

# Executive Summary

Director of Public Health  
Annual Report 2023



# Ageing Well: Our Lives In Leeds



## Welcome to the Executive Summary of 2023 Director of Public Health Annual Report for Leeds. I'm delighted to share this summary with you.

The focus of the report is ageing well in Leeds. It explores how healthy people, places, and communities all contribute to living and ageing well in Leeds.

Leeds is a wonderful place to age well. Our many strengths include:

- a longstanding commitment to be Age Friendly; with Leeds being recognised nationally as an example of good practice for this work and one of three places to hold a strategic partnership with the Centre for Ageing Better to further test and apply 'what works' to make Leeds a better place to age;
- an increasingly diverse ageing population;
- places and spaces that enable people to live healthy, fulfilling and independent lives;
- a thriving voluntary sector and communities which support social interaction;

- some fantastic activities and services to help people to stay healthy;
- support for people to manage long term health conditions and stay connected and independent in later life.

Yet not everyone in later life has the same experiences of ageing well. Some communities spend a greater number of years in later life in poorer health.

For example, people aged 50+ experience poorer outcomes across a range of issues. We see inequalities in later life for people living in deprived areas of Leeds, and for some ethnically diverse communities. We also see differences between men and women.

Like many large cities in the UK, we have a relatively young population. However, a third of the population are aged 50+ and the size of the 70-80+ population in particular is going to increase

Watch  
the film

Read the  
full report

significantly in the coming years. Population trends also show that the older population (50+) is growing in the most deprived areas and becoming more ethnically diverse. With this in mind, we need to ensure that people in later life continue to feel that Leeds is a place that they can and will age well.

The report uses data and the voices of people in later life to shine a light on the experiences of ageing well in Leeds across a range of topics. This broadly covers the health and wellbeing experiences of 'people' in later life. Also, how 'places' and 'communities' support ageing well in Leeds, all with a focus on groups who experience poorer outcomes.

The good news is there is lots we can all do to support people, and ourselves, to stay healthy in later



life and to reduce the time spent in poorer health.

I am grateful to everyone who has taken time to share their stories and experiences. Thanks also to colleagues and partners who have contributed data and shared examples of how we are supporting people in Leeds to age well.



**Victoria Eaton**  
Director of Public Health  
Leeds City Council

## Introduction

Whenever we talk about ageing well, there's often a question about who do we mean? When does older age start? There are different ways of looking at this:

- **our actual age:** is the number of years since we were born. This is something we can't do anything about;
- **our biological age:** is about changes that take place in our bodies through our lives. This is influenced by many factors. For some people it means that they spend more years in later life in poor health;
- for the purpose of this report we are broadly referring to people aged 50+.

The places we live, work and socialise in, and our communities and services in Leeds play an important role in enabling people to live healthy, fulfilling and independent lives. Ageing well is everyone's business, we can all benefit and play our part - from individuals to communities and organisations. There is lots we can all do to support ageing well and increase the number of years that people in Leeds spend in good health. That is the focus of the report.

### What is ageing well about?

Everybody's wellbeing! Everyone can experience ageing well:

- the amount of time people spend in poor health towards later life is largely preventable, and;
- people that are in poorer health can continue to lead healthy, connected, fulfilling and independent lives.

### How do we support people to age well?

Things we can do to increase the amount of time that people spend in good health towards later life in Leeds include:

- creating places, communities and opportunities that enable people to live a healthy and long life. This can include things such as good quality work, financial security, safe and secure housing and social connections;
- prevention and support programmes which can shorten the time that people spend in poorer health and support people to continue to lead connected, fulfilling and independent lives.

### Ageing Well: Our Lives in Leeds

Living a healthy and long life is something that many of us will wish for. Whilst we know that places, communities and services help to support ageing well in Leeds, for many this is not a reality. The experiences and outcomes of ageing well are not equal across Leeds.

Our ageing population is changing and becoming more diverse (e.g. ethnically diverse and LGBTQ+) with growing numbers of people aged 50+ living in the most deprived areas. So, we need to think about how we support people to age well in an inclusive and equitable way that considers the needs of different communities.

