



Ageing Well: Our Lives In Leeds



Contents

Foreword	4
Introduction	6
Key findings	10
What we did	14
Setting the scene	18
Snapshot of ageing well in Leeds	22
Snapshot - What people and professionals told us	24
Recommendations	26
1.0 Healthy people	30
1.1 Physical activity	32
1.2 Healthy eating	38
1.3 Smoking	42
1.4 Alcohol	46
1.5 Illness, long term conditions & cancer	50
1.6 Mental health & wellbeing	58
1.7 Infection prevention & vaccinations	66
1.8 Sexual health	70
2.0 Healthy places	72
2.1 Travel & road safety	74
2.2 Housing	82
2.3 Public & civic spaces	88
2.4 Climate change	92
2.5 Adverse weather	94
3.0 Healthy communities	96
3.1 Community & social connections	98
3.2 Digital	104
3.3 Employment	110
3.4 Financial wellbeing	118
Updates on recommendations from 2022	122
Acknowledgements	126
Further reading	128



“[To me, ageing well means] keeping well, keeping moving, being able to go out where and when I want. To have enough health, wealth and happiness. To be resilient and to age disgracefully and be unique”

Gwendoline, 62
 Whinmoor

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

The focus of this 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

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.

This 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.

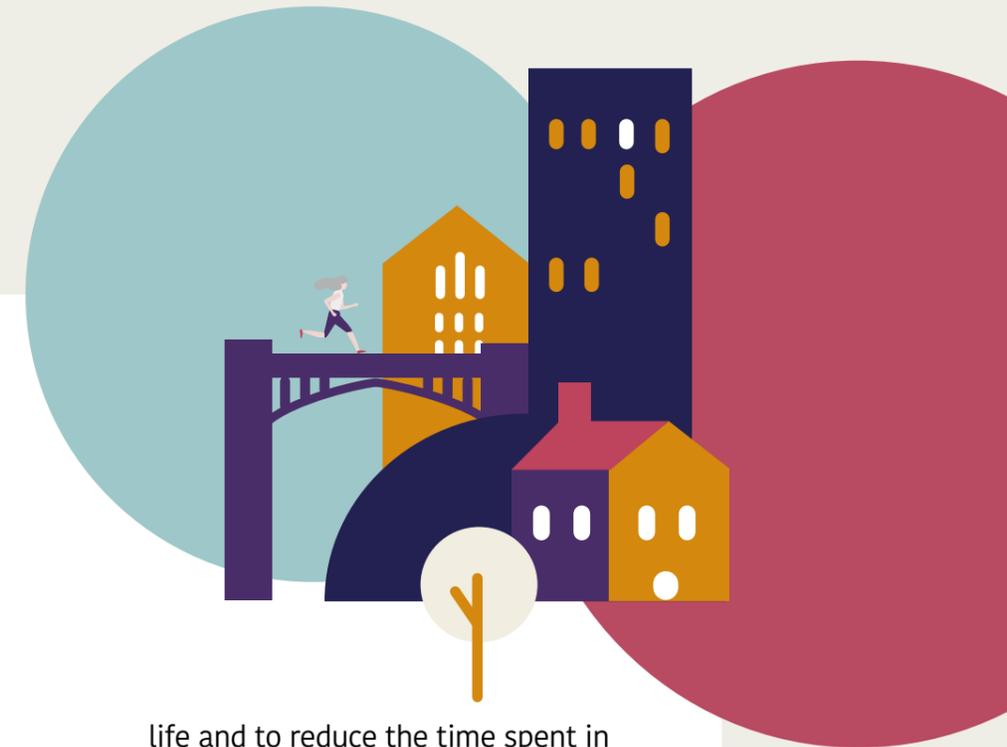
The good news is there is lots we can all do to support people, and ourselves, to stay healthy in later

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 this 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 this 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](#)





Leeds has a longstanding ambition to be Age Friendly, the best city to grow old in & a place where people age well.



We know that around 80% of what influences our health and ageing well is outside of health and care. The [World Health Organisation](#) set out eight domains that local places can address to improve structures and services to meet people's needs in later life. This provides a clear framework of 'what works' to promote ageing well. These broadly cover the wider determinants of health¹, including social factors, employment and the built environment required to support ageing well.

Leeds is amongst 60 areas nationwide and 1000 places worldwide that are committed to creating age friendly places that enable people to age well.

The Age Friendly Leeds Strategy and Action Plan sets out outcomes and tangible actions based on the World Health Organisation Age Friendly domains, informed by local evidence, insight from engagement with people aged 50+ and several Leeds strategies.

Our five-year, strategic partnership with the [Centre for Ageing Better, Leeds City Council and Leeds Older People's Forum](#) enabled us to further test and apply 'what works' to make Leeds a better place to live and age for anyone aged 50 and over.

The Age Friendly Strategy and Action Plan is overseen and delivered by the Age Friendly Leeds Board which has broad membership from across the council and external partners, with support from a wider Age Friendly Partnership encompassing with wider statutory sector partners, voluntary and community sector organisations and private sector.



“In this group, we can share memories. I remember my grandma being in her mid-90s and feeling really lonely because she had no one to share her memories with. We are fantastically lucky to have skilled members and if groups didn't have this then we wouldn't survive”

Colin, 71
Focus group participant,
Leeds



Key findings

In this 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 this 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 & 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



What we did

The first stage in creating this 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 this 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 this 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 this 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.

As shown on the following pages, we developed a short film highlighting the individual stories of people aged 50+ in Leeds. We also developed an infographic of key population health data.

This 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.

Film production

Creating the short film

To accompany the written Director of Public Health Annual Report, we produced a short film. The film highlights the individual experiences of people aged 50+ in Leeds.

Filming

Filming occurred across 2 shoot days, with anywhere between 5 and 10 people filmed per day. The five contributors who shared their story received a voucher following filming to thank them for their time.

Each shoot day involved 6-7 crew members and up to 4 locations in Leeds. Adjustments to the shoot setup were made in order to meet participants' needs.

The voiceover for the film was recorded by each participant, telling their individual story. A script was prepared in advance based on participants' contributions to community engagement activities. Participants were consulted about the script. Changes were made if requested.

The film features a broad mix of demographics, filming locations, ethnicities, ages, and experiences to celebrate the diversity of ageing well in Leeds. It highlights the experiences of five local people and gives us the chance to understand their lives in Leeds.



"I really enjoyed it and it was great to see a whole different side of life. Something I suspect I will never see or partake of again. You were all very welcoming and made me feel very comfortable and relaxed"

Anup, 55
Leeds



Watch the film

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 2020¹



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 disability⁴



2 in 10

people that identify as LGBTQ+ are aged 45+

Around 1 in 2 who 'prefer not to say' are 45+³



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 1 in 2

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



Over 95

main languages spoken by Leeds residents²



25%

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



13%

people aged 50+ are from ethnically diverse backgrounds

Over 1 in 2

people aged 50+ are living with 2+ long-term conditions

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 & 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:

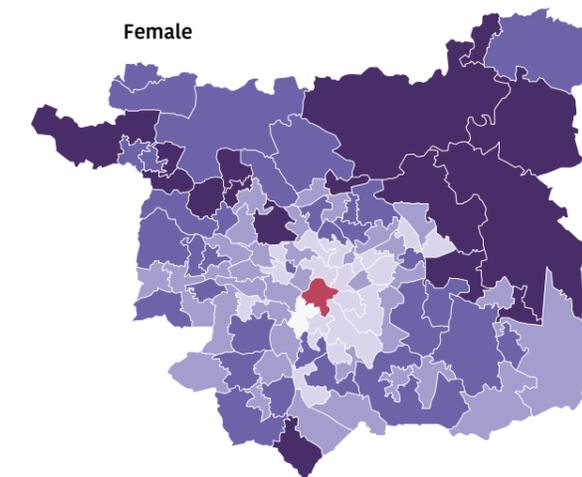
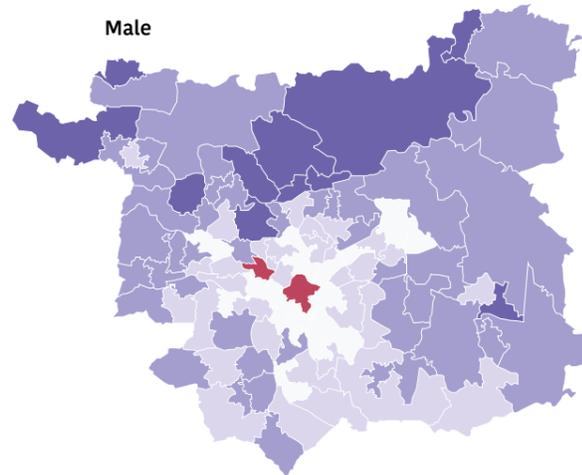
- a slight decline in the life expectancy of women (from 81.9 to 81.4 years);
- a decline in the most deprived areas (from 78.5 years to 77.3 years);
- no significant change in the least deprived areas (86.1 years in 2019-21).

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.

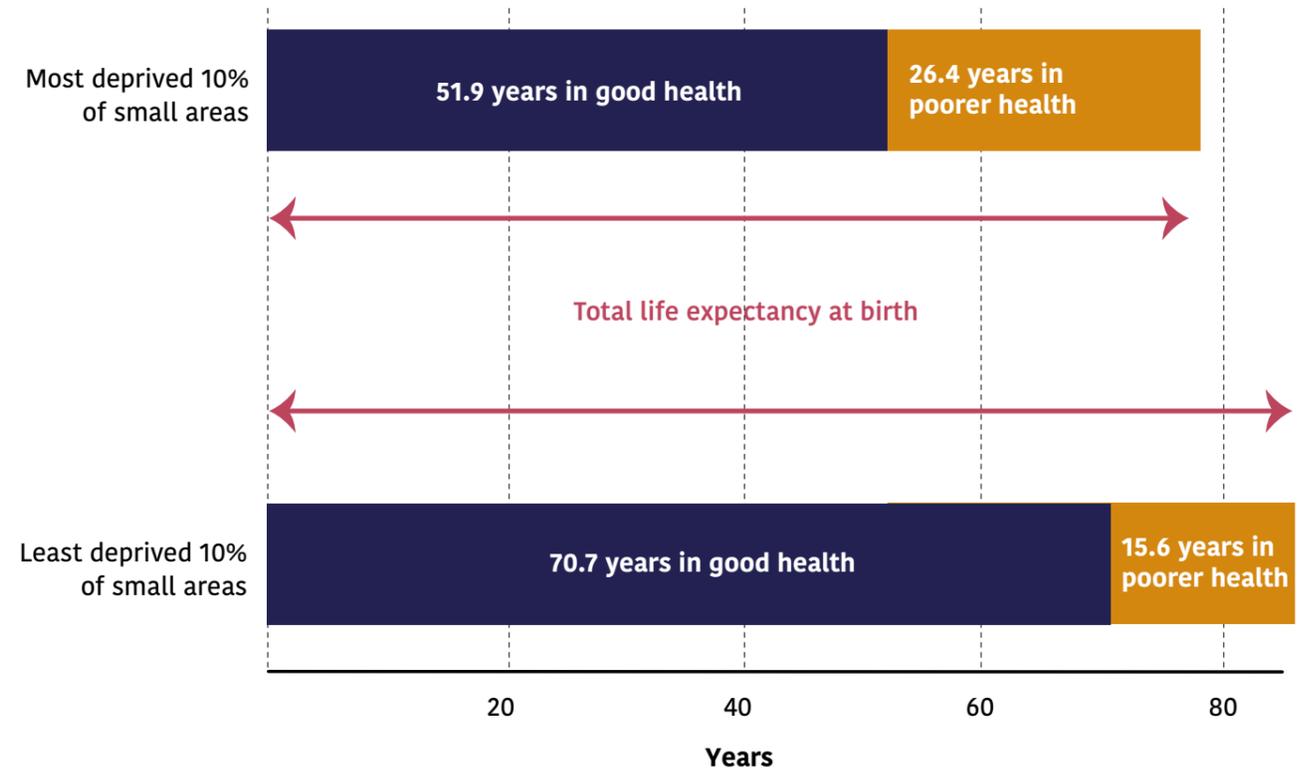
Life Expectancy at birth



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. For example:

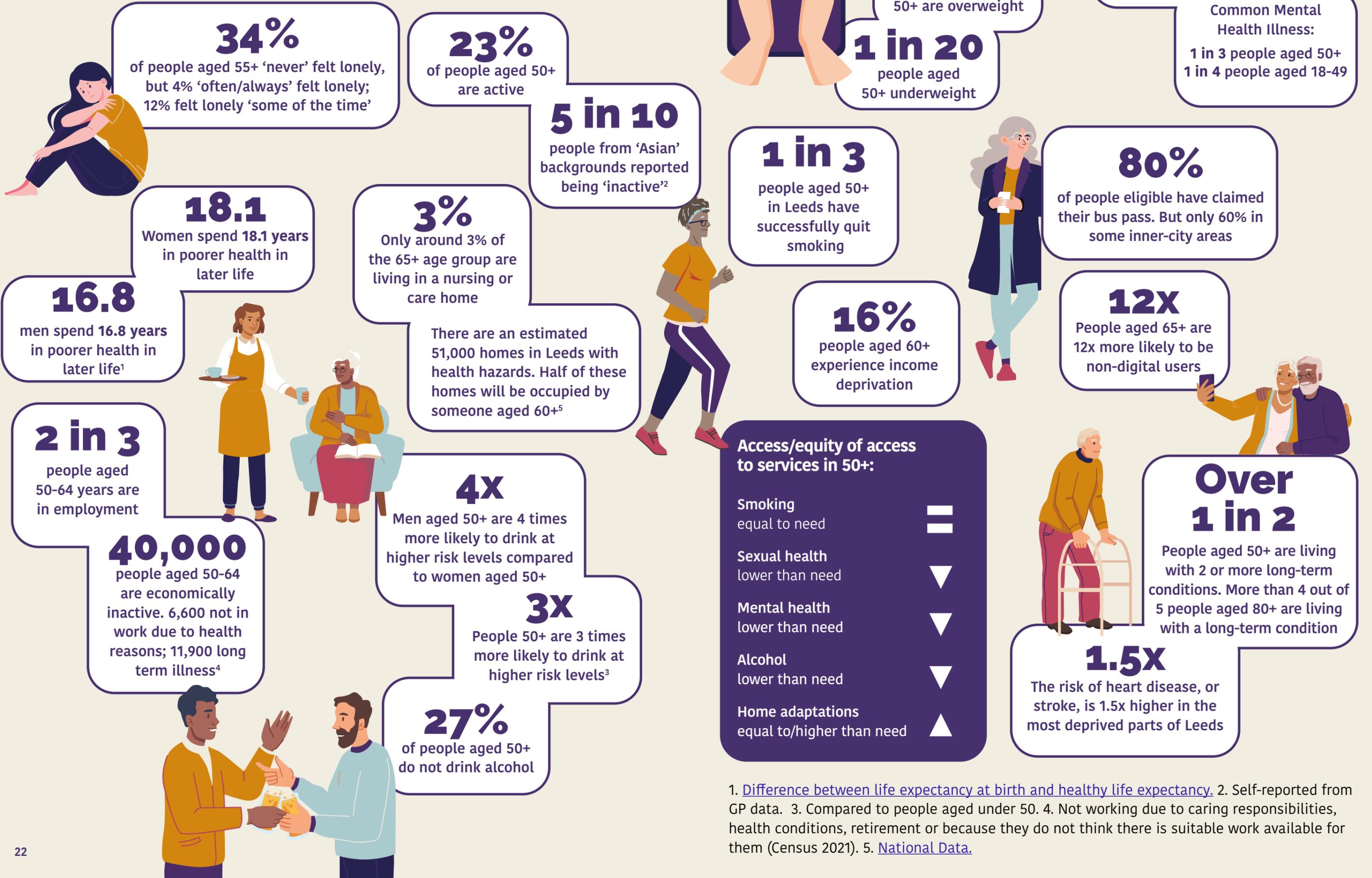
- looking to 2033 we can see a reduction in 50-59 age group, and growth in the 70+ age groups (and very significant growth in the 80+ age group);
- many people that live in Leeds do stay until and throughout later life with 1 in 3 residents being aged 50+. So, whilst Leeds is a young city, we increasingly 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 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

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

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

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

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



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

1.0 Healthy people



1.0 Healthy people

The amount of time people spend in poor health towards later life is largely preventable. People that are in poorer health can continue to lead healthy, connected, fulfilling and independent lives. The places and surroundings in which people and communities live, work and socialise influence their opportunities for healthy living. In other sections we explore this further.

In this section we look at healthy living and long-term conditions with a focus on topics that we can all support to increase time spent in good health. 78% of people in the community survey mentioned healthy living as a positive part of ageing well in Leeds, and many said this was something they'd like to change or improve. This includes topics such as physical activity, stopping smoking, limiting alcohol intake and long-term conditions. All with a focus on inequalities in the experiences of different groups.

People will also have different experiences of accessing healthcare and preventative support services across Leeds, which links to many of the sections of this report.

What keeps you healthy and happy?



“Starting renovation projects at home, fasting 3 times a week, abstaining from alcohol and tobacco, having a plant-based diet”

Sunni, 54
Chapel Allerton

“社交、參與社區活動及娛樂活動。身心健康。生活方式，包括飲食和運動。”



“Ageing well means eat well, sleep well and have a good body condition”

Xiang-hong, 58
Horsforth

“Social, community and recreational activities. Physical and mental health. Lifestyle, including diet and exercise”

Kanchi, 66
Middleton



1.1 Physical activity

Why is it important in later life?

Physical activity provides people with a foundation for healthier and happier lives. It brings people together to enjoy shared activities and contributes to building strong communities. We know that later in life people are more likely to become inactive. This can be for a range of reasons, not just because of ageing or health conditions. It can be work, greater family and caring commitments or even social attitudes about the ‘right time’ to start getting active. However, many people in our focus groups and surveys mentioned being active as important factor in feeling younger. This challenges some of these perceptions about ageing.

The [UK Chief Medical Officer’s Physical Activity Guidelines](#) suggest that older adults should participate in daily physical activity to improve their physical and mental health and wellbeing. Some physical activity is better than none. Even light activity brings some health benefits, while more daily physical activity provides greater health and social benefits.

The impact of the COVID-19 pandemic
[The national 2021-2022 Active Lives Adults Survey](#) is the first full year of data not impacted by the COVID-19 pandemic. It shows a welcome return to pre-pandemic

activity levels for most adults. However, inactivity levels have risen during the COVID-19 pandemic for those aged 65+. In particular, strength and balance activity has decreased. It is predicted that [110,000 more people in later life](#) will have at least one fall per year as a result. In addition, women’s activity levels have recovered slower than men’s. The gap between most and least deprived areas continues to grow, with significant inequalities widening amongst some diverse ethnic groups.

What do people age 50+ experience?

Physical activity refers to all movement. Popular ways to be active include:

- walking;
- cycling;
- sports;
- active recreation;
- play.

“I need to exercise more, but I’m often too tired after work. I’ve joined a Darts Club and play darts once a week”

Balvinder, 58
Chapelton

Physical activity for adults and older adults:



Physical activity can be done at any level of skill and for enjoyment by everybody.

A key theme from the focus groups was the importance of being active and staying active, which helped people feel younger. Over 48,000 people aged 50+ in Leeds (23% of all 50+) are physically active. The highest proportion of physically active people are living in the least deprived areas of Leeds.

Physical activity is not one size fits all. Personal confidence, ability, finances, access to spaces, other commitments and time available all play a factor. Movement needs to be easy and enjoyable, and this is [one of the most effective ways of maintaining independence into later life](#).

[Active Lives data](#) shows that as people age, the types of activities they choose or feel able to take part in changes. The opportunities that people have access to have an impact on their activity levels, and whether they continue to do that activity.



“I bowl for Kippax Bowling Club. It provides physical exercise for me but more importantly, social interaction”

Paul, 50
Kippax

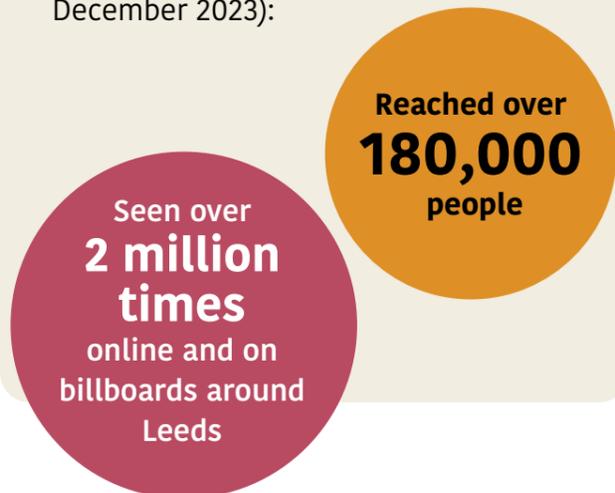


Case study

Strengthening campaign

In June 2023 the Leeds Public Health and [Active Leeds](#) team launched a campaign. It focuses on strength and balance for people aged 40 years upwards and/or living with frailty or a long-term condition. [A lack of strength-based exercises can lead to muscular degeneration at an earlier age](#). Focusing on people aged 40+ encourages a preventative approach to reduce the risk of falls and frailty in later years. This means people can enjoy more healthy life years.

The campaign has been hugely successful so far (June 2023 – December 2023):

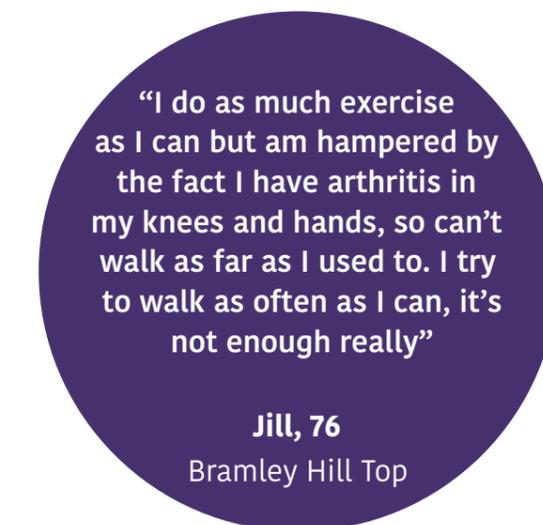


While some activities remain common across all age groups, some become less common. In our survey, walking came up frequently. Almost 400 people mentioned that it helps to keep them happy and healthy! Other forms of activity mentioned by people aged 50+ included:

- Karate;
- spending time with family;
- yoga;
- cycling;
- dancing;
- swimming;
- netball;
- using the gym;
- spending time in nature;
- exercise classes;
- gardening / allotment;
- jogging;
- active holidays and travelling;
- crown green bowling;
- table tennis.

