Healthy Ageing *in the City of Sunderland*

Independent report for Sunderland Partnership

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February 2008

Sheffield Hallam University
SHARPENS YOUR THINKING

Contents

Foreword

In the last decade Sunderland has seen a dramatic demographic change. An increase in migration levels has resulted in both a population fall and an increase in the older population. The number of people aged over 65 is projected to rise by approximately 30% in the next 25 years. This 'Demographic Time Bomb' will put a demand on health and social services and the sustainable economic development of the city.

It is important for the issues of the ageing population to be documented and understood by all. For Sunderland as a city to promote healthy and active ageing, citizens and agencies must work together to achieve shared goals.

This Healthy Ageing Profile is a report for Sunderland's Older People's Partnership Action Group, presenting an overview of Healthy Ageing in the City. The report takes an Active Ageing approach recommended by the World Health Organisation European Healthy City Network, of which Sunderland is an active member.

The Older People's Partnership Action Group is a city wide group that champions the needs of older people and feeds into the Sunderland Partnership. The partnership consists of agencies that deliver public services, community and voluntary organisations and the private sector. Partners work together to tackle some of the challenges facing the city that matter most to Sunderland people to bring about long-term improvements and change lives for the better.

The report is split into two sections. The first section focuses upon the challenges that Sunderland faces at this current time. Ageing is a privilege and societal achievement. It is also a challenge, which will impact on all aspects of the 21st century society. This includes economic and social issues as well as physical and mental health.

The second section of the report focuses upon the response by Sunderland to the challenges discussed in the previous section. Health can be affected in many ways. It is important that the wider determinants of health are addressed to ensure that factors such as housing and transport have a positive impact upon health.

There has been significant work untaken regarding older people in the city, including work around *'Demystifying the Myths of Ageing'*. This document provides an overview of the dynamics of Healthy Ageing which can be used to build upon the success achieved so far. It is important that we work together to ensure that the people of Sunderland can live long, healthy and happy lives.

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Leader of Sunderland City Council

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Chair of Sunderland Partnership

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Acknowledgements

This study and the report itself are a collective effort. Taking the *Active Ageing* approach recommended by the World Health Organization it includes most of the indicators recommended by the Healthy Ageing Network of European Cities, of which Sunderland is an active member.[0] Dr. Gianna Zamaro from the Italian City of Udine, Dr. Lena Känström and Claes Sjöstedt from Stockholm and Angela Flood from Brighton have all made a special contribution.

Commissioned in September 2006, the report has benefited from the creative input and support of a steering group led by Dave Leonard, Area Regeneration and Health Co-ordinator, Sunderland City Council: with Alan Patchett, Director of Age Concern Sunderland; Dawn Goodson, then Joanne Thynne, both Partnership Support Officers (older people) with Sunderland Council's Adult Services; Gillian Gibson, Public Health Specialist with NHS South of Tyne and Wear; Paul Allen, Research and Performance Management Officer for Health, Housing and Adult Services; and Nicola Turnbull, WHO Healthy Cities Support Officer, Sunderland City Council. We thank them all.

We also appreciate the great contribution of professionals who have supplied supporting information. *Health* data and intelligence came from Gillian Gibson and Andy Billett, Public Health Analyst. For the section on *Mental Health* we drew on Gillian Gibson's report on dementia, the Adult Services input of Sharon Lowes and the perspective of Ernie Thompson, representative from the Sunderland Alzheimer's Society on the Older Person's Partnership Action Group. For the section on *Intelligence and Wisdom*, Steve Heywood, Head of Public Relations at Sunderland University, sent details of Ken Watts and gave permission to reproduce his photograph.

The 10 sections of Part II, the Sunderland Response, garnered much more data than could be used in this brief report. Dawn Goodson elaborated the City Council's *50+ Strategy* and supplied an enormous amount of the data compressed into our overview of Sunderland's *Formal Care System*. From Sunderland Carers' Centre, senior manager Ailsa Martin and information officer Kevin Devine provided policy insights and data on the scale and value of 'informal' unpaid, largely *Family Care* in Sunderland. John Walker, Head of Business Research and Julie Walker, Care and Support Manager, gave details of the capital investment and service provision of Gentoo, the *Housing* Association which took over Sunderland's council dwellings in 2001. Martin Berwick, the City Council's Housing Strategy Co-ordinator, gave an overview. For the *Access & Mobility Section*, Tony Nelson, gave an overview of community Transport and Clive Greenwood, Planning, Policy and Information, provided insights into the City Council's evolving policy on 'Walkability.'

Issues of *Security* were covered by Julie Smith from the Safer Sunderland Partnership. Covering diversity and community development, Nadine Morrison, Sarah Buckler, Stephanie Blayney and Jane Hibberd, all contributed to the sections on *Social Inclusion* or older people as voluntary *Resource*. For the Section on *Work*, Karen Alexander, Employment and Development Coordinator detailed the *Northern Way Workless Pilot*. John Rawling, Assistant Corporate Head of Personnel and Keith Rowbotham, Data Management Officer supplied sufficient intelligence for a whole section on the City Council as a model employer. The final section on *Empowerment* is based on Alan Patchett's presentation to a WHO Healthy Ageing Network Meeting in Pärnu, Estonia in 2007. Many thanks to his team including Julie Connaughton, Maxine Errington and Victoria Brown.

We have endeavoured to support each section of the report by referencing articles and reports which provide national as well as local data, and international as well as national and local policy context. This key role was undertaken by Jan Gilbertson, CRESR research fellow and expert on housing, health and social policy. Christina Beatty, head of the CRESR data team and analyst Ian Wilson supplied official data from NOMIS, ONS, The Labour Force Survey and the 2001 Census. Both authors helped draft the report, working with designer Paul Pugh to make it as accessible as possible to a wider audience. As co-ordinator of this independent study, I take responsibility for any errors or omissions.

Geoff Green, *Professor of Urban Policy, Centre for Regional Economic and Social Research, Sheffield Hallam University*

February 2008

[0] Lena Kanström, Gianna Zamaro, Claes Sjostedt, Geoff Green. (2006) *Updated Guidance for Completing a Healthy Ageing Profile.* Working Paper. WHO. Regional Office for Europe. Copenhagen.

Executive summary

Part I: Challenges

1 ***Introduction.*** *Commissioned by Sunderland City Council, this report reflects the pioneering approach of both the World Health Organization and Sunderland's Older People's Partnership Action Group to 'healthy ageing.'*

2 ***Age time bomb.*** *Will Sunderland's 'demographic time bomb' compromise future economic development and strain health and social services?*

3 ***Health revolution.*** *Life expectancy in Sunderland has increased steadily over the past century. Death rates are still higher than the national average but the gap is closing.*

4 ***Mental health and well-being.*** *Depression can be overcome but dementia will increase in line with an ageing population.*

5 ***Inequalities.*** *Health inequalities persist within Sunderland and are related to the pattern of deprivation.*

6 ***Adding life to years.*** *A life course approach is helping maintain physical and mental capacity in later life.*

7 ***Intelligence and wisdom.*** *Practical intelligence and wisdom grow with age.*

8 ***Expanding the 3rd age.*** *Sunderland seeks to compress the 4th age of dependency and expand the 3rd age of independence and personal achievement.*

Part II: Sunderland Response

9 ***The care system.*** *The lion's share of health and social care budgets is devoted to looking after older people.*

10 ***Family care.*** *Families are the main source of care for older people in Sunderland, complementing 'formal care' services.*

11 ***Wider determinants.*** *The health of older people in the city is greatly influenced by 'upstream' factors such as economic circumstances, housing and transport.*

12 ***Housing.*** *Upstream Investment in housing will improve the health and well-being of older people.*

13 ***Access and mobility.*** *Design a city for older people and you design it for everyone.*

14 ***Security.*** *Measures to improve the security of homes and the safety of Sunderland's neighbourhoods will improve the physical and mental health of older people.*

15 ***Inclusion.*** *Inclusion of older people in mainstream society depends on good health, removing age discrimination, a reasonable income and good relationships with family, friends and neighbours.*

16 ***Work.*** *Older people have the potential to contribute more to Sunderland's economy.*

17 ***Older people a resource.*** *Older people make a major contribution to family and society.*

18 ***Empowerment.*** *In Sunderland the voice of older people is heard and acted upon by decision-makers.*

Introduction

The pioneering approach of the World Health Organisation (WHO) is reflected in this profile on Healthy Ageing for Sunderland City Council and the city's Older People's Partnership Action Group. *'Population ageing is one of humanity's greatest triumphs'* – begins the key WHO report on *Active Ageing*[1] – but then adds '*It is also one of our greatest challenges.*'

Myths

Our first task is to help dispel myths about an ageing city. Biggest of these is the 'demographic time bomb' highlighted in the next section. No one doubts people are living longer, in Sunderland and in the world beyond. What must be challenged is the idea of a 'time bomb' – of a future so dominated by illness and dependency as to be unsustainable.

12 Myths of growing older

Older people expect to move aside
Creativity is the province of the young
Hospital beds and nurses are the main issue
Spending on older people is a waste of resources
Older people are not suited to the modern workplace
Older people's experience has little relevance in modern society
Provisions for older people take away resources from the young
You must expect to deteriorate physically and mentally
Many older people want to be left in peace and quiet
'You cannot teach old dogs new tricks'
Things will work out for themselves
Most people have similar needs

By joining the WHO European Healthy Cities Network in 2003, Sunderland pointed the way to a much brighter future. *Demystifying the Myths of Ageing*[2] is a product of working with the WHO Network.[3] Published by the Sunderland Older People's Partnership in conjunction with Age Concern Sunderland, the report highlights 12 myths. 'Challenge this tunnel vision' it says, and 'we should have laid the foundations for Sunderland to be a city where people of all ages celebrate and take advantage of a longer and healthier life.'

Healthy City approach

The Sunderland Partnership[4] gives strategic direction to city development and draws on the joined-up 'Healthy City' approach. This means that health is everyone's business; not just the responsibility of health providers and professionals. Of course, as the first sections of the profile show, the National Health Service and Local Authority social services play a critical role in preventing, curing and managing illness to reduce dependency in later life. But if the first challenge of *Active Ageing* is to ensure that 'healthy older persons remain a resource to their families, communities and economies' then it is necessary also to involve Sunderland's planning departments, housing providers, transportation authorities, community safety partnerships, employers and economists. We hope these professionals and their political counterparts will draw on the evidence provided in the second half of the profile to enhance their contribution.

