

2022 to 2023

A golden age

ageing well
in Hampshire



Annual report
of the Director
of Public Health

Introduction



Welcome to the Public Health annual report for 2022 to 2023.

This year I will reflect on ageing and how our lives and lifestyle choices can have a positive impact on how we age. We are all getting older and it starts the moment we are born; there are important steps we can take through our lives to help us to benefit from better mental wellbeing and physical health as we age and move into our older retirement years.

In recent years the whole country has experienced significant challenges including in Hampshire. In my report I highlight how the pandemic impacted all of us, our families, friends and communities, either directly on our health or indirectly through policies which changed how we worked, socialised and moved. This report considers these challenging times but also celebrates some of the work which helped us to stay connected and well.

As we get older it does not mean opportunities and life experiences stop, in fact quite the opposite. As I think of my family and grandparents I think about the contributions they made and we know that people of an older age contribute enormously to our communities socially and economically. A national report

suggests that people over 70 years have the highest personal wellbeing compared to other age groups.

I have asked people to share their stories and experiences of how they are keeping physically active and well. This really shows the positive impacts people have experienced but also opportunities for us all and things we can do or change which can really help us to age healthily and as best we can as we move to into our older years.

Our ambition moving forward is simple but so important, we will continue to provide and support organisations and services to enable, empower and facilitate us all, to be happy, healthy and active as we get older.

I am proud to present this, my fourth report, to you.'



Simon Bryant BSc, MSc, MSc, FFPH
Director of Public Health

Getting older is something to be celebrated, with better health care and medicine we are able to live longer. There is a greater understanding too of the impact healthy lifestyles at all ages can have on our health and wellbeing later in life. We have a wealth of data now but what does that tell us and how can we be healthier in older age?

In Hampshire, 22% of our population are aged over 65 and, comparable to the national picture, this is expected to increase. Life expectancy is good, and people are living longer, although improvements have slowed in recent years. A Hampshire man aged 65 years is estimated to live for 19.9 years and a woman aged 65 years is estimated to live for 22.2 years. Healthy life expectancy data tell us that half of these years will be spent

in good health but we also know that health outcomes and opportunities are different for everyone with some people experiencing good health into old age longer than others.

This short animation shows our changing and ageing population structure from the first census in 1861 to the population reported in census 2021. The solid bars represent the Hampshire population, and the lines are England and Wales population for comparison.



Acknowledgements

I want to thank my whole team for the work this year which has at times put the public health function centre stage. I am grateful for those who have worked on this report especially those in my team including Jenny Bowers as the lead, Sarah Wallace, Stef Bryant, Catherine Walsh, Christian Sunderland, Matt Haines, Emily Shelton, Thomas Ruxton, Sophie Ross, Simon

Squibb, Abbie Twaits, Ellie Russell, Megan Saunders and Maire-Claire Lobo supported by Lisa Williams. I would also like to thank our partners who provided the inspiring stories, Anne Humm one of the Steady and Strong instructors, Helen Fisher from Energise Me, Nicolette Morgan from Hampshire Home Libraries and Hampshire County Council colleagues Robert Stead and Matt Healey.

Hampshire's older population



While living longer is something to be celebrated and our ageing population presents opportunities, it also has implications for the economy, services and society. Knowing the size and structure of the population is fundamental for decision makers and policy makers in the UK.¹

Head of the Office for National Statistics (ONS) Ageing Analysis team

The latest census data confirm that the Hampshire population continues to age. There are over 300,000 people living in Hampshire who are aged 65 years and over, this equates to over one in five of our residents (22%).² Hampshire's population is older than England overall where 19% of the total population are 65 years and over.

Across the geography of Hampshire districts there are distinct differences, the area of Rushmoor has a comparatively young population with 15% aged 65 years and over. The New Forest has the oldest population structure where almost one third of the population (29%) are aged 65 years or more.

The number of older people is expected to continue to rise substantially, local forecasts show that the biggest increase will be the in the 75 years and over population which is forecast to increase by 24% between 2021 and 2028.³

Figure one Population percentage change between 2021 and 2028 population forecasts



Data source: JSNA Demography

¹ Voices of our ageing population – Office for National Statistics ons.gov.uk
² 2021 Census | Hampshire County Council hants.gov.uk
³ Hampshire County Environment Department's 2021 based Small Area Population Forecasts

Figure two Number of people aged 65 years and over (2021)

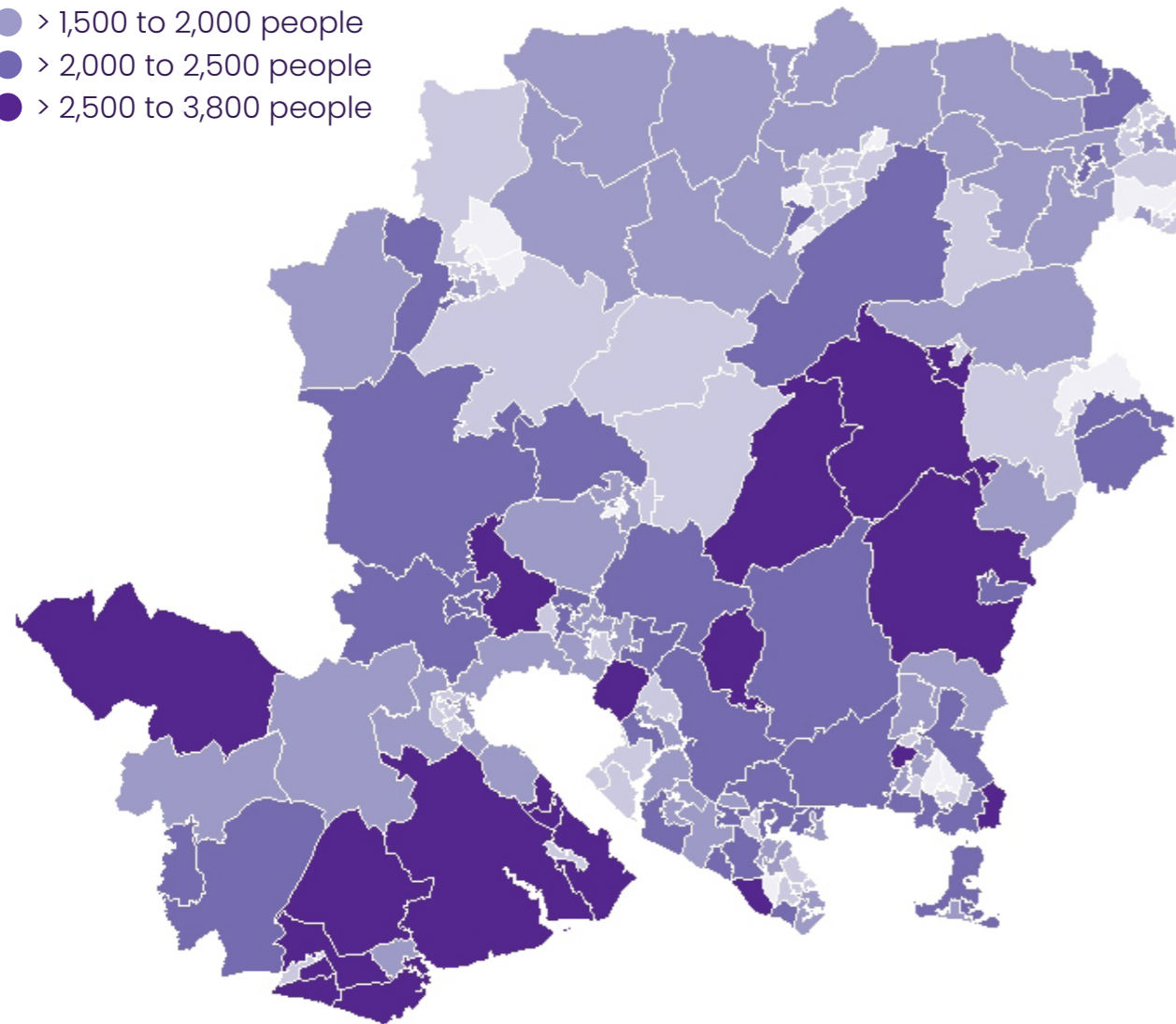
317,080

65+ year olds in Hampshire

22.3%

of the total population are aged 65+

- Up to 1,000 people
- > 1,000 to 1,500 people
- > 1,500 to 2,000 people
- > 2,000 to 2,500 people
- > 2,500 to 3,800 people