There is a lot of [research](#) into the barriers and facilitators of physical activity among ethnically diverse groups in the UK. Barriers may include:

- poor work-life balance;
- financial costs associated with some physical activities;



- language barriers;
- cultural practices and consideration of modesty.

Data in Leeds shows that 50% of people aged 50+ from Asian backgrounds reported they were ‘inactive’. This is high compared to:

- 40% (‘Chinese’ and ‘Other background’);
- 39% (‘White’ background);
- 35% (‘Black’ background);
- 34% (‘Mixed’ background).

How are people in Leeds enabled to age well?

There are lots of ways in which people in later life are enabled to be more active, including:

Active Leeds leisure centres offer a range of activities across Leeds for people of all ages. Activities include gyms, fitness classes, and swimming. [The Active Leeds](#) for Health Team can support people to find what works best for them.



“I am 89 and feel younger with DANCE”
(Dance On Toolkit)

The Falls Prevention Postural Stability programme is designed for people with low mobility. It focuses on improving balance, confidence and to reduce the fear of falling. It's delivered by qualified instructors in a [range of leisure centres and community centres](#) across Leeds.

Dance On are dance classes offering opportunities to try something new, get active and meet new people. There are currently 24 [classes](#) taking place across Leeds and Bradford.

There are also [34 Neighbourhood Networks](#) across Leeds which offer a range of activities in the community for people in later life.

The Active Travel project in Burmantofts, Harehills and Richmond Hill encourages walking, wheeling, cycling and other methods that encourage people to get physically active. [Active Travel](#) is "walking to school, cycling to work, or other everyday journeys you make to get from place to place".



Further reading

- [Older adults | Sport England](#)
- [How rising cost of living is impacting sport and physical activity | Sport England](#)
- [Physical activity - Ethnicity facts and figures](#)

“[I’m a] Tai Chi instructor at Beeston [which creates] many social activities and friends and associates”

Colin, 85
Hunslet



“Via my Leeds City Council Active membership, I generally attend four yoga sessions and two Zumba classes each week, sometimes Keep Moving and spin classes, so wow! Hurrah for LCC Active. It’s very affordable very doable”

Lalitha, 70
Bramham

1.2 Healthy eating

Why is it important in later life?

We all need food and nutrition to survive. What we eat can have a big impact on how we live and our health. It plays a crucial role in determining our [weight](#) and can influence our risk of conditions such as heart disease and high blood pressure. Having variety and balance in our nutrition is particularly important in preventing [malnutrition](#) and its health impacts.

Different factors can make it harder for us to eat healthy food in later life:

- changes to our income, meaning we have less money for food;
- changes to our home life, like the sudden death of a partner;
- health problems that make it harder to cook, or chew/swallow food;
- challenges in getting out to the shops to buy food.

However, [healthy eating is vital at all stages of life.](#)

What do people age 50+ experience?

[National data](#) suggests that around one in four people aged 60+ felt that they have not been able to eat healthy and nutritious food since the pandemic. Many put this down to difficulties with shopping:

- nearly half of people who already experienced difficulties in shopping have stated this has become harder;
- around two in five people reported feeling less confident shopping alone.

For people in later life, easy access to shops may depend on factors such as:

- public [transport options](#);
- availability of shops in walking distance;
- owning a car.

In Leeds the average time to reach a food shop by walking or public transport is 8 minutes. However, this average will likely mask areas in which access to shops takes longer. It is known [nationally](#) that areas of higher deprivation have poorer access to shops selling healthy food.

“I try to maintain a good healthy diet and speak to my partner and friends about any problems, issues or concerns I may have”

Sunita, 54
Whinmoor

“I am lucky to have a car so I can access shopping etc either near or further away”

Joan, 68
Barwick in Elmet



However, even when we're able to access shops, we may find that healthy food is simply too expensive to purchase regularly. It's estimated that it is [three times more expensive to get the energy we need from healthy foods than from unhealthy foods.](#)

The impact of this is going to be felt strongest in the areas of highest deprivation in Leeds and has likely worsened in this cost-of-living crisis. It's estimated that [almost a third of adults aged 60+ nationally have had to cut back on food or groceries due to the cost-of-living crisis.](#)

Healthy weight

The type of food, and amount of food eaten, can significantly affect weight. In Leeds there are large numbers of adults aged 50+ who are living with overweight or obesity.

For adults aged 50+ in Leeds:

- about 30% of people are living with obesity, and a further 36% of people are overweight;
- living in the most deprived areas increases risk of being overweight by over 30%;
- people living with a learning disability are significantly more likely to develop an unhealthy weight at any age.

The proportion of adults aged 50+ who are living with overweight or obesity is far higher than for adults aged 18-49. Only 22% of adults aged 18-49 are overweight, and only 16% are living with obesity.

While overweight and obesity is more common in the 50+ age group in Leeds, being [underweight](#) can also impact a

Adults aged 50+:
2 in 3 people
are overweight or living with obesity.

1 in 20 people
are underweight.

Estimated
13,500 people
aged 65+ living with malnutrition.

person's health. Being underweight can mean missing out on vitamins and minerals. It can lead to health problems such as a weak immune system and bone fractures.

For adults aged 50+ in Leeds:

- around 14,500 people are underweight, which is about 1 in 20 of this age group;
- being underweight is nearly twice as common for women as for men;
- national data suggests there may be as many as 13,500 people aged 65+ in Leeds who are living with [malnutrition](#).

How are people in Leeds enabled to age well?

The [Leeds Food Strategy](#) sets out our vision for the future of how we produce, consume, and dispose of food across Leeds. It was co-developed by Leeds City Council and FoodWise Leeds. We believe the foods that we eat should:

- reflect our rich and diverse culture;
- nourish our social connections;
- enhance our physical and mental well-being;
- make our lives better.

Our food system should enable people, producers, and our planet to prosper. The Leeds Food Strategy sets out what we can all do to work towards this better food future for all.

There are three key pillars to the Leeds Food Strategy:

1. health and wellbeing – helping people to improve their health and wellbeing through eating well.
2. food security and economy – working to give everyone in Leeds access to nutritious food.
3. sustainability and resilience – ensuring Leeds’ food system is fit for the future.

Objectives in the strategy are wide-ranging. Recognising that access to healthier food is varied across Leeds, one of the key objectives is to ‘help make healthier food more available’. This considers things like advertising, and the number of businesses or shops locally that sell healthy and nutritious food.

While many of the objectives in the strategy will support adults across the whole of life, there is also a commitment to target support to those who are most at risk. There are significant numbers of older adults in Leeds with malnutrition. Targeted investment in prevention programmes provides a key action to reduce the impact of diet-related ill-health in this group.



Case study

Lunch Clubs

The Lunch Club annual grant offers a small financial contribution to promote and support voluntary and community sector organisations who provide a hot, nutritious meal, warm welcoming space, and activities to reduce social isolation for people in later life. Lunch clubs run on a weekly basis and operate on a user-led basis with regular feedback from attendees with co-design of menu plans.

Annually, this funds approximately 80 clubs with around 3,000 beneficiaries. Many people attend lunch clubs alone and report that without this provision, they would otherwise be lonely or isolated. Lunch club organisers see people building friendships, sharing knowledge about activities in Leeds with several attendees going on to become volunteers.

Many Lunch Clubs are linked to larger organisations and [Neighbourhood Network Schemes](#) which strengthen partnership working and support people to engage in activities in their local communities. Several lunch clubs also offer day trips, organise guest speakers, put on music and dance events, and host local Elected Member surgeries. Regular interaction with lunch club attendees helps to build relationships, providing the opportunity to identify need and signposting to community activities and events.

Further reading

- [Leeds Food Strategy](#)
- [Our food and our health](#)
- [Helping older people maintain a healthy diet: A review of what works - GOV.UK](#)



“I also attend lunch groups to keep me social, the lunch groups have different activities for mental health and physical activities”

Farinda, 51
Chapelton

“We are very conscious about our diet and try to eat a healthy variety of foods but both work full time and due to work and other life commitments this sometimes slips”

Julie, 52
Rawdon

1.3 Smoking

Why is it important in later life?

Smoking is closely linked to the number of years people spend in poor health. [Quitting smoking](#), even in later life, can reduce the time spent in ill-health. Smoking causes one in four cancers. It also increases the risk of heart disease, dementia and respiratory disease. People in Leeds can be supported to experience good health in later life by:

- preventing people from starting smoking;
- and supporting smokers of all ages to quit.

What do people age 50+ experience?

Most people aged 50+ in Leeds do not smoke. Smoking amongst people aged 50+ in Leeds is less common than for people aged 18-49. However, smoking rates in the 50+ age group are reducing at a much slower rate, [mirroring national trends](#).

In Leeds the following groups are more likely to smoke:

- men aged 50+;
- people from 'White' and 'Mixed' ethnic backgrounds in the 50+ age group;
- People aged 50+ from a 'Chinese' or 'Black' ethnic background than people aged 18-49;
- People aged 60-79 with a learning disability.

Only 2% of people mentioned in our community survey about not smoking helping them to age healthily.

Quitting smoking

One in three people aged 50+ in Leeds have successfully quit smoking. However rates of quitting have stayed static over the past 6 years. [Most people do want to quit](#), but there are potential barriers to quitting in later life. These include:

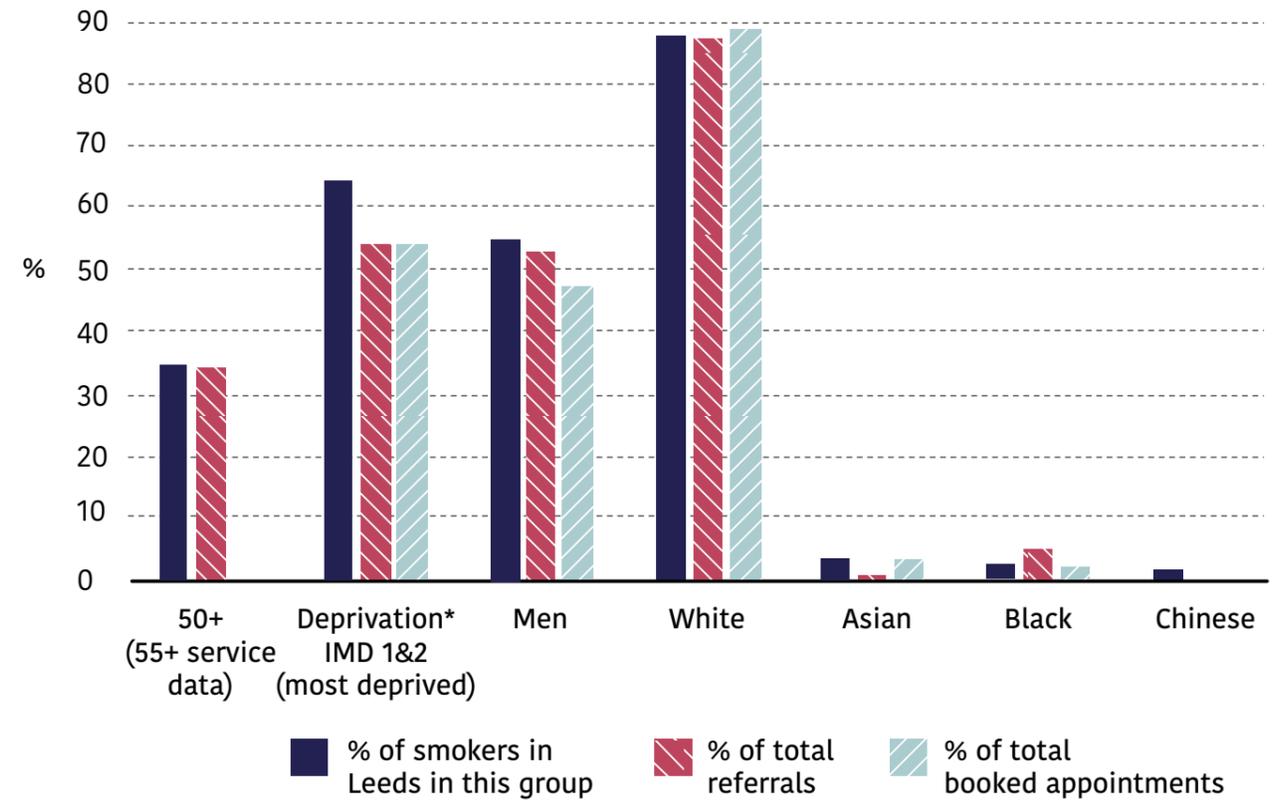
- people may not see the benefit of quitting in later life;
- the location and accessibility of services;
- smoking cessation campaigns are generally not targeted at people in later life;
- reluctance amongst healthcare professionals to offer smoking cessation advice to people in later life;
- higher levels of addiction.

1 in 3
people aged 50+ in Leeds have successfully quit smoking

People quit smoking independently, with group support or with support of a coach through the [Leeds Stop Smoking Services](#). People in later life in Leeds generally have good access to this service:

- one in three people who accessed the smoking service were aged 55+ (April-December 2023). This reflects the proportion of smokers that are aged 50+ (35%);
- over half of people who accessed the smoking service were men (53%). This closely reflects the proportion of smokers aged 50+ that are men (55%);

Equity of access - smoking services



- under half of people who accessed the smoking service were women (47%). This closely reflects the proportion of smokers aged 50+ that are women (45%);
- people aged 55+ who access smoking services are more likely to book an appointment (50%) compared to the overall average (44%). Once booked, two thirds of people attend, which is similar across all age groups.

There are more barriers to quitting for some communities and access to the smoking service could be improved. This includes people aged 50+ in deprived areas of Leeds, ethnically diverse communities and men.



[*Further information on the 'Indices of Multiple Deprivation'](#)



My health was my motivation to quit. I was rushed into hospital with heart problems and was very ill. My consultant advised that I'd had a mini stroke and should stop smoking as I was smoking 30 a day and my health was deteriorating fast. I have never tried to quit smoking before and found it a lot easier than I thought I would. The carbon monoxide readings motivated me more to quit along with plenty of support from my coach and my family. We have more money now to spend on Christmas. I am saving £200 a month now I have quit.



Kenneth, 58
Cross Green, Leeds

Stop Smoking Service Client

How are people in Leeds enabled to age well?

- [Leeds Stop Smoking Services](#) provides people with information and support to stop smoking. People in later life have good access to this service;
- Leeds Teaching Hospitals Trust's Inpatient Stop Smoking Service provides a bed side chat with brief advice and a follow up call at 4 weeks for those that wanted support, plus referral of people on discharge to the community Stop Smoking Service;
- [NHS Health Check](#) – As a result of the check 8% stopped/reduced smoking (NHS Health Check Review Summary Paper 2022). There is opportunity here to increase access amongst people who smoke who are less likely to have an NHS Health Check;
- Collaborative Care and Support Plan - The Annual Review of Long-Term Conditions covers a conversation about healthy living, including 'friendly advice' on smoking as part of their plan.

Further reading

[WHO global report on trends in prevalence of tobacco use](#)

1.4 Alcohol

Why is it important in later life?

Alcohol can play a role in peoples [social lives](#). However, drinking alcohol, especially regularly, and at higher risk levels ([more than 14 units per week](#)):

- Is linked to around [200 health conditions](#);
- can [increase the amount](#) of time spent in poor health in later life;
- impacts social and economic wellbeing as we age.

Leeds is committed to supporting lower risk drinking, to ensure people experience later life in good health, with [greater independence](#).

What do people age 50+ experience?

- more than one in four people aged 50+ in Leeds do not drink alcohol (27%). This may be for religious or cultural reasons, because they are in recovery, or because they simply choose not to drink;
- for those that do drink alcohol, people in later life have reported that alcohol may play a role in [maintaining social connections](#);
- people may not trust, or [recognise](#), the risks of drinking alcohol;
- people from a 'White' background are more likely to have higher levels of drinking (reflected in the 18 - 49 age group too).

16% of people aged 50+ in Leeds are drinking at higher risk levels (14+ units per week).

6% of people aged 18- 49 are likely to drink at higher risk levels – this is lower than people aged 50+.

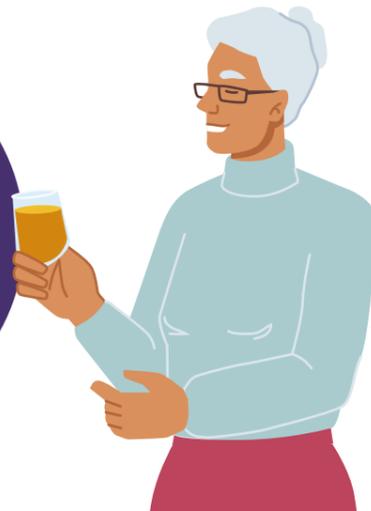
62% of all people drinking at higher risk levels are aged 50+.

33% Only 33% of the [population in Leeds](#) is aged 50+, so this is disproportionately high for this age group.

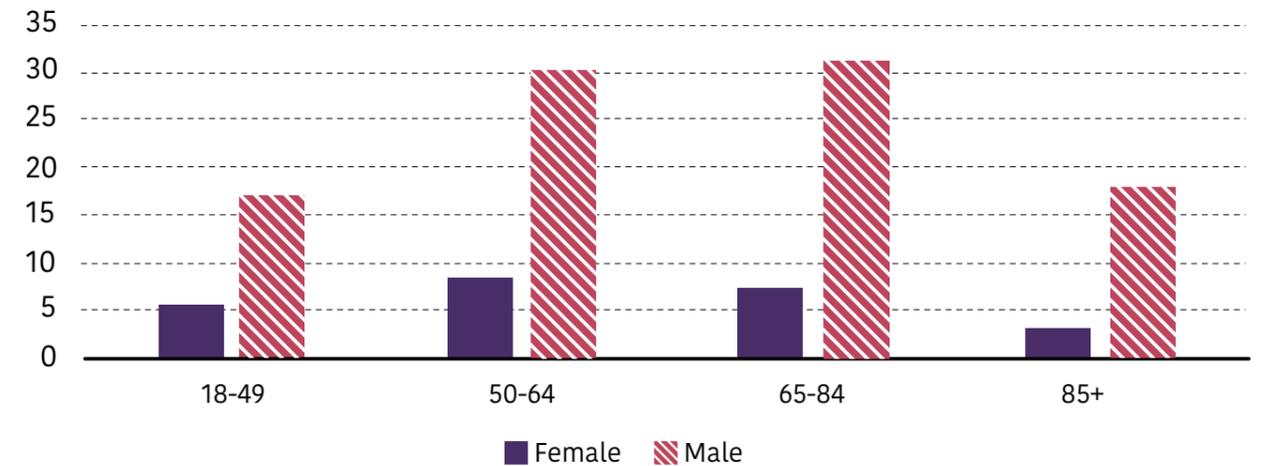
There are higher levels of drinking in people aged 50-64 and 65-84 before reducing in the 85+ age group. In line with younger age groups, alcohol consumption has reduced slightly for 50-64-year-olds but increased for those aged 65+. National data also shows reductions in younger age groups but in contrast to Leeds there are [increases in the 55-64 age group](#).

“I have stopped drinking alcohol since October this year and feel great”

Linda, 56
Cookridge



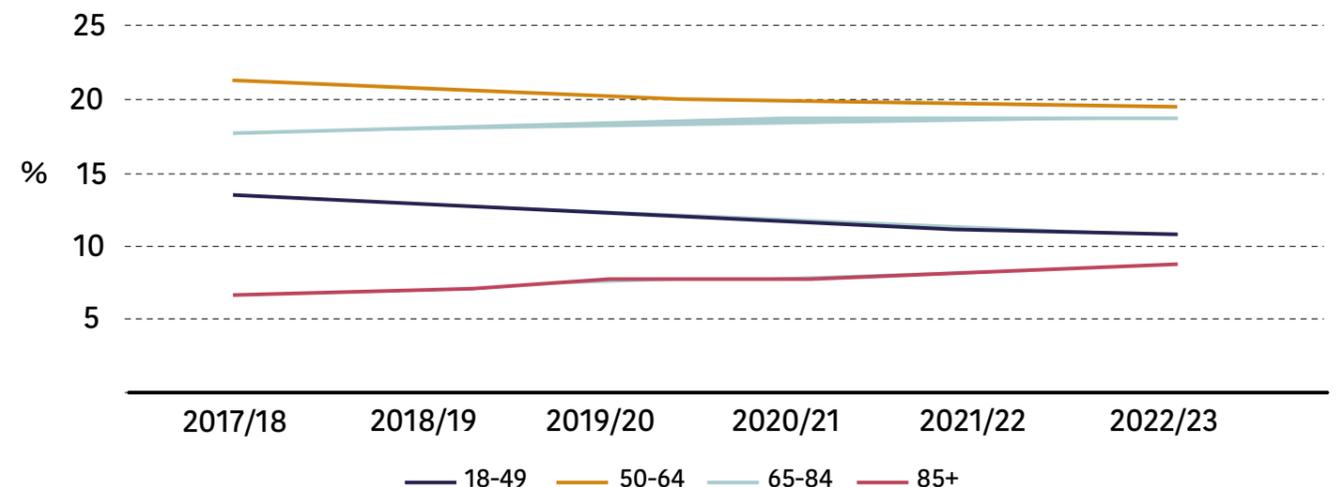
Prevalence of higher risk alcohol consumption in Leeds by age and gender



This may have been magnified by the pandemic. People aged 50-70 were [drinking more during lockdown](#), due to anxiety, loss of structure and normal routines. [Loss of purpose, retirement, bereavement and financial worries](#) also impact on alcohol consumption in people aged 50+.

In Leeds, the gap between men and women’s alcohol consumption widens as people age. For those aged 65+, the number of men admitted to hospital for alcohol related conditions is three times higher than in women of the same age.

