



# HEALTHY AGEING NEEDS ASSESSMENT SUMMARY

July 2018

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This report presents the summary findings from the Suffolk healthy ageing needs assessment, bringing together information and evidence on ageing and older people in Suffolk. It also highlights inequalities affecting Suffolk residents as they age and identifies gaps in local services relevant to older people.

Healthy ageing can and should be a realistic goal for all Suffolk residents. It has been defined as *“...the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life”*.<sup>1</sup>

Whilst biological and lifestyle causes have a significant effect on an individual’s health and subsequent ageing, the importance of social factors including the wider environment, social networks, digitalisation and quality of work, and their effect on reducing the social gradient and health inequalities is well established. The wider determinants of health model by Dahlgren and Whitehead, has therefore been adopted as a framework to structure the needs assessment.

The needs assessment is accompanied by an evidence review on the latest available research and best practice relevant to healthy ageing. There are a substantial number of best practice initiatives locally, nationally and in Europe, which are discussed in the main report. In general, research emphasises that healthy ageing should be addressed using a life course approach, with evidence favouring intervention and prevention as early in the life course as possible. Furthermore, research shows interventions addressing: physical activity, socioeconomic inequalities, fuel poverty, unemployment, built environment, mental health, social isolation, caring responsibilities, and ethnic group inequalities may provide the most benefits to older people in the long term.<sup>2</sup>

## Key Findings

### Age, sex and constitutional factors

- ❖ There are currently 1 in 5 people over the age of 65 in Suffolk, this is expected to rise to 1 in 3 in 20 years' time.
- ❖ Suffolk has a significantly ageing population; some areas such as Suffolk Coastal and Babergh will see more marked increases (up to 10%) in the number of older people living there.
- ❖ Life expectancy has increased over the last decade, however, there has been a fall in healthy life expectancy over the years. Many of these years are therefore being spent in poor health or with disability.
- ❖ Current healthy life expectancy is 63.6 years (males) and 65.4 years (females). This is lower than that of Suffolk's closest statistical neighbours.
- ❖ A boy and a girl born in the most deprived part of Suffolk will live on average 7.3 years and 4.3 years less than a boy and girl born in the least deprived part of Suffolk respectively
- ❖ Deprivation has a significant impact on an individual's future and the disadvantage accrues over a life time. The early onset of ill health and disability means they are less likely to remain independent and in work and therefore more likely to experience economic disadvantage and suffer mental ill health. It is therefore important to take a life course approach to healthy ageing.<sup>3</sup>

### Individual lifestyle factors

Lifestyle factors are a critical component of the ageing process and have an influence on our risk of developing multi-morbidity as we age. Data on physical activity, smoking, diet and nutrition, and alcohol use on older people and ageing shows:

#### ***Physical activity (PA) and obesity***

- ❖ PA levels decrease as people get older. Nationally, only 1 in 10 males aged over 75 and 1 in 20 females aged over 75 meet the recommended guidelines for PA.
- ❖ Inequalities in PA exist in Suffolk. Women, individuals with a limiting illness or disability, from lower socio-economic classes and those who are unemployed are less physically active.
- ❖ Ill health due to physical inactivity costs the Suffolk system more than £17 million per 100,000 people per year.
- ❖ The number of older people who are predicted to be obese is expected to rise by a third in the next 20 years.
- ❖ There is variation in obesity prevalence which drive inequalities. Women of Black Caribbean and South Asian ethnicities are estimated to have higher obesity levels.<sup>4</sup>
- ❖ Being obese can reduce an individual's life expectancy by up to 10 years, reduce one's overall quality of life and increases the risk of developing diabetes, cardiovascular diseases, and cancer. It has been associated with unemployment and can affect self-esteem and mental health.<sup>4</sup>

### **Smoking:**

- ❖ Nationally, it is estimated that 10.6% of people aged over 60 smoke.
- ❖ The proportion of adults who smoke in Suffolk varies from 1 in 12 in Babergh to 1 in 5 in Forest Heath and Ipswich.
- ❖ Smoking rates are higher in adults working in routine and manual occupations and in those with depression and serious mental illness.