Most important of all is the voice of older people, individually and collectively via the voluntary and community sector. We hope the facts and figures in our report will strengthen these voices and alter the terms of engagement with those who shape the lives of older people in the city.

1 Noncommunicable diseases prevention and health promotion department. (2002) *Active Ageing: A policy framework*. World Health Organisation. Geneva.

2 Age Concern Sunderland (2007) *Demystifying the Myths of Ageing.* Sunderland Older People's Partnership Group.

3 Anna Ritsatakis (2006) *Demystifying the Myths of Ageing. Working Paper.* Urban Health Centre. WHO. Copenhagen.

4 Sunderland's overarching Local Strategic Partnership.

Part I
Challenges

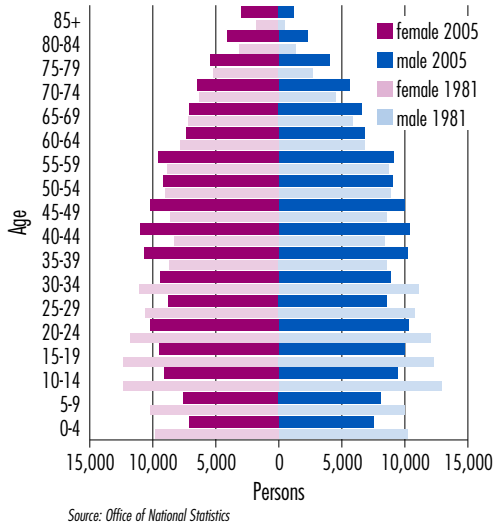
Age time bomb?

Main message: ***Sunderland's population is growing older. Will this 'demographic time bomb' compromise future economic development and strain on health and social care services?***

'Demographic Time Bomb.'

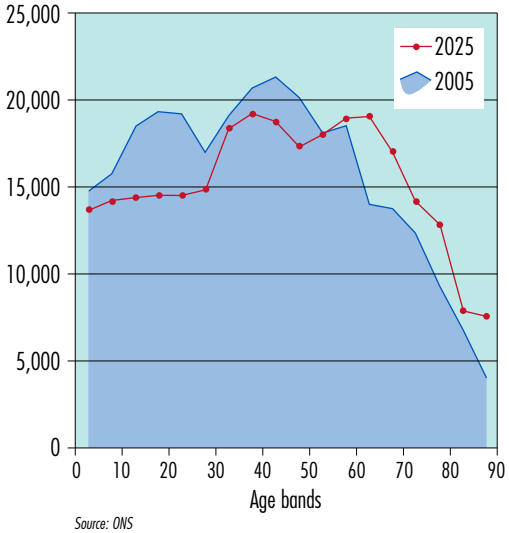
Often referred to as the '*demographic time bomb*' the European Union, national and local governments are concerned about the impact of an ageing population on both the demand for health or social services *and* sustainable economic development. Sunderland is no exception. As the two graphics show, while the population of Sunderland has fallen to 280,000 and is projected to fall further, there are now more older people. Numbers over 65 rose from 38,700 in 1981 to 45,800 in 2005 and are projected to rise to 59,500 by 2025. The most vulnerable band aged over 85 will expand three-fold to 7,600.

Figure 1: **Population 2005/1981 Sunderland**



Source: Office of National Statistics

Figure 2: **Population 2005/2025 Sunderland**



Source: ONS

'Dependency'

Coupled with a shrinking population of working age, the 'Dependency Ratio,' a measure favoured by economists, is projected to increase from 50.4 'dependants' now for every person of working age to 58.6 by 2025.

$$\text{Dependency Ratio} = \frac{Pop(0-14) + Pop(65-w)}{Pop(15-64)} x100$$

$$\text{Dependency Ratio (2005)} = \frac{48{,}700 + 45{,}800}{187{,}000} x100 = 50.4$$

$$\text{Dependency Ratio (2025)} = \frac{42{,}200 + 59{,}500}{173{,}500} x100 = 58.6$$

This dynamic is a big challenge for the City of Sunderland Partnership:

'The City's population is declining and if it continues we will be left with an increasingly ageing, dependent population as the younger, more mobile sections of the community continue to move away.' (A bright Future for Sunderland: The Sunderland Strategy 2004-2007 (2004) COS-LSP).

Meeting this challenge, the *Sunderland Strategy* aims to retain and attract younger people, within a national and international policy framework for extending working lives. The OECD declares bluntly *'Live Longer: Work Longer'*[5] which sceptics interpret as 'work 'till you drop.' In *Opportunity Age*,[6] the UK government proposes a gentler approach with more choice.

Healthy Ageing

Better health is key to defusing the 'time bomb'. In Sunderland 36% of men aged between 55 and 64 were classified by the 2001 Census as not working because of long-term sickness or disability. If they joined the 46% in work, then the local economy would be healthier. Additionally, many retired people live independent lives and are productive, yet unpaid members of the community, often caring themselves for family members and neighbours. On the other side of the 'dependency' equation, most older people are not dependent on health and social care support, and there is some evidence that their health is improving.

[5] OECD (2006) *Live Longer: Work Longer.* Organisation for Economic Co-operation and Development. Paris.

[6] Department of Work and Pensions (2005) *Opportunity Age; Opportunity and security throughout life.* The Stationary Office. UK.

Health revolution

Main message: ***'Adding years to life.' Life expectancy in Sunderland increased steadily over the past century. Death rates are still higher than the national average but the gap is closing.***

Life-expectancy

As in most European cities, residents of Sunderland have experienced a health revolution: an 'epidemiological transition' WHO experts call it. It explains the rising number of older people. It is the transition in the 20th Century from communicable diseases such as cholera,[7] tuberculosis and flu, to the now dominant non-communicable diseases such as cancer and heart disease. It means people live longer – in Sunderland Life expectancy at birth is now 75.3 for males and 79.4 for females – but the expert jury is out on whether people live longer free of disability.

Top two diseases

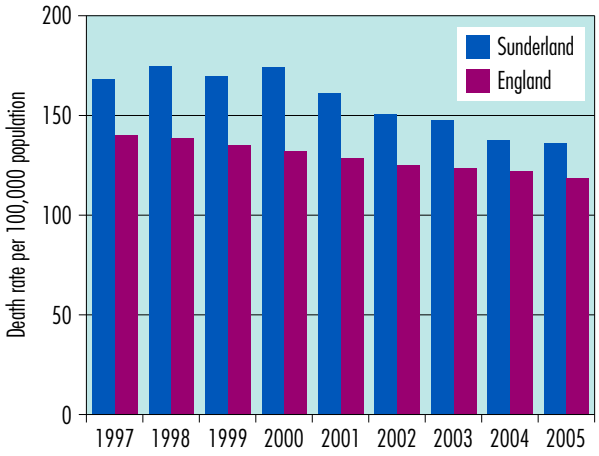
The best overview of public health in the city is given by the *Annual Report*[8] of Sunderland's Director of Public Health, Dr. Judy Thomas. Her first objective is to 'extend the length of people's lives.' Nowadays dying before the age of 75 is considered 'premature.' Figures 3 and 4 show cancer has now overtaken heart disease as the biggest cause of premature death – nationally and in Sunderland.

The Government target is to reduce the premature death rate from all cancers by at least 20% by 2010, from a baseline year of 1996. But initially it worsened. Indeed the 2002 *Annual Report* of England's Chief Medical Officer asked *'why Sunderland should have shown the largest increase in deaths from cancer anywhere in the country.'* Investigations showed the increase was confined to women (from breast, lung and stomach cancer) and remedial measures have ensured a sharp decline in recent years. Sunderland is now set to meet the national target and the gap with the national average is closing.

A decade ago coronary heart disease took the greatest toll of people under 75. Even now CHD and stroke are the biggest cause of death of older people. Yet a combination of improved lifestyles and more efficient medical and surgical interventions have dramatically reduced death rates and closed the gap with the national average. Sunderland is on course to better the national target of a 40% reduction by 2010.

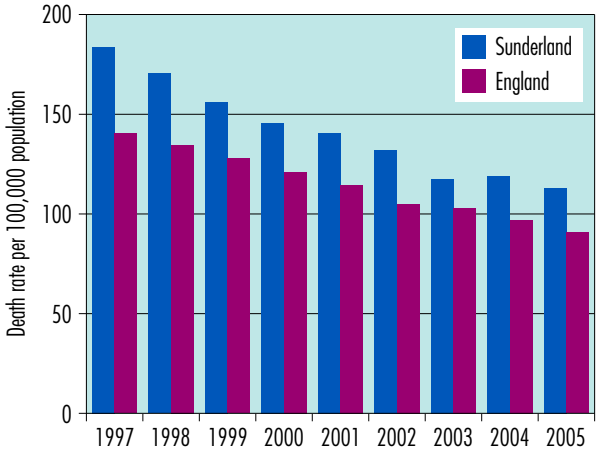
The Sunderland Health Community has plans and programmes to build on this success, giving special attention to preventing strokes – the cause of so many disabling conditions in older age.

Figure 3: **Mortality from Cancer, under 75 years**



Note: Directly standardised mortality rate per 100,000.
Source: Annual Reports of the Directors of Public Health for NHS Tyne and Wear 2006/7

Figure 4: **Mortality from Coronary Heart Disease, under 75 years**



Note: Directly standardised mortality rate per 100,000.
Source: Annual Reports of the Directors of Public Health for NHS Tyne and Wear 2006/7

[7] Sunderland suffered the first outbreak of cholera in England in October 1831. See Stuart Miller. *"This Unpleasant Affair:" Cholera in Sunderland in 1832.* Bulletin of Durham County History Society. Number 29 (pages 2-9).

[8] Judy Thomas. Director of Public Health Annual Report 2004. Sunderland Teaching Primary Care Trust.

Mental health and well-being

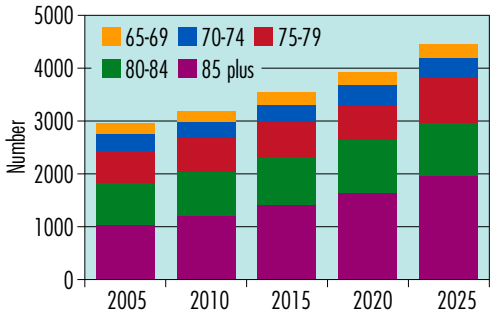
Main message: ***Depression can be overcome but dementia will increase in line with an ageing population.***

Depression

Good news; most older people in Sunderland have good mental health. But a quarter of those over 65 – over 11,000 – suffer from depression; 1 in 7 severely.[9] For people of working age over 50 it is the biggest cause of incapacity; 2600 are off work with poor mental health.