Prevalence of higher risk alcohol consumption in Leeds by age band



Alcohol services and support

People can quit or cut down drinking independently, with support from the GP practice or [specialist alcohol services](#).

- most people aged 50+ have had their alcohol consumption recorded by a GP (86%) with higher levels of recording throughout the 50+ age groups;
- health professionals may [incorrectly associate](#) signs or symptoms of high-risk alcohol use with ageing, which can then have an impact on the support received.

Alcohol support services:

- are often [focussed on younger age groups](#). There are ways to ensure that services are [more accessible](#), and [age friendly](#), to address stigma around drinking in later life. This could increase the numbers of people aged 50+ who are accessing support with reducing alcohol consumption;
- need to consider how people in later life [may not recognise risks](#) of drinking alcohol, but appreciate its role in [maintaining social connections](#).

Further reading

- [Alcohol and ageing well in a time of lockdown](#) | Centre for Ageing Better
- [Alcohol: Applying All Our Health](#)
- [Alcohol and older people](#) | Royal College of Psychiatrists

How are people in Leeds enabled to age well?

- [Forward Leeds](#) provide alcohol services and advice in Leeds for anyone of any age. The Enhanced Care Team supports those with additional needs, including those with needs related to later life;
- the [Leeds Alcohol Licensing Data Matrix](#) has been developed to support premises licencing decisions in Leeds;
- Collaborative Care and Support Plan - the Annual Review of Long-Term Conditions covers a conversation about healthy living, including ‘friendly advice’ on alcohol consumption as part of their plan;
- [NHS Health Checks](#) include a discussion about the number of units of alcohol consumed a week. If people have higher risk drinking levels they are advised accordingly, and if required a referral to Forward Leeds is made.

62% of people drinking at higher risk levels are aged 50+;

51% of people accessing alcohol support services were aged 50+ in 2023;

79% of people aged 50+ drinking at higher risk levels are men;

59% of people accessing alcohol support services were men.

“I drink alcohol within national guidelines but would like to reduce consumption”

Darren, 54
Colton

Case study

Forward Leeds Hospital In-reach Team

After being admitted to hospital, following a fall, Simon, (74), identified as alcohol dependent, was referred to Forward Leeds by the Hospital In-reach Team (HIRT), for treatment. He initially declined the offer due to poor mobility. However, the newly established Enhanced Care Team offers home based assessment and structured alcohol interventions, so he agreed to accept the support.

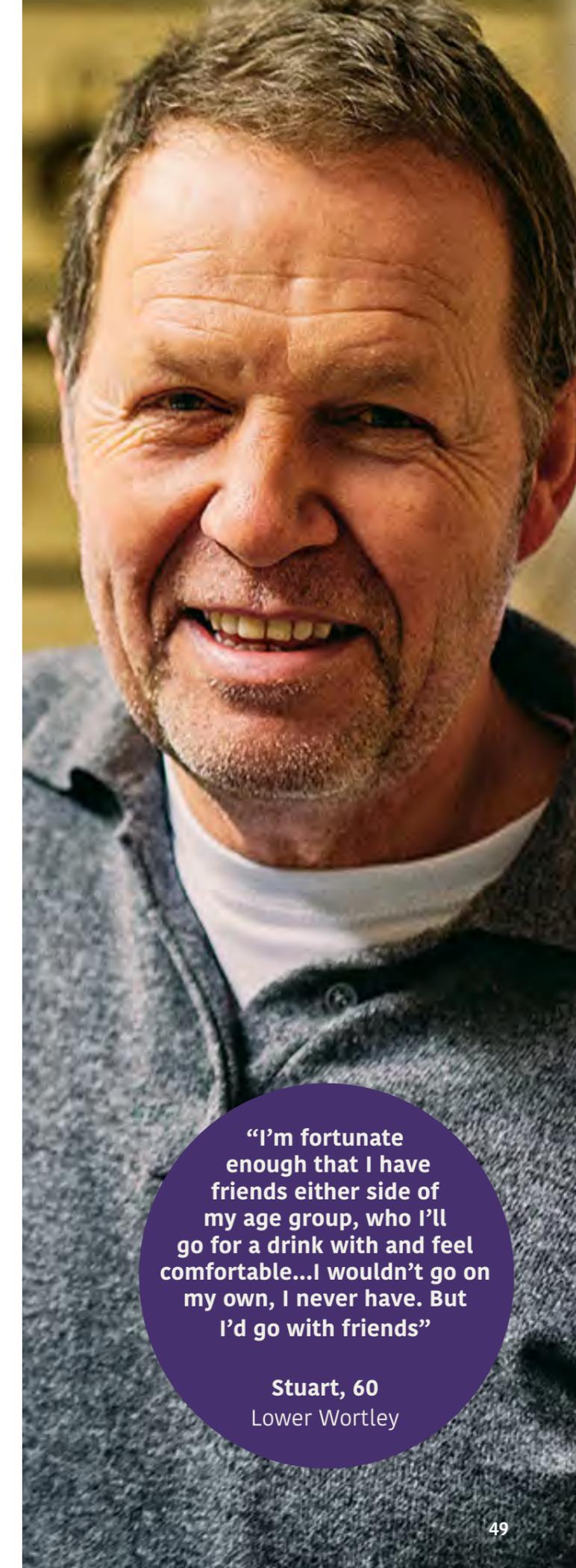
The team worked with Simon to reduce his alcohol use. Once he had stopped drinking, he had support for relapse prevention and followed their advice. The team regularly updated Simon’s son on his progress, despite the challenges his alcohol use had placed on their relationship. This contributed to Simon feeling valued and increased his motivation to maintain sobriety. His mobility gradually improved and his presentations at hospital reduced.

Since achieving sobriety, Simon’s relationship with his family has improved dramatically, including his grandchildren being introduced back into his life.

Simon’s goal, once sober, was to gain independence, and be able to walk, unaided, to the local shop – something he has now achieved.

“I’m fortunate enough that I have friends either side of my age group, who I’ll go for a drink with and feel comfortable...I wouldn’t go on my own, I never have. But I’d go with friends”

Stuart, 60
Lower Wortley



1.5 Illness, long term conditions & cancer

Why is it important in later life?

Many conditions become more common as we age, including cancer, heart disease, diabetes, lung disease, or dementia. It is [not uncommon for individuals to have one or more of these conditions](#). However, people may also experience other issues, including more general aches and pains, barriers in accessing healthcare, and the menopause. Such experiences can have a significant impact on quality of life and the amount of time spent in poor health. It could mean difficulties in getting around your neighbourhood, visiting friends and family, or social isolation. It could mean challenges with living in your own home, and an environment in which you are comfortable.

What do people age 50+ experience?

Many of our survey participants told us how aches and pains, long-term conditions, and the fear of being diagnosed with a long-term condition, impacted on their life.

However, poor physical and cognitive health is [not an inevitable consequence of ageing](#). There is a lot of work happening in Leeds to help people to keep active and stay healthy, identify issues or risks early and to support people in later life to continue to lead connected, fulfilling, and independent lives. Other sections in this report highlight work taking place to prevent long term conditions by creating the conditions for and providing support for healthy living.

“I’m ‘medically’ a lot older than I am, I’ve got diabetes. I can’t walk very far and I’m frail”

James, 68
Roundhay

“The negatives [of ageing] are largely associated with tiredness, aches, pains...”

Michael, 71
East Garforth

“...the anticipation of failing health and capacity makes me feel apprehensive... but hopeful they’ll be a long-time coming!”

Ted, 71
Carr Manor

“I suffer more with aches and pains and feel as though I get [ignored] when I visit GP’s”

Bob 63
Garforth

Illness, aches and pains

We all get aches and pains in our joints, muscles and spine from time to time. These musculoskeletal (MSK) symptoms become a problem if they get in the way of what we want to do in our daily lives. Persistent pain (pain that goes on for longer than we expect) can affect our physical and mental health and can also get in the way of work and socialising.

[Over 20 million people in the UK, almost one third of the population have a MSK condition such as arthritis or back pain](#). Symptoms can include pain, stiffness, limited movement, and disability which affect quality of life and independence.

General aches and pains were mentioned by some participants as a negative effect of ageing and changing this would enable them to age well. The discomfort caused and impact on mobility resulted in people stopping or limiting activities they previously did. Being pain-free and managing pain was something to aspire to in later life.

MSK conditions are more common in areas of greater poverty and may affect some ethnic groups more than others. If you suffer from a MSK condition, how you access, and experience care can also vary. The pandemic has exacerbated this, with many people now waiting longer for treatment.

Long term illness

In Leeds, more than 1 in 4 people aged 50+ are living with a long term physical or mental health condition or illness. This is when a condition or illness lasts (or is expected to last) 12 months or more and [reduces their ability to carry out day-to-day activities](#) “a little” or “a lot”.

“[What would help me age well is] ... the ability to get health appointments and doctors, hospitals when I need them and to not have to wait for weeks/months for treatment”

Michael, 71
East Garforth

“I visit a lot of people who are struck by illness and see how quickly life can change. I am already getting daily pain in my hands and intermittent pain in my neck which affects my mood and sleep”

Carole, 58
East Keswick

Menopause

The menopause is a [normal event that can cause a wide range of symptoms](#). These can vary greatly from person to person. [Government research suggests around 75% of women experience some symptoms and 25% of these are severe symptoms](#). These can last from a couple of years to up to 30 years.

[Perimenopause](#) refers to the time during which your body makes the natural transition to menopause, marking the end of the reproductive years.

It is estimated that more than 80% of women will be menopausal by the age of 54. [According to the faculty of occupational medicine, almost 8 out of 10 menopausal people are in work](#). The symptoms of menopause can have a severe impact on the daily lives of women. Many female participants talked about the menopause as a negative effect of ageing, including:

- mental health symptoms (low mood, anxiety, low self-esteem, problems with memory and concentration);
- hot flushes;
- difficulty sleeping;
- muscle aches and joint pains;
- changing body shape and weight gain;
- energy levels.

Barriers to accessing support include:

- perceptions about whether their symptoms are ‘normal’;
- lack of supportive places to share their experiences.

Access to health and care services

Leeds has a great breadth of high-quality health and care services. In our community survey, 14% of people mentioned that accessing healthcare and appointments would support them to age well. [The State of Ageing in Leeds report](#) recommended services improve and be more age friendly within appointment booking and staff communication.

Some people in our survey suggested solutions such as direct access to specialists and drop-in sessions for health checks. As across the rest of the country, services are under considerable pressure and as a result some people are struggling to get the care they need when they need it. For example, [people are facing difficulties with getting GP and dental appointments](#). As a result, some people are waiting longer for services, some are using urgent and emergency care services as the first point of contact, or not seeking help until their condition has worsened.

National Age UK [research shows:](#)

- 48% of people aged 50+ were confident that any medical problem that they had would be dealt with by the NHS.

“The niggles and aches and pains that occur particularly with the menopause. Effects of menopause are not much fun”

Paula, 55
Crossgates

“Menopause impacts my mental health and wellbeing at times, due to hormones affecting my mood, anxiety, energy levels and thinking capacity.”

Johanna, 53
Chapel Allerton

“Right now, I can’t see any positives ...of ageing. Not to mention perimenopause symptoms that literally make you wonder where’s the old you, the REAL you!”

Diana, 50
Alwoodley

Further reading

- [House of Commons: Menopause and the workplace](#)
- [Overview | Menopause: diagnosis and management | Guidance | NICE](#)



Long-term conditions in Leeds

As a city, we collect information on the number of people diagnosed with different long-term conditions. Physical conditions include:

- [dementia](#);
- [heart disease](#);
- [strokes](#);
- [chronic obstructive pulmonary disease \(COPD\)](#);
- [cancer](#);
- [diabetes](#);
- [frailty](#).

condition. It also shows that the chance of being diagnosed with a long-term condition increases as we age.

Some people are diagnosed with [more than one long-term condition](#) as they age. Living with multiple long-term conditions can have [a significant impact on quality of life](#). It can:

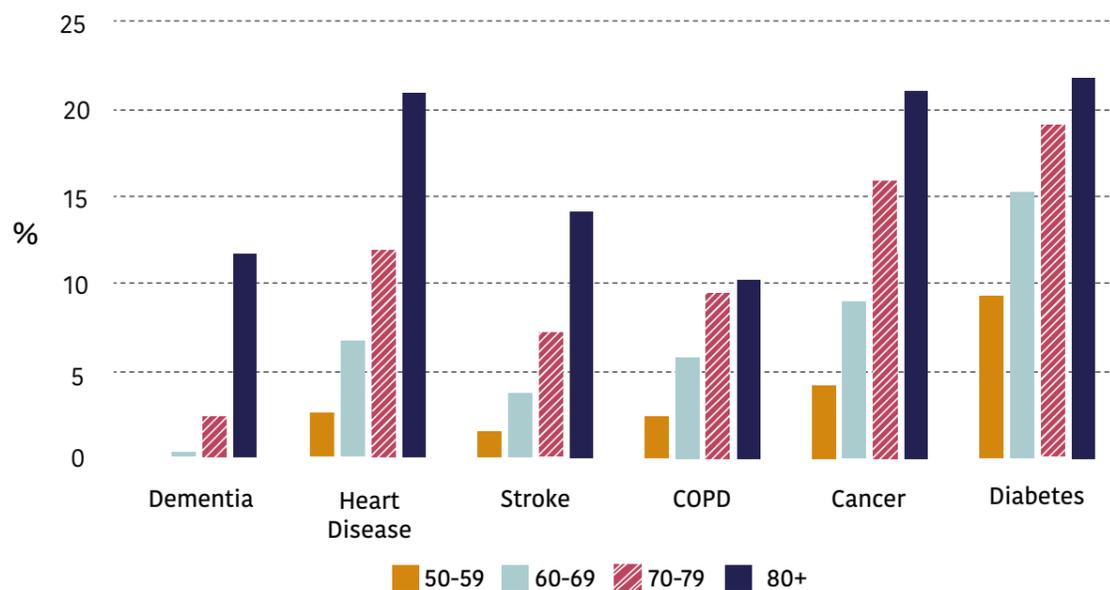
- restrict activities;
- restrict ability to travel;
- mean taking numerous medications;
- require regular appointments with multiple different specialists.

Improving care and support for people in later life with multiple conditions was identified as a key recommendation in the [Chief Medical Officer's Annual Report](#). In Leeds, over half of the 50+ age group are living with two or more long-term conditions. This rises to more than four out of five of the 80+ age group.

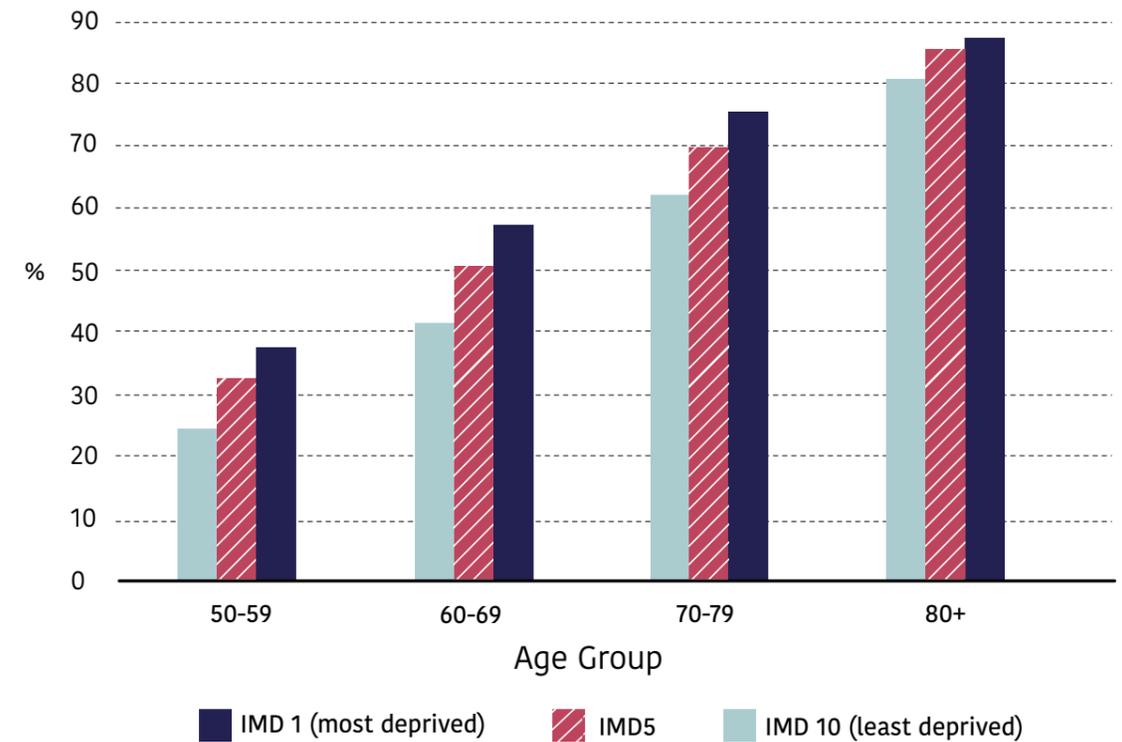
This helps us prioritise public health action where it is needed most. The below chart shows the proportion of the Leeds population at different ages who have a diagnosis of one of the common physical long-term conditions.

This data shows a significant number of 50+ adults in Leeds living with a long-term

Long-term conditions and cancer in Leeds



Proportion of people in Leeds aged 50+ living with two or more long-term conditions



Who is living with long-term conditions?

Long-term conditions are not spread equally throughout Leeds. In some communities, or parts of Leeds, people are more likely to be diagnosed with a long-term condition, and to receive a diagnosis at an earlier age. There is a large difference in risk between those living in the most deprived parts of Leeds, and those living in the least deprived areas. This risk remains after removing the contribution of other factors, such as age, sex, or ethnicity, to a person's level of risk.

Comparing the most deprived to the least deprived areas in Leeds 'the risk of':

- a dementia diagnosis is 3 times higher;
- heart disease is 1.5 times higher;
- stroke is just under 1.5 times higher;
- [chronic obstructive pulmonary disease \(COPD\)](#) diagnosis is 4.5 times higher;
- diabetes is over 2 times higher;
- [frailty](#) is almost 3 times higher.

A similar picture emerges in the numbers of people diagnosed with more than one long-term condition by age group and level of deprivation. People living in more deprived parts of Leeds are developing these conditions at an earlier age than people living in the least deprived areas. These findings mirror that of [national data](#).

There are other important factors which can also increase the risk of having a long-term condition. [Smoking](#) significantly increases the risk of many long-term conditions and can greatly reduce life-expectancy. In Leeds:

- the risk of heart disease is around a quarter higher in smokers;
- the risk of stroke is around a third higher in smokers;
- the risk of chronic obstructive pulmonary disease (COPD) is over 4 times higher in smokers.

Certain communities in Leeds are at a higher risk of some of the long-term conditions described. Residents from a 'South Asian' and 'Black' ethnic background are at 4 times and 2 times higher risk of a diabetes diagnosis respectively, compared with people from a 'White' background in Leeds. People with learning disabilities, at all ages, are more likely to have a cancer diagnosis. Reasons for these differences are complex, but include biological, social, and [cultural factors](#). To improve health in Leeds, we need to focus actions on the communities and parts of Leeds which are at the greatest risk.

Access to Services

The [Collaborative Care and Support Planning](#) (CCSP) offered in primary care to help people manage their long-term conditions has been successful in reaching people in the areas of highest deprivation in Leeds.

Collaborative Care and Support Planning

- Around 1 in 5 appointments are to people living in the most deprived areas in Leeds.
- This is in line with expectation. Just under 1 in 4 of the Leeds population are classed as living in these most deprived areas.

There has also been success in reaching the most deprived areas of Leeds through falls prevention initiatives, with ongoing work to maintain and improve this along with access for ethnically diverse communities. Enabling people to take an active role in managing their long-term condition and through creating supportive environments

can help maintain independence and control, prevent conditions worsening, and decrease risk of developing multiple long-term conditions. However, access to health services to support people with some of these long-term conditions, and to promote early diagnosis, is not always equal.

NHS health checks

- The most deprived 20% of Leeds are less likely to attend [NHS Health Checks](#).
- Women and people aged 50+ are most likely to attend.
- There is broadly equal uptake across ethnically diverse communities.

There are differences in [cancer screening](#) uptake in different communities and parts of the city. For breast, bowel and cervical cancer screening, the uptake in the most deprived parts of Leeds is less than the Leeds overall average. People with learning disabilities are [less likely](#) to attend screenings; LGBT+ people are also less likely to attend.

How are people in Leeds enabled to age well?

- A GP, nurse or pharmacist [can give you advice and help](#) with your menopause or perimenopause symptoms. There are also menopause specialists who have experience in supporting anyone going through perimenopause and menopause.

- [Active Leeds](#) for Health support people to start moving, move more, use movement to manage health conditions, and improve mobility.
- The [Leeds Community Musculoskeletal and Rehabilitation Service](#) (MSK Service) focus on working with you to help you manage your condition. They work closely with GP practices and with hospital specialists to provide access to the care you need.
- Some GP practices are amongst the 170 organisations to have signed up to the [Age and Dementia Friendly Leeds Business & Organisation Scheme](#).
- GP practices in Leeds have a [Collaborative Care & Support Planning](#) offer, to help people manage their long-term conditions. It involves an initial appointment in which health tests are carried out, before a second appointment in which health goals for the next year are discussed and agreed collaboratively with the person. There were over 70,000 CCSP appointments in Leeds in 2022/23.

The [NHS Health Check](#) is for all adults aged 40-74 without certain pre-existing health conditions. It involves:

- questions around healthy living;
- physical measurements such as height and weight;
- blood tests such as cholesterol and blood sugar levels.
- Advice is offered on how to reduce your risk of cardiovascular disease or diabetes. Over 20,000 people received an NHS health check in Leeds in 2022/23.