Data source: JSNA Demography

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The most recent census data show our population is more diverse than previous censuses, for example by ethnicity, sexuality and gender identity. Some of this is because of better knowledge and understanding, reflected in the changes in the census questionnaire. It is important to understand societal changes at a local level. Different characteristics and cultural diversities will also be reflected in our ageing population, and we know there is inequality in how ethnic minority communities experience ageing.⁴

For example, the New Forest has an older population with 7% of residents born outside of the UK, while Rushmoor area has a much younger structure and is the most diverse district in Hampshire with almost 24% born outside of the UK. More detailed census data soon to be released will enable us to look at diversity by smaller areas and age groups, this will be included in the **Hampshire Joint Strategic Needs Assessment Demography report**.

⁴ Voices of our ageing population - Office for National Statistics ons.gov.uk

Life expectancy and healthy life expectancy

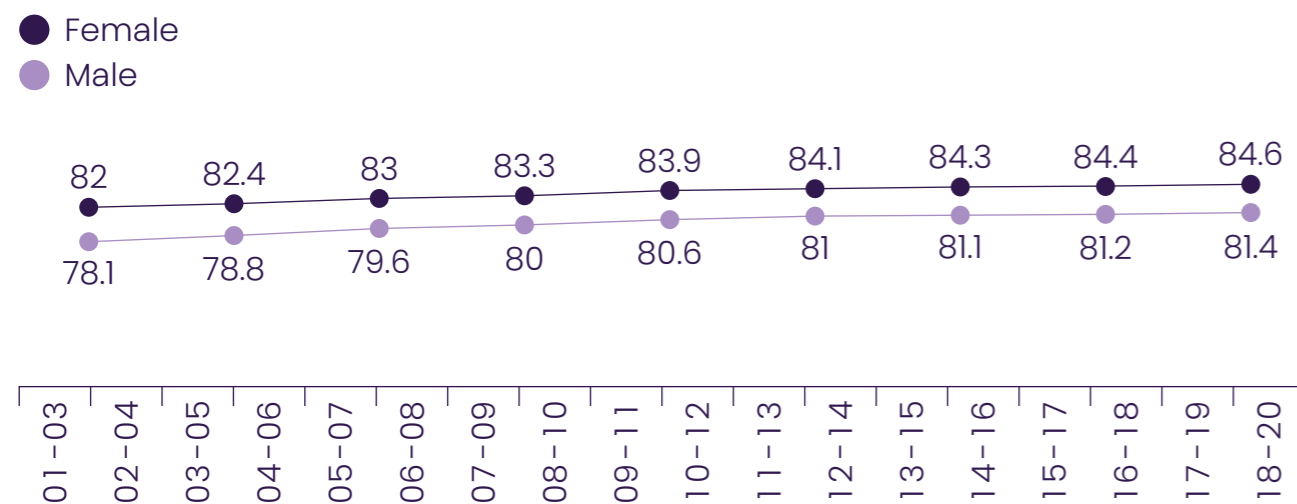
Life expectancy at birth is an estimate of the average number of years a newborn baby would survive if they experienced the age-specific mortality rates for that area and time period throughout their life.

In Hampshire life expectancy estimates are good and people are now living for longer than ever before with better life expectancy than the England average. There are some

gender differences with a boy born in Hampshire today estimated to live on average to 81.4 years whilst a girl born today is estimated to live until 84.6 years. Similar improvements have been observed in life expectancy at 65 years. A Hampshire man aged 65 years is estimated to live for 19.9 years and a woman aged 65 years is estimated to live for 22.2 years. More recently life expectancy improvements at birth and at 65 years have been slowing.

Figure three Life expectancy at birth: Hampshire trends 2001 to 2020

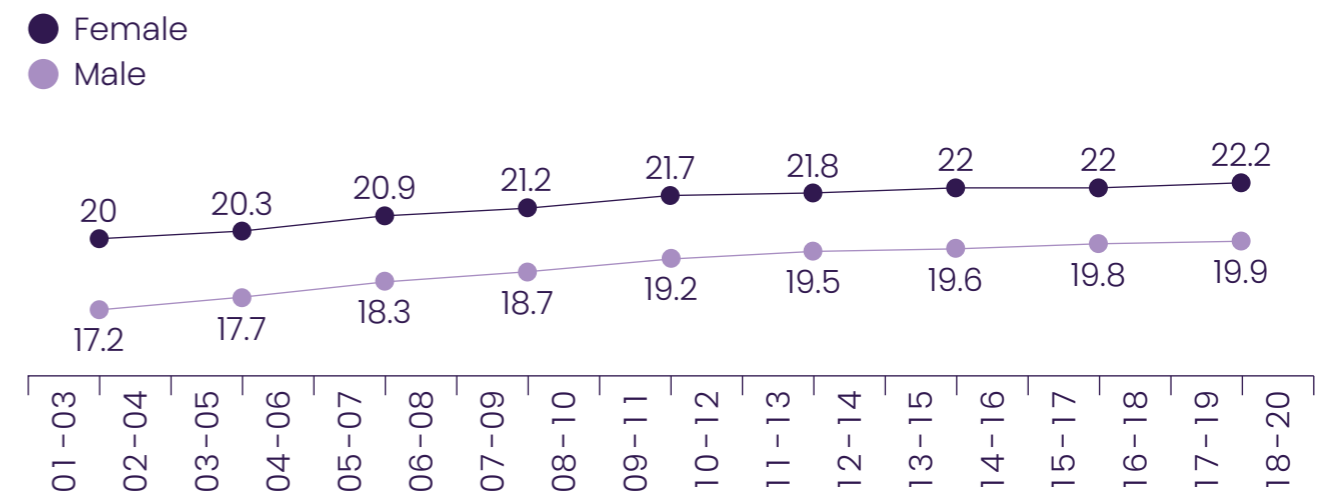
In 2001 to 2003 life expectancy at birth was 78.1 years for males and 82 years for females. This has increased to 81.4 years for males and 84.6 years for females by 2018 to 2020.



Data source: **Public Health Outcomes Framework**

Figure four Life expectancy 65 years: Hampshire trends 2001 to 2020

In 2001 to 2003 life expectancy at 65 years was 17.2 years for males and 20 years for females. By 2018 to 2020 this had increased by over two years for both to 19.9 years for males and 22.2 years for females.



Data source: **Public Health Outcomes Framework**

With life expectancy improving, how long someone lives in good health becomes increasingly important. The extra years obtained by life expectancy improvements are not always spent in good health, with many people developing conditions that reduce their independence and quality of life and increase need for health and care services. Latest trends show people are living longer in good health, but these improvements have also slowed. It is estimated that a Hampshire man aged 65 years will live for a further 12.6 years in good health and a 65-year-old female will live for

13.1 years in good health which means that 7.3 years for a man and 9.1 years for a woman will be in poor health.

