,400	2,800	3,400	3,100
Males aged 75-79	1,800	2,100	2,500	3,100
Males aged 80-84	1,200	1,400	1,800	2,200
Males aged 85 and over	800	1,200	1,500	2,100
<b>Total males 65 and over</b>	<b>9,300</b>	<b>11,200</b>	<b>12,600</b>	<b>14,100</b>
Females aged 65-69	3,100	3,800	3,400	3,700
Females aged 70-74	2,500	3,000	3,700	3,300
Females aged 75-79	2,000	2,300	2,700	3,400
Females aged 80-84	1,600	1,700	2,100	2,400
Females aged 85 and over	1,600	1,900	2,200	2,700
<b>Total females 65 and over</b>	<b>10,800</b>	<b>12,700</b>	<b>14,100</b>	<b>15,500</b>

Source: ONS 2008 based population projections, published 2010.  
CCG registered populations as at July 2010.

**Table 1.2.10: Newark & Sherwood CCG: Population aged 65 and over, in five year age bands, projected to 2025**

<b>Age Band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	7100	8800	7800	8700
People aged 70-74	5700	6800	8200	7400
People aged 75-79	4600	5200	6100	7600
People aged 80-84	3200	3600	4200	5100
People aged 85 and over	3000	3400	3800	4800
<b>Total population 65 and over</b>	<b>23600</b>	<b>27800</b>	<b>30100</b>	<b>33600</b>

Source: ONS 2008 based population projections, published 2010.  
CCG registered populations as at July 2010.

**Table 1.2.11: Newark & Sherwood CCG: Population aged 65 and over by gender, and in five year age bands, projected to 2025**

<b>Gender/Age band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Males aged 65-69	3,500	4,300	3,800	4,200
Males aged 70-74	2,800	3,300	4,000	3,600
Males aged 75-79	2,100	2,400	2,900	3,600
Males aged 80-84	1,300	1,500	1,900	2,300
Males aged 85 and over	1,000	1,200	1,400	1,800
<b>Total males 65 and over</b>	<b>10,700</b>	<b>12,700</b>	<b>14,000</b>	<b>15,500</b>
Females aged 65-69	3,600	4,500	4,000	4,500
Females aged 70-74	2,900	3,500	4,200	3,800
Females aged 75-79	2,500	2,800	3,200	4,000
Females aged 80-84	1,900	2,100	2,300	2,800
Females aged 85 and over	2,000	2,200	2,400	3,000
<b>Total females 65 and over</b>	<b>12,900</b>	<b>15,100</b>	<b>16,100</b>	<b>18,100</b>

Source: ONS 2008 based population projections, published 2010.  
CCG registered populations as at July 2010.

**Table 1.2.12: Nottingham North & East CCG: Population aged 65 and over, in five year age bands, projected to 2025**

<b>Age Band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	7,500	8,900	8,000	8,500
People aged 70-74	6,400	7,000	8,500	7,500
People aged 75-79	5,000	5,600	6,300	7,600
People aged 80-84	3,700	4,000	4,600	5,200
People aged 85 and over	3,400	4,100	4,800	5,700
<b>Total population 65 and over</b>	<b>26,000</b>	<b>29,600</b>	<b>32,200</b>	<b>34,500</b>

Source: ONS 2008 based population projections, published 2010.  
CCG registered populations as at July 2010.

**Table 1.2.13: Nottingham North & East CCG: Population aged 65 and over by gender, and in five year age bands, projected to 2025**

<b>Gender/Age band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Males aged 65-69	3,700	4,400	3,900	4,100
Males aged 70-74	3,000	3,300	4,000	3,500
Males aged 75-79	2,300	2,600	3,000	3,600
Males aged 80-84	1,500	1,700	2,000	2,300
Males aged 85 and over	1,100	1,400	1,800	2,100
<b>Total males 65 and over</b>	<b>11,600</b>	<b>13,400</b>	<b>14,700</b>	<b>15,600</b>
Females aged 65-69	3,800	4,500	4,100	4,400
Females aged 70-74	3,400	3,700	4,500	4,000
Females aged 75-79	2,700	3,000	3,300	4,000
Females aged 80-84	2,200	2,300	2,600	2,900
Females aged 85 and over	2,300	2,700	3,000	3,600
<b>Total females 65 and over</b>	<b>14,400</b>	<b>16,200</b>	<b>17,500</b>	<b>18,900</b>

Source: ONS 2008 based population projections, published 2010.  
CCG registered populations as at July 2010.

**Table 1.2.14: Nottingham West CCG: Population aged 65 and over, in five year age bands, projected to 2025**

<b>Age Band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	4,900	6,000	5,100	5,400
People aged 70-74	4,000	4,400	5,400	4,600
People aged 75-79	3,400	3,600	4,100	5,100
People aged 80-84	2,600	2,900	3,100	3,500
People aged 85 and over	2,500	2,800	3,400	4,100
<b>Total population 65 and over</b>	<b>17,400</b>	<b>19,700</b>	<b>21,100</b>	<b>22,700</b>

Source: ONS 2008 based population projections, published 2010.  
CCG registered populations as at July 2010.

**Table 1.2.15: Nottingham West CCG: Population aged 65 and over by gender, and in five year age bands, projected to 2025**

<b>Gender/Age band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Males aged 65-69	2,400	2,900	2,500	2,600
Males aged 70-74	1,900	2,100	2,600	2,200
Males aged 75-79	1,500	1,600	1,900	2,400
Males aged 80-84	1,000	1,200	1,300	1,500
Males aged 85 and over	800	900	1,200	1,500
<b>Total males 65 and over</b>	<b>7,600</b>	<b>8,700</b>	<b>9,500</b>	<b>10,200</b>
Females aged 65-69	2,500	3,100	2,600	2,800
Females aged 70-74	2,100	2,300	2,800	2,400
Females aged 75-79	1,900	2,000	2,200	2,700
Females aged 80-84	1,600	1,700	1,800	2,000
Females aged 85 and over	1,700	1,900	2,200	2,600
<b>Total females 65 and over</b>	<b>9,800</b>	<b>11,000</b>	<b>11,600</b>	<b>12,500</b>

Source: ONS 2008 based population projections, published 2010.  
CCG registered populations as at July 2010.

**Table 1.2.16: Principia - Rushcliffe CCG: Population aged 65 and over, in five year age bands, projected to 2025**

<b>Age Band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	6,400	8,100	7,300	7,800
People aged 70-74	5,000	5,900	7,400	6,600
People aged 75-79	4,400	4,600	5,500	6,700
People aged 80-84	3,300	3,500	3,800	4,700
People aged 85 and over	3,100	3,700	4,500	5,300
<b>Total population 65 and over</b>	<b>22,200</b>	<b>25,800</b>	<b>28,500</b>	<b>31,100</b>

Source: ONS 2008 based population projections, published 2010.  
CCG registered populations as at July 2010.

**Table 1.2.17: Principia - Rushcliffe CCG: Population aged 65 and over by gender, and in five year age bands, projected to 2025**

<b>Gender/Age band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Males aged 65-69	3,100	4,000	3,600	3,800
Males aged 70-74	2,400	2,900	3,600	3,300
Males aged 75-79	2,000	2,100	2,600	3,200
Males aged 80-84	1,300	1,400	1,600	2,100
Males aged 85 and over	1,100	1,500	2,000	2,400
<b>Total males 65 and over</b>	<b>9,900</b>	<b>11,900</b>	<b>13,400</b>	<b>14,800</b>
Females aged 65-69	3,300	4,100	3,700	4,000
Females aged 70-74	2,600	3,000	3,800	3,300
Females aged 75-79	2,400	2,500	2,900	3,500
Females aged 80-84	2,000	2,100	2,200	2,600
Females aged 85 and over	2,000	2,200	2,500	2,900
<b>Total females 65 and over</b>	<b>12,300</b>	<b>13,900</b>	<b>15,100</b>	<b>16,300</b>

Source: ONS 2008 based population projections, published 2010.  
CCG registered populations as at July 2010.

## Population Projections for populations aged 65+ for Nottinghamshire's Districts

**Table 1.2.18: Nottinghamshire Districts population aged 65 and over projected to 2025**

<b>District</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Ashfield	20,300	23,600	25,900	28,300
Bassetlaw	20,900	24,700	27,500	30,600
Broxtowe	19,700	22,400	23,900	25,900
Gedling	21,300	24,300	26,200	28,200
Mansfield	17,600	19,900	21,700	24,000
Newark And Sherwood	21,500	25,400	28,100	31,200
Rushcliffe	19,900	23,200	25,800	28,300

A breakdown for each district is shown on separate pages below.

**Table 1.2.19: Ashfield District: Population aged 65 and over, in five year age bands, projected to 2025**

<b>Age Band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	6,500	7,400	6,600	7,200
People aged 70-74	5,000	6,000	6,900	6,200
People aged 75-79	3,700	4,400	5,400	6,200
People aged 80-84	2,600	2,900	3,600	4,400
People aged 85 and over	2,500	2,900	3,400	4,300
<b>Total population 65 and over</b>	<b>20,300</b>	<b>23,600</b>	<b>25,900</b>	<b>28,300</b>

Source: ONS 2008 based population projections, published 2010

**Table 1.2.20: Ashfield District: Population aged 65 and over by gender, and in five year age bands, projected to 2025**

<b>Gender/Age band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Males aged 65-69	3,200	3,600	3,200	3,500
Males aged 70-74	2,400	2,900	3,300	3,000
Males aged 75-79	1,700	2,000	2,500	2,900
Males aged 80-84	1,100	1,300	1,600	2,000
Males aged 85 and over	800	900	1,100	1,500
<b>Total males 65 and over</b>	<b>9,200</b>	<b>10,700</b>	<b>11,700</b>	<b>12,900</b>
Females aged 65-69	3,300	3,800	3,400	3,700
Females aged 70-74	2,600	3,100	3,600	3,200
Females aged 75-79	2,000	2,400	2,800	3,300
Females aged 80-84	1,600	1,700	2,000	2,400
Females aged 85 and over	1,800	1,900	2,200	2,800
<b>Total females 65 and over</b>	<b>11,300</b>	<b>12,900</b>	<b>14,000</b>	<b>15,400</b>

Source: ONS 2008 based population projections, published 2010

**Table 1.2.21: Bassetlaw District: Population aged 65 and over, in five year age bands, projected to 2025**

<b>Age Band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	6,500	7,800	7,100	7,700
People aged 70-74	5,100	6,100	7,400	6,700
People aged 75-79	3,900	4,500	5,400	6,700
People aged 80-84	2,800	3,200	3,800	4,600
People aged 85 and over	2,600	3,100	3,800	4,900
<b>Total population 65 and over</b>	<b>20,900</b>	<b>24,700</b>	<b>27,500</b>	<b>30,600</b>

Source: ONS 2008 based population projections, published 2010

**Table 1.2.22: Bassetlaw District: Population aged 65 and over by gender, and in five year age bands, projected to 2025**

<b>Gender/Age band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Males aged 65-69	3,200	3,800	3,500	3,700
Males aged 70-74	2,500	3,000	3,600	3,300
Males aged 75-79	1,800	2,200	2,600	3,200
Males aged 80-84	1,200	1,400	1,800	2,200
Males aged 85 and over	800	1,200	1,500	2,100
<b>Total males 65 and over</b>	<b>9,500</b>	<b>11,600</b>	<b>13,000</b>	<b>14,500</b>
Females aged 65-69	3,300	4,000	3,600	3,900
Females aged 70-74	2,600	3,100	3,800	3,400
Females aged 75-79	2,100	2,400	2,800	3,500
Females aged 80-84	1,600	1,700	2,100	2,400
Females aged 85 and over	1,700	2,000	2,300	2,800
<b>Total females 65 and over</b>	<b>11,300</b>	<b>13,200</b>	<b>14,600</b>	<b>16,000</b>

Source: ONS 2008 based population projections, published 2010

**Table 1.2.23: Broxtowe Borough: Population aged 65 and over, in five year age bands, projected to 2025**

<b>Age Band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	5,700	6,900	5,900	6,300
People aged 70-74	4,700	5,200	6,400	5,600
People aged 75-79	3,900	4,200	4,700	5,800
People aged 80-84	2,900	3,200	3,500	4,000
People aged 85 and over	2,500	2,900	3,400	4,200
<b>Total population 65 and over</b>	<b>19,700</b>	<b>22,400</b>	<b>23,900</b>	<b>25,900</b>

Source: ONS 2008 based population projections, published 2010

**Table 1.2.24: Broxtowe Borough: Population aged 65 and over by gender, and in five year age bands, projected to 2025**

<b>Gender/Age band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Males aged 65-69	2,800	3,400	2,900	3,000
Males aged 70-74	2,200	2,500	3,100	2,600
Males aged 75-79	1,800	1,900	2,200	2,800
Males aged 80-84	1,200	1,400	1,500	1,800
Males aged 85 and over	900	1,000	1,400	1,700
<b>Total males 65 and over</b>	<b>8,900</b>	<b>10,200</b>	<b>11,100</b>	<b>11,900</b>
Females aged 65-69	2,900	3,600	3,100	3,300
Females aged 70-74	2,500	2,700	3,300	2,900
Females aged 75-79	2,100	2,300	2,500	3,100
Females aged 80-84	1,700	1,800	2,000	2,200
Females aged 85 and over	1,600	1,900	2,100	2,500
<b>Total females 65 and over</b>	<b>10,800</b>	<b>12,300</b>	<b>13,000</b>	<b>14,000</b>

Source: ONS 2008 based population projections, published 2010

**Table 1.2.25: Gedling Borough: Population aged 65 and over, in five year age bands, projected to 2025**

<b>Age Band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	6,000	7,300	6,500	6,700
People aged 70-74	5,200	5,600	6,800	6,100
People aged 75-79	4,100	4,600	5,100	6,200
People aged 80-84	3,100	3,400	3,900	4,300
People aged 85 and over	2,900	3,400	3,900	4,900
<b>Total population 65 and over</b>	<b>21,300</b>	<b>24,300</b>	<b>26,200</b>	<b>28,200</b>

Source: ONS 2008 based population projections, published 2010

**Table 1.2.26: Gedling Borough: Population aged 65 and over by gender, and in five year age bands, projected to 2025**

<b>Gender/Age band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Males aged 65-69	2,900	3,500	3,100	3,200
Males aged 70-74	2,500	2,700	3,300	2,900
Males aged 75-79	1,900	2,200	2,400	2,900
Males aged 80-84	1,300	1,500	1,800	2,000
Males aged 85 and over	900	1,200	1,500	1,800
<b>Total males 65 and over</b>	<b>9,500</b>	<b>11,100</b>	<b>12,100</b>	<b>12,800</b>
Females aged 65-69	3,100	3,700	3,400	3,500
Females aged 70-74	2,700	2,900	3,600	3,200
Females aged 75-79	2,200	2,500	2,700	3,300
Females aged 80-84	1,800	1,900	2,100	2,300
Females aged 85 and over	1,900	2,200	2,500	2,900
<b>Total females 65 and over</b>	<b>11,700</b>	<b>13,200</b>	<b>14,300</b>	<b>15,200</b>

Source: ONS 2008 based population projections, published 2010

**Table 1.2.27: Mansfield District: Population aged 65 and over, in five year age bands, projected to 2025**

<b>Age Band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	5,200	6,000	5,700	6,300
People aged 70-74	4,200	4,800	5,600	5,300
People aged 75-79	3,400	3,700	4,300	5,000
People aged 80-84	2,500	2,700	3,000	3,500
People aged 85 and over	2,300	2,700	3,100	3,900
<b>Total population 65 and over</b>	<b>17,600</b>	<b>19,900</b>	<b>21,700</b>	<b>24,000</b>

Source: ONS 2008 based population projections, published 2010

**Table 1.2.28: Mansfield District: Population aged 65 and over by gender, and in five year age bands, projected to 2025**

<b>Gender/Age band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Males aged 65-69	2,500	3,000	2,800	3,100
Males aged 70-74	2,000	2,300	2,700	2,600
Males aged 75-79	1,400	1,700	2,000	2,400
Males aged 80-84	1,000	1,100	1,300	1,600
Males aged 85 and over	800	1,000	1,200	1,600
<b>Total males 65 and over</b>	<b>7,700</b>	<b>9,100</b>	<b>10,000</b>	<b>11,300</b>
Females aged 65-69	2,700	3,000	2,900	3,200
Females aged 70-74	2,200	2,500	2,900	2,700
Females aged 75-79	2,000	2,000	2,300	2,600
Females aged 80-84	1,500	1,600	1,700	2,000
Females aged 85 and over	1,500	1,600	2,000	2,300
<b>Total females 65 and over</b>	<b>9,900</b>	<b>10,700</b>	<b>11,800</b>	<b>12,800</b>

Source: ONS 2008 based population projections, published 2010

**Table 1.2.29: Newark and Sherwood District: Population aged 65 and over, in five year age bands, projected to 2025**

<b>Age Band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	6,500	8,000	7,200	7,900
People aged 70-74	5,200	6,200	7,500	6,800
People aged 75-79	4,100	4,700	5,600	6,900
People aged 80-84	2,900	3,200	3,900	4,700
People aged 85 and over	2,800	3,300	3,900	4,900
<b>Total population 65 and over</b>	<b>21,500</b>	<b>25,400</b>	<b>28,100</b>	<b>31,200</b>

Source: ONS 2008 based population projections, published 2010

**Table 1.2.30: Newark and Sherwood District: Population aged 65 and over by gender, and in five year age bands, projected to 2025**

<b>Gender/Age band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Males aged 65-69	3,200	3,900	3,500	3,800
Males aged 70-74	2,500	3,000	3,700	3,300
Males aged 75-79	1,900	2,200	2,700	3,300
Males aged 80-84	1,200	1,400	1,700	2,100
Males aged 85 and over	1,000	1,200	1,400	1,900
<b>Total males 65 and over</b>	<b>9,800</b>	<b>11,700</b>	<b>13,000</b>	<b>14,400</b>
Females aged 65-69	3,300	4,100	3,700	4,100
Females aged 70-74	2,700	3,200	3,900	3,500
Females aged 75-79	2,200	2,500	2,900	3,600
Females aged 80-84	1,700	1,900	2,100	2,500
Females aged 85 and over	2,000	2,200	2,400	3,000
<b>Total females 65 and over</b>	<b>11,900</b>	<b>13,900</b>	<b>15,000</b>	<b>16,700</b>

Source: ONS 2008 based population projections, published 2010

**Table 1.2.31: Rushcliffe Borough: Population aged 65 and over, in five year age bands, projected to 2025**

<b>Age Band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	5,700	7,000	6,300	6,800
People aged 70-74	4,500	5,300	6,700	6,000
People aged 75-79	3,900	4,200	5,000	6,200
People aged 80-84	3,000	3,300	3,700	4,400
People aged 85 and over	2,800	3,400	4,100	4,900
<b>Total population 65 and over</b>	<b>19,900</b>	<b>23,200</b>	<b>25,800</b>	<b>28,300</b>

Source: ONS 2008 based population projections, published 2010

**Table 1.2.32: Rushcliffe Borough: Population aged 65 and over by gender, and in five year age bands, projected to 2025**

<b>Gender/Age band</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Males aged 65-69	2,700	3,500	3,100	3,300
Males aged 70-74	2,100	2,500	3,200	2,900
Males aged 75-79	1,800	1,900	2,300	2,900
Males aged 80-84	1,300	1,400	1,600	2,000
Males aged 85 and over	900	1,300	1,700	2,100
<b>Total males 65 and over</b>	<b>8,800</b>	<b>10,600</b>	<b>11,900</b>	<b>13,200</b>
Females aged 65-69	2,900	3,600	3,200	3,500
Females aged 70-74	2,400	2,800	3,500	3,100
Females aged 75-79	2,200	2,300	2,700	3,300
Females aged 80-84	1,800	1,900	2,000	2,400
Females aged 85 and over	1,900	2,100	2,400	2,800
<b>Total females 65 and over</b>	<b>11,200</b>	<b>12,700</b>	<b>13,800</b>	<b>15,100</b>

Source: Subnational Statistics Unit, ONS: Crown Copyright. 2010

### 1.3 Ethnic population

Definition of ethnicity

White includes British, Irish and Other White.

Mixed Ethnicity includes White and Black Caribbean; White and Black African; White and Asian; and Other Mixed

Asian or Asian British includes Indian; Pakistani; Bangladeshi; and Other Asian or Asian British.

Black or black British includes Black Caribbean; Black African; and Other Black or Black British.

The population within Nottinghamshire is diverse. Whilst the substantial proportion of the population are white, table 1.3.1 below demonstrates the differences.

**Table 1.3.1: The ethnicity of people over the age of 55 within Nottinghamshire**

	<b>People aged 55-64</b>	<b>People aged 65-74</b>	<b>People aged 75-84</b>	<b>People aged 85+</b>
White	98.66%	99.00%	99.40%	99.44%
Mixed Ethnicity	0.12%	0.11%	0.14%	0.22%
Asian or Asian British	0.72%	0.45%	0.25%	0.23%
Black or Black British	0.33%	0.32%	0.16%	0.06%
Chinese or Other Ethnic Group	0.17%	0.12%	0.05%	0.05%

*Source: Projecting Older People Population information*

Within the UK the black and ethnic minority population has a much younger age profile than the rest of the population. This is due to patterns of immigration and differences in birth rates. Black Caribbean's have the oldest age structure reflecting the first large-scale migration to this country during the 1950s. In Nottinghamshire as nationally, it is expected that there will be an increase in the proportion of ethnic minority groups and therefore their health needs will need to be addressed (DWP, 2007).

# JOINT STRATEGIC NEEDS ASSESSMENT FOR NOTTINGHAMSHIRE 2012

## Older People

### 2. Deprivation and related factors

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# Older People: deprivation and related factors

## 2. Deprivation and related factors

### 2.1 Deprivation

#### Key messages

- Income Deprivation Affecting Older People is higher in Mansfield and Ashfield where approximately 1 in 5 live in poverty and lowest in Rushcliffe where 1 in 10 live in poverty.
- There are pockets of income deprivation for older people across all areas of Nottinghamshire

Levels of deprivation among older people are included in the 2010 Indices of Deprivation, which has a supplementary index, Income Deprivation Affecting Older People Index (IDAOPI). This is expressed as adults aged 60 and over living on income support or income-based jobseekers allowance or pension credit (guarantee) families. The index calculates a percentage representing older people suffering from income deprivation in each area (super output area), and this percentage is applied to the total number of older people living in the area. Table 2.1.1 and figure 2.1.2 show IDAOPI at a district level and lower geographical level (super output area).