- The Healthier You, [NHS Diabetes Prevention Programme supports](#) people at risk of developing type 2 diabetes to improve their health and wellbeing, lose weight and reduce their risk of developing the condition. This is through a nine-month evidence-based healthy living change programme.
- The NHS offers cancer screening services for [breast](#), [bowel](#), and [cervical](#) cancers. In Leeds efforts are made to make screening more accessible in our communities with lower screening uptake. These include people living in areas of higher deprivation, people living with learning disabilities, people living with severe mental illness, and culturally diverse communities.
- The [Leeds Health Awareness Service](#) is commissioned by Public Health to increase awareness of the signs and symptoms of cancer and common long-term conditions, and the NHS screening programmes and health check-ups available. The aim is to promote earlier diagnosis. In 2022/23 the service engaged over 5000 people to raise awareness of cancer and other long-term conditions.



1.6 Mental health & wellbeing

Why is it important in later life?

Mental health includes our emotional, psychological, and social well-being. Our mental health affects how we think, feel, and act. It also helps determine how we:

- handle stress;
- relate to others;
- age well.

Having good mental health is important at every stage of life, from childhood and adolescence through to adulthood. Throughout life our mental health can change, and we can experience mental illness. Common mental health illnesses (CMHI) include stress, anxiety, and depression.

Poor mental health is not an inevitable part of ageing but as we get older, certain life events we experience can affect our mental health. For example, the loss of routine after retirement, feelings of grief following a bereavement or declining health, can all impact our mental wellbeing.

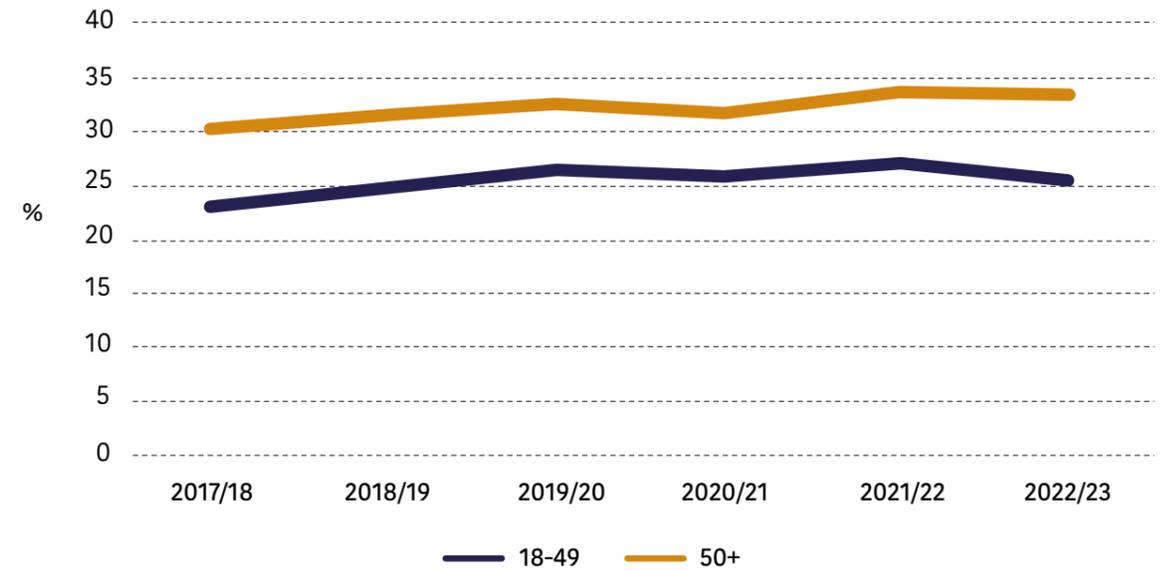
Being worried, low or out of sorts aren't just part and parcel of later life - they're important signs that you're not feeling as well as you could be.

[Age UK](#) reports that older people are as likely to experience poor mental health as anyone else, yet their needs are often overlooked. This is in part because [mental ill health amongst people aged 50+](#) is not always recognised and can be left untreated. Stigma around mental health can also mean that older people are reluctant to seek help and will not accept their diagnosis, even after seeing a health professional.

The trend of poorer mental health in later life is increasing, [made worse by the effects of the COVID-19 pandemic](#). Accurate data, however, is difficult to obtain. This [highlights a concern around equity of access and support for the mental health of people in later life](#). Without accurate data it becomes difficult to make sure services are reaching people who need support.



Percentage of people by age recorded as having a Common Mental Health Illness in Leeds (2022/23)



Data analysed by: Leeds ODA Public Health Intelligence Team, data source(s): Leeds GP Audit

Mental health and wellbeing is complex: and poor mental health may present differently for each person. It may change throughout life or from day to day. It ties in with every other section of this report – it could be affected by (and affect) experiences of:

- physical health:
- employment;
- social connections;
- caring responsibilities;
- financial wellbeing;
- housing;
- cultural and social events;
- discrimination.

People's own [perception of ageing](#) is an important factor in influencing quality of life in later life. It is affected by the [social support and coping strategies](#) people have.

What do people age 50+ experience?

The most common mental illness in older people is depression, affecting around 22% of men and 28% of women aged 65+ years and over. In Leeds, there is a higher proportion of people who are 50+ with a

recorded Common Mental Health Illness, when compared to adults under 50 years of age.

As with many health statistics, it's hard to know if the figures for Common Mental Health Illness really represent what is happening. They only provide information about mental health problems that have been reported. Many cases may go undiagnosed. [This may be especially true when it comes to men's mental health.](#)

1 in 3 people aged 50+ are experiencing mental health difficulties in Leeds

"I have tried therapy for my post-traumatic stress disorder, agoraphobia and anxiety, but found it only added to my troubles. I find peer support groups more strengthening"

Samuel, 56
Armley

Ageing Well: Our Lives In Leeds

Older adults are exposed to a range of risk factors which can increase vulnerability to suicide such as chronic pain, loss of independence, loss of a partner or friends, and loneliness. Suicide is a tragedy that leaves a lasting, devastating impact on families, friends, and whole communities. We monitor suicide rate data across the population to identify how we can prevent future deaths. [The Leeds Suicide Audit](#) (2019 – 2021) used local data to understand demographics and risk factors for suicide in Leeds. The 60 – 69 age group had the highest rate considering population size, alongside the 40 – 49 age group. The rate is consistently higher in men compared to women, in all age groups.

The [Carers Leeds Annual Survey \(2022\)](#) highlighted that the wellbeing of unpaid carers was considerably worse than that of the general adult population of Leeds:

Topic (self-reported)	Leeds 16+ population	Unpaid carers in Leeds
Very high levels of life satisfaction	25%	7%
Feeling strongly that the things they do in life are worthwhile	31%	16%
Feeling very happy	28%	11%
Very low levels of anxiety	31%	11%

People from ethnically diverse communities are at [higher risk of poor mental health](#) due to a range of complex factors including:

- experience of bias;
- discrimination and racism;
- inequalities in wealth and living standards;
- stigma around mental health;
- a lack of culturally sensitive treatment.

[Refugees and asylum seekers are more likely](#) to experience mental health problems than the general population, including higher rates of depression, anxiety and Post Traumatic Stress Disorder.

LGBTQ+ people in later life [may have worse mental health](#) if they've experienced prejudice across their lives. [Negative attitudes](#) and hostile policies can have a lasting impact on mental health. [Transgender](#), non-binary, and gender diverse people face discrimination and barriers to accessing health care. These groups [may face many additional challenges](#) to healthy ageing at the individual, community, and institutional levels.



Case study

Susan's story

I joined the tech club to get out of the house. The Sky TV people come and help us and we got free iPads. I tried to do the computer years ago but I have a phobia of it. But I feel better with the iPad. My ex-husband was a computer engineer but I don't do computers. Kelly who does the tech club is wonderful and we have breakfast as well. We use the iPad for photographs and a story of our life. We need more organisations like Burmantofts Community Friends. There's something on every day. The get fit class is good fun, it's sitting down exercise and it's fun. Bus passes - they don't start until half 9. Couldn't they be earlier?

Appointments start earlier, so we have to pay. I was in hospital for 3.5 months and then Covid. So I was stuck in. Then a neighbour got me in touch with Sheila and I've never looked back. I do a group every day, Monday to Friday, and do my shopping in between. I'll always stay living here now. I like the area (Burmantofts), it's a nice area.

Loneliness and social isolation

Loneliness and social isolation are different, but related. Loneliness is the distressing feeling of being alone or separated. Social isolation is the lack of social contacts and having few people to interact with regularly. [More than a million people in later life say they go over a month without speaking to a friend, neighbour or family member.](#)

Loneliness can be [as harmful to health as smoking 15 cigarettes a day.](#)

People who find themselves unexpectedly alone are at particular risk of social isolation. For example, due to:

- the death of a spouse or partner;
- separation from friends or family;
- retirement;
- loss of mobility;
- lack of transport.

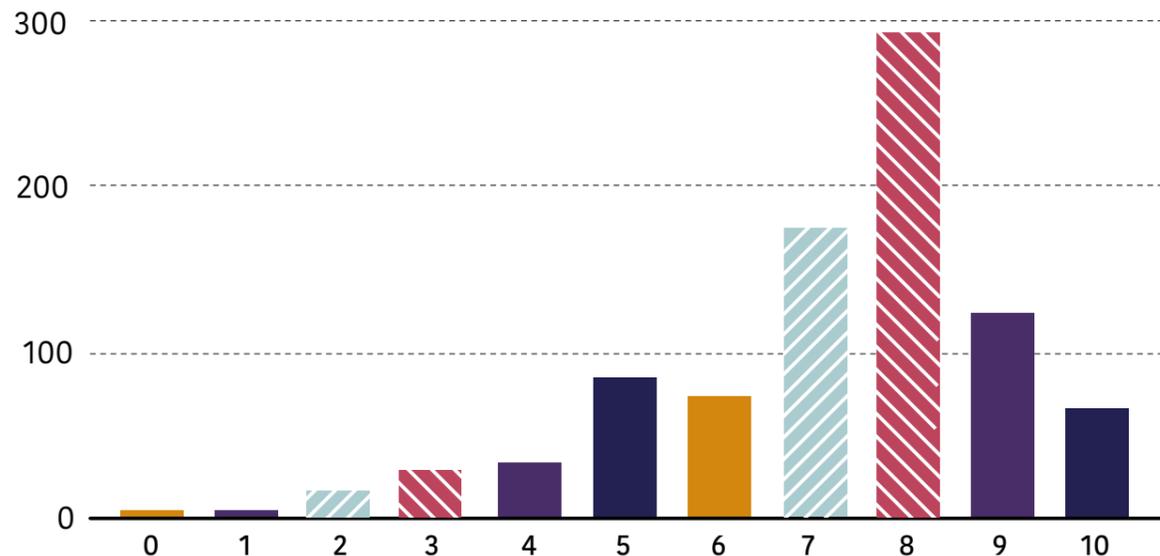
However, people who engage in meaningful, productive activities with others [tend to live longer](#), boost their mood, and have a sense of purpose.

As part of the research for this report, people in later life were asked how happy they feel. They were asked to score their happiness from 0 (not at all happy) to 10 (completely happy). The most common answer was 8 out of 10.

People explained how they maintain positive mental wellbeing. This included a combination of physical, social, mental, and emotional elements:

- **Activities** focused on mental health, including mindfulness, meditation, and hobbies like reading or playing music;

**Overall, how happy do you feel in general?
Where 0 is 'not at all happy' and 10 is 'completely happy'**



- Prioritising **self-care**, ensuring good quality downtime, and getting sufficient sleep;
- Seeking **emotional support** from friends, family, or colleagues;
- Finding joy and companionship in activities involving **pets**, such as walking dogs;
- **Acknowledging challenges**, including family stress or health issues, and efforts to cope or seek support;
- **Addressing work-related stress** and maintaining a positive outlook.

For some people, religious beliefs and practices may be associated with [lower levels of depression and anxiety.](#)

How are people in Leeds enabled to age well?

We all have a part to play in Leeds being a Mentally Healthy City for all ages, and we need to ensure that mental health underpins everything we do. We need to support people to keep people mentally healthy into later life, whilst ensuring people who are experiencing poor mental health recognise it, feel confident to ask for help, and that appropriate help and support is available.

We have a strong focus on preventing poor mental health in Leeds and keeping people connected, engaged and well.



- [Being You Leeds](#) is a unique offer in Leeds and provides free groups and activities focusing on wellbeing. Activities are based around what the community wants to see in their area. Community members are encouraged to get involved in the design and delivery of the groups.
- The Better Together service uses community approaches to build personal and community resilience and improve health and wellbeing. It focuses on health inequalities in communities, promoting healthy lifestyles and health. It uses an outreach approach to identify people who will most benefit from engaging with the service. They then work with individuals and communities to identify local needs and ensure appropriate support and interventions.

“Prayer and meditation help my mental health”

Phillip, 58
Temple

“I’m generally happy with my life - I’ve done more travelling and had more fun than most people my age and still feel I can go out and see bands and ride my motorbike, and I’m not socially isolated”

Rob, 57
Burley

Ageing Well: Our Lives In Leeds

When people in later life do need support, we have a range of services available in the city. [The Leeds Mental Wellbeing Service](#) supports people to manage everyday problems such as feeling low, anxious or stressed, or struggling with sleep. They have a wide range of psychological support options, including:

- group classes;
- phone support;
- one-to-one ‘talking therapies’.

Talking Therapies [can work particularly well for people in later life](#), but currently referral rates are low for this age group.

“I don’t have enough contact with similar aged and minded people to ensure I don’t become isolated”

Phillip, 58
Temple Newsham

“I think I have a reasonably active lifestyle but can feel the COPD starting to affect how much I can do, which is affecting my mental health”

Dan, 60
Belle Isle South

Case study

Mindwell

MindWell is the mental health website for adults in Leeds and brings together information from the NHS, Leeds City Council and the third sector into one ‘go to’ place. People can find out about the support that is available in Leeds, understand common mental health problems and find information about how to take care of your wellbeing. This includes practical advice about how to tackle debt and money worries and also includes information about the wide range of groups and community activities that can help you get creative, spend time outdoors and move more. Visit the Mindwell website for more information: www.mindwell-leeds.org.uk.



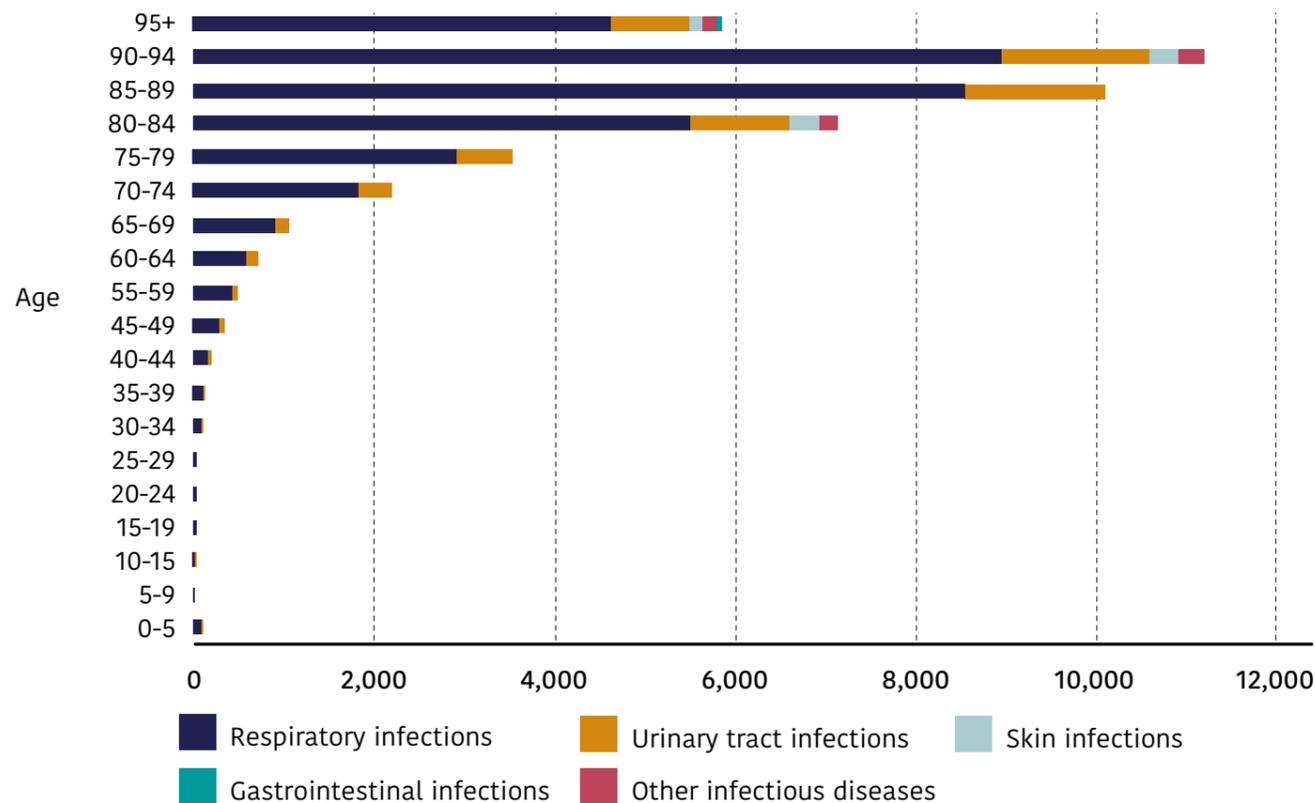
1.7 Infection prevention & vaccinations

Why is it important in later life?

As people age, their immune systems may weaken. This makes them more vulnerable to infections. Vaccinations are crucial for people in later life because they help to boost immunity, enhancing the body's ability to fight off diseases and reduce the risk of severe complications or death.

[Inequalities in vaccine uptake](#) exist in some communities. Lower vaccine coverage makes areas and communities susceptible to outbreaks and disease. Increasing uptake overall and reducing uptake inequalities is a priority of the [NHS England Vaccination Strategy](#). Leeds is committed to improving uptake of vaccinations and reducing inequalities. There is a good understanding of the reasons why people in later life may not have their vaccinations.

Estimated number of deaths from infectious diseases for different age groups in 2019, England



Although everyone is potentially at risk from infectious diseases, certain groups of people experience [poorer health outcomes if they get an infectious disease](#). This includes:

- people in later life;
- people with long term health conditions;
- people living in adult social care settings.

Each winter nationally, [COVID-19](#) and [flu](#) are estimated to be responsible for:

- thousands of excess deaths;
- tens of thousands of hospitalisations.

The NHS England [vaccination programme](#) recommends four vaccinations for people aged 65+:

- [COVID-19 vaccine](#);
- [flu vaccine](#);
- [shingles vaccine](#);
- [pneumococcal vaccine](#).

Some people are more susceptible to the effects of COVID-19 and flu, including adults over the age of 65. For them, it can increase the risk of developing more serious illnesses such as bronchitis and pneumonia or can make existing health conditions worse.

Outbreaks of infectious diseases are more likely to occur in certain settings that are more common amongst people later in life. [For example, care homes and community wards.](#)

Exact numbers of people with a learning disability who may be eligible for vaccinations is not currently available.

Therefore, this may be a group of people in later life who are not getting the support they are entitled to. Some people may not have had much contact with primary care or be registered with a GP at all. This is more common in some parts of the population than others. For example, recent arrivals to this country, or people from Gypsy and Traveller communities.

Antimicrobial resistance (AMR) happens when the bacteria that cause infection no longer respond to treatment with antibiotics. Without effective antibiotics, simple infections, minor surgery, and routine operations, could cause risk to health and life if serious infections can't be treated. Certain groups of people including older people and people with long term health conditions are more susceptible to infections such as Urinary Tract Infections (UTIs) and are therefore more likely to require antibiotics.



How are people in Leeds enabled to age well?

The Leeds Community Healthcare Infection Prevention and Control team provide a 7-day outbreak response service. This includes:

- care home audits;
- training to staff;
- local promotion of national campaigns.

Key messages to help prevent the spread of infectious diseases:

- ✓ Good hydration
- ✓ Hand hygiene
- ✓ Going for your vaccines

Vaccinations

Leeds is committed to improving uptake across all vaccination programmes and addressing inequalities. Talking to people in later life has been crucial in identifying barriers to having vaccinations and working together to develop solutions.



Solutions developed include:

- working with trusted community organisations to deliver training to staff. Staff can then have [better conversations](#) with people in later life about vaccinations;
- developing information in a range of formats to improve accessibility;
- making it easier to get vaccinated by hosting COVID-19 and flu vaccination clinics in community venues;
- where possible, having multiple vaccinations in one appointment to reduce visits. Also, allowing carers to access their vaccines at the same time.



1.8 Sexual Health

Why is it important in later life?

Sexual health is an important issue as intimacy can be [an important element](#) of people's relationships, health, and wellbeing, with nearly half of people aged 45 – 74 [reporting good sexual health](#). Many people aged 50 and over who are now coming out of relationships - who are newly single and sexually active in later life - [have little knowledge about sexual health risks or prevention messages](#) once they start dating again.

Sexual health campaigns are still largely aimed at younger generations and key target groups, potentially influencing people in later life's assumptions that sexually transmitted infections (STIs) do not affect them. There is also a misconception among women aged 50+, that once they go through the menopause, they do not need to use condoms.

What did people 50+ experience?

Sexually transmitted infections (STIs) may be less common amongst people aged 50+, however [there has been a rise in recent years](#). In Leeds, [4% of STIs](#) are amongst people aged 45+, which is slightly lower than the national average of 6%. Around one in ten people who are accessing sexual health services in Leeds are aged 45+.

It is not clear whether the uptake of services is in line with need. However, as [half of people aged 45 – 74 years report being sexually active](#), service uptake may be expected to be higher.

The following groups are more likely to access the services:

- men (63%);
- people that live in the most deprived areas of Leeds (30%);
- some ethnically diverse communities where ethnicity data is recorded.

It may also be that people aged 50+:

- are unaware of sexual health risks;
- do not see the need to access a service;
- feel embarrassment or stigma;
- are accessing GP services or private online testing to get anonymous services;
- are not seeking help as many diagnosed STIs are asymptomatic.

Developing [age inclusive sexual health services and targeted communications](#) may be of benefit locally, given rising rates in people aged 50+.



How are people in Leeds enabled to age well?

[Leeds Sexual Health Service](#) offers a range of services for all ages including testing for sexually transmitted infections, contraception, and HIV Support.