Symptoms differ depending on age. Sadness and negative feelings about yourself characterize depression in younger and middle aged populations. In older people, symptoms are tiredness, sleeplessness, feelings of apathy, hopelessness and thoughts about death.[10]

Figure 5: **Projected prevalence of dementia in Sunderland by age, 2005 to 2025**



Source: Population, Office for National Statistics, 2004 based projections. Prevalence (%), MRC/CFAS 1998

Reversible?

Prevalence of depression could increase to around 15,000 by 2025 in line with an ageing population. But more good news; with proper support it can be beaten.[11] Age Concern recommends five ways:

- ***Removing age discrimination***
  Feeling valued, respected and understood can contribute to good mental health and well-being.
- ***Participation in meaningful activity***
  Most older people want to stay active and involved and make a contribution to society.
- ***Strengthening relationships*** with family, friends and neighbours. Social isolation is a risk factor for poor mental health.
- ***Improving physical health***
  Poor physical health is linked to poor mental health.
- ***Alleviating poverty***
  Poverty is a clear risk factor for poor mental health.

Dementia

Dementia is a disease linked to physical deterioration of the brain, overlapping but different from depression. It *'is characterised by progressive decline in memory and other cognitive functions from mild disturbance of recent memory and abstract thinking to loss of personal identity, unintelligible speech, incontinence and gross impairment of mobility.'*[12] Carers find difficulty coping with associated features like 'depression, anxiety, hallucinations, delusions and challenging behaviours.'[13]

Alzheimer's disease and most other forms of dementia have two big features with serious policy implications for Sunderland's health and welfare services. First, prevalence rises sharply with age. Second, given the current state of knowledge, dementia cannot be reversed and shows progressive deterioration. More people will suffer as the population ages. Figure 5 projects an increase from 2963 in 2005 to 4433 in 2025.

The Sunderland report highlights risk factors in line with the person-centred theory of Professor Tom Kitwood, late of the Bradford Dementia Group.[14]

Dementia = Personality + Biography + Physical Health + Neurological Impairment + Social Psychology

Recommended is a 'healthy ageing' approach to prevention and management, with less emphasis on medical intervention and more emphasis on social support.

[9] Derived from national estimates in the report by Age Concern and the Mental Health Foundation (2006) *Promoting mental health and well-being in later life: A first report from the UK enquiry into mental health and well-being in later life.*

[10] Amy Fiske and Randi Jones. 'Depression.' (2005) In Malcolm Johnson (editor) *The Cambridge Handbook on Age and Ageing.* Cambridge University Press. Cambridge.

[11] Caron Walker and Sharon Lowes (2005) *Health Needs Assessment: Services for older people with functional mental health needs in Sunderland.* Sunderland Teaching Primary Care Trust.

[12] Gillian Gibson (2007) *Dementia in Sunderland: A Health Needs Assessment.* Older Person's Mental Health Group. Sunderland.

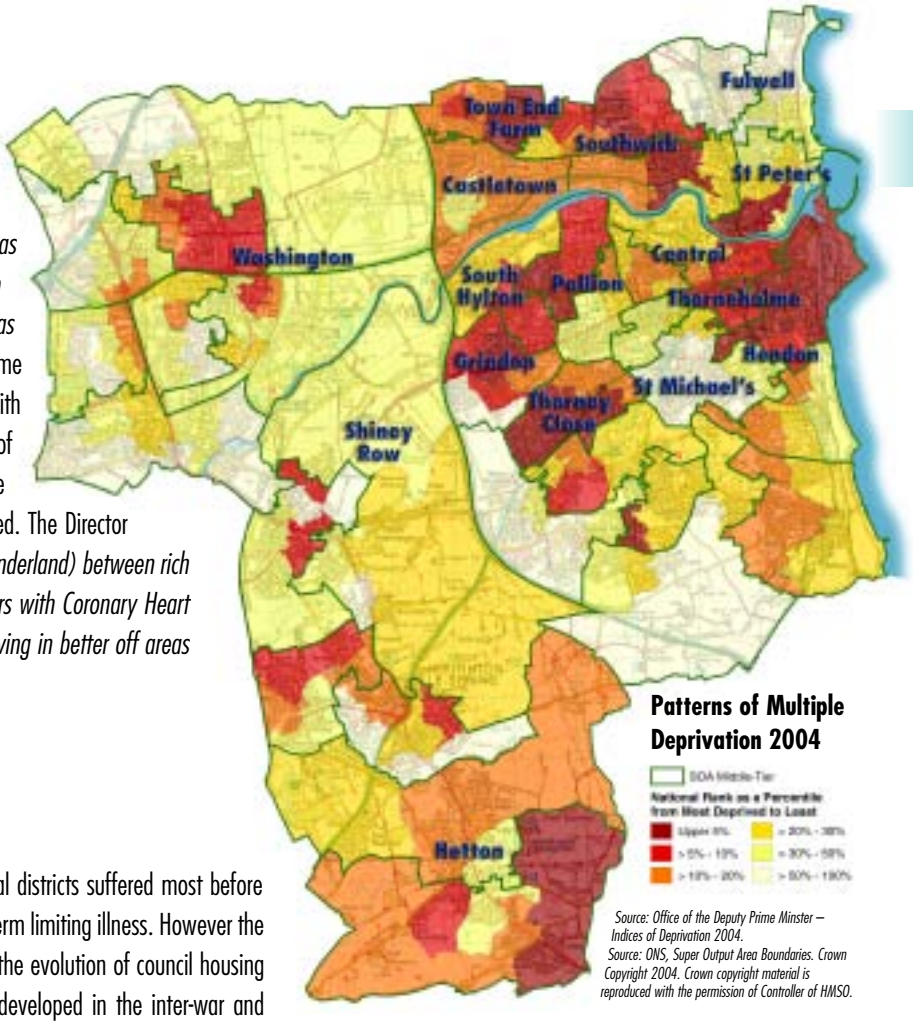
[13] Bob Woods (2005) 'Dementia' in Malcolm Johnson (editor) *The Cambridge Handbook on Age and Ageing.* Cambridge University Press. Cambridge.

[14] Kitwood T. (1997) *Dementia reconsidered: the person comes first.* Open University Press. Buckingham.

Inequalities

Main message: ***Health inequalities persist within Sunderland and are related to the pattern of deprivation.***

In 2003 Sunderland's Health Development Unit [15] highlighted great health inequalities across the city. *'Over the last 17 years the relative gap in mortality within Sunderland has widened by 90%, while the relative gap between Sunderland and England and Wales has widened by 54%.'* Since then there is some evidence (see previous section) that the gap with England has narrowed for the main killers of heart disease and cancer. However, across the districts of Sunderland inequalities have widened. The Director of Public Health reports *'Inequalities (within Sunderland) between rich and poor have increased over the past 20 years with Coronary Heart Disease Rates declining faster among people living in better off areas than those living in less well-off areas.'* [16]



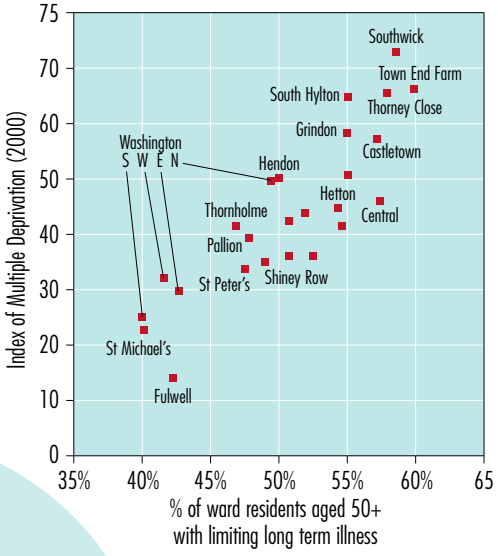
Source: Office of the Deputy Prime Minster – Indices of Deprivation 2004.
Source: ONS, Super Output Area Boundaries. Crown Copyright 2004. Crown copyright material is reproduced with the permission of Controller of HMSO.

Social housing effect

Residents of overcrowded terraces in the central districts suffered most before the War and even now experience higher long-term limiting illness. However the pattern of deprivation seems to have followed the evolution of council housing over the past two decades. Comprehensively developed in the inter-war and post-war periods to replace slum living conditions, their residents are now older, poorer and unhealthier than their counterparts in the private sector. The map shows deprivation in darker colours for 2005 and a striking feature is the concentration on social housing (ex-council) estates. Topping the list are Town End Farm, Southwick and Thorney Close.

Figure 6 shows older residents with long-term limiting illness are concentrated in these most deprived wards (listed prior to boundary changes). In contrast, mixed tenure Washington New Town has a good health profile with three of the four old wards in the top 5 for older residents free of disability. Washington's incomers have worked in cleaner industries, avoiding the unhealthy legacy of coalmining and shipbuilding.

Figure 6: **Illness and deprivation**



Sources: IMD, Department of Environment 2000; Long Term Limiting Illness (2001) Census

[15] Allan Low, Anne Low, Michael Fleming. (2003) *Health Equity Assessment across Sunderland: moving from profiling to measurement.* Health Development Unit Discussion Paper 1. Sunderland Teaching Primary Care Trust.

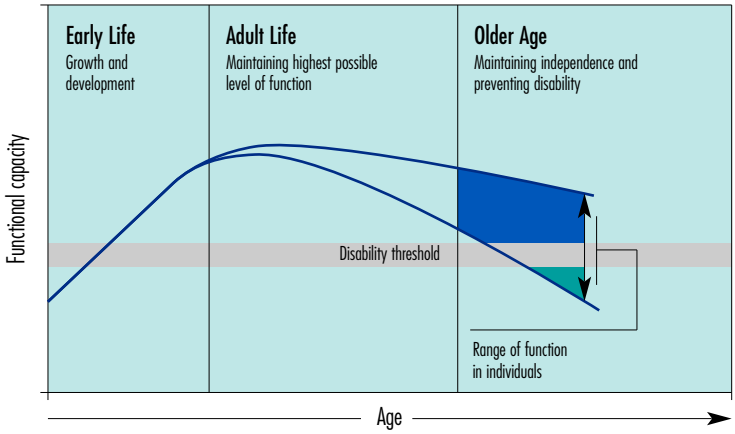
[16] Judy Thomas. (2005) *Director of Public Health Annual Report 2004.* Sunderland Teaching Primary Care Trust.