People's experiences of good health during their life are different depending on where they live, their life opportunities and circumstances. People living in the poorest areas, on average, are diagnosed with serious illness earlier and die younger than people in more affluent areas.⁵ The leading causes of disability in older people (70+) in Hampshire are diabetes, low back pain, age related hearing loss, falls and Chronic Obstructive Pulmonary Disorder (COPD).⁶

⁵ Quantifying health inequalities in England

⁶ Global Burden of Disease, 2019

An economically and socially active older population

In 2014, Age UK estimated that people aged 65 and over in the UK contributed £61bn to the economy through employment, informal caring and volunteering. This really emphasises the huge economic and social contribution people of an older age make.

People living longer in good health, alongside increases in the state pension age, led to greater numbers of people aged 50 years and over remaining economically active before the pandemic. Longer working lives has benefits as it offers us the opportunity to secure financial stability in later life, as well as retaining social connections and keeping active. This is not only good for individual health but also vital for the economy.⁷ However, this can be impacted by ill health. Poor health is a leading reason for people aged 50 to 64 years to be out of work, this can impact significantly on their personal finances and wellbeing.⁸

Findings from Office for National Statistics⁹ reported that those aged

55 years and over were most likely to become economically inactive, mostly because of retirement and early retirement, and to a lesser extent because of higher rates of redundancy. Annual Population Survey data¹⁰ show that in Hampshire there is a higher proportion of economically active people aged 50+ when compared to England. Overall, the proportion of those economically active this age group did decrease during the pandemic but data for 2021 to 2022 show an increase greater than that observed nationally.

Latest data April 2021 to March 2022 report

- 46.9% of the 50+ population were economically active – higher than England at 43.1%
- 80.4% of the 50-64 population were economically active – higher than England at 73.6%
- 13.1% of the over 65 population were economically active – higher than England at 10.9%

Unpaid informal care provided by friends and family is essential to our society and the economy.¹¹ As people live for longer, sections of the population are increasingly likely to have a living parent and/or a grandchild. In the previous census (2011) over 83,000 Hampshire residents (17%) aged 50 and over provided informal care. The older population provide a greater proportion of informal care, over one in five carers aged 65 and over provided 50 hours or more unpaid care a week. National reports show that during the second wave of the pandemic, the numbers of over-65s in the UK who were providing unpaid care for someone almost doubled and for those who were already providing unpaid care the hours increased. Although local data are not available, given the older population structure in Hampshire we can assume this national pattern was also observed locally.

Estimating the true gross financial cost of informal care to both society and the individual is difficult. There can be no question that this informal care represents a significant contribution to society in general, as well as saving

the health and social care system a considerable amount of money and resources.

Volunteering not only benefits society but for many it is also linked to better health and wellbeing for those volunteering. This could be due to a number of reasons including meeting new people, being active, increased social confidence, learning new skills and having new experiences. The older population contribute significantly to the voluntary sector. In 2020 to 2021, people aged 65-74 were the most likely age group to formally volunteer. 22% volunteered at least once a month and 32% volunteered at least once a year.¹²

There are many opportunities to volunteer in Hampshire these can be explored in more detail on the **Hampshire County Council website.**

⁷ Why older workers are the future | Centre for Ageing Better ageing-better.org.uk

⁸ Why older workers are the future | Centre for Ageing Better ageing-better.org.uk

⁹ Changing trends and recent shortages in the labour market, UK - Office for National Statistics ons.gov.uk

¹⁰ Extracted from NOMIS 21 November 2022

¹¹ Living longer - Office for National Statistics ons.gov.uk

¹² Demographics - Volunteering | UK Civil Society Almanac 2021 | NCVO

What prevents a healthier older age?

Staying healthy is important for future wellbeing and independence. Changing the way we live, to eat more healthily and be more active earlier, will help us to remain living independently at home but it also reduces the risk of developing complications and comorbidities which lead to frailty and disability later in life.

As we get older there are some health conditions or physical disabilities, we are more likely to experience such as frailty, reduced mobility, urinary incontinence, sensory impairment, falls and dementia. Development of these can be interlinked, and we may experience a number of these conditions concurrently, making living physically and socially active lives more difficult. Many health conditions can be prevented or managed through making changes to our lifestyle throughout our lifecourse, such as good diet and staying physically active. More information on these conditions can be found in the **Joint Strategic Needs Assessment Healthy People report.**

Some health conditions or physical disabilities may prevent people going out; they may lose confidence in being able to manage their conditions, such as incontinence when not in their home, or feel they can no longer travel independently. Being able to get out and about is an important part of staying active, healthy and connected to our local communities and social networks. The ability to travel therefore is often a key factor in reducing loneliness and social exclusion. On top of this, the COVID-19 pandemic intensified feelings of isolation and reduced confidence and familiarity in using public transport. Many older people report lack of awareness of public transport options as a barrier to planning and taking independent journeys.

Case study: Travel for All project

Atkins, working in partnership with MHA Communities, were commissioned by Hampshire County Council to deliver the Travel for All project, an initiative which seeks to support older residents in Hampshire to be 'travel confident', helping them to broaden their travel horizons, take independent journeys via public and community transport and keep active in the process. The project takes an innovative approach to journey planning where volunteers support older individuals who may struggle to access public and community transport.

Volunteers work one to one with people over 65 years to increase knowledge, confidence and skills to travel independently by public and community transport and get to social activities, the shops or appointments. Volunteers can often accompany people on a journey to give them the confidence to do it themselves next time.

The benefits of the project are already being felt with clients reporting they feel more confident

travelling, more connected to their community and are now more familiar with new ways to make independent journeys. As of November 2022, 74% of clients are making more independent trips since participating in the project and 68% said they leave the house more often. To date the project has delivered more than 300 hours of support across seven districts in Hampshire.

The Travel for All project has also generated a detailed understanding of the common barriers that older and vulnerable people face in relation to independent travel, which going forward, will feed into wider service planning in Hampshire. Barriers experienced include being unfamiliar with digital information sources, catering for people with mobility issues or wheelchair users and putting in provision to make travelling more comfortable for users such as seats at bus stops or stations.

The following testimonials explain how the Travel for All project has made a difference for some of our residents.

Case study: Travel for All project

“

This process has been really helpful as I didn't realise that there were apps that you can use which tell you the train times and platforms – I was nervous about what platforms to use, and this was really helpful to know in advance. I felt more confident knowing what platform to wait by and I managed to do the journey on my own and I know a lot more about travelling by train than I did before.'

“

I am so happy that I am back at exercise classes, it means a lot to me and I am so thankful to be a part of this project. I only wish I had the courage to use buses

before now. I've had to speak to John (volunteer) or a family member to remind me how to look up the bus journeys a few times but I am so thankful for his patience. At my age, it takes a little longer to learn things but I will get there. I am back at exercise class and getting there independently. I couldn't be happier.'

This current project is due to end in March 2023 however, how this community support can be continued is being looked into.