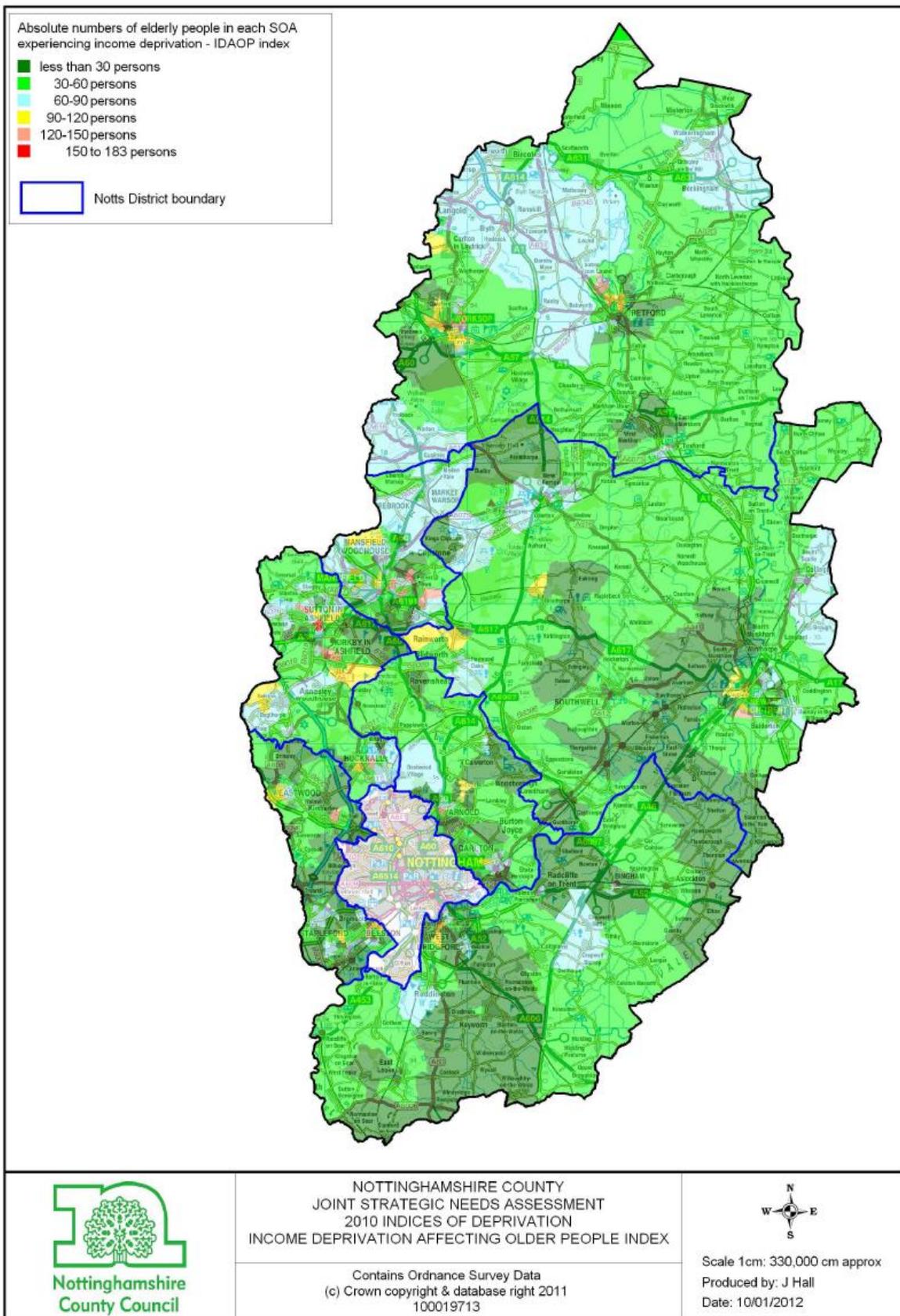
In the most deprived areas of Nottinghamshire, such as Ashfield and Mansfield, one in 5 older people live in poverty. In the least deprived areas on Nottinghamshire, such as Rushcliffe, one in ten older people live in poverty. Table 2.1.1 shows the numbers and percentages by district.

**Table 2.1.1: Income Deprivation Affecting Older People Index**

	Number	% of total elderly population
Ashfield	5,459	19.6%
Bassetlaw	3,987	16.9%
Broxtowe	3,336	14.7%
Gedling	3,288	13.5%
Mansfield	3,825	19.0%
Newark & Sherwood	3,373	13.7%
Rushcliffe	2,419	10.7%
Nottinghamshire	24,775	15.4%

Source: Indices of Deprivation via CJG, 2010

**Figure 2.1.2: Income Deprivation Affecting Older People Index (2010)**



Source: Indices of Deprivation via CLG, 2010

## 2.2 Benefits for Older People

### Key messages

- Nearly all benefit data, apart from winter fuel payment, show a similar trend, with Mansfield (24%) and Ashfield (21%) Districts showing high percentages of people aged 50-64 claiming at least one benefit compared with Rushcliffe (10%) showing the lowest levels.
- Winter fuel payment claims are highest in Rushcliffe (97%) and lowest in Ashfield (92%).

### 2.2.1 Benefits – population aged 50-64

Table 2.2.1 below shows the proportion of the population aged 50-64 claiming at least one benefit. The base data is 2010 population and the administrative data is from the Department of Work and Pensions. The data is based on the working age population for a range of key statistics groups. It is based on quarterly releases and therefore provides a dataset which does not include double counting. The dataset used in the table is the May 2011 release.

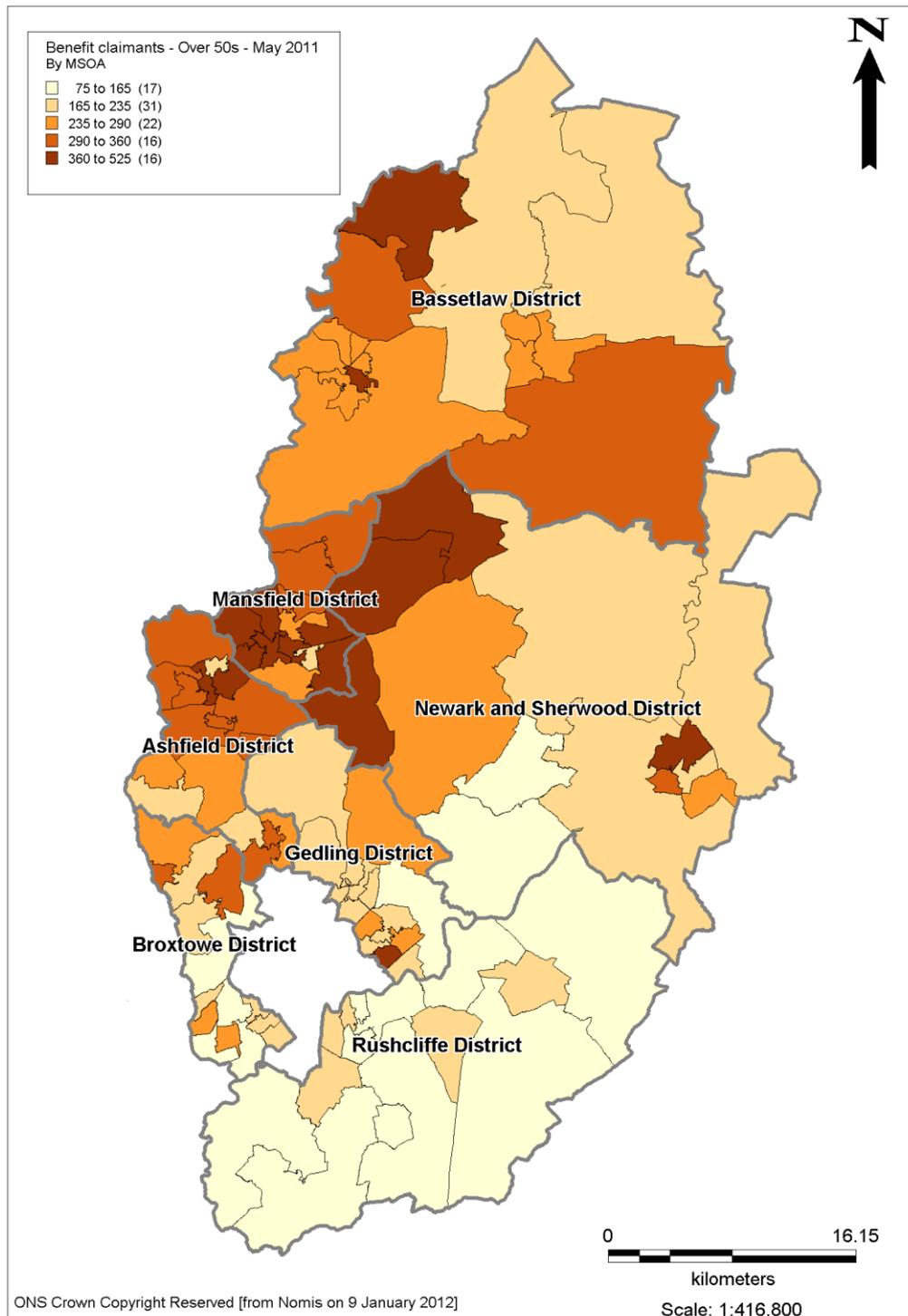
**Table 2.2.1: Population aged 50-64 claiming at least one benefit (May 2011 data)**

	Total caseload (May 2011)	% of total population aged 50-64
Ashfield	4,660	21.1%
Bassetlaw	4,040	17.4%
Broxtowe	3,130	14.7%
Gedling	3,310	14.7%
Mansfield	4,600	23.8%
Newark & Sherwood	3,630	15.5%
Rushcliffe	2,160	9.9%
Nottinghamshire	25,530	16.6%

*Source:* Department of Work and Pensions, May 2011

The map below shows the numbers for the over 50's claiming at least one benefit mapped at ward level.

**Figure 2.2.2: Map showing over 50's claiming benefits - May 2011 by MSOA**



Source: Nomis: DWP Working Age clients for small areas, 2011

### **Incapacity Benefit/severe disablement allowance (ICB/SDA)**

Incapacity Benefit is paid to people who are assessed as being incapable of work and who meet certain contribution conditions. Severe Disablement Allowance (SDA) was paid to those unable to work for 28 weeks in a row or more because of illness or disability. Since April 2001 it has not been possible to make a new claim for Severe Disablement Allowance.

**Table 2.2.3: Incapacity Benefit/severe disablement allowance – population aged 50-64 (May 2011)**

% of total population aged 50-64 years	Total claimants (May 2011)	
	Number	% of population aged 50-64 years
Ashfield	2,540	11.5%
Bassetlaw	2,290	9.9%
Broxtowe	1,610	7.6%
Gedling	1,640	7.3%
Mansfield	2,700	14.0%
Newark & Sherwood	2,010	8.6%
Rushcliffe	1,000	4.6%
Nottinghamshire	13,790	9.0%

*Source: Department of Work and Pensions, 2011*

### **Employment and Support Allowance**

Employment and Support Allowance (ESA) replaced Incapacity Benefit and Income Support paid on the grounds of incapacity for new claims from 27th October 2008.

People eligible for Employment and Support Allowance have:

- to be 16 and over and under state pension age
- to demonstrate that they cannot work because of sickness and disability
- to demonstrate that they are not entitled to Statutory Sick Pay
- to satisfy certain tests. The first of these is a Work Capability Assessment to assess how the person's illness or disability affects their ability to work and carry out day-to-day activities

**Table 2.2.4: Employment and Support Allowance, population aged 50-64 years.  
May 2011**

	Total claimants ( May 2011)	% of the population aged 50-64%
Ashfield	390	2.7%
Bassetlaw	290	1.9%
Broxtowe	250	1.8%
Gedling	280	1.9%
Mansfield	350	2.7%
Newark & Sherwood	290	1.9%
Rushcliffe	190	1.3%
Nottinghamshire	2,040	2.0%

Source: Department of Work and Pensions, 2011

### Income Support

Income Support is intended to help people on low incomes who do not have to be available for employment. It can normally be claimed by people who are:

- aged 16 or over;
  - not working or working under 16 hours per week (and/or with a partner working under 24 hours);
  - not required to be available for full-time employment; and
  - in receipt of insufficient income to meet prescribed needs.
- The main types of people who receive it are lone parents, the long and short-term sick, people with disabilities and other special groups.

**Table 2.2.5: Income Support, population aged 50- 64 years, May 2011**

	Total claimants (May 2011)	% of the population aged 50-64
Ashfield	830	3.8%
Bassetlaw	680	2.9%
Broxtowe	470	2.2%
Gedling	550	2.4%
Mansfield	880	4.6%
Newark & Sherwood	640	2.7%
Rushcliffe	320	1.5%
Nottinghamshire	4,370	2.8%

Source: Department of Work and Pensions, 2011

## Carers Allowance

Carer's Allowance (CA) is a non-contributory benefit for people:

- who look after a severely disabled person for at least 35 hours a week
- who are not gainfully employed (i.e. not earning more than £95 per week after certain deductions) and
- who are not in full-time education

**Table 2.2.6: Carers Allowance, population aged 50-64, May 2011**

	Total claimants (May 2011)	% of the population aged 50-64
Ashfield	740	3.3%
Bassetlaw	630	2.7%
Broxtowe	460	2.2%
Gedling	510	2.3%
Mansfield	700	3.6%
Newark & Sherwood	580	2.5%
Rushcliffe	300	1.4%
Nottinghamshire	3,920	2.6%

Source: Department of Work and Pensions, 2011

## Disability Living Allowance

Disability Living Allowance (DLA) provides a non-contributory, non means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people who claim help with those costs before the age of 65. DLA has two components which can be paid together or on their own – a care component and a mobility component. It has not been possible to separate the data into the care and mobility components for the population aged 50-64 years, however this data is provided for population of pensionable age in the relevant section.

**Table 2.2.7: Disability Living Allowance, population aged 50-64**

	Total claimants (May 2011)	% of the population aged 50-64
Ashfield	2,510	11.4%
Bassetlaw	2,410	10.4%
Broxtowe	1,690	7.9%
Gedling	1,760	7.8%
Mansfield	2,790	14.5%
Newark & Sherwood	2,060	8.8%
Rushcliffe	1,180	5.4%
Nottinghamshire	14,400	9.4%

Source: Department of Work and Pensions, 2011

## 2.2.2 Benefits – pensionable age client group

The ‘pensionable age client group’ refers to men aged 65 and over and women aged 60 and over. A snapshot of data at May 2011 from DWP has been provided.

### Pension Credit

Pension Credit is designed to ensure that help is still directed at pensioners at the lower end of the income scale and, in addition, to reward those people who have made modest provision for their retirement. Pension credit comes in two elements:

- The guarantee element guarantees that no-one aged 60 and over need live on an income of less than a guaranteed amount. These amounts are more if pensioners have caring responsibilities, are severely disabled or have housing costs. The guarantee credit works by topping up pensioners' weekly income to this level.
- The savings credit element ensures a reward for savings. Pensioners aged 65 and over receive a cash reward for their second pension or savings income above the level of the savings credit threshold.

**Table 2.2.8: Pension Credit, May 2011**

% of total population of pensionable age	Total claimants (May 2011)		Guarantee Credit only		Savings Credit only		Both savings & guarantee	
	No	%	No	%	No	%	No	%
Ashfield	5,720	23.7%	1,600	6.6%	1,450	6.0%	2,670	11.0%
Bassetlaw	5,200	20.8%	1,500	5.0%	1,380	5.5%	2,320	9.3%
Broxtowe	4,460	19.0%	1,220	5.2%	1,210	5.1%	2,040	8.7%
Gedling	4,400	17.4%	1,290	5.1%	1,110	4.4%	1,990	7.9%
Mansfield	4,890	23.6%	1,390	6.7%	1,220	5.9%	2,280	11.0%
Newark & Sherwood	4,550	17.6%	1,280	5.0%	1,220	4.7%	2,050	7.9%
Rushcliffe	3,220	13.6%	930	3.9%	880	3.7%	1,420	6.0%
Nottinghamshire	32,450	19.3%	9,200	5.5%	8,480	5.0%	14,770	8.8%

Source: Department of Work and Pensions, 2011

## Carers Allowance

**Table 2.2.9 Carers allowance, population of pensionable age, May 2011**

	Total claimants (May 2011)	% of population pensionable age
Ashfield	1,160	4.8%
Bassetlaw	1,060	4.2%
Broxtowe	920	3.9%
Gedling	850	3.4%
Mansfield	970	4.7%
Newark & Sherwood	870	3.4%
Rushcliffe	600	2.5%
Nottinghamshire	6,430	3.8%

Source: Department of Work and Pensions, 2011

## Attendance Allowance

Attendance Allowance (AA) provides a non-contributory, non-means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people who are aged 65 and over when they claim help with those costs. It can be awarded for a fixed or an indefinite period.

To qualify, people must have needed help with personal care (i.e. attention in connection with their bodily functions and/or continual supervision to avoid substantial danger to themselves or others) for at least 6 months (the 'qualifying period').

The allowance is paid at two rates:

- Higher rate - for people who need help with personal care throughout the day and during the night;
- Lower rate - for people who need help with personal care throughout the day or during the night.

**Table 2.2.10: Attendance Allowance, population aged over 65, May 2011**

% of total population aged over 65	Total claimants (May 2011)		Higher rate		Middle rate	
	No	%	No	%	No	%
Ashfield	4,070	20.0%	2,240	11.0%	1,830	9.0%
Bassetlaw	3,550	17.1%	1,940	9.3%	1,620	7.8%
Broxtowe	3,290	16.7%	1,740	8.8%	1,550	7.9%
Gedling	3,670	17.1%	1,970	9.2%	1,700	7.9%
Mansfield	3,460	19.7%	1,960	11.1%	1,599	9.1%
Newark & Sherwood	3,560	16.5%	1,950	9.0%	1,600	7.4%
Rushcliffe	3,010	15.1%	1,550	7.8%	1,460	7.3%
Nottinghamshire	24,610	17.4%	13,350	9.4%	11,359	8.0%

Source: Department of Work and Pensions, 2011

## Disability Living Allowance

### DLA care component

The care component is for people who have needed help with personal care (i.e. attention in connection with their bodily functions and/or continual supervision to avoid substantial danger to themselves or others) for at least 3 months (the 'qualifying period') and are likely to go on needing that help for at least a further 6 months (the 'prospective test'). The care component is paid at three rates:

- Higher rate - for people who need help with personal care throughout the day and during the night;
- Middle rate - for people who need help with personal care throughout the day or during the night;
- Lower rate - for people who need help with personal care during some of the day or are so severely disabled that they cannot prepare a cooked main meal for themselves if they have the ingredients.

### Disability Living Allowance (DLA) – care award component

**Table 2.2.11: Disability Living Allowance, Care award, population of pensionable age, May 2011**

% of total population of pensionable age	Total claimants (May 2011)		Higher rate		Middle rate		Lower rate		Nil rate	
	No	%	No	%	No	%	No	%	No	%
Ashfield	2,750	11.4%	730	3%	670	2.8%	840	3.5%	510	2.1%
Bassetlaw	3,010	12.1%	650	2.6%	740	3%	960	3.8%	660	2.6%
Broxtowe	2,010	8.6%	500	2.1%	480	2%	660	2.8%	370	1.6%
Gedling	1,980	7.8%	450	1.8%	510	2%	610	2.4%	410	1.6%
Mansfield	3,090	14.9%	720	3.5%	760	3.7%	1,020	4.9%	590	2.8%
Newark & Sherwood	2,120	8.2%	470	1.8%	570	2.2%	670	2.6%	410	1.6%
Rushcliffe	1,370	5.8%	320	1.4%	350	1.5%	420	1.8%	28	0.1%
Nottinghamshire	16,330	9.7%	3,840	2.3%	4,080	2.4%	5,180	3.1%	2,978	1.8%

Source: Department of Work and Pensions, 2011

## Disability Living Allowance (DLA) – mobility award component

The mobility component is for people who have had walking difficulties for at least 3 months and are likely to continue to have those difficulties for at least a further 6 months. It is paid at two rates –

- Higher rate - for people who are physically unable, or virtually unable, to walk;
- Lower rate - for people who can walk, but need guidance or supervision from another person when walking out of doors on unfamiliar routes.

**Table 2.2.12: Disability Living Allowance, mobility award, population of pensionable age, May 2011**

% of total population of pensionable age	Total claimants (May 2011)		Higher rate		Lower rate		Nil rate	
	No	%	No	%	No	%	No	%
Ashfield	2,750	11.4%	2,150	8.9%	270	1.1%	330	1.4%
Bassetlaw	3,010	12.1%	2,510	10.1%	220	0.9%	280	1.1%
Broxtowe	2,010	8.6%	1,550	6.6%	190	0.8%	270	1.1%
Gedling	1,980	7.8%	1,540	6.1%	200	0.8%	240	0.9%
Mansfield	3,090	14.9%	2,560	12.3%	220	1.1%	310	1.5%
Newark & Sherwood	2,120	8.2%	1,710	6.6%	180	0.7%	230	0.9%
Rushcliffe	1,370	5.8%	1,080	4.6%	140	0.6%	140	0.6%
Nottinghamshire	16,330	9.7%	13,100	7.8%	1,420	0.8%	1,800	1.1%

Source: Department of Work and Pensions, 2011

## Winter Fuel Payment

Winter Fuel Payment is an annual payment for older people to help with the costs of keeping a household warm in winter. Statistics based on winter fuel payment recipients for winter 2010/2011 have been provided by DWP. Table 2.2.13 below lists the numbers of claimants for all ages broken by payment amount for all population and then lists the total number of people aged over 80.

**Table 2.2.13: Winter Fuel payments 2010/2011, population aged over 65**

% of total population aged over 65	Total claimants 2010-2011	%	£125	£200	£250	£275	£400	80-plus related payment
Ashfield	18,830	92.3%	8,470	880	5,830	450	3,200	4,520
Bassetlaw	19,470	93.6%	8,720	1,060	5,870	590	3,220	4,880
Broxtowe	19,150	97.2%	8,560	1,230	5,370	570	3,420	5,230
Gedling	20,100	93.9%	9,200	1,290	5,460	640	3,520	5,440
Mansfield	16,820	95.6%	7,190	960	5,170	470	3,050	4,470
Newark & Sherwood	20,460	94.7%	9,430	1,200	5,780	630	3,430	5,260
Rushcliffe	19,320	97.1%	9,030	1,430	4,800	710	3,360	5,500
Nottinghamshire	134,150	94.9%	60,600	8,050	38,280	4,060	23,200	35,300

Source: Department of Work and Pensions, 2011

From the above table it can be seen that Mansfield District had the lowest percentage claimants in the County, whilst Broxtowe and Rushcliffe had the highest in the County. Claimant rate is not related to levels of deprivation.

## 2.3 Employment and Economic Activity

### Key messages

- Employment rates for older people (aged 50+) are in line with the national and regional average at 38%.
- Differences within the county are stark with Gedling having an employment rate of 45%, Rushcliffe 40% and Ashfield 39%. Mansfield had the lowest employment rate at 30%.
- Employment rates for people aged 50+ in Nottinghamshire reflect the national trend being highest for men (43%) compared with women (33%).
- Unemployment rates peaked in the early 1990s as a result of recession and then continued to fall during the 1990s and early 2000s. The latest recession has seen unemployment rates increasing again although Nottinghamshire is below national and regional rates.
- Unemployment rates for people aged 50-64 were highest in Broxtowe (4%), Gedling (4%) and Ashfield (4%).

### 2.3.1 Employment

Employment rates for older people in Nottinghamshire (table 2.3.1) were comparable to the region and the UK. Disparities within the county however are stark; Gedling recorded a rate of 45.3%, Rushcliffe and Ashfield had rates of 39.8% and 39.3% respectively, whilst Mansfield had the lowest rates at 30.3% respectively. The figures and rates quoted in this table however should be treated with caution as the confidence intervals used in the Annual Population Survey are wide due to the smaller sample sizes used to collect data for each District.

When the gender breakdown for over 50s employment is examined, these disparities become even more marked. For males the county rate is more than 1.5% lower than the regional rate but closer to that of the UK.

The highest male employment rate amongst over 50's is that recorded by Rushcliffe – 52.3%, with the next highest rate being Gedling at 47.6%. The lowest employment rates for older men are recorded in Mansfield at 35.9%.

For older women the county rate is 0.6% less than that of the region and just 0.1% higher than the UK rate. The district breakdown shows the highest rates of female employment amongst over 50's to be in Gedling (43.2%), followed by Newark and Sherwood at 37.7%; the lowest rates of less than 30% are found in Bassetlaw, Mansfield and Rushcliffe.

It is however worth noting that the rates for older men are consistently higher than those for women. Rushcliffe shows the highest difference between the genders, with female employment over 20% lower than the male rate.

