

East Riding of Yorkshire Age Friendly Community

State of Ageing Report January 2025



Contacts:

Co-ordination: Janet Smith, Public Health Lead, Older People.

janet.smith@eastriding.gov.uk

Public Health Intelligence: Owen Morgan, Principal Public Health Intelligence Analyst.

owen.morgan@eastriding.gov.uk

Systems Thinking: Chloe Singleton, Public Health Officer, Systems and Strategy.

chloe.singleton@eastriding.gov.uk

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1. Introduction

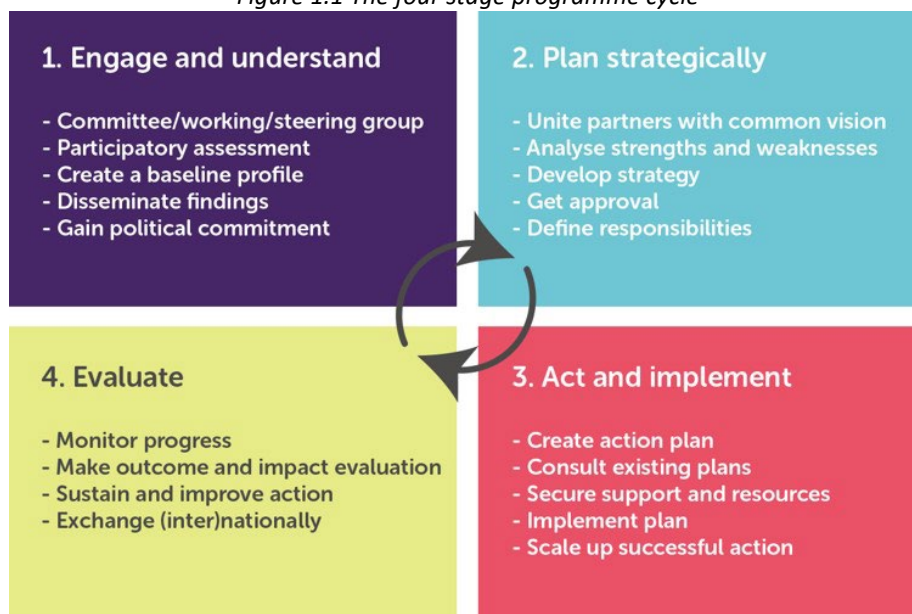
An Age-Friendly Community is a place where people of all ages can live healthy and active later lives. These places make it possible for people to continue to stay in their homes, participate in the activities that they value, and contribute to their communities, for as long as possible.

There are a number of reasons why taking an age friendly approach is useful. The country has been experiencing a demographic shift towards an ageing population for some time, and rural and coastal areas are more greatly affected than urban areas by this. By committing to becoming an age friendly community we are acknowledging that this means change is needed to ensure our communities work for us as we age. The approach aims to reduce inequalities experienced by older people – age is a protected characteristic and inequalities can accumulate over a life time.

Taking a preventative life course approach to healthy ageing will deliver positive outcomes for all ages and potential to deliver savings in the long run. The approach provides a framework to make strategic locally informed decisions using available resource and enables meaningful engagement with older people. By joining the UK and global Age Friendly Communities network we will be able to learn from other areas about what works and share successes. The World Health Organisation proposes two frameworks to guide communities to reach this goal, developed in consultation with people across the world, built on the evidence of what supports healthy and active ageing in a place. These frameworks can be considered the “what” and the “how” of creating an age friendly community.

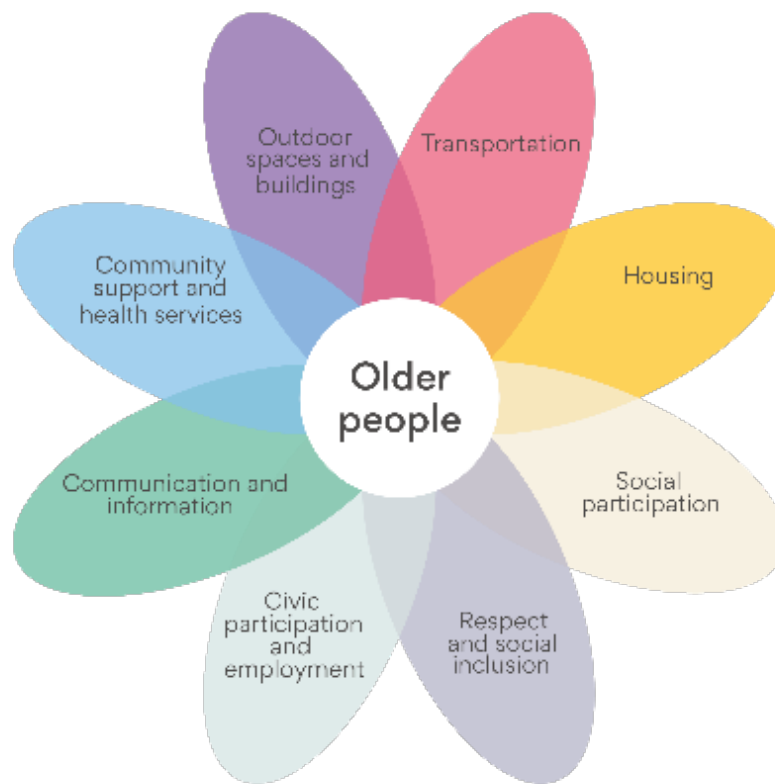
The four stage programme cycle describes the process communities go through to make their communities more age friendly. This cycle on average taking five years and would be repeated for a continual focus into the future. This report is part of stage 1, creating a baseline profile of the current age-friendliness of the East Riding of Yorkshire.

Figure 1.1 The four stage programme cycle



The Eight Domains of Age Friendly Communities are the areas which, when acted upon, can help to address barriers to ageing well.

Figure 1.2 The Eight Domains of Age Friendly Communities



This framework has a range of useful applications which are part of the work carried out under Stage 1 of the programme cycle in aiding engagement conversations about what makes a place age friendly, it helps us understand the relevant stakeholder organisations who work across on or more of those domains, it is the focus of our baseline profile of data under each of these domains to understand our current age friendliness as depicted in this report.

Engage and Understand - Stakeholder Steering Group Workshop

Members of the Age-Friendly Communities Steering Group were invited to an in-person stakeholder workshop event on the 26th April 2023 where they were asked to share their thoughts and opinions for each of the eight key domains of an Age Friendly Community. They were specifically asked to detail which sources of data could be utilised to investigate the state of ageing in the East Riding further with respect to each domain, and which data sources we should seek to use that we do not currently have access to already. Their answers were grouped into 'what we know' and 'what we want to know', helping to build an idea of the direction that stakeholders would like the age-friendly community work to go in for our local area. A summary of these comments is contained within the introduction to each domain in this report.

What does an age-friendly community mean to you?

In order to fully gain an idea of how we conceptualise an age-friendly community within the East Riding, we firstly asked stakeholders '*what does an age-friendly community mean to you?*'. Thematic analysis of individuals' answers revealed that people's priorities for an age-friendly community were less so about physical changes to spaces and more so about the community atmosphere and creating a supportive environment. They recognised the protective value of having a society where individuals' choices are respected and valued whatever their age. This fosters positive and meaningful intergenerational relationships and friendships, keeping older people connected across society and feeling their voices represented in networks of family and friends. Above all this is important to creating a community where every contact counts and individuals' happiness is key to maintaining their quality of life and their ability to support themselves and others.

Accessibility and inclusivity were most frequently commented on as central facets to upholding respect and advocating independence in an age-friendly community. Inclusivity centred mainly on social inclusion, with an age-friendly community being one that prevents loneliness, with social, friendly, welcoming and accommodating groups and relations between individuals. Accessibility is essential to facilitate inclusivity, with geographical, digital, and physical access all being considered and optimised in an age-friendly community. This was commented on as being important to help individuals maintain independence for as long as possible, whilst also creating more opportunities for individuals to access support and support each other where needed. Transport accessibility and its affordability are imperative to ensuring opportunities are inclusive of individuals across the community, and digital and financial inclusion must be taken into consideration also to ensure information can be accessed by all.

Physical health and good wellbeing were also identified as highly important elements that an age-friendly community should advocate and uphold. Living healthy and active lifestyles should be a choice that everybody is able to take without facing barriers or inequities. This means equal access to healthcare, proactive health and social care activities, and equal opportunities should be available to all residents. Mutual respect should be observed by everybody, and older people's voices must be central to their healthcare.

Wider determinants of ageing well were identified as equally important as health and wellbeing. Housing provision, community safety, and employment in particular were commented on frequently as being necessary to ensure the broader themes of inclusivity, respect, and accessibility could be upheld. Housing should be age-appropriate and suitable, facilitating independent living but also offering adapted housing and extra support where needed. Community safety is necessary to create and maintain thriving and inclusive spaces where individuals can have the opportunity to engage in community activities and live independently. Employment is a crucial setting to ensure respect and inclusivity are upheld, and practical measures such as job security, flexible retirement plans, mentoring schemes and further learning and development are necessary in all job settings to ensure older people feel fulfilled, valued, and supported at work whatever their age.

Other comments revolved around an age-friendly community having a collectivist ethos, as somewhere where everybody can contribute to society and make a difference to themselves and others. Re-framing ageing as progressive and developmental in terms of knowledge and experience would help to enable individuals to participate fully and actively in society, fostering excitement about opportunities instead of worry about barriers. Support services should be centred around the person, with every contact being meaningful and no duplication of information.

Engage and Understand – Conversations with Older People

During 2024, the Public Health Lead for older people has visited community groups and partner organisations public spaces which are accessed by Older People and working with steering group partners including the Active Communities team, Primary Care and VCSE organisations. We have been holding informal conversations with members of the public to gather information through the following questions and using the framework of the eight domains as a guide:

- What does an Age Friendly Community mean to you?
- What is there where you live that makes it an Age-Friendly place?
- What more would you like there to be?
- Is there anything else you would like to tell us about Age Friendly Communities?

Groups and places visited have included Veterans Groups, Groups for Carers, Men and Over 50s in Bridlington, Welcoming Space in Skipsea, Health Corner at Holderness Health and Shores social group in Withernsea.

Responses highlighted the following:

- To East Riding residents, an Age Friendly Community is an inclusive place supporting older adults to remain active, to live fulfilling and independent lives for as long as possible, staying in their own homes with external assistance if necessary. Inclusion of people of all ages and a sense of belonging are important. Social connections including family are valued. Support systems and accessibility to facilities, appropriate housing, transport and social participation were all mentioned. If needed, support to access technology is useful.
- Things that were mentioned that make East Riding Age Friendly are social and community activities including Walking for Health and other exercise groups, social groups, Armed Forces and Veterans Breakfast Club, craft groups, volunteering and adult learning opportunities. Villages with amenities such as GP practice, bus service, local shops and pharmacy, pub, garage, café etc are appreciated. People appreciated the flat, sandy beaches and felt that they live among like minded residents. Some people found East Riding a more affordable place to live.
- When asked about what could be improved, health and social care services including better access to dental and doctors appointments was a strong theme. More exercise classes for the over 50s were highlighted and activities to support mental stimulation. It was felt that publicity about available community activities could be better. Increased respite care opportunities would be welcomed. Availability of different housing options would be welcomed. Mental Health, Isolation and Loneliness were of concern, particularly

amongst rural and farming community. There could be more inclusive activities and better access in general for disabled people.

- When asked if there was anything else to explain, residents asked for more opportunities for interaction to reduce social isolation, accessible and affordable transport options, healthcare services, wellness programmes and social support networks tailored to the needs of over 50s. More cultural, recreational and educational activities that are accessible and appealing to older adults. Information was again highlighted as important, regarding community resources, services, events and through various channels including digital and community newsletters. Different age groups learning and socialising together would foster respect for diverse ages and respecting and listening to the views of older adults was emphasised.

2. Population structure and life expectancy

The population of the UK has been on a steady rise throughout its recent history. The Office for National Statistics (ONS) estimated that the population was around 67.6 million in 2022, with projections indicating it will reach 70 million by 2026. Just as importantly, the UK's population is ageing. In 2022, there were estimated to be 12.7 million people aged 65 or older, making up 19% of the population. This number is expected to rise to 22.1 million, or 27% of the population, by 2072. In contrast, in 1972, there were around 7.5 million people aged 65 or older, which was 13% of the population.

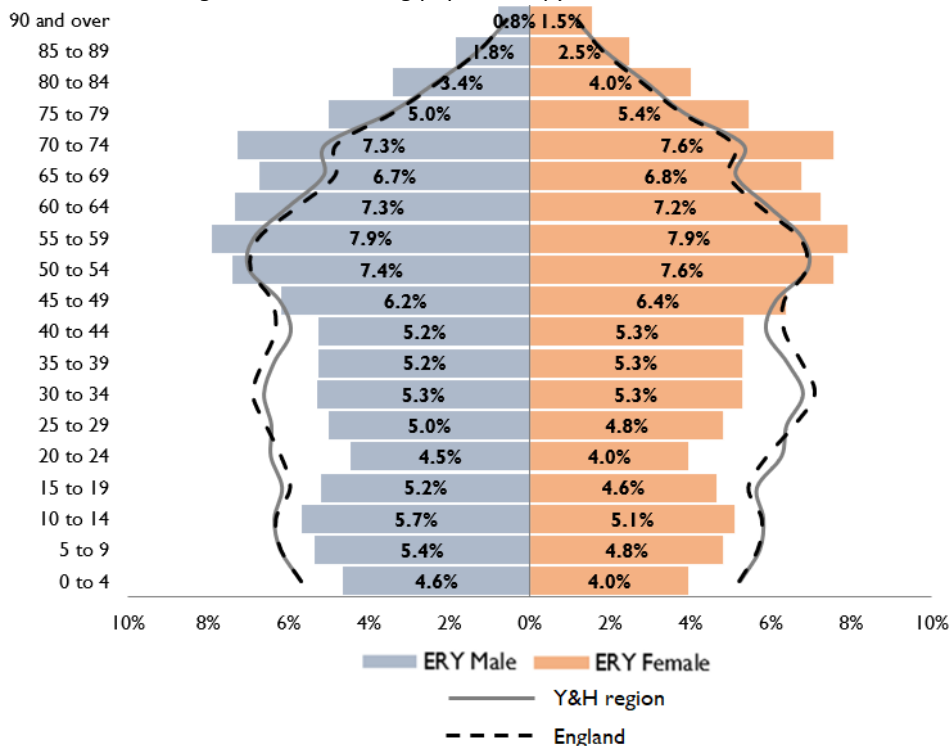
Figure 2.1 & Figure 2.2 Source: Centre for Ageing Better



East Riding Population pyramid

The East Riding population totalled 342,200 at the last census. This is illustrated in the population pyramid in Figure 2.3 below, which divides the population into 5 year age bands and by gender, showing what proportion of the population each age group makes up. Lines comparing the equivalent proportions for the region and England overall are overlaid on top as lines.

Figure 2.3 East Riding population pyramid, Census 2021

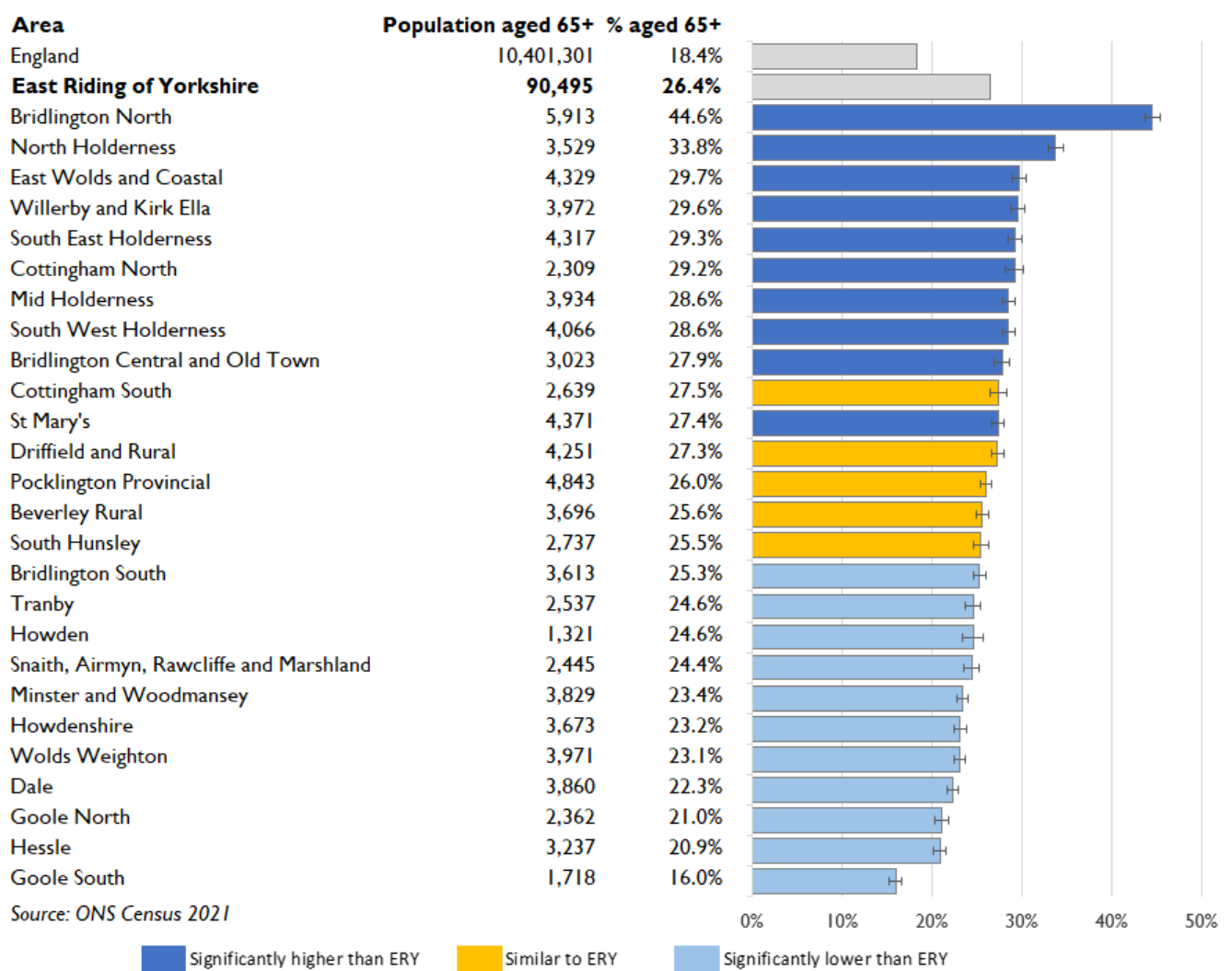


In the East Riding, the age groups 50 to 74 noticeably appear to make up a larger proportion of the population than the younger age groups. Those aged 65 years and over number 90,495 people, making up 26.4% of the total population.

In contrast, the region and England have larger proportions (compared to the East Riding) of younger age groups in the 0-44 age range. The proportion of 65+ year olds in their respective populations is much smaller than the East Riding at 19% and 18.4% respectively.

Figure 2.4 below highlights in dark blue the wards with a significantly higher percentage than the East Riding average (26.4%) of those aged 65+ years. Bridlington North was the East Riding ward with the highest proportion at 44.6%.

Figure 2.4 Population count and percentage of those aged 65+ years by East Riding ward, Census 2021



Older populations in coastal and rural areas

Figure 2.5 shows what proportion the different age groups make up within each area of the East Riding. These different areas should not be added together, as this may potentially

double count, as theoretically an area could (for example) be both rural and coastal. In 2021, for most areas (including the East Riding overall), the 65+ population make up about a quarter of the population, however for coastal areas it is approaching a third of its population.

Figure 2.5 East Riding populations by area type. Note that populations can be both rural and coastal or urban and coastal

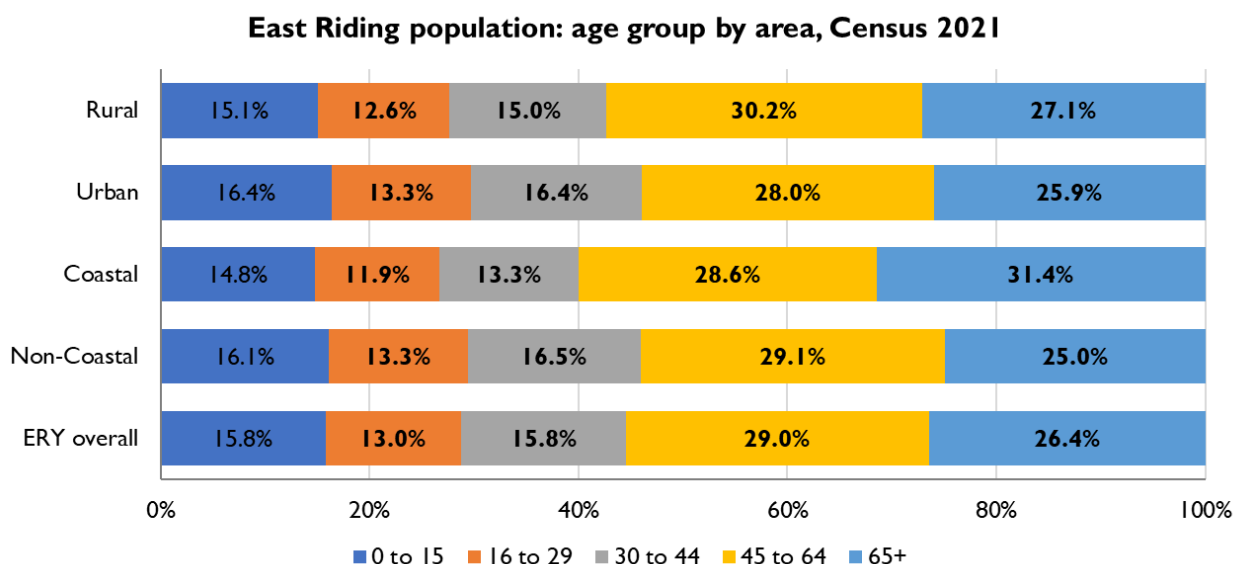


Table 2.1 provides a breakdown of the populations aged 65 years and over within non-coastal, coastal, urban and rural areas, comparing 2011 and 2021. Between the two time periods, all of the areas have shown an increase in the number of 65+ year olds. Coastal areas reported a 24% increase, whilst rural areas recorded a 34% increase. These increases follow a national trend outlined in the Chief Medical Officer’s annual report 2023: health in an ageing society (Whitty, 2023).

Table 2.1 Population change Census 2011 v 2021 within areas of the East Riding, residents aged 65+ years

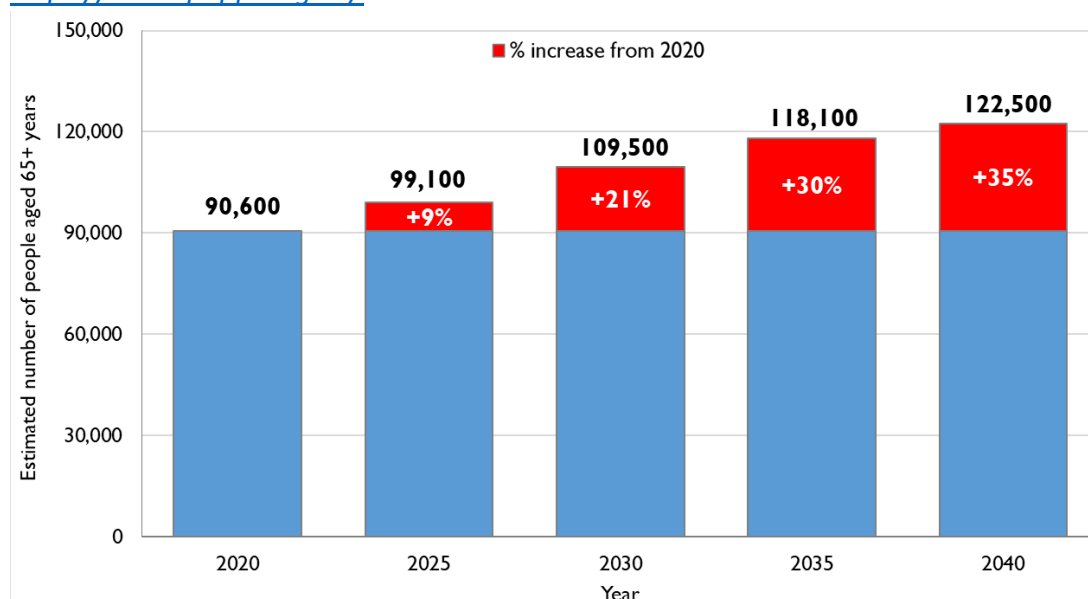
Area	Census 2011		Census 2021		Change	
	Count	Proportion	Count	Proportion	Count	% increase in count
Rural	30,308	21.0%	40,578	27.10%	10,270	33.9%
Urban	41,147	21.7%	49,928	25.90%	8,781	21.3%
Coastal	20,037	25.2%	24,826	31.40%	4,789	23.9%
Non-Coastal	51,418	20.2%	65,680	25.00%	14,262	27.7%
ERY overall	71,455	21.4%	90,506	26.40%	19,051	26.7%

Projected counts of population aged 65+

Figure 2.6 estimates the projected increase in 65+ year olds in the East Riding between 2020 and 2040, in this time it has been predicted that this older population will increase by 35% to over 122,000 people. Whilst projections must be used with extreme caution, if this

increase were to occur the 65+ population would make up 34.2% of the total East Riding population.

Figure 2.6 Estimated number of East Riding residents aged 65+ years. Source: <https://www.poppi.org.uk/>



Life expectancy at birth and LE at 65

Life expectancy is a measure of how long a person can expect to live on average, based on the mortality rates of a specific population. It is an important indicator of the health and well-being of populations and can vary significantly across communities, genders, ethnic groups, and socioeconomic status. Using life expectancy at a granular level can help identify inequalities that exist between different communities. There are several different indicators relating to life expectancy,

Table 2.2 below highlights these. The green coloured cells of the table indicate that in the East Riding the different life expectancy measures are significantly higher than the national average.

Table 2.2 Different types of life expectancy. Numbers indicate numbers of years. Green signifies significantly higher than England, amber is similar and red is significantly lower.

Indicator	Period	East Riding	Region	England
Life expectancy at birth (Male, 3 year range)	2020 - 22	79.8	77.9	78.9
Life expectancy at birth (Female, 3 year range)	2020 - 22	83.3	81.9	82.8
Life expectancy at 65 (Male, 3 year range)	2020 - 22	18.8	17.9	18.4
Life expectancy at 65 (Female, 3 year range)	2020 - 22	21.2	20.4	20.9
Healthy life expectancy at birth (Male)	2018 - 20	65.3	61.1	63.1
Healthy life expectancy at birth (Female)	2018 - 20	67.9	62.1	63.9
Healthy life expectancy at 65 (Male)	2018 - 20	10.8	9.8	10.5
Healthy life expectancy at 65 (Female)	2018 - 20	13.5	10.6	11.3
Disability free life expectancy at birth (Male)	2018 - 20	64.6	60.0	62.4
Disability free life expectancy at birth (Female)	2018 - 20	61.4	58.5	60.9
Disability-free life expectancy at 65 (Male)	2018 - 20	9.4	9.0	9.8
Disability-free life expectancy at 65 (Female)	2018 - 20	10.9	8.9	9.9

The rest of the section provides a brief overview of them. Table 7.1 in **Appendix 1 – Life expectancy, healthy life expectancy and disability free life expectancy** highlights differences in life expectancy between local authorities within the region, whilst Figure 7.1 and Figure 7.2 in the same Appendix compares life expectancy of the East Riding wards.

Life expectancy at birth

Life expectancy at birth in the East Riding was 79.8 years for males and 83.3 years for females for the 3 year period 2020-22. This means that if a baby born in the East Riding today could then they could expect to live for those amount of years based on the mortality rates of 2020-22.

The East Riding compares favourably to England overall, as it has significantly higher life expectancy for both males and females (78.9 and 82.8 years respectively for England). Since 2001, life expectancy in the East Riding has been increasing for both males and females, higher than England for the majority of those years, however the increased mortality due to the COVID-19 pandemic caused life expectancy to fall in 2020 and 2021. In 2022, life expectancy has started to recover partially as the pandemic has subsided.

There is variation in life expectancy within the East Riding, with some communities experiencing almost 10 years less life expectancy than other areas less than 30 miles away. Males in the South Hunsley ward (the least deprived ward in the East Riding) were estimated to have 81.3 years life expectancy (based on 2019-21 mortality) whereas males in Bridlington South (the East Riding's most deprived ward) were estimated to have 72.9 years. In the two same wards, there was also a gap in female life expectancy (86.8 years and 79.9 years respectively).

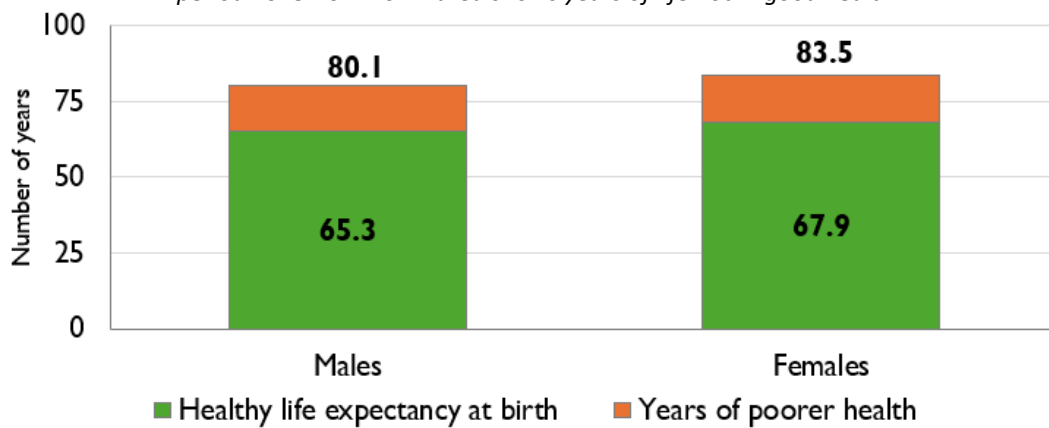
Other life expectancy indicators

For other life expectancy indicators there is less detailed information available (e.g. there is no ward or smaller than local authority geography data), but a brief overview of each can be found below.

- **Life expectancy at 65:** estimates how many more years a person aged 65 can expect to live, on average, in a given area. Since 2001 life expectancy at 65 in the East Riding has generally been higher than England for men and similar to England for women. For the period 2020-22, the East Riding recorded 18.8 years for males and 21.2 years for females (both significantly higher than England, at 18.4 and 20.9 years respectively).
- **Healthy Life expectancy (HLE):** reports the number of years a person can expect to live in good health (rather than with a disability or in poor health). In 2020-22 this was 65.3 years for males and 67.9 for females, both significantly higher than England (63.1 and 63.9 years respectively).
- **Healthy Life Expectancy (HLE) at 65:** is the average number of years that a person aged 65 can expect to live in good health from the age of 65. In the East Riding in 2018-20 this was 10.8 years for males (similar to England at 10.5 years) and 13.5 years (significantly higher than England at 11.3 years).

- **Disability free life expectancy (DFLE):** the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that limits daily activities. In 2018-20, for East Riding males this was 64.6 years (significantly higher than England at 62.4 years) and 61.4 years for females (similar to England, 60.9 years).
- **Disability free life expectancy at 65:** is the same as DFLE but is the number of years disability free from the age of 65. This was 9.4 years for East Riding males and 10.9 years for females (both similar to England, 9.8 and 10.9 years respectively).