For more information on the project, please contact: **travelforall@atkinglobal.com**

A national study by the Health Foundation¹³ found that although the prevalence of long term conditions rises steadily as we age, the increased need for social care arises much later in life. In the study, 80% of 65 to 69 year olds had no social care needs but only 35% of these had no long term conditions. This tells us the prevalence of long term conditions

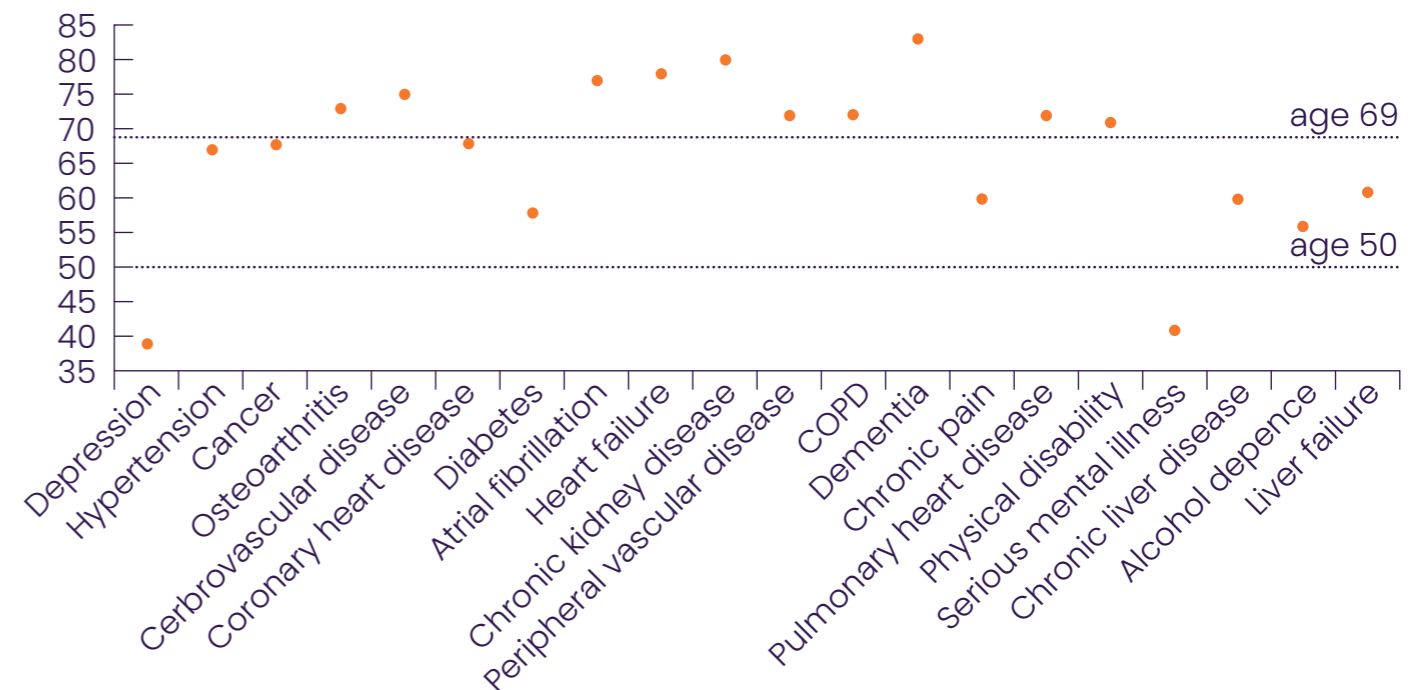
and social care needs increase as we get older, however, the increase in long term conditions occurs at a younger age than the increase in social care needs. This means there are opportunities for us to prevent or delay worsening health and to live independently longer.

¹³ Our ageing population - The Health Foundation

Figure five shows the average age of newly diagnosed health conditions. From the age of 50 years we are more likely to develop a long term

condition but there are things we can do to delay or prevent these chronic conditions.

Figure five Average age at diagnosis for people newly diagnosed with each condition, UK, 2020 to 2021



Data source: **The State of Ageing 2022**

Diseases of the circulatory system and cancers are the two main underlying causes of death in Hampshire, recorded on half the deaths registered in 2021. Factors such as smoking, physical inactivity, poor diet, obesity and harmful alcohol intake are all risk factors for these illnesses. It has been increasingly recognised that

addressing these common risk factors also reduces risk of dementia. Therefore, many premature deaths from these conditions and disability connected to them can be prevented through healthier lifestyles. More information on these conditions can be found in the **Joint Strategic Needs Assessment long term conditions report**.

Impact of the pandemic on our physical and mental wellbeing for older people

The pandemic had a greater impact on older people than on younger age groups. This resulted from the direct effects of more severe health outcomes if older people became unwell with COVID-19 as well as indirect impacts from national policies such as lockdown and changes or delays in how some services were delivered. Many older people may have been shielding and unable to get out and about, or simply have reduced activities during periods of social distancing restrictions. This may have resulted in deconditioning. Deconditioning is the syndrome of 'physical, psychological and functional decline that occurs as a result of prolonged inactivity and associated loss of muscle strength.'¹⁴

Although deconditioning can occur in all age groups, in older adults it can occur more rapidly and be more severe.

Existing inequalities have been exacerbated in the older age group, national evidence has shown that the pandemic led to;

- decreased social connectiveness with increasing feelings of loneliness and isolation;
- a growing concern of cognitive decline due to lack of mental stimulation and socialising;
- increased anxiety and depression causing self neglect and loss of confidence;
- impact of the pandemic on our physical and mental wellbeing for older people;
- reduced activity is suggested to have had an impact on the four aspects of physical fitness (strength, stamina, suppleness and skill) and also on cognitive function and emotional wellbeing.

The impact of the first six months of the pandemic on our population has been explored in more detail in the **COVID-19 Health Impact Assessment**.

One year on from the start of the pandemic Age UK¹⁵ explored the impact of COVID-19 on older people's mental and physical health. This suggested that older people's physical health continued to be affected:

- 27% of older people (around 4.3 million) can't walk as far since the start of the pandemic;
- 37% of older people (nearly 6 million) have less energy since the start of the pandemic;
- 28% of older people (around 4.5 million) disagree that they have been able to keep fit since the start of the pandemic.

Older people's wellbeing and confidence had also been impacted with people saying they were still worried about contracting the virus and so had a loss of confidence going to crowded places:

- only 48% of older people were confident using public transport;
- only 33% were confident using leisure facilities;

- only 35% were confident going to group activities and classes;
- only 36% were confident going to religious venues.

The next case studies show some projects funded across the county which offered residents, who were clinically vulnerable to COVID-19, support and opportunities to be physically active and reconnect with others.

¹⁴ PHE 2021 Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults

¹⁵ Impact of COVID-19 on older people's mental and physical health: one year on

Case study: The Get Going Again grant fund

The Get Going Again Grant fund ran from July 2021 through March 2022. Grants were awarded to support those identified as clinically vulnerable and clinically extremely vulnerable to COVID-19, including but not limited to; older adults, residents with physical disabilities, residents with learning disabilities, residents with mental health conditions and those suffering social dislocation and loneliness. Funding was across districts. Here is a small selection of projects that were funded across the county.

Basingstoke Neighbourcare 'Out In The Community Project'

A project which works closely with council teams and local health providers to identify residents of Basingstoke and Deane who are isolated and disconnected from their communities and reach out to them to reengage them with groups and local activities. Developing program of community cafés, openings of which are ongoing and blending social activities with informal information and support.

Havant Borough Council 'Get Active Project'

Across Havant and East Hampshire Districts. This project is run by the Borough Council and designed to get people back into exercise after the extended facility closures of COVID-19 and helping those new to physical exercise to find an activity which is right for them.

One Community 'Back To The Future Project'

Across Eastleigh and Fareham. A cross borough project which supports those with dementia to meet others in the community and reduce social isolation and loneliness through group activities. Funding built on the already successful back to the future project which had been running for some years and to increase the number of sessions to accommodate increased demand. Demand for spaces in the session remains high and other sources of funding have been found to expand the service further into 2023.