**Table 2.3.1: Employment Rate, Aged 50+, July 2010-June 2011 by area and gender**

Area	Total		Male		Female	
	number	%	number	%	number	%
Ashfield	17,200	39.3	9,500	45.3	7,700	33.8
Bassetlaw	11,400	32.6	6,100	39.3	5,200	27.2
Broxtowe	14,100	37.8	8,500	43.0	5,600	31.9
Gedling	20,300	45.3	10,200	47.6	10,100	43.2
Mansfield	10,800	30.3	5,300	35.9	5,500	26.3
Newark and Sherwood	14,900	37.5	7,500	37.2	7,400	37.7
Rushcliffe	17,800	39.8	10,400	52.3	7,400	29.7
<b>Nottinghamshire</b>	<b>106,500</b>	<b>37.9</b>	<b>57,600</b>	<b>43.4</b>	<b>49,000</b>	<b>33.0</b>
Nottingham City	25,600	31.8	13,300	33.5	12,400	30.2
East Midlands	616,700	39.0	339,500	44.9	277,200	33.6
United Kingdom	8,110,000	38.2	4,420,200	44.2	3,689,900	32.9

Source: Annual Population Survey via NOMIS

Note: employment rate is calculated as a proportion of the total population aged 50+, unemployment rate is calculated as a proportion of the population aged 50-64 who are economically active.

### 2.3.2 People aged 50-64 not in work

Unemployment fell substantially in the late-1990s but the recent recession has resulted in an upward trend in the unemployment figures. The number of Job Seekers Allowance claimants aged 50-64 stood at 1.7% for Nottinghamshire in December 2011, and this was lower than the regional figure (1.9%) and the national figure (2.1%).

Within the county the claimant count rate (JSA) for the over 50's ranges from 1.2% in Newark and Sherwood to 2.1% in Ashfield. In recent years, with the greater recognition that the claimant count described above is not the best measure of total unemployment, more attention has been paid to the concept of 'worklessness' - a wider but imperfectly defined word which encompasses those who are claiming Job Seekers Allowance, but also includes those who may have retired early, are not actively seeking work or may be claiming a range of other work-related benefits.

**Table 2.3.2: Unemployment (claimant count – December 2011), Males aged 50-64 years**

Area	Aged 50-54		Aged 55-59		Aged 60-64	
	number	percent	number	Percent	Number	Percent
Ashfield	145	3.9	105	3.9	40	1.1
Bassetlaw	105	2.7	70	2.7	30	0.8
Broxtowe	140	4.0	95	4.0	35	0.9
Gedling	140	3.8	95	3.8	25	0.7
Mansfield	105	3.1	90	3.1	35	0.1
Newark and Sherwood	95	2.4	65	2.4	25	0.6
Rushcliffe	90	2.4	70	2.4	25	0.7
Nottinghamshire	810	3.1	595	3.1	215	0.8

Source: NOMIS

Note: employment rate is calculated as a proportion of the total population aged 50+, unemployment rate is calculated as a proportion of the population aged 50-64 who are economically active

**Table 2.3.3: Unemployment (claimant count- December 2011), Females aged 50-64 years**

Area	Aged 50-54		Aged 55-59		Aged 60-64	
	number	percent	number	Percent	Number	Percent
Ashfield	90	2.4	65	1.9	5	0.1
Bassetlaw	60	1.5	55	1.5	5	0.1
Broxtowe	80	2.2	50	1.5	5	0.1
Gedling	90	2.3	55	1.5	10	0.3
Mansfield	70	2.0	50	1.6	5	0.2
Newark and Sherwood	65	1.6	35	0.9	10	0.2
Rushcliffe	70	1.8	50	1.5	5	0.1
Nottinghamshire	530	2.0	365	1.5	45	0.2

Source: Nomis

Note: employment rate is calculated as a proportion of the total population aged 50+, unemployment rate is calculated as a proportion of the population aged 50+ who are economically active

## 2.4 Qualifications

### Key messages

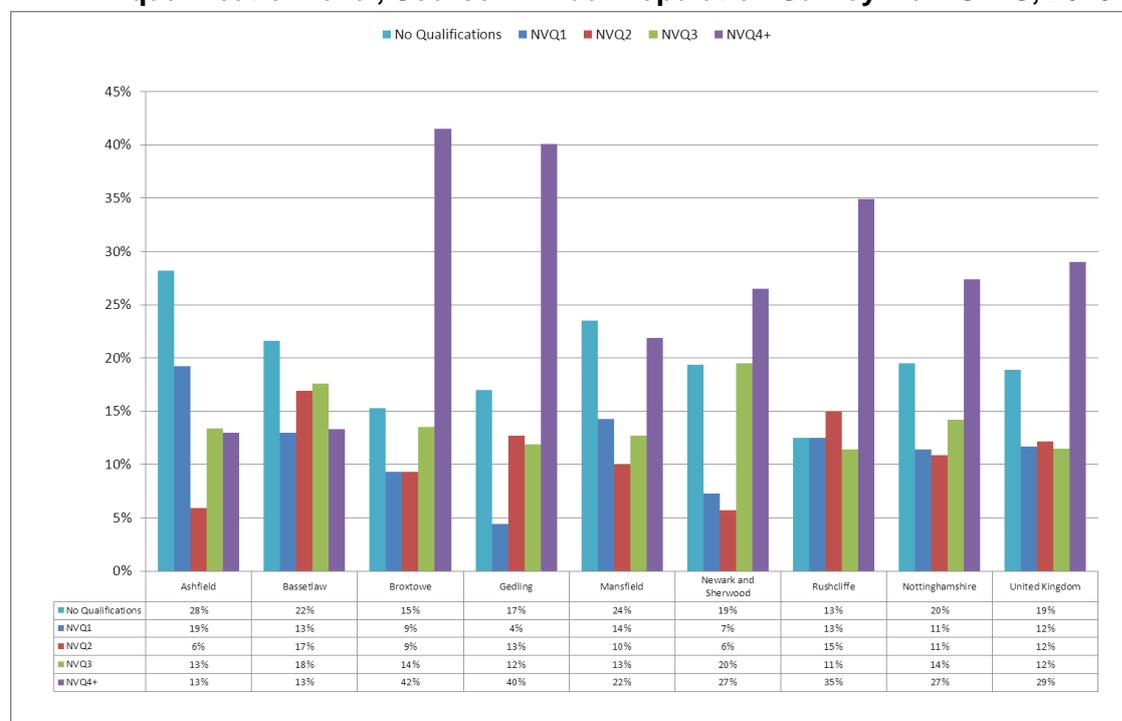
- Education and skills are closely linked to employment, income and well-being.
- There are wide variations in qualification levels obtained by older people across Nottinghamshire.
- 1 in 4 people aged 50-64 in Ashfield and Mansfield has no qualifications. 1 in 8 has no qualifications in Rushcliffe.
- Ashfield (13%) and Bassetlaw (13%) have the lowest level of NVQ4+ achievement across the County whereas Broxtowe (42%), Gedling (40%) and Rushcliffe (35%) have the highest.

Qualifications are an important proxy for skill levels and a determinant of the level of jobs that can be accessed. They are therefore important in affecting job quality, productivity and earning potential and have an important effect upon household incomes.

Figure 2.4.1 shows that there are wide variations in qualification levels obtained by older people across Nottinghamshire. 1 in 4 people aged 50+ in Ashfield and Mansfield has no qualifications. 1 in 8 has no qualifications in Rushcliffe.

Ashfield (13%) and Bassetlaw (13%) have the lowest level of NVQ4+ achievement across the County whereas Broxtowe (42%), Gedling (40%) and Rushcliffe (35%) have the highest.

**Figure 2.4.1: The proportion of the population aged 50-64 years by qualification level, Source: Annual Population Survey via NOMIS, 2010.**



NVQ designations are shorthand for a range of NVQs and comparable qualifications. For example NVQ1 includes not only that qualification but also Foundation GNVQs, less than 5 'O' Level passes/CSEs/GCSEs grades A-C.

<u>Level 1</u>	Less than 5 'O' Level passes or CSEs/GCEs grades A-C, NVQ level 1, Foundation GNVQ
<u>Level 2</u>	5+ 'O' Level passes, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate, 1+ 'A' Levels / 'AS' Levels, NVQ Level 2, Intermediate GNVQ
<u>Level 3</u>	2+ 'A' Levels, 4+ 'AS' Levels, Higher School Certificate, NVQ Level 3, Adv GNVQ
<u>Level 4/5</u>	first degree, higher degree, NVQ Levels 4 and 5, HNC, HND, qualified teacher status, medical doctor, dentist, nurse, midwife, health visitor, other professional qualifications

## 2.5 Social Isolation and Social Capital

### Key Messages

*Social isolation is caused by a variety of factors, many of which affect older people. Loneliness is a major factor contributing to social isolation which can be a cause of poor health and well-being such as depression.*

- Social isolation is difficult to measure but living alone is one indicator. In Nottinghamshire the 2001 Census showed that 24% of the population aged 65+ in the County lived alone.
- Estimates of the numbers of older people living alone in Nottinghamshire show that there is expected to be a rise from around 53,000 in 2011 to 74,000 by 2025, an increase of 40%.
- Social capital has a strong positive relationship with physical and mental health and healthy lifestyle. In Nottinghamshire a variety of organisations (including the voluntary sector) provide opportunities for community engagement for older people
- In addition, vulnerable people are assessed through a Community Care Assessment which may lead to a Personal Budget which can be used to address individual needs.

This is an elusive subject to identify and pin down as 'loneliness' is subjective and a matter of perception but nevertheless there is a growing body of evidence to suggest it is an important issue and one which is connected to many other health and social needs .

Social isolation or exclusion is caused by a variety of factors, many of which - for example problems with access, ill health, age, etc - affect older people. Loneliness is a major contributing factor to social isolation and this is often exacerbated by the lack of transport or mobility which can enable better communication and interaction. Levels of social capital can affect both physical and mental health and can be affected by increasing age, as for example, the number of one's peers declines, leading to fewer opportunities for routine interaction.

"Safeguarding the Convoy: A call to action from the Campaign to End Loneliness" is a report published by Campaign to End Loneliness and Age UK Oxfordshire, in 2010 which investigates the scale and effects of loneliness on people's physical, emotional and psychological well being. This report makes a broad investigation into loneliness in Britain. It makes the link between loneliness and ill health.

"Safeguarding the Convoy" also cites evidence that loneliness adversely affects the immune and cardiovascular systems. The report states that in some cases a health condition may trigger greater isolation and loneliness e.g.

- hearing impairment has been found to increase loneliness and is likely further to erode personal resilience
- decreasing mobility, and aches and pains also inhibit people's ability to keep up with their family and friends.

This study also links isolation and diminished interaction with others with the onset of degenerative diseases such as Alzheimer's. One study quoted in "Safeguarding the Convoy" reported a doubled risk of Alzheimer's disease in lonely people compared with those who were not lonely. In this report, loneliness is classed as a disability and links it to the onset of depression.

Nationally about 3.7 million older people live alone, (General Lifestyle Survey 2008) In Nottinghamshire the 2001 Census showed that 24.3% of the county's population were in single person households. In addition, 14% of households were single pensioner households. Within the county, each district has a similar percentage of single pensioner households, with a range of between 13.3% in Rushcliffe to 14.9% in Newark and Sherwood. Estimates of single pensioner households show that between 2011 and 2025 there is expected to be a 40% increase, with the highest number in Newark and Sherwood (figure 2.5.1).

**Figure 2.5.1: Number of people aged 65+ estimated to live alone**

Area	2011	2025
Nottinghamshire	53,145	74,280
Ashfield	-	10,731
Bassetlaw	-	10,447
Broxtowe	-	9,880
Gedling	-	10,698
Mansfield	-	9,023
Newark and Sherwood	-	11,733
Rushcliffe	-	10,785

Source: POPPI

Social capital is a term describing how people or groups of people feel about their community, or the area in which they live. It is linked to and affected by the amount of contact with friends and family members, by levels of trust and social support and interest in organised and neighbourhood activity. The countywide MORI survey undertaken in 2004 asked questions regarding people's "sense of community". 46% of all respondents said they felt there was a strong sense of community in their local area and 49% of older respondents (55+) felt that this was the case.

Nationally there is 'Think Local Act Personal' Partnership, which leads on the Building Community Capacity Project. This project is leading on policy to support development of social capital.

Community activities, opportunities for socialisation and better access to community buildings and activities can all help to build personal networks and lessen exclusion and isolation.

Adult learning opportunities and the ability to access organised activities, whether social, cultural, religious or environmental can increase social capital and lessen social isolation.

Locally there are partnerships and schemes which aim to reduce social isolation. Through Grant Aid there are diverse organisations and groups who are providing luncheon clubs, befriending schemes, etc. In addition, vulnerable people are assessed through the Community Care Assessment. This may identify eligible needs which are translated into outcomes, which are then addressed through a Personal Budget. This may go towards helping people engage with their community.

There are gaps in knowledge about the health and wellbeing needs of people experiencing social isolation in Nottinghamshire.

## 2.6 Housing

### Key Messages

- Good housing is seen as an important element of promoting better health.
- Nationally, a third of the housing market is made up of older people.
- Older people in more deprived areas are likely to have higher levels of social need, for example they have higher proportions of older people living with a limiting long-term illness.
- Older people increasingly wish to remain in their own homes as they age and be supported as they become more frail.
- New housing needs to be flexible to allow continued occupancy as people age but in Nottinghamshire.
- There is a mixture of pensioner household tenures across the County with Rushcliffe, Gedling and Broxtowe having very high levels of owner-occupation and Bassetlaw having high levels of social renting.
- Older people and their families in Nottinghamshire need access to good quality information about housing choices.
- An increasing number of people with dementia will require more specialist care, including housing needs.

### Introduction

Good housing is seen as important element of promoting better health. The Government's Decent Homes Programme dates back to 2005 but some of its key policy statements remain valid. The document highlighted the triangular relationship between housing, health and sustainability and the links between fuel poverty and health

*'Homes in poor condition damage the health of those that live in them and can undermine the sustainability of neighbourhoods,'*

*'Fuel poverty can damage people's quality of life and health, as well as impose wider costs on the community. The likelihood of ill-health is increased by cold homes, with illnesses such as influenza, heart disease, and strokes all exacerbated by the cold.'*

'Opportunity Age in Nottinghamshire', is a countywide strategy developed by the Older People's Strategic Partnership. It draws attention to older people's wish to manage at home, in housing that has sufficient flexible space to allow their continued occupancy, in safety, comfort and security even where disability or reduced mobility begins to impact. Key actions include working towards Lifetime Homes standards, supporting the development of voluntary sector and handy person schemes, a range of housing options and tenures and so on.

Both the Communities and Local Government Department's paper 'Towards Lifetime Neighbourhoods: designing sustainable communities for all' and Opportunity Age support the development of sustainable communities which take account of demographic changes, including the needs of older people.

The report says:

“Older people play a major social, economic and civic role alongside other generations. Lifetime neighbourhoods will reap an ‘age dividend’ of improved health, inclusion and participation. Those that do not, risk a downward spiral of ill health, disability and dependency in older populations.”

The issues discussed in the above document are as important for transport and accessibility and for social capital, as they are for housing.

Housing issues such as heating are also important as they impact upon or are influenced by other related issues such as fuel poverty, which often affects those households with older residents or single pensioners. See Section 2.8 for more information and data regarding excess winter deaths, some of which may arise from poor housing conditions experienced by older people.

### **Housing for older people in Nottinghamshire**

In 2009, Rushcliffe Borough Council took the lead in a consortium of local authorities covering all of Nottinghamshire, Nottingham City and Erewash, to commission research into the housing needs of older people and how they could be met by a strategic approach to older people's accommodation<sup>1</sup>. The research was based on the key principles established in the national housing strategy<sup>2</sup>. The final report “A Strategic Approach to Older People's Accommodation”, provides research and recommendations on demography, the views of older people, housing supply, and current services.

The section below draws on the main findings and recommendations from that report.

### **Demographics and context**

Older people are not a uniform group there are noticeable differences in wealth and deprivation across communities and there are noticeable differences within neighbourhoods and that means that there will be differing levels of services and housing needed to match local needs. There are at least three generations of older

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<sup>1</sup> A Strategic Approach to Older People's Accommodation for Nottinghamshire and Erewash. July 2011. Peter Fletcher Associates. [http://www.ashfield-dc.gov.uk/ccm/cms-service/stream/asset/?asset\\_id=13751002&%20](http://www.ashfield-dc.gov.uk/ccm/cms-service/stream/asset/?asset_id=13751002&%20)

<sup>2</sup> Lifetime Homes; Lifetime Neighbourhoods – a National Strategy for Housing in an Ageing Society (CLG/DH/DWP, 2008).

people who have very different life experiences and differing expectations. Many older people will not require or want any help, while the number of people who will need specialist help will increase. About 70% are owner occupiers.

Detailed population data and projections are contained in the demography section of this Joint Strategic Needs Assessment; key information relating to older people has been summarized below

All the districts within Nottinghamshire are projected to witness a very large increase in the population aged 65 and over, with the population of people aged 65+ increasing by nearly 40% by 2025. By 2025, 23% of the population in Nottinghamshire will be aged 65+, and 4% will be aged 85+

Bassetlaw and Newark and Sherwood have the highest projected increase in the population aged 85 and over. This could have a severe impact on the levels of demand for services for frail older people and older people with dementia in these two districts in particular.

Urban areas (such as Ashfield and Mansfield) are predicted to see smaller increases, but there is greater deprivation and intensity of social need in these areas. They already have higher proportions of older people with a disability or a limiting long term illness (see section 4, Older People's Chapter) and this pattern is likely to continue given general health and income distributions.

There is a mix of pensioner household tenures across the County, with Rushcliffe, Gedling and Broxtowe having very high levels of owner-occupation and Bassetlaw having a high level of social-renting. All of the areas have at least 54.9% of their pensioner households living in owner-occupied accommodation. Large numbers of people aged 65 years and over are living alone throughout the County, these numbers are predicted to increase by 40% between 2011 and 2025.. Living alone can have a negative impact on older people, particularly in terms of their vulnerability to social isolation and their dependency on support services to remain independent in their own homes. For further information please see the section on social isolation.

Further details and analysis on demography and housing is contained in the full report.

## Household survey and focus groups

The report details the full range of involvement activities that were undertaken including consultation events and surveys with older people and gives a full account of the views of older people. The following highlights some of the themes that emerged:

- Most older people like where they live and want to be supported to stay there
- Awareness of some services is very limited
- Financial matters are a cause of concern
- Access to information is important so that people can make informed decisions
- The need for support with domestic tasks figures prominently and there is a need for practical services to help maintain independence
- When asked where they would prefer to move to, few people would choose sheltered housing or residential care, and very few would consider a bedsit
- There is a need for a range of housing options that include outright purchase and shared ownership

The report also refers to national research which has shown that important factors for older people are:

- **Space:** older people are looking for adequately spacious accommodation. This is reflected in the fact that a growing amount of early sheltered housing, built to poor space standards, and often without a separate bedroom, is now becoming hard to let or sell.
- **Two bedrooms:** the wish for two bedrooms is becoming the norm.
- **Location:** location has always been, and is still, a critical factor, in older people making a housing choice that suits them. For “pull” factor moves for people in early retirement, rural areas are becoming increasingly attractive. For people in later retirement, (“push” factor moves) most people wish to move to a location - usually city, town or large village – where services and facilities are close to hand.
- **Accessibility to services:** A growing number of older people are looking to move to somewhere where both the building and services will be able to support them if they become frailer, without them having to make a further move.
- **Service approach:** older people are increasingly looking for a service model (alongside the housing) that is flexible and allows them to pay a small fixed service charge and then to have a service model with different options that allows them to purchase services as they need them.
- **Couples remaining together:** older couples, where one person is frail and the existing home is unsuitable to provide care, are looking for a supported housing option that enables them to remain living together, as an alternative to a care home .

## **Housing supply findings and recommendations**

The report looked at the currently availability of housing for older people by collecting information on ordinary housing, including owner occupation and renting, specialist accommodation for older people including sheltered housing and Extra Care<sup>3</sup>.

### **General Needs Housing**

The key priorities identified in relation to supply are:

- The development of “all age” accessible two bedroom general needs housing, both rent and shared ownership, to address the ageing population in the housing market
- Improving the overall standard and accessibility of housing
- Growth in the number of wheelchair/mobility adapted properties
- Ensuring that all new properties with access above ground floor either have lifts or are designed so that assisted access can be provided in the future
- Looking at ways to address under-occupation
- Considering the infrastructure that is needed to develop lifetime communities
- A need for a wider range of choice, and particularly choice for those who want to purchase
- The housing market is currently stagnating, making it difficult to produce new housing of all types

### **Specialist housing**

Overall there is:

- A good supply of general care homes and care homes with nursing places for older people, given the planned shift away from long-term care home care
- A limited supply of specialist accommodation for sale and in some areas very little or no provision of this
- An oversupply of lower quality sheltered housing for rent
- Little provision for people with dementia or a learning disability within sheltered housing
- Few examples of the enhanced role that sheltered housing can play in supporting higher levels of frailty
- A shortfall in the planned provision of Extra Care housing across all tenures to meet projected need
- A significant change in the way new development will be funded, and this will have a major influence on the scale of future provision

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<sup>3</sup> Independent flats with access to 24 hour care from the scheme

There is a need for:

- A much more diverse housing market that provides a range of housing choices for older people:
- More ordinary two bedroom properties to purchase that are attractive to older people who are under-occupying their current homes
- Bungalows are important but other forms of housing will also play an important part
- The planning for general housing should take account of the high numbers of older people who current live in ordinary housing and want to remain in ordinary housing
- Mixed tenure Extra Care and retirement villages should be an important element of future development
- More specialist housing provision for people with dementia should be made available within existing development and new developments
- Better use to be made of existing provision, and particularly sheltered accommodation, to support higher levels of frailty
- The quality of sheltered housing for rent needs to be addressed to meet the growing aspirations of older people
- More specialist two bedroom housing, both in sheltered housing flats and bungalows
- A growth in the level of sheltered housing for sale and shared ownership

### **Housing related support services**

The national 'Supporting People' Programme, which provided funding for housing related support services to a Nottinghamshire Partnership, has now been incorporated into the main funding for Nottinghamshire County Council. Accountability for delivery of services will be via the Early Intervention and Prevention (EI&P) Strategic Board, which will be accountable to the Nottinghamshire Health and Wellbeing Board.

The Council will continue to fund housing related support services for older people, but the model of support will change. From April 2013 support that has been provided through sheltered housing and community alarm services will be replaced by a community support service providing short term support to vulnerable and isolated older people in all forms of tenure. This will include people who are owner occupiers or living in private rented housing.

### **Community and Independence**

The report also looked at how older people would be supported in the community in the future and considered the following factors:

- The changing role of adult social care and support services both in terms of the introduction of individual budgets and the implication of changes in public sector funding.

- The role that different types of specialist housing can play in helping people remain independent.
- What help is needed for those living in ordinary housing.
- The role information can play in helping people make the right choices.

It makes detailed recommendations on how future housing services should be developed to ensure sustainable 'lifetime communities' through; information and access, services for people with dementia, sheltered housing, preventative services, Extra Care and involvement of older people in future planning of services.

## 2.7 Access and Transport

### Key messages

- Equity of access to services or facilities either by private or public transport is an important factor in ensuring peoples' health and wellbeing needs are met.
- The ability to travel becomes an increasing problem with increasing age and disability and may contribute to social exclusion.
- In Nottinghamshire, car ownership decreases with increasing age and particularly for older women living alone. Access to good public transport networks is therefore of particular importance to older people.
- Older people live in all geographical areas of Nottinghamshire, but larger populations of older people often reside in more rural areas of Nottinghamshire.
- More rural areas of Nottinghamshire tend to have poorer access to key services and facilities, such as GP surgeries, NHS dentists, pharmacies and hospitals, by road distance or public transport travel times. This is particularly an issue to areas of Bassetlaw and Newark and Sherwood and rural areas of Rushcliffe.
- Travel times to key health services by public transport for areas of high health and disability deprivation tend to be shorter than for areas of low health and disability deprivation.
- Some areas of Bassetlaw show high levels of deprivation (top 20% nationally) in terms of both access to services and health.