Figure 2.7 Comparison of healthy life expectancy and life expectancy in the East Riding for the 3 year pooled period 2018-20. Brown area shows years of life not in good health

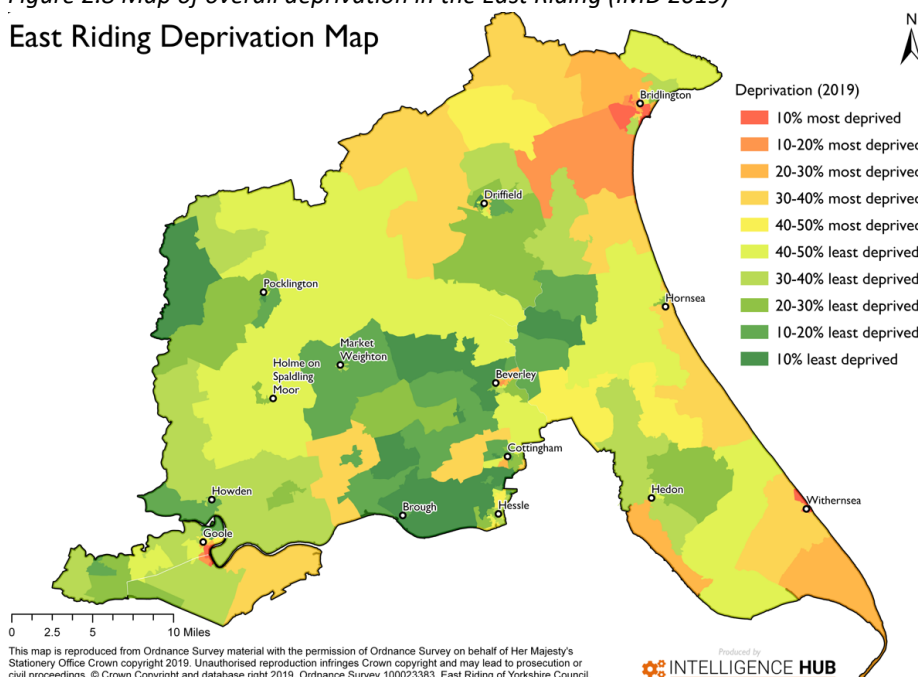


Indices of Deprivation

Variation in life expectancy within the East Riding was discussed in the previous section, which highlighted more deprived areas often had less years of life expectancy at birth for both males and females. Figure 2.8 below, divides the East Riding into lower super output areas (LSOAs), each of which is assigned a deprivation score and rank, based on the 2019 Indices of Multiple Deprivation (IMD).

Figure 2.8 Map of overall deprivation in the East Riding (IMD 2019)

East Riding Deprivation Map



Those areas that are amongst the most deprived nationally are coloured with a darker orange colour, whilst the least deprived areas are coloured with darker green colours. The orange colour of the coastal strip of the East Riding suggests these areas are considered deprived nationally (and certainly more deprived when compared to other areas of the East Riding itself). Parts of Bridlington and Withernsea contain communities that are within the 10-20% most deprived nationally, as do areas of Goole and Beverley.

The Chief Medical Officer's Annual Report 2023 – Health in an Ageing Society explains that the issues around healthy ageing will remain the same into the future in towns and cities. Coastal places will receive the migration of people and the greatest increase in elderly population. These increasing elderly communities will need services – transport, leisure, health, social activities. All these wider determinants of health contribute to our ability to prevent, reduce and delay illness. Lifestyle preventable issues can mean the difference between a person living several years at the end of their life in poor health or having those years ageing healthily. The goals should be around extending healthy life expectancy in our rural and particularly coastal areas where inequalities are greatest. A life course approach which incorporates planning for later life when living or moving to a rural and coast area and being prepared for changes that may happen requires a culture change to think more positively about older age and ageing and avoid ending up living in unintended isolation.

This aligns with needs highlighted in a recent East Riding Rural and Coastal Needs Assessment (accessible here: <https://eastridingsna.com/populations/rural-and-coastal-communities/>). The document highlights key health and social issues affecting East Riding's coastal and rural communities, emphasising the challenges they face. Coastal communities in East Riding have higher rates of chronic health conditions and mental health issues due to factors like social isolation and economic stress. Issues such as unemployment, seasonal work, transportation challenges, and vulnerability to climate change significantly impact the wellbeing of rural and coastal communities. Both coastal and rural areas struggle with limited access to healthcare and emergency services, compounded by an aging population that increases demand for specialised care.

The document highlights that residents aged 65 and over make up a significant portion of the population in East Riding, particularly when compared to the England average. However, rural and coastal communities in East Riding have some of the highest levels of residents in this age group. In coastal areas this age group comprises nearly a third of the population, which increased 24% 2011 and 2021. These numbers are expected to increase in the future.

The demographic shift is significant because age is a risk factor for many health conditions, leading to higher demands for health and care services, including the need for specialised services to cater for the risk of multi-morbidity associated with ageing. The coastal communities of the East Riding already have a higher prevalence of health issues than other areas and will be impacted harder as the older population continues to grow. The rural and coastal needs assessment stresses the need to create environments that support healthy ageing, including appropriate housing, education, employment, and access to health and care services.

3. Eight Domains of an Age Friendly Community

These are the areas which, when acted upon, can help to address barriers to ageing well. The following sections provide some insight from our Stakeholder workshops, a range of data sources and examples of projects, activities and services that contribute to our Age Friendly Community. Some of these are described under a particular domain but also connect to other domains, for example community support and health activities may take place in outdoor spaces or buildings and create social participation and inclusion. Good communication and information about these services is important to create attendance. Civic participation may contribute to the delivery of the activity. Climate Change is now an important issue to consider across a range of domains and is included in this report as a cross cutting theme.

3.1 Outdoor spaces and buildings

The outside environment and public buildings have a major impact on the mobility, independence and quality of life of people in later life. Characteristics of the built environment that contribute to being age-friendly include: access and safety, green spaces, walkable streets, outdoor seating and accessible buildings (with lifts, stairs with railings etc).

Steering Group Stakeholders' comments highlighted the range of outdoor spaces and public buildings in East Riding. Themes covered events, attractions and culture which take place in venues such as Sewerby Hall, Bridlington Spa and Libraries. Places such as Leisure Centres, Markets tourist destinations, cemeteries, dog parks were also mentioned as important assets. As a rural local authority area there was also a strong theme around physical activity opportunities in rural green spaces and coastal areas as well as the range of outdoor spaces and parks for walking and cycling, informal and organised sport and physical activity. Initiatives such as Walking for Health and Park Run are age friendly assets. Transport is a consistent theme in terms of being able to get to outdoor spaces and visit public buildings. Information on where opportunities are and how to get to them is also an important theme – directories or lists of sports, walking and social activities.

There are a number of policies and strategies that lend themselves to this domain such as Open Space National Strategy, Open Space requirements, Local Nature Recovery Strategy, Playing Pitch Strategy and the Design Code.

A Stakeholder who specialises in this domain, explains that an age friendly community in terms of outdoor spaces and public buildings is one that has no obvious restrictions by barriers of age with an infrastructure that benefits all, for example, play parks working for children's play but also accessible for disabled people, wheelchair access, seating etc. Design of roads, buildings and spaces is important to create low and no cost spaces indoors and outdoors for people to go to that are not limited by access to transport.

Conservation volunteering in the outdoors also connects to civic participation and is enjoyed by people volunteering in retirement - The Wildlife Trust offers opportunities for this. Development of Social Prescribing to activity in Green and Blue Spaces is being co-ordinated by Smile Foundation.

The ecological crisis presents an opportunity to improve countryside access and nature diversity. Changing spaces to include food growing, wildflower meadows, native shrubs, fruit producing trees, communal spaces, all that people can participate in could improve opportunities for well-being in outdoor spaces. This connects to the national government requirement that Local Authority Areas are required to develop a Local Nature Recovery Strategy with plans for this to be complete for Hull and East Yorkshire by early 2025.

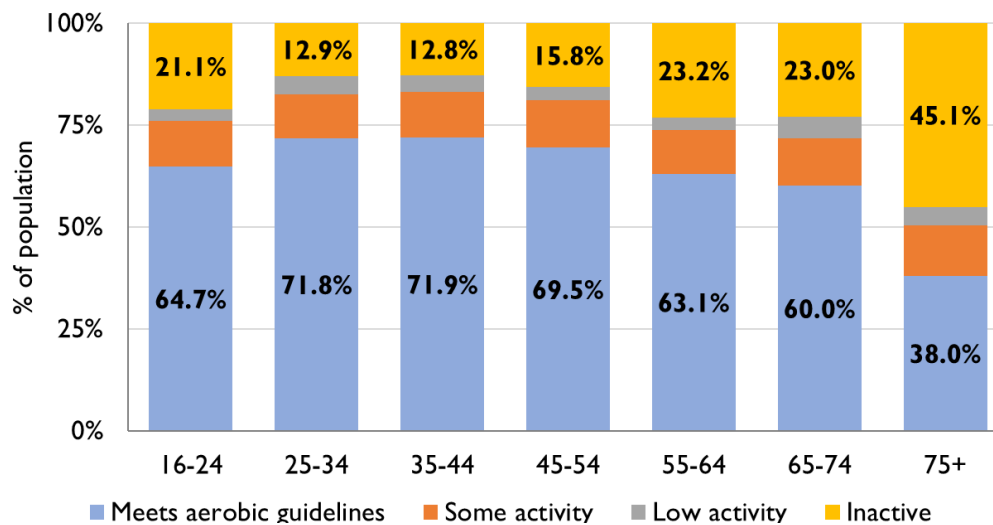
Physical Activity

The World Health Organisation (WHO, 2010) state that there is strong scientific evidence that regular physical activity produces extensive health benefits for older adults and in some instances are more beneficial in this age group due to the outcomes related to inactivity being more common. WHO also state that adults over the age of 65 years should do at least 150 minutes of moderate physical activity throughout the week, which is similar to the general adult population.

Results from the 2021 HSE indicates that participation rates in moderate intensity activities tend to be lower among older adults compared to younger age groups, this is illustrated in Figure 3.1. For most age groups, the blue part of the bars (indicating aerobic guidelines are being met) form the majority of the actively levels, with the yellow parts (inactive levels) only contributing a small percentage. From the age of 55-64 the inactivity levels noticeably increase and by the age of 75+ they form a greater proportion (at 45.1%) than then blue part (38%).

*Figure 3.1
Activity levels
(participation
in at least
moderate
intensity
activity), by
age. England,
2021.*

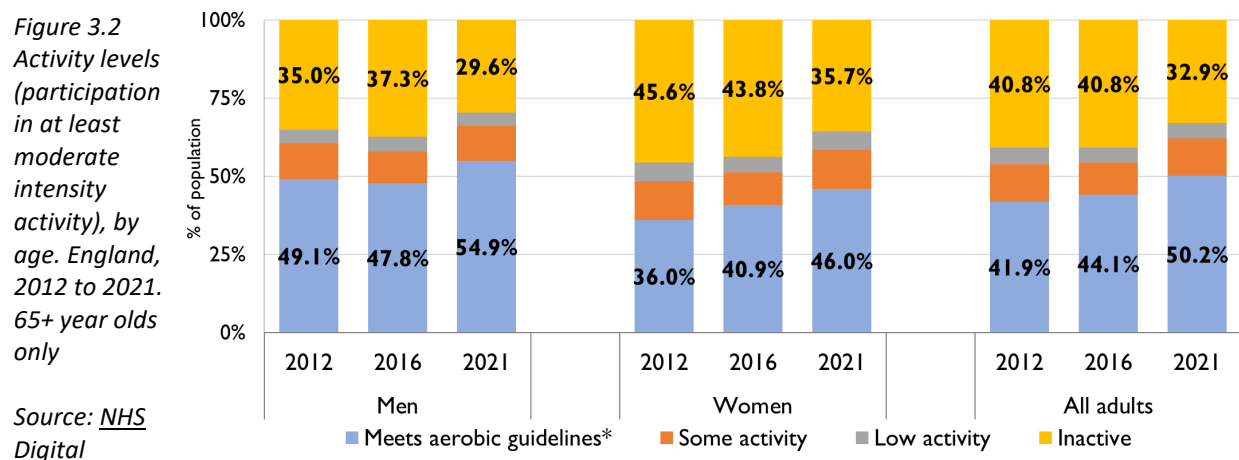
*Source: NHS
Digital*



As if to compound these statistics, Meredith et. al (2023) stated that older adults are often “insufficiently active to maximise health”. However, that is not to suggest there is no interest at all in physical activity, on the contrary Meredith et. al (2023) commented that older people were “motivated by the presence of nature and the sense of freedom provided by well-designed, aesthetically pleasing outdoor spaces, such as wooded trails” and continued “local parks were particularly important for older adults who struggled to travel longer distances.”

Despite the decline in activity levels as age groups get older, the Health Survey for England has reported a gradual increase in over 65 years olds participating in physical activity. Figure

3.2 highlights that over 3 recorded time periods activity levels increased year on year for all adults of this age group, from 41.9% in 2012 to 50.2% in 2021. Note that this particular indicator (showing different years) is based on previous aerobic guidelines.



A range of services and activities that relate to Outdoor Spaces and Buildings are provided across the East Riding. These amenities provide an environment for participation in physical and social activity. Whilst not all being specifically targeted at Older age groups they do appeal to the over 50s and connect with other domains of Age Friendly such as Social Participation and Civic Participation (Volunteering). Have a broad appeal also promotes Respect and Social inclusion with considerations for age and disability.

Friends Groups

Friends Groups are a useful way for people to access the outdoor environment and volunteer in their community. For example the Friends of Humber Bridge Country Park are a group of volunteers interested in the welfare of this Nature Reserve who engage in conservation activities and meetings to protect the environment of this piece of countryside whilst allowing public access to enjoy the surroundings. Ramblers groups also contribute to regular practical conservation activity.

Public Rights of Way

There is a large network of public rights of way across East Riding, including National Trails such as the Yorkshire Wolds Way. The King Charles III England Coast Path is due for completion in Summer 2025 and includes 91 miles along the East Riding Coast.

Coastal activities

In Coastal areas, there are also many accessible walking spaces complemented by the Land train services and chalet hire. The Active Beacons: Photo post Project encourages people to explore the East Yorkshire Coast and capture and upload photos taken from the photo posts in iconic locations. Active Coast is a programme centred around Bridlington, Hornsea and Withernsea offering activities throughout the year.

Bridlington Spa

This venue holds a range of events enjoyed by people over 50 such as Picturehouse Cinema screenings, Tea and ballroom Dances, Tribute nights, Ballet, U3A meeting, Bridlington Pride and ArtWaves. Another coastal attraction is Sewerby Hall which offers a range of activities with an annual pass membership on offer for the Country House and Gardens. Walking for Health, Parkrun, Concerts, Car Rallies, and events and activities suitable for intergenerational family groups take place there. There is easy access to coastal walks and a safe environment for health and wellbeing.

South Cliff Holiday Park

This Bridlington location offers inclusive holidays with many of the Holiday Homeowners being in the over 50 age range, there is a range of events and activities that can be enjoyed on site and locally that are suitable for all to enjoy.

Libraries

East Riding Libraries provide a comprehensive service in twenty-three buildings and outreach to the community by the mobile libraries to 154 locations in neighbourhoods and rural communities. In addition to lending books the libraries provide a range of activities that contribute to healthy ageing and connect to additional domains of age friendly, including social participation, respect and social inclusion and community support and health services.

Groups and activities on offer include reminiscence which provides a space for people to explore a range of subjects, share stories, memories and make and maintain social connections. Other groups include which can appeal to older people include; Knit and Natter, Cuppa and a Chorus, Embroidery Society, Craft and Chat, Art Group, Board Games Group, Creative Writing, Chatty Café, Family History and Ancestry, Poetry Group, Book Clubs.

Digital drop ins are on offer to provide support for people to get online and there is a digital catalogue included in membership. Customers can use the library computers or bring in their own tablet and smartphone with access to free unlimited wi-fi in the libraries.

Libraries have a Health Offer – the Reading Well scheme explains reading is the simplest form of brain training to help memory, vocabulary and concentration. The scheme aids understand and management of health and wellbeing through helpful reading. The books are chosen by health experts and people living with the conditions covered. People can be recommended a title by Health Professional or borrow books, e-books or audiobooks from the library.

Library Members can book appointments to discuss their health and wellbeing. The Boditrax machine is used to measure a range of body composition information which is used to initiate the conversation. Customers are offered opportunities to join activities or groups at the Library, Leisure Centres or in the community to improve health and wellbeing and can book further follow up appointments for further motivation and support. If customers are worried about their blood pressure they can borrow a blood pressure monitor at any library building or mobile library.

Leisure Centres

East Riding of Yorkshire Council also runs ten leisure centres across East Riding which offer a range of indoor and outdoor activities for all ages. There is a comprehensive health offer, with

some activities being offered by the Active Communities Team. Age Friendly activities and support include:

- Multi activity classes for people with Long Term Conditions to help people remain active and mobile and provide an opportunity to socialise.
- Chair Aerobics allows people with reduced mobility work on posture and balance
- Community Move and Groove offers low impact dance exercise
- Walking Netball, Walking Football and Walking Cricket are slower paced versions of these sports with a focus on fun and social interaction.
- Health Qigong is a class utilising the ancient Chinese healthcare system that integrates physical postures, breathing techniques and focused intention.
- Healthy Lifestyles sessions provide a combination of activities aimed at people who want to start taking regular exercise and receive help with weight loss and learn about healthy eating.
- Exercise referral is a 10 week scheme for people with medical conditions, providing help to exercise safely and comfortably, improving health and managing symptoms.
- Live Well is an individualized weight management service including nutritional advice and personal exercise programming.
- Good Boost is a ten week exercise programme focusing on people living with musculoskeletal conditions.
- Escape Pain is a Hip and Knee or Back Care programme which helps to manage pain caused by osteoarthritis.
- NHS Health Check for people aged 40-74 years old to check if people are at high risk of developing long term health conditions and receive personalised advice to maintain a healthy lifestyle.
- Cardiac Rehabilitation is an eight week programme for people post cardiac event or surgery providing group based exercise in a safe and controlled environment.
- The Get Fit for Your Operation Programme aims to improve overall health in preparation and recovery from non-emergency surgery.

Walking for Health

This programme provides series of free guided walks for all ages and abilities aimed at anyone who has an interest in walking or wants to slowly introduce exercise into their daily routine as part of rehabilitation from illness, injury or to get fit.

The scheme offers a range of walks starting from 30 minutes to 2 hours. Participants are encouraged to start where they are at and gradually build up to the longer walks.

The Walking for Health Scheme also connects to the Civic Participation element of our Age Friendly Community as a volunteer walk leader opportunity ensures the success of the Scheme.

Village Halls

There are around 98 Village Halls in East Ridings who are members of East Riding Village Halls Network, a Volunteer led organisation which supports and encourages rural communities to

develop, so they can influence their own futures and secure a range of community facilities and services. The network explains that this is necessary to ensure a better quality of life for all who live in the country. Global pressures such as climate change, an ageing population and constraints on public spending mean a new vision for rural communities is needed to deliver better services in different ways to provide for the need of both current and future generations who live, work and play in the countryside. The network provides community halls with trusted and well researched advice, information and support that enables them to be vibrant, healthy and sustainable.

Green and Blue Social Prescribing

This is an innovative development that has benefited the East Riding. Following HEY Smile Foundation's delivery of the Humber and North Yorkshire Green Social Prescribing (GSP) Test and Learn Programme, a nationally funded 2-year pilot to explore how outdoor and in-nature activity could support those with mental ill health, Smile secured funding from the Community Fund for a new project, Growing Green and Blue Health. Learning from the test and learn programme highlighted a need for training and development in the voluntary, community and social enterprise (VCSE) sector, who predominantly deliver the activities that GSP refers in to, so they can better support the health and wellbeing of participants and be better prepared for referrals through formalised health and care pathways.

To shape Growing Green and Blue Health, and identify areas of training need, 130 organisations delivering outdoor and in-nature activity responded to an insight questionnaire. In this they were asked if training in Dementia and the Outdoors was of interest to their organisation. 40% of respondents indicated it was, so in 2024 Smile partnered with Dementia Adventure, a national charity who work with individuals and organisations to build skills and confidence to support people with dementia to live well by connecting to nature and meaningful outdoor activity.

A three-part training programme was developed and offered to groups across Humber and North Yorkshire. Five East Riding based organisations took part, including those who support individuals with dementia and those that deliver outdoor and in-nature activity. Following the training, the outdoor sites have been provided with sensory trail kits, to enhance how people engage with their site, while one organisation with a 14-acre site is working with a local dementia organisation to explore how they can work together to make the site more accessible. Outdoor organisations who attended have also been connected with local dementia networks so information on experiences and offers can be better shared, alongside opportunities and learning.

The East Riding Coast

The East Riding's 85KM coastline is a dynamic and diverse environment. It includes chalk cliffs in the north, the rapidly eroding Holderness clay cliffs and the sandy Spurn peninsula in the south.

Figure 3.3



As the majority of the East Riding's coastline is made up of soft clay, it is easier for waves and abrasive sand to remove material from the base of the cliff. This steepens the cliff face to a point where it collapses spilling material onto the beach. This clay is then rapidly removed by the tides.

This process means that the East Riding coast is one of the fastest eroding coastlines in Europe.

We need to think differently about how we respond to coastal erosion.

Through the Changing Coast East Riding Project (CCER), East Riding of Yorkshire Council are looking to trial different ways of planning for, and responding to, the impacts of coastal change to improve the support available both now, and in the future.

Through the project we are aiming to:

- Provide up-to-date information about current coastal erosion and how it may impact the East Riding in the future.
- Create plans with each community to help prepare for future changes.
- Support the relocation of infrastructure along the coast.

What we have been doing so far:

- Investigating opportunities for small scale housing in coastal communities to provide somewhere for people to relocate.
- Developing opportunities to relocate lost assets, such as the Mappleton car park and toilet block.
- Working with partner organisations to make sure they are informed and able to signpost people affected to us and other support services they may need.
- Working with academic partners to develop courses and with schools to develop resources so understanding and skills for coastal management are there for the future.

We are looking to work with anyone who has an interest in or involvement with the coast, whether it is where you live, work or visit. By working together, we can keep our rural coastal communities thriving.

- For more information on the project or to get involved please contact coastal.management@eastriding.gov.uk

This project is funded by Defra as part of the £200 million Flood and Coastal Innovation Programmes which is managed by the Environment Agency. The programmes will drive innovation in flood and coastal resilience and adaptation to a changing climate.

Figure 3.4

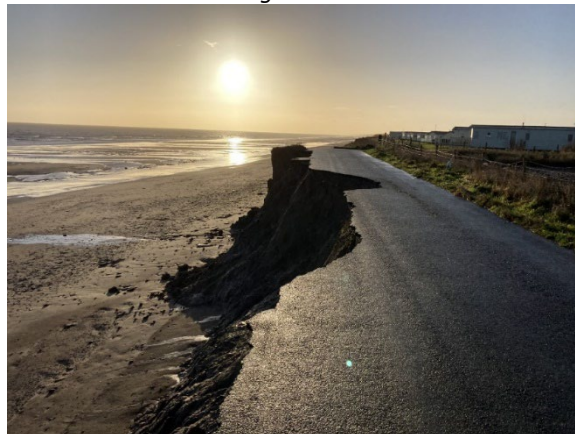


Figure 3.5



3.2 Transport

Transportation, including accessible and affordable public transport, is a key issue for people in later life. People's ability to move about in the community impacts on participation in and access to services. Every aspect of transport infrastructure, equipment and service is integral to creating an Age-friendly Community.

As a rural local authority area there is often concern about the inequalities experienced by those who do not have access to private transport. This domain raises a wide range of Themes with Stakeholders highlighting services for people with disabilities, the need for inclusivity, the need for transport to access NHS and Health and Social Care support across a range of appointments at Hospital, Primary Care and Secondary Care and Day Services. Bus passes, blue badges, day services transport, travel training, patient transport, Motability Scheme, Mobile Library Services, the Inclusion Health Vehicle and Community Transport are all elements of inclusivity in East Riding.

The workforce also relies on transport for commuting to a place of work, but also for roles which can involve significant travel for people working across rural areas. This has an impact for example on the provision of home care to support people to age well in their own home.

Transport to access social, physical and community activities is seen as an important age friendly element. Information is also a theme running through many domains and stakeholders feel directories of information would be useful to support access to transport.

The Voluntary Sector are seen as being an important provider of community transport but may be limited by funding opportunities. There was also a stakeholder view that ERYC transport could be more widely utilised in unused times to support communities.

During 2024 East Riding continued to benefit from the £2 single bus fare initiative. In terms of public transport, stakeholders feel that flexible, reliable, affordable transport, with adequate coverage across the rurality of East Riding is important and there could be more options, more time efficient options and more direct routes.

One person households, aged 66 years and over, with no cars or vans in household

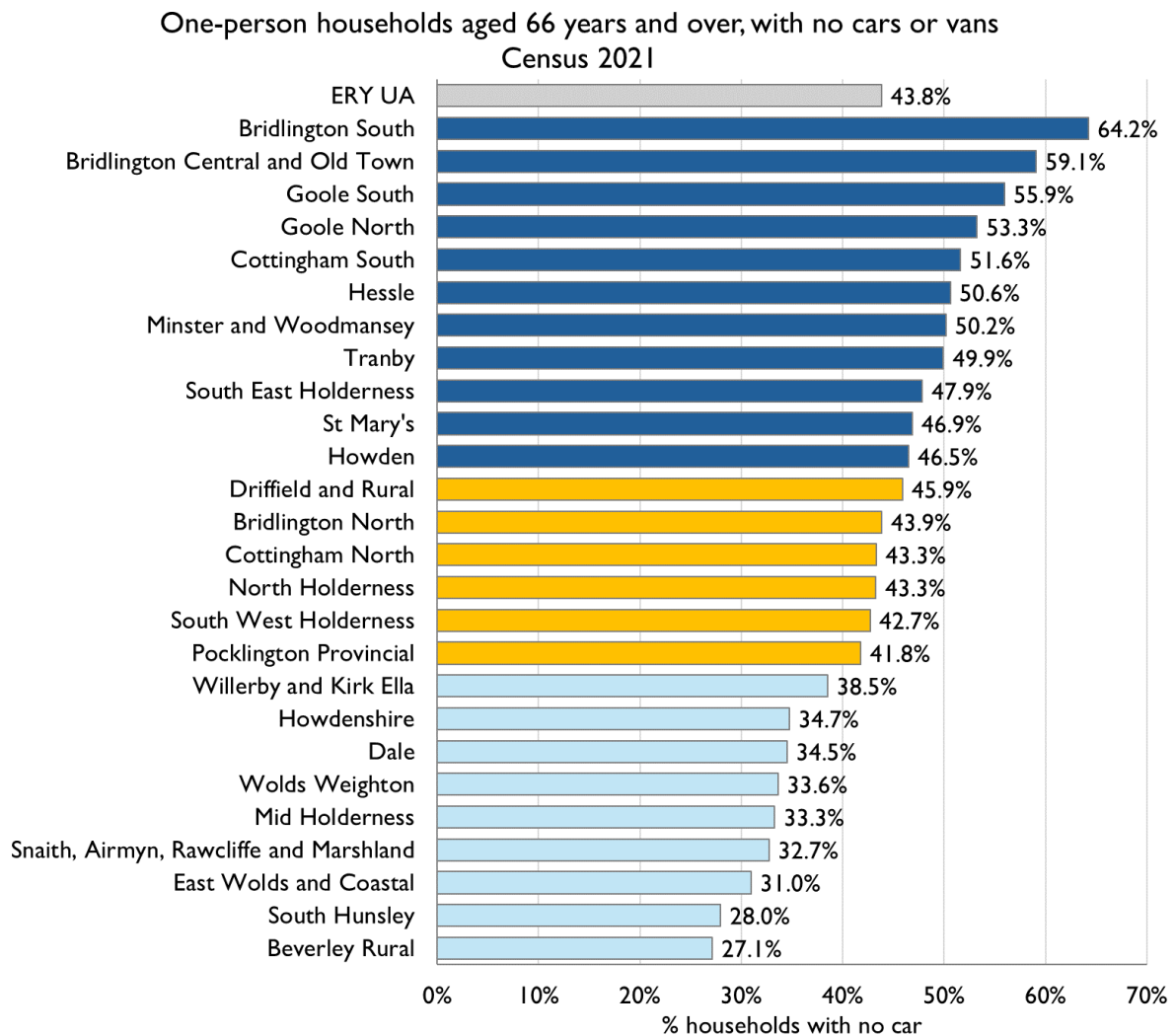
The 2021 UK Census provided a comprehensive snapshot of the population, including detailed insights into living arrangements, age demographics, and access to transportation. From this data it was possible to extrapolate the number and proportion of one-person households (aged 66 years and over) that do not have access to cars or vans. The significance of this is that it can potentially highlight the mobility and transportation challenges faced by older adults living alone in particular areas of the East Riding.

In the East Riding overall, the number of one person households (aged 66+ years) without a car or van equated to 10,658, this represented 43.8% of the overall East Riding 66+ years population, a significantly lower proportion than what was recorded for England and Wales (49.2%). However, within the East Riding, there is significant variation of car/van ownership in this cohort of the population, as demonstrated in Figure 3.3, which shows the proportions by ward. The variation in no car/van ownership ranges from 27.1% in Beverley Rural through

to 64.2% in Bridlington South. There are two immediate observations from the chart, specifically:

- Those wards with a significantly higher percent (shown by the dark blue bars) of having no car or van are amongst the East Riding’s most deprived wards (particularly the top 3 wards). Nationally the Census 2021 indicated a clear correlation between deprivation and access to cars and vans, with households in more deprived areas less likely to have access to personal vehicles compared to those in less deprived areas. This has been linked to income constraints with deprived areas not being able to afford and run personal transport and employment status, where higher unemployment negates the need for regular transport.
- The same wards are generally (but not exclusively) more urban than those wards which have a lower percent of no cars/vans (such as Beverley Rural, South Hunsley and East Wolds and Coastal). The urban areas of the East Riding potentially have better access to public transport and as such there is less reliance on personal transport to travel.

Figure 3.3



Community Transport

The East Riding of Yorkshire Community Transport Strategy 2022-29 explains that community transport has an important role in connecting our most isolated and vulnerable residents to a wide range of services and facilities, filling the gaps in public transport provision in rural areas.

Residents with no other means of transport are enabled to access hospital appointments, health facilities, access dedicated shopping services and social activities. Further information is available here:

<https://www.eastriding.gov.uk/living/rural-matters-here/rural-services/rural-community-transport/>

The 3 main community transport (CT) groups in the East Riding, Beverley Community Lift, Goole GoFar & Holderness Area Transport (HART) have been operational in the area for approximately the last 20 years. Over that time, they have formed a good and strong working relationship with East Riding of Yorkshire Council, they bid for a number of contracts offered by the council to undertake a door to door service for Medibus, shopping trips & school runs, this provides a reliable source of income for the groups.

Across the three CT groups there are 18 accessible minibuses, 3 non accessible minibuses, 3 smaller vehicles, 24 paid staff, 122 volunteers, 1,638 individual members and 225 member groups. Passenger journeys total around 85,000 a year and approximately 88% of passengers are over 65 years of age.

All three CT groups also undertake community work and Goole GoFar & HART come together under East Yorkshire Community Transport (EYCT) as the community arm of this part of their service. The 3 CT groups work to capacity providing a transport service in East Yorkshire, which include day trips, visits to local shops and attendance at medical appointments. The concentration has primarily been on delivering a service to regular passengers, however EYCT have taken on a Community Development Officer, the aim being to identify people who are lonely or isolated as the result of no access to transport. This role has established the need to raise awareness of local CT groups and how to contact them.

Organisations consulted by the Community Development Officer were all of the view that transport would be an issue for a number of people and as a result they would not be able to attend meetings or community activities, but there was no clear evidence of where these people were. There is quite definitely a need to raise awareness of community transport but also a need to recognise that partnership working is required to start to offer any increase in service for those who need it. Raising awareness of CT and asking about peoples transport needs has already started a conversation and an acceptance that transport or lack of it is something which we all need to work together to improve. Sustainable solutions to transport needs requires those who provide services to consider whether they are asking about peoples transport needs.

Regards hospital appointments, a simple question at the time of making an appointment about how difficult it might be for patients to attend and then providing information about

transport. Is it also worth asking the question about whether missed appointments is down to transport issues. With reference to community activities, if groups could be encouraged to talk to local transport providers about extending membership to a wider audience, we might start to address the issue of loneliness & isolation & also increase group membership for some activities.