### **Alcohol:**

- ❖ Alcohol consumption appears to increase with age, and that consumption is higher among more affluent groups.
- ❖ Higher-risk drinking is declining for all age groups bar the over 50's.
- ❖ A recent study by Alcohol Research UK suggests that age limits on entrance criteria to 75% of residential alcohol treatment facilities in England may limit access for older people and have an impact on preventable alcohol-related mortality in this age group.<sup>5</sup>

### **Diet and Nutrition:**

- ❖ In Suffolk, the adult consumption of fruits and vegetables is higher than national and regional averages.
- ❖ Undernutrition is a growing problem amongst older people, and research suggests diets rich in fruits, vegetables and nuts can reduce mortality in older people.<sup>6</sup>
- ❖ About a third of patients admitted to hospital and 42% of patients admitted to care homes are at risk of malnutrition.
- ❖ In Suffolk, diabetes prevalence in adults is expected to rise by about 30% in the next 20 years.
- ❖ Several cancers have been attributed to comorbidity with diabetes and obesity. Having diabetes and a BMI of over 25 has been associated with liver cancer in men and breast cancer in women.<sup>7</sup>

## **Social and community networks**

The Suffolk Health and Wellbeing Board Strategy has in one of its priorities, a focus on reducing loneliness and social isolation among older people:

- ❖ Studies suggest that greater social connection could reduce the risk of early mortality by 50%. The impact of social isolation, loneliness or living alone on mortality has also been estimated to be equal to or exceeding that of obesity.
- ❖ In Suffolk, an estimated 17,000 older people feel lonely, and this is expected to rise to 25,000 older people in the next 20 years.
- ❖ Over 65's living in urban areas in Suffolk e.g. Ipswich and in Mid Suffolk face a higher risk of loneliness compared to other districts.
- ❖ The total population aged over 75 predicted to live alone by 2035 is expected to rise by approximately 70%.
- ❖ An estimated 19,000 older people in Suffolk feel socially isolated. The 'hotspots' for social isolation in older people in Suffolk tend to be in rural areas to the east and south of the county, around Lowestoft, Woodbridge, Stowmarket, Felixstowe, Sudbury and Leiston.

- ❖ Loneliness, social isolation, and lack of community bonding have been associated with depression. Loneliness has also been associated with dementia.
- ❖ Forecasts estimate a ~43% increase in those aged 65 and over in Suffolk predicted to have depression by 2035. This rises to ~109% increase in those aged 85 and over.
- ❖ Older people with mental ill health may find it challenging accessing health care as they may suffer from loneliness, stigmatisation and poor mobility, resulting in poor quality of life. Additionally, evidence shows that that 90% of people with mental health problems suffer from discrimination and stigma, even more so in certain minority groups.<sup>8</sup>

## Care and health conditions

### Care homes:

- ❖ There has been a marked increase in A&E attendances and emergency admissions from care home residents aged over 85 in both Ipswich and East Suffolk Clinical Commissioning Group (IESCCG) and West Suffolk Clinical Commissioning Group (WSCCG) over the last two years.
- ❖ For both CCGs, the top primary diagnoses for emergency admissions and A&E attendances for care home residents was due pneumonia, urinary tract infections (UTIs) and falls.
- ❖ The total over 65+ population living in a care home is expected to rise by around 90% in the next 20 years.
- ❖ In 2017, 22% of care homes in Suffolk were rated as inadequate or requiring improvement by the CQC impacting on capacity.

### Carers:

- ❖ In Suffolk, the total population aged 65 and over providing unpaid care is currently 24,455 and is expected to rise by around 38% by 2035. Of these, those providing over 50 hours of unpaid care in 2017 was approximately 8,648 and this is expected to rise by 27% by 2035.
- ❖ The proportion of adult carers in Suffolk “who have as much social contact as they would like” is considerably lower than the English average.
- ❖ A significant number of carers (higher than national average) in Suffolk feel they “have little social contact with people and feel socially isolated”.

### Dementia:

- ❖ The dementia recorded prevalence rate (in those aged 65 and over) is 4% in Suffolk.
- ❖ WSCCG has a significantly lower 65+ dementia diagnosis rate (61.9%) than the national average (67.9%).
- ❖ There is a three and a half-fold variation in the dementia diagnosis rates between GP practices in Suffolk; this level of variation is unlikely to be explained by clinical variation alone and may be contributing to health inequalities.
- ❖ The prevalence of dementia is nearly 4 times higher among people with learning disabilities aged 65 and over compared with the general older adult population.
- ❖ Forecasts indicate there will be nearly two and a half times the number of people aged 85+ with dementia by 2035 compared to 2015.