### Definitions of Accessibility

It is important to understand what is meant by accessibility. The Department for Transport and the Department for Health have each set out their definition of the concept of accessibility (see below). Both definitions recognise that the ability of an individual to reach and use services is dependent on the underlying characteristics of the catchment area population and also on the availability and suitability of public transport services and other services provided by the voluntary sector (community transport, social car schemes) in the area to reach various destinations. The Department of Health definition also emphasises the importance of achieving equity in access to services, for instance that those in greatest need are not disadvantaged by not being able to access the services they need.

### *Department for Transport*

“...the ease with which an individual can access services and facilities that he or she needs or desires....(It) reflects the ability of an individual to reach and use transport services and infrastructure as well as life-enhancing facilities and services. (It) also describes the catchment characteristics of a given location.

### *Department of Health*

“...whether people, particularly those from disadvantaged groups and areas, are able to reach the jobs and services they need....”

Ability to travel becomes an increasing problem with increasing age and disability. ‘A Sure Start to Later Life’ (ODPM 2006) itemised decreasing mobility, poor transport networks and a lack of local services as contributing to social exclusion. ‘Opportunity Age’, published by the Department for Work and Pensions, also drew attention to transport difficulties as a major limiting influence on older people’s lives.

Older people are more dependent upon public transport than younger cohorts of the population.

#### **2.7.1 Car ownership**

The 2001 census revealed that almost 23.7% of households in Nottinghamshire had no car. This is slightly fewer than the average for both the East Midlands region and England (24.2% and 26.8% respectively). Table 2.7.1 below shows the picture across the county with the range being between 29.3% in Mansfield and as low as 16.7% in Rushcliffe.

**Table 2.7.1: Percentage of households with no car by District**

Ashfield	27.9%
Bassetlaw	23.6%
Broxtowe	23.4%
Gedling	22.9%
Mansfield	29.3%
Newark and Sherwood	21.9%
Rushcliffe	16.7%
<b>Nottinghamshire County</b>	<b>23.7%</b>
Nottingham City	44.9%

*Source: Census 2001- Key statistics for Local Authorities*

Table 2.7.2 shows car ownership levels amongst pensioner households from the 2001 census. This information will be updated on release of 2011 Census data. Couple pensioner households have higher levels of car ownership compared to other pensioner households. Car ownership levels decrease with age, particularly amongst pensioner households in the 75-84 years age group. Car ownership levels amongst lone female pensioner households are lower compared to lone male pensioner households. This has significant implications in terms of access to services & facilities

in the future, given that life expectancy amongst females is greater than males and that the elderly population of the rural areas of the county, particularly in Bassetlaw and Newark and Sherwood Districts, are expected to grow significantly in the future.

Access to good public transport network will be of importance to an increasingly ageing population.

**Table 2.7.2: % of households with people of pensionable age with no car by District and household type**

	Lone male pensioner households		Lone female pensioner households		2 or more people, all pensioners
	Age 65-74	Age 75-84	Age 60-74	Age 75-84	All aged under 75
<b>Ashfield</b>	50%	63%	72%	89%	20%
<b>Bassetlaw</b>	39%	52%	61%	82%	14%
<b>Broxtowe</b>	36%	47%	65%	83%	13%
<b>Gedling</b>	39%	52%	60%	82%	13%
<b>Mansfield</b>	50%	59%	70%	87%	18%
<b>Newark &amp; Sherwood</b>	36%	47%	58%	81%	12%
<b>Rushcliffe</b>	29%	38%	50%	75%	8%
<b>NOTTINGHAMSHIRE</b>	40%	52%	63%	83%	14%
<b>Nottingham</b>	65%	70%	79%	89%	30%

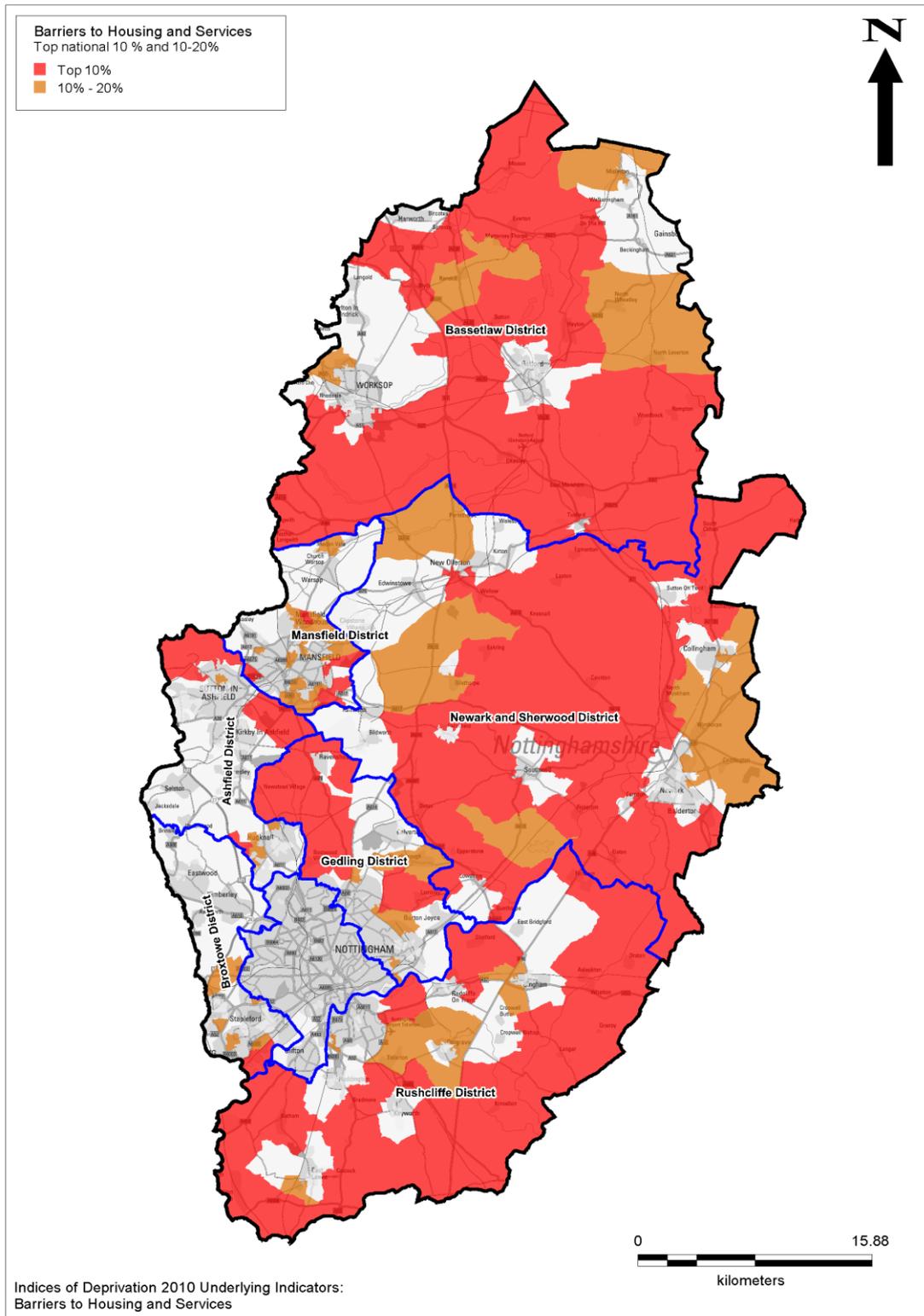
*Source: 2001 census*

### **2.7.2 Access to services and facilities by road**

Access to key services by road is included in the Index of Multiple Deprivation 2010 as a subdomain called 'Geographical Barriers to Services'. It measures road distances using the road network to Post Offices, GP Surgeries, Primary Schools and Supermarkets/local convenience food stores. Figure 2.7.3 shows Geographical Barriers to Services for Nottinghamshire, and highlights those areas which are within the top 10% and 20% most deprived nationally. In general more rural areas on Nottinghamshire show higher levels of deprivation in access to services.

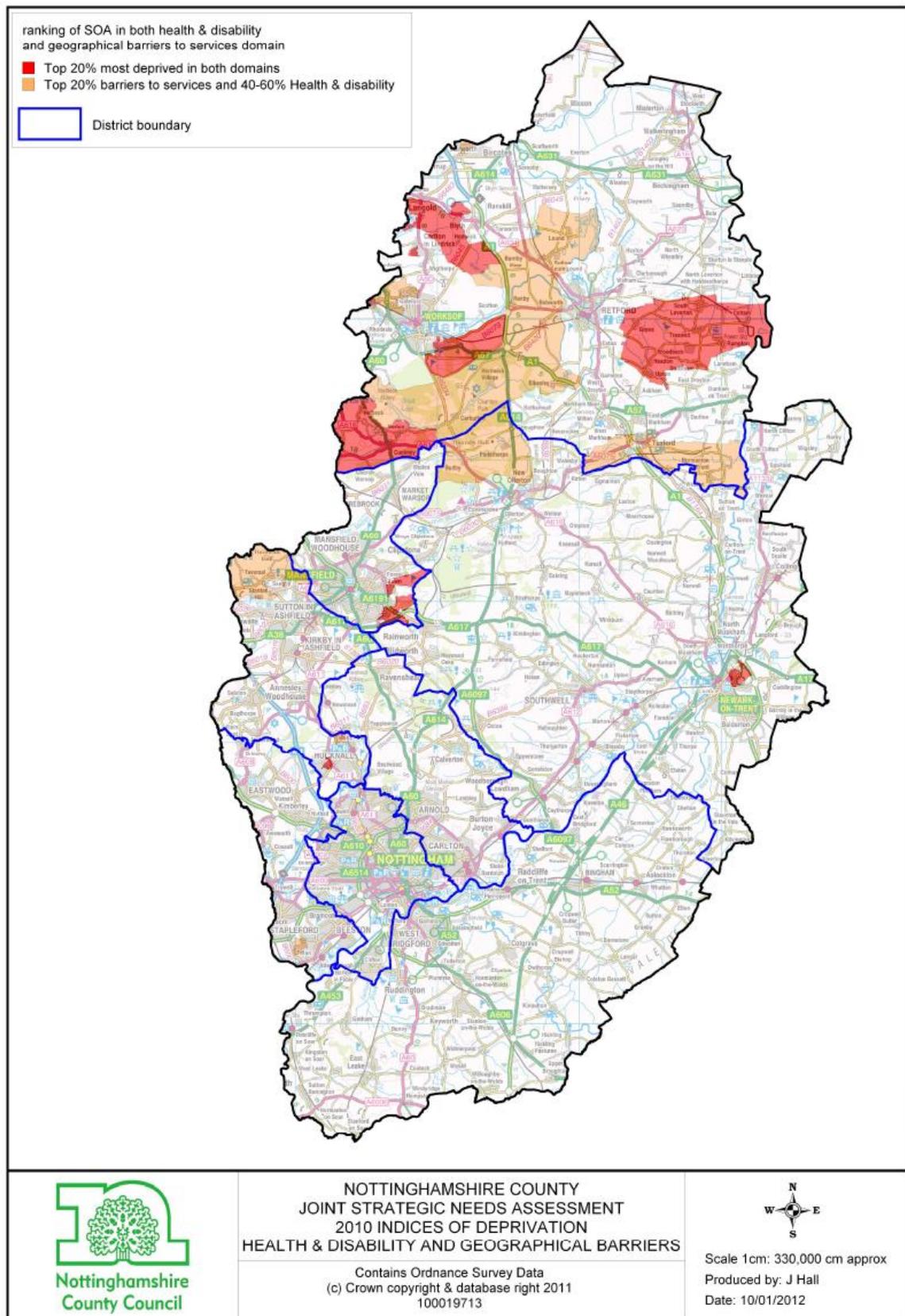
Figure 2.7.4 identifies those areas in Nottinghamshire which are within the top 20% most deprived for both Geographical Barriers to Services and Health Deprivation and Disability. Populations which are suffering from both poor health and disability and which have poor access to services can be identified. Areas particularly within Bassetlaw District but also Mansfield and Newark and Sherwood have some areas which fall within these categories.

**Figure 2.7.3: Deprivation in access to services: geographical barriers to access for housing and services**



Source: Indices of Deprivation via CJG, 2010

**Figure 2.7.4: Deprivation in both health and access to services**



Source: Indices of Deprivation via CJG, 2010

More detailed information regarding access to specific services is published annually and a summary for the districts of Nottinghamshire is given in table 2.7.5 below. Rural areas within Bassetlaw district had notably lower levels of access than England for GP surgeries, NHS dentists and pharmacies. Urban areas of Newark and Sherwood had notably lower levels of access for NHS dentistry compared with the England average.

**Table 2.7.5: Distances to health facilities/destinations, % of households within 4km using roads**

	GP Surgery (all sites)		NHS Dentist		Pharmacy	
	Rural	Urban	Rural	Urban	Rural	Urban
<b>Ashfield</b>	97%	100%	56%	96%	100%	100%
<b>Bassetlaw</b>	71%	100%	43%	100%	54%	100%
<b>Broxtowe</b>	100%	100%	100%	100%	100%	100%
<b>Gedling</b>	100%	100%	73%	99%	99%	100%
<b>Mansfield</b>	100%	100%	100%	98%	100%	100%
<b>Newark &amp; Sherwood</b>	83%	99%	61%	90%	82%	99%
<b>Rushcliffe</b>	87%	100%	79%	100%	79%	100%
<b>Nottingham City</b>		100%		100%		100%
<b>England</b>	79%	100%	57%	100%	79%	100%

*Source: Commission for Rural Communities, 2011, Rural services series*

\* Note: GP Surgeries (all sites) – those with a permanently-based member of staff and those in outreach locations. Figures are based on a calculation along the road network from the centre of the postcode to the nearest outlet of a particular service. Rural households are those defined by the 2004 Rural and urban definition as ‘Hamlet & isolated dwelling’, ‘Village’.

### 2.7.3 Access to services & facilities by public transport

Information regarding typical travelling times via public transport is produced locally each year.

**Table 2.7.6: Travel times by public transport to health facilities/destinations for each District in Nottinghamshire, % of households within travel time.**

	Nearest GP surgery		Nearest Hospital		
	15 mins	30 mins	15 mins	30 mins	45 mins
<b>Ashfield</b>	94%	100%	23%	81%	99%
<b>Bassetlaw</b>	62%	95%	26%	74%	75%
<b>Broxtowe</b>	88%	100%	4%	68%	100%
<b>Gedling</b>	95%	100%	16%	83%	100%
<b>Mansfield</b>	86%	100%	20%	89%	100%
<b>Newark and Sherwood</b>	73%	95%	16%	41%	75%
<b>Rushcliffe</b>	88%	98%	12%	63%	86%
<b>Nottinghamshire</b>	84%	98%	17%	71%	91%

*Sources used: Royal Mail codepoint data, Traveline, digitised road network data.*

Table 2.7.6 shows the results by District, for access to GP surgeries the ‘rural’ Districts of Nottinghamshire such as Bassetlaw and Newark and Sherwood have lower levels of accessibility compared to urban areas for the lower travel time threshold. For Hospitals for the higher travel time thresholds (30 mins, 45 mins), again the rural areas have lower levels of accessibility compared to the urban areas.

Maps showing accessibility to health destinations are included below in figures 2.7.8 and 2.7.9.

The Department for Health emphasises the importance of achieving equity in access to services, for instance that those in greatest need are not disadvantaged by not being able to access the services they need. Table 2.7.7 below shows accessibility levels in areas varying in Health deprivation and disability (a domain of the 2010 IMD). Population groups suffering from high levels of health deprivation and disability generally have good accessibility to key health destinations. This is because such population groups tend to be located in deprived urban areas which generally have good access to services and facilities.

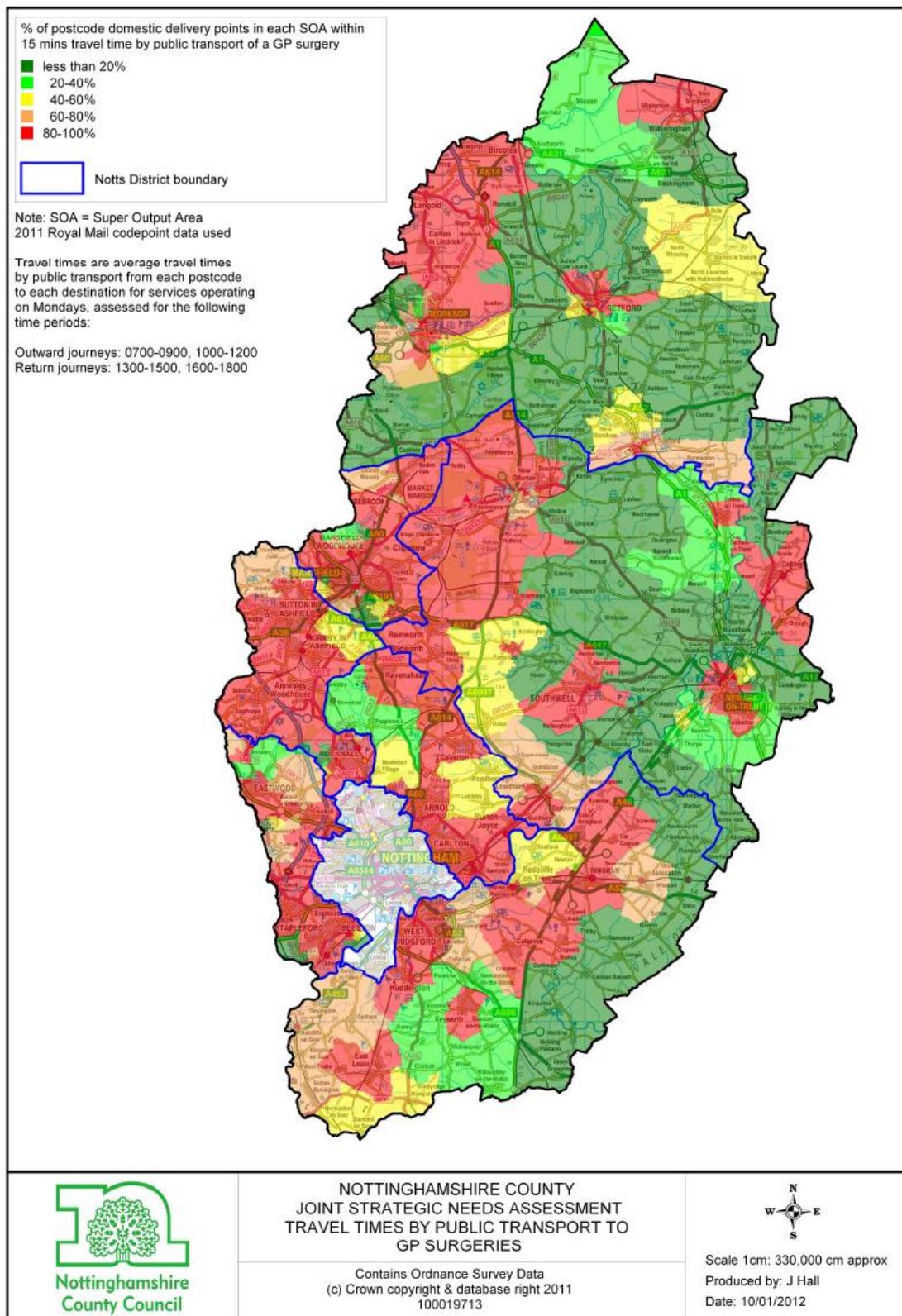
**Table 2.7.7: Travel times by public transport to health facilities/destinations compared with Health deprivation & disability**

% of households within travel time threshold	Nearest GP surgery		Nearest Hospital		
	15 mins	30 mins	15 mins	30 mins	45 mins
<b>Top 20% most deprived areas</b>	90%	99%	31%	84%	93%
<b>60-80%</b>	86%	99%	23%	75%	93%
<b>40-60%</b>	81%	98%	14%	74%	89%
<b>20-40%</b>	81%	96%	8%	63%	89%
<b>Bottom 20% least deprived areas</b>	81%	98%	9%	60%	90%
<b>Nottinghamshire</b>	84%	98%	17%	71%	91%

Sources used: Royal Mail codepoint data, Traveline, digitised road network data, IMD 2010

**Figure 2.7.8: Map showing accessibility to GP surgeries by public transport**

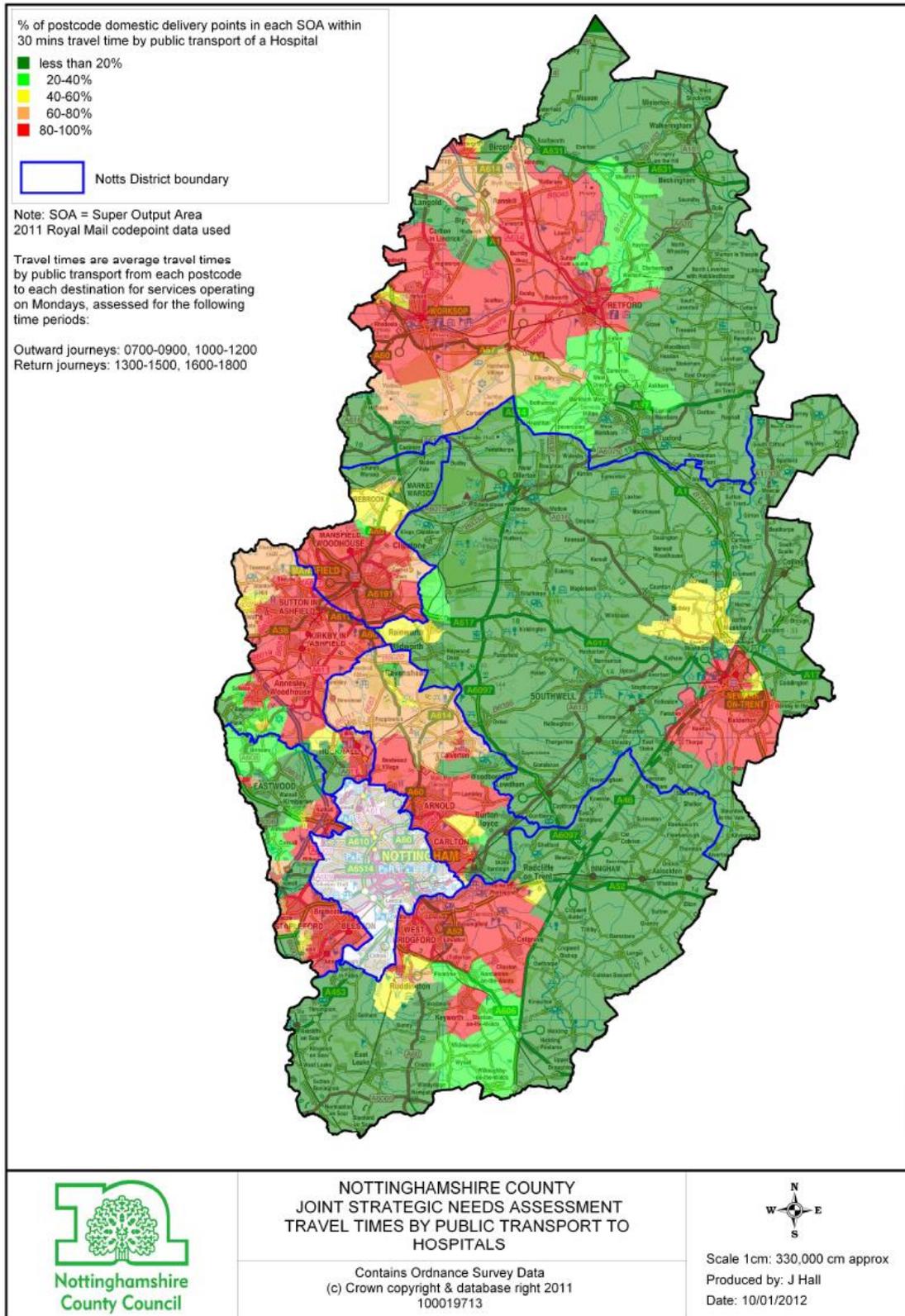
Note: **green** is poorer access, **red** is better access



Sources used: Royal Mail codepoint data, Traveline, digitised road network data.