Adding life to years

Main message: ***A life course approach is helping maintain physical and mental capacity in later life.***

Though extending life is a big achievement, celebrations will be muted unless older lives are also healthy and disease free. So a second objective of Sunderland's Health and Social Care Community is 'Adding *Life to Years.*' In effect the City's Health Maintenance strategy [17] assumes a life course approach recommended by the World Health Organization in their *'Active Ageing'* strategy.

Figure 7: **Functional capacity over the life course**



Source: Kalache & Kickbusch, 1997, cited in Active Ageing, 2002

Life course

For Sunderland and our European city partners this means promoting healthy living in young and middle age in order to reduce disease and disability in later life. Though the ageing process invariably takes its toll, WHO's policy framework points to wide variation in the decline of physical functioning from a high point in early adult life (figure 7). Mental health takes a different course. Often good until close to death, it is the source of great books and fine paintings by people in their 80's – Thomas Mann and Pablo Picasso – as well as workaday contributions from elders closer to home.

Disabilities

Sunderland Healthy and Social Care Community aim to slow the decline in physical functioning. A group of 4 key agencies – Sunderland Teaching Primary Care Trust, City Hospitals Sunderland, Northumberland, Tyne and Wear NHS Trust and City of Sunderland Health, Housing and Adult Services – have joined forces [18] and pooled budgets to prevent the onset of chronic disease and reduce or manage disability. The City's Health Maintenance Strategy adopts a five tiered model (figure 8) for managing chronic conditions.

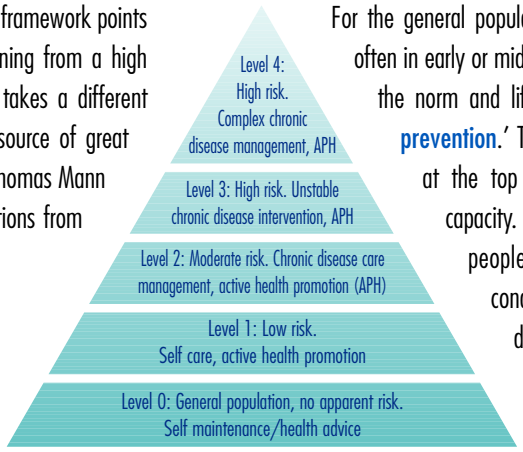


Figure 8: **Managing long term conditions**

Source: Department of Health

For the general population at low or no apparent risk, often in early or middle life course, self-maintenance is the norm and lifestyle advice given as '**primary prevention**.' The aim is to keep these residents at the top end of the range of functional capacity. For those, predominantly older people, with chronic disease, the condition is managed by medical and drug intervention, accompanied by active health promotion. According Sunderland's Healthy Exercise and Lifestyle Programme,[19] it is possible to moderate disease and reduce disability by changes in lifestyle by '**secondary prevention**.' The aim is to lift this group above the 'disability threshold' so they may live independent lives. Even those older residents, with unstable or chronic conditions requiring more intense disease management, are benefiting from ('**tertiary prevention**') rehabilitation and lifestyle programmes.

[17] Marietta Evans.(2004?) *Health Maintenance in Sunderland.* Health Development Unit. Sunderland TPCT.

[18] Sunderland Health and Social Care Community (2004) Local Delivery Plan.

[19] Sue Collins (2006) *Healthy Exercise and Lifestyle Programme, Sunderland. Annual Report 2005-2006.* Sunderland TPCT.

Intelligence and wisdom

Main message: ***Practical intelligence and wisdom grow with age.***

Intelligence

Quick-fire intelligence tests are best done by young people. Detecting patterns in numbers; finding a missing letter; the kind of test we took at 11+ or the 'brain training' computer games so popular now. Experts call it 'fluid intelligence'[20] and say it tends to decline after the age of 60; though many people retain it much longer.

Where older people excel is in 'crystallised intelligence' – an ability to solve problems in the real world. Such practical intelligence brings together knowledge, experience, an understanding of peoples' foibles and strengths; thinking laterally to deliver a result.

Celebrating his First Class Honours Degree in Fine Art from the University of Sunderland, 74 year old Ken Watts radiates 'crystallised' intelligence. Of his paintings he said "I've still got my eye for what looks right, a steady hand and confidence."

Ken Watts
Picture courtesy University of Sunderland

Ken's advice to "keep active, use your mind" highlights another aspect of practical intelligence. Experts say '*Older people can maintain high levels of performance in some domains by practice, greater effort and the development of new bodies of knowledge.*' It depends on your living and working environment. It's difficult sometimes for workers, skilled in now defunct shipbuilding, coalmining and electronics industries, to adapt to a new working life. 2600 Sunderland people over 50 cannot work because of mental health problems. But Ken, formerly a joiner, shows it can be done.

Wisdom

With crystallised intelligence there is potential for wisdom in older people. Experts define it as '*expert knowledge about fundamental life matters*' or as '*good judgement and advice in important but uncertain matters of life.*' Wisdom is '*the orchestration of mind and virtue.*'[21]

Denise Robertson has these qualities. Born in 1934 and brought up in Sunderland, she is resident TV agony aunt on *This Morning*. Her 'good judgement' and 'expert knowledge' are vital in responding to callers and letters about the everyday problems afflicting ordinary people. Her series of self-help booklets – such as *Beat your Depression*[22] and *Cope with Bereavement*[23] – draw on practical intelligence about fundamental life matters.

Denise Robertson

[20] Robert Sternberg & Elena Grigorenko. Intelligence & Wisdom. (2005) In Malcolm Johnson (editor) *The Cambridge Handbook on Age and Ageing*. Cambridge University Press. Cambridge.

[21] Paul Baltes (2004) '*Wisdom; the orchestration of mind and virtue.*' PDF only. Max Planck Institute. Berlin.

[22] Denise Robertson (2007) *Beat your Depression*. Hodder Education. London.

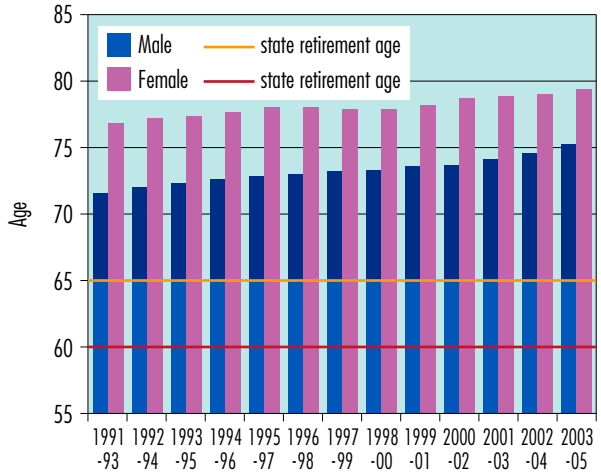
[23] Denise Robertson (2007) *Cope with Bereavement*. Hodder Education. London.

Expanding the 3rd age

Main message: ***Sunderland seeks to compress the 4th age of dependency and expand the 3rd age of independence and personal achievement.***

Life expectancy has increased dramatically over the past 50 years. Few men working in Sunderland's coalmines and shipyards in the 1940's could expect to live much beyond the state retirement age, though women fared a little better. Nowadays (figure 9) Sunderland men can expect to live until 75 and women to 79. Those who survive the pressures of breadwinning and child-rearing can expect to live even longer in retirement.

Figure 9: **Life expectancy in Sunderland**



Source: Annual Reports of the Directors of Public Health for NHS Tyne and Wear 2006/7

The 3rd Age

Greater life expectancy has increased potential for celebrating a '***3rd Age***.' In 1989, aged 74, Peter Laslett, the Oxford Social Historian, popularised the concept in his book *A Fresh Map of Life: The Emergence of a Third Age.*[24] Sunderland City Council's own '50+ Strategy'[25] also distinguishes the 50/60 age band as the 3rd Age, with 70/80 as the 'transitional age' and 80+ as 'older people.' Similarly the *National Service Framework*[26] distinguishes (a) 'Entering old age' from (b) a 'Transitional Phase' and (c) 'Frail Older People.'

[24] Peter Laslett (1989) *A Fresh Map of Life: the Emergence of the Third Age.* Harvard University Press, Cambridge, Massachusetts.

[25] Health, Housing and Adult Services Directorate (2006) *Looking Forward to the Future – A strategy for people aged 50+: Phase I – The Council's Role.* Sunderland City Council.

[26] Department of Health.(2001) *National Service Framework for Older People.* Department of Health. London.

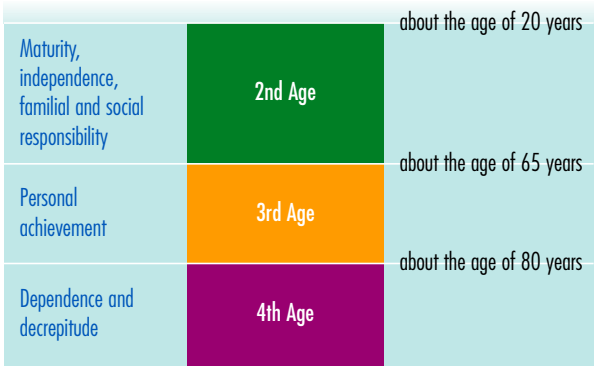
[27] Adair Turner.(2006) *A New Pension Settlement for the Twenty-First Century: The Second Report of the Pensions Commission.* The Stationary Office. London. www.pensionscommission.org.uk/publications/2005/annrep/main-report.pdf

Life course

A clear distinction between the 2nd, 3rd and 4th Ages in the life course of Sunderland's residents will help with policy and planning. The distinction is not always clear because the ageing process varies between individuals and doesn't correspond to exact age bands. Laslett defines the 1st age of childhood as one of dependency and education, often nowadays extending into someone's early twenties.

The 2nd Age is one of productive work, either in the formal paid sector or informal care. This ends formally with retirement, which can be as young as 50 but averages 62 in the UK, earlier in Sunderland. The Turner Report[27] (Commissioned by the Chancellor of the Exchequer) recommended later retirement to sustain a viable balance between the UK's working and 'dependent' populations. Acceptance will depend critically upon improving the health of Sunderland's workforce. Nobody wants to work until they drop.