In the report we use data and the voices of people in later life to shine a light on the experiences of ageing well in Leeds. Including:

- healthy people, covering the conditions that support healthy living focussed on topics that help people in Leeds to increase the number of years spent in good health. This includes topics such as physical activity, stopping smoking and limiting alcohol intake and long-term conditions;

- healthy places and the role that the environment in which people live supports people in Leeds to live healthy, connected and independent later lives. This includes topics such as travel, housing and public spaces;
- healthy communities and the role that our social circumstances play in supporting people to have active and fulfilling later lives. This includes topics such as community and social connections, digital inclusion and employment;
- cross cutting issues such as social connection and inequalities in the experiences of different groups. This includes differences for people living in the most [deprived](#) areas of Leeds and ethnically diverse communities, men and women;
- how people in Leeds are supported to age well across the range of topics.

There are many things we are doing and lots more we can all do to support ageing well in Leeds. In this report we will make recommendations around actions focussed on increasing the number of years spent in good health.



### Further reading

- [Chief Medical Officer's Annual Report 2023 – Health in an Ageing Society](#)
- [WHO: Healthy ageing and functional ability](#)
- [A consensus on healthy ageing](#)





## Key findings

In the report we explored data and heard from people in later life to shine a light on the rich and diverse experiences of ageing well in Leeds. Our key findings are summarised below. The details of what we found are included throughout the report. Overall we found:

### **Our ageing population is changing and becoming more diverse.**

As well as an expected increase in the 70+ age groups, population trends show that the older population (50+) is growing in the most deprived areas and becoming more diverse. We need to support people to age well in an inclusive and equitable way that considers the needs of different communities.

### **The number of years that people spend in good health in later life is unequal between different communities.**

People living in more deprived communities on average spend more years in poorer health

and this starts in their early 50s. Poor health isn't an inevitable part of ageing. There is much more we can do to reduce the time people spend in poorer health in later life.

### **Inequalities exist in later life.**

The experiences and outcomes of ageing well (e.g. employment and travel) are not equal for people living in deprived areas of Leeds, and for particular communities. Key to addressing this will be creating healthy places, communities and opportunities that enable people to live a healthy and long life.

### **Later life is an opportunity to help citizens keep active and stay healthy.**

People saw later life (50+) as an opportunity to keep active and stay healthy. Data also identified that there were opportunities to reduce inequality in healthy living between communities.

### **Identifying health problems and risk factors earlier would help to delay the amount of time that people spend in poor health.**

This would also help support people in poorer health to continue to lead connected, fulfilling, and independent lives. Increasing the uptake of preventative support and services is key to this.

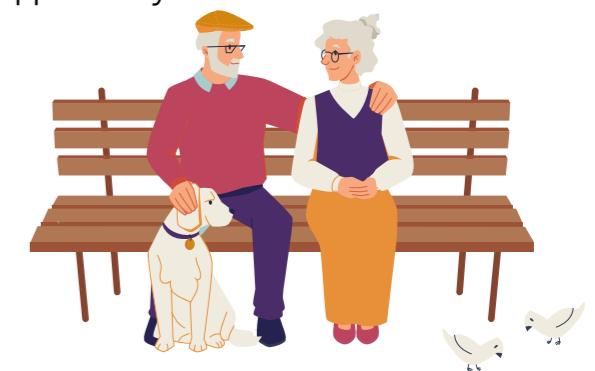
### **Having strong, positive, social connections is an important factor in ageing well.**

Being socially active (e.g. through work, volunteering, family and community networks) is a strong protective factor for the physical and mental health and wellbeing of people of all ages, including older adults. People recognise this as an important part of ageing well. Social isolation and loneliness have a serious negative impact on physical and mental health, comparable to other well established risk factors, such as smoking,

obesity and physical activity. Reducing isolation and increasing social connectedness are both central to improving healthy ageing across the city.

### **People in later life experience negative stereotypes, ageism and discrimination.**

Experiences of people in later life, their health and wellbeing outcomes and access to services or support are impacted by stereotypes, ageism and discrimination. Tackling these will be key to ensuring that people in later life are valued and receive the support they need.