**Figure 2.7.9: Map showing accessibility to hospital by public transport**

Note: **green** is poorer access, **red** is better access



Sources used: Royal Mail codepoint data, Traveline, digitised road network data.

**Table 2.7.10: Travel times by public transport to health facilities/destinations based on concentrations of older population in areas within the County**

% of households within travel time threshold	Nearest GP surgery		Nearest Hospital		
	15 mins	30 mins	15 mins	30 mins	45 mins
<b>10% and less older population</b>	89%	100%	16%	75%	93%
<b>11-15% older population</b>	86%	99%	18%	78%	97%
<b>16-20% older population</b>	80%	98%	16%	71%	88%
<b>21-25% older population</b>	86%	98%	21%	72%	92%
<b>26-30% older population</b>	84%	98%	15%	69%	92%
<b>greater than 30% older population</b>	80%	99%	6%	63%	83%
<b>Nottinghamshire</b>	84%	98%	17%	71%	91%

*Sources used: Royal Mail codepoint data, Traveline, digitised road network data.*

Table 2.7.10 shows that areas with high proportions of older population (greater than 30%) tend to have lower levels of accessibility to key health services. This could be due to the fact that these areas may be located in rural areas of the county, and rural areas as a whole tend to have populations which are more 'elderly' compared to urban areas. Access to facilities and services in rural areas will become important in the future as these areas will experience population growth over the coming years, and that the elderly are forecast to make up a significant proportion of the total population living in rural areas of the county over the next 20 years.

## 2.8 Excess Winter Deaths

### Key messages

- There were an estimated 25,700 excess winter deaths in England and Wales in 2010/11, virtually unchanged from the previous winter. There are approximately 450 excess winter deaths in Nottinghamshire each year.
- Fuel poverty is defined as: to maintain a satisfactory heating regime, the household would be required to spend more than 10% of its income on all domestic fuel use. Fuel poverty is a major concern in the UK affecting an estimated 4.5 million households. Research suggests excess winter mortality is associated with difficult to heat housing rather than deprivation or rurality.
- 94% of all excess winter deaths in the East Midlands are for people aged 65 and over.
- In our Nottinghamshire although excess winter deaths varied across the districts, no area experienced significantly higher percentages of excess winter deaths compared with England.
- Census 2001 showed that the percentage of people aged 65+ without central heating was significantly lower in Nottinghamshire (5%) compared with England (10%).
- Measures that improved the thermal efficiency of dwellings and the ability to heat them affordably will improve health and wellbeing.
- Housing services addressing issues of fuel poverty are available in all districts apart from Mansfield and Ashfield.

### Fuel Poverty

Older people are deemed especially vulnerable to fuel poverty as they tend to spend more time in their home and thus their need for fuel is greater than other households. Over the next 20 years there is predicted to be a rise by over 40% in the numbers of people aged over 65<sup>4</sup> presenting a significant challenge in achieving the government's commitment. A household is said to be in fuel poverty if, in order to maintain a satisfactory heating regime, it would be required to spend more than 10% of its income on all domestic fuel use<sup>5</sup>. Household needs vary as a consequence of geographical location, income status and debt, economy and efficiency of heating systems and the fuel used, access to affordable fuel and tariff options, thermal insulation standards of the property and the number, age and infirmity of household occupants. This means that household income is not always a reliable indicator of the likelihood of a household being fuel poor and that these other factors have to be taken into consideration.

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<sup>4</sup> See section 1 of the Older People's chapter

<sup>5</sup> Department of Energy and Climate Change 'Fuel Poverty Strategy', 2001

Research suggests that excess winter mortality is not associated with deprivation or rurality. At district level there appears to be no relationship between the Excess Winter Deaths Indicator and deprivation. Research suggests that there is an association with difficult-to-heat housing<sup>6</sup>

Data taken from the 2001 census suggests that the percentage of people aged 65 and over without central heating is significantly lower in Nottinghamshire County than in England as a whole (5.38% percent compared to 9.78%).

**Figure 2.8.1: People aged 65 years and over living in a dwelling with no central heating by local authority, 2001**

<b>Local Authority</b>	<b>Percentage 65 and over with no central heating</b>
<b>Ashfield</b>	5.54%
<b>Bassetlaw</b>	6.20%
<b>Broxtowe</b>	6.02%
<b>Gedling</b>	5.65%
<b>Mansfield</b>	5.68%
<b>Newark and Sherwood</b>	4.84%
<b>Rushcliffe</b>	3.83%
<b>Nottinghamshire County</b>	5.38%
<b>England</b>	9.78%

Source: Projecting Older People Population Information System (POPPI)

### **Excess Winter Deaths**

In many cases, older people often ration their fuel consumption and in doing so put themselves at increased risk of cold-related illness or even death. It has been suggested that there is a link between 'difficult-to-heat' housing and excess winter deaths. Excess winter deaths are defined by the Office for National Statistics as the difference between the number of deaths during the four winter months (December to March) and the average number of deaths during the preceding autumn (August to November) and the following summer (April to July). The phenomenon of excess

<sup>6</sup> East Midlands Public Health Observatory, 'Excess Winter Deaths in the East Midlands', 2006.

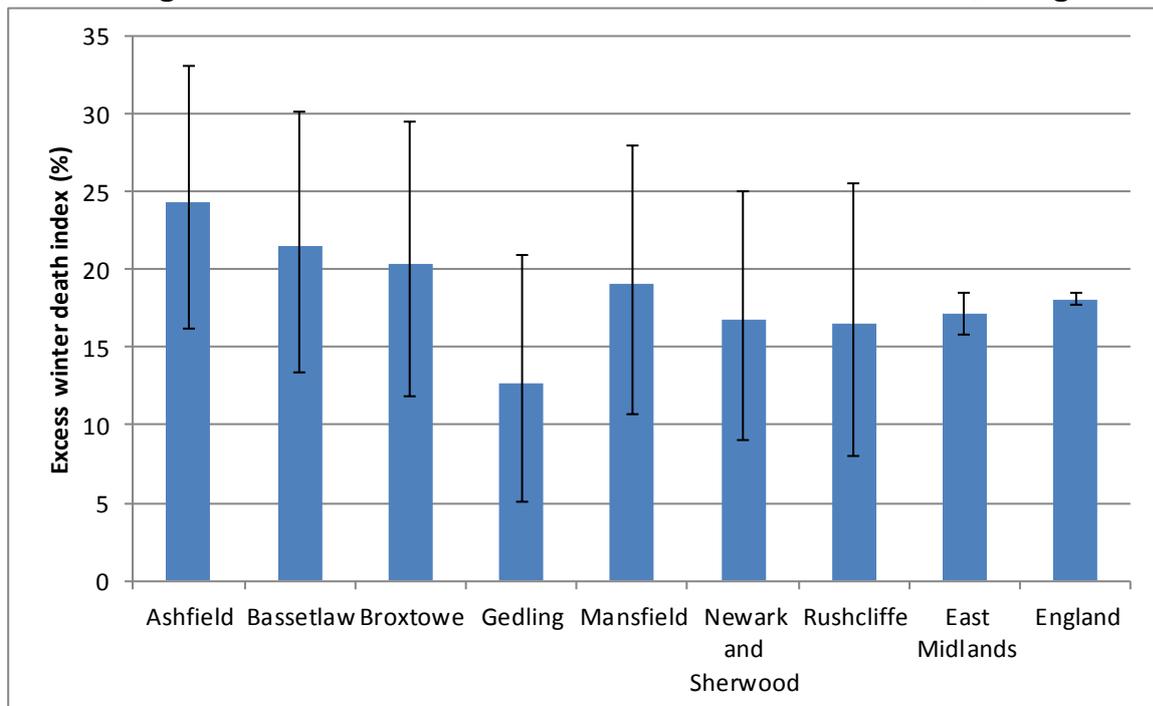
[http://www.empho.org.uk/Download/Public/9663/1/Excess%20winter%20deaths%20in%20the%20East%20Midlands%20report%20update%202009%20final\\_v2.pdf](http://www.empho.org.uk/Download/Public/9663/1/Excess%20winter%20deaths%20in%20the%20East%20Midlands%20report%20update%202009%20final_v2.pdf)

winter deaths is not unique to the United Kingdom, but the incidence is markedly higher than for countries with similar climates and living standards.

94% of all excess winter deaths in the East Midlands are of people aged 65 and over. Between 2009/10 and 2010/11 male excess winter deaths increased to 11,200, but female deaths fell to 14,400. The majority of deaths occurred among those aged 75 and over; however, deaths in this age group fell between 2009/10 and 2010/11, whereas deaths in persons aged under 75 increased.

In Nottinghamshire there are around 450 excess winter deaths each year. The graph below shows the percentage of excess winter deaths indicator by district, during the three-year period from August 2006 to July 2009. This demonstrates that 4 of our 7 local authorities have higher percentages than those for England, Ashfield being the highest; however none of the differences are statistically significant.

**Figure 2.8.2: Excess Winter Deaths Indicator 2006-2009, all ages.**



Source: East Midlands Public Health Observatory (2009) Excess Winter Deaths in the East Midlands

Affordable warmth work in Nottinghamshire has, until recently, been driven by the county's Local Area Agreement. In planning for the end of the Local Area Agreement a Nottinghamshire Affordable Warmth Strategy<sup>74</sup> has been developed by Nottinghamshire Affordable Warmth Steering Group and is in the process of being implemented. The strategy was developed in partnership with a wide range of organisations across a range of sectors including local authorities, rural community

<sup>7</sup> Nottinghamshire Affordable Warmth Strategy Group, 'Nottinghamshire Affordable Warmth Strategy', 2011

councils, voluntary sector agencies, the police and fire services, health organisations and housing associations.

Local authorities in Nottinghamshire have purchased a housing stock energy database, known as UNO, which can be used to maximise domestic carbon savings and minimise fuel poverty in private housing. The database will greatly assist local authorities in directing the resources available in Nottinghamshire to the areas where householders are in greatest need.

Greater Nottinghamshire Healthy Housing Service target the most deprived private sector households in the southern boroughs of Nottinghamshire with a specific emphasis on pregnant mothers, families with children under 16, disabled persons and the over 60's. The service also delivers training to frontline staff across health and social care. Newark Energy Action provides a similar service in Newark and Sherwood. However there is a gap in the Mansfield and Ashfield area.

## 2.9 Life expectancy and disability free life expectancy at age 65 years

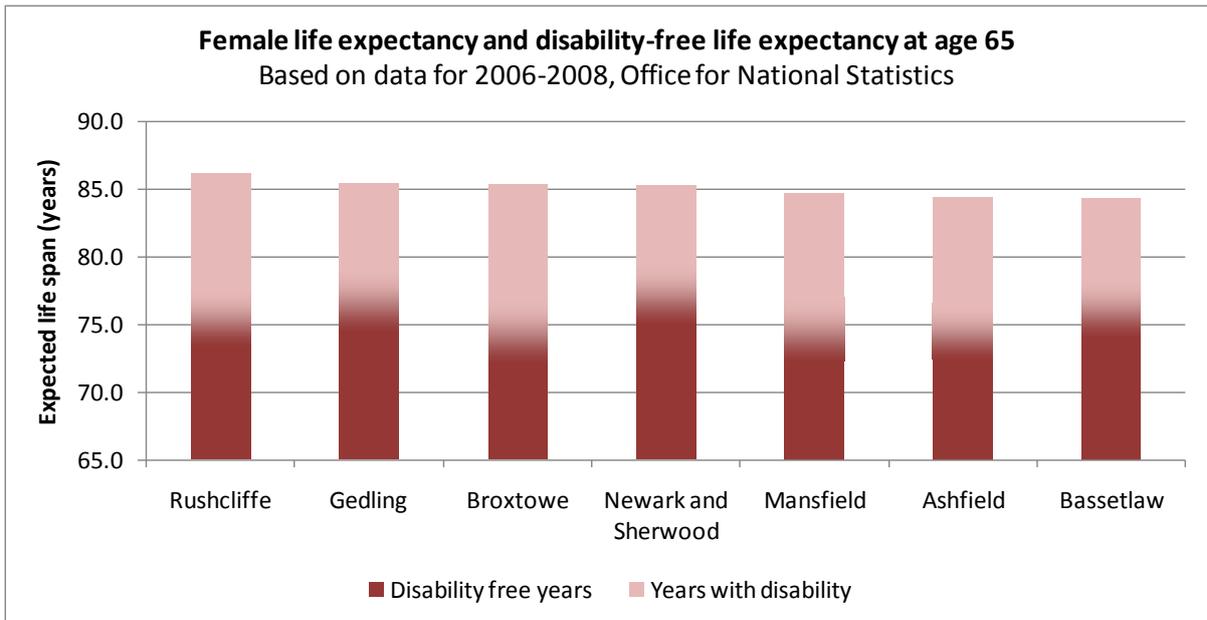
### Key messages

- Nationally and locally females have longer life expectancies at age 65 than males.
- Rushcliffe has the highest healthy life expectancy at 65 for both males and females and Bassetlaw, Ashfield and Mansfield the lowest.
- Supporting healthy ageing is a key priority for Nottinghamshire, particularly in more deprived areas of the County

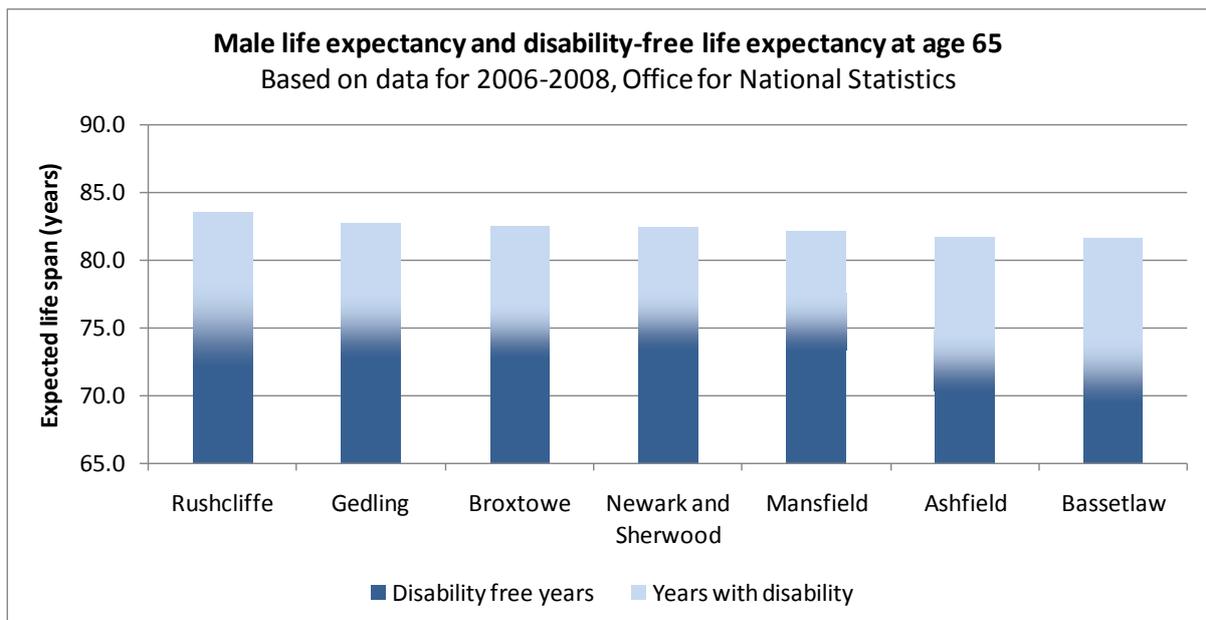
People are living longer and it is desirable for increased life expectancy to be spent in good health, free of disability. Health inequalities, such as differences in life expectancy, have enormous social and economic costs. The recent Strategic Review of Health Inequalities in England post-2010 (Marmot, 2010) highlights these and illustrates the likely benefits that would be realised if everyone experienced the same health as those in the most advantaged areas.

It is important to understand how life expectancy and disability free life expectancy varies within Nottinghamshire and to determine whether inequalities are narrowing, persisting or widening over time.

Life expectancy at age 65 is the number of years on average that a person at age 65 can expect to live beyond 65. Disability-free life expectancy (DFLE) at 65 years is the number of years on average that a person at age 65 can expect to not have a disability or long-term limiting illness. The charts combine these to show expected lifespan (the whole column) and the number of years with a disability (lighter shading). The gradient between the dark and lighter shading spans the confidence interval associated with the DFLE estimates.



Source: *Disability-free life expectancy: comparison of sources and small area estimates in England, 2006-08 Health Statistics Quarterly 50, Summer 2011, Office for National Statistics.*



Source: *Disability-free life expectancy: comparison of sources and small area estimates in England, 2006-08 Health Statistics Quarterly 50, Summer 2011, Office for National Statistics.*

These figures have been updated, however they are based on the 2001 census. Females tend to have higher healthy life expectancies at 65 years compared to males. Rushcliffe has the highest healthy life expectancy at 65 for both males and females and Bassetlaw, Ashfield & Mansfield, the lowest. They show that females tend to have higher disability free life expectancies at 65 years compared to males.

# JOINT STRATEGIC NEEDS ASSESSMENT FOR NOTTINGHAMSHIRE 2012

## Older People

### 3. Lifestyles

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3.2 Physical activity .....	2
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## Older People: Lifestyles

This chapter of Nottinghamshire's JSNA focuses on older people. It covers a wide age range from 50 years and over and endeavours to explore factors and conditions that impact upon health and wellbeing for this population. Many of these factors are important for adults of all ages and therefore this chapter may reference a relevant section of the adults chapter of the JSNA, where appropriate.

### 3. Lifestyles

#### Key messages

Many of the issues regarding lifestyle and its impact on health and wellbeing are the same for older people as they are for all adults and therefore the reader is directed to section 3 of the adults chapter of the JSNA. Some key messages relating specifically to older people are outlined below.

- Physical activity has positive benefits for physical and mental health. "Active People" survey results for older people in Notts show that participation levels have increased in Nottinghamshire since 2005 and were higher than the national average for females in 2009/10.
- Nationally the pattern of drinking alcohol changes as people get older. Younger people are more likely to drink larger amounts of alcohol on one or more occasions during a week. Older people are more likely to drink within recommended levels but more frequently within one week.
- Nationally the percentage of people smoking (22%) decreases with age to around 12% in people aged 65-74 and 10% in people aged 75+.
- Health benefits can be gained for any one of any age who stops smoking.
- Eating well and regularly is important to maintain health. Many older people find it challenging to eat regular healthy meals due to decreased appetite, lack of transport to shops and living alone.

#### 3.1 Diet and nutrition

Good nutrition is vital to good health; this is as important to older people as it is for all adults. Many older people, particularly those who live on their own, find it challenging to eat regular healthy meals as they often have a decreased appetite, lack transport to shops and live on a tight budget. Dietary supplements of vitamin D and calcium are recommended for people living in care homes in order to reduce the risk of bone fractures and falls. Most of the health and well-being issues regarding diet and nutrition described in the adults chapter of the JSNA are relevant for older people.

#### 3.2 Physical activity

The 'Active People' survey is a telephone survey of adults in England (aged 16 plus) and is unique in providing reliable statistics on participation in sport and active

recreation for all 354 Local Authorities in England (a minimum of 1,000 interviews were completed in every Local Authority in England).

In Nottinghamshire, there has been an increase in the percentage of people aged 50+ engaging in 30 minutes of moderate exercise per week between 2005 and 2010 from 14% in males and 11% in females to 16% in males and 15% in females. Rates for females were higher than the national average.

For older people, more males generally engage in '30 minutes of moderate participation at least 3 days a week' compared to females in both age groups, notable exceptions being in Ashfield, Bassetlaw and Rushcliffe.

The number of respondents in the survey for this activity measure at the district level is not generally high. Caution therefore needs to be applied in the interpretation of results for this particular age group. However, for those aged 50 years and over in Nottinghamshire, participation of both males and females is above the national average.

At the district level the lowest rates of male participation were in Ashfield and Bassetlaw and highest in Rushcliffe and Newark and Sherwood. For females, Ashfield and Gedling district rates are low when compared to the Nottinghamshire rate and Bassetlaw and Rushcliffe were the districts with highest participation.

**Table 3.2.1: Participation in physical activity, at least 3 days a week x 30 minutes moderate participation (50 years and over)**

	Male		Female	
	%	Count	%	Count
<b>National</b>	15.30	5,744	13.11	5,465
<b>East Midlands</b>	14.38	622	13.30	629
<b>Nottinghamshire</b>	15.51	118	14.95	124
<b>Ashfield</b>	8.52	9	11.51	14
<b>Bassetlaw</b>	11.3	12	16.65	20
<b>Broxtowe</b>	16.78	17	12.01	13
<b>Gedling</b>	14.75	17	11.48	14
<b>Mansfield</b>	16.38	18	14.01	16
<b>Newark and Sherwood</b>	22.90	25	15.69	20
<b>Rushcliffe</b>	18.22	20	23.70	27

Source: Sport England Active People 2009/10

The reasons for different levels of participation may vary across the county, demographics such as age of the population, economic status may play important roles alongside the number of accessible opportunities for recreational activity.

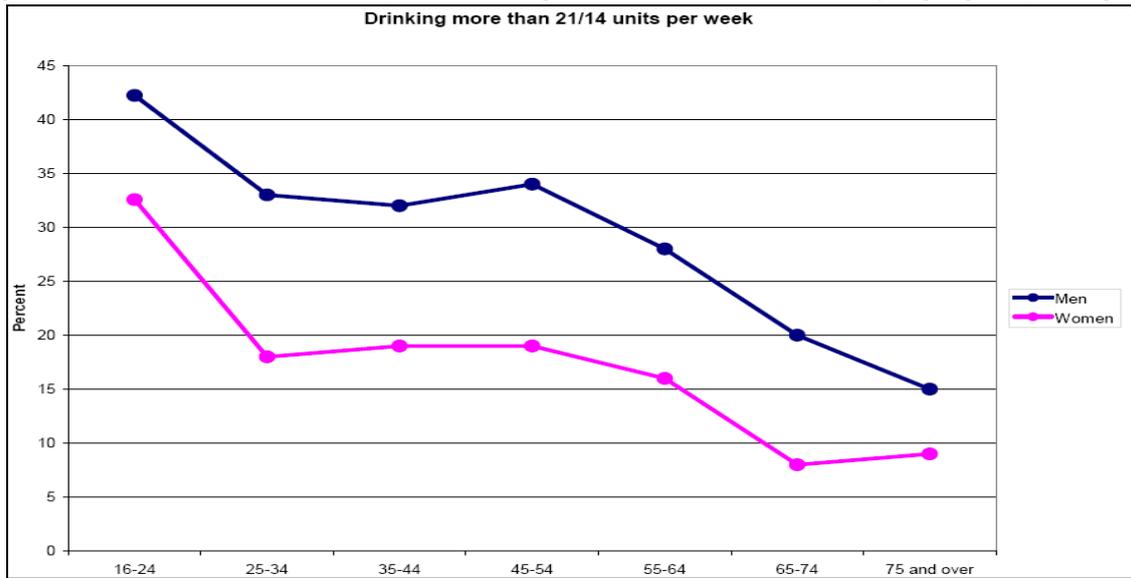
Physical activity among younger adults is considered in the lifestyle section of the adults chapter of the JSNA, much of which is relevant to the older population.

### 3.3 Alcohol use

Alcohol use is of particular importance to older people as they tend to have reduced alcohol tolerance, lower body weight and may take medicines which interact with alcohol. Consumption patterns among older people are described below, however, most of the health and well-being issues regarding alcohol consumption described in the adults chapter of the JSNA are relevant for older people.

