

# Scrutiny Review of Healthy Ageing

## Report by the Review Board:

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# The report of the Scrutiny Review of Healthy Ageing

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## Recommendations

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1	The Department should use insights from this Review to strengthen content and promotion of the campaign, ‘Getting East Sussex Moving’; sharing messaging and imagery that particularly encourage and promote opportunities for older people to be active and addresses known barriers to participation.	15
2	<p>The Department should continue to work with Active Sussex to maximise opportunities to embed physical activity into Adult Social Care processes and pathways, to include but not limited to:</p> <ul style="list-style-type: none"> <li>a) Upskilling social care staff to confidently raise the issue of physical activity and signpost to physical activity opportunities; and</li> <li>b) Establishing sustainable Stronger for Life strength and balance sessions across clinical, community and care settings in East Sussex, particularly focusing on areas where falls are more prevalent.</li> </ul>	16
3	<p>Continue to support the establishment and the embedding of Active Partnerships across all districts and boroughs in East Sussex, including through:</p> <ul style="list-style-type: none"> <li>a) Ensuring that the physical activity workforce is able to offer activities that support a range of abilities and health conditions; and</li> <li>b) Consulting older people on the types of activity that they wish to take part in.</li> </ul>	17
4	The Department should explore opportunities, including with partners, for intergenerational activities to create social connections, and tackle ageism.	18
5	<p>The Department should work to support people in the workplace as they age, including by:</p> <ul style="list-style-type: none"> <li>a) Progressing work with HR to explore the principles within the Age Friendly Employment Pledge to understand how these apply to existing ESCC policies; and</li> <li>b) Promoting the benefits of and supporting local employers to become Age Friendly Employers through its Wellbeing at Work Programme.</li> </ul>	20
6	<p>The Department should seek to work across the Council to influence a more positive narrative of ageing in East Sussex including:</p> <ul style="list-style-type: none"> <li>a) By promoting age friendly imagery and language that engage people at</li> </ul>	21

	<p>different life stages and ensures people of all ages are represented when promoting a range of services;</p> <p>b) That the benefits of an ageing population, including contributions to caring and volunteering, are included in communications about East Sussex; and</p> <p>c) Supporting the development of further training on positive ageing for staff and Members.</p>	
7	The Department should promote flexible volunteer opportunities that address barriers to volunteering and link people to opportunities based on their interests, ability and skills.	23
8	<p>The Department should continue to strengthen partnership work to enable further development of healthy ageing workstreams across East Sussex by:</p> <p>a) Establishing a new multi agency Healthy Ageing Partnership Group and sharing learning from this Review to inform future system priorities;</p> <p>b) Working with district and borough councils to pilot Age Friendly Communities in East Sussex to support people to age well; and</p> <p>c) Exploring the use of ageing well ambassador programmes.</p>	23

## Introduction

1. The People Committee heard at its March 2024 meeting that a key priority for Adult Social Care and Health (ASCH) was responding to the needs of an increasing older population in East Sussex and that the Department would welcome scrutiny input into how preventative approaches could support people to age well in the county.
2. A Scoping Board was held in May 2024 which considered key demographic data for East Sussex, implications of an increasing older population for local services, research on preventative actions which support people to age well, and work currently underway within Public Health, and with partners, to promote and deliver healthy ageing initiatives and programmes. The Board concluded that whilst it was encouraged by the work underway, there were issues that could benefit from closer examination by scrutiny through a review. A review would also be an opportunity to explore best practice in other parts of the UK.
3. The Board agreed to focus on the following lines of enquiry:
  - How can the Department/Council encourage people in midlife and older age to take preventative actions to age well, including activities to be stronger and more active?
    - What are the barriers to people ageing well with regard to physical activity?
    - What can the Department do to raise awareness of healthy ageing through physical activity?
    - Are there successful initiatives elsewhere that the Department could learn from to encourage people to be more active?
    - How can volunteering contribute to healthy ageing amongst older people in the development and delivery of local services?
  - Changing attitudes towards ageing - can more positive attitudes to healthy ageing help people to age well?
    - What can the Council/Department do locally to change attitudes about ageing, including workplace attitudes and work with partners?
    - What can the Council/Department do to celebrate the value, contributions and opportunities of an ageing population in East Sussex?
4. The Board carefully considered the remit of the Review and acknowledged that a wide range of factors impacted on people's ability to age well, including access to health services; individual behaviours around diet, smoking and alcohol; and local infrastructure, housing and travel. However, to undertake a focussed review, the Board agreed to concentrate on its key lines of enquiry whilst recognising the wider considerations needed within Public Health to develop this work.
5. The Board also considered relevant previous scrutiny work by the People Scrutiny Committee, including scrutiny reviews on digital inclusion and engaging with seldom

heard groups, and agreed that work arising from these should support ongoing learning on these issues, and ensure any potential recommendations were inclusive to a range of groups, including seldom heard groups.

6. The Review looked at a range of evidence including information provided by the ASCH Department, internal data, external reports and case studies, and heard from a range of internal and external witnesses.

7. During this Review the Board found that whilst an increasing older population can create service pressures, with multiple health conditions more prevalent as people age, this was not inevitable and that preventative actions, as well as age inclusive principles, could enable people to age well and delay or reduce, if not prevent, the need for statutory services including social care. Learning from this Review therefore reinforces the importance of investing in healthy ageing initiatives and tackling ageism to support residents to age well and thrive in East Sussex.

8. The Board, in developing its recommendations, was mindful of the significant financial challenges facing the Council and agreed that consideration of recommendations and subsequent action plans should be viewed within this context.