3.3 Housing

Safe, good-quality homes can maintain or improve physical and mental health, wellbeing and social connections. It is vital to have housing and support that allow us to age comfortably and safely within the community of people's choosing.

Figure 3.4. Source: Centre for Ageing Better

In England there are 1.3 million owner occupied homes headed by someone aged 55 or over that are non-decent.

A fifth of owner-occupied homes headed by someone 55 or over in the lowest income bracket are non-decent, compared to a tenth in the highest income bracket.*

A quarter of a million privately rented homes headed by someone aged 55 and over in England are non-decent.

Two in five homes privately rented by someone aged 50-69 have condensation, damp or mould. The number of private renters aged 50 and over doubled in the 20 years to 2021 and is set to continue to increase.

Steering group stakeholders raised a number of themes around this domain. As with other domains, Inclusivity and Disability are strong themes. Data on needs informs the type of housing requirements, for example whether there is a need for more social housing. Future proofing new building and wheelchair accessibility were also highlighted.

Financial and monetary matters such as tenancy protections, housing benefits, support for low-income families and the winter fuel payment were all raised and consideration is needed in terms of data to understand if all those who are entitled are making claims for benefits and support.

Health and Social Care and how this relates to housing are another theme including care homes, independent supported living, assistive technology, sheltered housing, access to services for adaptations e.g. Occupational Therapy. Community is also seen as an important theme in relation to neighbourhood watch for example as well as information around community support, with the local links website given as an example.

One-person households aged 66 years and over

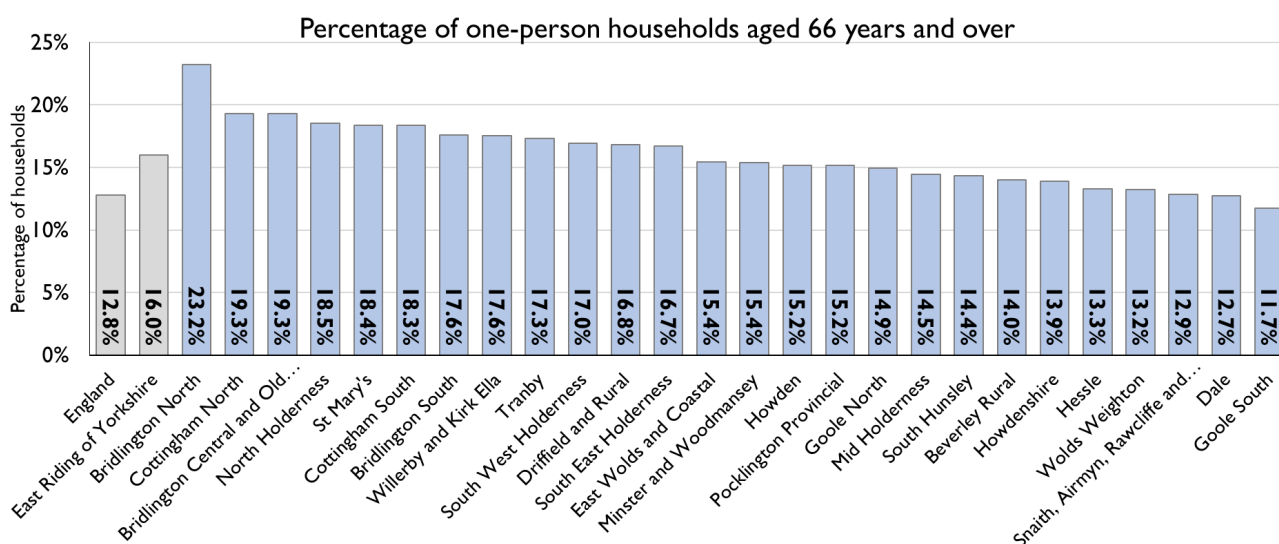
The Census defines a 'household' as "one person living alone, or a group of people (not necessarily related) living at the same address who share cooking facilities and a living room, sitting room or dining area" ([Census 2023](#)). A 'One-person household' is defined as a households where only one person usually lives, regardless of their relationship to other people who may live elsewhere. One-person households aged 66 years and over (an age group used by NOMIS) are a growing segment of the UK population, reflecting the ageing of the population and the changes in family and living arrangements.

As of the 2021 census, there were 24,320 one person households where the occupant was aged 66 years and over, equating to 16% of all East Riding households. This was a significantly higher proportion than England overall (12.8%), however perhaps not unexpected given the East Riding’s significantly higher proportion of over 65 year olds in its population.

Figure 3.5 below displays the proportion of one person households (aged 66 and over) by ward, 9 wards (Bridlington North through to Tranby) had a significantly higher proportion than the East Riding average. Bridlington North, the ward with the highest proportion (at 23.2%) was over twice that of the ward with the lowest proportion (Goole South, 11.7%), reflecting their respective overall older and younger populations.

By count of households, Bridlington North had the highest count of one-person households (66+ years) at 1,541, St Marys (Beverley) and Pocklington Provincial had the 2nd and 3rd highest counts (1,368 and 1,259 respectively). Table 7.2 in Appendix 3 – **One person households** provides further details of East Riding ward one person households, complete with counts in each ward.

Figure 3.5 % of one person households by East Riding ward, 2021 Census



Older People’s Housing Strategy (2019-2024)

In this strategy East Riding of Yorkshire Council sets out the council’s approach to addressing the housing needs of older residents in East Riding across all tenure and includes the following three objectives:

1. Provide appropriate and accessible housing advice
2. Improve and maximise the use of existing housing and promote independent living
3. Facilitate the provision of new housing in response to an identified need, including schemes for aspirational living

Encouraging people to plan their future housing needs is a key outcome of this strategy, promoting awareness of the services available to older people and their carers. Making sure the existing housing stock and all new developments meet the needs of older people now and

in the future is also promoted through the strategy. The strategy and supporting information are available at:

<https://www.eastriding.gov.uk/council/plans-and-policies/other-plans-and-policies-information/housing-strategy/housing-strategy-and-policy/>

A housing needs survey within the East Riding is due to be completed in 2025 and will contribute to a refresh of the Older People's Housing strategy to be completed in mid 2025, this will connect with information gathered from the Older Persons Taskforce and connect with the Age Friendly Communities approach. There are a number of social and affordable housing providers offering homes to rent in the East Riding of Yorkshire.

Beverley Housing Charity

Almshouses are the oldest form of Social Housing and recent national studies have shown this form of retirement housing increases life expectancy. A Beverley based Almshouse charity with 161 homes, Beverley Housing Charity is modernising its housing and services to meet the current and future needs of retirees.

Beverley Housing charity provides more than just a home, Sheila a resident of more than 10 years explains. "I came to live here with my husband John several years ago now, when John passed it was important to me that I could stay, but without the charity many of today's challenges would have caused me significant distress. Losing your partner, and in my case the one who sorted all the bills means that I felt particularly vulnerable, but the charity has provided so much practical and emotional support which helps me live a better life than if I was in another form of accommodation".

The Charity has committed more than £2m of its reserves to remodel some of its oldest properties and Grade II listed sites. Work on Charles Warton and Ann Routh Hospitals comes as the charity secured its first funding from Homes England which further enables the charity to continue its growth alongside the remodelling works.

Andrew Barber OBE. CEO of Beverley Housing Charity said. "We save our full resident base more than £300k in comparison to market rents in the area each year, but we no longer stop there, the spaces and services we offer, together with local partners, go on to ensure we are not just about affordability, but quality in our homes and services which ensure when you take on an Almshouses with us you do so with the opportunity to truly live not just exist in retirement.

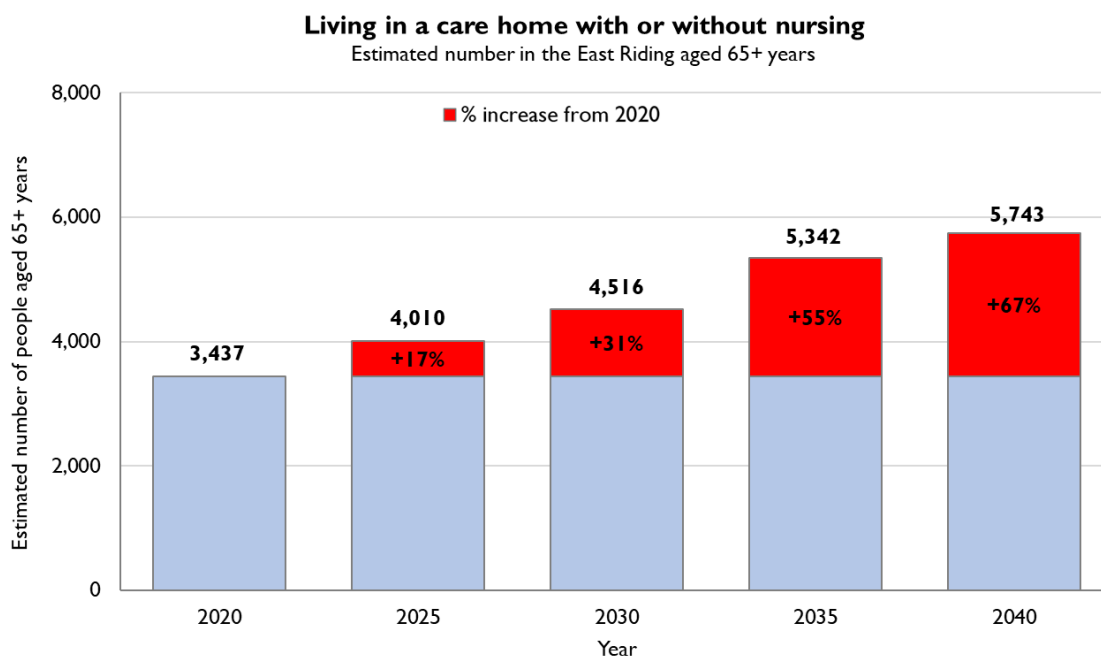
Beverley Housing Charity is part of the Age friendly community commitment in the East Riding of Yorkshire and continues to invest its resources into Housing and the relief in need of those from the area aged over 65. www.beverleyhousingcharity.org

Care Homes

East Riding's Integration and Commissioning Team (part of Adult Social Care and Health) stated as of July 2024, there were 4,389 registered care home beds in the East Riding. At the time of reporting, 587 were vacant which left 3,802 occupied beds. Of these, East Riding of Yorkshire Council were funding 1,875 individuals on a permanent basis (49.3% of the occupied total).

The Projecting Older People Population Information (POPPI) website provides estimates about the numbers of East Riding residents who are projected to live in a care home over the next 15 years. The POPPI system uses estimates at a certain period of time and from a source that may differ from local authorities own sources, as such numbers of care home residents may differ between the sources presented here. Figure 3.6 below, shows the count of estimated residents by each year, along with the percentage increase from 2020. It has been estimated that by 2040, there will be over 5,700 residents in care homes, an increase of 67% over the number estimated in 2020.

Figure 3.6 Source: <https://www.poppi.org.uk/>



Fuel poverty

Fuel poverty is a term that describes the situation of households that cannot afford to keep their homes adequately heated. According to the UK government, a household is considered to be in fuel poverty if it has higher than average fuel costs and would be left with a disposable income below the poverty line after paying them.

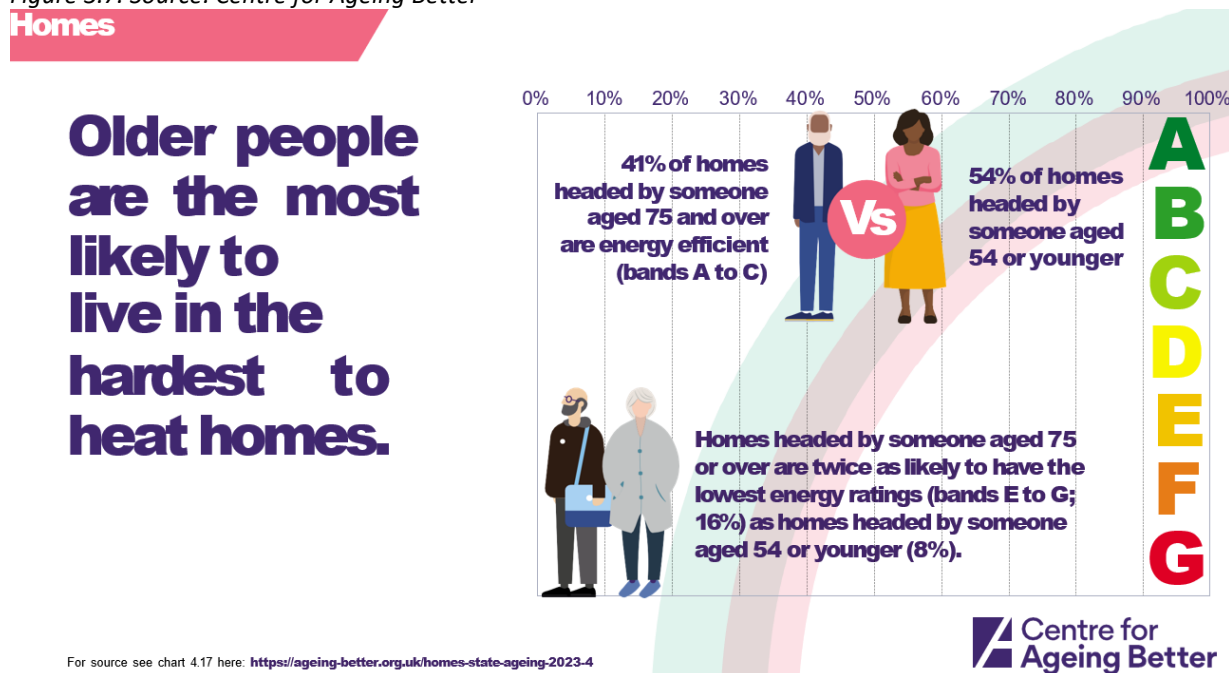
There are three main factors that contribute to fuel poverty: low income, high fuel costs, and poor energy efficiency. Older people are more likely to experience fuel poverty because they tend to have lower incomes, higher fuel needs, and live in older and less efficient homes.

- Low income: Older people are more likely to rely on fixed incomes from pensions, benefits, or savings, which may not keep up with the rising cost of living. According to the Office for National Statistics, the median income of households headed by someone aged 65 or over was £23,900 in 2019/20, compared to £31,500 for all households.
- High fuel costs: Older people are more likely to spend a larger proportion of their income on fuel, as they tend to need more heating to stay warm and healthy. According to the Department for Business, Energy and Industrial Strategy, the average

annual fuel bill for a household headed by someone aged 65 or over was £1,354 in 2019, compared to £1,289 for all households.

- Poor energy efficiency: Older people are more likely to live in older and less efficient homes, which require more energy to heat and maintain. According to the English Housing Survey, 38% of homes occupied by someone aged 65 or over had an energy efficiency rating of E, F, or G in 2019, compared to 15% of all homes.

Figure 3.7. Source: Centre for Ageing Better



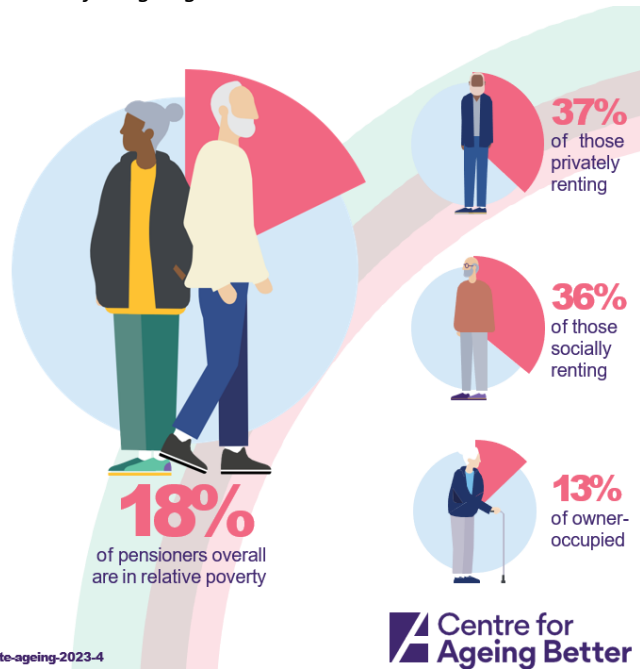
Fuel poverty can have serious impacts on the health, well-being, and quality of life of older people. Some of the consequences include:

- Cold-related illnesses: Older people are more vulnerable to cold-related illnesses, such as respiratory infections, asthma, cardiovascular diseases, and hypothermia. According to the Office for National Statistics, there were an estimated 28,300 excess winter deaths in England and Wales in 2019/20, of which 82.5% were among people aged 65 or over.
- Mental health problems: Older people who live in cold and damp homes may experience increased levels of stress, anxiety, depression, and social isolation. According to the charity Age UK, 1.7 million older people in England say they have no one to turn to for help and support.
- Reduced quality of life: Older people who struggle to afford their fuel bills may have to make difficult choices between heating and other essentials, such as food, medicine, or clothing. According to the charity Independent Age, 1.9 million older people in the UK say they often or sometimes feel lonely.

Figure 3.8. Source: Centre for Ageing Better

Homes

Almost 2 in 5 pension-age adults who are renting privately were in relative poverty in the UK in 2020/21.

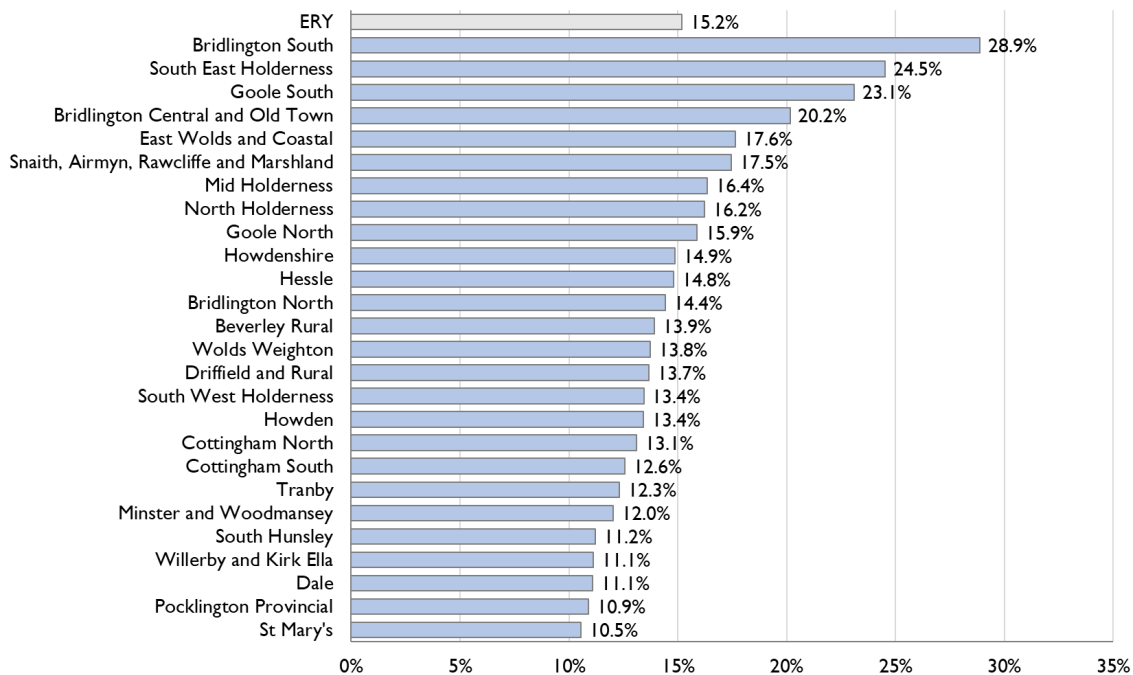


For sources see charts 4.13, 4.14 and 4.15 here: <https://ageing-better.org.uk/homes-state-ageing-2023-4>

In 2022, modelled estimates, suggested 15.2% of East Riding households were ‘fuel poor’, a figure that was significantly lower than the Yorkshire and the Humber region (17.1%) but significantly higher than England (13.1%).

Naturally there is variation within the East Riding itself as seen in Figure 3.9, which displays ward values for this indicator, sorted in descending order by wards with a higher level of fuel poverty. The East Ridings four most deprived wards have the four highest proportions of houses in fuel poverty, all in excess of 20%, with Bridlington South recording the highest proportion at 28.9%. Please note that these are all households by ward and are not necessarily those occupied by older people.

Figure 3.9 East Riding wards, % of households that are fuel poor (2022)



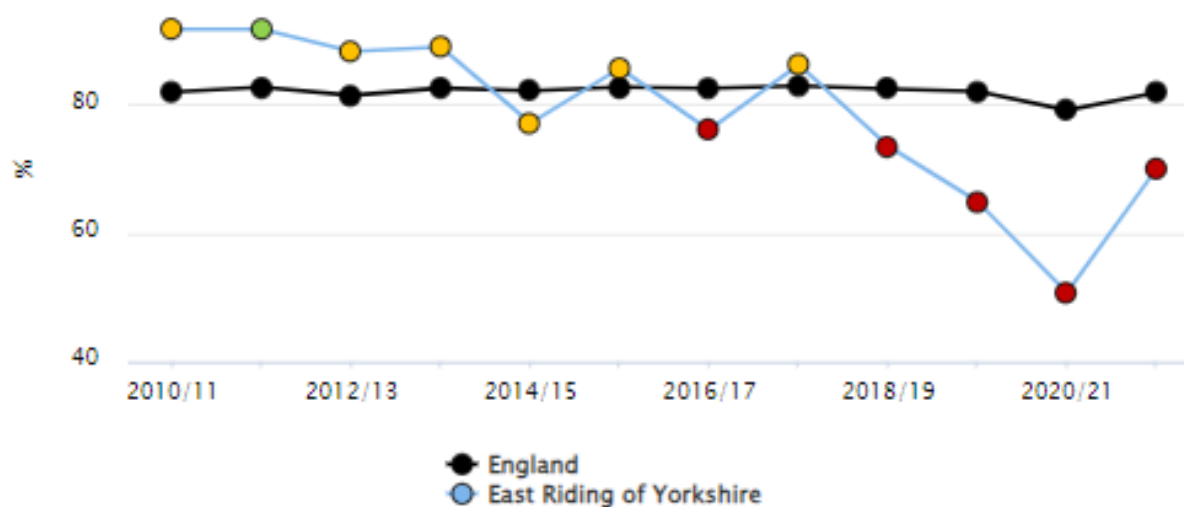
Community Reablement

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital

This indicator measures the number of residents aged over 65 years, who were discharged from hospital into the Community reablement service and who were still at home 91 days later. It is a key outcome for many people using reablement services.

In 2021/22, 70% of East Riding residents aged 65 years and over were still at home after discharge, significantly lower than the England average of 80.4% in the same year. The chart below shows this proportion has generally been decreasing since 2010/11.

Figure 3.10 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital, East Riding compared to England

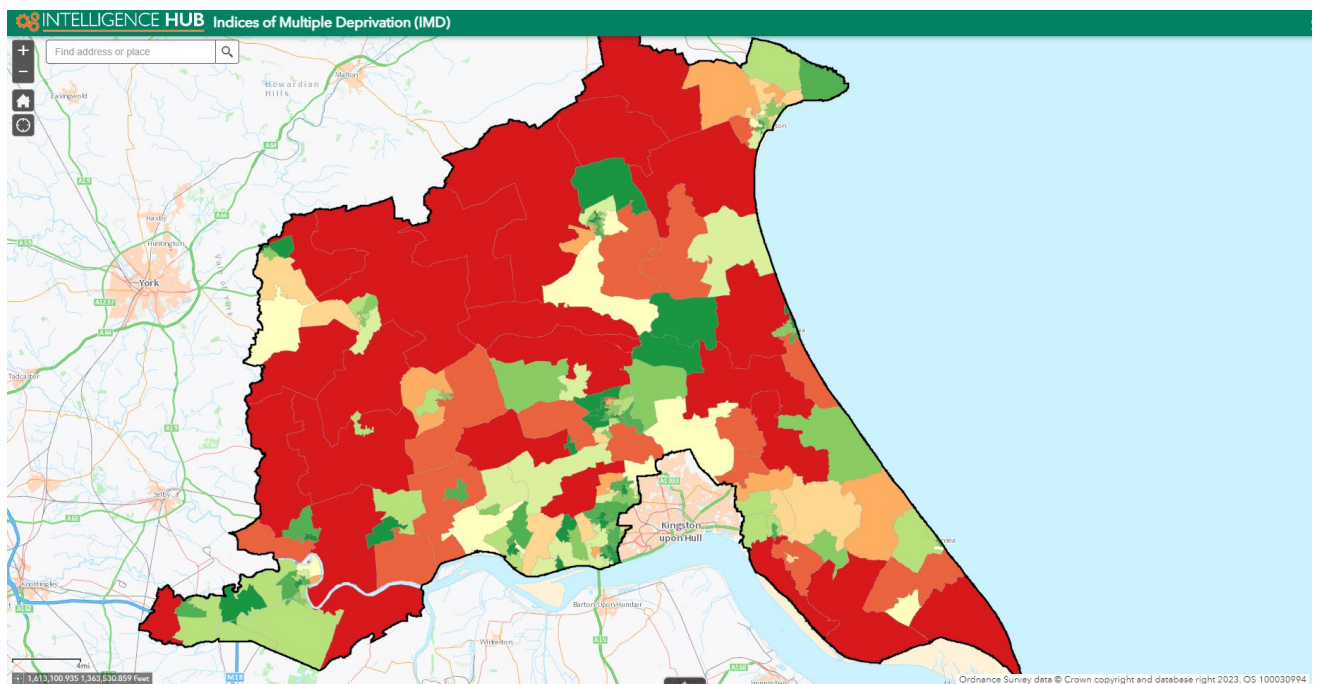


Indices of deprivation – barriers to housing and services

The Barriers to Housing and Services Domain measures the physical and financial accessibility of housing and local services. The indicators fall into two subdomains: 'geographical barriers', which relate to the physical proximity of local services, and 'wider barriers' which includes issues relating to access to housing such as affordability. It is one of seven domains that combine to produce the overall Index of Multiple Deprivation.

Figure 3.11 highlights in darker red colours those areas as having higher levels of deprivation specifically related to housing and services. Much of the North, West and South East of the East Riding falls within the most deprived deciles nationally.

Figure 3.11 IMD 2019 – barriers to housing and services domain only



This data also applies when we are looking at other domains of Age Friendly – such as social participation, respect and social inclusion, community support and health services.

3.4 Social participation

Social participation is strongly connected to good health and wellbeing throughout life. It is important to enable people to feel connected and have a sense of belonging and maintain or establish supportive and caring relationships. Enabling accessibility, particularly for those with mobility issues, is also key.

The Campaign to End Loneliness (2024) has highlighted isolation and loneliness as problems that exist within our society, the key themes they found include:

- **How many people does it affect?** In 2022, 26 million people in the UK (approximately 50% of adults) reported feeling lonely occasionally, sometimes, often, or always. Whereas, those in Britain experiencing chronic loneliness (i.e. feeling lonely 'often or always') rose from 3.2 million people (6% of the population) in 2020 to 3.8 million (7.1%) in 2022. As this period intersects with the recent pandemic, it suggests Covid-19 has had a serious long-term impact on loneliness.
- **The effect on health and wellbeing:** Loneliness significantly impacts health and wellbeing, increasing early mortality risk by 26%. It is associated with mental distress (affecting 60% of people experiencing chronic loneliness compared to 15% of people who are not), elevated blood pressure and poor sleep quality in young adults, as well as sleep inadequacy and dissatisfaction in the general population.
- **Impact on education and employment:** Loneliness in early adolescence is associated with lower educational attainment and 48% of lonely young people say that feeling lonely makes them 'less likely to want to progress in work' and that feeling lonely makes them lose confidence in themselves. Although it may not be immediately obvious how loneliness in earlier years connects to healthy ageing, this may have an ongoing impact later into the life course. In work, higher loneliness levels among employees are associated with poorer work performance and costs UK employers £2.5 billion a year due to its impact on employee sickness, caring activity, productivity, and voluntary staff turnover. It has been estimated that the cost of severe loneliness is estimated at around £9,900 per person per year.

Individuals who experienced limitations in their day-to-day activities due to disability or health conditions

To gain insight into the prevalence and impact of disability and long-term health conditions within the population, the 2021 UK Census included the questions "Are your day-to-day activities limited a lot?" and "Are your day-to-day activities limited a little?". Anyone who reports to have activities limited a little or a lot were classified by the Census as disabled, under the Equality Act (2010).

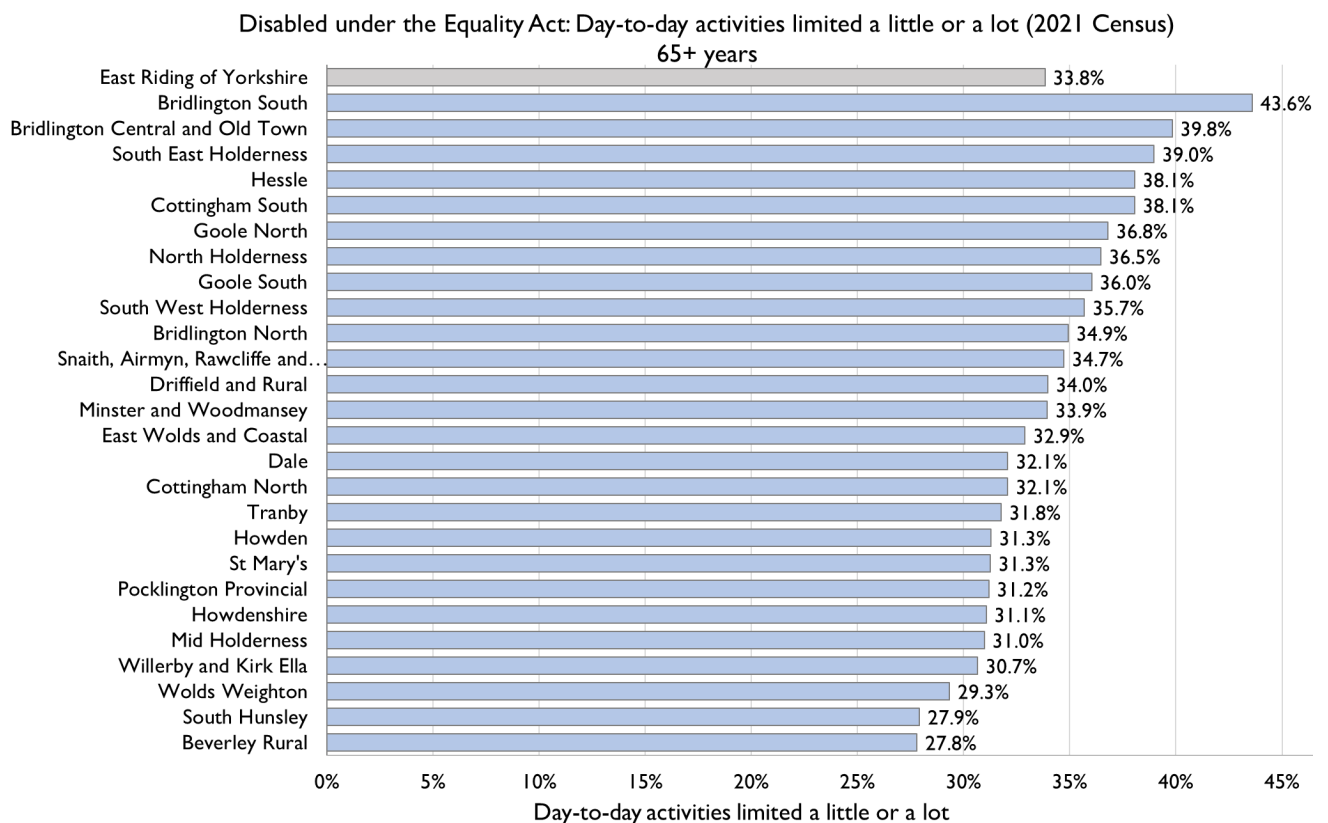
- Those who were "limited a lot," were defined as those who had substantial difficulties in performing everyday tasks. This could include challenges in mobility, self-care, communication, or any other aspect of daily living that significantly impairs their ability to function independently.