#### Chronic consumption

Figure 3.3.1: Chronic consumption of large amounts of alcohol by age group, England

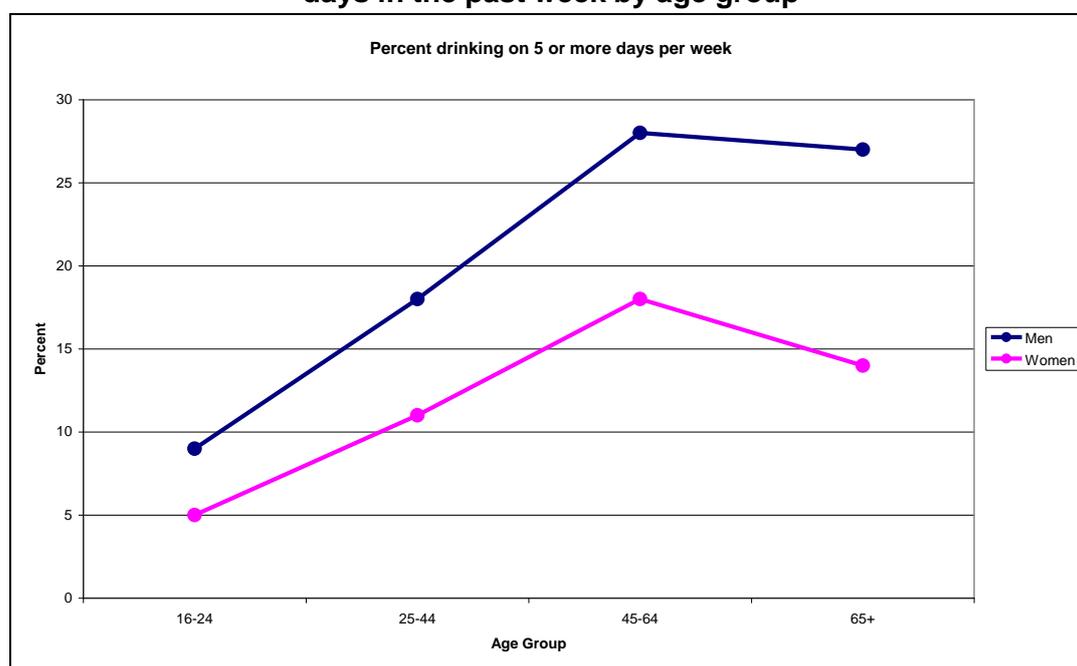


Source: Health Survey for England 2004

Figure 3.3.1 shows the percentage of men drinking more than 21 units per week and of women drinking more than 14 units per week. The percentage of those consuming high quantities is greater in men than women and it is much lower in older people than in younger people.

## Frequent consumption

**Figure 3.3.2: Percentage of men and women who have drunk alcohol on 5 or more days in the past week by age group**



Source: *General Household Survey 2005 APHO Indications report No 9 Older People (2008)*

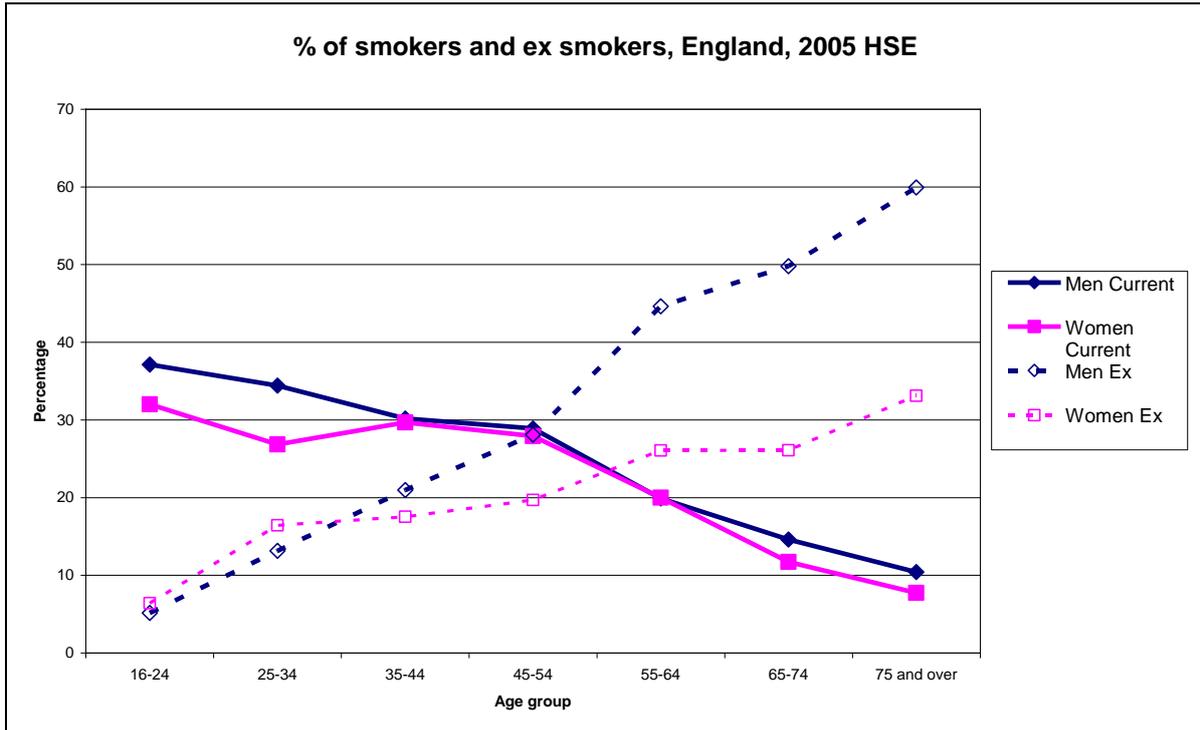
In contrast to the number of units drunk per week, the percentage of drinking on five or more days is higher in older people than in younger people (Figure 3.3.2). As with units consumed, the percentage of men drinking frequently is higher than for women. In England around 23% of people aged 65 and over drink on at least five days per week compared to 18% of all adults.

### 3.4 Smoking

Benefits can be experienced for people of any age who stop smoking. Smoking patterns among older people are described below, however, most of the health and well-being issues regarding smoking described in the adults chapter of the JSNA are relevant for older people.

Figure 3.4.1 shows the percentage of smokers and ex smokers by age group. It shows that smoking decreases with age and ex smoking increases with age.

**Figure 3.4.1: percentage of smokers and ex smokers by age group, England**



Source: Health Survey for England 2005 Trend Tables APHO Indications report No 9 Older People (2008)

# JOINT STRATEGIC NEEDS ASSESSMENT FOR NOTTINGHAMSHIRE 2012

## Older People

### 4. Health and Social Care

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## Older People: Health and Social Care

This chapter of Nottinghamshire's JSNA focuses on older people. It covers a wide age range from 50 years and over and endeavours to explore factors and conditions that impact upon health and wellbeing for this population. Many of these factors are important for adults of all ages and therefore this chapter may reference a relevant section of the adults chapter of the JSNA, where appropriate.

### 4 Health and Social Care

#### 4.1 What illnesses and conditions are older people living with?

##### Key messages

In this section we have provided a local picture of illnesses that older people experience. Conditions which affect all adults e.g. coronary heart disease, cancer, respiratory conditions etc are considered in section 4 of the adults chapter.

##### Limiting long-term illness

- The prevalence of limiting long-term illness is associated with deprivation and is highest in Ashfield and Mansfield and lowest in Rushcliffe.
- The numbers of people aged 85 and over with a LLI are expected to double by 2030.

##### Depression and severe depression

- Depression is the most common mental health problem in older people and often co-exists with physical conditions.
- The proportion of people affected by depression is higher in older people than any other age group as they are more likely to experience events that trigger depression: retirement, bereavement, low levels of physical activity, poor diet and nutrition, social isolation, physical ill health and caring responsibilities.
- 10-15 % of people aged 65+ are estimated to have depression and 3-5% severe depression.
- The number of people with depression is expected to increase by 50% between 2011 and 2030, with the highest numbers in Newark and Sherwood.

##### Dementia

*Dementia is a term used to describe a range of brain disorders that have in common a loss of brain function that is usually progressive. Dementia significantly affects people's ability to live independently and places a burden on carers and family members, who may themselves be old. Carer breakdown is a major cause of people needing to move into long term care.*

- The prevalence of dementia increases with age and is therefore higher in women than men.
- Dementia is one of the main causes of disability in later life and the number of people with dementia is rising as the population ages.
- There is expected to be a 55% increase in the numbers of people living with dementia in the East Midlands by 2025 and it is expected that direct costs to the NHS and social care will treble by 2030.

- The prevalence of dementia is expected to rise across Nottinghamshire by 88% between 2010 and 2030 from 9,800 to 18,400 because of the ageing population. The rate of increase for Nottinghamshire is expected to be higher than for the East Midlands.
- Currently it is estimated that only about 40% of people with dementia are diagnosed and treated by their GP. Diagnosis is highest in Nottingham North and East Clinical Commissioning Group and lowest in Newark and Sherwood CCG and Mansfield and Ashfield CCG.

## Introduction

Older people are more likely to suffer from ill health and disability (see JSNA adults section on disability), both of which lower their quality of life and can lead to premature death. In addition older people are more likely to suffer from more than one condition at any one time. Consequently older people have a greater need for both social and health services. Both the personal and economic burden of disability and long-term illness is great and is predicted to increase with our ageing population<sup>1</sup>.

Disability and ill health are not an inevitable consequence of ageing. There is a growing body of evidence to suggest that the modification of risk factors for disease even late in life can have health benefits for the individual; longer life, increased or maintained levels of functional ability, disease prevention and an improved sense of well-being<sup>2</sup>.

It is difficult to accurately measure the burden of disease amongst older people as they may not seek medical diagnosis or treatment and records are not always readily accessible. In this section, we have collated data from a wide variety of sources to provide a local picture of illness that older people experience in Nottinghamshire. Conditions which affect all adults such as coronary heart disease, cancer, respiratory conditions are considered in detail in the adults chapter of the JSNA. The focus of this section is those conditions of particular relevance to an older population.

### 4.1.1 Limiting long-term illness (LLI)

This data is taken from the 2001 census when people were asked whether or not they believed they suffered from a long term limiting illness, health problem or disability. The most recent census information is for 2001 and numbers in the table have been calculated by applying percentages of people with a limiting long-term

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1 Disability in Old Age. Burden of Disease network project 2004 <http://www.jyu.fi/BURDIS/FinalReport.pdf>

2 National Service Framework for older people, DH 2001

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4071283.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4071283.pdf)

illness (50% across Nottinghamshire) to projected increased population figures to bring the information more up-to-date.

The information is presented in table 4.1.1 by District, by age (over 65) and is projected up to 2030. Numbers of people over 85 with a LLI are expected to more than double by 2030. Prevalence is associated with deprivation and is highest in Ashfield and Mansfield and lowest in Rushcliffe.

**Table 4.1.1: People aged 65 and over with a limiting long-term illness, by age, projected to 2030**

District	Age group	Year				
		2011	2015	2020	2025	2030
Ashfield	65 to 74	5,884	6,625	6,675	6,625	7,614
	75 to 84	3,935	4,419	5,448	6,417	6,538
	85 and older	1,490	1,662	1,948	2,464	3,209
Bassetlaw	65 to 74	5,727	6,633	6,920	6,872	7,683
	75 to 84	3,960	4,419	5,280	6,486	6,887
	85 and older	1,608	1,846	2,263	2,918	3,751
Broxtowe	65 to 74	4,308	4,918	4,999	4,836	5,365
	75 to 84	3,788	4,062	4,501	5,380	5,544
	85 and older	1,425	1,590	1,864	2,303	2,796
Gedling	65 to 74	4,566	5,167	5,327	5,127	5,648
	75 to 84	3,981	4,303	4,841	5,648	5,863
	85 and older	1,676	1,899	2,179	2,737	3,240
Mansfield	65 to 74	5,087	5,664	5,926	6,084	6,923
	75 to 84	3,696	4,009	4,573	5,325	5,638
	85 and older	1,436	1,616	1,855	2,334	2,872
Newark & Sherwood	65 to 74	5,127	5,968	6,178	6,178	7,018
	75 to 84	3,798	4,226	5,082	6,206	6,473
	85 and older	1,616	1,838	2,173	2,730	3,510
Rushcliffe	65 to 74	3,750	4,352	4,600	4,529	5,095
	75 to 84	3,632	3,836	4,450	5,422	5,678
	85 and older	1,492	1,749	2,109	2,521	3,138
Notts County	65 to 74	34,449	39,327	40,625	40,251	45,346
	75 to 84	26,790	29,274	34,175	40,884	42,621
	85 and older	10,743	12,200	14,391	18,007	22,516

Source: POPPI (Projecting older people population information) accessed 23 December 2011

Figures are taken from Office for National Statistics (ONS) 2001 Census, Standard Tables, Table S016 Sex and age by general health and limiting long-term illness.

#### 4.1.2 Mental Health (depression and dementia)

##### Depression

Depression is the most common mental health problem in older people and often co-exists with physical conditions. Depression affects proportionately more older

people than any other demographic group since older people face more of the events and situations that may trigger depression

### **Who is at risk?**

#### **Retirement**

Work is well known to have a positive influence on mental wellbeing. It provides not only an income but also a structure, sense of purpose, status and social network. Retirement can be a stressful event leading to feelings of low self-esteem and emptiness. Many people may find it difficult to adjust after many years of work, and relationships can be affected as couples spend much more time together.

#### **Bereavement**

Older people are more likely to experience the loss of someone close such as a partner, family member or friends.

#### **Physical activity**

Physical activity has positive benefits for both physical and mental health and is particularly beneficial for certain conditions such as depression. Physical ability does, however, change as people age and many older people find it more difficult to be physically active.

#### **Diet and nutrition**

The link between nutrition and mental health is complex but eating well and regular eating patterns are important to maintain health. Many older people may face challenges to eating regular healthy meals such as decreased appetite, lack of transport to shops, and living alone perhaps after the death of a partner who had been responsible for preparing meals.

#### **Social isolation**

Regular contact with relatives and friends has been shown to be beneficial to the mental health of older people. Poverty and mobility problems may impact on the ability to maintain an active social life, and the death of friends or absence of family members living nearby may increase social isolation of older people.

### Physical ill health

Long term physical ill health and disability can have a profound effect on mental health and wellbeing. Older people are more likely to have long term physical health problems.

### Caring responsibilities

Many older people have caring responsibilities either for a partner, an adult relative or grandchildren. Caring for someone with a physical or mental health problem can be stressful and impact on the mental wellbeing of the care giver.

Older people with depression and their carers often have complex needs that cross the boundaries of health, social, local authority, specialist and voluntary services<sup>3</sup> 10–15% of the 65 and over population are estimated to have depression and 3-5% severe depression; these estimates are based on a study by R Baldwin<sup>4</sup>. The tables below show the number of older people with depression in Nottinghamshire is expected to increase by 50% by 2030 and with severe depression by 56%. Newark and Sherwood is estimated to have the highest numbers of people with depression or severe depression.

**Table 4.1.2: People aged 65 and over predicted to have depression**

Area					
	2011	2015	2020	2025	2030
Ashfield	1,821	2,032	2,213	2,444	2,758
Bassetlaw	1,842	2,120	2,357	2,606	2,953
Broxtowe	1,746	1,940	2,065	2,227	2,442
Gedling	1,889	2,091	2,272	2,415	2,662
Mansfield	1,553	1,694	1,870	2,060	2,322
Newark & Sherwood	1,920	2,197	2,398	2,671	3,007
Rushcliffe	1,781	2,002	2,199	2,424	2,723
<b>Nottinghamshire</b>	<b>12,527</b>	<b>14,035</b>	<b>15,336</b>	<b>16,860</b>	<b>18,831</b>

Source: *Projecting Older People Population Information System (POPPI,2011)*

<sup>3</sup> Securing Better Mental Health for Older Adults. I Phillip and L Appleby. 2005  
[http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/Browsable/DH\\_4113714](http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/Browsable/DH_4113714)

<sup>4</sup> Depressive Illness. R, Baldwin. In *Psychiatry in the Elderly*, Oxford University Press. 2006

**Table 4.1.3: People aged 65 and over predicted to have severe depression**

Area					
	2011	2015	2020	2025	2030
Ashfield	567	635	705	796	894
Bassetlaw	586	667	747	863	974
Broxtowe	551	612	652	734	804
Gedling	599	668	719	802	876
Mansfield	491	543	594	674	758
Newark & Sherwood	604	688	765	880	989
Rushcliffe	570	638	711	806	900
<b>Nottinghamshire</b>	<b>3,966</b>	<b>4,446</b>	<b>4,890</b>	<b>5,557</b>	<b>6,191</b>

Source: *Projecting Older People Population Information System (POPPI,2011)*

### **Dementia**

Dementia is a term used to describe a range of brain disorders that have in common a loss of brain function that is usually progressive and eventually severe. The most common types of dementia are Alzheimer’s disease, vascular dementia and dementia with Lewy bodies. Some people have both vascular dementia and Alzheimer’s disease.

The onset of dementia is gradual and many people are not formally diagnosed, yet they may live with dementia for 7 to 12 years. Early symptoms include loss of memory, confusion and problems with speech and understanding. However, over time dementia significantly affects people’s ability to live independently, as a result of:

- Decline in memory, reasoning and communication skills
- Inability to carry out activities of daily living
- Behavioural problems such as aggression, wandering and restlessness
- Continence problems
- Problems with eating and swallowing

Dementia places a particular burden on carers and family members, since many carers may themselves be old. Early diagnosis and intervention is helpful, as it enables the person with dementia and their carer/s to come to terms with the disease and make plans for the future. Carer support and education can enable more people to live at home for longer. Carer breakdown is a major cause of people needing to move into long-term care.

### **Who is at risk?**

The prevalence of dementia increases with age and is therefore higher in women than in men, as there are more older women than men. Women also have a slightly higher risk of developing Alzheimer’s disease, but have a lower risk than men of

vascular dementia. The number of people with dementia in Nottinghamshire is therefore estimated to be greatest in those aged over 75 years. People with learning disabilities are at higher risk of developing dementia at younger ages. For those with Down's syndrome, dementia may develop between 30-40 years of age (there is more information on this in the vulnerable adults section of the Adults chapter). It is also noteworthy that 6.1% of all people with dementia among Black and Minority Ethnic (BME) groups are early onset compared with 2.2% for the UK population overall, reflecting the younger age profile of BME communities<sup>5</sup>.

The evidence for preventive strategies is inconclusive. Key prevention messages, similar to those for stroke, can be of benefit especially for people who may be at risk of vascular dementia

### **Why is dementia a health and social care issue?**

Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages. The East Midlands, along with the South West, faces the most significant challenge in England. In 2010 there were 52,836 people living with dementia in the East Midlands. This is predicted to rise to 82,155 in 2025 (55% increase). Direct costs to the NHS and social care will treble by 2030. The number of people with dementia is expected to rise particularly quickly in some BME groups as first generation migrants from the 1950s and 1970s begin to age.

The Nottinghamshire Health & Well-being Board received a report and a presentation about dementia in September 2011.

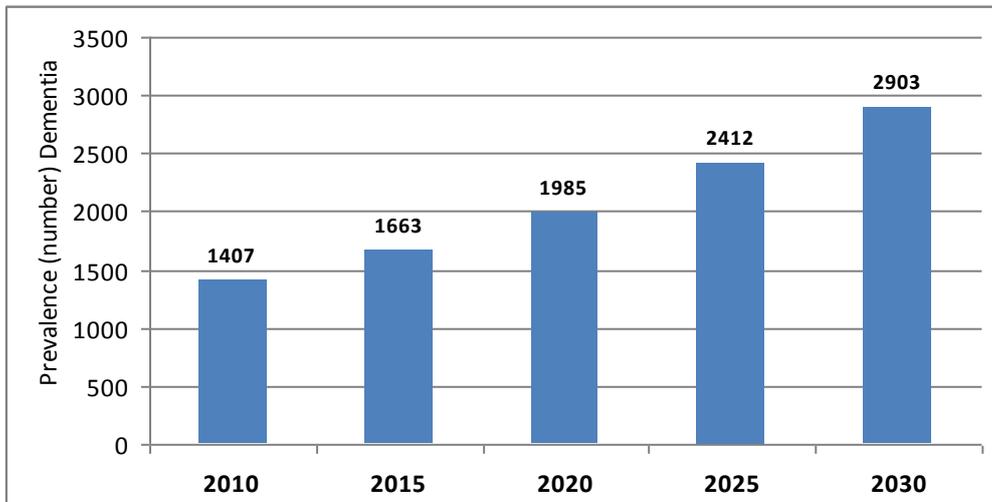
### **Prevalence of dementia 2010-2030**

Prevalence refers to the total number of people living with dementia. The prevalence of dementia is set to rise across Nottinghamshire (Figures 4.1.4 and 4.1.5). It is projected that by 2030, there will be up to 16,000 adults over the age of 65 with a diagnosis of dementia in NHS Nottinghamshire and nearly 3,000 in NHS Bassetlaw. This represents an 88% increase between 2010 and 2030.