Figure 10: **Ages and lifecourse**



Source: Peter Laslett (1989) A Fresh Map of Life: the Emergence of the Third Age. Harvard University Press, Cambridge, Massachusetts.

The 3rd Age is one of relative good health and independence, probably applying to all but 9000 of Sunderland's 45,000 residents over 65. Good management of disabilities in recent years means that older people benefit into their 70's and '80's. A downside is the projected increase in the number with moderate or severe dementia, characteristic of the 4th Age. Though Laslett's definition of may seem harsh, the policy objective is to compress this period of 'Dependence and decrepitude' and expand the '3rd Age'.

Part II
Sunderland Response

The care system

Main message: ***The lion's share of health and social care budgets is devoted to looking after older people.***

Most older people in Sunderland live independent lives. They rely on a network of family, friends and neighbours for social support, and in turn contribute a great deal to society. Such interdependence cannot be measured by a strict calculus, though the penultimate section of this report highlights older people as a resource.

Of 45,000 Sunderland residents over 65, about 9000 have slipped below the 'disability threshold' (summarized in figure 7) and require formal support services for activities of daily living. Reflecting their wishes, much of this is provided in their own homes by the City Council's Adult Services. In line with government policy to provide fair access, the department[28] has identified 4 levels of need (figure 11) for the 5700 people receiving help to live at home.

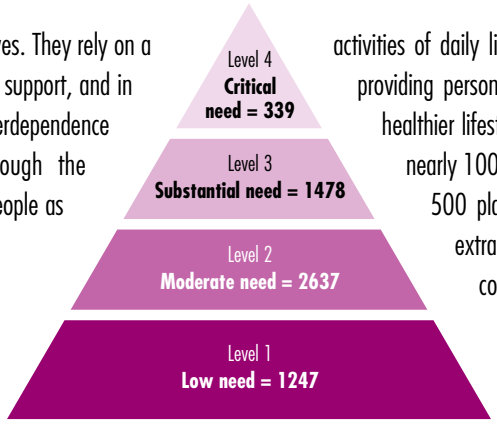


Figure 11: **Eligible need for social care**

Source: Department of Health + Sunderland Adult Services

Home Care is the biggest element in delivery and support system summarized in figure 12. Heath and Social Care Assistants help with activities of daily living for over 4000 people over 65, providing personal care and encouraging people into healthier lifestyles. Meals at home are provided for nearly 1000 people and day care centres provide 500 places for people to socialise and gain extra support. These social services are complemented by a Community Nursing Service and by General Medical Practitioners. About 2000 people with greater disabilities are cared for in residential or nursing homes.

Figure 12: **Sunderland delivery and support system for over 65's**

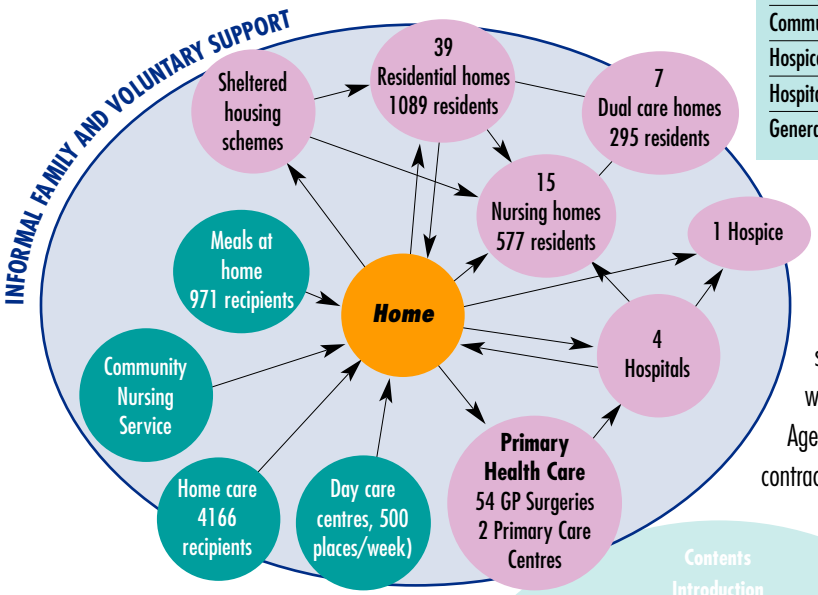


Figure 13: **City health and social care system**

Responsibility	*Municipality*		*National Health Service*		*Private*	*Voluntary*
	P	*C*	*P*	*C*	*P*	*P*
Residential home	✔	✔			✔	
Home care	✔	✔			✔	✔
Day care centre	✔	✔			✔	✔
Meals at home	✔	✔				
Sheltered homes						✔
Nursing home			✔		✔	
Community nurses			✔	✔		
Hospice				✔		✔
Hospital			✔	✔		
General Practitioners			✔	✔		

Only the main formal elements of the health and social care system are illustrated and responsibilities for commissioning (C) and providing (P) services are shown in figure 13. They should be set within the context of voluntary and family support which provides many more hours and days of care. For example, Age Concern provides 800 day care places in addition to those contracted by the City Council's Adult Services. And many Sunderland residents care for family members, friends or neighbours with long-term illness or disability. For the 'intergenerational' support they give, skip to the penultimate section of the report and read about Victoria Brown.

[28] *The Policy Framework and Eligibility criteria for Community Care for adults* (2003) (Sunderland Social Services Department (now Health, Housing and Adult Services).

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Family care

Main message: ***Families are the main source of care for older people in Sunderland and complement 'formal care' services commissioned by Sunderland City Council.***

Top priority

Sunderland puts high value on care provided by friends, neighbours and above all, by family members. Awarded 'Beacon Status' in 2005 [29] by the government for 'Supporting Carers,' the City Council received an excellent three star rating in 2007, with carers services and support for carers identified as key strengths by the Commission for Social Care Inspection.[30] Sunderland's Multi-Agency Carers Strategy Group has strong political support to build on this success and implement the 2008 *National Strategy* for Carers.

Scale and value

Over 30,000 Sunderland residents care for older or vulnerable adults (figure 14). Over 1in 8 of the adult population was involved on Census Day 2001, probably increasing to 1 in 7 by 2008 to cope with an ageing population. More Sunderland people are carers than the national average and more contribute over 50 hours a week.

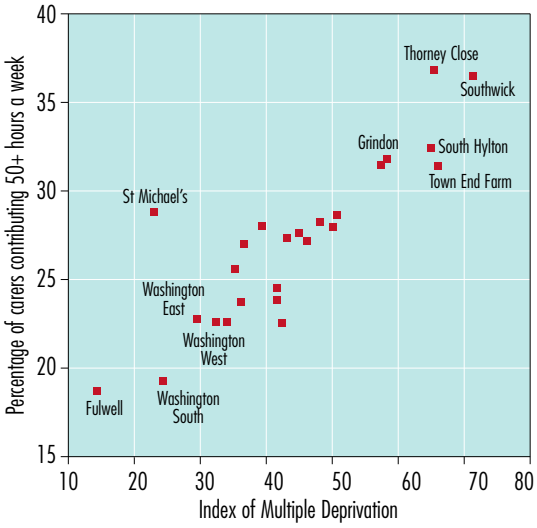
Beyond love and affection, Leeds University puts a strictly economic value of £14.50 on each hour of unpaid care. Using their formula,[31] the total value of this contribution by 30,762 residents is £517 million, five times the total council budget for Adult Services in Sunderland.

Figure 14: **Number of Sunderland residents providing unpaid care for older or vulnerable adults**

	Hours per week			
Age group	*1-19*	*20-49*	*50+*	*Total*
18-59	14754	3272	5164	23190
60-90+	3451	1007	3114	7572
Total	18205	4279	8378	30762

Source: 2001 Census

Figure 15: **Sunderland carers contributing 50+ hours a week are concentrated in deprived areas**



Sources: IMD, Department of Environment 2000; Carers, Census 2001

Partnership

Because older people want to live at home, government policy is to increase 'formal care' resources to support independent and fulfilling lives. In practice most councils have 'tight targeted resources towards those with critical levels of need, resulting in a gradual reduction in numbers of older people receiving state funded home care.'[32] Though Sunderland takes pride as one of only four councils supporting all four levels of need (see figure 11 section 9) many older people still rely heavily on complementary family support.

Caring for carers

In 1999 carers were given national recognition[33] and according to Ailsa Martin at Sunderland Carers' Centre, the 2004 *Carers (Equal Opportunities) Act* put them on the radar. Though generally positive about council services, the Carers' Centre is concerned *first* about properly supporting the transition to critical need, and *second* to ensure more small measures, locally negotiated, plus effective, imaginative, person-centred planning. Ernie Thompson from Sunderland Alzheimer's Disease Society also highlights the need for 'earlier diagnosis and support as well as a greater choice of services.' This means less stress for carers, especially those from the poorest areas of Sunderland who contribute over 50 hours a week (figure 15).

[29] One of four councils recognised for excellence and innovation in local authority services delivery.

[30] Letter from Regional Director CSCI (October 2007) *Summary Report of 2006-7 Annual Performance Assessment of Social Care Services for Adult Services in Sunderland.* Commission for Social Care Inspection.

[31] University of Leeds (2007) *Valuing Carers – calculating the value of unpaid care.* Carers UK. Note the £14.50 'replacement cost' of formal carers covers wages and administration costs.

[32] Commission for Local Care Inspection (2006) *Time to Care: An overview of home care services for older people in England, 2006.* CSCI. London.

[33] Department of Health. (1999) *Caring about Carers (A National Strategy for Carers).* DH. London.

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Wider determinants

Main message: ***The health of older people in the city is greatly influenced by 'upstream' factors such as economic circumstances, housing and transport.***

Upstream

'Adding life to years' requires action to improve the 'upstream' determinants of health as well as the 'downstream' influences of lifestyle highlighted in previous sections of the report. According to the former chief medical officer of health in England, improving health requires *'a broad front approach which reflects scientific evidence that health inequalities are the outcome of causal chains which run back into the basic structure of society. Policies need to be upstream and downstream.'*[34] This approach is summarized by the social model of health referred to in the Acheson Report.

Source: Dalgren & Whitehead 1991

Figure 16: **Social Determinants of Health**

4 interventions

Margaret Whitehead, author of the social model of health (figure 16) identifies 4 types of intervention to improve health and reduce health inequalities.[35] The Sunderland Local Strategic Partnership (LSP) has leverage over them all (figure 17). At the highest level are macro-economic policies to improve labour market conditions, pensions and other state benefits. These are primarily the responsibility of central government (referred to in the 'Work' and 'Inclusion' sections of this report) though *One North East*, the Regional Development Agency, and the LSP have some influence.