## What local people and professionals told us

In this section we share the key findings from the voices of people in later life and professionals, along with key bits of complimentary data. People told us that the following were important to helping them to stay happy and healthy in later life

### 1. Healthy living

such as keeping active and eating a balanced diet, not smoking and drinking less or no alcohol. Later life was mentioned as being a time and opportunity to be more active. Healthy living was also the second most important thing that people wanted to change to help them age well. Our data also identified opportunities to help people to keep active and stay healthy, support management of long-term conditions and reduce inequalities for people aged 50+ and between certain communities.

### 2. Being socially connected

with family, friends, neighbours, the wider community and community groups. Later life was mentioned as being a time and opportunity to be more socially connected. This was also the third most important thing that people wanted to change to help them age well. Data identified that people in later life (55+) are more likely to have 'never felt lonely' than been lonely some, most or all of the time.

### 3. Public & civic spaces

including access to safe green spaces and culture, such as theatres and libraries are important for a happy and healthy later life.

### 4. Employment

that was flexible and enables people to have a good work-life balance was also something that people wanted to change to help them age well. Data identified that many people are working in later life, however some groups will experience greater barriers to being in or staying in employment.

### 5. Travel & road safety

including good frequency and coverage of buses, access to bus passes, feeling safe, accessibility of taxis and age friendly paths and routes both enabled and stopped people from ageing well. This was also the most important thing that people wanted to change to help them to age well. Data identified that driving and walking are the most popular ways to move around, and buses are popular. However, transport provision isn't equal around Leeds.

Professionals also identified a number of priorities for ageing well, with the top three mirroring those identified by people in later life (though not in the same order):

1. being socially connected;
2. healthy living;
3. travel and road safety;
4. mental health and wellbeing;
5. financial wellbeing.

**There were some differences between the priorities from people in later life and professionals. This highlights the importance of ensuring that the voices and priorities of people in later life and also wider evidence feed into planning and delivery of services and support:**

- employment and learning were less prominent as a priority for professionals than people in later life. Although some did talk about retirement and redundancy, flexible/suitable work and caring responsibilities;
- public and civic spaces was less prominent as a priority for professionals than people in later life. Although the importance of accessible and age friendly parks and green spaces were mentioned;
- financial wellbeing was mentioned less often as a priority by people in later life than for professionals.

Despite the clear evidence about housing and its impact on health in later life, housing wasn't frequently identified as a priority by both people in later life and professionals:

This may reflect the fact that when asked people tend to focus more on issues such as healthy living rather than the role that the environment plays in supporting them to keep healthy. However, some did talk about the importance of appropriate and secure housing, affordability and housing quality to being independent and ageing well. Our wider data also identified the importance of housing to ageing well. Many people in later life want to remain in their own home, with extra support as needed, however national data suggests that half of the homes in Leeds with health hazards may be occupied by people aged 60+.

**62%**

of professionals scored a 7/10, or higher, when asked how well Leeds is supporting people to age well, where 10 is the best result



[Read the recommendations](#)

## What we did

**The first stage in creating the report was to conduct a rapid literature review. We reviewed over 400 papers and reports on the things that support people to age well, as well as barriers. This informed the scope and evidence base for the report.**

We conducted an in-depth data analysis for the report, including inequalities for different demographic groups. This helped us develop new insights into health, wellbeing, social and environmental factors of ageing well for Leeds' people.

We then published an online survey aimed at people aged 50+ in Leeds. We wanted to understand what supports people to stay happy, healthy and strong as they age. The survey received 909 responses from people covering a range of groups across Leeds. We processed, coded and analysed the data for key themes. These are explored within the report.

In addition, we conducted an online survey aimed at professionals working with people aged 50+ in Leeds. We promoted this directly with partners. The survey reached at least 100 people by email and many more by social media and staff newsletters, with 53 completed responses across health, care, wider partners and the voluntary and community sector.

We analysed the responses to identify recurring themes. These are explored within the report.