[Leeds Sexual Health - Yorkshire MESMAC](#) offers community outreach as part of the integrated Leeds Sexual Health service. They provide services to communities including:

- men who have sex with men;
- ethnically diverse communities;
- people misusing drugs;
- sex workers;
- lesbian, gay, bisexual and transgender people.

They provide services to people of all ages. Support includes HIV testing outside of a clinical setting and confidential 1-2-1 support.

Leedssexualhealth 

[SHIFT - sexual health for the over 45s](#) provides information for individuals and professionals to help people to have happy, healthy sex lives.



2.0 Healthy places

The places in which people live in later life influence physical, mental, social wellbeing and opportunities for healthy living. Creating healthy places enables people to live healthy, independent and long lives.

In this section we look at healthy places including how accessible and age friendly environments support people in Leeds to live healthy, connected and independent later lives. This includes topics such as travel, housing and public spaces.





“Now that I have a bus pass, I have different trips out to various parts of Yorkshire, half the fun and enjoyment is coordinating the different bus journeys getting from A to B! I got rid of my car 10 years ago and travel everywhere by public transport”

Phil, 66
Thorp Arch



2.1 Travel & road safety

Why is it important in later life?

As people age, travel and transport can play an important role in promoting:

- [health and wellbeing](#);
- independence in later life.

Supporting and maintaining active forms of travel (such as walking and cycling) for as long as possible is good for physical and mental health. Having good, accessible and [affordable](#) transport is [essential in supporting](#) people to:

- travel around Leeds safely;
- access key services, including health care;
- connect with community groups, friends, and family.

In this section we explore modes of travel in later life, public transport, active travel and accessibility.

What do people age 50+ experience?

In our community survey:

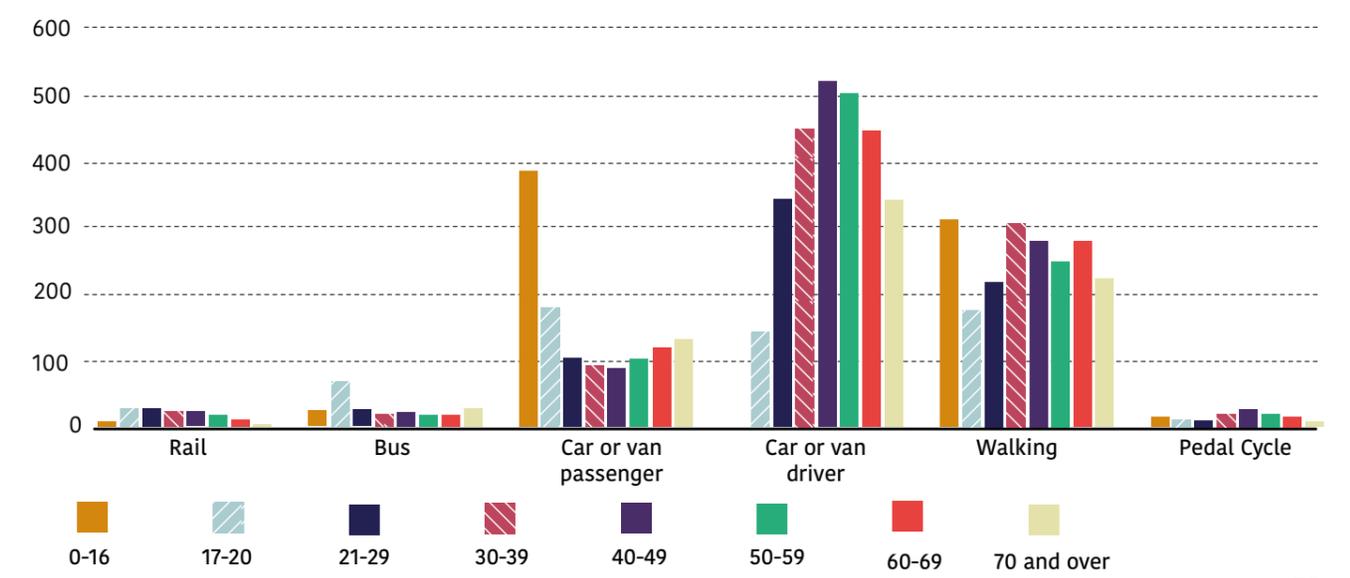
- 16% of people reported travel and transport as an important factor in their local area that helped them to stay happy and healthy;
- 21% of people also reported that changes to the transport system would better enable them to stay happy and healthy.

In Leeds, the average time to reach a food shop by walking or public transport is 8 minutes, and it’s 11 minutes to the closest GP practice. However, the journey time is 33 minutes to reach the closest hospital. [Barriers in the ability to travel across Leeds](#) increases the likelihood of people becoming isolated.

How people travel in later life

[National data](#) shows that as people age, the number of trips they make reduces. Driving and walking (active travel) are the two most popular modes of travel for people aged 50+. In Leeds, around 1 in 4 road traffic collisions involve drivers/riders aged 50+ (Leeds City Council, Safe and Sustainable Travel Team, 2018-2022).

Average number of trips by age group and mode of transport in England: 2022



Public Transport

The [World Health Organisation's](#) Age Friendly Cities checklist recommends all areas and services are accessible by public transport. There should be:

- good connections;
- well-marked routes;
- reliable and frequent services, including at night, on weekends and holidays.

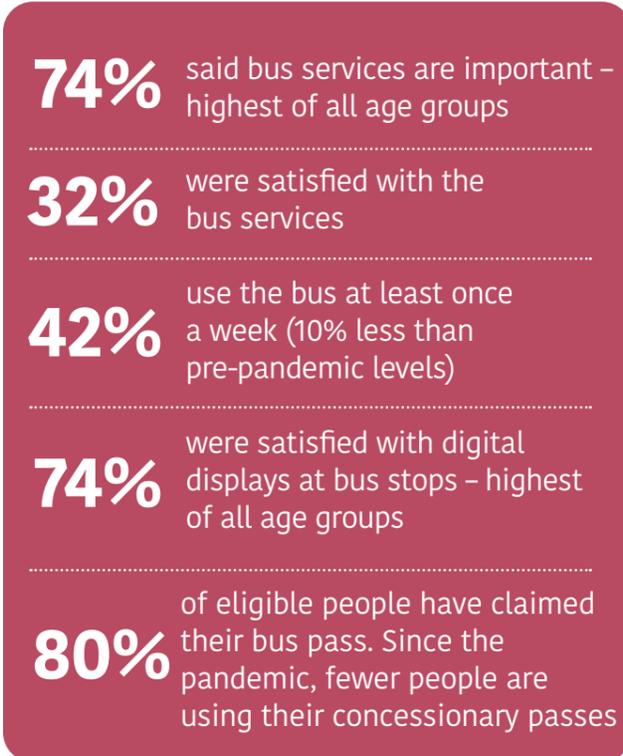
Buses are also a popular form of transport for people in later life in West Yorkshire. However, people in later life are less likely than younger people to be [living within 400 metres of a frequent bus service](#).

If you're eligible for a state pension, you qualify for free bus travel across Leeds and England through the [English National Concessionary Travel Scheme](#). In Leeds:

- 80% of eligible people have claimed their bus pass;
- [this reduces to 60% or less in some inner-city areas](#);
- people living in more deprived areas are twice as likely to use their bus pass if they have one, highlighting a greater need to promote uptake in these communities.



[The below shows the importance and satisfaction of bus travel amongst people aged 65+ living in West Yorkshire:](#)



Buses were a particularly key theme across our focus groups and surveys with community members and professionals. We found that:

- concessionary bus passes were extremely valuable to supporting ageing well and social connection;
- free bus travel for people under pensionable age would support positive wellbeing;
- limited public transport and a lack of joined up systems stop people from doing activities and being able to get out of the house. This is also a barrier to attending health appointments;

- not feeling safe enough to get the bus in the evening or at night reduces the times people are able to move around Leeds;
- some areas have significantly better bus services in terms of frequency and number of routes compared to others. This highlights inequalities across Leeds;
- in areas with good access to public transport, this was a positive asset and supported people to age well.

Much of the feedback in our survey echoes that found in the Older People's Equality Hub on transport (Leeds Older People's Forum, July 2023):

- being able to use the concessionary bus pass before 9:30am;
- **more coverage across Leeds and have a frequent bus service;**
- bus routes to cover essential service like hospitals/leisure centres;
- **clear signage;**
- need better links between bus routes and train stations;
- **increase in accessible taxis;**
- taxis can be expensive and variation in cost;
- **trains can be unreliable;**
- train ticket offices need to remain open;
- **digitalisation.**

“I would like to have more opportunities in my community as I age - I currently have to travel out of my area to shop, socialise and exercise. I would also like to have better public travel in my area”

Paula, 54
East Ardsley

“My retirement bus pass has been like gold for me and my friends on days out, walking, sightseeing, and eating”

Shirley, 71
Middleton Park

“Positives of ageing are not waking up every morning and the hassle of using public transport”

Vana, 83
Holbeck

Active travel – accessible and appealing spaces

Why is it important in later life?

[Active travel](#) encompasses walking, cycling, wheeling and other methods that encourage people to be more physically active. This usually means short journeys. For example:

- walking to the shops;
- cycling to work;
- going to meet friends.

It has the potential to bring many [health and wellbeing benefits](#) to people in later life through:

- improving mental and physical health;
- improving air quality;
- Improving road safety;
- reduced carbon emissions.

What do people age 50+ experience?

National data shows that walking (active travel) is the second most popular mode of travel for people aged 50+. Walking is also a [popular mode of travel for people aged 65+ in West Yorkshire](#), with 83% of people in this age group choosing to walk at least 10 minutes per week to get to their destination. However, poorly designed built environments can present issues and safety problems for people in later life whilst walking or cycling.

In our community survey and focus groups, we found that walking was popular, but accessible and appealing roads and pathways would better enable active travel and support people to be healthy and happy. In particular:

- better paths with better conditions of pavements and more cycle and walking routes would enable active travel;
- more drop curbs for accessibility;
- more parking close to green spaces;
- cars parked on pavements presenting a challenge to people walking;
- less traffic and better roads.

Concerns about the wider neighbourhood also include:

- lack of seating;
- access to toilets;
- lack of local shop provision.



“Addressing the increasing four by fours, traffic, cycles on pavements, and pedestrian crossings with long waiting times would make me healthy and happy. Roads are being made thinking of the car drivers”

Nasreen, 67
Moor Allerton

How are people in Leeds enabled to age well?

Leeds City Council and the West Yorkshire Combined Authority delivered an ambitious programme between 2018 and 2021, including:

- prioritising buses in the city centre to improve reliability of services;
- improvement to the environment around bus stops;
- new buses with audible information on board;
- more information at bus stops including real time information, audible information and bus routes;
- over 200 disabled parking bays added to residential areas in 2023/24.

[Concessionary Travel](#): You qualify for free bus travel across Leeds and England if you're eligible for a state pension.

Road safety

Leeds Older People's Forum have partnered with William Merritt to introduce [Mature Driver Appraisals](#). These provide informal feedback on driving skills from an approved instructor. They take place in the comfort of the person's own car and on familiar roads.

20-minute neighbourhoods

Leeds is exploring the concept of a [20-minute neighbourhood](#). This is the idea that people should be able to reach most of the facilities that they need and value within a 20-minute walk: 10 minutes to walk there, and 10 minutes to walk home again.

The purpose is to ensure that people have quick access to essential services via walking, cycling, or public transport. This helps support ageing well through creating strong communities and local economies. Creating places that support safe walking, cycling and access to facilities is good for promoting independence in later life and ageing well. If people are more active in later life, they will be less reliant on cars, reducing air pollution and carbon emissions. Explore the [interactive 20 Minute Neighbourhoods map for Leeds](#), including a heatmap and classifications for different areas of the city.

“Road speeds and traffic volumes on all local roads needs to be reduced to increase safety and reduce noise and pollution. More safe cycle routes, ‘quietways’ and low/no traffic areas would make walking and cycling feasible in old age”

Les, 76
Weetwood

“Free bus travel for all aged 60+ would help me age well”

Taliah, 57
Oakwood/Gipton

Leeds City Council works in partnership with West Yorkshire Combined Authority and the bus operators to improve reliability of bus services and the waiting environment around bus stops.

Case study

Leeds Walk It. Ride It

Seven ways we are making it easier for people to access walking, wheeling, and cycling opportunities in Leeds.

Leeds City Council has launched a three-year programme to deliver an [Active Travel](#) (walking, wheeling, and cycling) project in Burmantofts, Harehills and Richmond Hill. The project aims to address challenges identified through community consultation, including:

- lack of local provision for those who want to start walking and cycling;
- financial cost of affording a bike, upkeep and storage;
- local perception that walking and cycling 'isn't for them' alongside 'crime and grime' concerns.

7 Key Interventions:

1. Communication: access to trusted information.
2. Physical and social environment: to create safe, clean and traffic free spaces.
3. Urban trails: co-design, route planning, access to toilets and places to rest.
4. First steps to walking: accessible walking activities, buddy programme.
5. Learn to ride: Walk It Ride It activator, continuing our work with providers.
6. Bike libraries/hubs: accessing existing resources in Inner East cycle hubs.
7. Bike loan: establishing accessible, affordable options for active travel to employment and skills opportunities.

Referrals have started and Richmond Hill Elderly Action have checked the Richmond Hill Urban Trail to ensure it includes plenty of rest stops: "If you're going to have a 'walkable city,' you also need a sittable city."

Dr Clare Rishbeth,
Senior Lecturer, University of Sheffield



"To stay reasonably fit I cycle and walk the dogs. I commute to work by bike and also do recreational cycling at the weekend"

David, 58
Horsforth



2.2 Housing

Why is it important in later life?

Everybody needs a place to call home. Since most of us spend a significant part of our lives at home, [how and where we live can have a large impact on our health](#):

- a damp or mouldy home might worsen asthma or breathing problems;
- a poorly designed home might lead to falls and accidents;
- living alone may lead to social isolation and loneliness;
- insecure housing tenure, or high rent or mortgage payments, can be a significant financial and mental burden.

What do people age 50+ experience?

Having a safe home is essential to enjoying later life in good health. However, it can be a source of worry for people when thinking about later life. Many people can live independently at home with appropriate support.

In our community and professional survey some people talked about the importance of appropriate and secure housing, affordability and housing quality to being independent and ageing well. However, despite the clear evidence about housing and its impact on health in later life, housing wasn't frequently identified as a priority. This may reflect the fact that when asked people tend to focus more on issues such as a healthy living rather than the role that the environment plays in supporting them to keep healthy.

Considering the impacts of housing on health, there are several things Leeds is doing to support people in later life to live in a place that is comfortable, safe, and supports their independence.

Ageing well at home

It is important that people are supported to live and age well in the location of their choice. For most people, continuing to live in their current home with extra support when needed is their preferred option.

Nearly **two out of three** people in Leeds aged 65+ want to continue to live in their current home, with support when needed.

The number of people needing extra support to live in their own home increases as we age. This is often due to increasing health needs.

Housing adaptations are one way in which people are supported to stay in their own home despite increasing needs.

- nearly 1 in 10 of the 65-74 age group indicated needing extra support, rising to 1 in 6 of the 85+ age group;
- nearly 1 in 10 of the 65-74 age group had adaptations to their homes to support with an illness or health problem, rising to just under 1 in 4 of the 85+ age group.

The most common adaptations or improvements required in the home to support independent living for people aged 65+ were:

- adaptations to the bathroom;
- installation of internal/external handrails;
- more insulation;
- better heating.

This shows that as well as needing support with safely getting around their home, some people in later life also needed support in keeping their home warm. A [cold or damp home can have significant implications for our health](#). People in later life are at particular risk from cold homes. This is a [leading cause of excess winter deaths](#) in the UK. The risk from cold homes is made greater when residents are unable to pay for fuel to heat their homes. This is an issue that has worsened since the start of the cost-of-living crisis. This issue may be further worsened by experiencing more extremes in cold weather as our climate changes.

The [2017 Leeds Housing Health Impact Assessment](#) estimated that there were 51,000 health hazards in homes in Leeds. These range from falls and cold/damp hazards to fire and overcrowding issues. A disproportionate number of these were found in homes in the most deprived areas of Leeds. Based on national data [it is possible that half of these have residents that are aged 60+](#).

“Energy prices are too high - it’s hard to keep our house warm and we have too much condensation and some mould”

Mary, 51
Chapel Allerton

“Being comfortable and secure in my own home. Having enough food and being able to afford to put the central heating on”

Balvinder, 58
Chapelton

“Only worry [with ageing] is when I can no longer take care of myself where I will end up ... I fear that side of ageing”

Gail, 63
Middleton

“It would be easier if I lived in a dwelling that was more suited to my needs. At least there are adaptations that make life a little easier”

Tracey, 58
Brackenwood

In addition to changes to the physical environment, people aged 65+ reported they were likely to need increased support in completing activities around their home in the coming years:

- more than 40% felt they would need extra support with the repair and maintenance of their home;
- just over 33% reported needing help with gardening;
- around 25% reported needing help with cleaning their home.

[Much of this support](#) is provided informally by family and friends. Recent national data identified that around 3.3 million adults in the UK were involved in supporting an older parent. This support includes help with shopping or household chores. There are approximately [61,500 people providing informal care in Leeds](#).

When living at home isn't an option

Leeds has approximately 4,500 care and nursing home beds available for adults aged 65+, with around 4 out of 5 of these occupied (January 2024). There are around 126,000 people aged 65+ in Leeds, which means that only 3% of this age group live in care or nursing homes. There are many more options than living in your own home, a rented property, or a nursing or care home.



Other options include:

- [age-exclusive housing](#);
- enhanced sheltered housing;
- retirement/sheltered housing;
- Extra Care housing.

These options all have varying degrees of physical adaptations. Some include staff available on site to assist people where required. There are currently:

- more than 10,000 units of specialist 50+ accommodation;
- 1,300 extra care units in Leeds.

These forms of housing help to support continued independent living. They also help to meet people's basic physical and social needs.

One of the focus groups identified that reluctance and fear existed amongst the LGBTQ+ community about the idea of needing to go into a care home. This is due to experiences of LGBTQ+ friends going into care homes and feeling 'shunned' by other residents.

Living without a home

In Leeds there have been [increases in the number of people experiencing homelessness](#) in recent years. Similar increases have been seen [nationally](#). It is estimated that around 9-12% of 'rough sleepers' in England are [aged 55+](#). While there are social and health challenges for people experiencing homelessness of all ages, there are significant challenges to adults in later life.

These include:

- an acceleration of health problems due to rough sleeping and poor conditions;
- difficulties finding specialist housing that caters for people with multiple needs;
- isolation and lack of social engagement.

How are people in Leeds enabled to age well?

[Your Home - Options](#) is a page on Leeds directory providing easy and convenient access to information on housing services and support.

[Homeless Street Angels](#) are a charity working with Leeds City Council and Housing Options to re-house people off the streets. They are part of the Leeds Homeless Charter to help eradicate homelessness in Leeds.

Further reading

- [Homes | Centre for Ageing Better](#)
- [Fuel Poverty, Cold Homes and Health](#)
- [How does housing influence our health?](#)



“My biggest concern is that I rent a flat and so worry about my finances when I actually stop working”

Gail, 63
Middleton

3%

of people in Leeds aged 65+ live in care or nursing homes



Case study

Home Plus service



The [Home Plus](#) service takes a holistic approach to supporting people to stay safe and independent within their own homes. They address health risks in the home around:

- falling;
- energy efficiency and affordability;
- warmth and condensation/damp;
- repair.

The Home Plus service is delivered by Care and Repair Leeds in partnership with Age UK Leeds and Groundwork Leeds Green Doctors. A typical journey for a client through the Home Plus service might look like:

- a referral for a client in hospital following a fall;
- a new stair rail being fitted to enable a safe discharge;
- additional needs being identified on in-person assessment, leading to plans for further works;
- onward referral for advice around pension credits, and the most appropriate tariff for their gas/electricity bill.

Many people in Leeds have benefitted from this holistic approach. Most beneficiaries (75%) are over the age of 60. In the year 2022/23 there were nearly 5,000 referrals into this service, with a majority of these being for falls prevention. 30% of users of this service are living in areas classed as the most deprived 10% in England. The service was the first organisation to be awarded the [Pride in Care Quality Standard](#) in recognition of their support for LGBTQ+ people in later life.



Case study

Rightsizing campaign

Rightsizing means finding a home that is right for you, both now and into the future. [The Rightsizing campaign](#) ran in 2023 across West Yorkshire and was funded by the West Yorkshire Health and Care Partnership, the West Yorkshire Combined Authority, and other partners. The key messages behind the campaign were:

Show Don't Tell

- educate by imparting knowledge and information;
- showcase the options without pushing one;
- allow someone to assess whether moving will improve their quality of life.

Choice and empowerment

- ensure someone can explore all the options;
- provide relevant information so someone can make their own choices.

Highlight the benefits

- share information on potential benefits of local rightsizing options;
- make clear there is support available e.g. financial support, adaptations, energy savings.