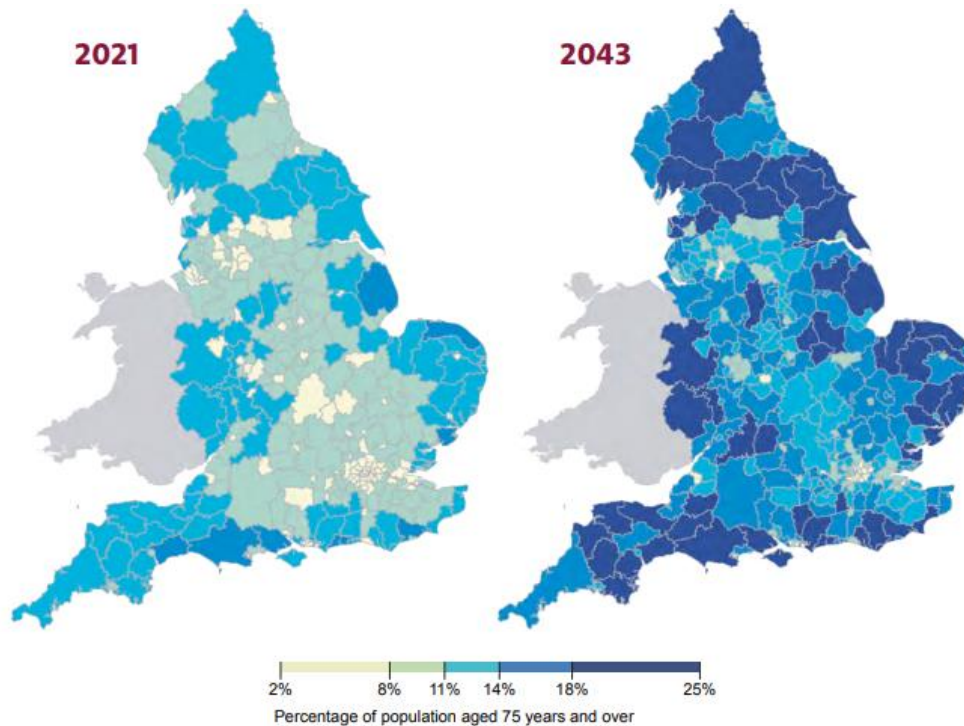
## Background

### *Local and National Context*

#### National Findings

9. The 2023 Chief Medical Officer’s (CMO) Annual Report *Health in an Ageing Society* outlines the implications, issues and opportunities of the changing demography in the UK and identifies factors which improve the quality of life for older people.

10. Whilst the population is ageing nationally, the report notes that ‘the great majority of people move out of cities and large towns before older age, concentrating geographically in coastal, semi-rural or peripheral areas, often with relatively sparse services and transport links’. A map of England provided by the Office for National Statistics (ONS) shows the projected rise in the percentage of the population aged 75 years and over. The proportion of older adults is greatest in rural and coastal areas, including in East Sussex.



Source data: Office for National Statistics (ONS), 2021 mid-year estimates by local authority,<sup>3</sup> and 2018-based subnational population projections for 2043<sup>4</sup>

11. The CMO report argues that although people living longer presents increased demands on services, as diseases, long term conditions and disabilities are more prevalent as people age, these are not an inevitable part of ageing and can be prevented. People who age well can enjoy many benefits of older age and older people ‘have essential roles in society, including significant caring responsibilities for younger generations and their peers, and skills and knowledge accumulated over a lifetime’. The report celebrates achievements which have resulted in people living longer and focuses

on improving the quality of life in later years to allow people to live healthier lives, reducing the need for care and support. The report identifies ways local authorities across the UK are responding to demographic changes and preparing for increased demands, including through local healthy ageing campaigns, work with partners to promote and deliver programmes and services, and initiatives to increase awareness of the challenges and opportunities in their areas.

12. The Centre for Ageing Better *State of Ageing 2023-24* report highlights the growing divide in experiences of people ageing in UK, with ‘the poorest people living shorter lives and spending many more years in bad health’. It also argues that people from minority ethnic backgrounds experience some of the greatest inequalities. The report outlines how attitudes to ageing can impact on older people’s experiences, including in the workplace, in local communities and with access to services.

13. At the time of this Review, there were a number of strategies and policy drivers aimed at influencing healthy ageing developments globally, in the UK and at a local level, including the United Nations Decade of Healthy Ageing 2021-2030, a global collaboration to improve the lives of older people, their families, and their communities, and work by the World Health Organisation to improve people’s local experiences and surroundings as they age. The Centre for Ageing Better has provided a framework and support to areas across the UK adopting Age Friendly Communities.

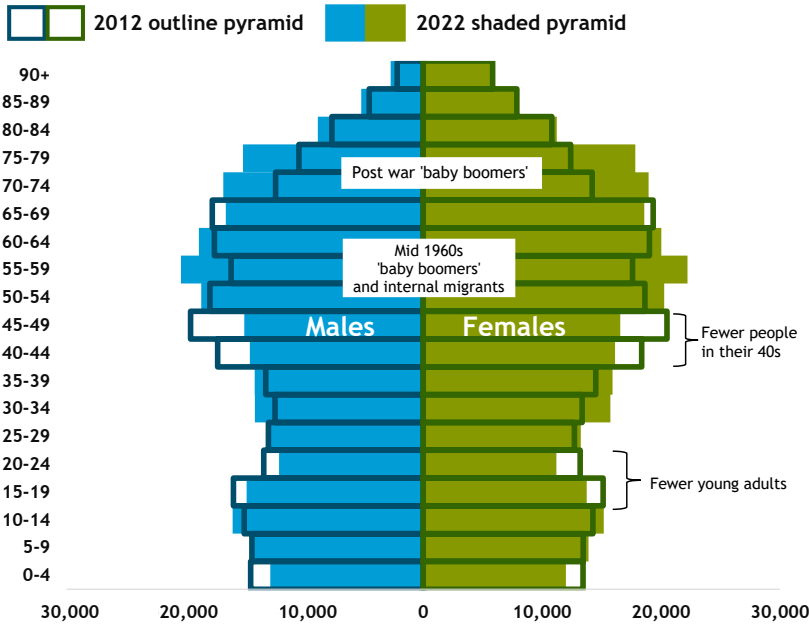
14. The Association of Directors of Public Health in their *Policy Position Statement for Healthy Ageing* argue that, due to the projected increase in older adults in the UK, a whole system approach is needed to support older adults to remain independent and healthy; a renewed focus is also needed on prevention across the life course to support people to age healthily and to delay or prevent the onset of long-term conditions. The statement suggests that Public Health should promote the importance of ageing well and highlight the contribution and skills of older people.

15. AGE UK in its *Healthy Ageing Evidence Review* states that the spiralling health costs of an ageing population provide strong arguments for funding preventative approaches, which have proven to be effective and cost efficient. It suggests, ‘if we can design and execute effective interventions to prevent or delay the onset of chronic disease and increase healthy life expectancy, there will be social, economic and health dividends for us all.’