We then conducted focus groups with people aged 50+ in Leeds. We approached organisations and community groups across Leeds, to reach and engage audiences from a broad range of different backgrounds, demographics, and life experiences. The focus groups took place at:

- Hamara Healthy Living Centre - 'Recycled Teenagers' Group;
- Burmantofts Community Friends - Lunch Club;
- Armley Helping Hands;
- SAGE Men's Space hosted at Yorkshire MESMAC.

### We asked people to:

- tell us what impacts their ability to age well;
- share the positives and negatives of ageing;
- contribute to group and one-to-one discussions about the topic of ageing well.

We then processed, coded and analysed the data for key themes and trends.



### We identified key themes, across the three areas of:

- healthy people: healthy living, long term illness, mental health and wellbeing;
- healthy places: travel and road safety, housing, public and civic spaces, health protection and climate change;
- healthy communities: community connections, digital inclusion, employment and learning, financial wellbeing.

We also developed a [short film](#) highlighting the individual stories of people aged 50+ in Leeds and infographics of key population health data

The report will discuss each key theme in turn. It will summarise the experiences of people aged 50+ in Leeds. Each theme is supported by contributions from people of Leeds.

# Setting the scene



**1 in 3**

people living in Leeds are aged 50+



**19,300**

more people aged 60+ estimated in 2033



More people 50+ moved out of Leeds (4000) than moved into Leeds (3000) in 2020<sup>1</sup>



**2 in 10**

people aged 50+ are living in the most deprived areas of Leeds

**1346**

Approximately 1346 people aged 50+ are living with a learning disability<sup>4</sup>



**2 in 10**

people that identify as LGBTQ+ are aged 45+

Around 1 in 2 who 'prefer not to say' are 45+.<sup>3</sup>



**Over 1 in 2**

of unpaid carers are aged 50+



By 2030, adults aged 70+ with a learning disability will more than double



**37%**

of people aged 50+ from ethnically diverse communities are living in the most deprived areas

**77.6**

Male Life expectancy  
Most deprived 73 years  
Least deprived 82.3 years

**81.4**

Female life Expectancy  
Most deprived 77.3 years  
Least deprived 86.1 years



**Over 95**

main languages spoken by Leeds residents<sup>2</sup>

**Over 1 in 2**

People aged 50+ are living with 2+ long-term conditions.<sup>2</sup>

**13%**

people aged 50+ are from ethnically diverse backgrounds

**25%**

of the 30-49 age groups are from ethnically diverse backgrounds



1. Internal UK migration data from [ONS](#) for June 2020.  
2. Census 2021 where language count was minimum 50 people.  
3. There are likely to be more LGBTQ+ people age 50+ that are not showing in the data. Note that age is 45+ as per ONS data release for this topic  
4. Registered on GP learning disability registers.



# Setting the scene: ageing well and diversity in Leeds

## Life Expectancy in Leeds

People in Leeds are generally living longer than they were 20 years ago. However, in recent years (between 2011-13 to 2019-21) there has been:

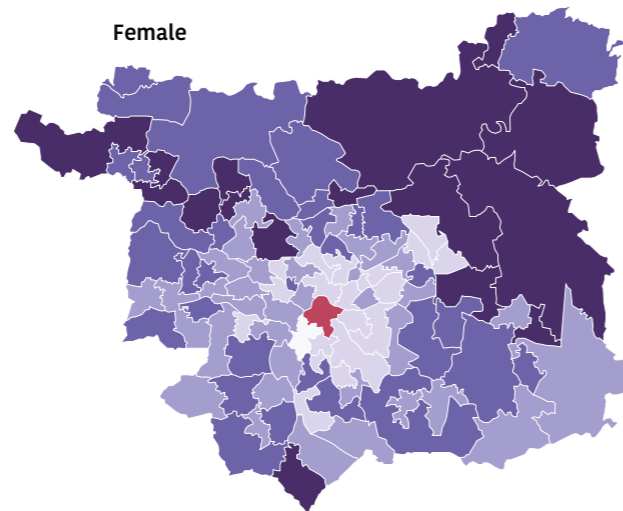
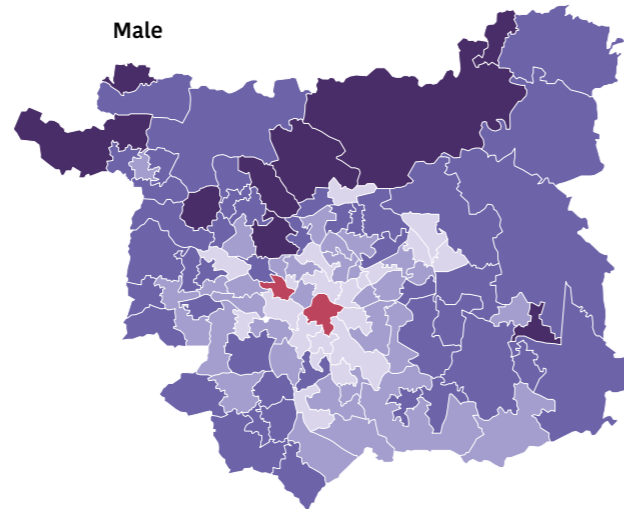
- a slight decline in the life expectancy of women (from 81.9 to 81.4 years);
- a decline in the most deprived areas (from 78.5 years to 77.3 years);
- no significant change in the least deprived areas (86.1 years in 2019-21).

## Time spent in poor health in Leeds

The maps show how this plays out across Leeds. We know that behind this are real differences in how healthy people are as they age:

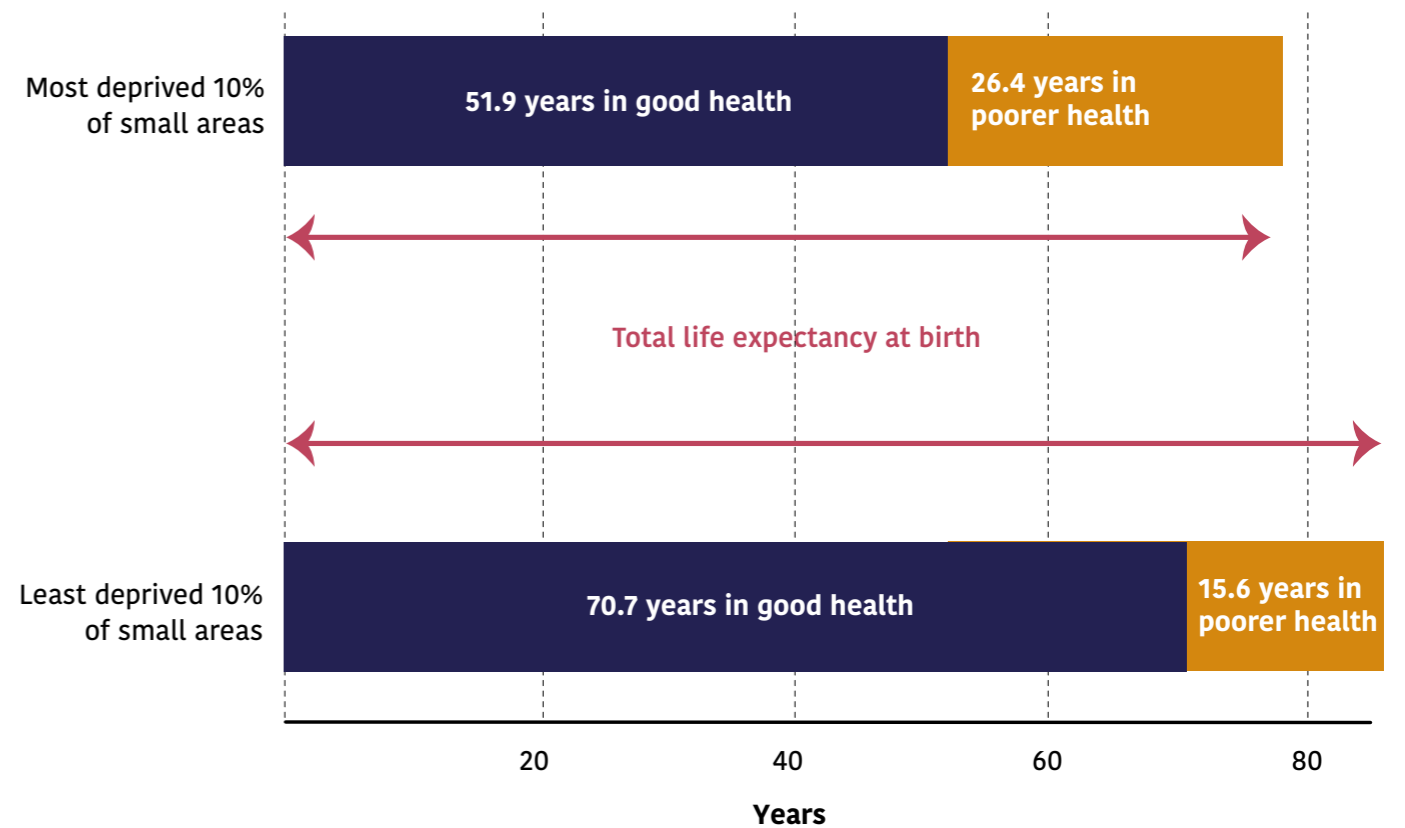
- the number of years that people spend in good health in later life varies in different communities;
- people living in our deprived areas spend a larger number of years in poor health in later life and this starts in their early 50's;
- this is particularly relevant for us, as in Leeds we have 1 in 4 of our total population living and ageing in the most deprived areas.