- ❖ Marked increases in dementia prevalence is expected in all Suffolk local authorities, but the highest increases are expected in the over 65's in Mid Suffolk.
- ❖ The prevalence of dementia in the black and minority ethnic (BME) groups is projected to experience a seven-fold rise in comparison to a two-fold rise in the rest of the population.
- ❖ Suffolk has many Dementia Action Alliances. Examples of best practice include the "Debenham Project" and the "Hadleigh and Sudbury Dementia Action Alliance".
- ❖ Age-friendly cities (AFC) encourage active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Discussions are currently ongoing to explore how we could adopt the AFC approach to making Suffolk an age-friendly county.
- ❖ In 2037 we will have approximately 10 times the number of patients with 2 or more comorbidities than in 2017.
- ❖ Multimorbidity is a key driver for cost, which suggests that our health and care system will be unsustainable if current trends continue. A focus on prevention in mid-life and the need to promote healthy ageing is therefore crucial.

### ***Frailty:***

- ❖ The number of people living with frailty in Suffolk is expected to double in the next 20 years.
- ❖ The electronic frailty index (eFI) is being used in general practice for routine frailty identification and action. Its use could potentially improve the detection and management of frailty. Analysis of this data shows that nationally, over 2.5 million people aged over 65 have now received a frailty assessment, and one million people received a confirmed diagnosis of moderate or severe frailty.
- ❖ Evidence suggests that in middle aged and older adults, frailty is significantly associated with multimorbidity in those with four or more long term conditions. Long-term conditions associated with frailty include multiple sclerosis, chronic fatigue syndrome, chronic obstructive pulmonary disease, connective tissue disease and diabetes. These findings should be considered the development of frailty management pathways.
- ❖ Between 2017 and 2035, the number of people aged 75 over admitted to hospital due to a fall is expected to rise by 70%.
- ❖ The older population with immobility, incontinence and self-care limitations is predicted to rise significantly.

### ***Health Conditions:***

- ❖ Diseases where we expect to see the highest increase in prevalence over the next 20 years include cancers, cerebrovascular disease, chronic obstructive pulmonary disease (COPD), ischaemic heart disease (IHD), falls and diabetes.
- ❖ In Suffolk, older people are more likely to develop cancer, with more than a third of cancer diagnoses and more than half of cancer deaths occurring in people aged over 75 years.
- ❖ More people aged 65 and over are living with or surviving cancer. Cancer services therefore need to be suitable and appropriate for older people.
- ❖ Evidence suggests that older people may be undertreated and are less likely to receive more intensive cancer therapy than younger people.

- ❖ Prevention embedded across the life course can reduce the risk of developing cancer. Lifestyle interventions are both useful not only in preventing cancer occurring but also in preventing recurrence in cancer survivors.
- ❖ The prevalence of musculoskeletal (MSK) conditions has increased with an ageing population, also due to reduced physical activity as well as poor lifestyle habits such as smoking. Interventions to prevent MSK conditions also promote ageing well and should be tailored around physical activity, maintaining a healthy weight and balanced diet, and smoking cessation.<sup>9</sup>
- ❖ Emergency hospital admissions for people aged 65 and over have increased nationally and locally. Close to half of all emergency admissions are in those aged 65 and over.
- ❖ Good end of life care for older people is an important part of healthy ageing and requires consideration and planning