- In contrast, the definition of “a little” implies that they encounter some difficulties, but these are not as severe. These individuals may still be able to perform most tasks independently, but with some effort or minor adjustments.

In the East Riding, the 2021 Census reported approximately 30,600 residents aged 65 years and over as having activities limited a little or a lot, equating to almost 34% of the total 65+ year old population. Figure 3.12 below breaks the prevalence down into ward areas, showing the variation in ward values from 27.8% in Beverley Rural to 43.6% (almost half) in Bridlington South. It is notable that 3 of the 4 most deprived wards in the East Riding record the 3 highest prevalence of disability on the chart, in contrast, wards recording a lower prevalence are amongst the least deprived wards of the local authority. Table 7.3 in Appendix 4 - Day to Day Activities Limited provides counts and prevalence by ward for each question separately.

This type of inequality was reflected in England and Wales (E&W) overall, with the Census revealing that individuals living in the most deprived areas are more likely to report having a disability that limits their daily activities. It found that approximately 20% of individuals in E&W’s most deprived areas reported a disability, compared to around 10% in the least deprived areas.

Figure 3.12 Day-to-day activities by Ward for ages 65+, Census 2021



The POPPI system has estimated that the future number of East Riding residents aged 65+, whose day-to-day activities are limited a lot, will increase 45% between 2020 and 2040. This is shown in Figure 7.6 in Appendix 4 - Day to Day Activities Limited.

Stakeholders suggested that frontline organisations and groups such as Food Banks, Welcoming Spaces, Faith Groups, British Red Cross Local Coordination Service, and Home Safety Visits have access to residents voicing their needs and are therefore a vital source of knowledge by which to assess the level of respect, social inclusion, and social participation experienced by older residents in our community. Building these networks by including more general social settings as pubs and cafes, faith groups, emergency services, the veteran community, and other cultural groups poses an opportunity to further increase our data and insight into older people's behavioural patterns within the community regarding their continued or declining access to common social settings.

Social Prescribing

Services that aim to increase social participation include Social Prescribing which is available across East Riding. This also provides an important non digital resource that relates to the Communication and Information domain and also contributes to Respect and Social Inclusion for older people. In East Riding, this was originally developed as a Public Health commissioned service but has now also has been adopted nationally by Primary Care. NHS Social Prescribing link workers connect people to community-based support, including activities and services that meet practical, social, and emotional needs that affect their health and wellbeing. This includes connecting people to statutory services for example housing, financial and welfare advice. Social prescribing works particularly well for people with low level mental health needs, who feel lonely or isolated, with long term conditions and complex social needs.

In addition, the Your Health, Health and Wellbeing Advisor and Connector service provided by Humber Teaching NHS Foundation Trust provides individualised personal support and motivation focusing on social, emotional and practical needs through in person sessions at community centres or libraries, GP practices and also the option of home visits and telephone support. The practitioners are local people with experience and knowledge of the issues that people can have in relation to wellbeing such as long term health conditions, relationships and friendships, employment, food and fuel poverty, debt, housing, digital technology, unpaid caring. Clients are empowered to improve their health and wellbeing through an individual personal plan and achievable goal setting to overcome barriers to improving self care and to address social causes of ill health and wellbeing. Support includes signposting to social activities, opportunities and support groups. Clients can be accompanied to the first session of a social activity. The service is for adults 18 years or older and people can be referred by a medical professional, adult social care or through hospital discharge.

Building Community Assets

Creating opportunities for people to have social prescribing support relies on the existence of the range of appropriate services and opportunities that support goal setting and empowerment to improve health and wellbeing. These span a number of domains of Age Friendly – outdoor spaces and buildings are the venues for a range of health and well being activities, people may need transport to access opportunities and services. Respect and Social inclusion are important to ensure older people and those with other protected characteristics are safely included. Asset based approaches to community wellbeing have been promoted by the Local Government Association for some time. In an initial publication in 2010 “Glass Half-full – How an asset approach can improve community health and wellbeing” and the follow up review “Glass Half Full – 10 years on” (2020) explain that support building on the

strengths and resources in a community to increase resilience and social capital can develop better ways of delivering health outcomes. This also connects to the East Riding Health and Wellbeing Strategy 2023-28 which includes a priority outcome “East Riding residents achieve healthy, independent ageing”. Strong, resilient communities are seen as vital to ensure access to a wide range of support in the community.

VCSE infrastructure support

Voluntary Sector Organisations and groups provide a range of opportunities for social participation. HEY Smile Foundation have a key role in supporting this sector in East Riding Smile’s Community Development offer is supported by East Riding of Yorkshire Council to help charities and volunteer groups succeed, providing support with governance, funding, volunteering, training and collaboration. Smile Foundation also work with NHS trusts to enhance the patient and staff health offer to improve NHS experiences and forge meaningful relationships with corporate partners to unlock resources to give back into the community through events, appeals, volunteering opportunities and fundraising.

Active Communities

East Riding of Yorkshire Council employs an Active Communities Team who have a role in promoting independence, reducing isolation and increasing the health and wellbeing of East Riding residents aged over 50 and / or those with long term health conditions. The approach of the ‘Let’s Get Moving’ programme is about promoting wellbeing, prevention and early intervention; empowering people to develop the skills, knowledge and confidence to make the healthy choice at key transitional points in their lives. Fundamental to our approach is supporting problem solving in the community, building skills and knowledge at a very local level, with a range of partners right across the community infrastructure from community groups to care homes. The programme is shaped by the following features:

- Increasing participation across the targeted groups – over 50’s and adults with disabilities
- Free or low cost
- Variety of activity opportunities tailored to various levels of ability
- Easy access ‘doorstep’ approach, i.e. village hall settings / sheltered accommodation
- Exit routes for progression and development to the desired level – e.g. existing classes and leisure centre activities
- Supportive and evolving partnerships, e.g. with agencies / organisations and local clubs and voluntary groups

The programme has achieved key prevention outcomes around reducing isolation, increasing independence and greater social interaction through delivery of adapted activities such as walking sports, walking groups, intergenerational sessions with sheltered housing residents and local school children, light activity sessions in community settings, Volunteer training, CPD and support and work at promotional events. This work also connects to several other domains of Age Friendly such as respect and social inclusion and contributes to the offer in Outdoor Spaces and Building.

3.5 Respect and social inclusion

An Age-friendly Community enables people of all backgrounds to actively participate and treats everyone with respect, regardless of age. Multigenerational activities are a great way for different generations to learn from one another.

Stakeholder comments on respect and social inclusion highlighted the importance of accessibility and inclusivity of community groups and other social spaces. Ensuring that older residents are respected and considered within our society and can continue to participate and feel a sense of community is highly important to maintaining good health and wellbeing.

In order to do this people need to know what is available to them and how they could access it; resources and funding are needed to support this and keep information up to date. Social prescribers could be a useful source to see how many people currently are accessing community groups etc and how many more it could potentially benefit. Using qualitative data in addition to figures of how many people are helped and engaged with volunteering services will aid understanding of how we can improve participation and inclusion. Particular areas to highlight for increasing social inclusion were mentioned as being the network of services that can be accessed from East Riding Libraries, use of digital medias particularly where courses or groups are exclusively digital, and ensuring that workplaces are inclusive and diverse.

To understand more about the state of residents' ageing, stakeholders have identified information sources which centred thematically around physical health and wellbeing and the community and VCSE. Quantitative information sources such as the Active Lives, Active Communities, and ERYC Health and Wellbeing surveys can be utilised, and regular activities such as Parkrun and Walking for Health present opportunities to examine the range of age demographics in attendance and converse with people about what drives them to attend and whether they will continue to do so as they age. The East Riding Health and Wellbeing website can act as a central hub to promote and signpost individuals to these activities and groups, and monitoring the access to this website will be a key indicator of how it is being utilised.

The Inclusion Health Needs Assessment (accessible here: <https://eastridingjsna.com/inclusion-health/>) describes the needs of Inclusion Health Groups in East Riding. One of the points discussed within the report is the distinct health needs of older veterans. A culture of excessive alcohol consumption was identified as being a characteristic amongst older veterans, which had been traditionally seen as a 'rite of passage' and a way to bond with peers. It also stresses the importance of ensuring that services are accessible and appropriate for older veterans, many of whom have had a legacy of very little health care and welfare support when they were serving, which has contributed to complex health and social care needs as they have become elderly.

The needs assessment identifies social deprivation as a primary factor linked to health inequalities in the East Riding, which affects marginalised and underserved individuals, including older people. This highlights the need for targeted interventions to address these inequalities.

Furthermore, the document underscores the importance of flexible service delivery, increased multidisciplinary collaboration, and improved data sharing to better meet the

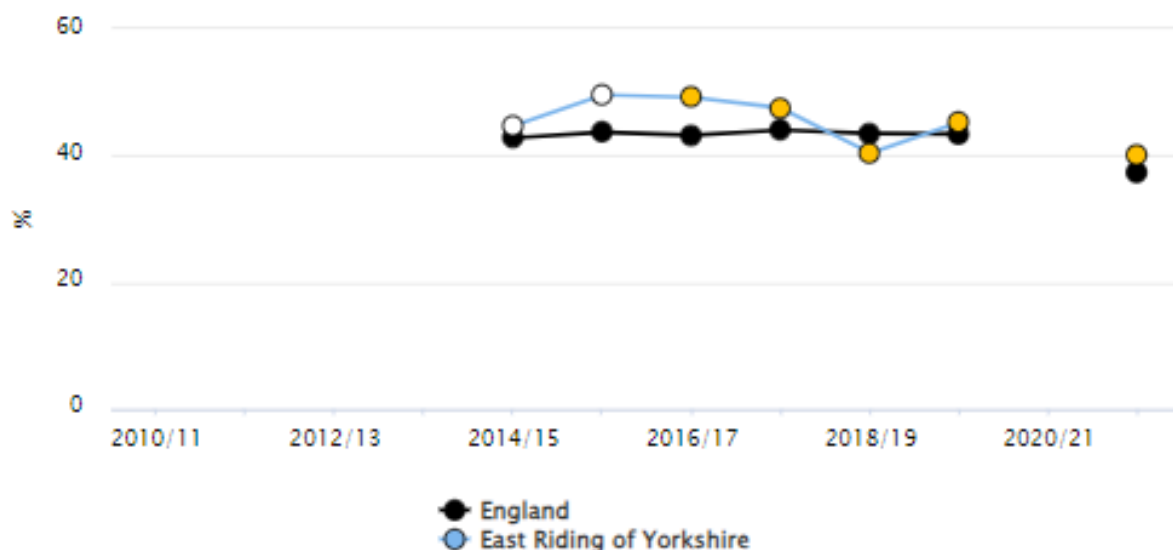
complex needs of inclusion health groups, including older people. These measures are crucial for providing effective and comprehensive care to the ageing population.

Social Isolation: percentage of adult social care users who have as much social contact as they would like (65+ years)

The Adult Social Care Survey for service users asks "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?". This indicator reports those who responded to the question with the answer "I have as much social contact as I want with people I like". This measure applies to those people in receipt, at the point that data are extracted, of long-term support services funded or managed by social services following a full assessment of need.

In 2021/22 was 40.2% of adult social care users having as much social contact as they would like, lower, but not significantly than the 39.8% reported in 2018/19. The East Riding 2020/21 was higher than the England average (37.3%) but not significantly. See Figure 3.13.

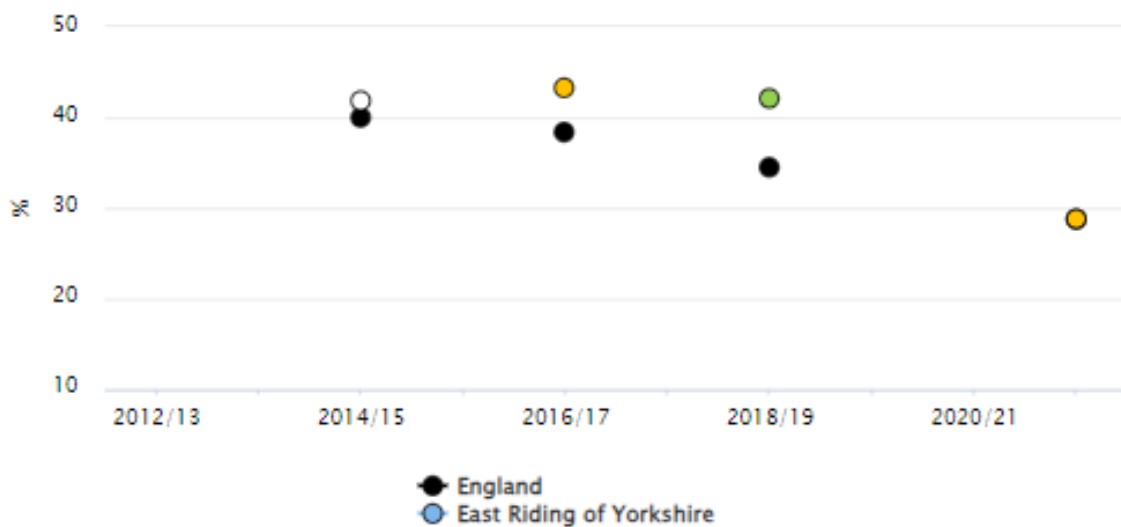
Figure 3.13 Percentage of adult social care users who have as much social contact as they would like (65+ yrs)



Social Isolation: percentage of adult carers who have as much social contact as they would like
 This indicator highlights the percentage of respondents to the Personal Social Services Survey of Adult Carers in England who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like".

In 2020/21, the East Riding percentage was the same as England overall at 28.8% but the East Riding was the 4th lowest within the region (out of 15 local authorities). The East Riding proportion had reduced significantly since 2018/19 (when it was 42.1%), as shown in Figure 3.14.

Figure 3.14 Percentage of adult carers who have as much social contact as they would like (aged 65+ years)



A number of services and projects correspond with the domain of Respect and Social Inclusion, these also overlap with other domains such as housing, social participation and community support and health services.

AGE UK Hull and East Riding

Age UK Hull and East Yorkshire (Age UK HEY) have a clear vision that **Older people live happy and independent later lives** and to achieve this we deliver our mission of **Ensuring local older people get the services and support they need**.

Whilst we recognise the value that other agencies play key roles in supporting the needs of older people, these agencies are very much issued focused e.g. dementia, stroke, Alzheimer's, sensory impairment, adult social care, health services etc.... Age UK HEY is the only organisation on the region who focus exclusively upon older people.

It is widely recognised that across the UK we have an ageing population.

Age UK (Age UK Hull and East Yorkshire national partner) produced a report titled "Estimating need in older people". This older person focused nationwide piece of research identified that 72% of older people faced at least one of six core issues:

1. Ill health
2. Poverty
3. Care and support needs
4. Loneliness
5. Social isolation
6. Poor housing

Regionally for East Riding this equates to over 47,128 older people managing one or more of these key areas of need. (Sources - [Age UK – Estimating need in older people \(Nov 2019\)](#) and ONS - Estimates of the population)

Age UK HEY deliver a range of 4 key themes of activity to support older people of the region:

- Information and Advice – supporting older people to access the welfare benefits and other services they are entitled to.
- Positive activities – a range of activities aimed at maintaining independence, increasing health/wellbeing via socialisation and falls prevention/support.
- Befriending – for housebound older people providing regular visits, phone calls and letter to reduce isolation loneliness.
- Home Support – providing all the support an older person requires to continue living independently in the community (excluding personal care).
 - 2024 –

In 2024 Age UK HEY supported East Riding residents to secure over £510,000 of additional benefit income, 1993 attendances were recorded at East Riding activities, 4454 hrs of befriending support were provided to 112 East Riding residents and 2093 hrs of home support was delivered to East Riding residents.

Neurodiversity and Healthy Ageing

Co-produced approaches to support adults with autism and/or ADHD and adults with learning disability are facilitated through system partnership working across two partnership boards; the Learning Disability Partnership Board the Autism and ADHD partnership Board. Both boards are co-chaired by people with lived experience and a lead from Adult Social Care for the learning disability work and a lead from the Humber and North Yorkshire Integrated Care Board for the Autism and ADHD partnership. People with lived experience and a range of system partners attend, contribute and support the work of both boards and associated engagement groups which are working on the development of separate strategies for Adults with Learning disabilities and for Adults with Autism and/ or ADHD.

Mencap explains that people with learning disability have worse health than people without learning disability and are more likely to experience a number of health conditions.

- On average, women with a learning disability die **23 years younger** than women in the general population.
- On average, men with a learning disability die **20 years younger** than men in the general population (LeDeR, 2023; ONS, 2022).

Primary Care have an important role in creating improvements in the uptake of annual health checks and system partners are working together on ongoing engagement and understanding of needs. A life course approach to health and wellbeing runs through both strategies with particular considerations around creating the best environment for healthy ageing for adults with learning disability due to the considerable differences in life expectancy and experiences of physical and mental health for this population group. As well as promoting respect and social inclusion the work of the partnership boards and elements of both strategies demonstrate the importance of the all the domains of an Age Friendly Community for these population groups.

Active Withernsea

This is one of 12 pilot projects chosen by Sport England to invest in communities, putting people and their ideas at the centre to unlock new ways to enjoy a more active life.

Since Active Withernsea launched in 2018, the pilot has reduced inactivity rates and increased the number of residents engaging in regular exercise. Over this time the understanding is that Withernsea is a place where people move to retire. Our data shows that 50% of adults are those aged 55 and over, increasing the importance of our focus on this area.

By collaborating with various residents and community partners across sectors, they have addressed the unique challenges the community faces. This approach not only boosts physical health but also enhances social connections and mental well-being. The next phase of Active Withernsea is to continue to promote local change and encourage physical activity using the place-based approach. Similar data showing approximately 50% of people are over the age of 50 across the East Riding. The aim is to continue the work focusing on accessibility, inclusivity and disability in other localities in the place.

The Age friendly community framework shares similar values as our place-based systemic approach which involves collaborating with partners from local government, health, the community voluntary sector, transport, housing, and national agencies. By supporting and strengthening these relationships, we can address the eight domains and overcome the specific barriers to physical activity within our communities.

Good Neighbours Schemes

Humber and Wolds Rural Action are developing Good Neighbours Schemes in the East Riding. They are supporting existing and new independent voluntary groups who would like to offer Good Neighbours Schemes – making sure that they have access to the information, advice, training and support that they need to operate safely, effectively and sustainably. The vision is that all East Riding residents will be able to access Good Neighbour Scheme support in their local area.

Individual schemes are set up and run by local residents who offer help and support as volunteers to fellow residents of their town or village. The support offered varies depending on the range of skills and time - things like driving, gardening, dog walking, shopping, sharing some time with someone or practical tasks like changing a lightbulb. The town or village scheme usually has a co-ordinator who takes calls from people and matches the person needing help with volunteers. The system is popular with volunteers as it is flexible and can fit in with an already busy life. It is popular with people who require a little help, as they benefit enormously knowing they can rely on a trustworthy and friendly face. All the tasks are undertaken for free, although usually schemes offer to reimburse their volunteer drivers for their motoring costs.

Armed Forces Covenant

This is a promise by the nation to make sure that people who serve or who have served in HM Armed Forces and their families, as part of the Armed Forces community, are treated fairly when accessing services and do not face discrimination compared to other citizens. Special consideration is appropriate in some cases, especially for those who have given most, such as the injured and the bereaved. The Covenant duty is a legal obligation on public bodies to have

due regard to the principles of the Covenant, ensuring services are developed and delivered with conscious consideration of the needs of the Armed Forces community. East Riding of Yorkshire Council signed has it's own individual Covenant, Delivery Group and Action plan which includes actions targeted at veterans which encompasses some of the domains of an Age Friendly Community, for example raising awareness of the benefits of employing veterans and encouraging local business to recognise their transferrable skills, support for carers of veterans, supporting Armed Forces and Veterans breakfast clubs. The Active Communities team in East Riding is actively involved with supporting the Armed Forces Veterans community in East Riding and contributed to the engagement work for this report, ensuring their voices were included in the engagement conversations for this report.

3.6 Civic participation and employment

Age-friendly Communities provide options for people in later life to continue to contribute to their communities. Those options can include paid employment or voluntary work and being engaged in the political process. Comments from Steering Group workshop activity pertaining to civic participation and employment centred on the importance of civic participation and employment to good health and wellbeing, and how improving skills and education, being involved in volunteering and the community, and continuing to feel valued and supported in employment settings are intrinsic to this.

Various staff forums such as the ERYC Staff Health Survey and ERYC Workforce Wellbeing Group give an oversight of staff wellbeing, and consultations such as surveying and visiting Welcome Spaces and the Active Communities settings provide opportunities to assess how health and wellbeing initiatives in the community are going. To enhance our focus and understanding of the wellbeing of older residents in the East Riding it would be useful to investigate the uptake of befriending services across the area and how these have impacted positively on people's lives. Incorporating a multi-generational element into this as well as other activities to promote more cross-generational mixing could be a further step to increase harmony and support the general wellbeing of all residents as we age.

Providing the opportunity to continuously develop and challenge oneself is another vital element of good health and wellbeing. Adult education courses, Skills for Care, and Boost Training and Support are currently available to adults wishing to further their skills and education. It would be useful to examine how these are applied to upskill those wishing to re-enter employment or volunteer, such as training for retirees or young people supporting with IT and tech skills training. Surveying people's preferred activities upon retirement may help to tailor skills training to people's needs.

Volunteering activities and community groups are an important aspect of many retirees' lives, offering the opportunity to socialise and immerse oneself in the community. VCSE organisations such as SMILE and ERVAS have extensive links across these networks and are a valuable source of information to investigate how many individuals from the retired community are involved in the running of these groups in addition to partaking in them. It would be useful to compile qualitative data together to get some insight into the reasons that people volunteer how these could be utilised to increase recruitment amongst retirees. In addition to this, stakeholders commented on how more information is necessary regarding how to get involved in volunteering and how having a combined register for volunteers in our local authority would help to track recruitment needs.

Alongside volunteering, it is imperative we understand the drivers behind people leaving their jobs early and what may constitute barriers to people accessing jobs or continuing to work and progressing in their career should they wish. Examining exit interviews, pre-retirement dialogues and career pathways may be conducive to this.

Employment

The Department for Work and Pensions (2024), after conducting research into the economic labour market status of individuals aged 50 and over, revealed that the employment rate of older adults has seen fluctuations over the years.

The economic inactivity rate for those aged 50 to 64 continues to remain higher than the pre-pandemic rate, with women aged 50 to 64 experiencing a higher inactivity rate than men of the same age. The main reasons for economic inactivity among people aged 50 to 64 years were due to sickness, injured, or disability.

Of the 65+ year old population specifically, ONS (2022) reported for quarter 1 2022/23 that the number of people in employment was at a record high in the UK at 1.47 million people. The reasons for the increase in the amount of older workers vary but one of the primary drivers for extended working life (or people returning to work after retirement) is financial necessity. With increases in in the state pension age and the increasing cost of living, many elderly individuals find that they need to continue working to maintain their standard of living (Age UK, 2023). Increased availability of part-time work within industries such as education, accommodation, food services, entertainment and recreation enabled the largest increases in employment among those aged 65 and over. Despite the increase in employment, the average hours worked by this age group fell to 21.7 hours per week due to many new employees working fewer hours.

The 2021 Census recorded information relating to employment and the economic status of the population and it was possible to extrapolate the numbers of those working or were economically inactive within the East Riding. Table 3.1 below shows the number of East Riding residents by two age groups: 50-64 years (54,430 were employed) and 65+ years (8,550 employed).

Table 3.1 Category of work for East Riding of Yorkshire residents, 2021 Census

Category of work	Aged 50-64 yrs	Aged 65yrs+	Grand Total
Working (employed)	54,430	8,550	62,980
Economically inactive: Long-term sick or disabled	4,740	1,310	6,050
Economically inactive: Looking after home/family	3,770	889	4,659
Economically inactive: Other	2,349	620	2,969
Economically inactive: Retired	10,436	78,887	89,323
Economically inactive: Student	138	80	218
Unemployed	1,784	159	1,943
East Riding of Yorkshire	77,647	90,495	168,142

The proportions of persons employed at 50-64 years and 65+ years in the East Riding are compared to the region and England overall are shown below in Figure 3.15 and Figure 3.16 respectively. For the 50-64 age group, the East Riding recorded 70.1% as being employed (significantly higher than both region and national averages of 68% and 69.5% respectively).

For the older age group of 65+ years, 9.4% were in employment, still higher than region, but significantly lower than the national average which reported 10.7% in employment.

Figure 3.15 % population employed aged 50-64 years, Census 2021 (Y axis doesn't start at '0')

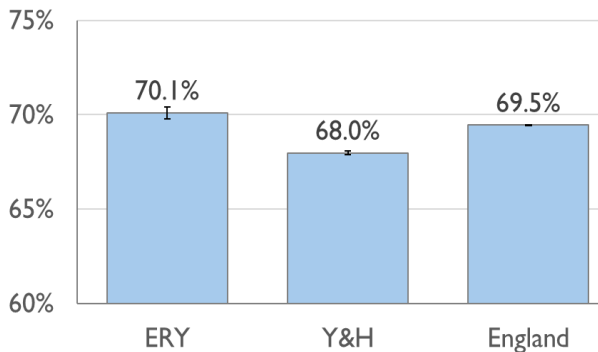
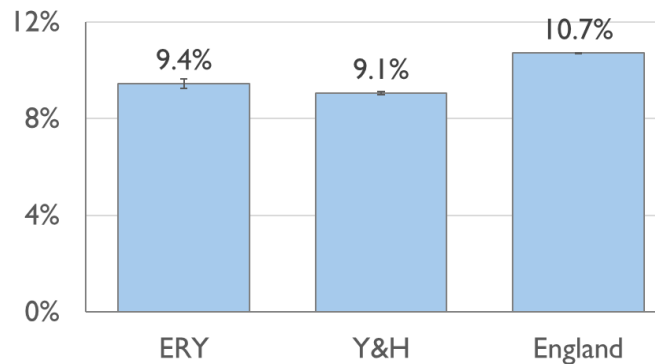


Figure 3.16 % population employed aged 65+ years, Census 2021

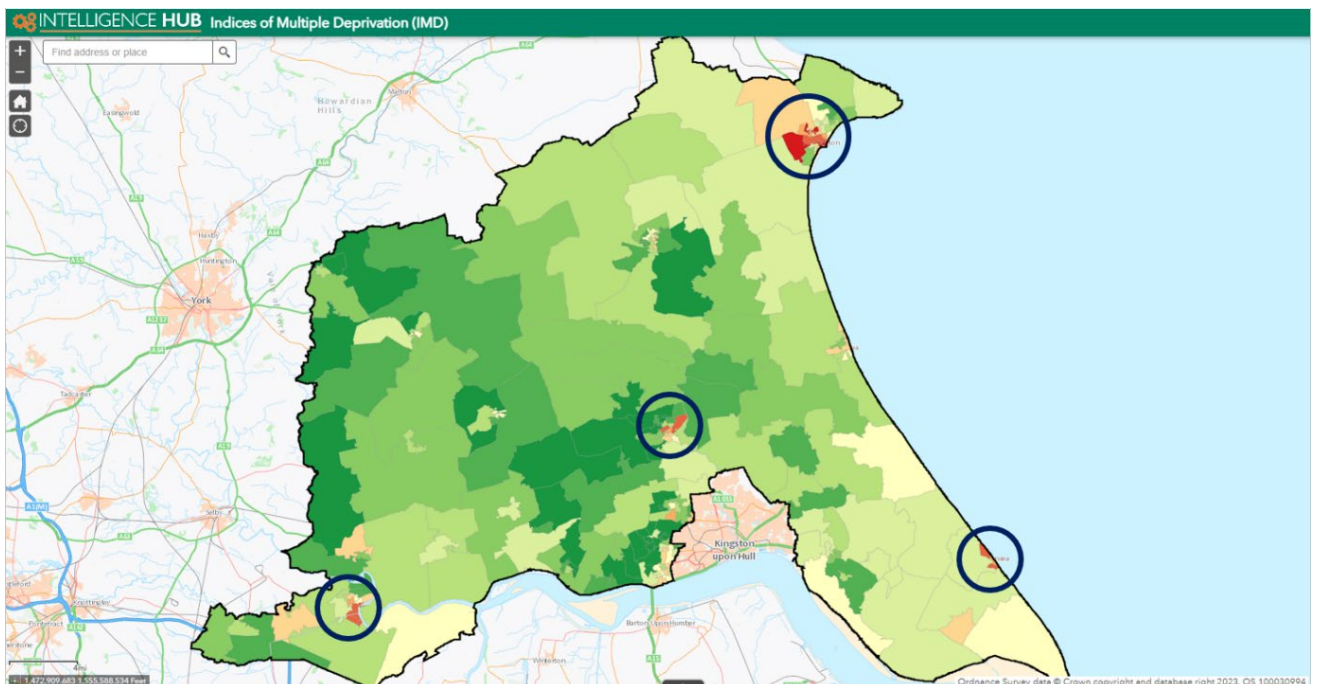


Indices of deprivation – income deprivation domain

Income Deprivation affecting Older People Index (IDAOP) measures the proportion of all those aged 60 or over who experience income deprivation. It is a subset of the Income Deprivation domain which measures the proportion of the population in an area experiencing deprivation relating to income. IDAOP is a useful indicator to understand the levels of deprivation in an area, specific to those aged 60 or over and can be useful to evidence need in specific areas.

The map below highlights areas of Goole, Bridlington, Beverley and Withernsea as having higher levels of income deprivation amongst older persons.

Figure 3.17 IMD 2019 – Income Deprivation affecting older people (IDAOP) domain only



Workplace initiatives

Health and Work are closely connected, poor health is the most common reason people stop working before they want to or before they reach state pension age. The right job can be good for someone's health and wellbeing. Flexible working practices make a big difference to people managing health conditions and remaining active in the workforce.

There are initiatives in place which support continued employment through the life course. East Riding of Yorkshire Council's (ERYC) Live Well Work Well (LWWW) team support all employees at the Council. A part of this includes the promotion of specific campaigns targeted towards older people and/or carers of older people, such as Falls Week and offering NHS Health checks to employees aged 40-74 years. The Working Well East Riding (WWER) initiative promotes and supports local businesses to be Age Friendly Employers.

East Riding of Yorkshire Council has signed up to the Age Friendly Employer Pledge. The Age-friendly Employer Pledge is a nationwide programme for UK employers who recognise the importance and value of older workers. Employers commit to improving work for people in their 50s and 60s and taking the necessary action to help them flourish in a multigenerational workforce. The Midlife MOT [Check the status of your work, health and money - Midlife MOT](#) is a national digital campaign for people between 45 and 65 to think about work, health and money with future planning in mind. Local versions of this encompassing additional local support have potential for further development in East Riding.

The Disability Confident scheme aims to help employers make the most of the opportunities provided by employing disabled people. It is voluntary and has been developed by employers and disabled people's representatives. A number of employers across Beverley, Leven, Woodmansey, Withernsea, Cottingham, Brough, Willerby, Hessle, Newport, North Ferriby and Melton have signed up to this, including East Riding of Yorkshire Council. EDI initiatives to support people who are disabled, neurodivergent, have long term health conditions, or unpaid carers can support people to remain active in the workforce and in civic participation.

Financial Wellbeing

The cost of living has been of concern across all generations in recent years and has an impact on older people in terms of income and pensions and considerations of planning for the future. This topic has been included in relation to this domain in terms of the connection with employment throughout life. Employment can provide people with a private pension but there are those that rely on the state pension only and some people may not receive the full pension. The gender pay gap persists into retirement with women less likely to have accrued private pension income. People in single person households are more likely to be in income poverty and those taking on a caring role can be impacted in terms of income and pension savings. Civic participation can be affected by people's life circumstances in terms of retirement age and capacity to engage in voluntary activities.

Pension Credit is an additional means tested benefit which can provide additional income to help with living costs for people over state pension and on a low income. Pension credit can also help with housing costs such as ground rent or service charges. Support for Older People to access benefits is provided by charities such as AGE UK and Citizens Advice. East Riding of

Yorkshire Council Your Money Team also provide advice and support and have recently worked in partnership with Age UK Hull and East Riding on a local campaign to complement the recent Department of Work and Pensions national campaign to promote pension credit uptake, due to the changes in 2024 to the winter fuel payment. This additional work has highlighted a need to increase capacity for specialist benefit advice for older people in East Riding.