## Life Expectancy at birth



Pink on map denotes areas that have no life expectancy data, which is a side effect of the calculation process. If there is a zero population in a five year age band (in an MSOA) it is not possible to calculate life expectancy.

Inequality in life expectancy and healthy life expectancy at birth for females in the most and least deprived areas in England, 2018 to 2020



Source: Chief Medical Officer's annual report 2023: health in an ageing society

## Ageing & diversity in Leeds

Using data, we can look at trends and projected changes in population size for different groups. We need to use this to think about how we can support people to age well in the future. For example:

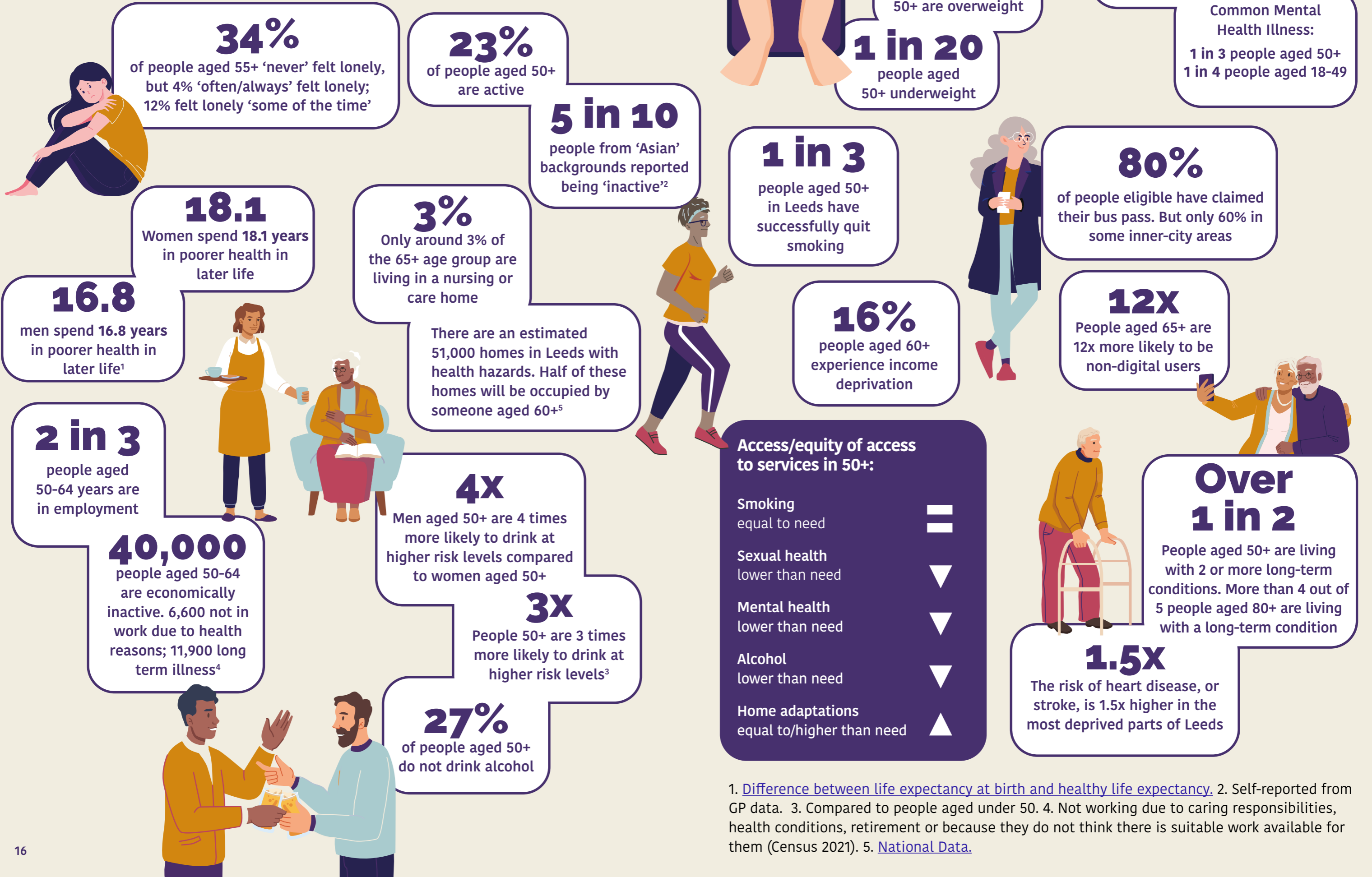
- looking to 2033 we can see a reduction in 50-59 age group, and growth in the 70+ age groups (and very significant growth in the 80+ age group).
- many people that live in Leeds do stay until and throughout later life with 1 in 3 residents being aged 50+. So, whilst Leeds is a young city, we increasingly need to ensure that people in later life continue to feel that Leeds is a place that they can age well.
- 19% people aged 50+ are living in the most deprived areas. This increases to around 24% in people across all ages. People are ageing in our deprived areas and this will continue to grow.

- around 1 in 10 people aged 50+ in Leeds are from ethnically diverse communities (13%). This increases to more than 2 in 10 for people aged 30-49. This means our 50+ population will become more ethnically diverse;
- almost 2 in 10 people that are that identify as LGBTQ+ are aged 45+. The LGBTQ+ population in the 35-44 age group is more than two times higher than the 45+ age group. However, nearly half of people who 'prefer not to say' are aged 45+, so there may be more LGBTQ+ people age 50+ that are not showing in the data.

This suggests that the 50+ population will become more diverse (e.g. ethnically diverse and LGBTQ+) with growing numbers of people aged 50+ living in the most deprived areas. So, we need to think about how we support people to age well in an inclusive and equitable way that considers the needs of different communities.



# Snapshot of ageing well in Leeds



1. [Difference between life expectancy at birth and healthy life expectancy](#). 2. Self-reported from GP data. 3. Compared to people aged under 50. 4. Not working due to caring responsibilities, health conditions, retirement or because they do not think there is suitable work available for them (Census 2021). 5. [National Data](#).

# Snapshot - What local people and professionals told us

Key

 Healthy people

 Healthy places

 Healthy communities

**40%**

of people said that healthy living was a priority. Increasing opportunities to be active and addressing barriers to this were important

**21%**

of professionals talked about mental health and wellbeing as being a priority for ageing well. Including addressing social isolation, equitable access to services, and community provision

**78%**

of people said that healthy living helped them stay happy and healthy

**55%**

of people talked about being socially connected with family, friends, neighbours, their wider community and community groups

Despite clear evidence, housing wasn't frequently identified as a priority by both people in later life and professionals

Later life is a time and opportunity to be more socially connected

**66%**

of professionals mentioned the importance of people being socially connected to support ageing well