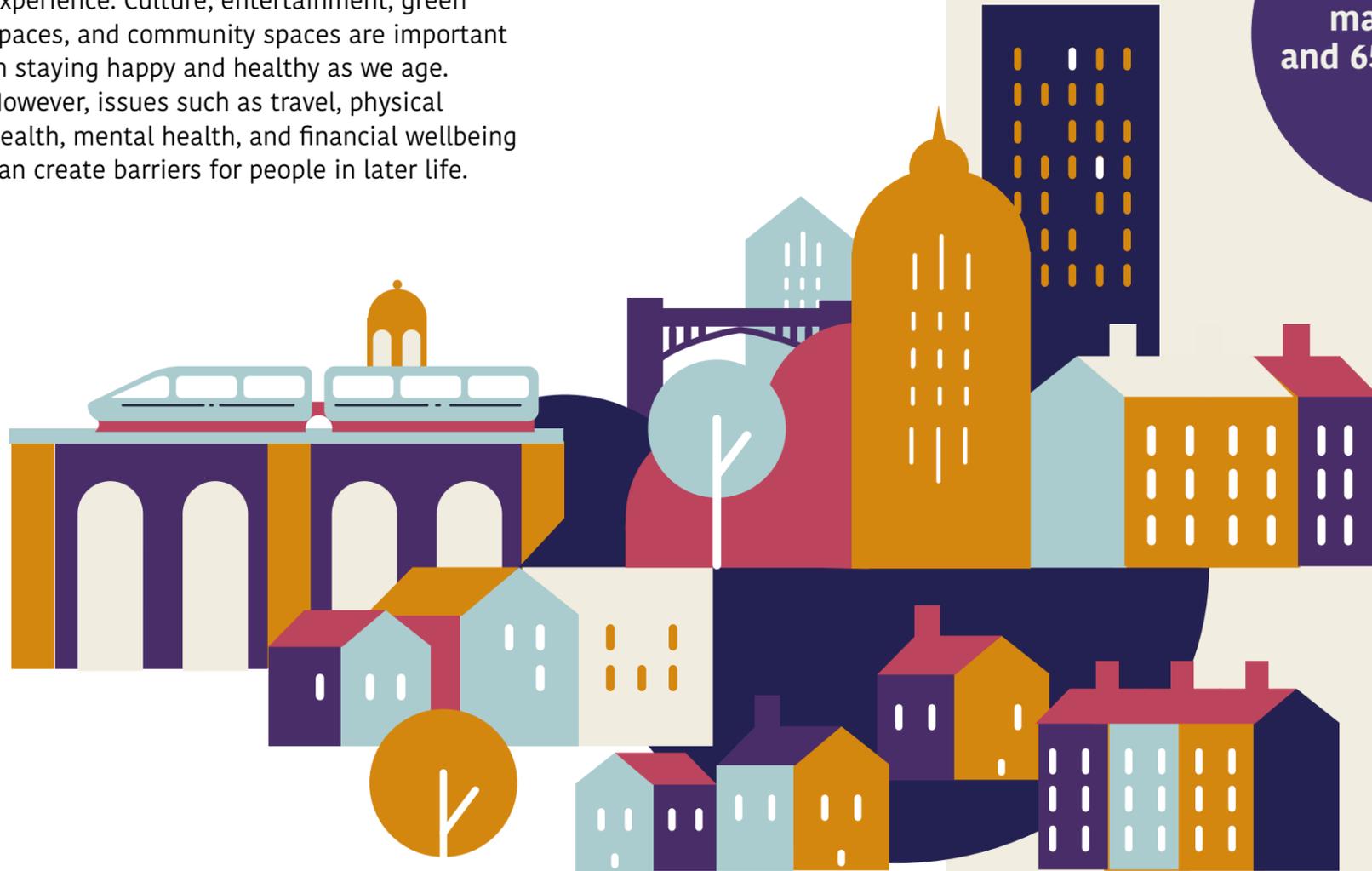
The campaign had a wide reach. Over 12,000 views occurred on the campaign website, and through social media the campaign reached around 84,000 people. The resources provided supported people to know what questions to ask themselves to make an informed decision regarding what they need from a home in the future.



2.3 Public & civic spaces

Why is it important in later life?

Environments play [an important role in determining our physical and mental health](#) across a person's life course and into later life. They affect how we adjust to physical change and other challenges that we may experience. Culture, entertainment, green spaces, and community spaces are important in staying happy and healthy as we age. However, issues such as travel, physical health, mental health, and financial wellbeing can create barriers for people in later life.



Leeds is a vibrant city with:



What do people age 50+ experience?

People [have told us](#) that they want:

- safe, clean, and accessible green spaces;
- accessible toilets and seating when out in public;
- to feel welcome in spaces they visit.

This was reflected in our survey and focus groups. 56% of people talked about access to green spaces, theatres and libraries as positive features of Leeds that enabled them to age well. It is also important for people to have a sense of community and being able to easily access shops and local amenities. Photography was also mentioned a lot as a creative activity people enjoyed around Leeds.

However, safety was outlined as a barrier to enjoying public spaces, and 8% of people in the community survey said this was something they'd want to see improved.

How are people in Leeds enabled to age well?

As an Age Friendly Community, Leeds:

- promotes the [‘Come in and Rest’](#) scheme;
- aims to deliver high quality parks and green spaces (measured by [Green Flag](#) and Leeds Quality Park standards);
- conducts accessibility audits of parks to identify local needs.

“The local parks, local shops and a good bus service”

Nirdeshj, 58
Harehills

“Middleton Park is fantastic, and I volunteer there from time to time”

Hilary, 71
Belle Isle South

“Please try and maintain libraries, culture and parks and countryside facilities”

Sally, 66
Yeadon Tarn

“Green spaces, air quality, feeling safe when outside, the local community having respect for its local environment and those that live in it”

Carl, 50
Rothwell

“Local parks - a lifesaver”

Ann, 77
West Park



Case study

Parks Accessibility Audits

Leeds City Council are undertaking accessibility audits of each of the 65 Community Parks. This includes:

- Reviewing the needs of different users;
- Identifying where improvements can be made;
- Making parks more welcoming, accessible, and inclusive.

The audit process has included discussions with park users and groups including the Leeds Age Friendly Board and the Disability Hub.





2.4 Climate change

Why is it important for health in later life?

Leeds City Council is committed to tackling the climate change crisis. This is one of the three key ambitions in the Best City Ambition. The Best City Ambition aims to tackle poverty, inequality and improve the quality of life for everyone who calls Leeds home.

Climate change means there will be more weather extremes. These will affect people differently across the course of their lives.

- the actions that are good for the planet are good for health;
- climate change is already impacting on the health of our communities;
- the effects of climate change are impacting our most disadvantaged communities, widening inequalities;
- prevention is cheaper and better for the planet than the treatment of ill health. Delivering care comes at a financial cost as well as an environmental cost;
- policies on climate change can help us to achieve major health and wellbeing benefits. This further strengthens the case for action on climate change;
- the health benefits of climate policies are clear to the public and policy makers. This is due to the direct nature of some of the health effects, with benefits evident over shorter timescales. This further strengthens the case for action on climate change.

What do people age 50+ experience?

Climate change does not affect everyone's health equally. Health inequalities caused by the impact of climate change will increase for those more at risk, including:

- people in later life;
- people living in areas of higher deprivation;
- people with long term health issues (physical and mental).

The type of housing that people in later life may live in could increase the risk of experiencing:

- flooding (e.g. ground floor apartments or bungalows);
- heatwaves and not being able to take actions to cool and ventilate the home. For example, leaving windows open at night due to concerns around safety or fuel;
- living in housing that is expensive to heat.

How are people in Leeds enabled to age well?

When it comes to climate change, people in later life are among those groups most at risk from the effects.

[Yet their voices are rarely sought when it comes to solving the crisis.](#) To tackle the climate emergency, people of all ages need to act and help to develop well-rounded policies.

The hashtag **#OlderAndGreener** is being used to celebrate what people in later life are doing to tackle the climate emergency.



Case study

Indoor air quality

People in later life are at higher risk from the health impacts of [poor air quality](#). This is especially true for those with long-term heart and lung conditions. Leeds Older Peoples Forum, LCC Public Health Older People's Team and Health Protection teams worked together to host five workshops across Leeds with local Neighbourhood Networks. These workshops shared key messages around:

- indoor and outdoor air pollution;
- [the impacts of air pollution on health](#);
- resources and signposting information for support, including leaflets, fridge magnets, and air quality monitors.

The workshops were focused on reaching people in areas where asthma and COPD rates are high in Leeds. They aimed to support the reduction of health inequalities and empower communities to combat air pollution.

“There’s a lot of things that are public on TV to learn about the environment but there’s not enough coverage in the papers to read”

Anonymous

“Air quality is poor - I have nose irritation most of the time”

Judith, 82
Meanwood





2.5 Adverse weather

Why is it important for health in later life?

Adverse weather describes weather events that can [impact on our health](#). Examples of adverse weather include:

- hot and cold weather;
- flooding from heavy rain;
- snowfall.

The weather conditions do not need to be severe or extreme for people to experience risks to their health. Over the winter period there is an [increase in winter mortality](#) and illnesses. Excess Winter Deaths (EWD) are the total number of deaths in winter (December to March) compared to the average of the number of deaths over the rest of the year. There is strong evidence that some of these winter deaths are indeed ‘extra’. They are related to cold temperatures and living in cold homes which can increase the risk of:

- strokes;
- heart attacks;
- infectious diseases such as influenza.



The reasons for this are complex and interlinked but can include:

Environmental reasons:

- homes that are cold, have mould or damp (poor-quality housing);
- malfunctioning or unsuitable appliances to heat homes. These may lead to increased risk of carbon monoxide poisoning;
- physical hazards such as snow and ice.

Social and economic reasons:

- increases in the cost-of-living and the impact that has on food and heating homes well enough;
- vulnerability of people who are living on their own, socially isolated or in care homes.

Health reasons:

- higher numbers of infectious diseases, such as flu and norovirus;
- increased risk of heart attacks and strokes during the colder months due to thicker blood and reduced movement;
- mental health and wellbeing concerns related social isolation, anxieties over rising heating costs, cost of living, or worsening health conditions;
- medications that potentially affect heart or kidney function, cognition, or ability to sweat.

What do people age 50+ experience?

Extreme weather spells (heat or cold) can have a big impact on everyone’s health. However, [some groups are more vulnerable](#), including people aged 65+.

Why are people in later life more vulnerable in extreme weather conditions?

- they are more likely to face one or more risk factors;
- reduced mobility makes it more difficult to access local shops, medical support, services and social groups;
- extreme weather events can make it hard for people to access services;
- extreme weather can also make it hard for people be transported with their correct medications, medical records, and health equipment;
- the [shorter days in winter impact on social activities](#) and the amount of time people spend at home. This affects things such as heating costs, loneliness and social isolation.



How are people in Leeds enabled to age well?

The [national Adverse Weather and Health Plan](#) includes recommendations to reduce the effects of adverse weather on communities. Leeds Public Health works with partners to implement these recommendations, which includes:

- Leeds Public Health provide training for staff across Leeds including a winter health roadshow, winter wellbeing training, and winter preparedness letters for organisations;
- the [Leeds Winter Workforce Video](#) helps to raise awareness of interventions to support winter wellbeing;
- the [Winter Friends](#) campaign encourages people in Leeds to look out for each other, providing useful tips and resources to support communities;
- Leeds City Council provides [Welcome Spaces](#) where people can gather for free to enjoy a hot drink and some company;
- the [Leeds Winter Coat Appeal](#) collects and redistributes great quality, second-hand winter coats to people across Leeds for free;
- additional winter warmth measures provided to key target groups in 2023/24, including fuel vouchers, electric blankets and hot water bottles.

3.0 Healthy communities

Communities and social circumstances influence physical, mental and social wellbeing and opportunities for healthy living. In this section we look at how social connections, digital inclusion, employment and financial wellbeing support people to live healthy, active, socially connected and fulfilling later lives.





3.1 Community & social connections

Why is it important in later life?

Overall, people want a healthy and happy later life – to have a ‘good innings’. Local community groups are so vital for this as people age. It’s not just about how long people live but the quality of life they experience in those years. Community is important as people age. It can provide [social connection, physical activities, food and day-to-day support when no-one else is there.](#)

People in later life are [more likely to help in their communities.](#) However, [research in Leeds](#) shows that many people talked about this as being ‘neighbourly’, rather than volunteering. This means that the number of people volunteering in the community may be even higher than currently known.

Ageing without children

It is often assumed that families and adult children can provide support to people in later life. There is an assumption that they can fill in the gaps in service provision where needed. This means people ageing without children are at risk of being without this additional help at a time when they need it most.



“People won’t go to things because you don’t feel welcome. Some of the groups make you feel old”

Janette, 77
Belle Isle



10% of people over the age of 60 have no children

20% over the age of 50 have no children*

25% more likely to move into a care home if someone is ageing without children

80% increase in number of single, childless people in later life needing care by 2032

[Ageing Well Without Children \(AWOC\)](#)

What do people age 50+ experience?

The importance of activities, groups and local community came across strongly in the community survey (55% of people mentioned this) and focus groups across Leeds. People said:

- they didn’t know where they’d be without their community groups;
- it’s changed their lives for the better;
- it’s enabled them to spend time with people with similar life experiences;
- it’s allowed them to get out and about more;
- it’s encouraged them to be more social and ‘come out of their shell’;
- it’s helped them to access other forms of support.

Many people mentioned how they are happy with their neighbours. They said they enjoy spending time with them. People felt that younger people in some communities don’t interact. They think the sense of community and interaction between people across all ages could be made stronger.

“Over the years, a simple thing like bingo or other activities are not being attended. They are there in other areas but they’re not being used”

Colin, 85
Hunslet

Several people commented on how much busier and more connected they are now that they’ve retired. 15% of people said that improving community and social connection would help them age better. Some concerns and barriers around community groups included:

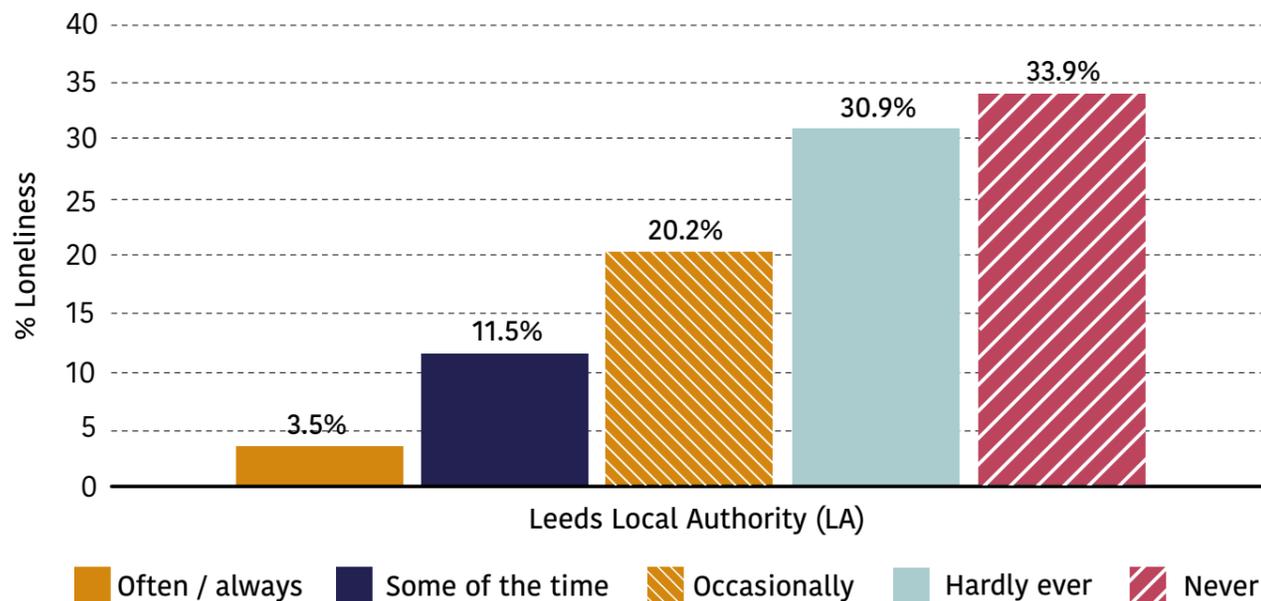
- lack of diverse activities happening in their area;
- not enough choice for people aged between 50 and 65;
- attitudes of some groups or activities. Things like people being patronising, unwelcoming, or making them ‘feel old’;
- wanting to independently pursue hobbies.

“I’d like an increase in the numbers and diversity of local community groups and services - particularly that help mix cultural groups”

Gill, 54
Pudsey



How often do people aged 55+ in Leeds feel lonely?



Most people aged 55+ in Leeds reported that they are hardly ever lonely (69,600 people) or never felt lonely (76,500 people). However:

- 7,900 people said they felt lonely often or always;
- 26,000 people felt lonely some of the time;
- 46,000 people occasionally felt lonely.

One reason for this could be that people in later life contribute many hours of unpaid care. However, it is not clear how this might relate to loneliness. [Research suggests](#) that grandparental caregiving and volunteering could help to reduce loneliness in later life.

“You accept the negatives of ageing. Society is less empathetic to any shortcomings people have”

Maurice, 74
Moor Allerton

“More time to hear about other people’s lives and their trials and tribulations”

Lalitha, 70
Bramham

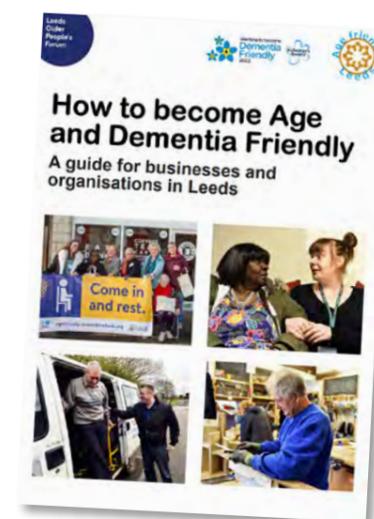
Case study

Friendly communities – Age Friendly & Dementia Friendly Leeds



Over 170 organisations have signed up to the [Age and Dementia Friendly Leeds Business and Organisation Scheme](#). These organisations are from a range of settings including:

- GP practices;
- Leeds Rhinos;
- Neighbourhood Networks;
- Santander bank;
- Trinity shopping centre;
- Leeds bus station;
- Leeds train station.



By signing up, organisations commit to Age and Dementia Friendly actions. These aim to make their organisations a welcoming and positive experience for all. Over [300 Age Friendly Ambassadors](#) encourage change, act and raise awareness by sharing Age Friendly messages.

Activists share their views, ideas and experiences in the Age Friendly Leeds Steering Group. The group do site visits, review services, and public information. In 2023 they worked with Network Rail, Yorkshire and Humber Patient Safety Research Collaboration, Taxi Licencing, Leeds University, and the Leeds Local Plan.

The [Wise Up to Ageism](#) training raises awareness of ageism and encourages people to challenge ageism in everyday life.

The Dementia Engagement Empowerment Group and Dementia Friends aim to raise awareness and make positive changes around living with dementia. There is also a [Leeds Dementia Friendly](#) What’s on Listing.



Leeds Neighbourhood Networks

[Neighbourhood Networks](#) are unique to Leeds. We have 34 operating throughout Leeds. They are community based and locally led. They support people in later life to live independently and participate within their own communities.

Key priorities are:

- reducing isolation and loneliness;
- increasing participation and involvement in the communities in which people live;
- providing greater choice and control over their lives;
- improving wellbeing and healthier life choices.

“Groups like this are so important. This group is so busy, but it makes the time go so fast”

Jane, 67
Bramley

Leeds City Council has long recognised the benefits of working with a strong and diverse third sector. The Neighbourhood Networks are a key part of our work to make Leeds the best city to grow old in. The Neighbourhood Networks have a wide range of benefits to people and other organisations in Leeds including:

- empowering people in later life to remain as independent as possible;
- providing complex support to people in their local community;
- helping people to engage in social activities that focus on mental and physical wellbeing;
- working closely with other organisations to support their members and understand what is available in their local area;
- providing a safe space for people to socialise, learn new skills and get advice, whilst having choice and control over the way they engage with services.

Read the [Centre for Ageing Better](#) evaluation to find out more.

Neighbourhood Networks



What they do

- build and maintain relationships;
- contribute to society;
- meet basic needs;
- provide support for members to learn, grow and make decisions;
- encourage members to be mobile.

What they need

- financial resources:
 - flexible core grants;
 - funding from a range of sources.
- human resources:
 - paid staff / volunteers;
- other internal factors:
 - good governance;
 - effective leadership;
 - access to facilities.
- other external factors:
 - good reputation;
 - supportive policy;
 - environment.

How they work

- range of activities for older people to access;
- relationships with and between members, volunteers and other stakeholders;
- responsiveness to older people’s needs and circumstances;
- reassurance for older people and their families.

The difference they make

- increasing social contact and connectedness;
- preventing social isolation and loneliness;
- improving health and wellbeing.

The impacts they have

- preventing the onset of ill health;
- delaying the deterioration of health;
- reducing pressure on the health and care system, and informal carers.



3.2 Digital inclusion

Why is it important in later life?

Digital technologies are moving at an exceptional pace and bringing a wealth of benefits for people. Some people welcome this. However, for many people in later life this can be a barrier in accessing essential services that support health and wellbeing.

As digital technologies increase in all areas of life, there are many benefits that people who are excluded are missing out on. These include:

- connectivity. Digital technologies help people to connect with family and friends, and video calls mean people can connect at their convenience. This helps people to maintain social connections, supporting their mental and emotional wellbeing;
- employment. Digital technologies and skills can be vital in the workplace. They can support people to undertake work related tasks;
- online shopping. Products are around 13% cheaper than shopping in-store, meaning that people can save money;
- access to healthcare services: Digital technologies are being used more to communicate with people, book appointments and receive documents;
- independence. The ability to do things online, like online banking and shopping supports control of personal resources and needs. This helps to maintain independence in later life.



“I socialise with friends locally, visit others where possible and keep in touch electronically”

Moira, 74
Wetherby

“For many years I did not go out other than to bingo once a week; but I plucked up the courage to join an online dating app and have met a nice man! So, my social life has expanded”

Helen, 57
Bramley

Read more about the [UK's digital divide](#).



What do people age 50+ experience?

The number of people in later life who are digitally connected continues to rise. However, people aged 65+ are the biggest proportion of adults that do not use the internet. Factors like income and levels of education play a part but age is one of the biggest indicators of who is digitally excluded.

- in the UK, non-digital users are 12 times more likely to be 65+. People over the age of 75 are the largest group of over 16's to be digitally excluded;
- digital exclusion is further exacerbated for disabled people. Across all age groups, disabled adults make up a large proportion of non-internet users.

“The negatives for me, apart from deteriorating health and all the consequences, is the rapid advance of technology and the absence of face to face or even human service, particularly if one lives alone. I think these make me want to live in a Retirement complex but not a Care Home”

Gladys, 78
Carr Manor

Some people in later life find digital technologies challenging. In our community survey, only 2% of people used digital technologies to stay happy and healthy as they age and similar proportions mentioned that it was something they would change to better support ageing well. People in later life said they preferred in-person support groups. They were concerned about the move towards online platforms. People in our focus groups talked about being nervous of technology. Some people feel like it's something they don't need or want to use.