### Socioeconomic and environmental conditions

- ❖ The proportion of household's fuel poor in Suffolk (9.1%) is considerably higher than the regional average (7.8%).
- ❖ Mid Suffolk, Babergh and Waveney local authorities have the highest proportion of household's classed as fuel poor.
- ❖ Excess winter mortality figures show that Forest Heath has the highest Excess Winter Death Index (EWDI) for those aged 65 and over, and Waveney the lowest.
- ❖ Analysis by CCG shows that WSCCG has the highest EWDI for those aged 65 and over while GYWCCG has the lowest. Analysis by age shows that in all three CCGs, the EWDI is highest in those aged 85 and over.
- ❖ As the number of older people in Suffolk grows, the more vulnerable are at risk of suffering the ill impact of unsafe, unhealthy and unsuitable homes. The '[Suffolk Housing and Health Needs Assessment](#)' highlights the growing need to ensure that older people have access to appropriate and affordable housing options that meets the requirements of additional needs older people may have.
- ❖ Interventions to promote older people as well as the younger generation to remain in work for longer can have notable effect of healthy ageing.
- ❖ Maintaining a purpose in life helps retain physical function amongst older adults. Working later in life benefits individuals by keeping them socially connected and financially secure.
- ❖ State pension age will increase for both men and women to 66 between 2018 and 2020 and even further to 68 between 2044 and 2046. However, only about 70% of people aged 50-64 are in work and less than half of people are still in work the year before they reach state pension age. Work places therefore need to adapt working styles and opportunities to suit the needs of an older workforce.
- ❖ Between 2015/16 and 2016/17 the number of people aged 50 and over and in employment was highest in Ipswich and lowest in Babergh and Forest Heath. The number of males aged over 50 and in employment increased in all districts but Suffolk Coastal, Babergh, Waveney and Ipswich saw a reduction in the number of females aged over 50 and in employment.
- ❖ Suffolk Coastal has the highest number of persons who are economically inactive due to being retired. Ipswich, followed by Waveney, has the highest proportion of individuals classed as economically inactive because they are "looking after a home or family" as well as due to being long-term sick or disabled.

- ❖ In Suffolk 12.4% of those aged 60 and over live in income deprived households compared to the England average of 16.4%.
- ❖ Many older people provide 50+hrs of care a week, but a large number are unaware of the benefits / support available to them.
- ❖ Suffolk spent £84m in 2013/14 on urgent care for the over 65 population. This is projected to grow by £12m pa until 2019/20 due to the change in age demographic alone. Evidence suggest that higher costs are related to the number of comorbidities an individual has rather than age alone, underscoring the importance of prevention in promoting or supporting healthy ageing. It is also important to note that despite these costs society benefits from the skills and economic contributions of older people.

## Services in Suffolk

A number of key points were highlighted as a result of the mapping of services, initiatives or activities related to healthy ageing in Suffolk. It must however be noted that due to the low response rate to the mapping exercise, the results represent only a snapshot of the services available in Suffolk.

1. The number of initiatives to promote social and community networks is growing and presents a promising picture in Suffolk.
2. There are a substantial number of services available for lifestyle factors most notably for physical activity.
3. There are limited initiatives to raise public awareness of ageing and older of people and the wider benefits to society
4. There is a notable gap in services or initiatives to promote or support older people to stay in work or volunteer for longer within Suffolk
5. There is a need to ensure that appropriate housing as well as increased housing options are available for people who age.

Overall, there is a broad range of services which impact on healthy ageing across Suffolk. Detailed examples are given in the main report. Challenges and barriers faced in service delivery include access issues, reaching those in need, availability of funding and the need for volunteers. There is also a notable gap in services or initiatives to promote or support older people to stay in work or volunteer for longer. In a survey carried out by Age UK Suffolk, service users expressed concerns over the lack of social contact and finance e.g. transport, help with getting around, home and environmental adaptations. However, older people also showed a sense of positivity for the future.

Evidence supports the adoption of a life-course approach to healthy ageing. Further evidence presented in the main report underscores the importance and benefits of lifestyle interventions (e.g. diet and physical activity), food security and oral health in supporting healthy ageing. Community based approaches to tackling social isolation and loneliness are also highlighted e.g. volunteering, neighbourhood approaches, asset-based community development and age-friendly cities. Potential opportunities to enhance care using technology and the need to reduce the risk of disadvantage in areas with poor digital access is also stressed. Examples of good practice in supporting an older workforce, those with caring responsibilities and to encourage volunteering are also considered.

## Recommendations:

Key themes arising from the findings from this needs assessment have informed the recommendations presented below