The Sunderland Partnership (LSP) has a bigger influence on 'Strengthening Communities' and 'Improving living and working conditions' – the second and third level of interventions to improve health. Figure 17 shows the Thematic Groups of the Sunderland Partnership matched by Voluntary & Community Thematic Groups in a '*Partnership Wheel*'.[36] The six Area Forums shown on the perimeter bring together the community, statutory and public sector to enhance community cohesion and improve the local infrastructure. Through the six area-based 50+ Forums (see final section on empowerment) older people have a ***voice*** on the wider determinants of health such as housing, transport, safety and security.

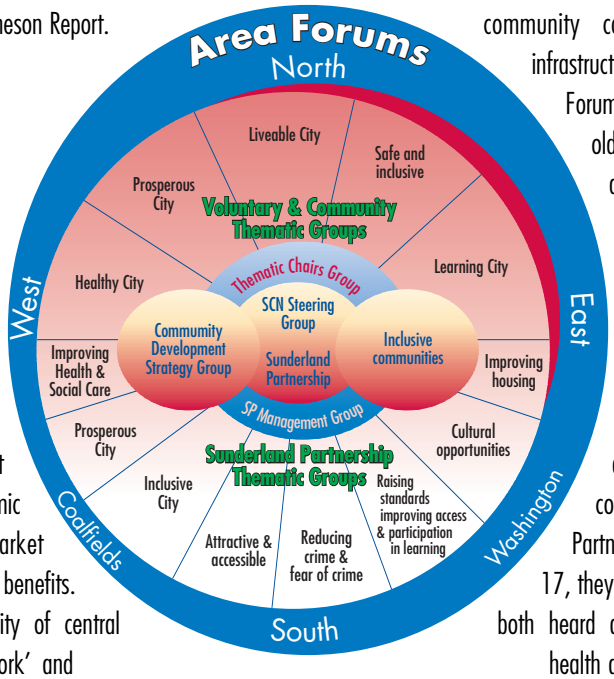


Figure 17: **Sunderland Partnership Wheel**

Delivery

The LSP partners have a key role in delivering improved 'living and working conditions.' Organised into 'Thematic Partnerships' shown at the bottom of figure 17, they enable the voice of older people to be both heard and ***acted upon***. Though traditional health and social care services are covered by one of the thematic groups, equally important in shaping the health of older people are those aiming to reduce crime and fear of crime, promote social inclusion, improve housing and make the city and its facilities more accessible.

[34] Acheson D. (1998). *Independent Inquiry into Inequalities in Health Report*. The Stationary Office. London.

[35] Margaret Whitehead (2007) 'A typology of actions to tackle social inequalities in health.' *Journal of Epidemiology and Community Health*. Vol. 61, pages 473-478.

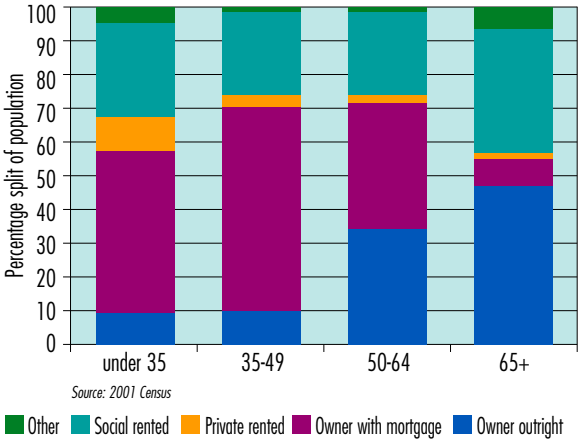
[36] www.sunderlandcommunitynetwork.org.uk (accessed 15/01/08)

Housing

Main message: ***'Upstream' investment in housing will improve the health and well-being of older people.***

There is a shortage of good quality housing in Sunderland. For owner-occupiers the main issue is ***affordability***. House prices have outstripped incomes, rising from an average of £52,000 in 2001 to £131,000. mid-2007.[37] For those who rent social housing the main issue is ***availability***. Gentoo (the Housing Association which took over Sunderland's council dwellings in 2001) reports 120 applicants for every property to let. Gentoo are now building new homes and planning a 'Retirement Village' of 100 apartments and 10 bungalows in Southwick.

Figure 18: **Sunderland tenure by age**



Asset rich : cash poor owners

These pressures bear down on older people in different ways. Nearly half own their homes outright (figure 18) but many are 'Asset rich : Cash poor.' Their homes are on average worth over 20 times the annual state guaranteed pension level of £6190 for a single person. Yet council tax, water rates and above all maintenance and repairs must be paid for. Adaptations to overcome disabilities can also be expensive. Downsizing to a smaller more efficient home is one option, but can disrupt social networks and take away familiar surroundings.

[37] www.upmystreet.com/property-prices/trends/1/ Sunderland (based on Land Registry records).

[38] www.sunderland.gov.uk/public/editable/Themes/Housing/sunderland-hia accessed 15/01/08.

Social housing

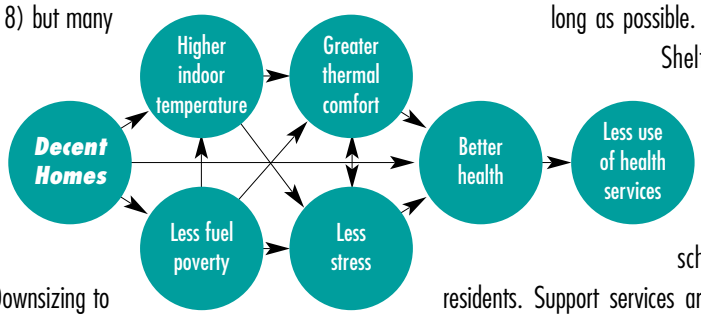
Gentoo houses a third of the City's older population. Most have 'Excellent Customer Status' – model tenants – so they have a better chance of moving when they become frail. The quality of the offer has improved dramatically over the past 5 years. All 23 tower blocks are being refurbished and are available to applicants over 35, with many of the 1875 flats now occupied by older people. They are 'hugely popular' because of *Decent Homes* investment in good security measures, new kitchens and bathrooms and energy efficient heating systems with condensing boilers. Gentoo also provides lunch clubs, 24/7 concierge service, refurbished communal areas and IT suites to enhance social networks.

These measures improve warmth, safety and security, with a positive impact on health and well-being (figure 19). They are matched in the private sector via advice from Sunderland Council's *Home Improvement Agency* which supports older people 'to remain in their own home in a warm, safe and secure environment.'[38]

Support services

A partnership between Gentoo and the City Council supports vulnerable people to live independent, healthy, active lives in their own homes for as long as possible. Gentoo provides 8 Sheltered Housing Schemes with 218 residents; 14 'core and cluster' bungalow schemes for 488 residents. Support services are delivered by 33 staff to these schemes and to 450 older people living in the tower blocks. Support coordinators visit vulnerable people daily, often working alongside home care staff provided by Sunderland City Council.

Figure 19: **From warmth to health**



Access and mobility

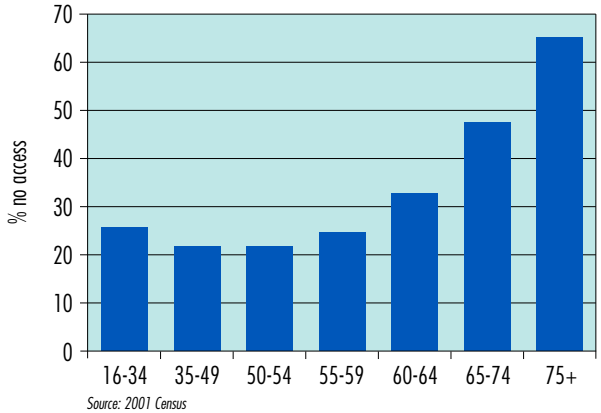
Main message: ***Design a city for older people and you design it for everyone.***

'Inclusive design' creates cities used by young and old alike; providing access for disabled people without the stigma of special measures. As the UK Government puts it, an inclusive environment 'enables all of us to participate in mainstream activities, equally, independently, with choice and dignity.'[39] In practice it should mean a ramp up to the front of the town hall rather than a service lift around the back;' and buses carrying wheelchairs and prams without distinction.

Public transport

As elsewhere in the UK, public transport in Sunderland falls short of the ideal. As cars become dominant and passenger numbers fall, bus services are in danger of servicing only 'minority' populations of children and older people rather than the mainstream economic and social life of the city. Figure 20 shows how access to a car declines with age. So for the six 50+ Forums in the city, efficient and welcoming bus services are a top priority.

Figure 20: **Older people have less access to a car in Sunderland**



Source: 2001 Census

[39] Office of the Deputy Prime Minister (2003) *Planning Access for Disabled People: A good practice guide.* ODPM. London.

[40] Department of Transport. (08/11/07 Press release) *Bus Passengers to benefit from Local Transport Bill.*

[41] JMP Consulting. (2005) *Tackling Social Exclusion Through Transport: Sunderland Community Transport Study.* For Sunderland City Council.

[42] Development and Regeneration Directorate (Draft 2007) *Sustainable Neighbourhoods: Accessibility to Key Services by Public Transport and Walking Across Sunderland.* Sunderland City Council.

Positive aspects are low platform buses to improve access and free passes to remove financial barriers. Still to be resolved are timetabling issues, fear of crime and disorder and routes which follow commercial profit rather than social need. Responding to calls by Sunderland City Council for re-regulation, the Government proposes to give local authorities '*greater local freedom and choice, with increased flexibility and powers to deliver better bus services and a more integrated transport system tailored to local needs.*'[40]

Softline Stockholm

'Softline'

There will always be a need to complement scheduled bus services with 'door to door' community transport tailored to the needs of those who find difficulty getting out and about. Many other healthy cities in Europe run highly efficient schemes. In Stockholm they call it '*Softline*' and provide 11,300 journeys daily. Sunderland's *Tackling Social Exclusion Through Transport* initiative[41] is still evolving with the support of NEXUS, the Tyne and Wear Passenger Transport Executive. Age Concern Sunderland is running a pilot shopper bus service across the city for people over 65 to get to supermarkets. They are helped to carry shopping into their homes.