Volunteering

Smile Foundation is actively working to strengthen volunteer management across the East Riding through several key initiatives:

- **Volunteering Survey**

Currently conducting a survey to identify the areas of support groups need to develop their volunteer management. The initial findings show overwhelmingly positive enthusiasm for enhanced support, highlighting the importance of this work. The survey remains live in early 2025, and all VCSE (Voluntary, Community, and Social Enterprise) groups, regardless of size, across the East Riding are encouraged to participate.

- **Volunteering Working Group**

In response to the survey, Smile will chair a new Volunteering Working Group for the East Riding. Key stakeholders and sector representatives will be invited to join and help implement the recommendations from the survey. Smile Foundation welcomes anyone who is interested in contributing to the Working Group. The first meeting is planned and will be held in Withernsea.

- **Volunteer Management Network**

To ensure ongoing support for groups managing volunteers, Smile will establish a Volunteer Management Network. This network will serve as a platform for sharing resources, best practices, and peer support to empower groups in managing their volunteers effectively.

- **Call to Action**

The survey is being promoted to VCSE groups across the East Riding to ensure their voices are heard: [Volunteering Survey](#)

Interested parties are encourage to join the Volunteering Working Group to shape and implement the recommendations.

All questions or expressions of interest to be directed to the Smile Community Team via: sb@heysmilefoundation.org

Here is an article for our most recent Time2Volunteer awards: [Charities cheer the region's army of volunteers at annual awards - Time2Volunteer Awards 2024 - HEY Smile Foundation.](#)

Video of our latest awards: [Time2Volunteer Awards 2024.](#)

Special Recognition Winner: [T2V Awards '24: Special Recognition Award Winner | Case Studies | Time2Volunteer | Volunteering Opportunities in Hull and East Riding of Yorkshire.](#)

Smile also run the Smile Trustee Network for trustees: [The Smile Trustee Network | Partnerships & Networks | Resources | VCSE news & resources East Riding.](#)

3.7 Communication and information

Staying connected and receiving timely, practical information to meet personal needs is vital for active ageing. It is important to have relevant, quality information that is available to everybody with varying capacities and resources.

For this to happen, information must be accessible to those who need it. Digital exclusion currently poses a barrier for information access amongst elderly populations, with many not having internet access or not having the digital skills to use it. The accessibility of information in terms of its digital and physical location, content, and formatting should be considered at all times, in order to ensure it is inclusive and available to all. Examining data pertaining to the rates of internet access and digital competency amongst the over 50s would be illustrative of where there may be unmet needs with regards to information communications and access. Certain areas may also have additional considerations, for example the rurality of some places may require physical measures to improve their access by increasing their internet fibre provision or implementing local internet hubs.

Specific training and support measures are important to improve the digital skills and confidence of elderly populations. Doing so would improve their access to information, helping them to stay informed and connected with community events, families, and friends. Examples may be training on how to use the internet and apps, understanding language associated with digital spaces, understanding how to navigate websites and technology, and knowing what to look for when wanting to find certain information online.

Community leaders and community spaces such as libraries, multi-service hubs, village halls etc. are useful spaces to facilitate and implement these measures. This work to improve the accessibility and availability of information as well as supporting information skills within the population should be overseen on a strategic level, which will allow for a data-informed approach to targeting support, training, and communications towards those who need it. Learning and reflection from previous events should be incorporated into this strategy, in order to adapt communications and information to be the most accessible and effective.

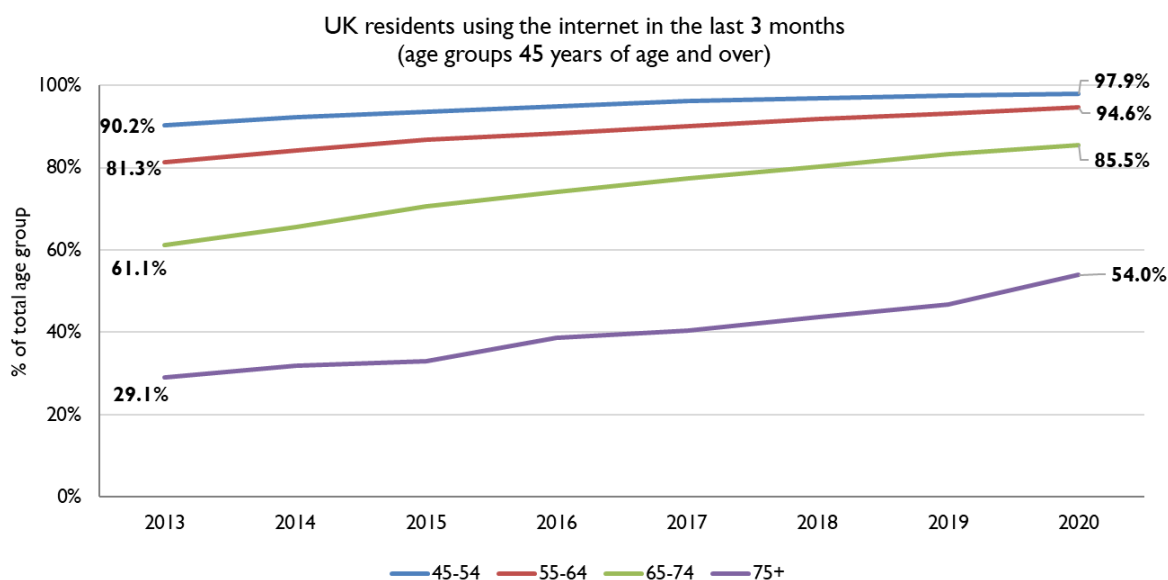
Proportion of older adults using the internet

In recent years the ONS have produced internet use estimates for the UK, providing an overview of use by age, sex, disability and geographical location. In 2020, it was estimated that 92% of adults in the UK had used the internet in the last 3 months, with almost all adults (99%) aged 16-44 years having used it. The ONS estimated that the proportion of the East Riding adult population using the internet increased from 84.9% in 2014 to 93.2% in 2020.

The estimated proportion of older adults in the UK using the internet was lower than other age groups (85.5% for 65-74 year olds and 54% for 75+ years) however numbers have increased year on year, as demonstrated in Figure 3.18. Between 2013 and 2020, the number of 65-74 year olds using the internet increased by 55% (meaning the proportion of internet users in this age group increased from 29.1% to 54%), whilst the number of 75+ years using it increased by 114% (the proportion of the age group increasing from 29.1% to 54%). Within

both these age groups, a higher proportion of men used the internet compared to women. There were no age or gender break downs for local authority areas.

Figure 3.18 Proportion of UK residents using the internet, aged 65+ years



Digital exclusion risk index (DERI) tool

The Digital Exclusion Risk Index (DERI) tool is a web-based application that allows users to explore the risk of digital exclusion within lower super output areas (LSOAs) of the UK. The tool uses data from various sources, such as the Office for National Statistics, to measure the level of digital exclusion in different areas and among different groups of people. The DERI provides a score between 0 and 10, with 0 being low risk and 10 a high risk of digital exclusion.

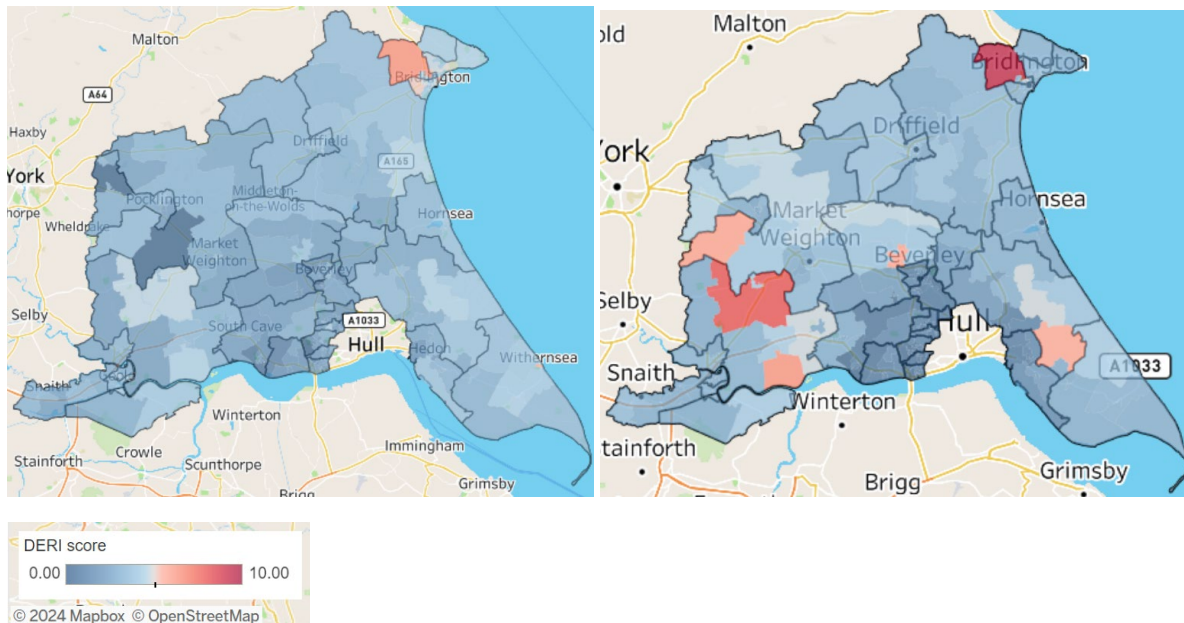
- The same LSOA area within Bridlington Central and Old Town area mentioned above, again has the highest risk score within the East Riding but the score is higher (9.5 out of 10). Other areas with higher risks than other areas of the East Riding include LSOAs E01013023 (Howdenshire Ward), E01013021 (Howdenshire), E01013127 (Wolds Weighton), E01013927 (Beverley Rural) and E01013927 (Mid Holderness).

Figure 3.19 below highlights LSOA areas within the East Riding with either a high risk of digital exclusion (orange and red shaded areas) or low risk (blue and dark blue shaded areas).

- The left map shows the overall DERI score which combines factors of demography, broadband availability and deprivation. In the East Riding, the LSOA area of E01012934 (within Bridlington Central and Old Town ward) is highlighted as having the highest risk of digital exclusion with a score of 6.4 out of 10. Areas of both Bridlington North and South also having a slightly higher risk. However, based on this particular methodology the risk for the rest of the East Riding is generally low.
- The map on the right highlights digital exclusion risk based specifically on broadband speed and this highlights a number of other areas in the East Riding with a risk of digital

exclusion. The same LSOA area within Bridlington Central and Old Town area mentioned above, again has the highest risk score within the East Riding but the score is higher (9.5 out of 10). Other areas with higher risks than other areas of the East Riding include LSOAs E01013023 (Howdenshire Ward), E01013021 (Howdenshire), E01013127 (Wolds Weighton), E01013927 (Beverley Rural) and E01013927 (Mid Holderness).

Figure 3.19 Maps showing overall DERI scores (left) and broadband specific scores (right) Source: [DERI](#). Red and orange colours indicate higher risk scores of digital exclusion compared to blue areas.



Digital Inclusion

The East Riding of Yorkshire Council Customer Strategy 2022-26 was reviewed in July 2024 and highlights ways the people can access help to get online, use the internet and improve their digital skills through East Riding Progress Online. Whether people are taking their first steps into going online, seeking support on a specific topic, need access to a device or data connectivity, or they want to build on their existing digital skills, East Riding Progress Online is an online tool that connects all of the available resources in and around the East Riding, making it easy to find resources and support. East Riding Progress Online can be used in all East Riding libraries. The online tool at eastriding.progress.online.hoopd.co.uk asks some simple questions to assess need and provides personalised recommendations for resources, training and assistance available at the nearest locations. It is free and can be used directly by individuals, or by others who might want to support someone to get online such as a community-group advocate or a front-line worker.

Tackling digital exclusion requires a partnership approach, 97.5% of households in East Riding can access super fast broadband but as the DERI tool explains above there are other factors at play. The Voluntary and Community Sector are key in reaching people who might not otherwise come forward to access digital support. The formation of the East Riding Digital Inclusion Network (ERDIN) includes a range of partners from across VCSE groups and statutory

partners such as Health, Education and the local authority. To address barriers to accessing technology, digital skills training, digital drop in and free data sims are now offered in every East Riding Library. Adult Learning centres also provide a range of training and support.

Making Every Contact Count (MECC)

Services and organisations already mentioned elsewhere in this report play an important role in providing Communication and Information including Social Prescribing Services, HEY Smile Foundation, AGE UK, Voluntary Sector Groups, Carers Support Services, Library Services. Methods include a range of ways to receive and provide communication and information, both face to face, written, telephone and digital. There are 14 customer service and multi-service centres located throughout the East Riding where public can access face to face enquiries with East Riding of Yorkshire Council.

MECC is an approach to behaviour change that uses the millions of day-day interactions that organisations and people have with other people to support them in making positive changes to their wellbeing. This face to face provision of information through opportunistic conversations has an impact when adopted at scale across organisations and populations. In the East Riding we have adopted a wide definition of this which encompasses communication and information around healthy lifestyles and wider determinants of health which connect to the domains of an age friendly community such as social participation, community support and health services, debt and welfare advice, housing and transport.

Since the Public Health England Consensus Statement on MECC was published in 2016, collaborative working in East Riding has created a culture of understanding that information about what is available to support people to live well is important, that there may be a range of issues alongside a presenting issue that also need addressing that may be within the specialism of another service, organisation or sector and facilitating signposting and referrals is part of support for more holistic wellbeing. Opportunistic conversations can take place in a range of settings; at community events – targeted or informal, in health settings, in social groups, in workplaces and business settings, in people’s homes.

“Healthy Chat” Training is offered by East Riding Council Learning Skills and Workforce Development team to provide front line staff and volunteers with the knowledge of how to have an opportunistic conversation through motivational interviewing and the available sources of relevant information. A train the trainer option has also been offered for organisations who wish to cascade the approach within their organisation. In other parts of the system, additional training is made available through projects and services, examples include Mental Health First Aid, Cancer Champions and Dementia Awareness. The Royal Society for Public Health also has an extensive national training offer online.

Much of the available information is collated in online directories and can then be passed on through written, verbal or digital means. Those without their own digital access are still supported with non-digital information and those that do are directed to where they can find information. Hard copy information in the form of booklets, leaflets, posters, flyers etc remains relevant and particularly so for people who experience digital inclusion. Co-producing with people with lived experience can ensure that information is being created in

an appropriate format for example the Good Life with Dementia booklet which is created for people with dementia, by people with dementia, facilitated by Innovations in Dementia in the East Riding.

Information Directories

Information directories are often cited as a very important tool for the public and frontline staff to be able to access information. The full MECC approach recognises that promotion, co-ordination, maintenance and updating of directories, associated training, campaigns and collaborative working are necessary to maximise communication and information.

- Healthy Chat training promotes the use of the regional MECC directory which is aimed at frontline staff [MECC Link - Simple signposting to better health and wellbeing](https://www.mecclink.co.uk/) <https://www.mecclink.co.uk/> utilises a process of “ask, assist and act” which supports the conversation to progress through initial open questions, providing general information and then signposting onto local relevant services.
- [VCSE news & resources East Riding](https://vcse.uk/) is a platform created by Smile Foundation <https://vcse.uk/> which provides news, resources and personal development for the Voluntary, Community and Social Enterprise Sector across East Riding. Voluntary groups of all sizes support the most vulnerable members of society, including older people, this resource enables a collective voice for the sector to empower change and connect shared resources.
- The East Riding Health and Wellbeing resource is aimed at the public and provides a range of information to support wellbeing at <https://www.eastridinghealthandwellbeing.co.uk/> it includes a range of services including in the MECC directory but also more detailed information about community activities, groups, services and training.
- The [Healthy Minds in East Riding](#) campaign is also based on this platform and includes a range of information around Mental Health, supporting people to understand more about their mental health and information about services that can be accessed to maintain mental health or where to go if struggling or unwell.
- Information for businesses is included [Working Well](#) and provides a range of information around workplace wellbeing, which connects to the Employment domain of an Age Friendly Community and provides possibilities for more information about being an Age Friendly Employer.
- The East Riding of Yorkshire Council website <https://www.eastriding.gov.uk/> provides a range of information on council services and also utilises the MECC approach and includes information that connects to elements of an Age Friendly Communication, for example:
 - In [Adult social care](#) a focus on staying independent
 - Support for financial inclusion [Cost of living - help for households](#)
 - Information for the Armed Forces community including Veterans [Armed Forces - Health and wellbeing](#)

In terms of the eight domains, the MECC approach is obviously about Communication and Information, but it connects across the domains, providing information to enable people to access elements of their age friendly community. There are opportunities for strengthening whole system working by looking more closely at how information is gathered, collated and

promoted across a range of settings and audiences and further developing topic specific training and information targeted at the elements of an Age Friendly Community.

3.8 Community support and health services

Community support is strongly connected to good health and wellbeing throughout life, alongside accessible and affordable healthcare services. Both of these are vital for maintaining health and independence as people age. As the older population grows the need for community support and health services grows too. It is important to also consider financial inclusion work in this domain, acknowledging the huge impact that financial instability has on quality of life and health.

Stakeholder comments on community support and health services particularly centred on the need for strategic partnerships to encourage more cohesive working between partners, including better cross-working, information sharing between services, and overcoming data compatibility issues. In order to incorporate a life-course approach and future-proof for younger generations we have to shift societal perceptions of being elderly from disabling to enabling. Improving working relationships with partners across the public sector and VCSE, such as the British Red Cross, Fire and Rescue services, and Primary Care Networks, is essential to having better connected teams and data collection as a local authority. This is intrinsic to gaining a better understanding of what support currently is in place for older populations and giving them the opportunity to voice what they feel their unmet needs are, alongside continuing to undertake with traditional needs assessments and data analysis. Setting up a VCSE local links and assets database would also be a useful way to track volunteering activity levels and continue to stay linked in with VCSE groups. This is highly important to encourage data sharing, ensure there is no duplication of services, and best meet the needs of VCSE groups.

Establishing community networks may also be valuable in relation to safeguarding, with community safety being mentioned as a key element of health and wellbeing as people age. Investing in software to conduct safeguarding adult reviews will be an important component to embedding learning and instilling subsequent preventative measures across the community and services.

Care provision has been highlighted as a present gap in knowledge. There is a need for better data and intelligence with regards to how many care agencies exist, how many carers are unpaid, how many people are waiting for a care package, and how many people there are accessing support privately in the East Riding. Having an oversight of this data will help us to understand more about how we can ensure care in the community is available to all who need it, and the financial viability of facilitating home care and support services across the rurality of the East Riding.

There are currently support services in place for older adults who experience loneliness, however this is a prevailing issue amongst older populations, particularly in rural areas. It was raised that more work needs to be done to align the work of social prescribing and community groups in order to help reduce social isolation. This may be positive for residents' general health and wellbeing, raising the profile of social prescribers and the health checks and mental health coaches that they link to. This would be particularly useful to help understand the present activity needs and gaps in provision, and may help raise the profile of existing groups such as Dementia-friendly community groups.

With regards to data, there is presently an extensive network of contacts with access to local data on demographics and health and wellbeing, such as PHE Fingertips Data, Public Health's Health and Wellbeing Survey, ICB Dementia Dashboard, and Bridlington Forum for example. However, we do not currently have sight of how and where this data may be shared across this network between services. Respondents raised the point that improved data sharing and greater understanding of the present gaps and silos regarding data is essential to working together to support communities. Gaps in our data supply were highlighted as being a needs assessment of inclusion health groups, primary health and social care and secondary signposting access by yearly retirement-age population as well as the number of professionals involved in this care, a database for unpaid carers and personal assistants, and a database of all local links and assets associated with the VCSE.

There is a range of information available to help understand particular health conditions which this report will now outline and describe some of the community support and health services available for people living with those conditions and their unpaid carers/ supporters. Again we see connections with other domains of age friendly in terms of the need for good communication and information about services and community support and ensuring services and community support are inclusive and accessible for older people.

The Voluntary Sector are increasingly involved with provision of community support and health services and play a key role in local, tailored support for people at the community level, as well as being present in strategic arrangements. Support provided might relate to general care and support or specific support for long term health conditions such as Parkinson's or dementia. Whole system, collaborative working is key for the ongoing development of this work, planning for future growth in need, resource and capacity, strategically and in local communities.

Frailty

The British Geriatric Society explains that frailty is a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves. Around 10% of people aged over 65 have frailty, rising to between a quarter and a half of those aged over 85. This doesn't necessarily mean that a person with frailty lacks capacity or can't live a full or independent life but it is around overall resilience and ability to recover quickly after an illness, accident or other stressful event. This is why identifying people with frailty and access to well-planned, joined up care for prevention and rapid response is important. Characteristics of frailty include reduced muscle strength and fatigue. Frailty may require adaptations to the way a person lives and manages day to day tasks and can change a person's sense of self and how they are perceived and treated by others, including health professionals. People with frailty are at risk of falls, developing conditions like anxiety and depression and unplanned hospital admissions. Many people with long term conditions will also have frailty, which may be masked when the focus is on other conditions. Conversely people whose only long term condition is frailty may not be accessing health care until they are greatly affected by an apparently minor illness. There is also an overlap with physical disability, which can co-exist with frailty, but many people with a long term disability do not have frailty.

A range of frailty services are in place in the East Riding and are demonstrating reductions in unplanned hospital admissions and emergency attendances, reducing the number of days spent in hospital for moderately and severely frail people, improving management of medicines and reducing the need for GP practice appointments. Services include:

- Frailty Advice and Guidance Line which can be accessed by GPs, paramedics, other health and care professionals including care home staff.
- Urgent Community Response (UCR) service is provided for people who need an intervention within 2 hours to enable them to stay safely at home or their usual place of residence and avoid unnecessary hospital admission or readmission.
- Frailty Virtual Ward (hospital at home) for acutely unwell people with moderate/severe frailty living in their own home or care home setting.
- Proactive Care – Holderness Integrated Care (HIC) and Bridlington Integrated Care (BIC) virtual frailty model, using technology to enable remote consultations for people living in their own home. This new approach identifies people as being potentially frail and co-ordinates appropriate diagnostics, care planning, support and input from services.
- Enhanced Health in Care Homes (EHCH), the frailty team offer this service to all new permanent care home residents and referrals for residents with complex needs.

Work is ongoing for further development of the East Riding Frailty service and wider roll out of the proactive elements to areas at highest risk of severe/moderate frailty which include Yorkshire Coast and Wolds PCN, River and Wolds, Cygnet, Harthill and Beverley. Table 3.2 provides information around frailty risk and the planned rollout of the proactive service. Further work is being considered to understand whether a physical Integrated Care Centre for face to face consultations is also needed for patients in the East Riding.

Table 3.2

PCN	Patients at risk of severe frailty		Patients at risk of moderate frailty		Patients at risk of severe frailty (care home)	Patients at risk of moderate frailty (care home)	Proposed roll out
	Number	%	Number	%	Number	Number	
Beverley	671	1.3	2140	4.1	174	160	5
Bridlington	1023	2.5	2902	7.0	177	125	In place
Cygnet	733	1.4	2363	4.6	255	167	3
Harthill	567	1.6	1558	4.4	206	185	4
Holderness	534	1.6	2298	6.7	120	172	In place
River & Wolds	884	2.0	2216	4.9	257	144	2
Yorkshire Coast & Wolds	815	1.6	3361	7.3	126	177	1

Frailty prevalence in the East Riding

General Practice routinely collect data from patients' electronic health records (EHRs) during consultations and health assessments. Part of this data is then used to calculate Electronic Frailty Index (eFI) scores, which categorise patients into one of the four frailty groups: fit, mild, moderate or severe.

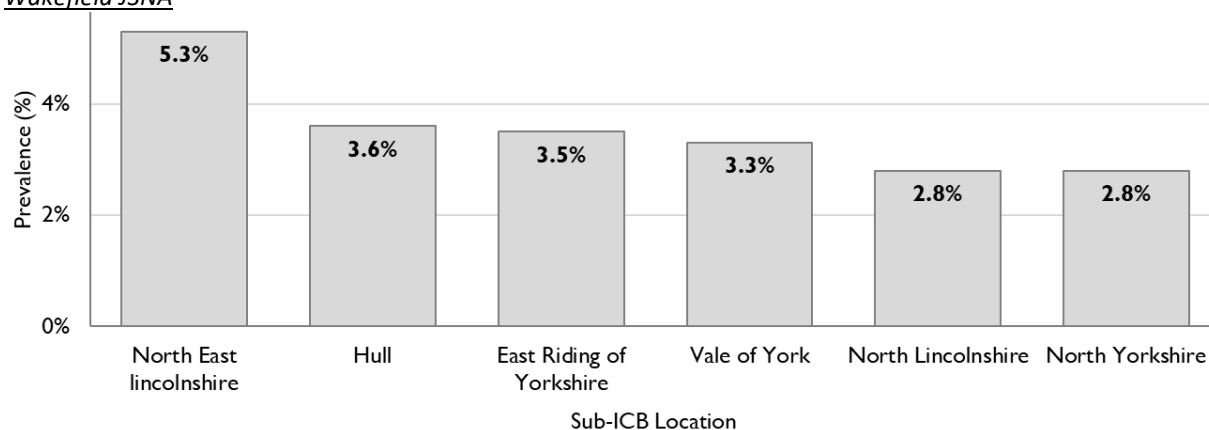
As the end of the second quarter of 2024/25, NHS East Riding of Yorkshire sub-ICB recorded a moderate frailty prevalence of 8.2% in patients aged 65+ years and a severe frailty prevalence of 3.5%, both lower than the respective prevalences of England overall. Table 3.3 provide further comparative prevalence information and indicates that when ranked, the East Riding generally falls within the lowest third of prevalences of all sub-ICBs within the region and England.

Table 3.3 Prevalence of moderate and severe frailty among patients aged 65+, 2024/25 quarter 2. * where '1' is the highest prevalence and 22 the lowest. Source: [Wakefield JSNA](#)

	Moderate frailty	Severe frailty
NHS East Riding of Yorkshire prevalence (patients 65+ yrs)	8.2%	3.5%
H&NY ICB prevalence (patients 65+ yrs)	8.3%	3.3%
NE & Yorkshire Region prevalence (patients 65+ yrs)	8.6%	3.5%
England prevalence (patients 65+ yrs)	9.1%	4.0%
ERY rank* in North East and Yorkshire Region	16/22	12/22
ERY rank* in England	72/106	67/106

Figure 3.20 displays the range of severe frailty prevalence within NHS Humber and North Yorkshire ICB, which highlights North East Lincolnshire to have the highest prevalence of all 6 sub-ICBs.

Figure 3.20 Prevalence of severe frailty in NHS Humber and North Yorkshire ICB, 2024/25 quarter 2. Source: [Wakefield JSNA](#)

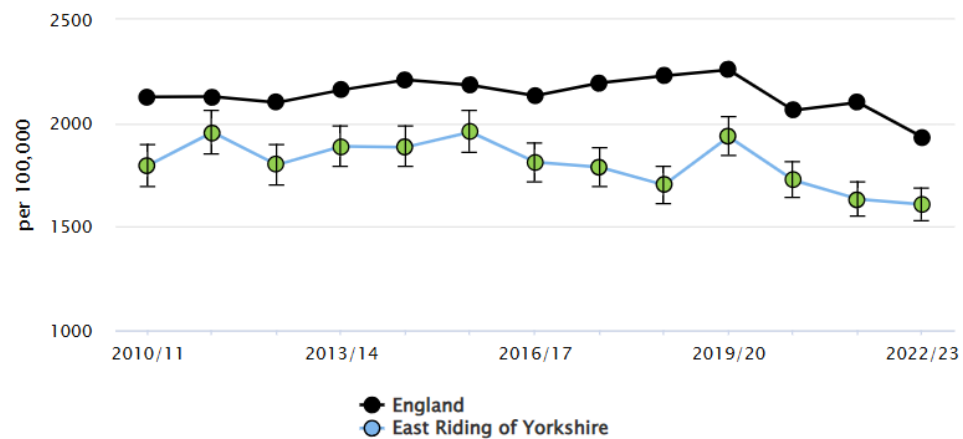


Falls

Falls are a leading cause of injury among older adults and OHID (2024) state persons aged 65 and over have the highest risk of falling, and it's anticipated that roughly 30% of those people who live at home will fall at least once a year, and roughly 50% of those who live at home or in residential care will fall at least once a year. The physical consequences of a fall can range from minor bruises and scrapes to severe injuries such as head trauma and fractures (hip fractures, in particular, are a common and serious outcome). The outcomes of these injuries

can range from prolonged periods of immobility through to a potential loss of independence, with the consequences of a fall being a key factor in people relocating from their own homes to long-term nursing or residential care. Figure 3.21 displays the annual rate of hospital admissions by East Riding residents aged 65+, compared to the England average (black line) and the East Riding rate has been significantly lower than the England average in all periods shown. Over the past 5 years, the average number of East Riding admissions due to falls in this age group has been approximately 1,500 per year, but the admission rate overall is decreasing.

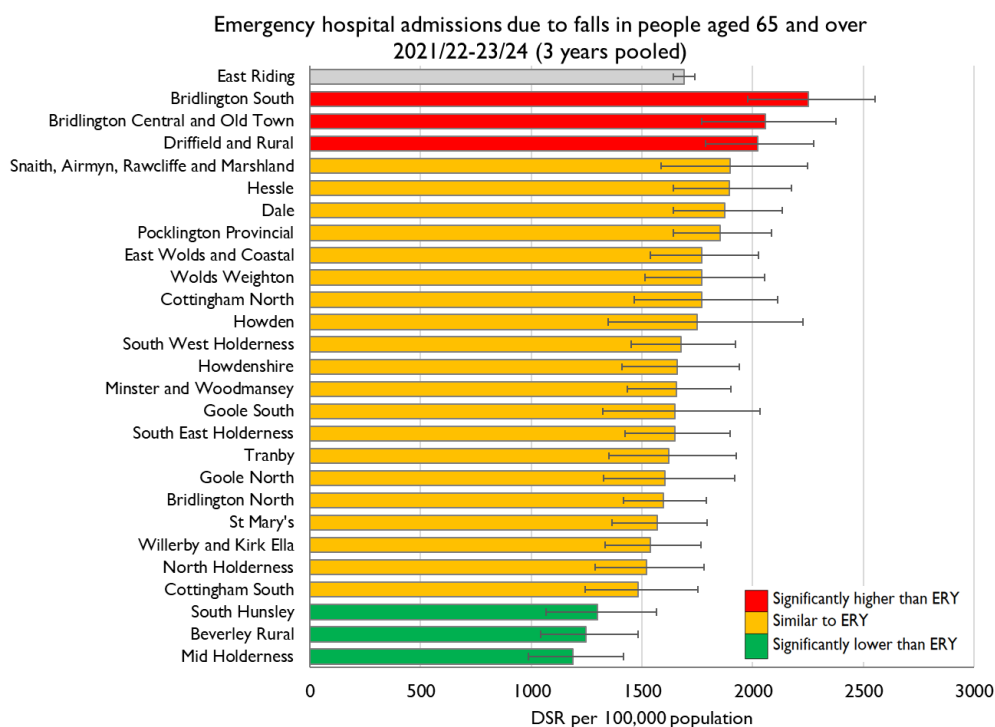
Figure 3.21
Emergency hospital admissions due to falls in people aged 65+ yrs. Directly standardised rate - per 100,000 population



Source: OHID Fingertips

Whilst the East Riding overall records a lower rate of falls requiring hospitalisation than England, there is however significant variation within local communities of the local authority. Figure 3.22 below illustrates the broad range of rates of emergency admissions due to falls by electoral ward during the 3 year period 2021/22-23/24. Rates range from 1,189 per 100,000 in Mid Holderness (based on 128 admissions) to 2,251 per 100,000 in Bridlington South (242 admissions).

Figure 3.22 Standardised rate of hospital admissions due to falls in people aged 65+, by ward of residence.