	Recommendation and rationale	Action by	How
1.	<p><b>A continued focus on prevention across the life-course and reducing health inequalities.</b></p> <ul style="list-style-type: none"> <li>• Healthy life expectancy has fallen, and people spend a significant number of years living with disability or in ill health.</li> <li>• Prevention, particularly in mid-life, will ensure that individuals live well and age well.</li> <li>• Lifestyle factors e.g. smoking, physical inactivity and poor dietary choices, and under-nutrition play a major role in driving ill health and health inequalities.</li> <li>• Deprivation has a significant impact on an individual’s future and the disadvantage accrues over a life time.</li> </ul>	<p>The health and care system in Suffolk. This includes:</p> <ul style="list-style-type: none"> <li>• All CCGs</li> <li>• Suffolk County Council (including Public Health, Adult and Community Services, Children and Young People’s Services, Planning)</li> <li>• District and Borough councils</li> <li>• Ipswich &amp; East Suffolk Alliance</li> <li>• West Suffolk Alliance</li> <li>• VCSE partners</li> </ul>	<ul style="list-style-type: none"> <li>• Commitment to ongoing work to implement the Suffolk prevention strategy – “The Time is Now”, which the whole system signed up to.</li> <li>• Ensuring that prevention priorities are embedded in key organisational and system-wide policies and strategies.</li> <li>• Increasing the number of staff across all organisations trained in “Making Every Contact Count” (MECC) and giving brief, evidence-based lifestyle advice.</li> <li>• Development of workplace health strategies across all organisations to promote staff health and wellbeing.</li> <li>• Targeted support for individuals to reduce inequalities in health outcomes.</li> </ul>
2.	<p><b>Action to improve the early identification and management of frailty.</b></p> <ul style="list-style-type: none"> <li>• Suffolk’s population is ageing and the number of people living with frailty in Suffolk is expected to double in the next 20 years.</li> <li>• Frailty is significantly associated with multimorbidity in those with four or more long term conditions.</li> </ul>	<ul style="list-style-type: none"> <li>• Ipswich &amp; East Suffolk Alliance</li> <li>• West Suffolk Alliance</li> <li>• General Practices</li> </ul>	<ul style="list-style-type: none"> <li>• Further development of frailty identification and management pathways across the Suffolk system to include: <ul style="list-style-type: none"> <li>○ The adoption of tools for the routine identification of frailty e.g. the use of the <i>electronic Frailty Index</i> (eFI) in general practice</li> <li>○ Implementation of best practice guidelines on the management of frailty e.g. NICE Guidelines on “Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset [NG16]”, British Geriatric Society (BGS) Guidelines</li> <li>○ Consideration of emerging evidence on the identification of and management of frailty in the development of frailty</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• In 2037 there will be about 10 times the number of patients with 2 or more comorbidities than in 2017.</li> <li>• Multimorbidity is a key driver for cost, which suggests that our health and care system will be unsustainable if current trends continue.</li> </ul>		<p>pathways e.g. the need to include middle aged individuals with frailty, identifying individuals with long-term conditions associated with frailty</p>
<p><b>3.</b></p>	<p><b>More targeted work to tackle social isolation and loneliness.</b></p> <ul style="list-style-type: none"> <li>• Social isolation and lack of community bonding remain a challenge and a risk to the physical and mental health of older people in Suffolk.</li> <li>• This is worse in some geographical areas in Suffolk</li> <li>• About 17,000 older people in Suffolk feel lonely. This is expected to rise to 25,000 in the next 20 years</li> <li>• An estimated 19,000 older people in Suffolk feel socially isolated</li> <li>• The total population aged over 75 predicted to live alone by 2035 is expected to rise by 70%.</li> </ul>	<ul style="list-style-type: none"> <li>• Suffolk County Council <ul style="list-style-type: none"> <li>○ Public Health</li> <li>○ Adult and Community Services</li> </ul> </li> <li>• District and Borough Councils</li> <li>• Ipswich &amp; East Suffolk Alliance</li> <li>• West Suffolk Alliance</li> <li>• Community Action Suffolk and VCSE partners</li> </ul>	<ul style="list-style-type: none"> <li>• Commitment to the Suffolk Health and Wellbeing Board Strategy priority on reducing loneliness and social isolation among older people.</li> <li>• Prioritising social isolation and loneliness as part of ongoing work to establish Suffolk as an Age Friendly County, particularly in areas considered most at risk e.g. <ul style="list-style-type: none"> <li>○ Over 65's living in urban areas e.g. Ipswich and Mid Suffolk.</li> <li>○ 'Hotspots' for social isolation in older people e.g. rural areas to the east and south of the county, around Lowestoft, Woodbridge, Stowmarket, Felixstowe, Sudbury and Leiston.</li> </ul> </li> <li>• Continued engagement and involvement of older people in ongoing work to support healthy ageing.</li> </ul>
<p><b>4.</b></p>	<p><b>Action to support carers, especially older carers.</b></p> <ul style="list-style-type: none"> <li>• There number of older carers (aged over 65) in Suffolk, including those providing long hours of care is increasing.</li> <li>• The number of informal (family or unpaid) carers who feel socially isolated has also</li> </ul>	<ul style="list-style-type: none"> <li>• Suffolk County Council <ul style="list-style-type: none"> <li>○ Public Health</li> <li>○ Adult and Community Services</li> </ul> </li> <li>• District and Borough Councils</li> <li>• Ipswich &amp; East Suffolk Alliance</li> <li>• West Suffolk Alliance</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring that the needs of carers are considered in ongoing work to deliver the Suffolk Alliance strategies.</li> <li>• Targeted support for carers to reduce social isolation.</li> <li>• Review and refresh the Suffolk's Carers Needs Assessment and Strategy to ensure the needs of older carers are identified and addressed.</li> </ul>