## **Context in East Sussex**

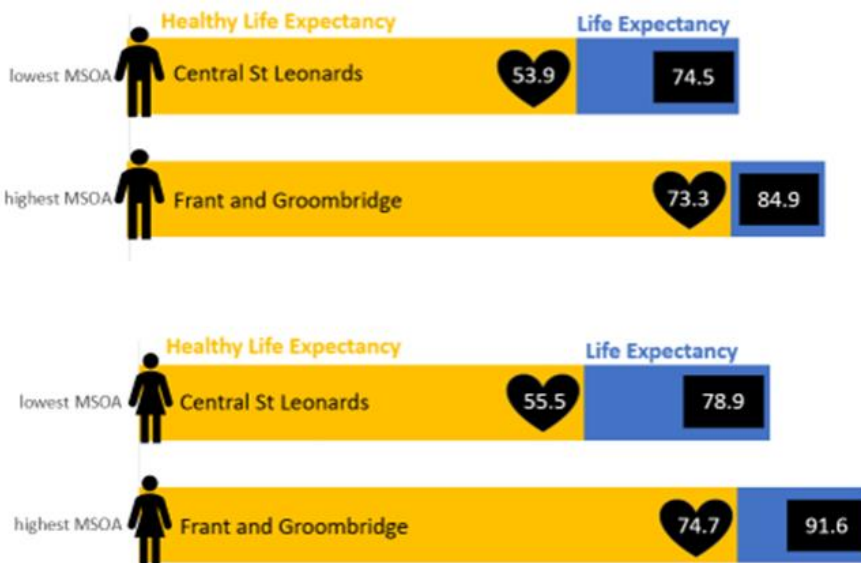
16. East Sussex County Council’s (ESCC) *Focus on East Sussex 2024*, within the *State of the County* report, outlines that East Sussex, compared to England and the rest of the South East, has a higher proportion of older people; with Rother having the highest rate of people over the age of 85 in the country. In 2022, people aged 65 and over made up 26% of the East Sussex population and 3.9% of people in county were aged 85 and over; higher than nationally (2.5%), and the South East (2.8%). The graph below shows the changes to the demography in East Sussex from 2012 to 2022.





17. The report projects that the overall population in East Sussex will increase by 3.9% by 2028, with almost three in ten (29%) of the population aged 65 and over. In line with this projection, it estimates that the number of people with multiple long-term conditions in the county will increase, as will the number of adults living with long-term health conditions which limit day to day activities, with an expected increase in the latter of 15.4% in 2030 compared to 2023. The number of Adult Social Care clients receiving long term support increased by 8.8% in 2023/24 and this increase in demand is projected to continue.

18. East Sussex has consistently had a higher life and healthy life expectancy for both men and women than the national average, however there are significant inequalities between areas of the county as outlined in the image below.



19. The Sussex Health and Care Integrated Care System's 2023-2028 Shared Delivery Plan *Improving Lives Together* sets out plans to improve people's health and care services in Sussex, including to support more people to 'manage their own health and wellbeing so they can stay healthier for longer'. ESCC has a key role in implementing this plan and the aims of this strategy are embedded across ASCH through its local 2023 -2028 Adult Social Care Strategy *What Matters to You*, which aims to improve the health and wellbeing of adults in East Sussex, particularly for those more likely to have health and care needs requiring ASCH services.

20. The 2022-2027 East Sussex Health and Wellbeing Strategy also supports ageing well through its priorities for health and care services, as well as addressing wider determinants of health. It specifically aims to empower people to stay healthy and well for as long as possible and reduce health inequalities and the gap in life expectancy and healthy life expectancy in the county.

## **Public Health**

21. The ESCC Public Health Department works to improve population health and reduce health inequalities across East Sussex by working with system partners to influence policy and strategy to improve health outcomes; providing specialist advice on promoting health and protection from threats to health; providing data and intelligence; and commissioning a range of services aimed at improving health and wellbeing. Public Health aims to influence factors of health and wellbeing, including wider determinants of health such as housing, healthy places, work and employment.

22. At the time of this Review, Public Health was involved in a number of projects to support healthy ageing, including through its core work of delivering NHS Health Checks, an Integrated Lifestyle Service, projects to increase community connections, smoking cessation, and an alcohol strategy. Public Health had also produced a data pack to understand how the local population was ageing and to identify inequalities.

23. As part of the Health Outcomes Improvement Oversight Board priorities, Public Health was establishing a new multi agency group to bring together those working on issues related to healthy ageing across the county; planned initial priorities were falls and frailty.

24. Public Health was also planning work with partners on healthy ageing initiatives, including with Emergency Departments and the ambulance service to understand high rates of admission for falls in the over 65s; with Integrated Care Systems to map the falls prevention pathways in East Sussex; and with Active Sussex to provide strength and balance activities to prevent falls. Work with Hastings Borough Council and Rother District Council on becoming Age Friendly Communities was also being considered.

25. Public Health was also collaborating with Adult Social Care more widely on the development of a prevention strategy that would explore how to help people be more proactive about their health and wellbeing and to improve or maintain their quality of life and independence.

## Review Board Findings

### 1. *Healthy Ageing through physical activity*

#### Benefits of physical activity

26. The Board heard that a range of factors affect people’s ability to age well, however physical activity was identified as significant to both preventing and managing ill health as people aged. The Board explored both the benefits of physical activity and local opportunities available, as well as barriers that may prevent people of all ages taking part in physical activity.

27. The Board considered a range of evidence that showed physical activity was key to ageing well. The 2023 CMO Report states that ‘tackling low physical activity and sedentary behaviour can...increase the number of years spent in good health.’ AGE UK’s *Healthy Ageing Evidence Review* emphasises a range of benefits from physical activity as people age, including mobility, muscle strength, reduced likelihood of falls, bone health, emotional wellbeing, cognitive and social functioning.

“If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat”

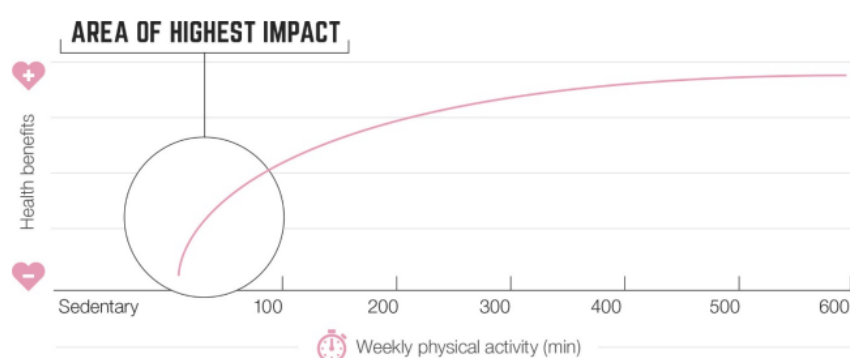
Sir Professor Chris Whitty, Chief Medical Officer

28. UK Chief Medical Officers recommend that older adults aim to undertake 150 minutes of moderate intensity aerobic activity per week and do strength and balance activities twice a week. However, the CMO 2023 report notes that ‘despite the evidence on health benefits, physical activity is decreasing in England in all age groups including older citizens’. People tend to become less active as they get older and activity levels are lowest among the oldest age groups. The Public Health Outcomes Framework showed that, although in 2021/22 over 70% of all people in East Sussex said they did 150 or more minutes of physical activity per week, almost 20% said they did fewer than 30 minutes per week, with the remaining 10% falling in between these categories.