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<sup>5</sup> Cognitive Function and Ageing Study. Medical Research Council. 2002

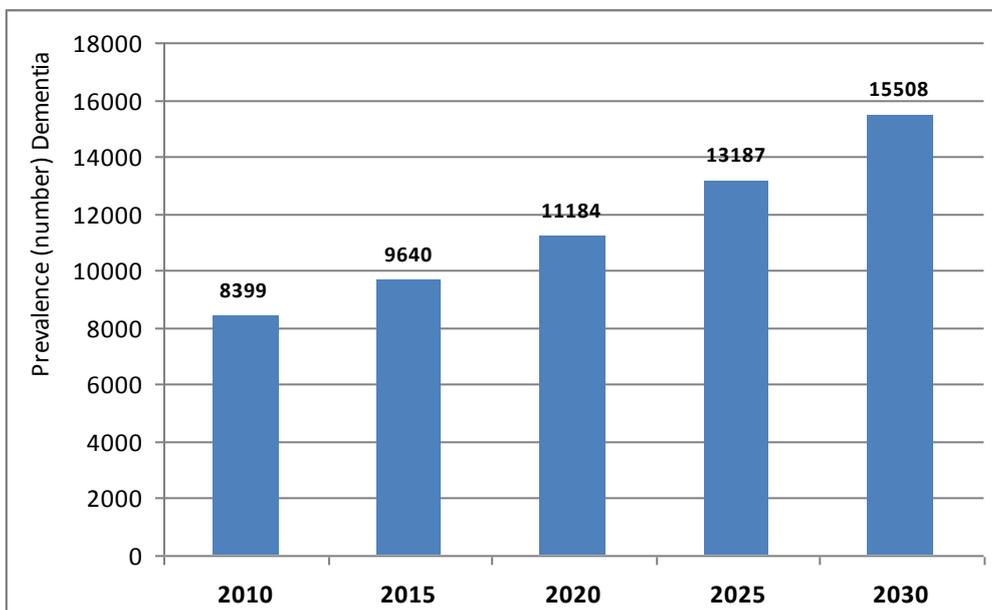
**Figure 4.1.4: Late-onset (65 years plus) dementia prevalence projections for NHS Bassetlaw**



Source Prevalence: *Dementia UK 2007 report*

Source Population Projections: *Subnational Statistics Unit, ONS (2008)*

**Figure 4.1.5: Late-onset (65 years plus) dementia prevalence projections for NHS Nottinghamshire County**



Source Prevalence: *Dementia UK 2007 report*

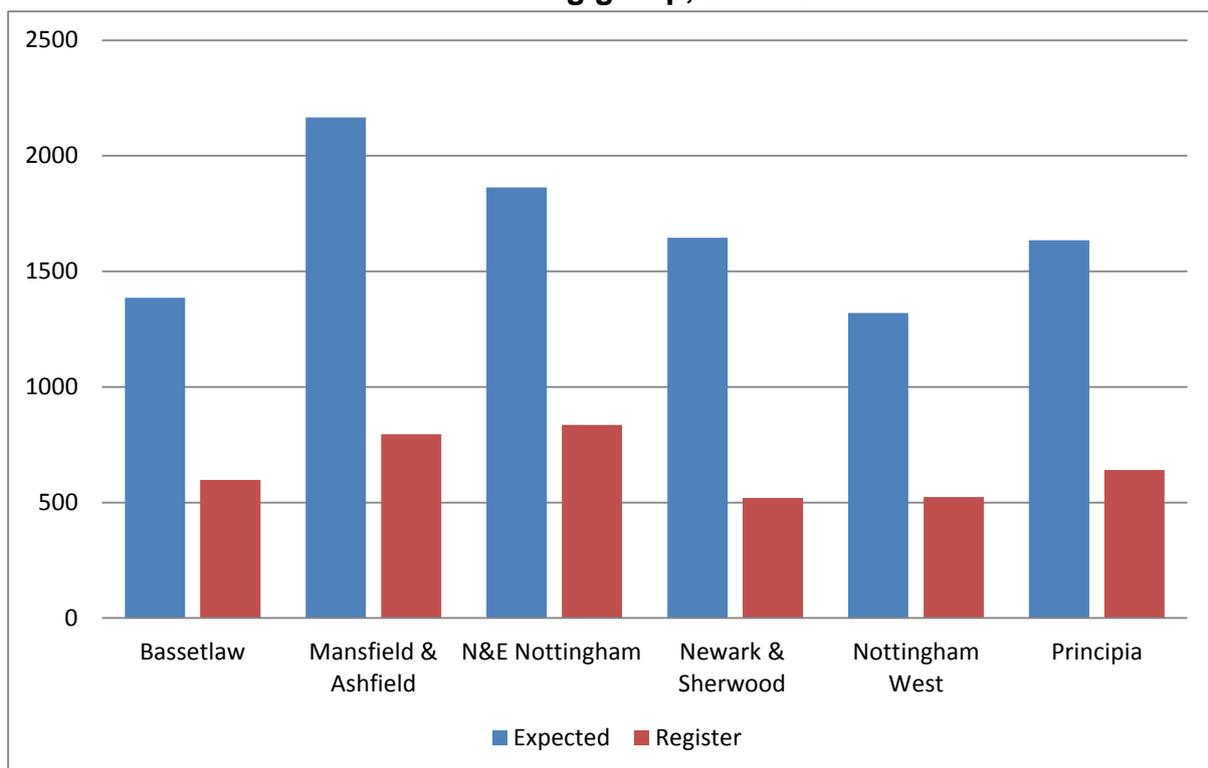
Source Population Projections: *Subnational Statistics Unit, ONS (2008)*

### Incidence of Dementia 2010-2030

Incidence of dementia refers to the number of people newly diagnosed with dementia. The incidence of people diagnosed with dementia is also expected to rise. The number of new diagnoses of dementia projected for NHS Bassetlaw is expected to increase from 391 in 2010 to 782 in 2030. It is predicted that by 2030 in NHS Nottinghamshire, the number of new diagnoses of dementia will have risen from 2362 in 2010 to 4201 in 2030.

Figures 4.1.6 and 4.1.7 show the expected total number of people (prevalence) with dementia by Clinical Commissioning Group. It is expected that about 50% of people with dementia in the population will be diagnosed. The graph and table below shows that for 2009-2010 the overall proportion of people with dementia who were diagnosed was 39.1% in Nottinghamshire. Nottingham North & East has a high percentage of older people diagnosed at 44.9%. The total estimated number for NHS Nottinghamshire and NHS Bassetlaw together was 10,014 of which 3,911 were recorded.

**Figure 4.1.6: The number of people expected to have dementia compared with the number of people on dementia registers in primary care by clinical commissioning group, 2009 -2010.**



Sources: *Dementia UK 2007 and ONS subnational population projections, QOF 2009-10*

**4.1.7 Figure: Actual versus expected numbers of people with dementia on Dementia Register by Clinical Commissioning Group 2009/10 QOF data**

<b>Clinical Commissioning Group</b>	<b>Percentage Observed/Expected</b>
Mansfield & Ashfield	36.7%
Nottingham North & East	44.9%
Newark & Sherwood	31.6%
Nottingham West	39.6%
Principia Rushcliffe	39.2%
Bassetlaw	43.1%
<b>Overall total</b>	<b>39.1%</b>

*Source: The Information Centre*

## 4.2 Seasonal Flu Immunisation Programme

### Key messages

The purpose of the seasonal flu programme is to annually offer protection to those who are most at risk of serious illness or death should they develop flu, this includes all people aged 65 and over.

- The target to vaccinate 75% of people aged 65+ has been met in NHS Nottinghamshire in 2011/12. NHS Bassetlaw achieved 73% uptake.
- Locally and nationally there is a trend of decreasing uptake of vaccination.

### Introduction

The purpose of the seasonal flu immunisation programme is to offer protection to those who are most at risk of serious illness or death should they develop flu. NHS Nottinghamshire County will plan, deliver and evaluate a local annual seasonal flu immunisation programme, in line with recommended targets from the Department of Health (DOH).

Influenza, or 'flu', is a highly contagious acute viral infection that affects people of all ages. It typically starts suddenly with fever, chills, headache, aching muscles and joints, cough, sore throat or other respiratory symptoms and general prostration. Although most people who are infected recover within 1-2 weeks, the disease can cause serious complications and death in those who are immunosuppressed, the very old and very young. Across all age groups, 587 people in the UK were reported to the HPA as having died with a confirmed influenza infection during the 2010/11 season.

Amongst the 587 confirmed cases in 2010/11, there were 122 deaths in the >64yr age group (1.21 per 100,000).

Since 2000/ 2001 there has been a national campaign to vaccinate patients aged over the age of 65 yrs, and certain high risk groups against the disease on an annual basis: i.e. children aged 6 months old to adults aged 65 yrs (in a clinical at risk group), carers and health and social care workers. Pregnant women were included from 2010/11. Data on the numbers of people aged over 65 who have been vaccinated is collected on a monthly basis and is shown below in figures 4.2.1 and 4.2.2.

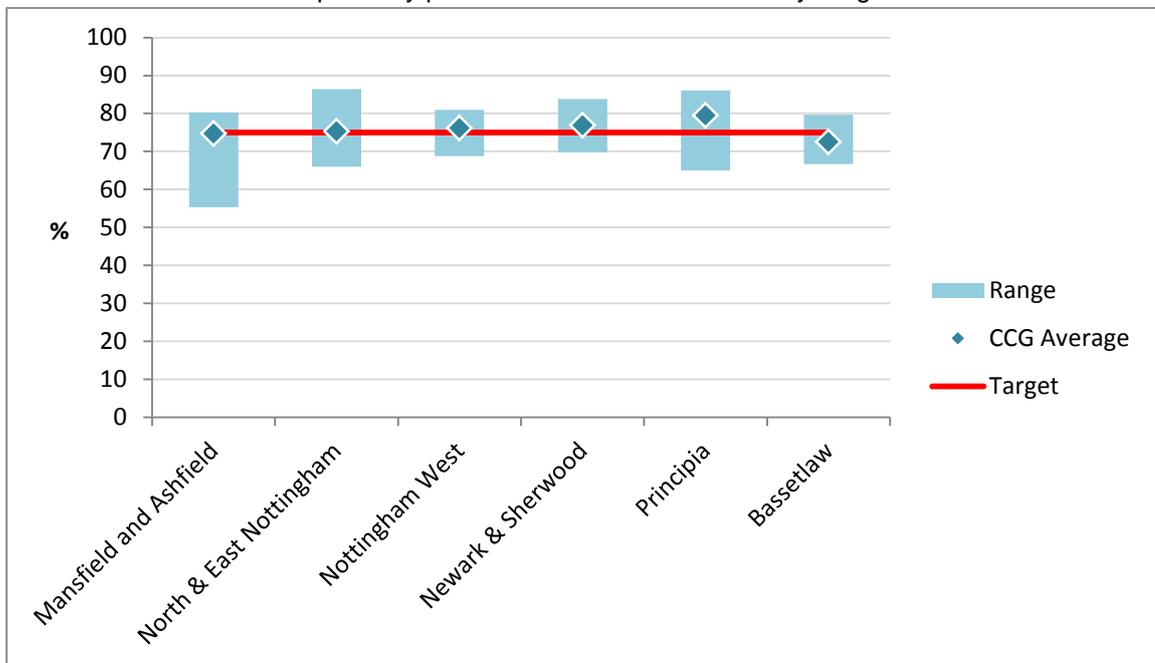
**Figure 4.2.1: Uptake of flu vaccinations in patients aged 65+ by CCG in 2011/12**

	<b>CCG average (% of population)</b>
<b>Mansfield and Ashfield</b>	74.7
<b>North &amp; East Nottingham</b>	75.3
<b>Nottingham West</b>	76.1
<b>Newark &amp; Sherwood</b>	76.9
<b>Principia</b>	79.5
<b>Bassetlaw</b>	72.5

Source: DH 2011/12

**Figure 4.2.2: Uptake of flu vaccinations in patients aged 65+ by CCG in 2011/12**

Max and min uptake by practices within CCGs shown by range



Source: DH 2011/12

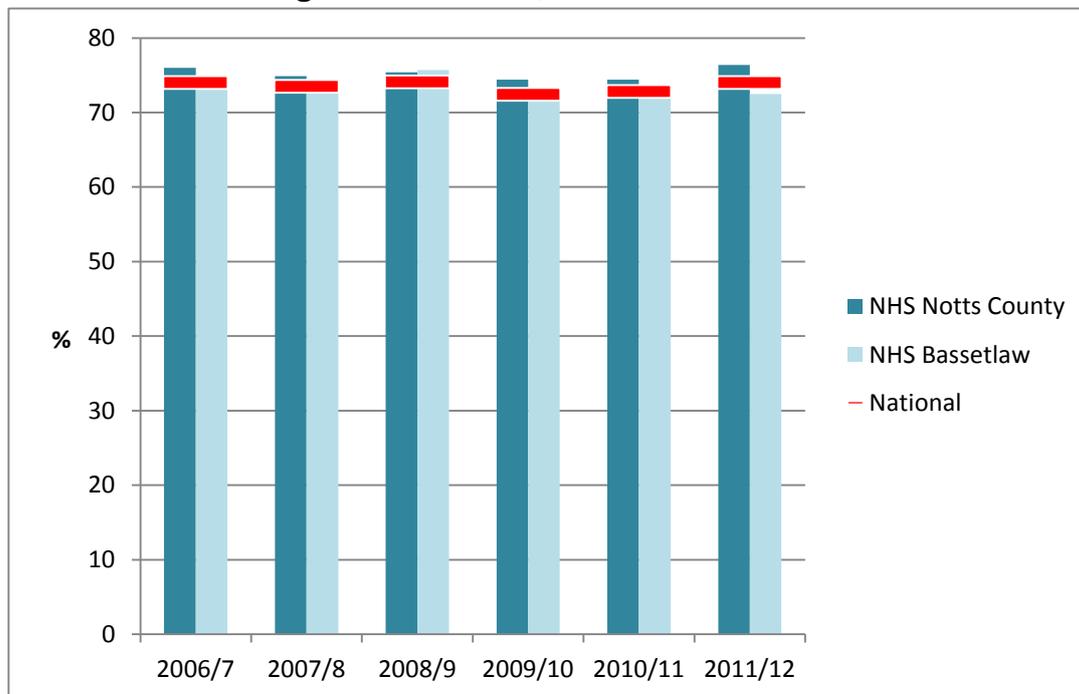
**Figure 4.2.3: Percentage of population aged 65 years and over, vaccinated against Influenza, 2006/07 – 2011/12**

	NHS Notts County	NHS Bassetlaw	National
<b>2006/7</b>	76.0	74.0	74.0
<b>2007/8</b>	74.9	73.4	73.5
<b>2008/9</b>	75.4	75.7	74.1
<b>2009/10</b>	74.4	72.1	72.4
<b>2010/11</b>	74.4	73	72.8
<b>2011/12</b>	76.4	72.5	74.0

Source: DH

Figures 4.2.3 and 4.2.4 show flu vaccination uptake rates within Nottinghamshire (NHS Nottinghamshire County and NHS Bassetlaw), compared with the national flu uptake rates. In 2011/12 NHS Nottinghamshire County exceeded the national target of 75%

**Figure 4.2.4: Percentage of population aged 65 years and over, vaccinated against Influenza, 2006/07 – 2011/12**



Source: DH

## Conclusion

NHS Nottinghamshire County will continue to maintain uptake rates at or above 75% as recommended by the DOH.

This will be achieved by:

A nominated Flu co-ordinator.

- A Flu monitoring/ coordination group.
- An annual NHS Nottinghamshire County Seasonal Flu plan
- Working in partnership with relevant stakeholders such as CCGs, commissioning, Finance, Health Protection Agency, Nottingham County Council, GP contracting, Local Medical Council, Community Service Pharmacy, Communications, Community Health Partnerships and Occupational Health.
- Supporting all General Practitioners (GPs), in particular those that are underperforming.
- Monitor uptake rates for all GP Practices via ImmForm and sharing information.
- Evaluation and lessons learnt that will be incorporated into future plans and processes.
- Production of an immunisation and vaccination resource pack containing information on seasonal flu for GP Practices
- Immunisation training and updates in place for staff delivering the flu campaign.

### 4.3 Use of GP Services

#### Key messages

- Both NHS Nottinghamshire County and NHS Bassetlaw have fewer GPs for their population than the England average.
- On average people aged 75+ see their GP approximately seven times per year however, this rises with age and people aged 85-89 years have the highest consultation rates at 14 per year.
- Patients' overall satisfaction with GP services was higher for both NHS Notts County (51%) and NHS Bassetlaw (57%) than for England (47%).
- In all areas satisfaction levels were highest among patients aged 65+ across NHS Nottinghamshire and NHS Bassetlaw.
- 4 in 5 people aged 65+ were able to see their preferred doctor compared with 3 in 5 aged 18-44 years.

### Availability of GP services

Access to high quality primary healthcare has a vital role in helping people live longer and healthier lives. The availability of GP services varies across the country and more deprived areas may have fewer GPs. The local picture is difficult to determine since the data is only available at PCT level.

A general practice census is collected each year and records numbers and details of GPs in England along with information on their practices, staff, patients and the services they provide. Analysis of the results from the most recent census (September 2010) shows that there were a total of 422 whole time equivalent (w.t.e.) GPs across NHS Nottinghamshire County and NHS Bassetlaw. The w.t.e. GP rate per 100,000 population was similar in NHS Nottinghamshire County and NHS Bassetlaw, but both PCTs had a lower proportion of GPs than the England average.

The number of practice staff providing direct patient care was also counted – most staff in this category are practice nurses. The provision of direct patient care staff is significantly higher in NHS Bassetlaw than in NHS Nottinghamshire County (46.6 and 31.7 w.t.e. staff per 100,000 population respectively).

**Table 4.3.1: General practitioners and direct patient care practice staff: w.t.e. per 100,000 population, September 2010**

	General practitioners (excluding retainers and registrars)		Direct patient care practice staff	
	w.t.e.	w.t.e. per 100,000 pop	w.t.e.	w.t.e. per 100,000 pop
<b>England</b>	31,356	60.5	19,180	37.0
<b>East Midlands</b>	2,462	55.7	1,411	31.9
<b>NHS Notts County</b>	360	54.2	211	31.7
<b>NHS Bassetlaw</b>	62	55.5	52	46.6

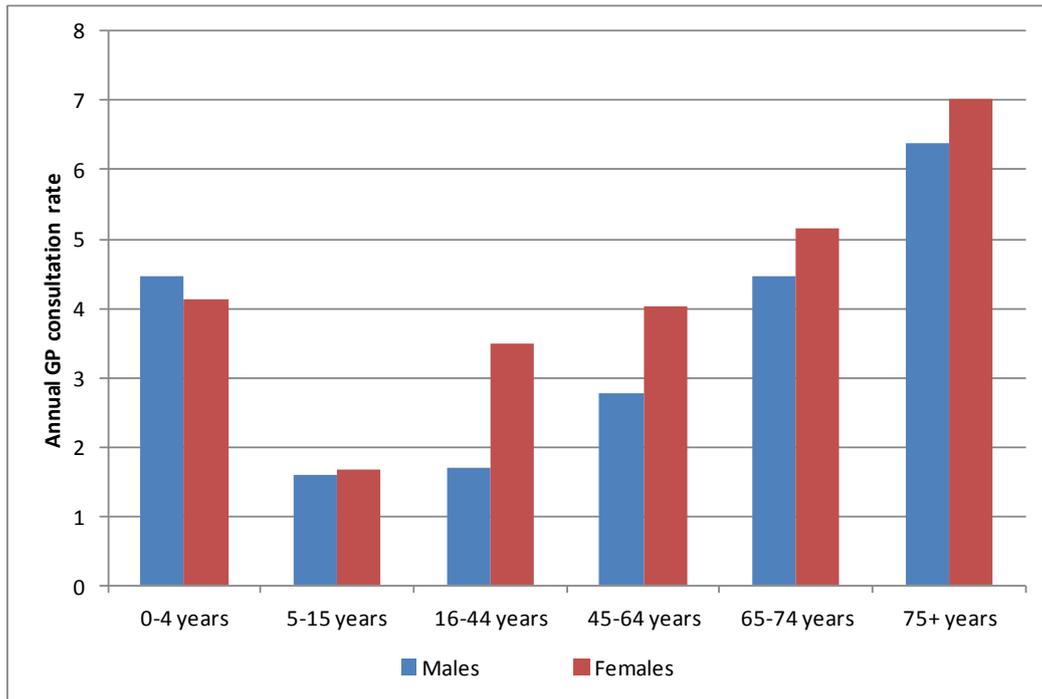
Source: NHS Workforce: Summary of staff in the NHS: Results from September 2010 Census  
[http://www.ic.nhs.uk/webfiles/publications/010\\_Workforce/nhsstaff0010/GP/General\\_Practice\\_Bulletin\\_2000-2010.pdf](http://www.ic.nhs.uk/webfiles/publications/010_Workforce/nhsstaff0010/GP/General_Practice_Bulletin_2000-2010.pdf)

### Use of GP services

Information on the number of consultations undertaken in primary care is available from QResearch, a large consolidated database derived from the anonymised health records of over 13 million patients across England.

Older people are more likely to see their GP than younger adults. The figure below shows national GP consultation rates by age and gender in 2008/09. On average, people aged 75+ years see their GP approximately seven times per year. However, this rises markedly with age with the highest overall consultation rates occurring in the age band 85 to 89 years for both sexes (males 14.0 consultations per person-year, females 13.5 consultations per person-year).

**Figure 4.3.2: GP consultation rates per person-year by age and gender, 2008/09**



Source: QRESEARCH GP consultation rates report

[http://www.ic.nhs.uk/webfiles/publications/010\\_Workforce/nhsstaff0010/GP/General Practice Bulletin 2000-2010.pdf](http://www.ic.nhs.uk/webfiles/publications/010_Workforce/nhsstaff0010/GP/General_Practice_Bulletin_2000-2010.pdf)

### **Experience of and satisfaction with GP services**

The national GP Patient Survey (<http://www.gp-patient.co.uk>) has been designed to give patients the opportunity to comment on their experience of, and satisfaction with, GP services. The survey asks about experiences of local GP surgeries and other local NHS services, and includes questions about a range of issues such as how easy or difficult it is for patients to make an appointment at their surgery, satisfaction with opening hours, the quality of care received from their GP and practice nurses, amongst other things. Replies to the survey measure patient experience and are therefore intended to help surgeries to understand where improvements are needed.

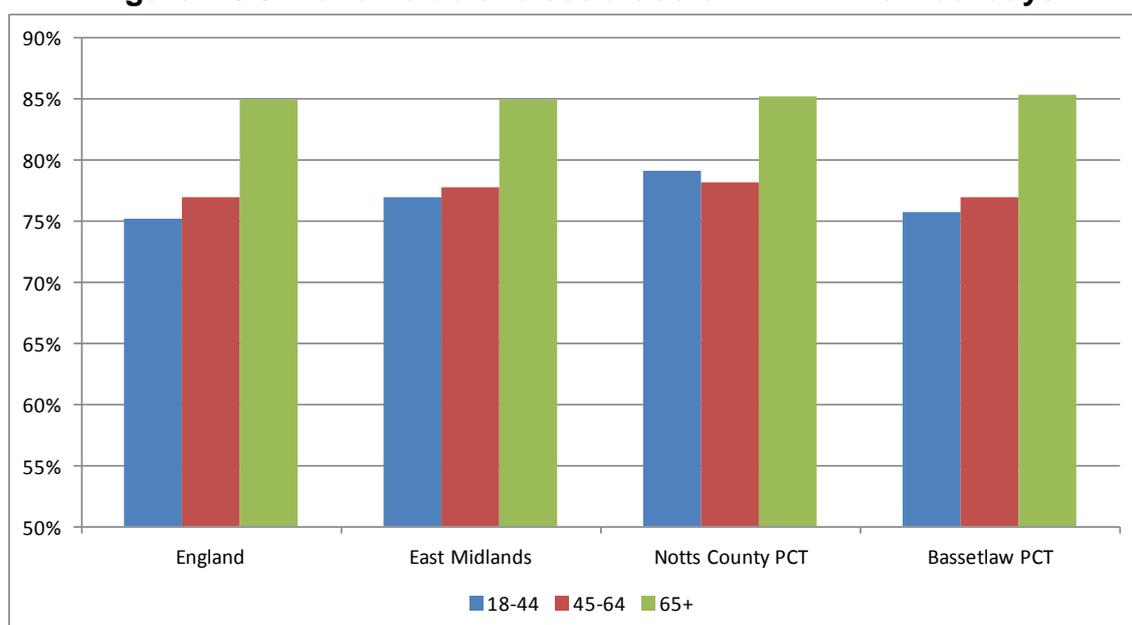
The survey is run under a continuous programme, with the latest published results being for the year April 2010 to March 2011. A number of key indicators summarising patient experience and satisfaction have been selected from the survey and are presented below by age group. Data are given separately for NHS Bassetlaw and NHS Nottinghamshire County, alongside comparative data for England and the East Midlands.

Survey respondents were asked if they had tried to see a doctor fairly quickly in the past 6 months. Those who said they had were asked whether, on the last such

occasion, they had been able to see a doctor on the same day or in the next two weekdays the GP surgery or health centre was open.

54% of NHS Nottinghamshire County patients and 55% of NHS Bassetlaw patients of all ages reported being able to see a doctor within two weekdays, Figure 4.3.3. This is a similar proportion to that found across the East Midlands and England as a whole. The proportion able to see a doctor within two days rises significantly with age – to approximately 85% of patients aged 65+ years in both NHS Nottinghamshire County and NHS Bassetlaw.