	<p>increased and is significantly higher than the national average.</p> <ul style="list-style-type: none"> <li>Carers play an important role in keeping the people they care for living at home.</li> </ul>	<ul style="list-style-type: none"> <li>Suffolk Family Carers and other VCSE partners</li> </ul>	
5.	<p><b>Action to improve the quality of care for care home residents.</b></p> <ul style="list-style-type: none"> <li>The population living in care homes will rise significantly in the next 20 years.</li> <li>Care home residents are often the most vulnerable and dependent in the community, yet they experience inequalities in accessing NHS services to meet their needs.</li> <li>Some care homes in Suffolk are rated as inadequate or requiring improvement by the CQC.</li> </ul>	<ul style="list-style-type: none"> <li>All CCGs</li> <li>Adult and Community Services</li> <li>Ipswich &amp; East Suffolk Alliance</li> <li>West Suffolk Alliance</li> <li>Care home providers</li> </ul>	<ul style="list-style-type: none"> <li>Engaging with and supporting care home providers across Suffolk.</li> <li>Addressing inequalities that care home residents experience in accessing health services to meet their needs.</li> <li>Implementing local approaches to enhancing health in care homes by: <ul style="list-style-type: none"> <li>Implementing best practice guidelines and recommendations e.g. British Geriatric Society (BGS) guidelines, various NICE guidelines and quality standards e.g. on oral care, managing medicine, preventing falls, transitions between hospital settings and community or care home settings, mental wellbeing for people in care homes, etc.</li> <li>Considering learning from areas that have made progress towards addressing these issues.</li> </ul> </li> </ul>
6.	<p><b>Action to prevent age discrimination and to encourage businesses and employers to support older people and address the challenges older people in work face.</b></p> <ul style="list-style-type: none"> <li>As people age, employment rates fall and those in work feel less secure.</li> <li>As the population in Suffolk ages, the working-age population will shrink.</li> <li>It is therefore important that older people in Suffolk stay healthy, independent and remain productive or in work. This will</li> </ul>	<ul style="list-style-type: none"> <li>Suffolk County Council</li> <li>District and borough councils</li> <li>All public and private sector organisations in Suffolk</li> </ul>	<ul style="list-style-type: none"> <li>Supporting older workers to remain in work, return to work or volunteer by: <ul style="list-style-type: none"> <li>allowing more flexibility</li> <li>helping workers to adapt to employers' needs, re-skilling staff, promote working in different roles or different hours.</li> <li>supporting those with caring responsibilities, enabling them to work part time or flexibly.</li> </ul> </li> </ul>