'Walkability'

Most of us like to get out and about – older people included. Walking as part of everyday life is good exercise and helps keeps us in contact with city life; improving both physical and mental health. Yet there are barriers to older, disabled people accessing key services and facilities – uneven pavements, few public toilets, busy road crossings with short pedestrian phases at traffic lights. Sunderland City Council is gradually removing barriers and developing a comprehensive 'Walkability' strategy[42] to improve access throughout the city.

Security

Main message: ***Measures to improve the security of homes and the safety of Sunderland's neighbourhoods will improve the physical and mental health of older people.***

Tackling crime and fear of crime is a top priority for Sunderland residents and the strategic responsibility of Safer Sunderland Partnership.[43] Their *Safer Sunderland Strategy*[44] acknowledges how fear 'can impact on people's health and well-being' and good scientific evidence supports this claim.[45] Crime itself, especially burglary, has a negative emotional impact (figure 21).[46] So logically, the city's falling crime rate should contribute to an improvement in both physical and mental health.

Figure 21: **Emotional impact of burglary, England 2002/03**

	All burglary	*Burglary with entry*	*Attempted burglary*
% Respondent was emotionally affected	*83*	*85*	*81*
Fear	*24*	*25*	*24*
Loss of confidence or feeling vulnerable	*25*	*29*	*21*

Source: British Crime Survey 2002/3; table 4e, Crime in England & Wales, 2002/03

Fear in older people

Successive British Crime Surveys consistently report how fear of crime increases with age, especially when out alone at night. Asked the question *'How safe do you feel walking alone in your neighbourhood after dark?'* about 30% of people over 60 say a 'bit unsafe' or 'very unsafe,' twice the proportion of younger people. Survey evidence commissioned by the Safer Sunderland Partnership[47] affirms a similar level of concern, but in residents of *all* ages. Older people, it is claimed do not feel any less safe than others when asked *'How safe do you feel in Sunderland?'*

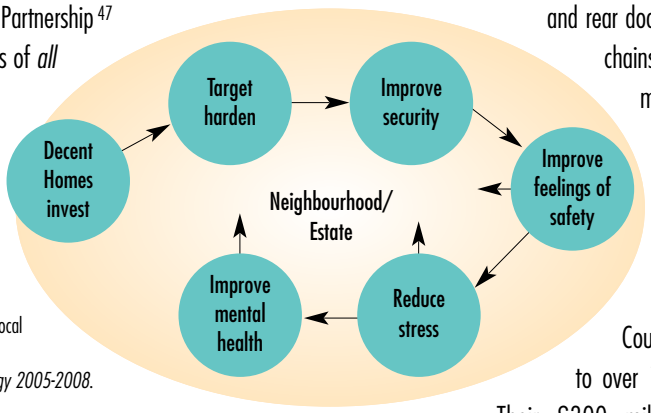
The different results are probably explained by older (especially vulnerable) people taking precautions. By taking themselves away from danger, they have no occasion to be fearful. Relatively few venture out after dark. Walk around Sunderland city centre at night or take the Metro and see how it is dominated by younger people. Maybe older people find the night-time offer unattractive. More likely, says the Director of Age Concern Sunderland, "They daren't go out." Fear, anxiety and worry are "life-limiting."

'Trust' or 'target hardening'

Older people remember the good old days when neighbours looked out for each other. In reality life was more difficult. But crime and fear of crime are lessened when neighbours trust each other – the rationale behind Neighbourhood Watch schemes.

An alternative is 'target hardening.' Funded by the New Deal for Communities in Hendon and the East End, Age Concern's Home Security project has reduced fear of crime[48] by providing over 2000 homes with a free package of basic home security measures such as front and rear door locks, window locks, chains and spy holes. But the most dramatic impact will come from the *Decent Homes Programme*. Gentoo housing group manages 35,000 ex-Council properties, home to over 12,000 older tenants. Their £300 million investment has included new 'Secured by Design' doors and windows, which reduce burglary and fear of crime (figure 22) and have a positive impact on health and well-being.[49]

Figure 22: **Target hardening**



[43] One of the family of partnerships reporting to the overarching Local Strategic Partnership.

[44] Safer Sunderland Partnership. (2005) *Safer Sunderland Strategy 2005-2008.* Safer Communities Team. Sunderland City Print Services.

[45] Mai Stafford, Tarani Chandola & Michael Marmot. *Association between Fear of Crime and Mental Health and Physical Functioning.* American Journal of Public Health: November 2007, Vol. 97, No. 11, pages 2076-2081.

[46] Nicholas S. and Wood M. (2003) Chapter 4. Property Crime in England and Wales. *Crime in England and Wales, 2002/3.* Home Office. London.

[47] Priority Research Ltd (2006) *Safer Communities Report.* Safer Sunderland Partnership

[48] Primetrics (2007) *Home Security Project: Project Evaluation Report.* Sunderland New Deal for Communities.

[49] Jan Gilbertson, Geoff Green & David Ormandy (2006) *Decent Homes, Better Health: Sheffield Decent Homes Health Impact Assessment.* CRESR. Sheffield Hallam University.

Inclusion

Main message: ***Inclusion of older people in mainstream society depends on good health; removing age discrimination; a reasonable income and good relationships with family, friends and neighbours.***

Inclusion of older people in mainstream society is both a cause and consequence of good health. On the one hand, mental health and well-being depend on removing age discrimination, participation in meaningful activity, good relationships with family friends and neighbours and alleviating poverty.[50] On the other hand, poor health itself often restricts activity and can lead to social isolation.

Multiple exclusion

In Sunderland about 22,000 older people experience some form of exclusion if we apply the national fraction identified in *A Sure Start to later Life*, a key report[51] from the Government's Social Exclusion Unit. The report identifies 7 dimensions of exclusion – (i) social (ii) cultural (iii) civic (iv) services (v) neighbourhood (vi) financial and (vii) material. About 3000 pensioners suffer multiple exclusion, maybe living below the poverty line, without friends or family and unable to access support services. Many of these barriers are highlighted by other sections of our profile – especially transport, housing and security.

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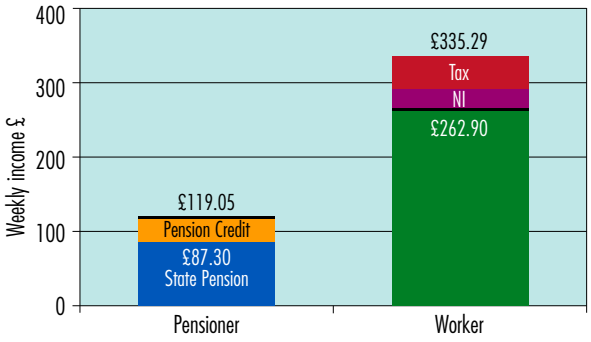
Excluded from social relations
Male, no partner, living alone, no children, no siblings, poor health, depression, no physical activity, low income, no car, aged 60 and over.

Pensioner poverty?

A reasonable income goes some way to including an older people in mainstream society. The independent National Audit Office reported[52] that *'Pensioners have become better off during the past decade. Between 1994 and 2005, their average net income grew by 31% in real terms compared with real average earnings growth of 16 per cent across the economy as a whole.'* Pension Credit introduced in 2003 has helped close the gap, taking the basic state pension of £87.30 for a single person up to a guaranteed level of £119.05 a week (figure 23). However the gross earnings of a single person in Sunderland average £335.29 a week.[53] Net income of £262.90 after Income Tax and National Insurance payments is still over twice the guaranteed income of state pensioners.

Figure 23: **Sunderland weekly income compared**



Source: DWP/Annual survey of hours and earnings; Office of National Statistics

Means test

Pension Credit is paid only if a pensioner's total income (including any savings and occupational pension) is below £119.05 a week. Probably half of Sunderland's pensioners are eligible, about 27,000, but only 18,120 claim.[54] The Pensions Office makes great effort to improve take-up, but the forms can be complicated and some pensioners are hard to reach. This is where Age Concern's Advice and Information Service makes a big contribution. Funded by charitable and other sources, the 4 full time staff help over 1000 pensioners a year secure their full entitlement to Pensioner Credit and other health-related benefits such as Attendance Allowance and Disability Living Allowance.

[50] See Section on Mental Health and the report by Age Concern and the Mental Health Foundation (2006) *Promoting mental health and well-being in later life: A first report from the UK enquiry into mental health and well-being in later life.* Age Concern. London.

[51] Social Inclusion Unit (2006) *A Sure Start to Later Life.* Office of the Deputy Prime Minister. London.

[52] National Audit Office (2006) *Progress in tackling pensioner poverty: Encouraging take-up of entitlements.* The Stationery Office. London.

[53] Annual Survey of hours and Earnings. (2007) *Table 8.1a: Weekly pay gross for all jobs held by Sunderland residents. (Average full-time earnings are £388.30 a week).* Office of National Statistics. London.

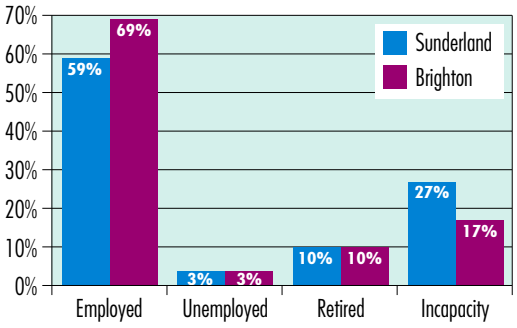
[54] NOMIS (2007) *Pension Credits, number of beneficiaries in Sunderland, May 2007.* In addition, 6290 pensioners with combined income above the Pension Guarantee Level of £119.05, receive 'Savings Credit' only.

Work

Main message: ***Older people have the potential to contribute more to Sunderland's economy.***

Older people are a vital resource to the formal economy. To retain their skills and experience the government is gradually raising the state retirement age for women from 60 to 65 and intends to raise it again to 68 for everyone by 2044.[55] Yet even now in Sunderland, younger people in their 50's and early 60's are not contributing their full potential. The figures are stark: 27% of men between 50 and 64 do not work because of sickness and disability. Contrast this poor record (figure 24) with another new city – prosperous and healthy Brighton.