29. Local Consultant Orthopaedic Surgeon Professor McNally, in her report *A focus on physical activity can help avoid unnecessary social care*, argues that the need for social care is not an inevitable outcome of an ageing population. The need for care arises when ‘someone is no longer able to manage vital activities of daily living, such as washing, dressing and feeding themselves’. However, this loss of ability can be prevented by undertaking the recommended levels of physical activity per week, including strength and balance exercises, which enable people to retain their independence. It notes, ‘older people who embark on an exercise programme can reverse their physical decline by up to a decade’. When speaking to the Board, Professor McNally stated that exercise had proven to significantly reduce ill health, including conditions such as dementia, stroke, cancer, type 2 Diabetes, high blood pressure, osteoporosis and depression, all of which

are more likely to occur as people age. At the time of this Review over half of over 65s in the UK had two or more medical conditions requiring care.

30. The CMO Report identifies that healthcare professionals have an important role in promoting physical activity to prevent and manage health conditions by ‘highlighting the benefits for health and providing reassurance about potential risks’. This includes promoting ways of incorporating physical activity into daily routines, and the importance of building up activity gradually, and emphasising the message that any amount of physical activity is better than no activity. The chart below<sup>1</sup> illustrates that the greatest health gains are seen in people moving from a physically inactive or very low active status to a more physically active status.



31. The Board reflected on the significant benefits of physical activity, including evidence that it can delay, or event prevent, the need for social care and agreed that work to support adults to engage in physical activity should be targeted to those most in need, including adults with the lowest levels of activity and those at risk of, as well as those with, health conditions.

### ***Barriers to healthy ageing through physical activity***

32. Whilst the benefits of physical activity were clear, the Board explored some of barriers to engaging in physical activity, including for older people.

33. The Board heard from the Active and Healthy Communities Specialist for Active Rother and the Active Hastings Coordinator about the role of Active Hastings and Active Rother in unblocking barriers to participation, improving health and reducing health inequalities. They observed that the cost of activities was a barrier for some people, and they were continuing to provide activities at low cost. This was reiterated by the Chairs of the East Sussex Seniors Association (ESSA) and HOPE G, organisations that advocate for and support older people in East Sussex, including minority ethnic older people. The Chair of Hope G told the Board that despite work to subsidise activities, many people were still unable to meet the costs, including those incurred on transport to attend the activity; the Chair of ESSA noted that this was a particular concern for people living in

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<sup>1</sup> CMO Physical Activity Guidelines

rural areas. They also noted that another significant barrier to engaging in activities was caring responsibilities, including looking after grandchildren. In response to these barriers, Centre for Ageing Better research suggests promoting self guided strength and balance exercises through campaigns to encourage people to undertake low cost activities that suit a range of lifestyles and commitments.

34. The Board also heard that a key barrier to people engaging with physical activity is long-term health conditions, with concerns that activities can cause pain or injury. The Strategic Relationship Manager for Active Sussex noted that people over the age of 75 are more likely to be sedentary due to the increased likelihood of long-term health conditions at this age. The Lancet Healthy Longevity article *Physical activity knows no age limit* evidenced that ‘older people with multimorbidity and frailty perceived resistance training as more suitable for younger people and expressed concerns about injury or exacerbating poor physical functioning’. However, evidence also showed that if people were physically active, they were more likely to improve their health than suffer pain or injury; a national medical consensus statement on physical activity states that the ‘benefits outweigh the risks’.

35. The Board heard from the Strategic Development Manager who, through work on the Healthy Ageing through Innovation in Rural Europe (HAIRE) project, found that people who were less active also reported a lack of knowledge and confidence in exercising in later life. This was reiterated by the Health Manager at Energise Me, who told the Board that communities in Hampshire had fed back that they were not aware of the benefits of strength and balance exercises in relation to healthy ageing. The Strategic Relationship Manager also noted additional challenges when engaging with some groups in the community and informed the Board of work with Diversity Resource International to raise awareness and provide activities for a range of ethnically diverse communities.

36. National evidence suggested there was a perceived lack of exercise programmes tailored to older age groups. *Raising the Bar on Strength and Balance* states that ‘offering choice to meet a range of preferences is fundamental to increasing the number of people who participate’ in activity programmes. The Board heard from the Hastings Voluntary Action (HVA) Age Community Development Worker who said that older people did not feel consulted when programmes were being developed and reported wanting to engage in a wider variety of activities. This was reiterated by the Age-friendly Communities Network Manager who told the Board it was important not to make assumptions about which activities older people wanted to take part in and that there should be opportunities for people of all ages to design healthy ageing initiatives.

37. The Board heard that another key barrier to physical activity was internal ageism; with some people believing they were ‘too old’ to exercise as they aged and developed health conditions. The impact of and work to tackle ageism is covered in section 2 of the report.

## **Raising awareness of Healthy Ageing through physical activity**

38. The Board heard that more sedentary lifestyles were linked to increasing pressure on local health and care resources and that messaging needed to highlight the dangers of being sedentary and the positive impact of even minimal activity, including how it could delay or even prevent the need for care.

39. The Strategic Relationship Manager for Active Sussex informed the Board that to promote the benefits, and encourage people to be more active, there needed to be a change in mindset from 'care' to 'enablement', to support people to be active and increase their independence. He also noted that physical activity should be promoted as 'movement', rather than exercise to encourage people who were less confident. Professor McNally agreed that there was a need to empower people with the benefits of physical activity, including by reinforcing the message that it can prevent people from needing care. *Physical activity knows no age limit* recommends that 'older people must be supported in increasing physical activity through tailored interventions and age-specific messaging and must feel empowered in achieving personal exercise goals by dismantling notions that exercise is reserved for the young and healthy'. The Strategic Development Manager suggested that different types of messages are needed to reach different people, noting differences in ways individuals are motivated to change their behaviour. *Raising the Bar on Strength and Balance* evidenced that 'a desire to reduce risk of falling is not a key motivation for older people to uptake strength and balance exercises...behaviour change strategies are required, in order to encourage meaningful conversations to support uptake'.