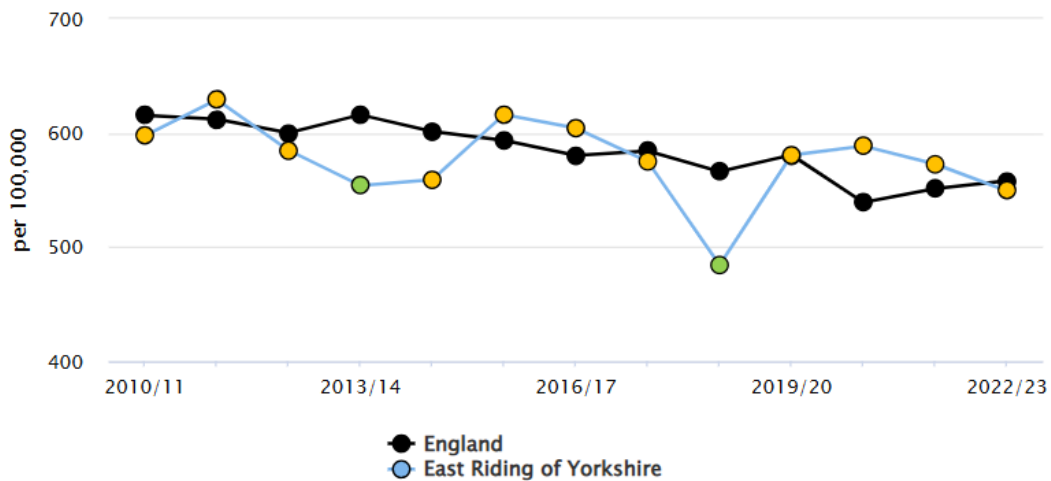


There were three wards with a significantly higher rate of admission than the East Riding average: Bridlington Central and Old Town, Bridlington South and Driffield and Rural. Whilst the two highest rates were for those considered the most deprived wards in the East Riding, there were also higher rates in more affluent areas such as Dale and Pocklington Provincial.

Hip fractures in people aged 65 and over

Figure 3.23 displays the trend of emergency hospital admissions for hip fractures in persons aged 65 and over, comparing the East Riding to England between 2010/11 and 2022/23. Within this period, the national rate of hip fracture admissions (shown by the black line) has slowly decreased and the East Riding rate has remained similar or significantly lower (represented by the orange and green dots respectively). During the last 5 years, there were on average 500 admissions per year involving East Riding residents and in the latest period reported (2022/23) the 515 admissions of that year converted into a rate which was lower than England and the 5th lowest local authority rate within the region.

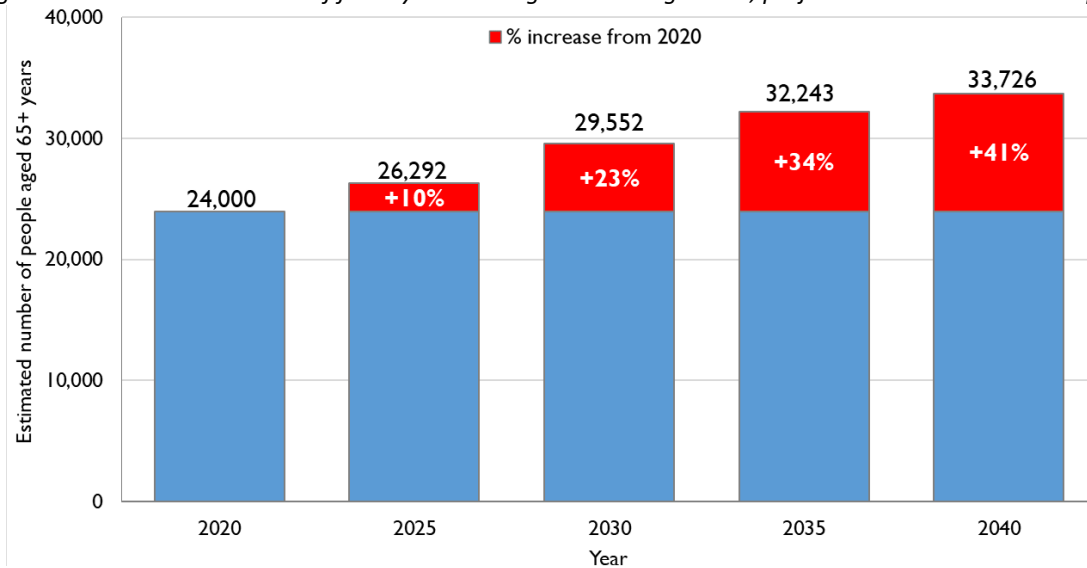
Figure 3.23 Emergency hospital admissions for hip fractures in persons aged 65 and over, comparing the East Riding to England



Of the East Riding’s 26 wards, 7 of them had significantly higher rates of hip fracture admissions when compared to England, these included Minster and Woodmansey, Goole South, Snaith, Airmyn Rawcliffe and Marshland, Cottingham South, Hessle, South West Holderness and Bridlington South.

The POPPI system has estimated the number of falls by East Riding residents in future years and is presented in Figure 3.24. These are not solely falls that result in a hospital admission but is estimating the number that all do not. Numbers have been projected to increase by 41% between 2020 and 2040 to almost 34,000 in the latter year.

Figure 3.24 Estimated number of falls by East Riding residents aged 65+, projected to 2040. Source: Poppi.org



Falls prevention remains an important aspect connected to frailty and whilst very important to address in frailty isn't just an intervention relevant to older people. It is now well understood that physical activity to maintain strength and balance throughout adulthood reduces the risk of falls in later life. Simple activities such as walking and dancing can be effective and specialist activities, tailored to individuals are also offered and can be accessed through exercise on referral at East Riding Leisure Centres. A comprehensive list of physical activity opportunities in East Riding that can contribute to Falls Prevention can be seen in the section of this report under the Outdoor Spaces and Buildings domain. A co-ordinated approach to Falls prevention across the life course in Hull and East Riding is led by the Health and Care partnership. An online platform for early intervention is being investigated to improve awareness raising and information on falls prevention for mid-life and older people which will be an additional asset for our age friendly community.

Dementia

According to the Alzheimer's Society (2022), dementia "describes a set of symptoms that over time can affect memory, problem-solving, language and behaviour". It is not a specific disease, but a result of various conditions that damage the brain, such as Alzheimer's disease, vascular dementia, Lewy body dementia, and frontotemporal dementia. Dementia is progressive, meaning it gets worse over time, and there is no cure. However, some treatments and interventions can help manage the symptoms and improve the quality of life of people with dementia and their carers.

Diagnosis rate

There has been a central government push to increase the number of people living with dementia to have a formal diagnosis and as a result a 66.7% diagnosis target of total estimated prevalence has been set in over 65 year olds. As it hard to quantify exactly how many people aged 65+ years have dementia, this indicator is an 'estimated' dementia diagnosis rate.

Integrated Care System data shows a largely consistent improvement in the dementia diagnosis rate since early 2023 for the East Riding of Yorkshire, which, as of December 2024, was 59.4% of the estimated overall prevalence (lower than the region and national averages

as shown in Figure 3.25). This equates to 3,330 people over 65 with a dementia diagnosis, out of the estimated 5,602 of people over 65 estimated to have dementia.

Table 3.4 shows that there is fluctuation within the dementia rate for individual months, where values can increase or decrease month to month, however Figure 3.26 does demonstrate that over the past 2 years there has been an increase in diagnosis rate in the East Riding.

Figure 3.25 Estimated dementia diagnosis rate (65 years +), December 2024. Source: ICB North East and Yorkshire Dementia Data Overview December 2024

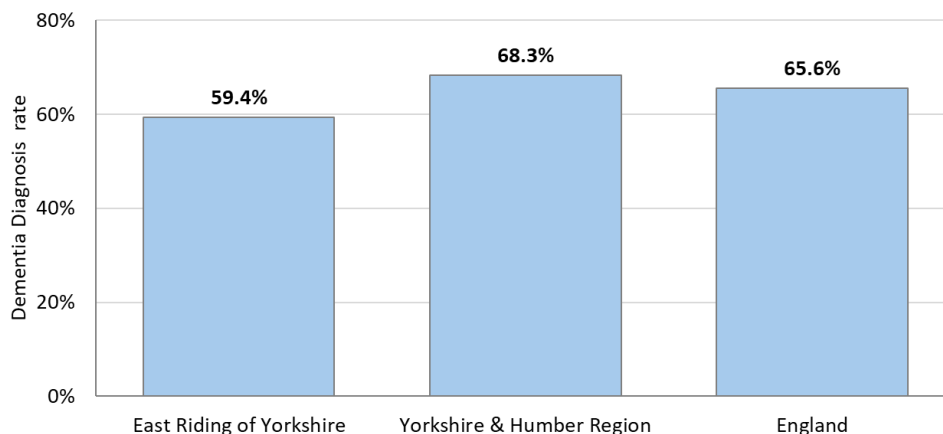
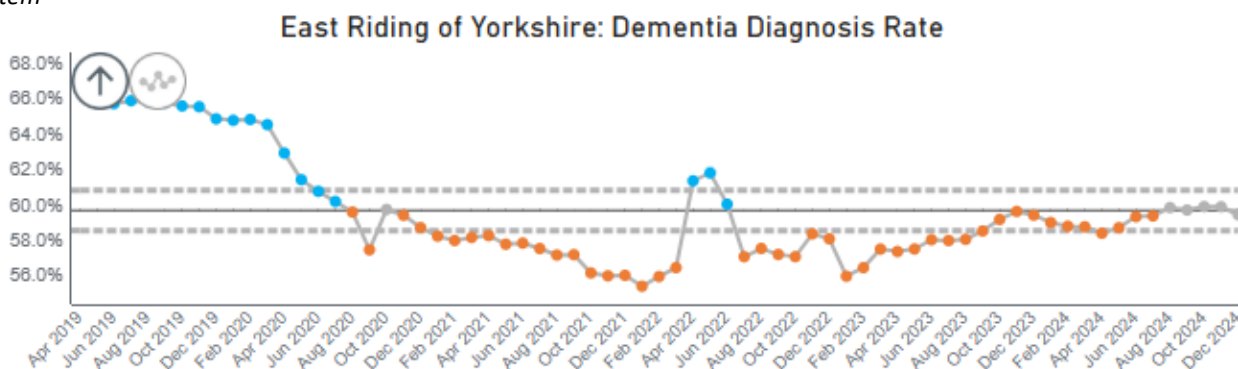


Table 3.4 NHS East Riding sub-ICS area, dementia diagnosis (65m years +). Source: HNY ICB ePiPHNY system

Latest 6 Months	Dementia Register	Dementia Register Over 65s	Dementia Rate %	NDPR	Dementia Register at 66.67%	Extra to reach 66.67%
Jul-24	3,380	3,293	59.4%	5,546	3,697	404
Aug-24	3,417	3,325	59.8%	5,556	3,704	379
Sep-24	3,422	3,332	59.7%	5,580	3,720	388
Oct-24	3,437	3,348	59.9%	5,589	3,726	378
Nov-24	3,439	3,351	59.9%	5,595	3,730	379
Dec-24	3,420	3,330	59.4%	5,602	3,735	405

Figure 3.26 NHS East Riding sub-ICS area, dementia diagnosis (65 years+) over time. Source: HNY ICB ePiPHNY system



Projecting dementia numbers

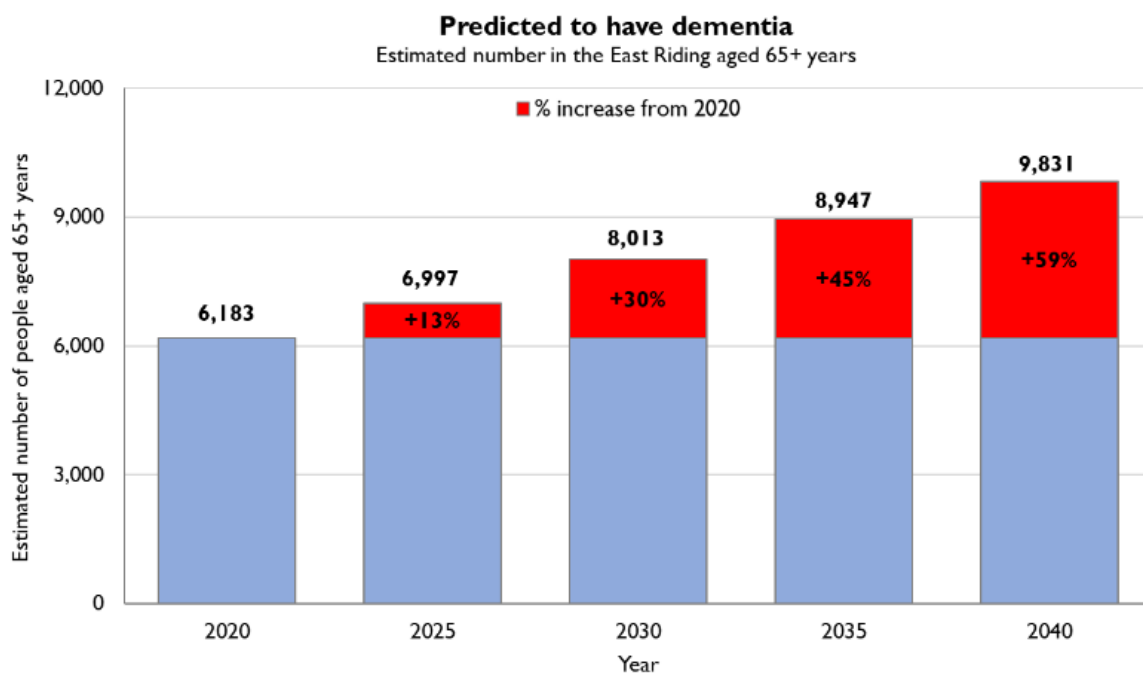
The Projecting Older People Population Information (POPPI) system estimates the number of people in a local authority area predicted to have a certain condition (including dementia) in

the future, based on a point prevalence and then projected forward using ONS population projections.

Figure 3.27 below uses 2020 as a baseline for the number of East Riding residents aged 65+ with dementia and then estimates how many more residents will have the condition at each future year point. In 2020, POPPI estimated that there were almost 6,200 East Riding residents with dementia, with this number increasing to approximately 7,000 by 2025 (an increase of 13%). By 2040 it is estimated that there could be over 9,800 residents with dementia, an increase of 59% from 2020). The 2020 figure used by POPPI below for 2020, may not seem to tally with the recorded prevalence of dementia in the previous section, this is largely due to the POPPI number including both diagnosed and undiagnosed counts, whereas the previous section only counted those diagnosed.

These projections highlight the need for attention to planning and co-ordinating an increased level of support for people to live as well as possible in their communities with this condition and for Health and Care services to prioritise and plan for increases in demand for diagnosis and support services.

Figure 3.27



Further information can be found on the JSNA website:

<https://eastridingjsna.com/dementia/>.

Support for people living with Dementia

Collaborative working across a range of partners, in the NHS, the Council, the Voluntary Sector and people with Dementia themselves provides a range of support for people and their supporters, pre, during and post dementia diagnosis. The involvement of people with lived experience has increased in recent years and they provided a significant contribution to the development of the Humber and North Yorkshire Dementia Strategy, due to be launched in

March 2024. East Riding partners collaborate as the Dementia Delivery Group, chaired by Adult Social Care and are planning future actions under this strategy. The diagnosis process primarily involves the NHS via primary care and the Memory Assessment Service (MAS) with a range of partners involved in awareness raising to promote accessing diagnosis and support during and after diagnosis, the Alzheimer's Society offer and the East Riding Carers Support Service area embedded in the MAS pathway. An early diagnosis can improve outcomes and delay progression of illness.

The Dementia Inclusion Network is co-ordinated by Public Health and connects to the strategic partnerships. This group meets quarterly in person in local areas, supporting the Voluntary organisations, groups and volunteers who provide regular support in communities for people affected by dementia. The Alzheimers' Society, Innovations in Dementia, Butterflies Dementia Support and Bridlington Right Minds are some of those involved. The Manifesto of people with Dementia and services provided are all detailed in the co-produced resource booklet found here: [A-Good-Life-With-Dementia-March-2024.pdf](#) Services include Dementia Advisors, Dementia Advice and Helpline, Co-produced courses - "A Good Life with Dementia", Peer Support, Getting Along Support for couples, Dementia specific support for Carers, Training for carers, Training for workforces - "Engaging in Everyday Situations", Activity Groups and Brain Health outreach.

It is important to remember that not everyone who has dementia or living with long term health conditions has a partner or family members they live with or are to hand close by to get involved with their care. Health and Care services are often organised with the assumption that a person has this support available. This highlights the importance of peer support and community support. A charity, Ageing Well Without Children is promoting the development of groups for people in this situation, to allow people to plan and connect with others for community support for their future. This could have potential for development in the East Riding of Yorkshire.

The wishes of people with dementia as with most older people are to remain living in their own home and some people receive care and support from Adult Social Care to achieve this. The Alzheimer's Society states that it is estimated that 70 per cent of people in care homes have dementia or severe memory problems. It is estimated that 60 per cent of people who draw on support from homecare are people living with dementia. In October 2024, there were a total of 1,789 active Adult Social Care cases in East Riding recorded with reference to Dementia, mainly with primary support reasons of support with memory and cognition and personal care support, this will include people receiving support in residential care, homecare, day services and by direct payment.

Long term conditions, hospital admissions and mortality

Table 3.5 provides a snapshot summary of a number of indicators relating to long term conditions or those that potentially might be more concerned with older adults, comparing the East Riding to the England average. Some of these indicators have already appeared earlier in this section, such as hospital admissions due to falls; all have been obtained from OHID Fingertips and further information can be obtained for each using this link: <https://fingertips.phe.org.uk/>.

Indicators shaded with a darker blue colour indicate higher values in the East Riding than England, but in this table do not necessarily mean significantly (statistically) higher, nor does it suggest that an indicator highlights a poorer outcome. Amber coloured cells means the indicator is similar to England and light blue cells shows where the East Riding is lower. Most Long Term Condition indicators in the table are shown to have higher values in the East Riding, this is largely due to the East Riding having an older population (with age being the largest influence in the increase of risk of any diseases) and that the indicators have not been standardised to take account of population age when comparing different areas.

Table 3.5 Table of indicators. Source: OHID Fingertips

Area	Indicator	Measure	Period	ERY	England
Hospital Admissions	Emergency readmissions within 30 days of discharge from hospital	Rate	2022/23	13	14.2
	Emergency hospital admissions due to falls in people aged 65 and over	Rate	2022/23	1607	1933
	Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years (Persons)	Rate	2022/23	648	752
	Admission episodes for alcohol-related conditions (Narrow) – 65+ years	Rate	2022/23	894	809
	Hip fractures in people aged 65 and over	Rate	2022/23	549	558
Vision	Preventable sight loss: age related macular degeneration (AMD)	Rate	2022/23	126.5	105.6
	Preventable sight loss: glaucoma	Rate	2022/23	14.8	13.5
	Preventable sight loss: diabetic eye disease	Rate	2022/23	2.3	2.9
	Preventable sight loss: sight loss certifications	Rate	2022/23	58	42
Long term conditions	% of cancers diagnosed at stages 1 and 2	%	2021	55.0%	54.4%
	% reporting a long-term Musculoskeletal (MSK) problem	%	2023	21.6%	18.4%
	% reporting at least two long-term conditions, at least one of which is MSK related	%	2023	16.3%	13.4%
	Rheumatoid Arthritis: QOF prevalence	%	2023/24	1.0%	0.8%
	Osteoporosis: QOF prevalence (50+ yrs)	%	2023/24	1.2%	1.1%
	Learning disability: QOF prevalence (All ages)	%	2023/24	0.6%	0.6%
	Stroke: QOF prevalence	%	2023/24	2.5%	1.9%
	Hypertension: QOF prevalence	%	2023/24	19.9%	14.8%
	Diabetes: QOF prevalence	%	2023/24	8.8%	7.7%
	COPD: QOF prevalence	%	2023/24	2.5%	1.9%
	CKD: QOF prevalence (18+ yrs)	%	2023/24	5.8%	4.4%
	Heart Failure: QOF prevalence (All ages)	%	2023/24	1.5%	1.1%
	CHD: QOF prevalence	%	2023/24	4.6%	3.0%
	Atrial fibrillation: QOF prevalence (All ages)	%	2023/24	3.3%	2.2%
	Mental Health: QOF prevalence (All ages)	%	2023/24	0.7%	1.0%
	Depression: QOF incidence - new diagnosis (18+ yrs)	%	2023/24	1.2%	1.5%
	Asthma: QOF prevalence (6+ yrs)	%	2023/24	7.5%	6.5%
	Obesity: QOF prevalence (new definition)	%	2023/24	14.3%	12.8%
% of people who reported having a limiting long term illness or disability	%	2021	19.1%	17.6%	
Mortality	Under 75 mortality rate from causes considered preventable (3 year range)	Rate	2021 - 23	140.2	163.7
	Under 75 mortality rate from cardiovascular disease considered preventable	Rate	2021 - 23	28.3	30.5
	Under 75 mortality rate from cancer considered preventable	Rate	2021 - 23	45.2	49.5
	Under 75 mortality rate from liver disease considered preventable	Rate	2021 - 23	13.8	19.2
	Under 75 mortality rate from respiratory disease considered preventable	Rate	2021 - 23	14.9	18.0
	Mortality rate from a range of specified communicable diseases, including influenza	Rate	2021 - 23	10.7	13.0
	Premature mortality in adults with severe mental illness (SMI)	Rate	2021 - 23	86.5	110.8
	Excess under 75 mortality rate in adults with severe mental illness (SMI)	Rate	2021 - 23	325.5	383.7
	Winter mortality index	%	2021 - 22	8	8.1
	Winter mortality index (age 85 plus)	%	2021 - 22	12.1	11.3

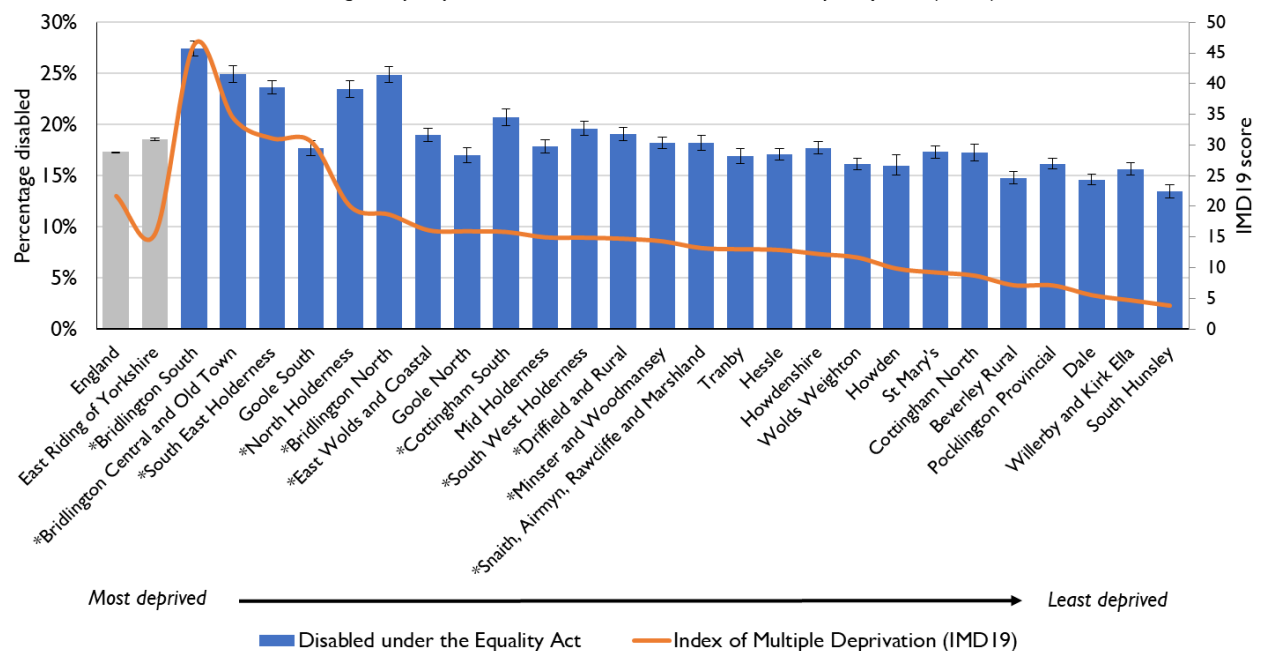
Lower than England
 Similar to England
 Higher than England

The previous table provided an overall East Riding level summary in comparison to England, however it is essential to look at a more granular level so that it is possible to be aware of any existing inequalities. Analysis by East Riding electoral ward has been conducted on 2 of the indicators that were present in the last table and are shown below.

Disability

The 2021 Census asked respondents if any conditions or illnesses reduced their ability to carry out day-to-day activities and were prompted to answer with "yes, a lot", "yes, a little" or "not at all". People who assessed their day-to-day activities as limited (either a little or a lot) were considered disabled, in line with the Equality Act (2010). In England overall, analysis showed a higher prevalence of disability in every age group within the most deprived communities (ONS, 2023), an example of which was at 65-69 years of age 42.5% reported a disability in the most deprived areas compared to 17.8% in the least deprived areas. Inequalities regarding disability also exist within the East Riding. Figure 3.28 below, displays all age disability prevalence in the most to least deprived wards within the East Riding (from left to right). A higher prevalence of disability is visible within the most deprived ward of Bridlington South (reporting 28.6% disability) in contrast to South Hunsley at the opposite end of the chart (14.8% disability).

Figure 3.28 Proportion of persons (all ages) who are disabled under the Equality Act (day-to-day activities limited a little or a lot). Census 2021.



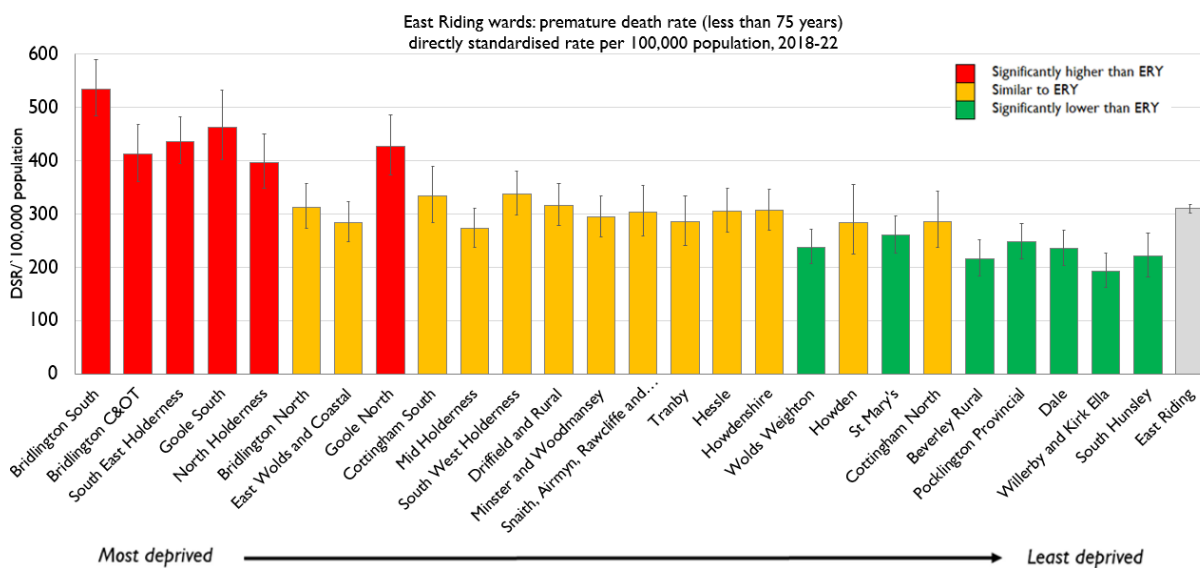
Premature mortality

Inequalities in premature mortality (persons dying under the age of 75 years) have been recorded throughout England for decades with Lewer et al. (2020) stating "one in three premature deaths are attributable to socioeconomic inequality, making this our most important public health challenge".

Figure 3.29 displays rates of all causes premature death for the 5 year pooled period 2018-22 within the wards of the East Riding (with the most deprived starting on the left). The 5 highest rates were recorded by the 5 most deprived wards, with Bridlington South recording the highest rate of premature death at 535 deaths per 100,000 age standardised population. This was in comparison with the East Riding average of 309 per 100,000 population and South Hunsley (the East Riding's least deprived ward) which had a rate of 220 per 100,000

population. To highlight the inequality more clearly, the South Hunsley rate of premature death was almost 2.5 times lower than that of Bridlington South.

Figure 3.29 All cause premature mortality in East Riding wards, all persons, 2018-22.



Local Co-ordination service

Some older people experiencing frailty, disability or long term health conditions may need support to organise aspects of their life, particularly if things change due to illness, injury or on discharge from hospital. The British Red Cross provide a local co-ordination service, working closely with Adult Social Care and the VCSE.

Local co-ordinators are embedded with their locality area and have an in depth knowledge of local opportunities and networks. They play a key role in helping people to identify and access support, build their resilience and increase their independence. The Local Co-ordinator will work closely with an individual, their family and networks, getting to know the person and co-designing a plan with them to access support within the community. The Co-ordinators are a key resource for Adult Social Care, supporting the Front Door and the Community Wellbeing Team in their patch to help as many residents as possible to benefit from the community offer.

Frequent reasons for referrals include; support managing low level needs, accessing the community, financial support and entitlement, loneliness and isolation, confidence building, mental health, housing issues. The service doesn't provide personal care, household tasks, shopping, long term care and support, befriending or sitting but does work with services users to help them manage independently, helping to organise solutions if these needs are identified.

The service outcomes include preventing the need for social care, the service has successfully reduced referrals into Adult Services. Improvements in mental health, wellbeing, confidence and independence, increases in physical and social activity are all contributing to improved lives. Cost / benefit analysis using the Social Value Engine has demonstrated that for every £1 spent on providing Local Co-ordination, £5.56 of Social Value is achieved.

During Quarter 3 in 2024, a total of 153 referrals were received with 120 of those being suitable for assessment and accepted for support. 396 signposts and referrals to other services were made. There is a gender difference in referrals which tend to be split 60% female, 40% male. Regarding ethnicity 89.5% of referrals are White British and 97.4% of referrals present with disabilities and/or long term health conditions, referrals consistently include at least 40% long term mental ill health conditions and the majority of referrals living alone. The following trends and issues were identified:

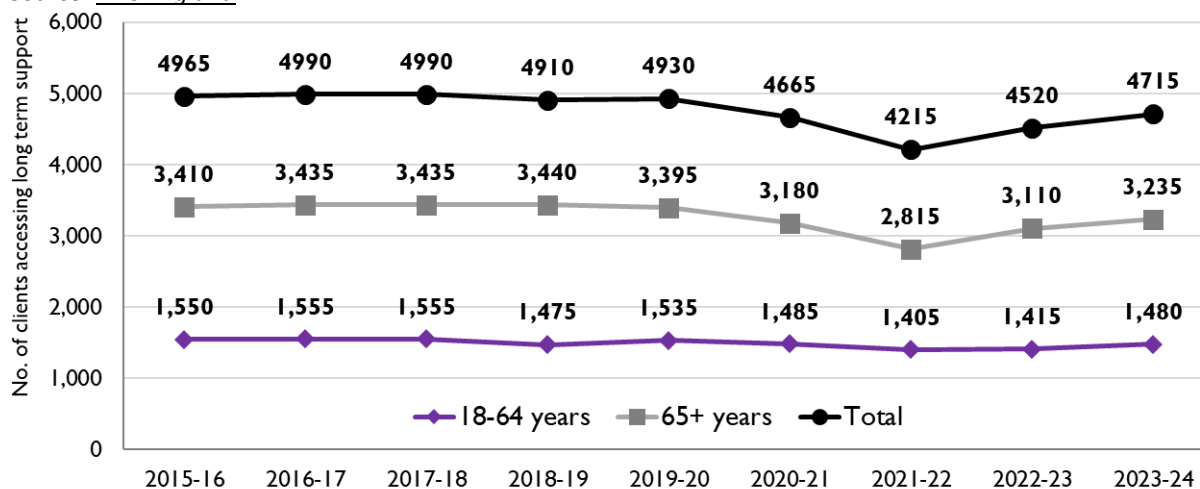
- Limited face to face befriending
- Increased need for access to food banks and demands for heaters/blankets
- Limited transport services
- Bereavement support groups limited capacity
- Social anxiety and isolation

Adult Social Care support

Adult Social Care has an important role in care and support for older people. Long term services are provided on an ongoing basis, which can range from high-intensity services including nursing care to lower-intensity community support such as direct payments to schedule routine home care visits. Long-term care has no set time frame and is provided for as long as necessary, in contrast to short-term care, which is intended to reduce or eliminate the client's need for continuing care.