	support economic growth and sustainability across the Suffolk system.		
7.	<p><b>Development and adoption of technological solutions to support older people.</b></p> <ul style="list-style-type: none"> <li>• Opportunities for independent living with the support of assistive technology remains under-utilised and needs to be explored and developed further.</li> <li>• Suffolk is amongst the nine lowest local authority areas for internet speed and coverage.</li> <li>• Older residents with poor internet infrastructure are at risk of becoming progressively disadvantaged</li> </ul>	<ul style="list-style-type: none"> <li>• West Suffolk Alliance</li> <li>• Ipswich and East Suffolk Alliance</li> <li>• Suffolk County Council</li> <li>• District and borough councils</li> </ul>	<ul style="list-style-type: none"> <li>• Developing and adopting the use of technological and digital solutions across all Suffolk Alliances.</li> <li>• Continued investment into Suffolk's internet coverage especially in rural areas.</li> </ul>
8.	<p><b>The establishment of Suffolk as an Age Friendly County</b></p> <ul style="list-style-type: none"> <li>• Given the multifactorial nature of the issues highlighted in this needs assessment, a system-wide approach to healthy ageing is required.</li> <li>• Political backing, strong leadership, clear strategy and governance are crucial to ensure the environment we live in supports healthy ageing.</li> </ul>	<ul style="list-style-type: none"> <li>• All CCGs</li> <li>• Suffolk County Council (including Public Health, Adult and Community Services, Planning)</li> <li>• District and Borough councils</li> <li>• Ipswich &amp; East Suffolk Alliance</li> <li>• West Suffolk Alliance</li> <li>• VCSE partners</li> </ul>	<ul style="list-style-type: none"> <li>• Continued engagement and involvement of older people in Suffolk</li> <li>• Using the WHO Age Friendly Cities (AFC) approach to facilitate initiatives to make Suffolk an Age Friendly County.</li> <li>• Implementing recommendations from relevant JSNA reports (e.g. the recently published Suffolk Housing Needs Assessment) will help address some of the domains in the AFC framework.</li> <li>• Applying the AFC evaluation tool in local areas (e.g. districts, boroughs, or localities). This can be used to undertake baseline assessments to identify strengths and areas for improvement as well as to plan change and monitor progress in implementing AFC initiatives.</li> </ul>
9.	<p><b>A more coordinated response to dementia and the development of more dementia friendly communities.</b></p>	<ul style="list-style-type: none"> <li>• All CCGs</li> <li>• Suffolk County Council (including Public Health,</li> </ul>	<ul style="list-style-type: none"> <li>• Implementing recommendations from the Suffolk Dementia Needs Assessment.</li> <li>• Increasing dementia awareness across Suffolk for example by:</li> </ul>

<ul style="list-style-type: none"> <li>• A marked increase in the prevalence of dementia is anticipated in Suffolk.</li> <li>• Work to make the county more dementia friendly is increasing but is currently fragmented.</li> </ul>	<p>Adult and Community Services, Planning)</p> <ul style="list-style-type: none"> <li>• District and Borough councils</li> <li>• Ipswich &amp; East Suffolk Alliance</li> <li>• West Suffolk Alliance</li> <li>• VCSE partners</li> </ul>	<ul style="list-style-type: none"> <li>○ encouraging all public-sector employers to consider adopting dementia awareness training as part of staff induction programmes.</li> <li>○ implementing “dementia-friendly” accreditation schemes across all public-sector organisations in Suffolk.</li> </ul>
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### References:

1. Commission European. European Commission’s- Innovation Partnership for healthy and active ageing (EIP AHA). [https://ec.europa.eu/eip/ageing/home\\_en](https://ec.europa.eu/eip/ageing/home_en). Published 2017. Accessed August 1, 2017.
2. Age UK. Healthy Ageing Evidence Review. *Heal Ageing Evid Rev*. 2010.
3. Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B. Epidemiology of multimorbidity and implications for health care, research, and medical education: A cross-sectional study. *Lancet*. 2012;380(9836):37-43. doi:10.1016/S0140-6736(12)60240-2.
4. Frankish H, Horton R. Prevention and management of dementia: a priority for public health. *Lancet*. 2017;390(10113):2614-2615. doi:10.1016/S0140-
5. Alcohol Research UK. Majority of residential alcohol treatment centres unfairly excluding older adults, new study warns.<http://alcoholresearchuk.org/news/majority-of-residential-alcohol-treatment-centres-unfairly-excluding-older-adults-new-study-warns/>.
6. Schultz TJ, Roupas P, Wiechula R, Krause D, Gravier S, Tuckett A, Hines S KA. Nutritional interventions for optimizing healthy body composition in older adults in the community: an umbrella review of systematic reviews. *JBI Database Syst Rev Implement Rep*. 2016;14(8):257-. doi:doi: 10.11124/JBISRIR-2016-
7. Caroline Brogan. Diabetes and obesity together responsible for nearly 800,000 cancers worldwide. Imperial College London. <https://www.imperial.ac.uk/news/183369/diabetes-obesity-together-responsible-nearly-800000/>. Published 2017.
8. Suffolk County Council. Mental Health in Older People, Joint Strategic Needs Assessment. [https://www.healthysuffolk.org.uk/uploads/Mental\\_Health\\_and\\_Older\\_People\\_\(July17\).pdf](https://www.healthysuffolk.org.uk/uploads/Mental_Health_and_Older_People_(July17).pdf).
9. Public Health England. Health Matters: Productive healthy ageing and musculoskeletal health.