Happy Healthy Healing Hut 'Healthy Together Project'

Across Eastleigh, Winchester, Rushmoor and Hart – A therapist led project which sought to engage one on one with vulnerable and isolated people in their own homes. This project has been one the biggest success stories from the GGA fund with participants, targets and outcomes all being exceeded before the project had even finished. To date 59 people have been supported, and with the project targeting the most vulnerable and isolated a very high level of support and

intervention has been required. The projects delivers in a strength based way to allow people to set their own stretch goals for what they want to achieve and deliver them in a time which works for their own abilities and levels of confidence.

Rushmoor Healthy Living 'How Are You Today Project'

A project which offers targeted support to older adults, residents with physical disabilities and those with learning disabilities and builds on the successes of the similarly titled Local Solutions Project.

Case study: FolkActive

Earlier this year, Energise Me and Sport England supported FolkActive through the Investing in Communities project to run fortnightly online classes. This meant that dancers could join each other online, get some exercise, and stay connected.

75-year-old Rosalind describes the impact the pandemic had on her and how Folk Active enabled her to remain physically active and socially engaged.



For me, the lockdown had a big impact on my ability to stay active and to do the things I normally enjoy. I did lots of local walking, and attended Skype Pilates and Keep Fit. I tried solitary dancing to CDs, but it's hard on your own. My husband doesn't like dancing. I found that my social circle was much more limited than normal. I tend to be pretty cautious about going out because of my age.

Earlier this year, Energise Me and Sport England supported FolkActive through the Investing in Communities project to run

fortnightly online ceilidhs. This meant that dancers could join each other online, get some exercise, and stay connected. Online classes and activities can be difficult for lots of people. FolkActive made sure to include extra time at the beginning of each session so we could log on early and have a chat. But for me, having the activity I loved was a real lifeline.

The online dance classes are excellent exercise. They are good for cardio, balance, and flexibility. There's even a bit of mental exercise in following the moves! What I particularly like is that you can do as much or as little as you like. Sometimes I have added in some more vigorous steps. Other times when I have hip or wrist issues, I have taken it easy. Once, I just sat and enjoyed the music. It makes a big difference with Jo suggesting ways of dancing on your own. For example, using scarves. The live music and the folk songs are fantastic and make all the difference. It's foot-tapping, it's impossible to stand still.

It wouldn't be the same for an impersonal online event. I enjoy seeing people I know and the brief chats after the zoom sessions. It's a lot to do with the engaging personalities of those who run it, including the volunteer caller, the musicians, and Jo.'

For the full story and more details go to **Staying active carefully through online dance classes - Energise Me**

How can we live a healthier older age?

There have been huge gains over the past decades in terms of better treatment for the health conditions discussed and improvements in our overall population's lifestyles. Staying well, being physically and mentally active are key things we can do to influence and ensure we age healthily. It is never too early or too late to start improving our health, action at any stage of life can support us to live happier and healthier older ages.

Physical activity is one of the most important things we can do to stay healthy and independent. There is a lot of good work happening across

Hampshire which is proactively supporting people to age well, remain independent, physically active and healthier for longer. The next sections focus on physical activity and being socially and mentally active, including stories from local people and organisations which showcase exciting opportunities locally.

Live Longer Better is a new resource for Hampshire residents which focuses on supporting older people to become more active and challenges the negative stereotypes leading to ageism.

Staying physically active

Being physically active and taking regular exercise is one of the single most important things we can do to improve our own health and wellbeing. People who exercise regularly have a lower risk of developing many long-term (chronic) conditions, such as heart disease, type

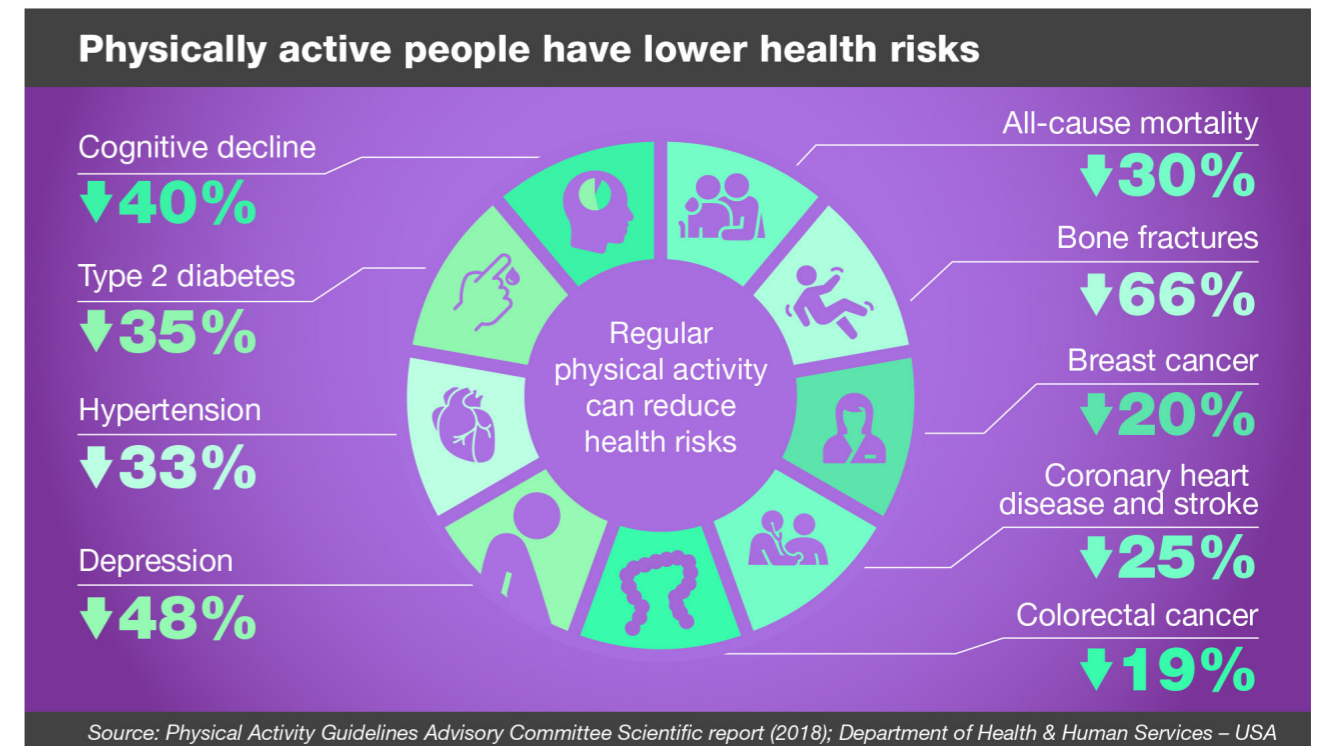
2 diabetes, stroke, some cancers and it lowers your risk of early death by up to 30%. Research shows that physical activity can also boost self-esteem, mood, sleep quality and energy, as well as reducing your risk of stress, clinical depression, dementia and Alzheimer's disease.¹⁶

¹⁶ Benefits of exercise - NHS nhs.uk

Figure six How regular physical activity can reduce health risks

Public Health England

Health Matters



Data source: **Public library – UKHSA national – Knowledge Hub khub.net**

However, we also know that the proportion of people who are physically inactive increases sharply with age, particularly after the age of