Figure 3.30 displays the numbers of adults, by age group, accessing long term support in the East Riding. Over the period shown there were, on average, 4,800 clients of all ages per year, with almost 70% of them aged 65 years and over. The impact of the COVID-19 pandemic is visible in the reduction of long terms support during 2020/21 and 2021/22. This was a time where requests for support were deferred due to either a reluctance in wanting to be admitted into a care home or having strangers visiting private residences to provide care. Additionally, the furlough system put in place during the pandemic, allowed more time for furloughed workers to provide support to family members themselves.

Figure 3.30 Number of clients accessing long term support in East Riding of Yorkshire, total and by age group. Source: NHS England



The type of support setting that East Riding clients can access include 'nursing', 'residential' and community. Further detail about these settings is provided below:

- **Nursing:** refers to care provided in a nursing home where qualified nurses, along with caregivers, are available to provide medical care and nursing support. This type of care is intended for individuals who have significant medical and nursing needs and require continuous medical attention
- **Residential:** accommodation provided in a residential care home where individuals receive personal care services such as assistance with daily activities, meals, and social activities. Unlike nursing homes, residential care homes do not provide medical care from qualified nurses but focus on personal care needs.
- **Community:** allowing individuals to live independently in their own homes or in supported housing arrangements. Within community there are 4 individual options:
 - **Direct Payment Only:** a financial arrangement where individuals receive direct payments from their local authority to purchase and arrange their own care services in the community. This allows individuals to have greater control and flexibility over their care arrangements.
 - **Part Direct Payment:** a mixed financial arrangement where individuals receive direct payments for some of their care needs while the local authority manages and provides other aspects of their care. This combination allows for a more tailored approach to meeting an individual's care requirements.
 - **CASSR Managed Personal Budget:** a personal budget managed by the local authority (Council with Adult Social Services Responsibility - CASSR) on behalf of the individual. The local authority arranges and pays for the care services that the individual requires, based on the agreed care plan.
 - **CASSR Commissioned Support Only:** all care services are commissioned (arranged and paid for) by the local authority without direct payments to the individual. The local authority takes full responsibility for managing and providing the required support services to the individual based on their needs and care plan.

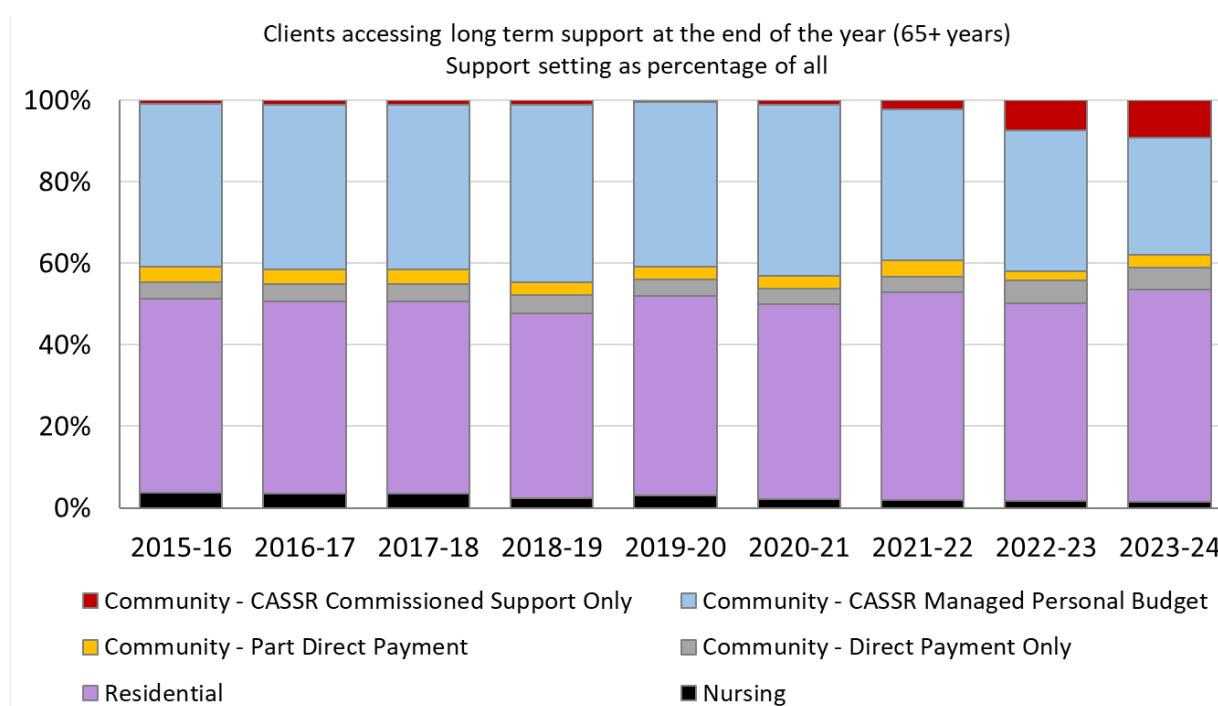
Table 3.6 provides the counts of East Riding clients (aged 65+ years) accessing long term support by each setting at the end of each financial year. It is followed by Figure 3.31 which displays the proportions that each setting makes up of the total.

What is apparent is that the number of clients accessing nursing settings has reduced over time. Whilst the East Riding has a lower proportion of nursing beds compared to other local authorities in the region, this reduction has largely been driven by care homes in the East Riding deregistering as nursing settings (to become residential only) as it has become difficult to both recruit and retain nursing staff. This is a situation not unique to the East Riding and has been witnessed nationally too (Nursing Times, 2021). Shortages require residents to find new homes, often in areas already at or near capacity, increasing pressure on the system. The cost of agency nurse cover is also extremely high, making it untenable for some homes to continue in a nursing capacity.

Table 3.6 Number of clients accessing long term support at the end of the year, aged 65 years and over by support setting. Source: NHS England

Year	Nursing	Residential	Community				Total
			Direct Payment Only	Part Direct Payment	CASSR Managed Personal Budget	CASSR Commissioned Support Only	
2015-16	125	1,625	140	125	1,365	30	3,410
2016-17	120	1,615	150	120	1,385	40	3,435
2017-18	120	1,615	150	120	1,385	40	3,435
2018-19	85	1,555	160	110	1,495	40	3,440
2019-20	100	1,665	140	100	1,375	15	3,395
2020-21	70	1,515	125	100	1,330	35	3,180
2021-22	55	1,430	110	110	1,045	60	2,815
2022-23	50	1,505	175	75	1,070	230	3,110
2023-24	45	1,685	175	100	930	300	3,235

Figure 3.31 Proportion each support setting makes up total, of East Riding clients accessing long term support, aged 65+ years. Source: NHS England



Numbers in residential homes have largely remained similar in the period shown, as have numbers in the community for direct and part direct payments. Whilst in 2023/24 'CASSR Managed Personal Budget' still forms a much larger proportion than 'CASSR Commissioned Support Only' for 65+ year olds in the East Riding, over the last 4 years there has been a year on year reduction of the former and a year on year increase in the latter. This means an increase in the local authority commissioning support with a cost and providing it outside of a personal budget (whereby there is no self-directed support and allocation of funds, and no choice for the carer in how to spend those funds).

Microproviders

It has been recognised there is a need to develop a wider range of care providers in East Riding, to meet people's needs in their local communities. The Freedom Providers scheme delivered by Yorkshire In Business, gives training and employment opportunities to those that want to set up as a micro provider as well as provide care and support to residents in their own homes. Micro-providers are small businesses that operate typically with less than five employees providing costed services to residents. These services can include, but are not limited to home maintenance, cleaning, gardening, companionship, dog walking, shopping, meal preparation and personal care. To begin with the support provided is non-regulated, and the scheme supports and ensures the providers are appropriately set up to provide these services. The scheme supports the development of micro providers by providing specialist care advice with mentoring, training, business advice and peer support.

Day Services and Opportunities

One source of care and support for people in the East Riding are day services. These offer day-time care and support to people with various health and social care needs including learning disabilities, physical disabilities, those with dementia and older people who may be in need for support to reduce isolation. Day services can be part of a wider care and support package, usually for a set number of days each week.

Day services can offer an opportunity for individuals to take part in varied activities and to be cared for without the need for any family member to remain with them, allowing for some independent time with others and a chance to meet and make new friends. This also provides those supporting them at home with an opportunity to have a break from their caring duties. These services are part of the wider preventative services on offer across the area which aims to support people to remain at home.

Day services may look to support with activities to improve physical health, reminisce with others about their past lives and be supported to access the community on day trips around the local area.

Dependent on the day service there may be transport available to help people get the service. They may also have facilities to support with personal care activities and help individuals with administration of their medication.

Across the East Riding there are a number of day services which can be accessed. Some of these services are set up to support particular groups of people and some offer mixed-services. The Council operates a number of services across the East Riding and there are also a number of private providers too.

Accessing these services can be achieved in different ways dependent on the provider in question. For all Council run services, currently all individuals must have been supported by Adult Social Care services to have an assessment. If this assessment identifies care and support needs that day service may be able to meet then details will be shared on services in your local area. For some private providers, they do not require this assessment and can be contacted directly to discuss attendance and charges.

At present we know there are around 400 people accessing Council run day services and approximately 20% (80 people) are attending as a result of their older age and/or dementia.

We know that there is a number of people who attend a privately run day service but do not hold this data for those who attend for age-related reasons; this is something we are looking to develop to help improve our intelligence on the care and support people receive.

We recognise the importance of day services and daytime opportunities for individuals in our area and are seeking to develop a preferred provider list. This will look to develop the offer across the area, identifying areas where there is a lack of provision and support providers to develop services in these areas. We will also look to monitor the quality and delivery of services registered with us on the provider list.

Unpaid Carers

A carer is anyone who cares, unpaid, for another person or people. The cared for person is usually a friend or family member, due to their illness, frailty, disability, a mental health condition or a person who uses drugs or alcohol harmfully. Many individuals who have a caring role do not recognise themselves as a carer, people usually care for each other within a relationship. However, when one person develops one or more long term conditions that requires additional support the balance of the relationship may change, with one person in the relationship providing care and support to the other without as much reciprocal support from within the relationship. People feel this is their duty as it is often a life partner, friend, neighbour, parent or relative. The caring role can not only have an impact on the relationship but also a range of personal, social, financial and health circumstances. For example, it may be necessary to leave or reduce working hours to carry out the caring role, the carer may also have less time for their own self care and wellbeing. Carers can experience isolation and frustration. These aspects of being an unpaid carer have an impact on the mental, social and physical health of the carer.

The Care Act 2014 came into effect in April 2015 and outlines laws regarding carers and those cared for, including the local authorities' obligations and the way they should carry out carers' assessments and needs assessments (for the looked after person) and how eligibility for support is determined and charged for. Unpaid carers are entitled to a carer's assessment where they appear to have need for support, there are eligibility criteria for meeting the entitlement to support.

Carers can be categorised in different ways in relation to their life stage, with unique challenges for the carer in relation to their situation:

Young carers: children and teenagers (approximately 800,000 carers in the UK of this age), who balance their education with caregiving responsibilities.

Working-Age Carers: The majority of unpaid carers fall within the working-age bracket of 18 to 64 years, signifying a group that often juggles employment and caregiving duties.

Older Carers: A notable portion of carers are aged 65 and over, with many elderly individuals providing care to their spouses or other family members.

Counts of unpaid carers by age group

The 2021 England and Wales Census estimated 5.4 million residents (8.9% of the population, when standardised for age) in England and Wales aged 5 years and over provided unpaid care, this was a similar proportion to the East Riding at 8.8% of population (30,618 people). Compared to the 2011 Census, the number of carers in the East Riding reduced by 6,750 people, there were also reductions in the numbers of carers within the Yorkshire and Humber region and in England overall.

Table 3.7 shows the counts of unpaid carers by age group and the proportion each age group makes up for the East Riding, Yorkshire and the Humber region and England overall. The 50-64 years cohort reported the highest proportion of carers, which was 39.8% in the East Riding (based on over 12,100 people). Those aged 65+ years recorded the second highest proportion for all 3 areas shown within the table, at 30.9%, the East Riding recorded a significantly higher proportion of older carers than either region or national (23.7% and 23.4% respectively). However, please note these are non-age standardised proportions which do not account for underlying differences in age structure and as the East Riding has significantly higher proportion of persons aged 65+ in the overall population, this result is perhaps not surprising.

Table 3.7 Counts and non-age standardised proportions of carers by age group, comparing the East Riding to the region and England

Age group	Count of unpaid carers			Age group as % of all carers		
	ERY	Y&H region	England	ERY	Y&H region	England
Aged 15 years and under	322	6,796	84,153	1.1%	1.4%	1.7%
Aged 16 to 24 years	1,177	26,495	272,742	3.8%	5.6%	5.5%
Aged 25 to 34 years	1,968	47,084	492,632	6.4%	10.0%	9.9%
Aged 35 to 49 years	5,505	106,508	1,152,537	18.0%	22.6%	23.1%
Aged 50 to 64 years	12,193	173,263	1,819,056	39.8%	36.7%	36.5%
Aged 65 years and over	9,453	111,855	1,167,940	30.9%	23.7%	23.4%
Total	30,618	472,001	4,989,060	100%	100%	100%

Areas of residence of unpaid carers in the East Riding

When observing carers of all ages in the East Riding, it was largely the coastal electoral wards which contained the highest proportions (note these are non-age standardised percentages and don't take account of population structure). These included (in order) Bridlington North (11.9%), South East Holderness (11.1%), North Holderness (11%) and Bridlington Central and Old Town (10.7%). By actual number of unpaid carers, South East Holderness (1,568 carers) and Bridlington North (1,536 carers) had the highest counts.

There were 3 wards with significantly higher proportions of unpaid carers aged 65+ years than the East Riding average: South East Holderness (12.7%), Bridlington Central and Old Town (12.1%) and Bridlington North (12%). South East Holderness and Bridlington North also had the highest counts of carers aged 65+ years, numbering 709 and 549 respectively.

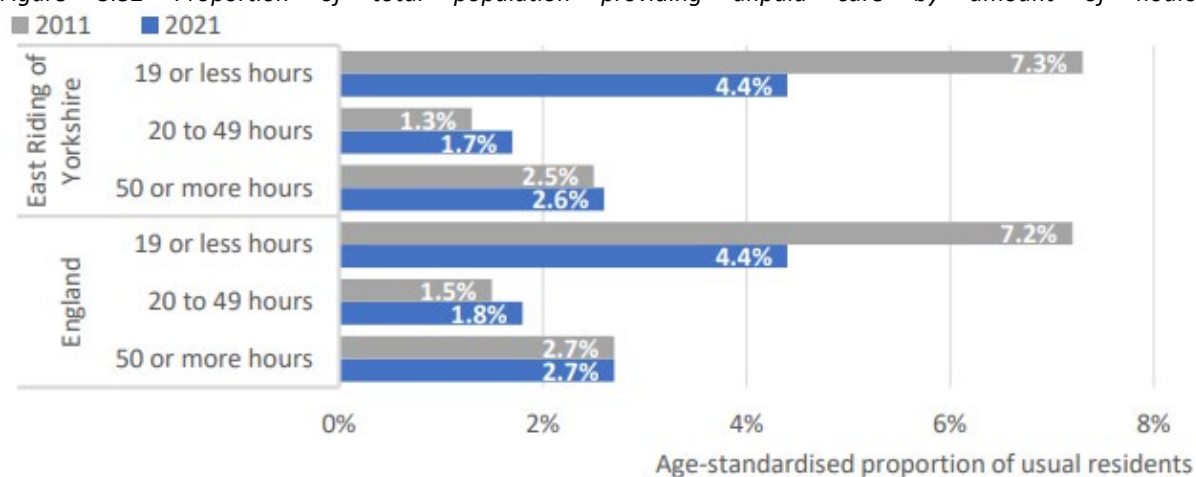
Number of hour care provided

A summary of the numbers of East Riding residents providing care by number of hours is provided below:

- Less than 20 hours unpaid care a week: 15,283 people (50% of total unpaid carers).
- Between 20 and 49 hours a week: 5,651 people (almost 20% of total unpaid carers).
- 50 hours or more per week: 9,684 people (around 30% of total unpaid carers).

Despite a reduction in the overall numbers of East Riding unpaid carers in 2021 compared to 2011, there was a small increase in individuals providing 20-49 hours a week (1.3% in 2011 to 1.7% in 2021) and 50+ hours a week (2.5% to 2.6%). However, the proportion providing 19 hours or less reduced from 7.3% in 2011 to 4.4% in 2021. A similar shift in the number of hours of unpaid care between 2011 and 2021 occurred nationally and is presented in Figure 3.32 below.

Figure 3.32 Proportion of total population providing unpaid care by amount of hours.



When age group is combined with the number of hours care provided it becomes apparent that there are 2 main age groups providing the bulk of unpaid care: those aged 50-64 years and 65 years and over. Of all unpaid carers providing 50 hours or more per week, almost 50% are aged 65+ years. See Table 3.8.

Table 3.8 Hours of unpaid care per week by East Riding of Yorkshire residents. Census 2021

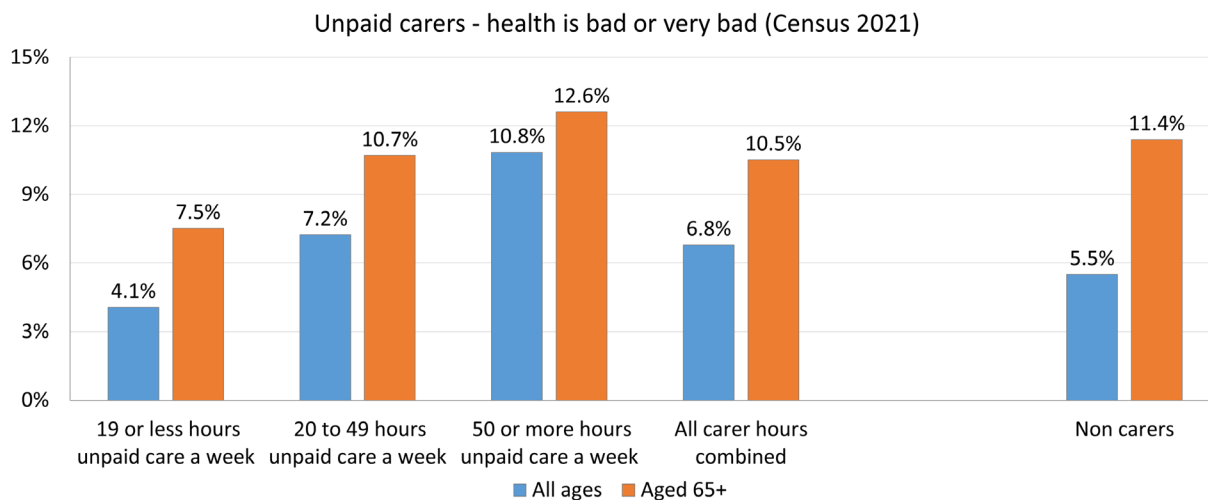
Hours of unpaid care a week	15yrs & under	16 to 24yrs	25 to 34yrs	35 to 49yrs	50 to 64yrs	65yrs & over	Total
Provides 19 or less hours	1.7%	4.4%	6.1%	17.9%	47.8%	22.0%	100%
Provides 20 to 49 hours	0.7%	6.3%	9.3%	21.0%	38.2%	24.5%	100%
Provides 50 or more hours	0.3%	1.5%	5.2%	16.3%	28.2%	48.5%	100%
Provides no unpaid care	13.2%	8.9%	11.1%	17.5%	22.0%	27.3%	100%

Health of unpaid carers

During the 2021 Census, unpaid carers (for both all ages and 65+ years) reported increased levels of 'bad or very health' as the amount of hours of care increased. This is demonstrated in Figure 3.33. For carers of all ages, bad or very bad health increased from 4.1% for 19 hours or less care provided to 10.8% for those providing 50+ hours. In contrast 5.5% of non-carers

reported bad or very bad health. Similarly for those carers aged 65+, the prevalence of bad/very bad health rose from 7.5% to 12.6% in comparison to 11.4% of non-carers of this age group.

Figure 3.33



Whilst the 2021 Census identified that there were 30,076 unpaid carers over the age of 18 in the East Riding, as of November 2023 there were only around 3,700 registered with the East Riding Carers Support Service, a figure 8 times lower than the Census. The identification and self-identification of carers has been identified as a major issue for many years, both in the East Riding and nationally.

Further information about unpaid carers in the East Riding can be viewed on the East Riding JSNA website here: <https://eastridingsna.com/carers/>.

To fulfil the Care Act responsibilities around support for unpaid carers, East Riding of Yorkshire Council provides a Carers Support Service across the East Riding of Yorkshire. This service continues to proactively look at different ways to support informal carers to meet their caring responsibilities whilst managing their own health and wellbeing to support sustainability in their caring role. The Councils' new carers strategy is currently being co-designed with carers in our local areas to make sure that the work of the service reflects carers' lived experience and to make sure that our residents feel empowered to contribute to the shaping of council provision. The staff team includes a mental health specialist worker and two dementia specialist workers. These roles work closely with carers to provide specialist support and have robust links with colleagues from health, public health and primary care.

Carers Plus also provide a support service focusing on the Bridlington area. They offer information, advice and support to carers, including a range of support groups offered at the Crown Buildings in Bridlington. Collaborative working with other partners maximises the access to local services to improve health and wellbeing. They proactivity represent the voice and needs of people with lived experience, influencing the commissioning and delivery of services to accurately reflect needs. This is demonstrated by this local response to the specific demographic and inequalities experienced in this coastal town situated in the north east corner of the East Riding.

Your Money Team (YMT)

The work of this team provides an important community support role and has already been referred to in terms of pensions and employment and the communication and information domains of an age friendly community. The team offers of advice and help with rent and council tax, benefit checks, debt, and budgeting to all East Riding adult residents. Older people in particular are often identified by the team as missing out on benefits in relation to pension credit. Whilst there are no specific YMT workstreams targeted towards older people, YMT do attend community groups such as Dementia Support Groups, typically attended by older people and work closely with carer support and paying for care (PFC) teams. YMT surgeries for adults of all ages are held in customer service centres where required.

Age UK Hull and East Riding

The work of this organisation is described in this report in relation to the respect and social inclusion domain but also important to highlight their role as a provider of community support, in relation to support for older people to access welfare benefits, positive activities, befriending and home support. Following on from recent partnership work with the Council to raise awareness of the support available to access pension credit, Age UK Hull and East Riding have identified a need for increased capacity for welfare benefit advice, specifically for older people. In 2024, Age UK HEY supported East Riding residents to secure £510,000 of additional benefit income and have highlighted a need to increase capacity for this service due to ongoing demand. Improving the financial wellbeing of older people has a range of benefits to wider wellbeing in terms of being able to afford a warm home, good nutrition, access to transport to attend health appointments and social participation.

Health Protection

Health Protection is an important element of health services for older people to prevent and reduce the risk of severe complications from infectious diseases. Flu, Covid, Shingles, Respiratory Syncytial Virus vaccines are of particular importance for the health and wellbeing of older people.

As the human body ages, the immune system declines in strength, increasing the risk of infection. 'Healthy ageing' describes the process of developing and maintain physical, mental and social ability to enable wellbeing in older people. That is why vaccines are so important for the older population, so that their immune system can be supported to resist infections. The Joint Committee on Vaccination and Immunisation (JCVI) often prioritise vaccines for older people so that the more vulnerable people in our populations can be boosted with vaccines to enable them to continue health aging.

When considering older aged adults, aged 65 years and upwards, there are several life course immunisation and screening programmes we promote to encourage healthy aging. These are:

- Seasonal vaccinations campaigns – flu and covid 19.
- Shingles vaccination
- RSV vaccination
- Bowel screening
- Cervical screening

- Breast screening
- Abdominal aortic aneurysm (AAA) screening.

Some of the above programmes begin from 50 years upwards and although this is not considered as aged care it is early intervention care which works towards better health aging creating better health and wellbeing outcomes for our elderly residents.

In ERY we perform well when looking at vaccinations and screening uptake however there are improvements required to increase uptakes to national recommendations.

Vaccinations

Seasonal Flu Vaccination (65years plus)

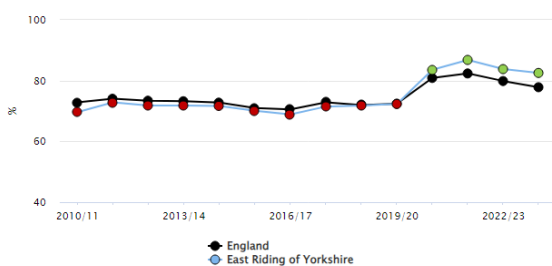


Figure 3.34 Seasonal flu uptake 2010 – 2023. In ERY this group has very good uptake. Above national target.

COVID Vaccination

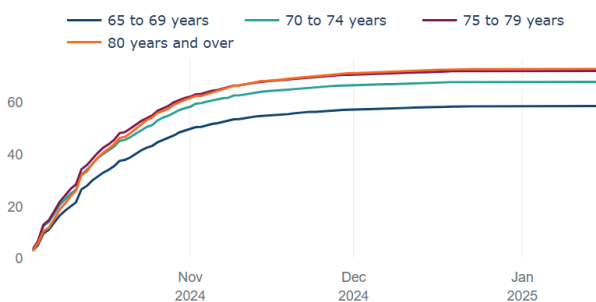


Figure 3.35 % of people aged 65+yrs who have had a 2024 autumn booster COVID-19 vaccination. Uptake in the ERY occurred faster than England and the ERY overall vaccination rate was higher.

Shingles Vaccination (71 years onwards)

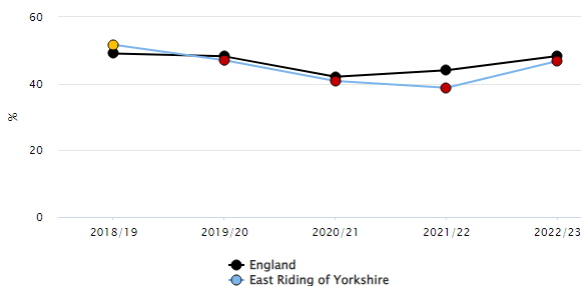


Figure 3.36 Shingle vaccination uptake 2018 – 2023. Further work is needed on this programme especially owing to recent age changes. The primary care network largely offers this opportunistically only which creates some accessibility issues.

RSV Vaccination Uptake

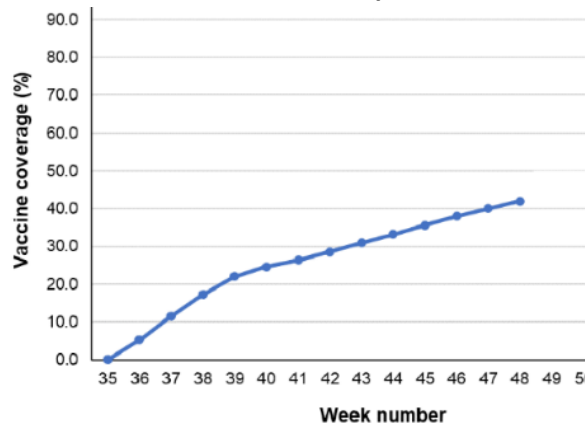


Figure 3.37 Cumulative national RSV vaccine uptake. This programme only went live September 2024 so local data is not yet available.

Life course vaccination uptake in older people in ERY is largely positive across the county. Although COVID-19 had some impact on uptake the prioritisation for the age group which is recommended by JCVI works well to promote uptake with good accessibility. However, there

are system wide improvement needed especially in life course vaccinations which target 70 years plus and normally get offered opportunistically. This opportunistic invitation does not create an open environment for residents to feel informed about accepting vaccinations. More work is also needed to improve accessibility in life course vaccinations about 70 years owing to our rurality as a county as travel demands on residents can sometimes mean vaccinations are missed.

Screening Uptake Rates

Cervical Screening Uptake (50-64years)

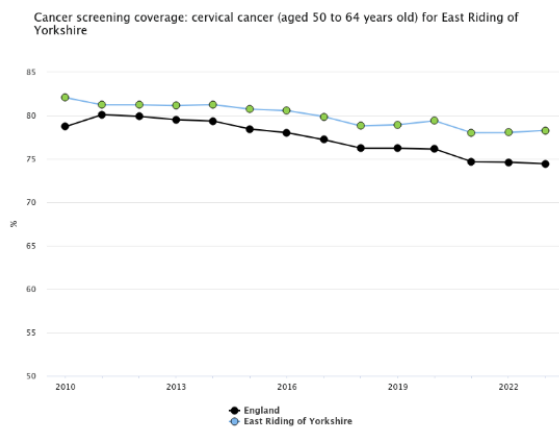


Figure 3.38 Cervical screening coverage 2010 – 2022. Uptake trend is declining and in just in line with national target.

Abdominal Aortic Aneurysm Screening (65 yrs)

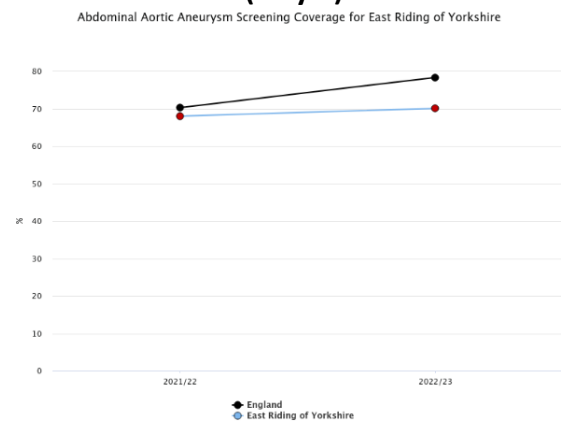


Figure 3.39 AAA screening coverage 2021 – 2023. Uptake is declining and below national target.

Breast Screening (50 years onwards)

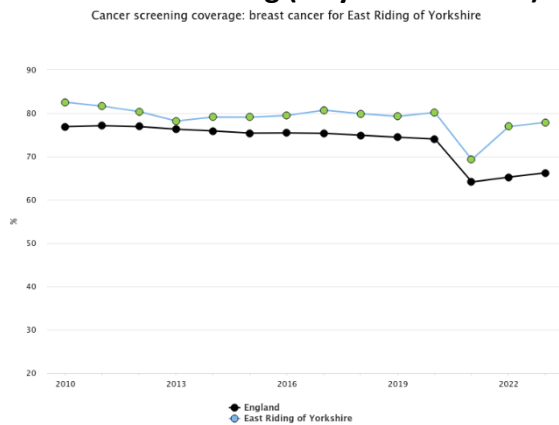


Figure 3.40 Breast screening coverage 2010-2022. Uptake trend significantly declined in 2020 and 2021 potentially owing to the pandemic with uptake increase as the pandemic came to an end. Uptake is above national target.

Bowel Screening (54-74years)

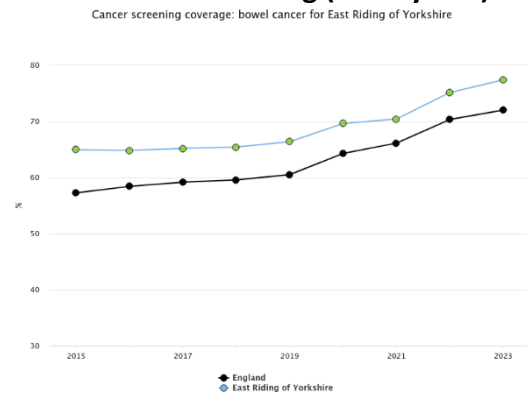


Figure 3.41 Bowel screening coverage 2015 – 2023. Efforts to improve uptake have proven positive for bowel screening. Most recent data have seen data reach the national target of 75%.