For many people, community groups allows people to get out, be more sociable, and access additional resources and support

**56%**

of people said public spaces are important to being happy and healthy

Later life can be an opportunity to be more active

Some people were looking forward to reducing hours or retirement so they could do more things to age well

**38%**

of people talked about the importance of employment and learning

Being physically active helps people to feel younger

People value access to green spaces and enjoy using them – these are a positive feature of Leeds that enables people to age well

People value going at a slower pace as they age. It can be less stressful, with more time, compared to working life

Public and civic spaces were mentioned less by professionals as being a priority for ageing well – some did talk about the importance of accessible and age friendly parks and green spaces with free parking

Work and work-life balance enabled social interaction and allowed people to do things to age well

Employment and learning were mentioned less by professionals as being a priority for ageing well

Theatres and libraries are important for staying happy and healthy

**21%**

of people said the frequency and coverage of buses, feeling safe, accessibility of taxis and age friendly paths and routes stop them from doing things

**12%**

of people reported that improved financial wellbeing would help them stay happy and healthy as they age

Some people are nervous of technology; some people accessed tech clubs in the community, but others were less interested in this

**20%**

of professionals mentioned financial wellbeing including cost of living, the cost of ageing well activities, or the transport to get to them as a priority for ageing well

**44%**

of people said walking helps to keep them happy and healthy

Transport is a barrier to people attending health appointments in different parts of Leeds

**36%**

of professionals talked about travel as being a priority for ageing well





## Recommendations

1. Leeds City Council, Leeds Health and Care Partnership, Anchor Organisations, third sector and local businesses to work collaboratively to further develop Leeds as an Age Friendly City. This should include actively engaging with Age Friendly Leeds (through Age Friendly Board and Partnership, Action Plan and becoming Age Friendly Businesses/Organisations) and embedding ageing well into all policies and services.
2. Leeds City Council to review and further develop ways for citizens to keep active and stay healthy (primary prevention) throughout their later lives, with a particular focus on supporting people to age well in more deprived areas (i.e. IMD\* 1 and 2) and ethnically diverse communities.
3. Leeds City Council, Leeds Health and Care Partnership, third sector partners and Leeds Age Friendly Board to work together to review and increase opportunities for people to be socially connected, and ensure reducing social isolation in later life is central to all policies and services.
4. Leeds NHS organisations to increase early identification and management of risk factors and long term conditions to reduce preventable poor health in later life (secondary prevention). This should take a targeted approach working with communities with historically reduced access to and low uptake of prevention services, screening and vaccination.
5. Leeds City Council and Leeds NHS organisations to ensure the voices of people in later life are central to all ageing well work, taking into account insight developed through this report, State of Ageing in Leeds and people's voices from voluntary and community sector organisations.
6. All partners, individuals and communities to challenge negative stereotypes relating to ageing, including loss of value, discrimination and ageism.
7. Anchor institutions, businesses and employment and skills organisations to review and further develop positive practices to support more people in later life to age well in work.
8. West Yorkshire Combined Authority and Leeds City Council to work together to increase accessible and safe travel for people in later life to support independence and healthy ageing.
9. Academic partners to support citywide work to strengthen local research, evidence and evaluation in relation to ageing well, with a focus on local implementation and delivery.



“[Ageing well] means still being active, having good health, being able to contribute and play my part, and being financially able to do that, and being respected and not ruled out as I age”

Hannah, 50  
Roundhay

\*Further information on the Indices of Multiple Deprivation





# Ageing Well: **Our Lives** In Leeds

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Please tell us the web address (URL) of the content, your name and email address and the format you need. For example: audio, braille, BSL or large print.

**Read the full report online at:**  
[www.leeds.gov.uk/  
publichealthannualreport23](http://www.leeds.gov.uk/publichealthannualreport23)

Further information on health statistics for Leeds and past reports are available online at: <http://observatory.leeds.gov.uk>

We welcome feedback about our annual report. If you have any comments, please email: [publichealth.enquiries@leeds.gov.uk](mailto:publichealth.enquiries@leeds.gov.uk)

Report Design: [Brightsparks Agency](#)

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