40. The Board heard from the Health Manager at Energise Me, one of the programmes from Hampshire County Council's Live Long Better project focussed on supporting people to age well. The Health Manager evidenced a range of successful campaigns run by the Council to deliver messages on healthy ageing, including progressing attitudes amongst family and friends from 'caring to coaching' in order to support people to take part in physical activities that would enable them to remain independent for longer.

41. The Chair of ESSA noted the importance of representing older people in communications in a way people could relate to; this was particularly relevant when promoting physical activity programmes as images of older people doing activities that many felt were unrealistic often resulted in people feeling disengaged.

42. The Board learned of the work of Active Rother and Active Hastings to promote the benefits of physical activity through a range of mediums, including amplifying national campaigns by using local people and images to break down the misconception that people with long term health conditions are not able to exercise. Work was targeted to people with the greatest need, including people currently not undertaking any physical activity. They also noted the importance of signposting through key, trusted partners, including NHS partners, who were able to send targeted messages to people with health conditions.

43. The Board explored with witnesses that access to information, and subsequent awareness of healthy ageing could be impacted by people's access to online services. The Board reflected that these insights were also heard during their work on the Digital and Inclusion in ASCH Scrutiny Review and agreed that learning from that review should continue to be considered.

44. The Board agreed there were a range of opportunities available for people of all ages and abilities to engage with physical activity, however the Department should work on addressing barriers to accessing and engaging with these, by raising awareness of the benefits of physical activity, and the opportunities available, with residents and healthcare partners to increase referrals to and engagement with existing opportunities.

**Recommendation 1**

**The Department should use insights from this Review to strengthen content and promotion of the campaign, 'Getting East Sussex Moving'; sharing messaging and imagery that particularly encourage and promote opportunities for older people to be active and addresses known barriers to participation.**

45. Witnesses informed the Board of ways local areas could increase knowledge within communities, including through the use of age friendly ambassador programmes that, with volunteers, shared messaging on healthy ageing and aimed to tackle ageism through positive messaging.

46. The use of age friendly ambassadors, or similar volunteer roles, was explored through case studies of other local authorities, including the Ageing Well Ambassador programme at Sunderland City Council which had created a network of volunteers aged 50 and older to promote age friendly initiatives within their workplace, community and local businesses. In its one year report, outputs included ambassadors contributing to several consultations, as well as work led by older people, and developed with partners, to raise awareness of ageism, and develop local age friendly priorities.

47. North Yorkshire Council, in partnership with local VCSE organisations, had supported people through living well co-ordinators who aimed to improve the health, wellbeing and independence of adults, including those who may soon require health or social care services. Living well co-ordinators supported people to make lifestyle changes to prevent the need for services, including signposting to social activities, volunteer opportunities, physical activities, as well as other health services. The CMO report states that 'on average 60% of people referred to Living Well are diverted away from requiring Adult Social Care services'.

48. The Board concluded that awareness of healthy ageing initiatives could empower people to make changes to their lifestyle that could prevent or delay them from needing services. However, evidence showed that knowledge of these issues and initiatives was not widespread across the county, particularly across minority communities, and the Department could develop its messaging on healthy ageing, as well explore ways to

further engage and consult with communities. Work with partners and exploring the role of age friendly ambassadors is further addressed in recommendation 8b.

### ***Physical activity programmes***

49. The Board considered work underway by Public Health and Active Sussex who were collaborating with a range of partners including the NHS to understand current levels of activity and seeking ways to embed physical activity into adult social care. This included developing knowledge amongst staff and increasing referrals, and considering how local providers could better support people to be more active. The Board also heard about work at Hampshire County Council to embed physical activity into adult social care by supporting practitioners to promote healthy ageing messages and activities and a Live Longer Better webpage which provided information and resources to professionals and residents.

50. There were also plans in East Sussex to roll out a ‘Stronger for Life’ programme over the next two years aimed at increasing the provision of strength and balance activity for adults at high risk of falling. *Raising the Bar on Strength and Balance* supports the need to provide these activities within the community which it argues are a cost effective way to achieve good outcomes locally in reducing falls and improving health. The report notes that although there are NHS services, these are often limited, ‘making it essential that there are effective community-based strength and balance programmes in...local areas’. To ensure that programmes are delivered to people most in need, the report recommends raising awareness of activities, including through targeted campaigns; challenging negative beliefs around exercise; developing referral pathways with partners; tailoring programmes to individuals; and successfully monitoring outcomes.

#### **Recommendation 2**

**The Department should continue to work with Active Sussex to maximise opportunities to embed physical activity into Adult Social Care processes and pathways, to include but not limited to:**

- a) Upskilling social care staff to confidently raise the issue of physical activity and signpost to physical activity opportunities; and**
- b) Establishing sustainable Stronger for Life strength and balance sessions across clinical, community and care settings in East Sussex, particularly focusing on areas where falls are more prevalent.**

51. In order to address concerns of people with long-term conditions about engaging in physical activity, the Board heard that Active Hastings and Active Rother were upskilling trained activity instructors to adapt their activities to be accessible to people with a range of conditions, including cancer, Parkinson’s and back pain, as well as disabled people and older people with limited mobility. The Board heard that work was underway to develop Active Partnerships in Wealden, Lewes and Eastbourne and agreed that Public



Health had a key role in supporting and shaping these to maximise local opportunities that would support people to age well through physical activity. To address concerns that some older people wanted to see a wider range of activities on offer, the Board also agreed it was important that new healthy ageing initiatives, including physical activities, should be developed in consultation, including through older people's forums and groups.

### **Recommendation 3**

**Continue to support the establishment and the embedding of Active Partnerships across all districts and boroughs in East Sussex, including through:**

- a) Ensuring that the physical activity workforce is able to offer activities that support a range of abilities and health conditions; and**
- b) Consulting older people on the types of activity that they wish to take part in.**

## **2. Changing attitudes towards ageing**

### **Ageism**

52. The Board considered evidence that showed ageism (the stereotyping, prejudice and discrimination against people based on their age) was manifested through widespread and often accepted negative attitudes and messaging, including through media and advertising. The WHO *Global Report on Ageism* states that whilst ageism can affect people at all life stages, for older people:

*'Ageism is associated with a shorter lifespan, poorer physical and mental health, slower recovery from disability and cognitive decline. Ageism reduces older people's quality of life [and] increases their social isolation and loneliness (both of which are associated with serious health problems).'*

53. The Age-friendly Communities Network Manager informed the Board that ageism impacted people at work and in the community and could affect access to housing and health services; with some older people being told that certain health problems were just part of ageing. All of these could negatively impact on people's ability to age well.