COVID-19 screening impact were felt across the system owing to appointment shortage. Although extra work has taken place to reduce this burden system issues still exists which are preventing screening rates reaching their recommended targets. Further work is required in this area to increase local communications to residents to allow an informed decision. Wider

stakeholder work would be well placed for the screening programmes to boost uptake. Adopting a model like the roaming lung screening vehicle would be especially beneficial for our older populations who reside in our more rural areas.

4. Climate Change – a Cross Cutting Theme

As has been demonstrated across many sections of this report, some elements of life and society and current issues and the services and actions that address them don't sit perfectly within one of the eight domains but have an impact across several of the domains. Climate change is an example of this and we have included here as a cross cutting theme that has an impact across Housing, Transport, civic participation, respect and social inclusion, community support and health services

With respect to Healthy Ageing and Climate Change, Woolrych et al (2023) highlighted the following:

Empowering Older People Towards Climate Action:

Older people should be empowered to participate in climate action, moving away from the narrative that frames them as a cause of the climate crisis. They should be involved in setting priorities and building resilience within their communities through co-produced interventions and climate ambassadorship roles.

Mobilising Community and Social Infrastructure:

Building climate resilient Age-Friendly Cities and Communities (AFCC) involves harnessing social and community resources to respond to climate change. This includes establishing community hubs, fostering inclusive and safe spaces, promoting multi-agency collaboration, and enhancing digital skills for resilience.

Enhancing Mobility and Transport for Healthy Ageing:

Extreme weather impacts the mobility and independence of older people. Enhancing transportation services, designing climate resilient outdoor spaces, and promoting active travel are crucial steps. Practical measures include shaded bus stops, tree-lined streets, and shelter domes to protect against extreme weather.

Climate Resilient Housing for Ageing-in-place:

Housing plays a critical role in supporting healthy ageing. Climate resilient housing should be prioritised in national strategies, integrating sustainable materials and energy efficiency. Efforts should focus on future-proofing homes, supporting housing transitions, and providing information on climate-related housing options.

Healthcare and Wellbeing for Older Adults in Extreme Weather:

Climate change affects the physical, social, and mental wellbeing of older individuals. There is a need for targeted health information, community-integrated health services, and climate change champions within health partnerships. Cross-sectoral interventions and practical health resources are essential.

Intergenerational Communities and Climate Resilience:

Climate change is an intergenerational issue that requires collaboration across age groups. Fostering intergenerational collaboration, promoting knowledge exchange, and ensuring inclusive decision-making are vital. Sharing intergenerational stories and leveraging local media can advance the climate change agenda.

5. Conclusions / Recommendations

In terms of co-development, it is important to first consider the aspects highlighted through the engagement work with older people themselves:

Social and community and activities and connections with friends, family and neighbours are valued. Volunteering and adult education are accessed. Services being locally available including public transport, primary care and local amenities are appreciated, people enjoy accessing the outdoor coastal spaces. Good information on what is on offer is key to remaining active and independent.

Older people want better access to appointments with primary care and dentists and regular public transport. Additional cultural, recreational, educational, mental stimulation and exercise opportunities for people over 50. More opportunities for different age groups to connect together to listen and create respect. Improvements in inclusion and better access in general for disabled people. More consideration for mental health, isolation and loneliness, particularly in rural and farming communities.

Stakeholder engagement highlighted the community atmosphere and creating a supportive environment, keeping older people connected across society to maintain quality of life, rather than changes to physical spaces. Accessibility (geographical, digital and physical access), social inclusion, affordable transport, appropriate housing, community safety and employment/retirement were recurring themes. Stakeholders advocate for equal access for health and social care for older people with their voices being seen as central to their healthcare. Re-framing ageing as progressive and developmental in terms of knowledge and experience further enable older people to participate fully and actively in society, fostering excitement about opportunities, instead of worry about barriers.

The data around population structure, life expectancy and deprivation detailed in this report highlights the proportion of people aged 50 to 74 in the East Riding, with 26.4% of the total population being over 65. This is greater than the UK population average of over 65s. Locality figures also shows a greater concentration of older people in certain areas, particularly the coastal areas of East Riding, for example, 44.5% of Bridlington North population is aged 65+. Population projections also show that we can expect our older population will increase by 35% from 2020 to 2040, demonstrating that preparation for this demographic change is important. When we consider deprivation, there is also overlap with our areas of greater deprivation along the coast and in some rural areas, which experience greater health inequalities. The environment and services needed by an ageing community improve the wider determinants of health and extend healthy life expectancy, another reason to focus on coastal and rural areas when taking action for healthy ageing.

Following on from this baseline evidence report, Stage 3 of the Age Friendly Communities programme cycle 'Act and Implement' directs the Steering Group to create and implement an action plan. This report details the prevalence of a range of data in relation to the eight domains and presents a range of community and statutory services on offer that contribute to the Age-Friendliness of our community. There are opportunities to take action within the eight domains of an Age Friendly Community to respond to the recurring themes in this report around inclusivity, accessibility, focusing on community connections and support, locally

available services and the higher need in rural and particularly coastal areas. Established partnership groups and strategies also provide opportunities to connect and influence further to consider actions for healthy ageing and we may also create new working groups and partnerships to secure support and resources to implement specific projects.

Opportunities for action:

Engagement and co-development with Older People

- Understand local and national best practice examples of how other Age Friendly Communities continue to engage and co-develop with Older People
- Establish the structure and mechanism for ongoing co-development of the approach with older people in East Riding

Governance, Strategy and Policy and Partnerships

- The connection between rural and coastal inequalities and higher need in relation to healthy ageing directs the governance of the Age Friendly Communities approach to the Health and Care Committee Rural and Coastal work.
- Review policies and services in terms of Ageing Well. For example in relation to Climate Change, but also Health in All Policies. Look for opportunities to review service delivery in partnerships and relate to the population demographic and projections, current and potential future need and the provision relating to the various domains.
- The Age Friendly Communities approach connects to a range of strategies and policies. Co-production and the voice of lived experience has the potential for a greater role in influencing strategy, policy and services. For example, the Carers Advisory Group has a role in East Riding and has contributed their voices to the refresh of the Carers Strategy. Established structures such as this have a place in connection with the Age Friendly Communities approach.

Outdoor Spaces and Buildings

- Advocate for further development of inclusive, accessible activities for the over 50s (physical, social, mental, educational) to be included in the comprehensive programme of activities in East Riding. Including activities for people with long term health conditions, physical and learning disability.
- Maintain partnership connections across the Age Friendly Communities network to support projects such as Changing Coasts East Riding.

Transport

- Ongoing advocacy and support for community transport initiatives.
- Raise the importance of planning in the means of transport to access new support, services, events, activities, groups, opportunities etc, when those opportunities are being planned and created.

Housing

- Connect with Older People's Housing Strategy, work with housing colleagues and partners to access the voice of lived experience around housing needs and inform strategy/policy.

Social participation & Respect and Social Inclusion

- Identify resources to further develop events, campaigns, training etc which challenge ageism and promote intergenerational activity. For example, the Age Without Limits Campaign, International Day of Older People.
- Include more intergenerational activities in our offer in communities (see Outdoor Spaces and Buildings)
- Investigate the potential for increasing befriending services in East Riding.

Civic Participation and Employment

- Connect with Age Friendly Communities in other areas regarding research and initiatives into “purpose in later life” to consider implementation in East Riding.
- Raise awareness of the Age Friendly Employer Scheme with East Riding businesses and include promotion of the Mid Life MOT
- Work with Adult Education partners to investigate opportunities for the provision healthy ageing information for mid life working age and retired adults
- Further development of volunteering opportunities where possible and in relation to specific project activity, eg developing befriending services

Communication and Information

- Create a focused working group for this domain to consider the range of sources of information for healthy ageing (digital platforms/directories and paper copies) and improve co-ordination and promotion of information across relevant partnerships and to the public.
- Connect the information offer to campaigns, events and training that support healthy ageing

Community Support and Health Services

- Further Develop Befriending services for the most isolated older people in our communities (relates to volunteering, social participation and social inclusion)
- Support increases in provision of Welfare Advice specifically targeted at older people in East Riding with considerations on improving financial inclusion in the rural and coastal communities.
- Connect the established Dementia Inclusion Network to the Age Friendly Communities approach.
- Scope opportunities to understand, promote and support the needs of older people who may not receive the care and support of family members, for example the Ageing Well Without Children initiative and research on improving support for people living alone with dementia.
- Ensure the Age Friendly Communities approach connects to Health Care services in relation to Frailty and Falls Prevention to support a life course approach around awareness raising and prevention.
- Contribute to Mental Health system partnerships to advocate for the needs of older people’s Mental Health.

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7. Appendices

Appendix 1 – Life expectancy, healthy life expectancy and disability free life expectancy

Table 7.1

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire UA	Rotherham	Sheffield	Wakefield	York
Healthy life expectancy at birth (Male)	2018 - 20	63.1	61.1	55.9	60.9	59.0	57.4	65.3	53.8	62.8	61.4	55.2	58.7	67.3*	58.7	62.5	58.0	65.3
Healthy life expectancy at birth (Female)	2018 - 20	63.9	62.1	60.1	63.4	63.4	56.1	67.9	57.9	61.2	63.9	57.5	56.4	66.4*	56.5	64.3	56.7	64.6
Life expectancy at birth (Male, 1 year range)	2022	79.3	78.1	76.5	76.9	77.7	76.8	80.4	75.5	77.8	78.7	77.7	77.9	80.3*	77.6	78.0	77.3	79.2
Life expectancy at birth (Male, 3 year range)	2020 - 22	78.9	77.9	76.1	76.6	77.5	76.8	79.8	75.0	77.6	78.0	77.8	78.4	80.2*	77.1	78.1	77.0	79.5
Life expectancy at birth (Female, 1 year range)	2022	83.2	82.0	80.0	81.5	82.6	80.7	83.4	79.9	82.1	82.7	80.5	83.1	84.0*	80.2	81.8	81.1	83.3
Life expectancy at birth (Female, 3 year range)	2020 - 22	82.8	81.9	79.9	81.1	82.2	80.6	83.3	79.9	81.6	82.2	81.0	82.9	84.0*	80.2	81.8	80.9	83.4
Life expectancy at 65 (Male, 1 year range)	2022	18.7	18.2	17.4	17.6	18.4	17.5	18.9	17.0	17.8	18.1	18.0	18.1	19.6*	18.4	17.8	17.9	18.8
Life expectancy at 65 (Male, 3 year range)	2020 - 22	18.4	17.9	16.8	17.1	17.8	17.4	18.8	16.4	17.7	17.8	18.0	18.1	19.4*	17.6	17.8	17.5	18.8
Life expectancy at 65 (Female, 1 year range)	2022	21.2	20.5	19.3	20.2	20.9	19.9	21.2	18.8	20.8	20.9	19.8	21.1	21.8*	19.6	20.3	20.0	21.3
Life expectancy at 65 (Female, 3 year range)	2020 - 22	20.9	20.4	19.1	19.9	20.4	19.5	21.2	18.8	20.3	20.5	19.9	21.1	21.7*	19.3	20.2	19.7	21.3
Overarching indicators at age 65																		
Inequality in life expectancy at birth (Male)	2018 - 20	9.7	10.7	8.9	9.7	10.6	10.0	6.8	12.3	9.3	11.4	12.9	10.9	6.3*	9.2	10.9	9.6	8.4
Inequality in life expectancy at birth (Female)	2018 - 20	7.9	8.8	8.2	8.2	9.1	8.2	3.2	9.6	8.1	9.7	8.5	8.1	4.9*	10.0	8.7	8.4	5.7
Inequality in life expectancy at 65 (Male)	2018 - 20	5.2	5.5	4.8	5.5	5.0	5.3	3.0	6.4	4.6	6.3	6.0	5.3	2.4*	4.1	6.6	4.6	3.8
Inequality in life expectancy at 65 (Female)	2018 - 20	4.8	5.3	5.7	5.0	4.6	5.2	1.4	6.8	4.9	6.6	4.2	5.1	2.4*	6.7	6.0	5.2	3.8
Healthy life expectancy at 65 (Male)	2018 - 20	10.5	9.8	8.8	8.9	9.3	7.7	10.8	7.2	10.7	8.5	9.9	8.9	12.5*	8.2	10.2	9.9	11.6
Healthy life expectancy at 65 (Female)	2018 - 20	11.3	10.6	9.6	11.2	12.2	7.2	13.5	9.0	9.5	10.5	8.1	9.8	11.9*	8.6	12.2	9.1	12.7
Disability-free life expectancy at 65 (Male)	2018 - 20	9.8	9.0	7.4	8.3	8.0	8.8	9.4	8.1	9.5	8.5	9.2	8.0	11.0*	8.2	8.8	8.9	10.1
Disability-free life expectancy at 65 (Female)	2018 - 20	9.9	8.9	6.8	9.5	9.7	6.5	10.9	6.8	7.9	9.0	7.9	8.4	10.9*	7.3	9.3	6.9	12.2
Disability free life expectancy at birth (Male)	2018 - 20	62.4	60.0	54.5	58.5	57.2	58.7	64.6	56.5	61.3	61.2	56.1	57.2	65.3*	56.3	59.2	58.1	62.9
Disability free life expectancy at birth (Female)	2018 - 20	60.9	58.5	53.9	60.6	59.9	53.3	61.4	51.5	57.9	60.4	54.5	51.9	62.3*	54.1	60.3	54.0	64.1

Figure 7.1

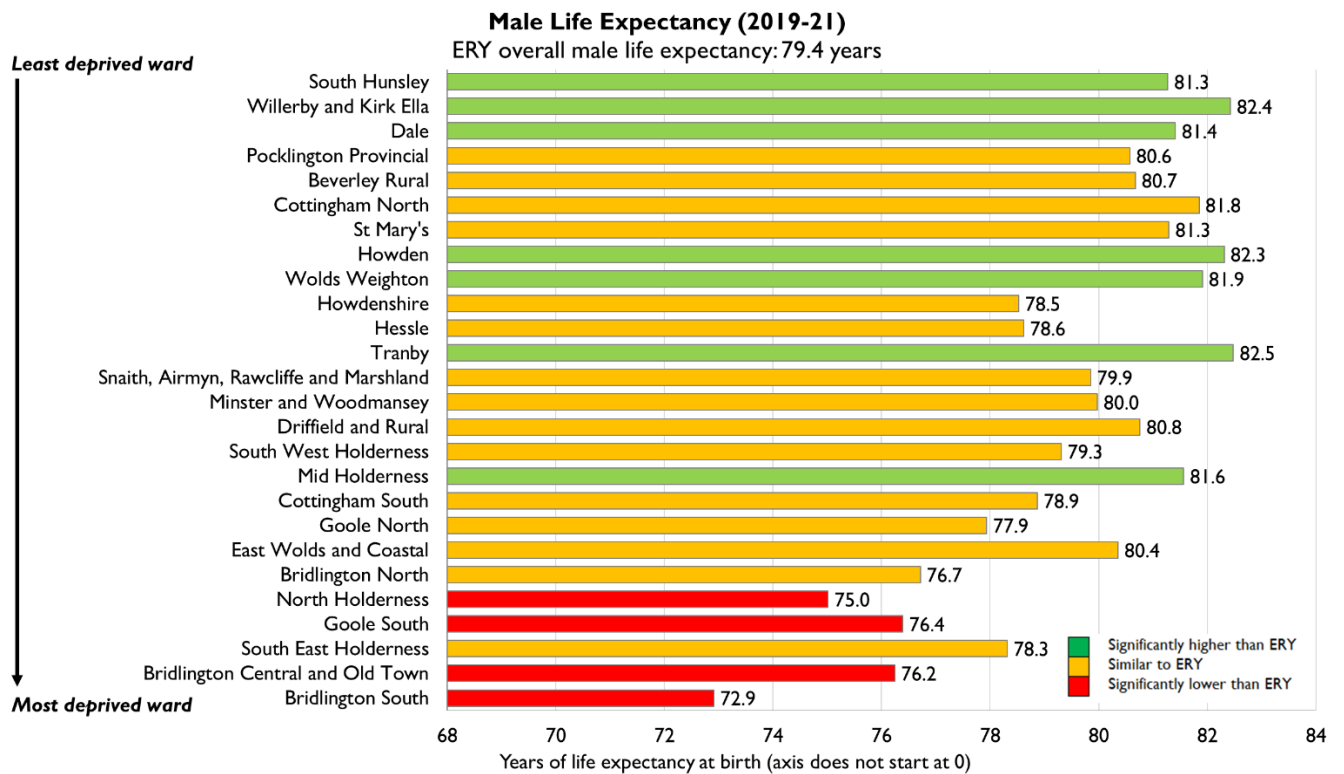
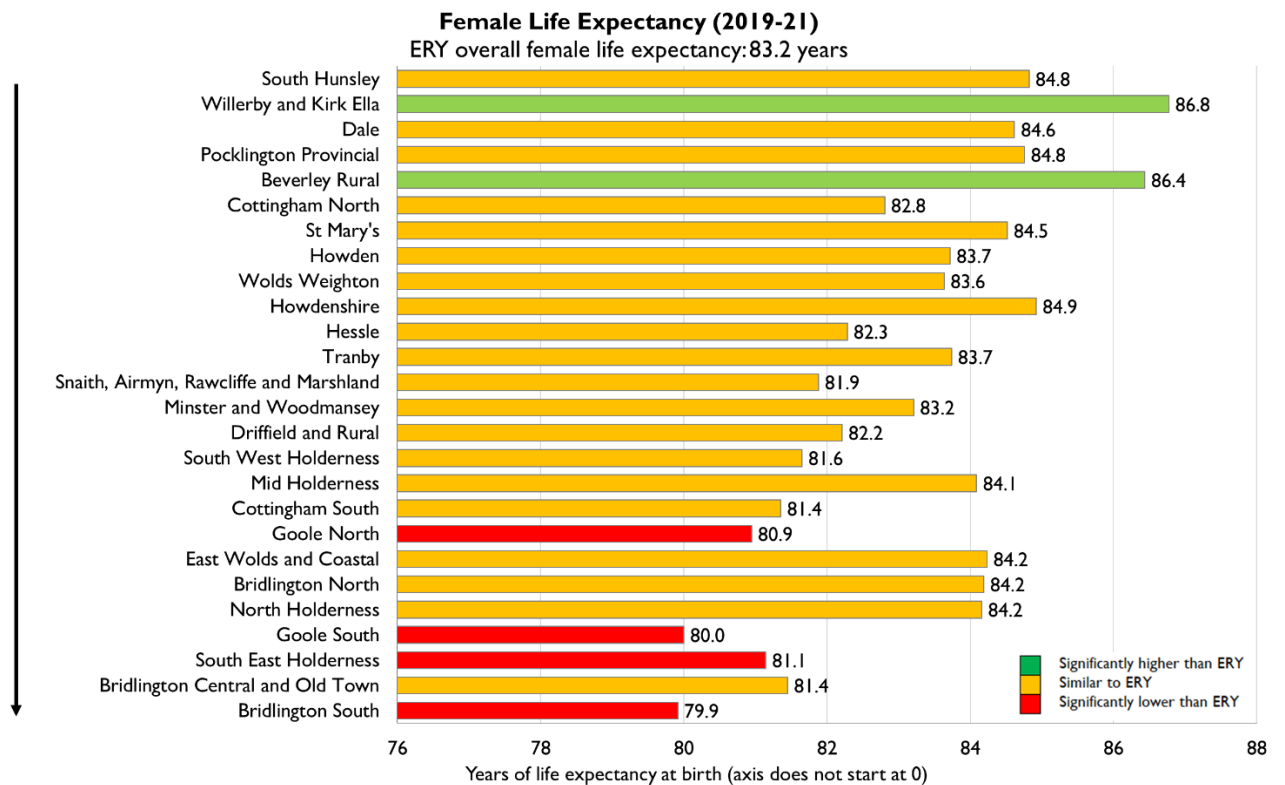


Figure 7.2



Appendix 2 – No cars or vans

Figure 7.3 All households – not just single households aged 66+

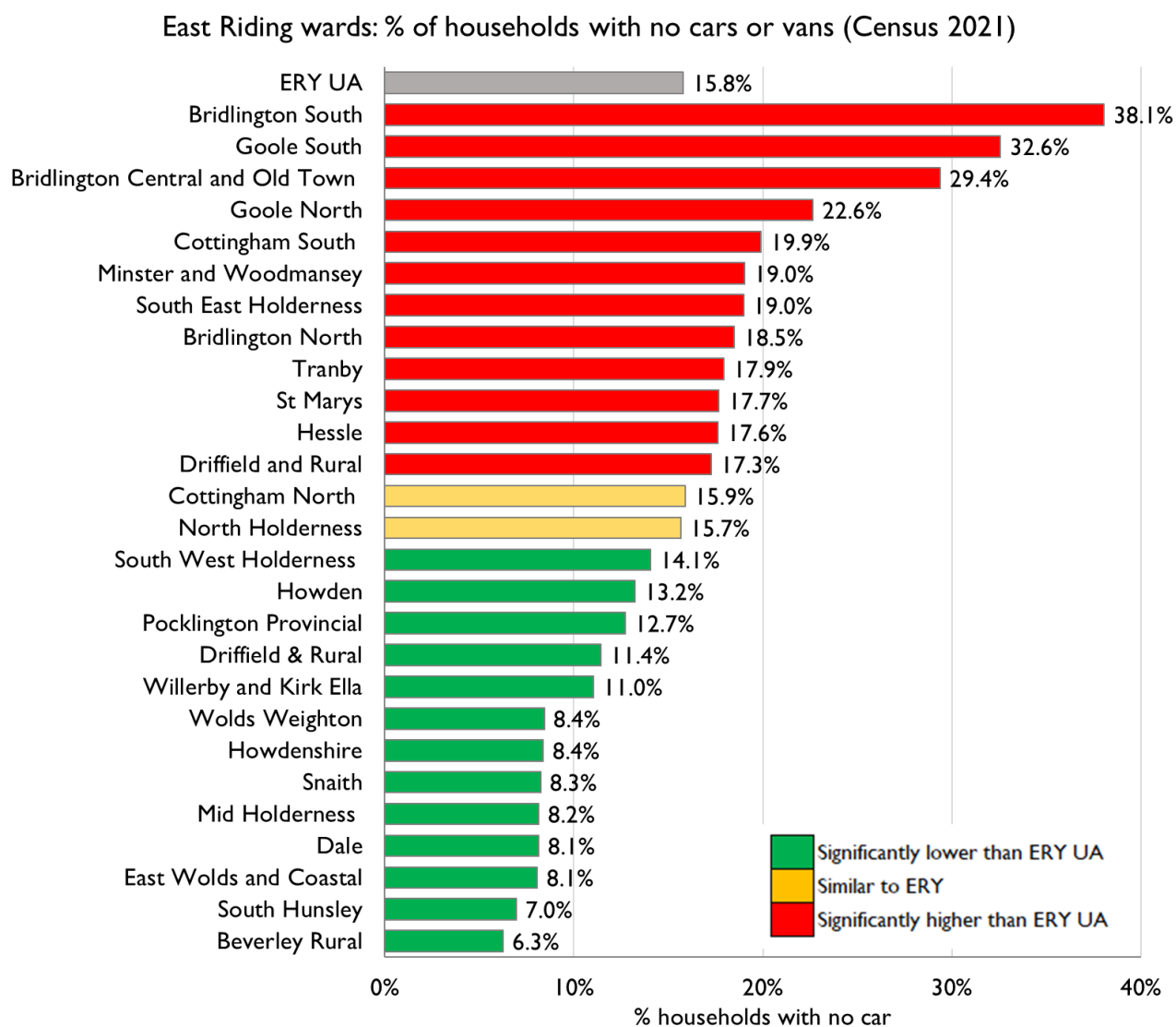


Figure 7.4 No cars – all households (not just single households 66+), Census 2021

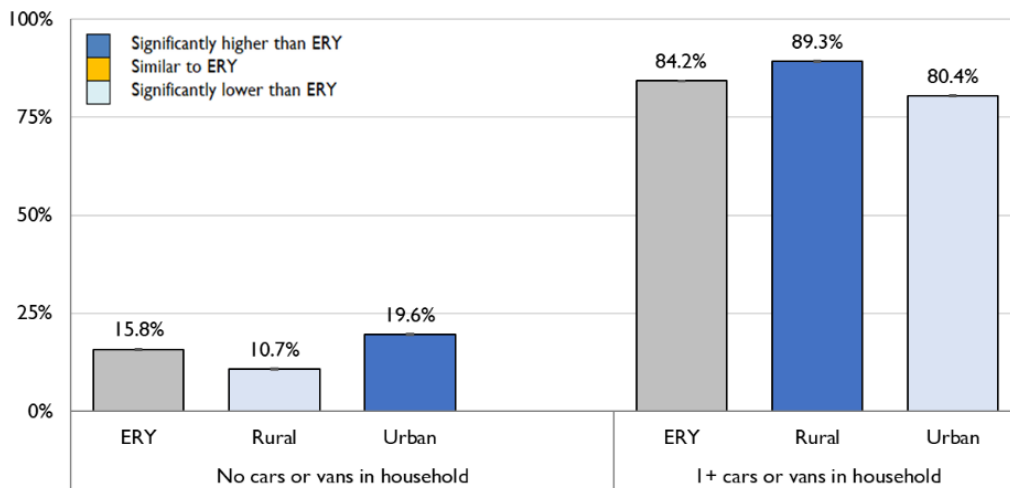
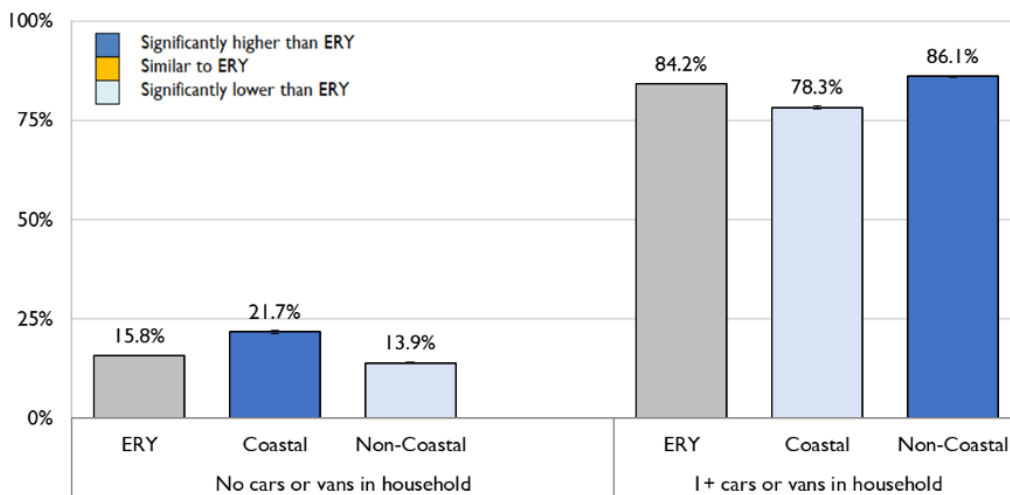


Figure 7.5 No cars – all households (not just single households 66+), Census 2021



Appendix 3 – One person households

Table 7.2 In descending order of % 1 person households

Area	% 1 person households aged 66+yrs	Count: 1 person households aged 66+yrs	Index of Multiple Deprivation (IMDI9) score	Stastitical comparison to England	Stastitical comparison to ERY
Bridlington North	23.2%	1,541	18.7	Higher	Higher
Cottingham North	19.3%	717	8.7	Higher	Higher
Bridlington Central and Old Town	19.3%	972	34.4	Higher	Higher
North Holderness	18.5%	871	20.0	Higher	Higher
St Mary's	18.4%	1,368	9.2	Higher	Higher
Cottingham South	18.3%	794	15.8	Higher	Higher
Bridlington South	17.6%	1,175	46.4	Higher	Higher
Willerby and Kirk Ella	17.6%	1,036	4.7	Higher	Higher
Tranby	17.3%	795	13.0	Higher	Higher
South West Holderness	17.0%	1,082	14.9	Higher	Similar
Driffield and Rural	16.8%	1,205	14.7	Higher	Similar
South East Holderness	16.7%	1,098	31.1	Higher	Similar
East Wolds and Coastal	15.4%	998	16.1	Higher	Similar
Minster and Woodmansey	15.4%	1,179	14.3	Higher	Similar
Howden	15.2%	370	9.9	Higher	Similar
Pocklington Provincial	15.2%	1,259	7.1	Higher	Similar
Goole North	14.9%	718	16.0	Higher	Similar
Mid Holderness	14.5%	874	15.0	Higher	Lower
South Hunsley	14.4%	644	3.8	Higher	Lower
Beverley Rural	14.0%	830	7.1	Higher	Lower
Howdenshire	13.9%	901	12.2	Higher	Lower
Hessle	13.3%	905	12.9	Similar	Lower
Wolds Weighton	13.2%	949	11.7	Similar	Lower
Snaith, Airmyn, Rawcliffe and Marshland	12.9%	550	13.2	Similar	Lower
Dale	12.7%	942	5.5	Similar	Lower
Goole South	11.7%	547	30.6	Lower	Lower
East Riding of Yorkshire	16.0%	24,320	15.6		
England	12.8%	3,001,789	21.7		

Appendix 4 - Day to Day Activities Limited

Table 7.3 Count and prevalence of ward residents, aged 65+, whose activities are limited a little or a lot.

Source: 2021 Census

Ward	Count of people (65+ years only)				% of 65+ yrs population		
	Day-to-day activities limited			Total population	Day-to-day activities limited		
	A little	A lot	Combined		A little	A lot	Combined
Beverley Rural	624	404	1,028	3,697	16.9%	10.9%	27.8%
Bridlington Central and Old Town	615	589	1,204	3,023	20.3%	19.5%	39.8%
Bridlington North	1,100	965	2,065	5,913	18.6%	16.3%	34.9%
Bridlington South	684	892	1,576	3,615	18.9%	24.7%	43.6%
Cottingham North	444	297	741	2,310	19.2%	12.9%	32.1%
Cottingham South	490	514	1,004	2,638	18.6%	19.5%	38.1%
Dale	702	536	1,238	3,859	18.2%	13.9%	32.1%
Driffeld and Rural	762	682	1,444	4,251	17.9%	16.0%	34.0%
East Wolds and Coastal	843	581	1,424	4,329	19.5%	13.4%	32.9%
Goole North	422	447	869	2,361	17.9%	18.9%	36.8%
Goole South	315	304	619	1,718	18.3%	17.7%	36.0%
Hessle	595	637	1,232	3,237	18.4%	19.7%	38.1%
Howden	232	182	414	1,323	17.5%	13.8%	31.3%
Howdenshire	646	495	1,141	3,673	17.6%	13.5%	31.1%
Mid Holderness	701	518	1,219	3,936	17.8%	13.2%	31.0%
Minster and Woodmansey	691	609	1,300	3,830	18.0%	15.9%	33.9%
North Holderness	709	578	1,287	3,529	20.1%	16.4%	36.5%
Pocklington Provincial	833	677	1,510	4,842	17.2%	14.0%	31.2%
Snaith, Airmyrn, Rawcliffe and Marshland	447	402	849	2,445	18.3%	16.4%	34.7%
South East Holderness	859	823	1,682	4,316	19.9%	19.1%	39.0%
South Hunsley	433	331	764	2,736	15.8%	12.1%	27.9%
South West Holderness	731	720	1,451	4,065	18.0%	17.7%	35.7%
St Mary's (East Riding of Yorkshire)	782	584	1,366	4,370	17.9%	13.4%	31.3%
Tranby	432	374	806	2,537	17.0%	14.7%	31.8%
Willerby and Kirk Ella	692	525	1,217	3,970	17.4%	13.2%	30.7%
Wolds Weighton	706	459	1,165	3,971	17.8%	11.6%	29.3%
East Riding of Yorkshire	16,490	14,125	30,615	90,494	18.2%	15.6%	33.8%

Figure 7.6 Projection of East Riding residents aged 65+ years whose day to day activities are limited a lot. Source: POPPI