**Figure 4.3.3: Patients able to see a doctor within two weekdays**

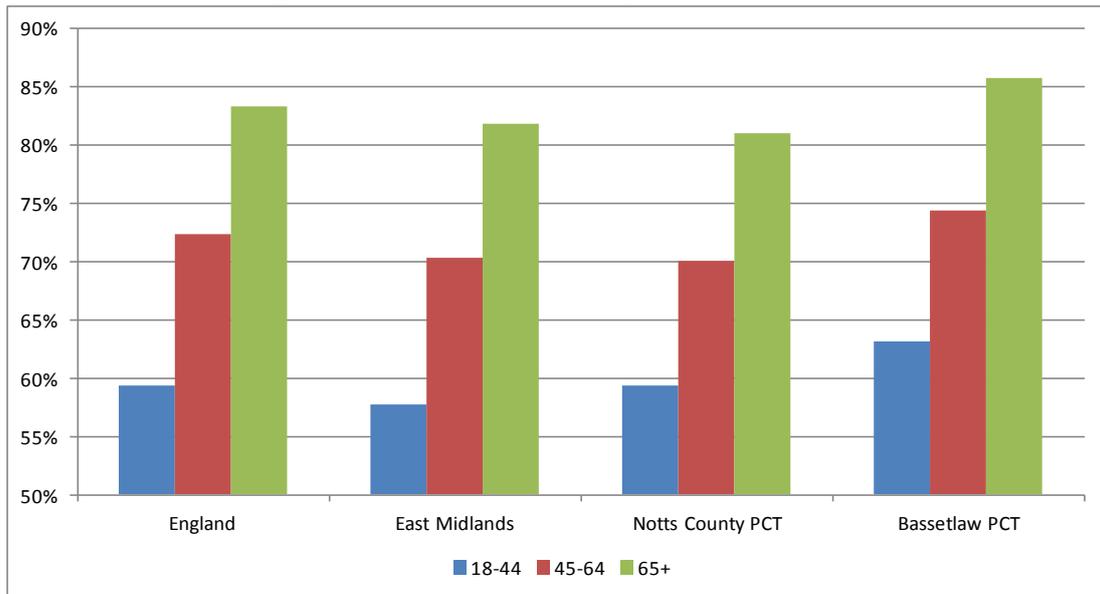


Source: GP Patient Survey 2010/11

Patients were asked if they had a doctor they preferred to see at their surgery and, if so, how often they were able to see their preferred doctor.

In NHS Nottinghamshire County 81% of patients aged 65+ years said they were able to see their preferred doctor always/almost always/a lot of the time, compared to only 59% of patients aged 18-44 years, figure 4.3.4. A similar picture is seen in NHS Bassetlaw (86% and 63% respectively). In both NHS Nottinghamshire County and NHS Bassetlaw only approximately 2% of patients aged 65+ years said they were 'never or almost never' able to see their preferred doctor.

**Figure 4.3.4: Able to see preferred doctor**

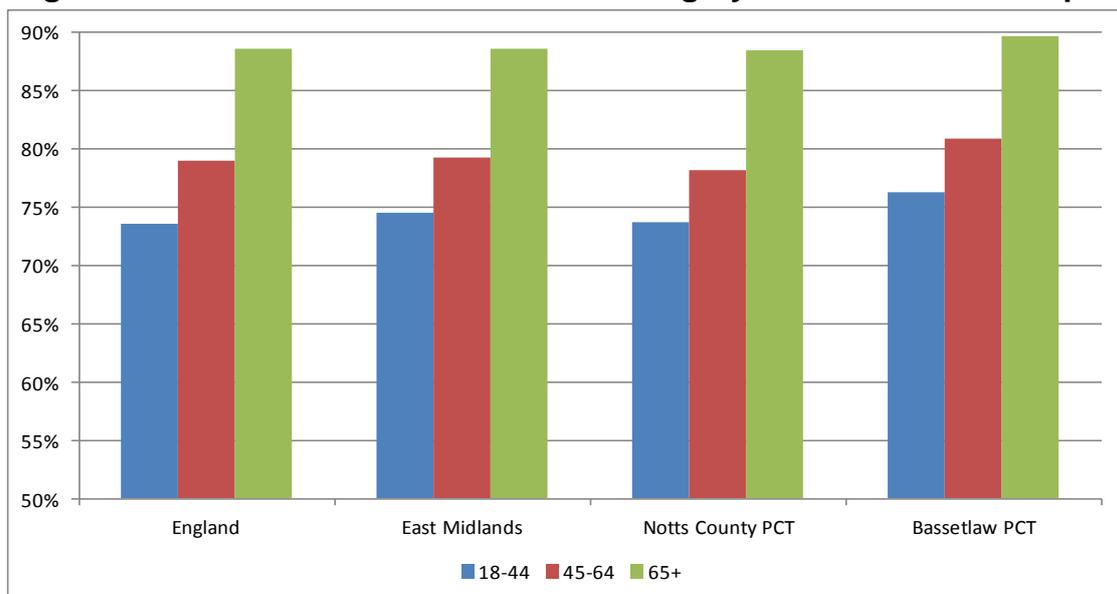


Source: GP Patient Survey 2010/11

Patients were asked to rate their satisfaction with the hours their GP surgery or health centre is open on a five-point scale ranging from very dissatisfied to very satisfied.

In all areas approximately 80% of patients said they were either very or fairly satisfied with surgery opening hours, figure 4.3.5. However, satisfaction was significantly higher among patients aged 65+ years compared to other age groups. Approximately 90% of NHS Bassetlaw and 88% of NHS Nottinghamshire patients aged 65+ years said they were very/fairly satisfied with surgery opening hours.

**Figure 4.3.5: Satisfaction with hours GP surgery or health centre is open**



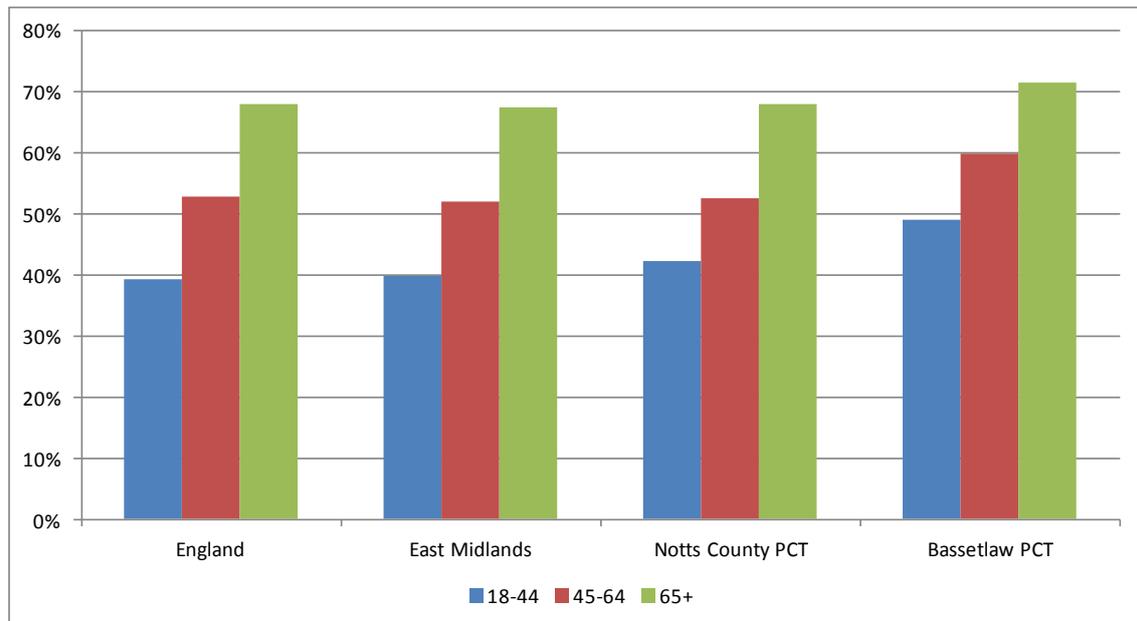
Source: GP Patient Survey 2010/11

Patients were asked to rate their overall satisfaction with the care received at their GP surgery or health centre on a five-point scale ranging from very dissatisfied to very satisfied.

Across England 47% of patients of all ages said they were very satisfied, compared to 51% in NHS Nottinghamshire County and 57% in NHS Bassetlaw, figure 4.3.6.

In all areas satisfaction levels were highest among patients aged 65+ years. In NHS Nottinghamshire County 68% of patients aged 65+ years said they very satisfied, compared to only 42% of patients aged 18-44 years. A similar picture is seen in NHS Bassetlaw (72% and 49% respectively). In both NHS Nottinghamshire County and NHS Bassetlaw less than 0.5% of patients aged 65+ years said they were 'very dissatisfied' with care received.

**Figure 4.3.6: Overall satisfaction with care received at GP surgery or health centre**



Source: GP Patient Survey 2010/11

## 4.4 Carers

### Key messages

Carers are also included in detail in the adults chapter of the JSNA and readers are directed to section 2 for more information.

- The majority of carers in Nottinghamshire are older people.
- According to predictions about the ageing population and increase in age-related illness it is anticipated that there will be an increase in the number of older carers.
- Older carers themselves are likely to have health and disability issues.
- The need for support for older carers is anticipated to increase across health and social care.

This section needs to be read alongside the JSNA Adults section on carers.

The 2001 Census of Population identified that there were over 83,000 carers living in Nottinghamshire and that almost a third of these (26,000) were providing care for more than 20 hours a week.

Figure 4.4.1 below shows a fairly even spread of carers across the county, with the range across all seven district areas being between 10,700 and 12,600. It should be noted that of the total of 83,000 carers, over 17,800 people provide unpaid care for 50 hours or more per week.

**Figure 4.4.1 Number of carers by district of residence.**

District	Number of carers
Ashfield	12,647
Bassetlaw	12,357
Broxtowe	11,638
Gedling	12,460
Mansfield	11,682
Newark and Sherwood	11,707
Rushcliffe	10,690
<b>Nottinghamshire total</b>	<b>83,181</b>

Source: 2001 Census

### Adult Social Care and Health and Public Protection, Nottinghamshire County Council

The Referrals, Assessment and Packages of Care (RAP) returns for 2010-11 regarding services for carers also give interesting information by types of services by client group, by age group of carer and by age group of person cared for by the carer. Figure 4.4.2 shows that most carers receiving services/information as an outcome of an assessment were aged 65+ (46%). The main client group of the person cared for aged 65+ was physical disability, frailty and sensory impairment.

**Figure 4.4.2: Number of carers receiving services provided as an outcome of an assessment or review, by age group of carer**

<b>Age group of carer (years)</b>	<b>Services including respite for the carer and/ or other carers' specific services</b>	<b>Information and advice only</b>	<b>Total</b>
<b>Under 18</b>	3	3	6
<b>18-64</b>	613	2,130	2,743
<b>65-74</b>	263	1,107	1,370
<b>75 and over</b>	299	675	974
<b>All ages</b>	<b>1,178</b>	<b>3,915</b>	<b>5,093</b>

Source: Nottinghamshire RAP Returns 2010-11

**Figure 4.4.3: Number of carers receiving services provided as an outcome of an assessment or review, by primary client group of person cared for by carer (cared for person being over 65 years of age)**

<b>Primary client group of person cared for by the carer</b>	<b>Services including respite for the carer and/ or other carers' specific services</b>	<b>Information and advice only</b>
<b>Physical Disability, Frailty and Sensory Impairment</b>	502	2,072
<b>Mental Health</b>	252	492
<b>Vulnerable People</b>	6	10
<b>Learning Disability</b>	1	4
<b>Aspergers</b>	0	0
<b>Substance Misuse</b>	0	0
<b>Total of above</b>	<b>761</b>	<b>2,578</b>

Source: Nottinghamshire RAP Returns 2010-11

# JOINT STRATEGIC NEEDS ASSESSMENT FOR NOTTINGHAMSHIRE 2012

## Older People

### 5. Safety

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# Older People: Safety

This chapter of Nottinghamshire's JSNA focuses on older people. It covers a wide age range from 50 years and over and endeavours to explore factors and conditions that impact upon health and wellbeing for this population. Many of these factors are important for adults of all ages and therefore this chapter may reference a relevant section of the adults chapter of the JSNA, where appropriate.

## 5 Safety

### 5.1 Mobility and Falls

#### Key messages

- Falls are a significant health issue for older people both nationally and locally. They are a major cause of disability, impairment and loss of function. For older people the main cause of death from injury is due to a fall.
- The annual total cost of falls to the NHS in Nottinghamshire (inc Bassetlaw) is £15 million. Similar costs are incurred by social care.
- Predicted increases in the older population are likely to impact upon local services.
- Implementation of NICE guidance to reduce the risk of hip fractures could save around half a million pounds in Nottinghamshire per year and improve the health and wellbeing of our older population.

The prevention of Falls and Fracture is a key priority for the NHS and Social Care. Falls are a major cause of disability, impairment and loss of function. Falls cost NHS Nottinghamshire County more than £13 million per year.

Falls are a significant health issue for older people both nationally and locally. For the older person, they are often a major cause of disability, impairment and loss of function. In the older age group (65+), most deaths from injuries are as a result of a fall, many of which may have been preventable. In the UK approximately 1 in 3 older people will fall each year and two out of three of them will fall again in the next 12 months.<sup>1</sup>

Of those who fall, 5% will sustain a fracture, with 1% sustaining a hip fracture. 50% of people who sustain a hip fracture will never return to their previous level of mobility and 20% will die within four months, 30% within 12 months<sup>2</sup>. Falls often

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<sup>1</sup> Tahir Masud, Rob Morris, 'Epidemiology of Falls,' (Age and Ageing Oxford University Press 2001) Nov;30 Suppl 4:3-7

<sup>2</sup> Department of Health, 'Prevention package for Older People Resources', (London Department of Health, 2009)

result in loss of confidence, reduction in the ability to remain independent and cause social isolation

Falls and fractures, in people aged 65 and over, account for over 4 million bed days each year in England alone. The healthcare cost associated with fragility fractures is estimated at £2 billion a year. The annual cost of falls to NHS Nottinghamshire County is around £13 million and to Bassetlaw £2 million. Similar costs are incurred by social care. Over the next 20 years there is predicted to be a rise by over 40% in the numbers of people aged over 65. This represents a significant challenge for service providers, carers and the local community.

NICE clinical guidance produced in 2004<sup>3</sup> provides considerable, high quality evidence for interventions which reduce the risk of falling and for medications which reduce the risk of fractures. If all clinicians and services implemented this evidence in a fully integrated falls and bone health service, it would lead to an estimated reduction of 400 hip fractures per SHA, with a net saving of £3 million per SHA<sup>4</sup>. This needs to be set against a predicted increase in the overall number of people who will fracture their neck of femur with the rise in the very elderly population. For NHS Nottinghamshire County this would equate to a reduction of 67 hip fractures prevent with a saving of around £500,000.

Within Nottinghamshire since the implementation of the falls care pathway in 2008, the commissioning of falls prevention teams and the development of a North and South strategy group with patient representation, the rate of fractured neck of femur (hip fracture), has declined. However, 3 out of our 7 local authorities still have higher rates than England, though these differences are not statistically significant. The rates for residents of Nottinghamshire County show a downward trend from 2006/07 to the present day. However, rates for residents of Ashfield, Mansfield and Rushcliffe have risen since last year, though not by a statistically significant amount, indicating that reducing falls and fractures must remain a priority for Nottinghamshire.

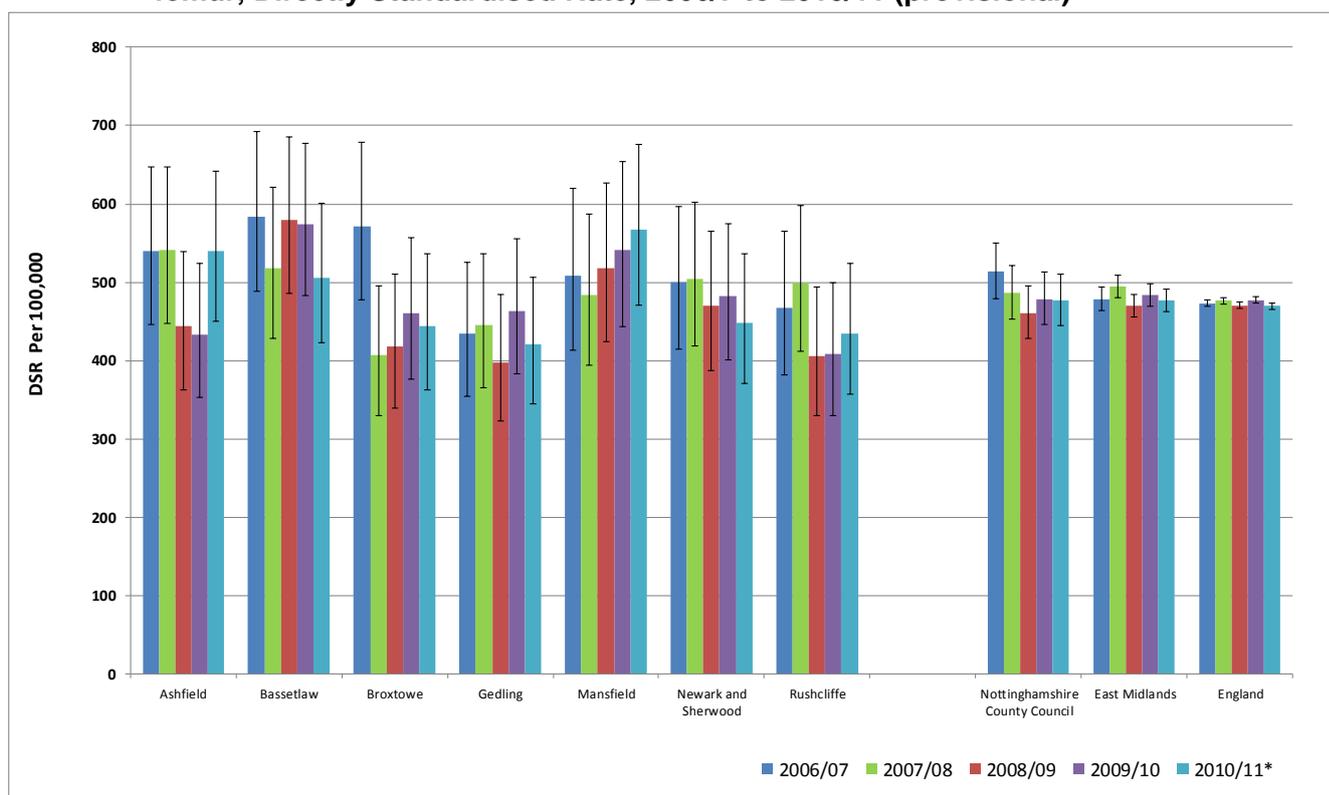
Further work is required by Clinical Commissioning Groups, Acute Trusts, and Community providers to embed the pathway in order to ensure the downward trend continues.

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<sup>3</sup> National Institute for Clinical Excellence, 'Clinical Practice guideline for the assessment and prevention of falls in older people' (London, Royal College of Nursing, 2004)

<sup>4</sup> Ian Philp, 'Recipe for Care – Not a single ingredient: clinical case for change', (London, Department of Health, 2007)

**Figure 5.1.1: Hospital admissions for patients aged 65+ admitted for fractured neck of femur, Directly Standardised Rate, 2006/7 to 2010/11 (provisional)**



Source: East Midlands Public Health Observatory, Hospital Episode Statistics (HES)

## 5.2 Fear of crime and disorder

### Key messages

- Fear of crime particularly affects older people and can have an adverse impact on their wellbeing, willingness to travel or community engagement.
- Across the districts Nottinghamshire residents aged 65+ are most likely to feel safe after dark in Rushcliffe (51%), Newark and Sherwood (43%) and Bassetlaw (43%).

Crime and disorder is a major issue for older people because they are more likely to be on low or reduced incomes; more likely to live alone; and more likely to suffer from physical and cognitive impairments and thereby see themselves as vulnerable. Fear of crime can have an adverse impact on older people's wellbeing, reducing people's willingness to travel or mix with others and in some cases causing people to feel more uneasy in their own homes.

A 2006 UK survey by Age Concern found that more than a third of people over 50 are too afraid to leave their homes at night because they are afraid of being mugged or verbally abused

The survey of 4,000 people also found 47% of over-75s were too afraid to go outdoors after dark.

The 2006 MORI survey into 'liveability' issues in Nottinghamshire showed that crime and community safety issues were the most important issues by to local residents; the crimes which Nottinghamshire residents were most worried about were having their homes broken into, having their cars stolen or having things stolen from their cars and being mugged and robbed.

The Ipsos MORI 2008/9 Place survey showed that in Nottinghamshire, although most respondents (88%) feel safe during the day, just half (49%) feel safe outside at night, with 34% feeling *unsafe* at night.

Crime and fear of crime affects particular communities - for example those suffering from deprivation - and groups of people – for example young people, older people and BME communities – disproportionately; fear of crime particularly impacts upon people's sense of well-being and mental and emotional health. Older people in Nottinghamshire (65+) tend to be more positive about their local area (source: Ipsos Mori – 2008/9) than their younger counterparts.

When Ipsos MORI compared their findings from the above surveys of 1,600 citizens with the national findings from the British Crime Survey, it was clear that local residents were more likely to feel their quality of life was being affected by crime than the average for England and Wales.

The Place survey of 2008/9 also asked residents a range of questions concerning community safety and how safe people felt in a variety of situations; table 5.2.1 shows how local residents responded to these questions and the responses from those aged 65+.

**Table 5.2.1: Nottinghamshire Residents' community safety concerns**

How safe to you feel .....		All Notts residents	Aged 65+
		%	%
When outside in your local area after dark	Not safe	34%	34%
	Safe	49%	40%
When outside in your local area in the daytime	Not safe	4%	5%
	Safe	81%	82%

Source: IPSOS MORI Place Survey 2008/9

Looking across the districts, residents of Rushcliffe and Newark & Sherwood are most likely to feel safe after dark, whilst residents of Mansfield and Ashfield are most likely to feel unsafe, for both all residents and also over the 65s, as shown in table 5.2.2.

**Table 5.2.2: Nottinghamshire Residents' community safety concerns by district**

District	% Feel safe after dark – all residents	% Feel safe after dark – over 65s	% Feel unsafe after dark – all residents	% Feel unsafe after dark – over 65s
Rushcliffe	66	51	18	23
Newark & Sherwood	55	43	29	32
Gedling	51	39	32	35
Broxtowe	49	39	33	35
Bassetlaw	48	43	34	30
Mansfield	40	32	43	41
Ashfield	37	32	47	42

Source: IPSOS MORI Place Survey 2008/9

The most prominent anti-social behaviour problem across Nottinghamshire is seen to be teenagers hanging around on streets (46%). Table 5.2.3 shows that just under a third (29%) see drunken behaviour as a problem and slightly more than that (35%)

see drug use and dealing as a problem. Nevertheless, Nottinghamshire appears to have made significant progress in tackling ASB, with concerns about teenagers, drugs, vandalism, litter, noisy neighbours and abandoned cars all having fallen since 2006/07.

See table over leaf.

**Table 5.2.3: Nottinghamshire Residents' community safety concerns – local area**

Thinking about this local area, how much of a problem do you think each of the following are?	Perceived scale of the issue	2008/9 %	BVPI 2006/7 %
Noisy neighbours or loud parties	A very big problem	4	5
	A fairly big problem	8	9
	Not a very big problem	37	40
	Not a problem at all	51	46
Teenagers hanging around on the streets	A very big problem	17	28
	A fairly big problem	29	33
	Not a very big problem	36	29
	Not a problem at all	18	11
Rubbish and litter lying around	A very big problem	10	15
	A fairly big problem	24	26
	Not a very big problem	46	43
	Not a problem at all	20	16
Vandalism, graffiti and other deliberate damage to property or vehicles	A very big problem	12	14
	A fairly big problem	23	25
	Not a very big problem	44	40
	Not a problem at all	22	21
People using or dealing drugs	A very big problem	15	21
	A fairly big problem	20	24
	Not a very big problem	32	32
	Not a problem at all	33	23
People being drunk or rowdy in public places	A very big problem	10	10
	A fairly big problem	19	20
	Not a very big problem	42	43
	Not a problem at all	29	28
Abandoned or burnt out cars	A very big problem	3	3
	A fairly big problem	6	8
	Not a very big problem	29	33
	Not a problem at all	62	56

### **5.3 Safeguarding Older People**

Readers are referred to the safeguarding section of the JSNA adults chapter as issues for all adults and older people are described there.