54. The Board heard that as well as negative attitudes to ageing from other people, internal ageism (where people reflect society's narrative onto themselves) had a significant impact on people's behaviour which could affect their ability to age well. For example, witnesses noted that internalised ageing often resulted in people limiting their own behaviours, including a reluctance to exercise. National evidence suggested that challenging negative beliefs could be achieved by promoting the health benefits of exercise to people across the life course, as well as by developing a more positive narrative on ageing.

Globally, one in two people are ageist against older people.

World Health Organisation

55. The Board heard about the national *Age Without Limits* campaign which aims to change the way people think about ageing by considering language and imagery used when representing older people. The Centre of Ageing Better Campaign Manager noted the campaign aimed to ensure older people were appropriately represented and cited that current imagery often either portrayed older people as frail, or as ‘super agers’ (taking part in extreme sports for example); neither of these represented the majority of older people. The Strategic Development Manager for the HAIRE project reiterated that these representations received negative feedback from older people. The Centre of Ageing Better image library aimed to embed realistic and positive images of older people into mainstream media. The Board heard that inclusive communication needed a commitment from staff across the organisation to tackle ageism, moreover, including older people in images to promote a range of services, rather than just services targeted at older people, would support a more inclusive narrative of ageing.

56. The Board also explored how intergenerational initiatives could reduce ageism; the Age Friendly Communities Network Manager cited creating opportunities for increasing intergenerational connection as a key way to tackle ageism locally. The Board also heard that intergenerational projects explored through the HAIRE project had positive impacts on both older and younger people, by increasing understanding and creating social connections. A Centre for Ageing Better blog highlighted intergenerational initiatives across the UK, including campaigns, work with partners to facilitate events, and intergenerational projects. All these initiatives demonstrated positive outcomes for older and younger people, including improved relationships across generations. The Board further explored this through the outcomes from an Active Across the Ages project by the Youth Sports Trust; an action-based research project focussed on intergenerational activity through play and sport. The pilot saw pupils from schools across the country trained as ‘Activity Buddies’ to work with people in local older care settings to deliver physical activities that they could enjoy together. In its evaluation report young people reported improved skills and confidence, including in communication and leadership, they also reported a more positive view of older people. Older people reported improved feelings of companionship and social wellbeing as well as an increase in confidence to engage in physical activity.

57. Officers informed the Board that work was underway to consider findings from intergenerational projects across the UK and noted initial positive outcomes, and that the Department was keen to understand how this learning could inform work locally. The Board reflected on the importance of intergenerational relationships, including that of children and grandparents, and agreed that opportunities to both reduce ageism and support healthy ageing through intergenerational connections should continue to be explored.

#### **Recommendation 4**

**The Department should explore opportunities, including with partners, for intergenerational activities to create social connections, and tackle ageism.**

## Ageing well in the workplace

58. At the time of this Review a third of the workforce in England were aged 50 and over<sup>2</sup> and the Board explored how work could both benefit and negatively impact people as they aged. The *State of Ageing 2023-24* report showed that in the previous year in the UK, 44% of men and 32% of women said they had experienced ageism, most commonly in their workplace. The Board heard that workers aged 50 and over were more likely to face practical barriers to work, such as having caring responsibilities and health conditions. However, evidence also suggested that staying in work could not only support people to age well through maintaining social connections and with their physical and mental wellbeing, but there were also significant benefits to the employer, with multi-generational workforces driving productivity and innovation.

59. To gain a greater understanding of the challenges and benefits of supporting people in the workplace as they age, a representative of the Board attended a Wellbeing at Work Network meeting and met with employers across 14 organisations in East Sussex. Attendees received a presentation from Public Health on ageism in the workplace and engaged in discussion and provided written answers to focus group questions. Attendees were able to cite a range of benefits that people aged 50 and over bring to the workplace which are represented in the word cloud below:

### Benefits that people aged 50 and over bring to the workplace



60. Attendees did, however, also note challenges that sometimes occur when supporting older workers, including ill health, managing symptoms of menopause, the need for flexible employment due to caring responsibilities, and a lack of confidence in learning new skills. Attendees suggested a number of ways organisations could support people, including ensuring opportunities are available to everyone, mentoring opportunities, and ensuring older workers' voices are heard and considered. Attendees

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<sup>2</sup> Centre for Ageing Better

also noted their interest in receiving information and support to increase awareness of ageism across their organisation, as well as practical tools to support older workers.

61. The Board explored the work of East Riding of Yorkshire Council which had taken steps to be more age inclusive through its communication, with health ‘MOTs’, and ensuring that career development opportunities were available and promoted to all staff.

62. The Board also heard from the Age Friendly Communities Network Manager that the contributions of older people in the workplace should be celebrated and informed the Board of the Age Friendly Employer Pledge which promotes age inclusive practices such as flexible working opportunities, age inclusive recruitment, supporting health needs and encouraging career development at all ages.

63. The Board reflected that although work could be very positive for some people as they aged, and steps should be taken to encourage older people to enjoy work for longer, for some older people employment was financially necessary and their choice to stay in work was dependent upon their life circumstances. The Board concluded that age friendly employer principles should be embedded across relevant ESCC policies to ensure older people are encouraged and supported to not only stay in work but continue to develop and thrive. The Council has a role as an anchor institution in East Sussex to lead by example with age inclusive practices, as well as supporting local organisations to become age friendly employers.

#### **Recommendation 5**

**The Department should work to support people in the workplace as they age, including by:**

- a) Progressing work with HR to explore the principles within the Age Friendly Employment Pledge to understand how these apply to existing ESCC policies; and**
- b) Promoting the benefits of and supporting local employers to become Age Friendly Employers through its Wellbeing at Work Programme.**

#### **Celebrating the benefits of an older population in East Sussex**

64. The Board agreed that, as well as understanding the impacts of an increasing older population on services, a key component of this Review should be to recognise, celebrate and maximise the value, contributions and opportunities of an ageing population in East Sussex. The Board heard that, nationally, older age groups provide the highest hours of unpaid care per week, with people living in areas of deprivation more likely to be carers, and that the highest rates of volunteering are amongst 65-74 year olds<sup>3</sup>. Both carers and volunteers bring significant benefits to the county and Council, including financially through providing care and support to residents. The Board heard that the Council celebrates the contributions of older people in a number of ways, including with senior

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<sup>3</sup> Volunteering in England by age 2022 | Statista

forums through the East Sussex Seniors Association, which supports approximately 3000 members; an annual Full of Life Festival which celebrates the United Nations Day of Older people with social and information events; and by offering and promoting a range of volunteer opportunities.