- some people want to go online and use digital, but the knowledge and skills are not there;
- the cost of the technology (e.g. smartphones/Wi-Fi/computers) is a barrier. The cost-of-living crisis means some households choose not to have internet in their home or have a smartphone;
- digital isn't accessible to everyone – especially people with sight or hearing impairments;
- concerns around data security and scams.

Many people mentioned difficulties accessing GP appointments. People also said that they didn't know about social activities that were only promoted online. Some people found community technology hubs helpful to learn how to use technology. They enjoyed the benefits. However, this wasn't for everyone.

“People say to move with the times, but when scandals are all over the news, like the post office scandal...a whole section of society has been forgotten. It's confusing, isolating and scary”

Anonymous
Focus group participant

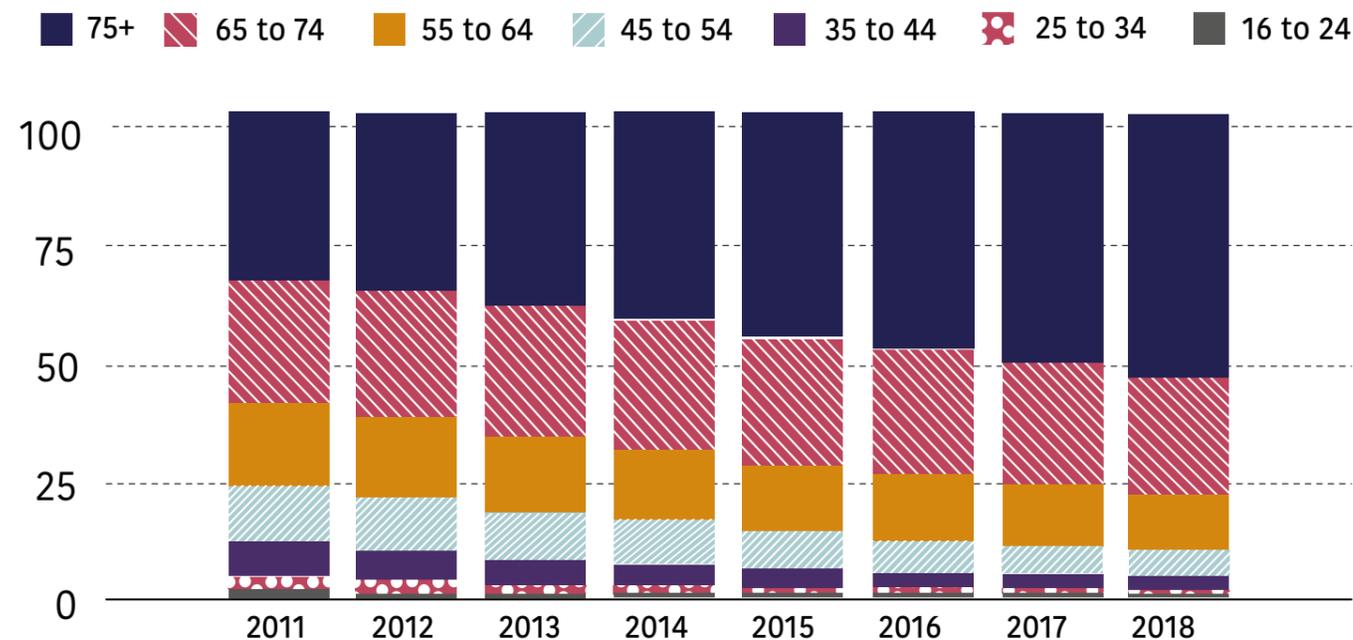
Similar concerns about digitalisation were mentioned at the Older People's Equality Hub Workshop on Digital Inclusion (Leeds Older People's Forum, November 2023):

- the transfer of everyday things to fully digital (e.g. GP surgeries, banking, and public transport) is running so fast that people feel they're playing catch up. They feel they are being isolated/left behind;
- people rely on families and children to teach people how to work digital technologies. This also heavily impacts those who don't have families/children;
- some people don't want to try to learn new digital technologies. There is a fear of not getting it right.

“Better GP services that are easier to contact in person would help me to age well and better understanding of the difficulty of using internet services”

Jennifer, 77
Alwoodley

An increasing proportion of internet non-users are over the age of 65 years: non internet users in the UK 2011 - 2019



Source: Exploring the UK's digital divide - Office for National Statistics

How are people in Leeds enabled to age well?

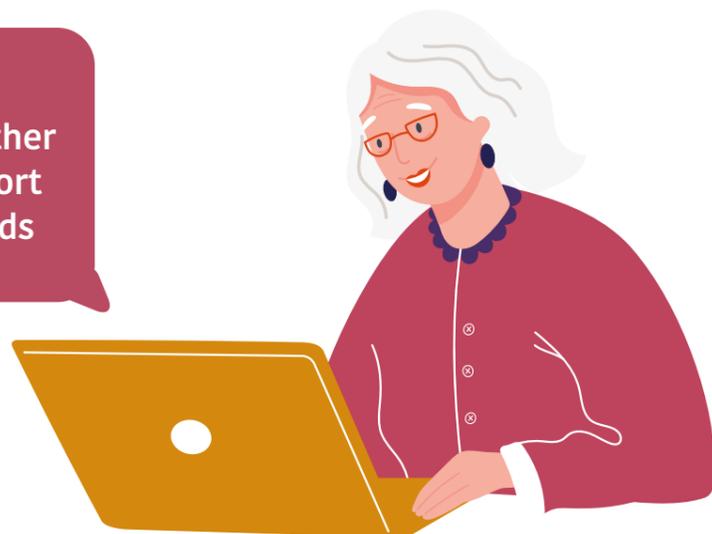
[100% Digital Leeds](#) lead digital inclusion for the city. They are working with organisations to help build their ability to support digital inclusion and reduce barriers that people face around digital. This helps more people in Leeds to:

- stay connected;
- increase their independence;
- have greater access to healthcare;
- manage their health;
- improve their quality of life.

The [Older People's Digital Inclusion Network](#) brings together over 40 organisations to support people in later life across Leeds. They:

- identify shared goals;
- create new partnerships;
- share learning and resources, including 'how to guides' and digital skills session plans, in a shared [online location](#).

The Older People's Digital Inclusion Network brings together over 40 organisations to support people in later life across Leeds



Other projects, supported by 100% Digital Leeds, that are focused on increasing digital inclusion are:

- [Writing Back](#) - an award-winning pen pal project which pairs students with older residents across Yorkshire to help tackle loneliness and social isolation;
- [Digital Inclusion in Care Homes](#) - Working with several care homes to support them to include digital inclusion in their services. This followed the [Healthwatch Leeds Care Homes report](#) which highlighted several digital inclusion challenges in care settings across Leeds;
- [Transport Connections](#) - a partnership with Leeds Older People's Forum to support people in later life to use taxi and bus apps. This has enabled people to feel more confident, increased ability to travel around the city, and reduced social isolation;
- a partnership project with [Your Backyard](#) - delivering digital sessions within care homes to support people to develop their digital skills in a fun, informal way.

Case study

Be Online Stay Safe (BOSS)

The [Be Online, Stay Safe \(BOSS\)](#) project is delivered in partnership by Leeds Older People's Forum and 100% Digital Leeds. It has funding from the Department for Science, Innovation and Technology.

The project aims to improve digital skills for people in later life from diverse communities. It focuses on local and [nationally identified challenges and barriers](#). This includes:

- building people's digital confidence and skills;
- supporting online safety and reducing fear;
- developing an understanding of what was available online across different media platforms.

The resources have been translated into several different languages, as English is not the first language for 70% of learners in the project. The project used handouts and workbooks to continue education beyond the classroom. These will be shared widely for other organisations to use after the project ends.

Outcomes demonstrated significant benefits, with learners gaining increased online skills and confidence; many can now book doctor appointments and recognise online scams.



3.3 Employment & learning

Why is it important in later life?

Being in employment and good work is [good for our health](#) as we age, as well as having [wider influences](#) on our families and communities. Employment is closely linked to:

- the [number of years people experience good physical and mental health](#);
- healthy living such as smoking, physical activity, alcohol consumption and nutrition.

Leeds has an ambition for everyone in later life to access fulfilling and good quality employment, and the benefits this can bring.

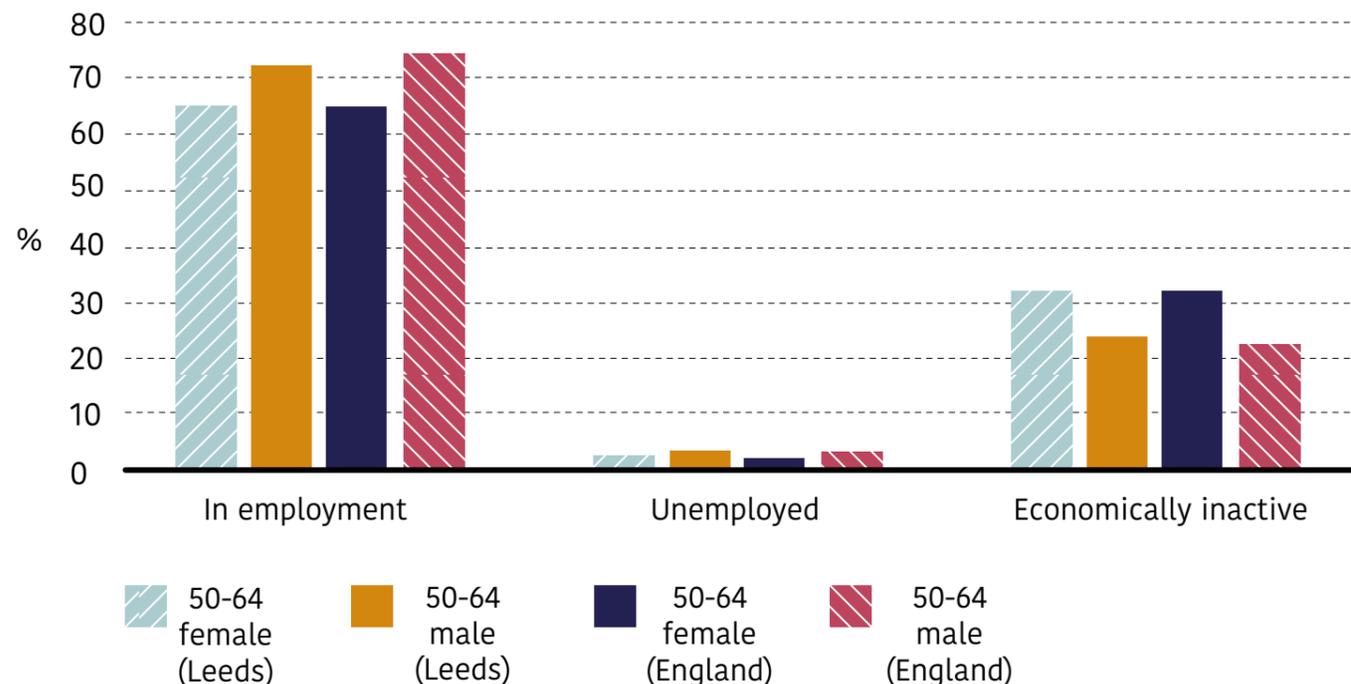
What do people age 50+ experience?

Being in work:

in Leeds

- two in three people aged 50-64 years (95,000) are in employment;
- 11,400 people aged 65+ are in employment (9%);
- 40,000 people aged 50-64 years are [economically inactive](#) due to caring responsibilities, health conditions, retirement or because they do not think there is suitable work available for them;
- men aged 50+ are more likely to be working than women aged 50+;
- women are most likely to [leave work due to ill health](#).

Economic Activity - By Age In Leeds And England



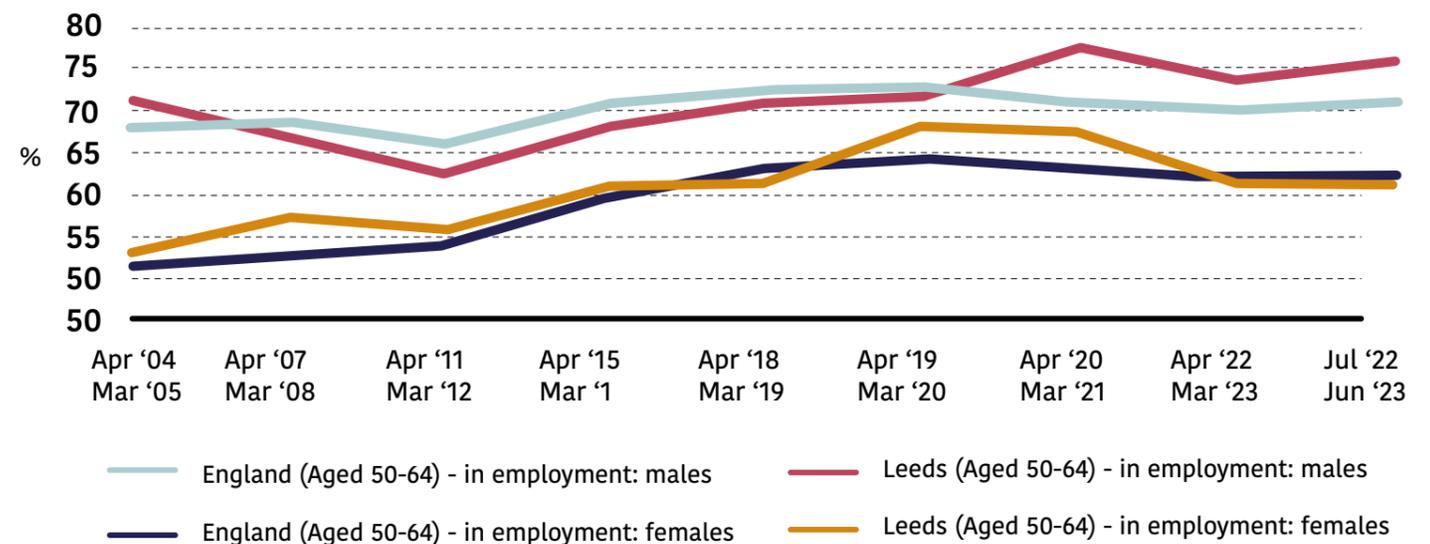
Both nationally and in Leeds, men are more likely to be in employment compared to women. Before the COVID-19 pandemic, the gender gap in employment was narrowing, however, since then employment has decreased amongst women aged 50 - 64 but increased for men.

Women aged 50+ are also more likely to be:

- Working part time;
- balancing caring responsibilities with work. [One third of carers](#) are aged 50 - 64, and 61% of these are women;
- [four times more likely to stop working](#) because of their caring responsibilities, which may impact on income and mental wellbeing;
- working through the [menopause](#);
- women may [give up work](#), [reduce their working hours](#), or [miss opportunities for progression](#).

This is likely to impact their financial wellbeing in later life.

Gender Employment Gap - Trends in Leeds and England



“Work is very flexible and fits around me caring for my elderly mum”
Maxine, 54
Colton and Austhorpe

“I know someone that’s 80 that still works because she can’t afford to stop”
Anonymous
focus group

“I work 4 days a week - this is important for work life balance as on my day off I’m able to see friends or do the weekly shop so that weekends are dedicated to my family and friends”
Karen, 50
Carr Manor

In our community survey:

37% of people talked about work as an important part of staying happy and healthy as they age. They mentioned:

- work having a positive influence on being healthy and happy. Especially doing a job that they enjoyed or found rewarding;
- work provides social elements and gives people a sense of purpose;
- having a good/flexible work environment (including hours) supports a better work-life balance;
- people currently volunteering or wanting to start.

12% of people talked about work as something they would like to change to help them be happy and healthy as they age. This includes:

- being able to maintain a work-life balance: some people can't balance the things they want to do with work, and there is a lack of activities outside of working hours;
- ensuring that there is health support at work to enable people to stay well, e.g. managing demands, stress, and menopause support;
- retirement: wanting to retire, or retire early, but concerns about state pension age. Concerns that future generations would not be able to retire or enjoy retirement.



“Work makes me feel included in society”
Victoria, 54
Armley

“Going to work makes me smile (colleagues mostly)”
Melanie, 52
Upper Armley

“I do have a stressful job so feel that time out is very important, and I try to do this by reading, listening to music, browsing and watching my favourite TV. I enjoy travelling with my partner which means I can recharge and get back to doing my best at work”
Sunita, 54
Whinmoor

“I am enjoying my life now as I'm not at work and can do the things that make me happy”
Jade, 74
Harehills

Being out of work

Many people aged 50+ in Leeds who are not working do want to work. One in four people aged 50+ who are claiming Universal Credit are either looking or preparing for work (around 4,500 people).

People in later life often [feel held back](#) when applying for jobs due to their age. [Poor health](#), retirement and caring can also be a reason why some people are not in employment for as they approach later life. In Leeds:

- around [6,600 people aged 50+ \(12,000 for under 50\)](#) are not in work due to health reasons;
- a further 11,846 people aged 50+ (8500 for under 50) are not in work due to long-term sickness. This is higher than the averages for England.

Some people talked about health being a barrier to work, but also how being retired or retiring early enabled them to:

- age well;
- enjoy a less stressful / time-pressured life than working life;
- ‘slow down’ whilst they were still healthy.

[Some groups experience poorer outcomes](#) in relation to long-term sickness and not being in work in later life. The number of people unable to work in later life is higher in deprived areas of Leeds and for some ethnically diverse communities (including people from ‘Chinese’ or ‘mixed’ backgrounds).

However, over the past five years, this has been improving more for people aged 50+ living in deprived areas.

How are people in Leeds enabled to age well?

Actions that supporting an inclusive and healthy economy that works for people aged 50+ include:

Being Age Friendly

- signing up to the Age Friendly Employer Pledge provides support to achieve the commitments of the pledge. Leeds City Council is promoting this with [Anchor organisations](#) and partners in Leeds;
- exploring opportunities to include age friendly principles in Leeds City Council employment and skills projects and future contracts;
- considering and including the needs of people in later life in strategies (e.g. Work and Health and disability);
- the 2023 State of the City Event ‘Ageing in Leeds: Good Quality Work for All’, focused on challenges and opportunities for those approaching later life in relation to economic activity. It covered caring and health and wellbeing issues and impact on economic wellbeing and outcomes. Table discussions around the city’s strengths or areas for improvement are being taken through relevant strategy groups in the city.

Wider support for people in employment in later life

- [Carers Leeds](#) supports employers with advice, training and guidance about supporting carers in your workforce. It also runs an employer forum to support the sharing of good practice;
- [Leeds Mental Wellbeing Service’s](#) Employment Advice provides a range of support to people currently in work. It also provides assistance for those taking steps towards paid work. Around one in four current clients are aged 50+;
- the Employment Hub and Employment Hub for Mental Health provide tailored one to one support for people aged 50+.

Targeted work for people aged 50+

- working with people aged 50+ through the Anchors Inclusive Network workplace wellbeing initiatives. For example, Financial Wellbeing Week and Physical Wellbeing Week activities;
- working with commissioned voluntary and community sector providers of Adult and Community Learning to promote and develop ‘outstanding’ quality provision for 50+. Focussing on target groups such as men, ethnically diverse populations, areas of deprivation;
- supporting links into growth sectors, including: construction, manufacturing, green sectors; health and care; culture sectors; and age friendly employers;
- identifying and support people aged 50+ using the new Adult and Community Learning Wellbeing and Information, Advice and Guidance service;
- making sure that the needs of workers aged 50+ are included in funding applications (For example, the 2024 [UKSPF Work and Health grant and WorkWell grant](#)).

Putting in place inclusive employment practices helps to support people to age well whilst working. There is plenty of information, support and advice available to support this.



We're an
**Age-friendly
Employer**

Case study

Age Friendly Employer Pledge in Leeds City Council

Background and work undertaken:

As part of the city’s partnership with the Centre for Ageing Better and commitment to improving recruitment and retention of the 50+ workforce, Leeds City Council signed up to the [Age Friendly Employer Pledge](#).

Outcomes

This prompted work to address:

- 1. recruitment:** developing and adopting age friendly recruitment toolkits. This aims to avoid stereotyping in recruitment, especially where this might put off job-seekers aged 50+;
- 2. flexible working:** universally offering this to all staff aged 50+. This helps to retain experienced staff and support workforce planning;
- 3. insight:** the staff survey provides intelligence about all employees. Workers aged 50+ are more satisfied with their jobs. However, they would welcome different opportunities to vary and extend their career. New approaches are being developed to support career management in later life;
- 4. health:** health and wellbeing opportunities are provided. Recognising wider issues affecting health and ability to stay in work. Leeds City Council is adapting their offer to better meet the needs of lower paid and part-time workers to help avoid early retirement because of health issues.

Case study

Developing You programme: wellbeing support for people out of work

Health is a key barrier to entering the labour market for people aged 50+. Around one in four people left their job in the last eight years due to health reasons.

Who was involved:

- the Employment and Skills service;
- the Department of Work and Pensions (DWP) Health Model Office;
- the Department of Work and Pensions (DWP) 50+ Champion.

What they did:

Encouraged people aged 50+ who were working with DWP to access the Developing You wellbeing programme.

Typically, one in four people who complete the course go on to find work. Positive feedback and suggestions about a targeted programme for this age group led to a bespoke pilot project launching in January 2024. Early signs are positive and aims to give extra confidence to people facing similar barriers.

“I would highly recommend this course and feel motivated about moving forward due to attending Developing You”

Anonymous, 53
Fearnville

Further reading

- [Employment | Centre for Ageing Better](#)
- [Movements out of work for those aged over 50 years since the start of the coronavirus pandemic - Office for National Statistics](#)
- [Work and Workplace Health Resources](#)
- [Menopause and the Workplace: How to enable fulfilling working lives: government response](#)



“I like retirement because I’m my own boss. I was one of the first for going off for Covid because I’m asthmatic and diabetic. I never went back. It was a bit of a shock. My mental health has been better since I retired. When I was working it was always “hurry up” and you’re under time pressure. It really got to me, trying to cope with everyone”

Brendan
Focus group participant

Case study

Men’s Health Unlocked & Leeds Mind:

redundancy support for older men

Men aged 50+ are at greater risk of redundancy and redundancy can be very bad for people’s health. During the 2008 – 2010 recession, the suicide rate among men rose by 1.4% for every 10% increase in unemployment.