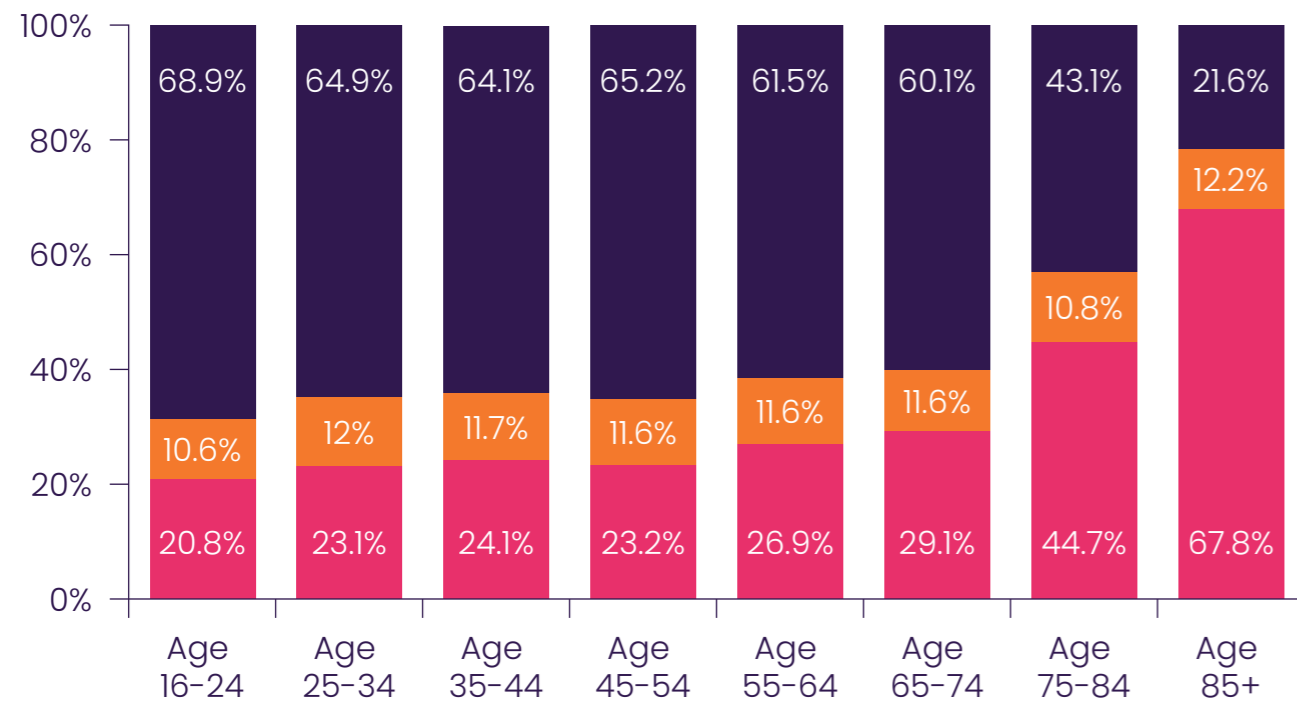
55 and the COVID-19 pandemic has impacted on physical activity levels among those aged 75 and over.¹⁷

¹⁷ Health | The State of Ageing 2022 | Centre for Ageing Better ageing-better.org.uk

Figure seven Level of Physical Activity by 10 year aged bands

Active Lives Adult Survey 2020 to 2021 England

- **Active:** at least 150 minutes a week
- **Fairly active:** 30-149 minutes per week
- **Inactive:** less than 30 minutes a week



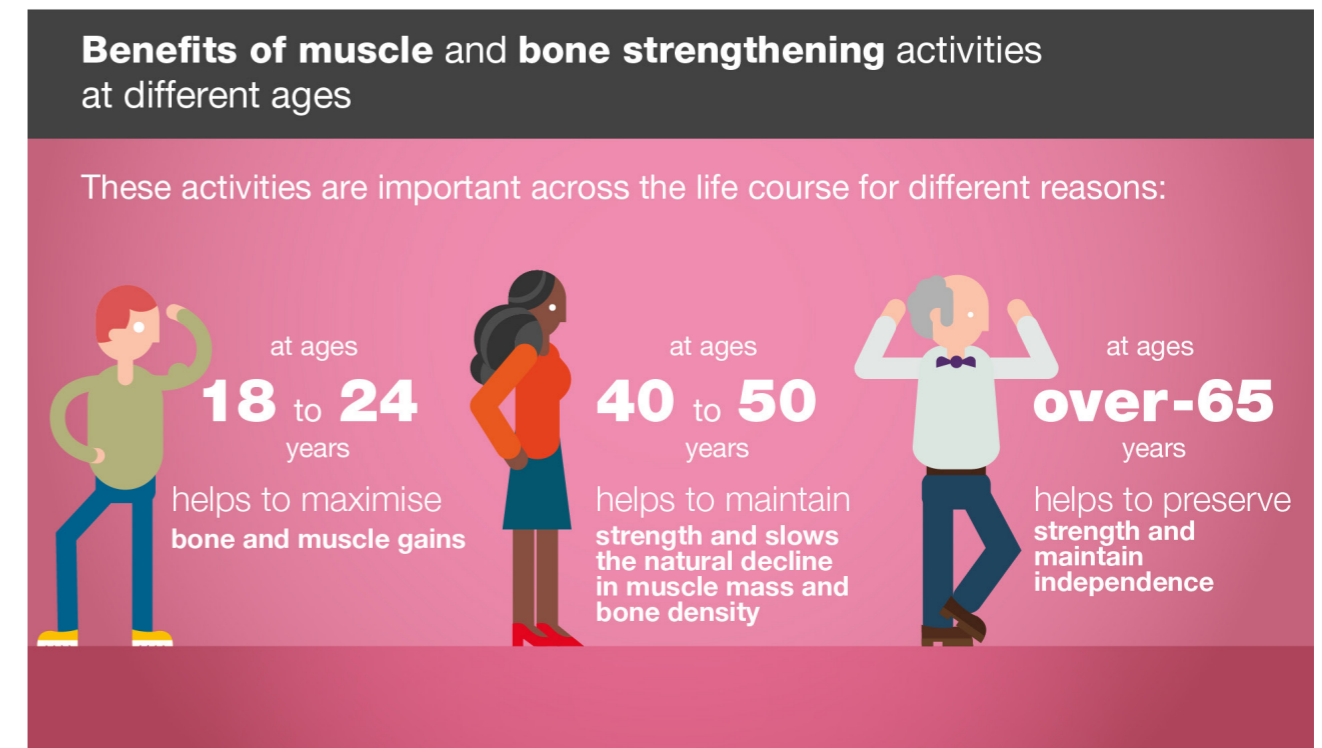
Data source: **Active Lives Adult Survey 2020 to 2021 England**

Figure seven shows that as we get older our levels of physical activity decline and therefore our ability to carry out activities of daily living may reduce. Rather than being considered as an inevitable effect of ageing, increasing physical activity at any age can instead prevent or reverse deconditioning, supporting people to participate in the activities they enjoy and improve health and wellbeing. The good news is that no matter

what age we are, or how many health conditions we have, we can reduce the gap between our current level of activity and our best possible level of activity so we can all live longer better.

Being physically active benefits everyone at all ages and as we age the benefits of strong muscles and bones helps us to preserve strength and maintain independence.

Figure eight Benefits of activity at different ages



Data source: **Public library – UKHSA national – Knowledge Hub khub.net**

Balance impairment and muscle weakness caused by ageing and lack of use are the most prevalent modifiable risk factors for falls. Strength and balance training has been identified as an effective single intervention and as a component in successful multifactorial intervention programmes to reduce subsequent

falls. It is important that strength and balance training is undertaken after a multifactorial falls risk assessment¹⁸ has been completed.¹⁹ In this **short video clip** Caroline Abrahams, who is the charity director for Age UK, talks about the importance of strength and balance.