65. The Board discussed how the Department and Council could build on this to develop a more positive narrative of ageing in East Sussex, in particular in communications and conversations about the financial impacts of an ageing population. The Centre for Ageing Better Campaign Manager and the Age-friendly Communities Network Manager informed the Board that to drive a more positive narrative of ageing, age friendly communication principles should be embedded across council communications, and that this should include the contributions older people make across the county. Communications should also ensure older people are represented across a range of services, rather than only focussed on services targeted at older people.

66. The Board looked at the work of Derbyshire County Council where Public Health was using a strengths-based model for interventions and ensuring that older adults were not 'incorrectly portrayed as disempowered and vulnerable' by ensuring the narrative about older people included the contributions they made to unpaid care, the VCSE sector, supporting social cohesion, as well as the skills and expertise they brought to the workforce.

67. The Board reflected that, whilst communicating the impacts of an increasing older population was crucial to raise awareness of pressures on Council services and the need for additional resources, this narrative could portray older people negatively. It was, therefore, important to develop the inclusion of the contributions of older people in this narrative.

#### **Recommendation 6**

**The Department should seek to work across the Council to influence a more positive narrative of ageing in East Sussex, including:**

- a) By promoting age friendly imagery and language that engage people at different life stages and ensures people of all ages are represented when promoting a range of services;**
- b) That the benefits of an ageing population, including contributions to caring and volunteering, are included in communications about East Sussex; and**
- c) Supporting the development of further training on positive ageing to staff and Members.**

#### ***Supporting access to volunteering***

68. The Board further explored the contributions older people made locally through volunteering.

69. *Focus on East Sussex 2024* reports that a quarter of the population in East Sussex volunteer at least once a month, with over 3,000 not for profit groups and organisations providing activities and support to residents and communities. The Board heard that, not

only does volunteering support a range of vital services, including key preventative services, there are also significant health benefits. The ESCC Policy Manager (Third Sector) told the Board that volunteering was an effective way for people to stay active and socially engaged; the Strategic Development Manager also noted that people with good social connections and relationships tend to have better health outcomes and are likely to be more physically active.

70. The Board heard from the Senior Manager of the Making it Happen Project, an asset based community development project which supports community projects in East Sussex, who told the Board that community activities, including voluntary work, had many benefits, including to people's health. In its evaluation, respondents noted increased confidence and self-esteem, positive lifestyle changes and improvements to health and wellbeing, and some even reported feeling less of a need to engage with statutory services.

71. The Board also heard about the positive outcomes from volunteer opportunities within the Council, including within the Library and Information Service. The service Team Manager told the Board that intergenerational opportunities, such as rhyme and story times, often showed the highest impact for both volunteers and children.

72. The Board agreed that volunteering could both support people to age well and enable older people to make positive contributions to the county, although also agreed that if older people were not able, or chose not to volunteer, this did not mean that they did not contribute to the community in other ways.

73. The Board explored barriers which may prevent people from volunteering as they age and heard from witnesses that the main barrier to volunteering as people aged was pressures on people's time, mainly due to caring responsibilities. However, volunteering opportunities were changing; national research showed that the Covid-19 pandemic had seen an increase in volunteer work with 30% of 50-70 year olds volunteering informally during lockdown, and many organisations now making efforts to take a more flexible approach to volunteering.

74. Through the HAIRE project, relational and person-centred approaches to opportunities had been explored, which enabled people to be part of their communities based on shared interests, rather than age. For example, matching an older person in a care home to a volunteer opportunity based on her skills and the positive effect this had had on her physical and mental health.

75. The Policy Manager noted that work was underway locally to develop and offer more flexible volunteer roles, including task based roles, which did not always require regular time commitments, to help overcome these barriers and offer people of all ages and circumstances a wider variety of roles that linked to people's interests, ability and skills. However, there was more work to be done to ensure that these roles were promoted in an accessible way, including to people with protected characteristics who may not be aware of opportunities available to them.

**Recommendation 7**

**The Department should promote flexible volunteer opportunities that address barriers to volunteering and link people to opportunities based on their interests, ability and skills.**

**3. Work with Partners**

76. The Board agreed that work to support people to age well in East Sussex needs to be in collaboration with local partners who know the health and needs of their communities. This had been demonstrated with Public Health's work with Active Sussex and Active Partnerships to provide physical activity support across the county. The Department was working with partners across various workstreams and was keen to build and strengthen these relationships. The Board heard that in Hampshire, work with local partners had been vital to sharing messaging on healthy ageing with community groups, particularly for those who were digitally excluded, as well as for delivering a range of healthy ageing initiatives and activities.

77. Public Health was exploring working with Rother District Council and Hastings Borough Council on pilots to become Age Friendly Communities to create a system wide change to improve older people's experiences in their local areas. The benefits of Age Friendly Communities were highlighted by the Age-friendly Communities Network Manager who told the Board these initiatives were supporting people to continue to live in their homes, participate in activities, and contribute to their communities for longer.

78. The Board also heard about plans to establish a multi-agency Healthy Ageing Partnership Group which would bring system leads together to develop partnership plans and strengthen work in this area.

79. The Board agreed that the findings of this Review should be shared with a range of partners, including the Healthy Ageing Partnership Group, to help shape and drive local priorities on healthy ageing. The Board concluded that relationships with partners would be key to implementing a number of the Review's recommendations and recognised the vital role that partners including the VCSE sector played in supporting people to age well.

**Recommendation 8**

**The Department should continue to strengthen partnership work to enable further development of healthy ageing workstreams across East Sussex by:**

- a) Establishing a new multi agency Healthy Ageing Partnership Group and sharing learning from this Review to inform future system priorities;**
- b) Working with district and borough councils to pilot Age Friendly Communities in East Sussex to support people to age well; and**
- c) Exploring the use of ageing well ambassador programmes.**

## Conclusions

80. The Review has considered a broad range of evidence and Members concluded that supporting adults to age well remains a strong focus of Public Health and that work is driven by strong national and local data and evidence. Although the Review focussed on particular aspects of healthy ageing, Members recognised that there were many factors that contributed to a person's ability to age well, and Public Health provided services and support across a number of these areas.