Figure 24: **Economic status of working-age men 50-64 in Sunderland and Brighton, 2006**



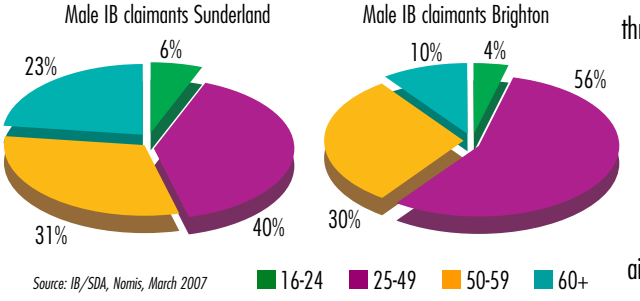
Source: NOMIS + ONS + DWP (2006)

'Labour supply'

Economists distinguish two main reasons why people are not employed. First is limited capability – the supply side of the equation. The biggest barrier is incapacity caused by illness. In Sunderland half (10,270) of all claimants of Incapacity Benefit (IB) are over 50 and in contrast to Brighton (figure 25) nearly a quarter of all men on IB are over 60.

In Sunderland the biggest cause of disability in older people (32%) is musculoskeletal problems – bad backs and arthritis – often the legacy of harsh working conditions in coalmining, ship building and the docks. Mental health problems (26%) are the second biggest cause and even more widespread (52%) in the younger generation.

Figure 25: **More 60+ on incapacity benefit in Sunderland**



Source: IB/SDA, Nomis, March 2007

'Labour demand'

Weak regional or city economies mean fewer jobs and some economists[58] maintain that the large numbers of IB claimants are a form of 'hidden unemployment.' A policy objective is to increase economic prosperity with greater demand for labour in traditionally poorer regions like the North East of England. Making the most of all the talents means removing 'age discrimination' which in the past has thrown so many over 50's on the scrapheap. Nissan, Sunderland's biggest private sector company, declined to reveal their employment policies to us, but Sunderland City Council aims to be a model. Already, good service conditions mean a high retention rate of staff between the ages of 50 and 60. Changes in the Pension Scheme will mean more staff working until they are 65, with encouragement[59] to work even longer.

Encouraging a return to work, the Governments *'Pathways to Work'* scheme[56] focuses on what work IB claimants ***can*** do, however limited their capacity. In Sunderland this scheme is complemented by the *Sunderland Northern Way Workless Pilot: 'Make it work.'* Match-funded by One North East which regards worklessness as a waste of resources[57], this City Council initiative encourages claimants through a five stage process from (1) wellness, via (2) stability (3) capability and (4) into work, finally into (5) sustained work. One of this initiative's 6 target groups is older people.

[55] Department of Work & Pensions. (2006) *Security in Retirement: towards a new pensions system.* DWP. London.

[56] Department of Work & Pensions (2006) *Empowering People to Work: a new deal for welfare.* DWP. London.

[57] One North East (2006) *Building the Prosperity of the Tyne and Wear Region: A Business Case.* One North East.

[58] Christina Beatty, Steve Fothergill & Rob MacMillan. *A theory of Employment, Unemployment and Sickness.* Regional Studies. Volume 34. Number 7. October 2000.

[59] Department of Work & Pensions (2006) *Employment Equality (Age) Regulations.* DWP. London.

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Older people as a resource

Main message: ***Older people of all ages are a resource to family and society. Sunderland's marketing campaign 'A little Time Makes a Big Difference' seeks to enhance their relatively low levels of voluntary activity.***

Volunteering

Older people of all ages are an 'informal' resource to family and society. Often the backbone of their local communities, they help provide social glue holding their neighbourhood's together. But a much smaller proportion of Sunderland residents volunteer compared with England as a whole, with older people no exception.[60] Only 15% of those aged 65-74 are formal volunteers compared with 40% nationally. On the other hand older residents are 'The indispensable backbone of voluntary action.'[61] Over 90% of the 312 volunteers working for Age Concern Sunderland are over 50. And their unpaid work is just as 'productive' as similar paid work by younger employees of health and social care services.

Caring

Care of frail wives, husbands and partners is the hallmark of a civilised society. In Sunderland 7,500 older people provide unpaid care to family members, friends or neighbours with of long-term physical or mental health disability or problems related to old age (figure 26). Using a formula adopted by Leeds University[62] the value of this care in Sunderland is over £150 million a year.

Figure 26: **Number of older Sunderland residents providing unpaid care for older or vulnerable adults**

	Hours per week			
Carers age	*1-19*	*20-49*	*50+*	*Total*
60-64	1396	378	880	2654
65-74	1589	452	1570	3611
75-84	425	158	608	1191
85+	41	19	56	116
Total	3451	1007	3114	7572

Source: 2001 Census

Intergenerational care

Care of children and grandchildren by older people is also part and parcel of a productive economy. In Britain nearly 40% of women between 55 and 69 belong to 'sandwich generation,'[63] helping parents with disabilities and adult children with cooking cleaning, washing, ironing, decorating, gardening, house repairs and money. In Sunderland an estimated 10,000 women help out in this way.

Nationally about 1 in 5 children under 16 is looked after by grandparents during the daytime,[64] mainly to ensure that parents can hold down a full or part-time job. Victoria Brown's two children are typical of an estimated 10,000 looked after by grandparents in Sunderland.

'Victoria Brown works full-time for Age Concern Sunderland; but it wouldn't be possible without the help of her parents. Harry retired from service with the Public Works Department 7 years ago and Margery also gave up her job of 25 years as home help.

Now they have an equally valuable job looking after grandchildren Alex (aged 10) and Grace (aged 5). Single mother Victoria holds down a 9-5 job and the journey from Fulwell to the Age Concern Offices in Sunderland City Centre takes 25 minutes. So her parents take her children to and from school, cover for Victoria's occasional evening meetings and, of course are a vital resource in School holidays.'

[60] Ispos MORI (2006) *Residents Survey*. Sunderland City Council. Department for Communities and Local Government (2006) Citizenship Survey 2005: Active Communities Topic Report.

[61] Colin Rochester & Brian Thomas (2006) *The indispensable backbone of voluntary action: measuring and valuing the contribution of older volunteers.* Volunteering in the Third Age. Abingdon.

[62] University of Leeds (2007) *Valuing Carers – calculating the value of unpaid care.* Carers UK.

[62] Emily Grundy & John Henretta (2006) *Between elderly parents and adult children: a new look at intergenerational care provided by the sandwich generation.* Ageing and Society. Vol 26. pages 707-722.

[64] Clarke, L. & Cairns, H. (2001) 'Grandparents and the care of children: the research evidence.' *In Kinship Care: the placement choice for children and young people* (ed. B. Broad). Russell House Publishing.

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Empowerment

Main message: ***In Sunderland the voice of older people is heard and acted upon by decision-makers.***

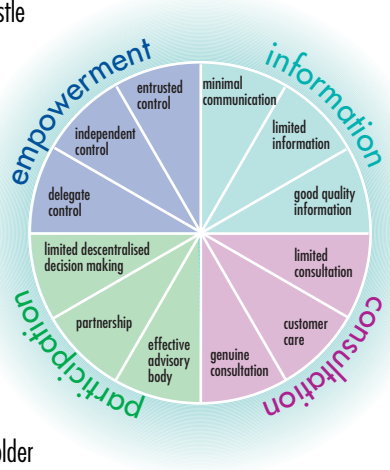
Personal power

Power runs along a continuum from the personal to the political. Personal power – an inner strength – helps older people negotiate a better life, financially, socially and with support services. Choice can be empowering, but is an illusion unless matched with opportunity to exercise some real control. For example, though many older women value the dignity and privacy conferred by single sex hospital wards, this option was not always offered in the past. Overall however, Sunderland's older people report very little age discrimination in the provision of health and social services.[65]

Community empowerment

Community empowerment is about individuals acting together, socially or politically. 'Community' can be defined as everyone in the City of Sunderland or every resident of a neighbourhood such as Southwick or Fulwell. It can also define a 'community of interests' such as those of older people. Examples from the WHO European Healthy Ageing Network are *The Pensioners Organization* of Rijeka in Croatia, the *Elders Council* of Newcastle and the *Older Peoples Council* of Brighton.

Figure 27: **Davidson's Wheel of Participation**

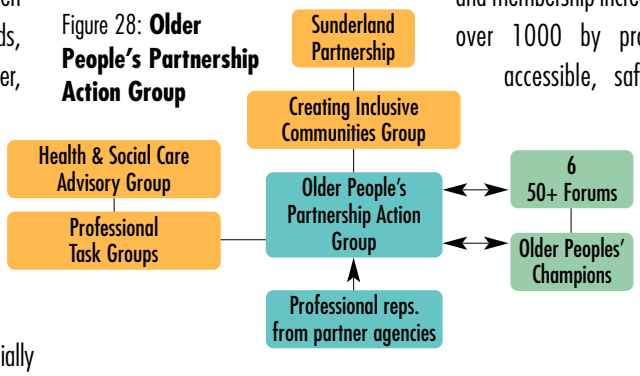


How real is empowerment? Davidson's Wheel distinguishes different levels of participation without placing them in a hierarchy.[66] Traditionally in Sunderland the concerns of older people were addressed by the City Council's social services department. Their voice was conveyed by four 50+ 'Clients' Councils' with a small membership and a narrow focus on social services. This was 'customer care' on Davidson's Wheel.

50+ Forums

The creation of Sunderland's Local Strategic Partnership (LSP) provided an opportunity to establish twin mechanisms for (a) giving voice to a broader range of older people's concerns and (b) delivering on their priorities. In 2006 the 50+ Forums were expanded from four to six and membership increased to over 1000 by providing accessible, safe and supportive environments, either in each of six districts or at the Age Concern Offices in central Sunderland. Top priorities are (a) fear of crime (b) transport (c) income (d) exercise and (e) social inclusion.

Figure 28: **Older People's Partnership Action Group**



OPPAG

Empowerment is enabling the voice of older people to be both heard and *acted upon* by decision-makers. They are big contributors to Sunderland's Citizens' Panel. More focused, the 50+ Forums feed their concerns and priorities into an Older People's Partnership Action Group of senior managers and professionals from key partner agencies with resources to deliver. Just as the LSP covers all aspects of city life, so OPPAG includes representation from agencies responsible for housing transport, community, culture, planning and policing. Older people are concerned about traditional health and social care services but they also want a say in how the city is designed and developed, socially, environmentally and economically.

Having a voice is participation; having an effective voice is empowerment.

[65] Head of Partnership Development. (2004) *A Review of Age Discrimination in Health and Social Services.* Sunderland Teaching Primary Care Trust.

[66] Davidson S. *Spinning the Wheel of Empowerment.* Planning. 1998. Vol 3.

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