¹⁸ A multifactorial falls risk assessment aims to identify a person's individual risk factors for falling

¹⁹ Quality statement 8: Strength and balance training | Falls in older people | Quality standards | NICE

Local insights suggested that the importance and benefits of strength and balance may not be fully recognised. This suggested that although most people viewed strength and balance exercises as being important, they did not recognise it as important as other activities to help them lead healthy independent lives. Strength and balance exercises were seen as the least important of a list of eight healthy behaviours explored, falling behind options such as 'getting enough sleep'. Furthermore, strength and balance exercises were considered less important in older responders. There was also uncertainty about what constitutes as strength and balance exercises. People did not recognise that:

- strength and balance exercises are just as important as other general fitness and aerobic exercises;
- as we age there is a greater need for exercises for strength and balance, general day to day movements, such as walking, are not enough;

- strength exercises do not put additional strain on the body;
- strength and balance are so important across all ages to maintain muscle and bone strength and independence.

Steady and Strong classes have been developed by experts and are open to everyone aged over 65. Classes will increase your strength and balance, helping you to stay stronger for longer and able to keep doing everything that you love. You will do a mix of seated and standing exercises, with chair support if you need it. Steady and Strong classes have been offered in Hampshire over a number of years and details of classes and where to find them can be found on the **Steady and Strong web pages**. These classes are offered on a pay as you go basis.

Case study: Steady and Strong

Flora and Jane

Flora and Jane became friends at the Winchester Steady and Strong Class, they are both in their 80s and live alone in Winchester. Both ladies have been attending the classes twice a week for four years. Julie, also in her 80s, moved into the same retirement housing complex as Flora and has been attending the Steady and Strong classes for a year now. Mary drives them both to the Steady and Strong classes at Winchester leisure centre.

Flora

“ I had had two falls when my rehabilitation nurse told me about Anne, the instructor who ran the Steady and Strong classes. My falls had affected my legs and I also have scoliosis but I really wanted to remain independent. I have been attending Anne's classes for four years and I have learnt that I can do the exercises and my confidence has increased. Anne shares her knowledge and expertise with us all, she is very loving and caring. All the exercises

she teaches are very practical and I can really see how they have helped me get stronger. During the COVID-19 pandemic Anne continued the classes via zoom which meant I was able to keep being active. I really enjoy the classes and have made lots of friends, it is a very social and friendly group and we support each other.’

Jane

“ Jane has been coming to Steady and Strong, originally to support another friend, who is now unable to attend. Jane loved it so much she kept going.

She says: 'I come because it keeps me moving... I hope! The social side of the class is very good and I enjoy it. I go twice a week, once here at the Winchester Leisure Centre and once in Kings Worthy with Flora. I wouldn't be without it, it keeps me younger and the exercise does me good. It makes a difference. Anne is a wonderful teacher and we all love her. She's very caring.'

Case study: Steady and Strong

Julie

“After moving to Winchester having lived in South Africa, Julie has been coming to classes with Flora and started the classes as they ‘keep her going.’

She says that her walking had been very bad, the classes physically keep her going and she now makes herself walk and keep moving so that she can progress and Anne motivates her to keep doing things at home. ‘Anne motivates me to do the exercises both in the class and then continue them at home. Anne is a wonderful teacher.’

Edith

“Edith is currently the youngest in the group of Steady and Strong. She says ‘I have a number of health issues. The classes have vastly improved my range of

movement. My confidence is massively improved. I am extremely grateful.’

Mary

“I’ve been attending the classes with Anne since they started, probably nearly 10 years. I really enjoy it and I can tell it does me some good. We all really felt it during the COVID-19 pandemic and I’m so grateful to be back at the classes, especially for the cup of tea after. I went for a 4 mile walk and can tell the classes have really helped me to do that.’

Maintaining our independence for longer

We are a caring nation, and as our friends and family age we like to help and care for them as much as possible, but it is also important we help ourselves and loved ones remain as independent as possible. A national study found that during the COVID-19 pandemic older people in the UK tended to rely on friends and family more than paid professionals than any other country.²⁰ Of course, this additional help may be necessary particularly during challenging times such as those we experienced during

the pandemic, but we need to ask if we can help them and ourselves in a different way. Many of the conditions discussed in this report can be prevented or self-managed, and staying physically and cognitively active is a key part of this. This video is a short dialogue between a grandfather, mother and daughter to help illustrate how the small changes we make could really help maintain independence and overall physical and mental health. The question we need to ask ourselves is ‘do we care too much?’



To help us stay independent for longer **Connect to Support Hampshire** provides resources

to look after ourselves, stay safe and connected with our local communities.

²⁰ Health and care for older adults during the pandemic

Staying socially and mentally active

Social relationships are vital for the maintenance of good health and wellbeing.²¹ Social isolation and loneliness are associated with poor mental and physical health and increased mortality.²² Social isolation and loneliness are closely linked but distinct terms. Either can exist without the other. It is possible to be socially isolated and not feel lonely, or to feel lonely when not socially isolated. Both concepts are independently linked to poorer health.

Social isolation is the objective term used to describe an absence of social contacts or community involvement, or a lack of access to services.²³ Loneliness is the feeling of being alone regardless of who may be around us or the social contact we have.

Social isolation poses particular challenges in a large rural county like Hampshire. Good transport links are important for helping people build and maintain social relationships. People without access to their own transport can find it difficult to get out to see friends and family or take

part in community activities. Social isolation and loneliness can affect people of any age. However, many of the risk factors such as bereavement and poor physical health are more common in the elderly, making this group particularly vulnerable. Across Hampshire, a social isolation index has also identified small urban areas where older people are most at risk of social isolation.²⁴ In Hampshire, it is estimated that 27,000 older adults aged over 65 are lonely most of the time.

The importance of social isolation and loneliness and the impact on health issues is being increasingly recognised. Feeling lonely can result in deterioration of health and wellbeing and has been shown to increase blood pressure and risk of cardiovascular diseases and heighten feelings of depression, anxiety and vulnerability. Socially engaged people experience less cognitive decline and are less prone to dementia.²⁵

Across Hampshire one in five people (20.2%) feel lonely often, always or some of the time.²⁶ The COVID-19 pandemic exacerbated feelings of isolation and loneliness. During the COVID-19 lockdown period people were unable to socialise in the same way as previously. The Opinions and Lifestyle Survey collect data every three months on loneliness and explores the impact lockdowns had on the levels of loneliness experienced by different groups²⁷ and reported:

- more females than males report being lonely but both saw an increase in feelings of loneliness during the pandemic. The proportion of females who are often lonely peaked in March 2021 at 8.4%, this has declined slowly and levelled off to 7% in June 2022. The proportion of males who often felt lonely has increased in the first half of 2022 to 6% in June 2022;
- younger people aged 16 to 35 years were more likely to report that they often felt lonely during the pandemic. Between February and March 2021, one in ten young people

in this age group reported often feeling lonely this has now levelled at 7.3%. The proportion of people aged 65 years and over has remained fairly constant with 4.2% reporting to often feel lonely in June 2022;

- people with underlying health conditions are more likely to feel lonely than those with no underlying health conditions. The proportion of people often feeling lonely who have an underlying health condition has increased every month from October 2020 and, in May 2021 12.9% of respondents reported feeling lonely often.

The Campaign to End Loneliness²⁸ estimate that half a million older people go at least five or six days a week without seeing or speaking to anyone at all. Additionally, they also suggest that loneliness, living alone and poor social connections are as bad for your health as smoking 15 cigarettes a day. Furthermore, loneliness can cause a 26% increase in risk of premature death.