81. The Board scrutinised a number of ongoing and planned healthy ageing initiatives and concluded that, although it was difficult to measure the long term impacts of these, both for individuals and on service demand, evidence strongly showed that preventative approaches, such as physical activity, could significantly delay, reduce or even prevent people's need for care and therefore should remain a priority for the Department. The Board considered projects and initiatives supported by and facilitated with partners and concluded that maintaining and developing these partnerships should remain a focus and that in light of the significant financial challenges facing the Council, successful partnerships could maximise resources and help provide key preventative services to residents.

82. The Board considered that how people viewed themselves, as well as negative attitudes towards ageing, could impact on how they engaged with healthy ageing behaviours and that many people targeted by healthy ageing initiatives did not identify with some of the language, images and messages being used. For example, older people or seniors' forums and support services are often advertised to people aged 50 and over and many people at this age do not relate to the terms 'older' or 'senior' when seeking services or support. This dissonance with age and ageing, as well as negative attitudes towards ageing, could influence some people's willingness to engage with initiatives and access services or physical aides, which in turn could increase risk of ill health and falls. The Board concluded therefore that there was a need for an ongoing conversation about how older people are defined, communicated to and engaged with in order to tackle ageism and support people to participate in healthy ageing initiatives and behaviours across the life course.



# Appendix

## Scope and terms of reference of the review

### Terms of Reference

On the recommendation of the Scoping Board, the People Scrutiny Committee agreed that this review should explore how the Department can encourage people to age well through physical activity; how more positive attitudes towards ageing can help people to age well; and how the Council can maximise on the opportunities of having an older population

Members agreed that this would be explored through the following **key lines of enquiry**:

#### 1. How can the Department/Council encourage people in midlife and older age to take preventative actions to age well, including activities to be stronger and more active?

- a) What are the barriers to people ageing well with regard to physical activity?
- b) What can the Department do to raise awareness of healthy ageing through physical activity?
- c) Are there successful initiatives elsewhere that the Department could learn from to encourage people to be more active?
- d) How can volunteering contribute to healthy ageing amongst older people in the development and delivery of local services?

#### 2. Changing attitudes towards ageing - can more positive attitudes to healthy ageing help people to age well?

- a) What can the Council/Department do locally to change attitudes about ageing, including workplace attitudes and work with partners?
- b) What can the Council/Department do to celebrate the value, contributions and opportunities of an ageing population in East Sussex?

## **Board Membership and project support**

Review Board Members: Councillors John Ungar (Chair), Nuala Geary, Peter Pragnell, and Trevor Webb.

The Project Manager was Rachel Sweeney, Senior Policy and Scrutiny Adviser with additional support provided by Emma King, Consultant in Public Health and Hayley Martin, Health Improvement Principal

Darrell Gale, Director of Public Health, Ben Brown, Consultant in Public Health, and Samantha McManus, Team Manager, Library and Information Service provided ongoing support to the Board throughout the review.

## **Review Board meeting dates**

Scoping Board meeting - 3 May 2024

First Review Board meeting - 15 May 2024

Second Review Board meeting - 3 June 2024

Third Review Board meeting - 24 June 2024

Fourth Review Board meeting - 11 July 2024

Final Review Board meeting - 20 August 2024

## **Witnesses providing evidence**

The Board would like to thank all the witnesses who provided evidence:

### ESCC officers

Steve Broom, Strategic Development Manager

Ross Joannides, Strategic Relationship Manager, Active Sussex

Paul Rideout, Policy Manager (Third Sector)

### External Witnesses

Debby Anderson, Hastings Voluntary Action

Emily Khural, Health Manager, Energise Me

Charlotte Lewis, Age-friendly Communities Network Manager, Centre for Ageing Better

Professor Scarlett McNally, BSc MB BChir FRCS(Tr&Orth) MA MBA FAcadMED, Consultant Orthopaedic Surgeon, East Sussex Healthcare NHS Trust

Lin Neeve, Chair of East Sussex Seniors Association

Stuart Ramsbottom, Active and Healthy Communities Specialist, Active Rother

Cath Smee, Active Hastings Coordinator

Niall Ryan, Campaign Manager, Centre for Ageing Better

Julia Wells, Chair of HOPE G

### Employers represented at the Wellbeing at Work Network meeting

Community Engagement Officer, Care for the Carers

HR Coordinator, Boutique Modern

Clerk, Heathfield & Waldron PC

Practice Manager, Dawson Hart Solicitors Limited

Centre Development Manager, Hastings Advice and Representation

NHS Trust Wellbeing Lead, East Sussex Healthcare

PCN Transformation Manager, Seaford PCN

DSL / Support Worker Eastbourne Foodbank

HR coordinator, Rathfinny Wine Estate

ESG Lead, Gradient Consultants Ltd  
 CEO, Community Supporters  
 HR Advisor, Age UK East Sussex  
 HR & Office Manager, APAC LTD  
 HR Manager, Focus-SB LTD

### Evidence papers

Item	Date considered
Chief Medical Officer's Annual Report 2023 <i>Health in an Ageing Society</i>	03/05/2024
AGE UK <i>Healthy Ageing Evidence Review</i>	03/05/2024
Public Health <i>Healthy Ageing related policy and strategies</i>	03/05/2024
ESCC Health and Wellbeing Board Strategy: <i>Healthy lives, healthy people</i>	03/06/2024
Sussex Health & Care Shared Delivery Plan: <i>Improving Lives Together</i>	03/06/2024
Centre for Ageing Better <i>Raising the bar on strength and balance</i>	03/06/2024
Big Talk <i>We Are Undefeatable Report on Bridging the Gap: Understanding how to support people with long term health conditions to become more physically active</i>	03/06/2024
Professor Scarlett McNally, BMJ Report, <i>Focus on physical activity can help avoid unnecessary social care</i>	12/06/24
Centre for Ageing Better <i>Five ways Age-friendly Communities are taking intergenerational approaches</i>	24/06/24
Centre for Ageing Better <i>The enormous contributions older people make to society - and the barriers holding them back</i>	24/06/24
Making it Happen <i>Interim Evaluation Report</i>	24/06/24
World Health Organisation <i>Global Report on Ageism</i>	24/06/24
Centre of Ageing Better Society: <i>The State of Ageing 2023-24</i>	24/06/24
HAIRE project video: <i>We all have something to offer: are older people included in our communities?</i>	24/06/24
Wellbeing at Work Network meeting minutes	22/07/2024
The Lancet Healthy Longevity, <i>Physical activity knows no age limit</i>	26/07/2024

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