As a result, and with business closures increasing, Men’s Health Unlocked (MHU)* teamed up with Leeds Mind to create a resource for both employees and employers, to help them both navigate this difficult time.

“We wanted to put some building blocks in place to prevent the loss of life”, says Damian Dawtry, Coordinator of MHU, the pioneering Leeds men’s health network.

Working with men with lived experience, they co-produced a leaflet that:

- warned of the dangers of redundancy;
- offered coping strategies;
- provided information on support and advice.

They also made an Employer’s Guide to help them give the best support. The next steps for this resource are to find ways to share it with companies in a way that does not expose them. One solution is to make it part of the statutory redundancy package.



*MHU is a partnership project of four organisations: Barca-Leeds, Forum Central, Orion Partnership and Touchstone. For more info, contact damian.dawtry@forumcentral.org.uk

3.4 Financial wellbeing

Why is it important in later life?

Financial security is an important aspect in all our lives as people age. Being able to afford decent housing, food, health, and socialising can have a great impact on physical and mental health. It can also affect life expectancy and the number of years that people spend in good health.

There is popular belief that people in later life have a [wealthy retirement](#). However, many people in later life face challenges related to:

- income;
- expenses;
- employment;
- retirement.

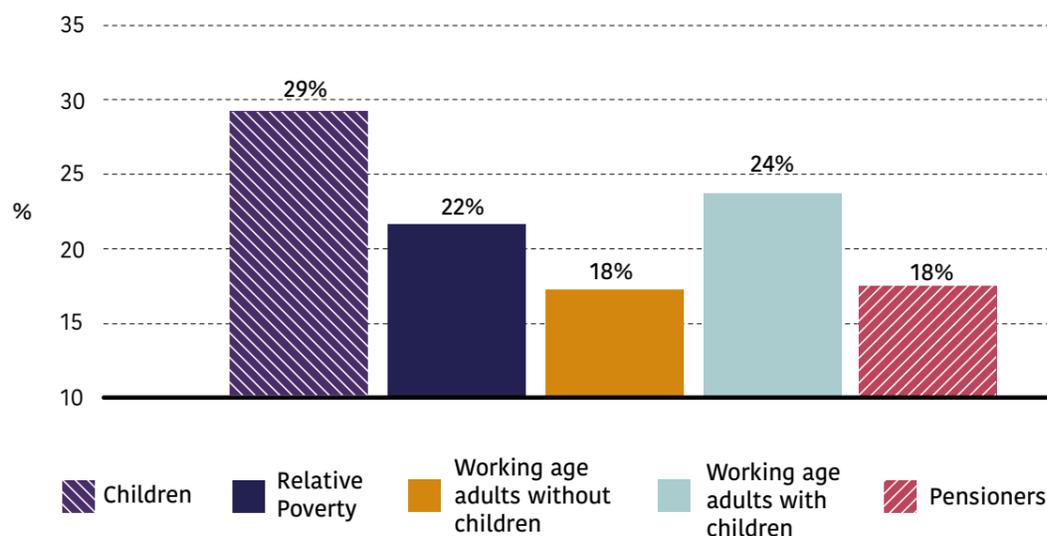
Cost of living

Many people in later life are now exposed to increased poverty. This is linked to the COVID-19 pandemic and cost-of-living crisis, including rises in utility bills. Lots of people are [reducing their costs](#) by spending less on essential things like:

- food and utilities;
- visiting the dentist;
- socialising (including seeing family and friends);
- travel;
- how often they shower or bathe.

Our professionals survey identified cost of living as one of the key issues impacting how people in Leeds can age well.

Households below average income



Data provided by: Leeds Financial Inclusion Team, data source(s): Department for Work and Pensions *Note: [technical information on use of this data](#); Data pre-dates cost of living crisis and takes into account essential housing costs of rent, mortgage interest, council tax, water bills, but not fuel bills.

What do people age 50+ experience?

Income Deprivation:

In Leeds:

- [16% of people aged 60+](#) experience income deprivation;
- 16% of all people experience fuel poverty;
- 19% of people aged 50+ (51,600) are living in the most deprived areas.

In Leeds:

- 1 in 5 people claiming [Universal Credit](#) are aged 50+ (over 16,000 people);
- the length of time a person is claiming Universal Credit can differ. In Leeds 43% of people aged 50+ received Universal Credit for 3 years or more;
- people aged 50+ were more likely to be receiving Universal Credit for 3+ years than people under the age of 50 (DWP, 2023).

In the UK:

Over 25% of people aged 50+ from a [Pakistani and Bangladeshi](#) background live in [deep poverty](#).

Housing

Housing costs can be a major expense for people in later life. Although some may own their own home, many are tenants that face rising rental costs.

- 37% of people aged 65+ who privately rent are living in poverty;
- In 2021-22 almost 18% of all pensioners nationally were in [relative poverty after housing costs](#);
- In Leeds approximately 22,000 people aged 50+ are claiming Housing Benefit. Of these: 50% are women, 35% are men and 15% are couples (DWP, 2023).

Employment and pensions

Almost half of people aged 50+ who left the workforce in 2020-2021 [ended up in relative poverty](#). Nationally, the highest poverty rates are [recorded](#) in people aged 60-64, 25% of this age group are living in poverty.

Pensions can be the primary source of income for many people in later life. However, the following can affect people's financial wellbeing:

- differences in income;
- access to a private pension;
- years spent in employment.

About [four in ten of the poorest pensioners](#) nationally have no work-related or personal pension.

[Pension credit](#) is an [underclaimed benefit](#).

An estimated 850,000 households nationally are not claiming this. This is worth £1.7 billion nationally and approximately £14 million in Leeds. People could receive an additional £3,300 per year. It may also help people to access other benefits including:

- housing benefit;
- council tax deductions;
- dental costs;
- [heating costs](#).

“I would like to see wages increase to match cost of living”

Akhwan, 50
Harehills

In our surveys:

12% of people in later life and 19% of professionals reported that better financial wellbeing would help people to stay happy and healthy as they age.

People in later life felt:

- worried about the retirement age being raised to 67;
- not in good health to continue working but have no choice due to money worries;
- the state pension amount was acceptable as long as mortgages have been paid off before retirement;
- worried that they will not have enough money to have a good retirement where they are able to travel and do the things they had planned before;
- concerns about heating, rent and bills;
- not being able to afford the things they want to do;
- that free / low-cost activities to keep healthy were important (e.g. walking);
- that they needed to continue to work even when receiving a pension, to enable them to live better.

“Not being able to do what I want and less financial resources to cover the bills”

Vana, 83
Holbeck

How are people in Leeds enabled to age well?

For many years, Leeds has been recognised for the work being done to reduce poverty, tackle inequality, and address financial inclusion. Leeds City Council’s Financial Inclusion Team works on several projects to address the impact of poverty across the life course in Leeds, including:

- the [Leeds Money Information Centre \(MIC\)](#): This provides free, confidential and impartial help and advice on a range of money-related matters. This includes debt, money, energy and utilities;
- funding the Leeds Advice service led by [Citizens Advice](#). This ensures free, impartial and confidential advice to those in need;
- funding [Money Buddies](#) (via the UK Shared Prosperity Fund) to deliver outreach advice services. These usually take place in Community Hubs;
- leading work on addressing Gambling Related Harms;
- financial Inclusion training and awareness sessions. These are available for staff, volunteers, frontline services and elected members.

“In terms of socialising I don’t do this enough, due to financial constraints”

David, 58
Horsforth

Further projects and initiatives have been created in response to the cost-of-living crisis. These include:

- the [Together Leeds](#) website. This brings together information to help with the cost of living;
- the [Household Support Fund](#) supports low-income households with energy and food costs and offers emergency help. It also funds the voluntary and community sector to support communities. This has included vouchers for 19,788 pensioner households that receive Council Tax Support in Leeds;
- [Welcome Spaces](#) are warm, safe spaces where people can gather for free and enjoy a hot drink and some company;
- the [Leeds Winter Coat Appeal](#) collect and redistribute coats, hats, scarves and gloves. In 2022, over 6,500 items of winter clothing were given out, saving people over £132,000.



Case study

Leeds Black Elders Association - Household Support Fund

[Leeds Black Elders Association](#) was awarded £5,000 from the [Household Support Fund \(HSF\)](#). This was to financially support people 50+, in particular with gas and electricity payments.

A self-employed client had suffered from a stroke and was on the brink of homelessness. With funds from the HSF, the organisation helped with gas and electricity bills. This enabled broader support.

Leeds Black Elders Association is working with the client to:

- find suitable housing;
- reduce finance arrears;
- appeal a Personal Independence Payment decision.



Update on recommendations from 2022

All partners in Leeds to ensure the voices of children and young people are central to all work planned, taking into account the Child Friendly Leeds 12 Wishes.

The voice of the child is at the centre of the [Children and Young Peoples Plan](#). This plan is now aligned to the [Child Friendly Leeds 12 Wishes](#) to inform and develop new priorities. This approach is being strengthened by the development of an annual data set for the Child Friendly 12 Wishes. This data set uses new questions in the My Health My School Survey from September 2023. A communications campaign began in October 2023. It aims to raise awareness to families, internal and external partners about each wish. Work took place or was planned across the city to support the wish through a range of media.

Leeds City Council and partners to work to ensure children are kept safe with a focus on:

- prevention of harm;
- parenting support;
- Early Help;
- reducing domestic violence.

A cluster delivery model of Early Help is in place across the city. It supports children, young people and their families. It aims to create and maintain a safe culture that is focused on children and communities.

New developments include:

- the roll out of multi-agency practice development sessions. The sessions support the new Early Help documentation. This helps

make sure that the Leeds Practice model is used consistently across the Partnership;

- Operation Encompass is an early information safeguarding partnership. It is between police and education. It provides a digital space to share information. It means children who have experienced a domestic violence incident can get support the next day.

Leeds City Council, the Leeds Office of the West Yorkshire NHS Integrated Care Board, and partners to continue to prioritise work to improve and protect children's mental health. This will be delivered through the:

- Leeds Children and Young People's Plan;
- prevention workstream of the Future in Mind Strategy.

The Future in Mind Prevention workstream continues. It is aligned to the [Child Friendly Leeds 12 Wishes](#) action plan.

Progress includes completion of a pathway that details how to access mental health support in schools. This is supported by content on [MindMate](#) and the development of 'MindMate News' which is an online webinar and newsletter each term. This will support the wider Children and Young Peoples workforce to be involved in mental health promotion opportunities. [Leeds Survivor-Led Crisis Service](#) has been given funding to develop a suicide prevention training programme. The training will take a public health approach informed by evidence.

Leeds City Council to build on the success

of existing support to parental mental health and wellbeing, with a focus on the development of family hubs.

Leeds City Council children's directorate is bringing together multiple organisations. The aim is to develop a Family Hub 'one stop shop' approach. This will support families who need early help. Seven Family Hubs across the City will be put in place in 2024. Continued specialist support will be commissioned and provided in:

- domestic abuse;
- substance use;
- mental health.

This will ensure an integrated response to families in need of help. The children's directorate is committed to working with partners to develop the vision for Family Hub. The aim is for family hubs to serve the needs of all families in Leeds in a more coordinated way.

Leeds City Council to work with partners to continue to deliver a programme of work to protect and improve children's physical health. This will focus on:

- implementing the recommendations from the play sufficiency research;
- increasing physical activity opportunities;
- increasing equitable access to green space;
- increasing access to healthy food;
- implementing the child healthy weight plan.

The Planning team and through the proposed Leeds Local Plan updates will continue to explore ways to strengthen the focus of play sufficiency through specific policies on:

- play and recreation;
- child friendly cities;
- improving access to green space.

From September 2024 the My Health My

School survey will include a new section on play. Work to increase access to healthy food for children is in progress. This will be through the school food friendly framework and in line with the Leeds Food Strategy.

There is commitment to an all-age approach to the Leeds Healthy Weight Declaration. Currently this is focused on influencing Leeds City Council advertising policies. The Child Healthy Weight Partnership continue to monitor the implementation of the Leeds child healthy weight plan.

Leeds City Council to ensure that children are central to the delivery of work to become a Marmot city, with a focus on:

- improving housing;
- planning;
- mitigating the impacts of poverty;
- children getting a fair start in life;
- ensuring the Thriving Strategy is implemented.

Children aged 0-5 years and their families are a priority in Year 1 of the Marmot City work. There is a focus on understanding what contributes to poor outcomes for children in the city. In January 2024 a listening event took place with partners across the city. The insight from the event will be used to develop recommendations. Connection is also being made with other Marmot City priorities like housing. Leeds City Council Housing, Public Health and NHS partners have led work around children's asthma and housing. This will be built upon. The Thriving Strategy implementation is ongoing. The focus is on mitigating poverty.

The Best Start partnership to aim for all children in Leeds to receive the best start in life, with a focus on children from more deprived backgrounds. This includes redressing the gap in speech language and communication development.

There has been a commitment to the Best Start in life for all children in Leeds since a Best Start strategy was created in 2015. An event in March 2024 will aim to:

- secure renewed commitment to the strategic aims;
- refresh the implementation plan;
- ensure investment in evidence-based programmes and interventions. The aim is to direct our limited resources to families who will benefit most.

The impact of the Best Start strategy to date will be evaluated. This will be used to frame the refresh of the action plan. A recent policy and evidence review and outcomes from consultation with families will also be used. The Peep Learning Together Programme continues. It is designed to support the home learning environment and supporting parents and children to learn together. A project has recently started to train more practitioners in Peep programmes.

Leeds City Council to maintain work underway to ensure equitable catch up in terms of educational attainment. This will be achieved through delivering the five main priorities of the 3As Plan:

- **reading;**
- **attendance;**
- **special Educational Needs;**
- **wellbeing;**
- **transition.**

A refreshed [3 As Plan](#) has been produced to cover 2024 – 2026. Progress on this agenda includes:

- working with libraries and the University of Leeds to distribute a reading guide. The guide is available in 8 languages spoken in Leeds;
- continued uptake from schools completing training. Training aims to support children with learning and literacy difficulties;
- action to improve both attendance in schools and early years education opportunities; including targeted outreach visits with families;
- putting in place an external review of the Education and Health Care Plans (EHCP) process;
- continued development of a trauma-informed approach to school;
- the My Health My Schools survey continues to inform and tailor school support needs.

The Leeds Office of the West Yorkshire NHS Integrated Care Board to ensure health care services are accessible to all children and young people. This will focus on:

- **dental services;**
- **mental health services;**
- **speech, language and communication.**

A core focus is making access to services more equal. Action taken to ensure accessibility is a priority includes:

- using flexible commissioning in primary care dentistry. Pathways for referral are in development with:
 - [the Leeds 0-19 Public Health Integrated Nursing Service;](#)
 - social care colleagues.

These will help improve access to practices for the most vulnerable children and young people with oral health concerns.

- increasing supervised toothbrushing in

school and community settings;

- refreshing the Leeds Children and Young Peoples Oral Health Prevention Plan.

This is in line with the government plan to reform and recover NHS dentistry (February 2024). We are working with partners in the region and place based ICB colleagues.

- a joint review of the MindMate Single Point of Access processes and pathways was started in January 2024. This provides a chance to make positive change. It will help meet demands for:
 - services;
 - waiting times;
 - experiences for referrers, staff, young people, families, and carers.
- developing a Communication and Language offer across the children’s workforce. This will meet the speech, language and communication needs of children in the early years. It will support access to the right:
 - advice;
 - resources;
 - information.

NHS England and The Leeds Health Protection Board to increase coverage rates of childhood immunisations.

The NHS England Leeds Immunisation Health Improvement Plan has a clear priority. It aims to improve vaccine uptake and make it more equal. Data monitoring has identified areas of low vaccine uptake. It has prioritised work plans in these areas.

NHS England funding has helped GP Practices with low Measles Mumps and Rubella (MMR) uptake to develop new ways of working. This is to increase vaccine uptake. They use existing links in the community and innovative methods.

Some examples include:

- vaccine coordinators who work with families. They offer visits to homes, children centres and faith settings. They discuss why vaccines are important and help to make an appointment;
- invitation letters that are easy to read and translated and audio files. Feedback from communities highlighted:
 - it can be hard to find information about the UK vaccine schedule;
 - they couldn’t always understand primary care letters;
- pop up and outreach child vaccination clinics delivered in community venues;
- a number of GPs now deliver childhood vaccinations including MMR through extended access appointments.

There is a city wide approach to increase MMR vaccination. The Public Health directorate ensure MMR messages and resources are shared with key partners.

This includes local ward members and community champions.

All GP Practices make contact with parents of children who are 6 years old and up to and including 11 years who have missed one or both MMR doses. This is part of a national catch up campaign. Other focused work includes:

- catch up sessions planned in primary schools with the lowest take up of MMR vaccine. These will take place before, during and after school hours.

Acknowledgements

A warm thank you to everyone who has contributed to this year's annual report.

Writing Team – Authors, Editors and Project Management:

- Victoria Eaton
- Tim Fielding
- Hannah McGurk
- Robina Ahmed
- Helen Laird
- Alexander Thompson
- Frank Wood
- Brightsparks Agency
- Rebecca Jefferies
- Emily Wardman
- Public Health Data and Intelligence – Suresh Perisetla and Kat Townsend

Individuals and professionals who completed and helped to share the survey

Community engagement groups:

- Armley Helping Hands
- Burmantofts Community Friends
- Hamara Leeds
- SAGE Men's Space

Filming locations

- Lunch Club and Exercise Class run by Burmantofts Community Friends, at Stoney Rock Court
- Scott Hall Leisure Centre
- Roundhay Park
- Beck and Call, Meanwood

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- Adults and Health - Older People's Commissioning Team
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- James Turner
- Judith Fox
- Juliet Duke
- Leeds Stop Smoking Service
- Rachel Benn
- Susan Skinner
- Samantha Haggart

Photography and filming

- Leeds City Council Communications Team
- Brightsparks Agency
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Further reading

General reading

[A consensus on healthy ageing | Office for Health Improvement and Disparities](#)

[Action today for all our tomorrows | Centre for Ageing Better](#)

[Chief Medical Officer's annual report 2023: health in an ageing society](#)

[The State of Ageing in Leeds: What life is like for people aged 50 and over in Leeds | The Centre for Ageing Better](#)

[WHO: Healthy ageing and functional ability](#)

1.0 Healthy people

[Alcohol and ageing well in a time of lockdown | Centre for Ageing Better](#)

[Alcohol and older people: A systematic review of barriers, facilitators and context of drinking in older people and implications for intervention design | National Library of Medicine](#)

[Breaking point: Securing the future of sexual health services | Local Government Association](#)

[Communicable Disease Control and Health Protection Handbook](#)

[Communicable and respiratory disease reports | Royal College of General Practitioners](#)

[Death registrations and occurrences by local authority and health board | Office for National Statistics](#)

[Drinking in later life: a systematic review and thematic synthesis of qualitative studies exploring older people's perceptions and experiences |](#)

[National Library of Medicine](#)

[Estimates of the very old, including centenarians, England and Wales | Office for National Statistics](#)

[Exploring the impact of population ageing on the spread of emerging respiratory infections and the associated burden of mortality | National Library of Medicine](#)

[Guidance: Alcohol | Department of Health and Social Care and NHS England](#)

[Health Inequalities, Lives Cut Short | Institute of Health Equity](#)

[How do older adults define successful ageing? A scoping review | International Journal of ageing and human development](#)

[HIV: positive voices survey | UK Health Security Agency](#)

[Impact of physical activity programs and services for older adults: a rapid review | International Journal of Behavioural Nutrition and Physical Activity](#)

[Longevity is not an ingredient of successful aging as self-reported by community-dwelling older adults: a scoping review | Ageing Mental Health Journal](#)

[Menopause and the Workplace: How to enable fulfilling working lives: government response | Department for Work and Pensions](#)

[National life tables - life expectancy in the UK: 2020 to 2022 | Office for National Statistics - Office for National Statistics](#)

[New stats reveal 'two-tier' health service impacting over 50s | Age UK](#)

[Psychosocial modification of general self-efficacy in older adults: A restricted review | National Library of Medicine](#)

[Raising the equality flag: Health inequalities among older LGBT people in the UK | International Longevity Centre UK](#)

[Relations of religion with depression and loneliness in older sexual and gender minority adults | National Library of Medicine](#)

[Spotlight on older adults | Sport England](#)

[Still Got It: sexual health of the over 50s | Terrence Higgins Trust](#)

[The impact of the pandemic on population health and health inequalities | British Medical Association](#)

[Vaccination and Immunisation – Public Health Data | Office for Health Improvement and Disparities](#)

[Women's reproductive health programme: progress, products and next steps | Public Health England](#)

[World Guidelines for Falls Prevention and Management for Older Adults: A Global Initiative | British Geriatrics Society](#)

[2021 Census indicates little improvement in mortality in the last decade | International Longevity Centre UK](#)

2.0 Healthy places

[A Systematic Review with Framework Synthesis of the Ways That Urban Environments Influence Opportunities for Healthy and Sustainable Mobility in Older Age | National Library of Medicine](#)

[Environmentally sustainable countries are happier and have healthier populations | International](#)

[Longevity Centre UK](#)

[Healthy places, prosperous lives | Institute for Public Policy Research](#)

[How can we create cities and communities that are inclusive, age-friendly and climate resilient? | Healthy Ageing in a Changing Climate](#)

[Moving to healthy homes | The Health Foundation](#)

[Walking more popular among older people today than a decade ago, while younger people are walking less | International Longevity Centre UK](#)

3.0 Healthy communities

[Ageing Without Children \(AWOC\) | National Care Forum](#)

[Carers Leeds Impact Report 2022-2023 | Carers Leeds](#)

[Cost of living crisis disproportionately impacting older ethnic minority people | The University of Manchester](#)

[Digital exclusion: a review of Ofcom's research on digital exclusion among adults in the UK](#)

[Do they care? Supporting us to care for each other throughout life | International Longevity Centre UK](#)

[The State of Unpaid Caring in Leeds | Carers Leeds](#)

[We need to change the way we think about ageing | Age without limits](#)



Ageing Well: **Our Lives** In Leeds

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<http://observatory.leeds.gov.uk>

We welcome feedback about our annual report.

If you have any comments, please email:

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Report Design: [Brightsparks Agency](#)

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