²¹ Steptoe A, Shankar A, Demakakos P, Wardle J. Social isolation, loneliness, and all-cause mortality in older men and women. PNAS. 2013; 110(15): 5797–5801

²² Cornwell EY, Waite LJ. Measuring social isolation among older adults using multiple indicators from the NSHAP study Journal of Gerontology: Social Sciences. 2009; 64B(S1): i38–i46

²³ Davidson S, Rossall P. Evidence Review: Loneliness in Later Life. Age UK. July 2015

²⁴ JSNA Healthy Places

²⁵ rb_june15_loneliness_in_later_life_evidence_review.pdf ageuk.org.uk

²⁶ Public health profiles - OHID phe.org.uk

²⁷ Wider Impacts of COVID-19 phe.gov.uk

²⁸ Home | Campaign to End Loneliness

In England, reported loneliness increases 12.7% between those aged 75-84 and those aged 85 and over.²⁹ This indicates a key time to ensure people remain connected and socially active in their communities.

happiness scores for over 65s.³⁰ Although low satisfaction and low worthwhile scores are also increasing, a higher proportion of people aged 50-64 reported feelings of low satisfaction than other age bands.³¹

Since 2019 there has been an increase in self-reported anxiety and low

Poor mental health is not an inevitable part of ageing. However, local insights from Hampshire residents of retirement age tells us that there is common sentiment in this age group that;

“**We didn't used to talk about things like that mental health... I think people of our age group – we just got on with things you know...'**

as people of an older age with mental health problems often respond well to treatments. More older people (42%) complete treatment than their working age counterparts (37%)³³ following a referral to Improving Access to Psychological Therapies (IAPT) services, and achieve good treatment outcomes. We must therefore work to ensure that staff and volunteers are able to identify possible mental wellbeing needs in this population, and signpost them to early help as appropriate. The **Chat About scheme** aims to support organisations and businesses in the community to do this.

The estimated prevalence of common mental disorders in those aged over 65 in Hampshire is 8.5% compared to 10.2% in England (2017).³² This indicates that breaking the stigma of talking about mental health is important for people to recognise need and seek early help.

Depression and other mental health conditions in older people often go underdiagnosed and undertreated. However, it is important to diagnose

The next local stories shine the light on two case studies where older people have been able to connect with other people and be physically and mentally active.

Figure nine Factors affecting the mental health and wellbeing of older people



Data source: **Older people: statistics | Mental Health Foundation**

²⁹ Productive Healthy Ageing Profile - Data - OHID phe.org.uk
³⁰ Productive Healthy Ageing Profile - Data - OHID phe.org.uk
³¹ Productive Healthy Ageing Profile - Data - OHID phe.org.uk

³² Common Mental Health Disorders - Data - OHID phe.org.uk
³³ Living well in older years - GOV.UK

Case study: company, camaraderie and a clean game

Bowling Goldies aims to provide an informal and friendly bowling session for older adults in Andover to counter loneliness. Bowling Goldies was set up five years ago and has been purposefully planned to take place on Thursday. At the time, that's when the ten-pin bowling facility is the quietest. However, as the word of Bowling Goldies quickly spread, they now regularly take over all eight lanes! Since re-establishing the weekly session after COVID-19 restrictions were lifted, the Thursday group has grown to nearly 50 people. This led the charity to make the decision to set up a second session on a Tuesday morning.

Attendees say...

Anonymous

“It's fun and I enjoy the company of others in the group. It also keeps me active and mentally fit.”

Ahmet, 83, who lives alone

“I come to Bowling Goldies each week as it gets me out of the house, I get to socialise and meet friends who I've made through the group.”

Anonymous

“I've met a great group that are now friends and I look forward to it all.”

Anonymous

“The price here remains reasonable and stable.”

For the full story and more details go to **Company, Camaraderie and a clean game! – Energise Me**

Case study: Hampshire home library service

The Hampshire Home Library Service (HLS) is a free service and is available to anyone who struggles to get to the library due to health or mobility issues or caring responsibilities. Regular monthly visits by the same volunteer can become a vital social contact for HLS customers and volunteers.

A wide range of library materials can be delivered including large print books, audio books in a wide range of formats including audio CD's, Playaways and National Talking Newspapers on USB memory stick, jigsaw puzzles and more.

Approximately 420 people use the Home Library Service and there are 230 volunteers.

Find out more about the service including becoming a member – **Home library service Hampshire County Council.**

A Reading Friends telephone befriending is also available to Home Library Service customers.

This gives older people who maybe isolated or at risk of loneliness to have a monthly call with a volunteer. Volunteers are matched to customers who have shared interest and provides time to share stories and create social connections.

Reminiscence collection is also available to residents. This includes over 800 items for stimulating conversations and reminiscing. The collection includes books, games and quizzes, postcards, music, jigsaws, films and interactive items including smells. This collection may be of particular use to carers working with people living with dementia. Anyone can borrow these items, which are free to reserve and have them delivered to their nearest library – **Reminiscence collection Hampshire County Council.**

Other resources available from the library are those to support people living with dementia – **Dementia resources Hampshire County Council.**

Case study: Hampshire home library service

Reading well collections. These books are chosen by health experts and people living with the conditions covered. People can be recommended a title by a health professional, or they can visit their local library and take a book out for free. Many of the Reading Well titles are available to borrow as e-books and e-audiobooks –

Reading Well booklists | Books

Death Positive libraries. These support the ambition to share more information and end of life and seeks to help people speak openly about death, grief and dying. Adult and child resources are available – **Death Positive Collection – Adult, Hampshire Libraries, Death Positive Collection Children, Hampshire Libraries**

Here are some testimonials and stories from some of the users and volunteers.

Irene

Irene selected and delivered to up to 5 Home Library Service customers each month throughout COVID-19. Her

customers include a young mother who is a wheelchair user and was isolated during the pandemic. Irene also visits two other customers who are living with serious physical and health issues which can leave them unable to leave their homes.

Irene says her customers value the escapism that books and audio books give them, especially during the past couple of years.

Alan and Peter

Home Library Service Volunteer Alan and Peter having been sharing their passion for steam trains and all types of transport since 2018.

Peter, on visits from Alan



We can talk endlessly, we put the world to rights, but always end up on steam trains. Without volunteers like Alan, people like me would be sunk.’

Susan, Peter’s wife



Alan has been an absolute treasure.’

Doris

Doris has been a Home Library Service customer for the last four years. Doris turned 100 this year and continues to still love reading large print books.

Doris enjoys reading cosy crime, in particular Agatha Christie. She also enjoys family sagas.

Sheila and Alyssa

Shelia has a Home Library Service Delivery from Alyssa every month. Sheila commented that when she was very poorly earlier in the year, the Home Library Service saved her life. Being able to get new books to read made all the difference to her wellbeing.

Case study: Hampshire home library service

For those requiring more targeted support



Diana W and Peter

Peter is a keen reader of audio books. His Home Library Service volunteer Diana has been bringing items for him four years. Peter is a fan of children's adventure classics and sea stories.



Phillipa K and David B

Pip is visually impaired and has been a HLS customer since 2015. David reads the back of each audio book to gauge what Pip has enjoyed listening to. They use a combination of 'Alexa' and David's phone to check titles and authors that Pip may like next time. Pip also has a reading friend volunteer. She enjoys their regular chats and says they can talk for hours – but not always about books!

Maisie P And Marie BI

At the age of 103 is a fan of quick reads which are lighter to hold. She also enjoys the books that Marie-Chantal has chosen for her from the reminiscence collection – which are a lovely way to share nostalgic memories.



2022 to 2023 

**Annual report
of the Director
of Public Health**