

Ageing Well in Brighton & Hove

JSNA Topic Summary

What does this topic summary cover?

- What does the profile of our 65 and over population look like? ^a
- Are there any inequalities preventing people from ageing well?
- What can we do to reduce the social isolation of older people?

Why is this topic important?



More people are living longer. A 28% increase in the Brighton & Hove 65+ population is expected in 2030 – from 38,300 to 50,100



Older adults contribute significant skills, knowledge and experience to society. It is estimated that in 2014, they contributed £61 billion to the UK economy, through informal caring, child minding and voluntary work. This contribution is projected to reach £77 billion by 2030.



Living longer can also present challenges. The risks of developing dementia, long term and other conditions increase as we age. This in turn places pressure on health and social care.



Long term conditions and increasing frailty can also result in social isolation

Other challenges older people face include: ageism, lack of training and development opportunities, despite the retirement age being raised to 68 by 2017.¹

^a Most of the data in this summary relates to 65s and over, 50s and over have been included where available

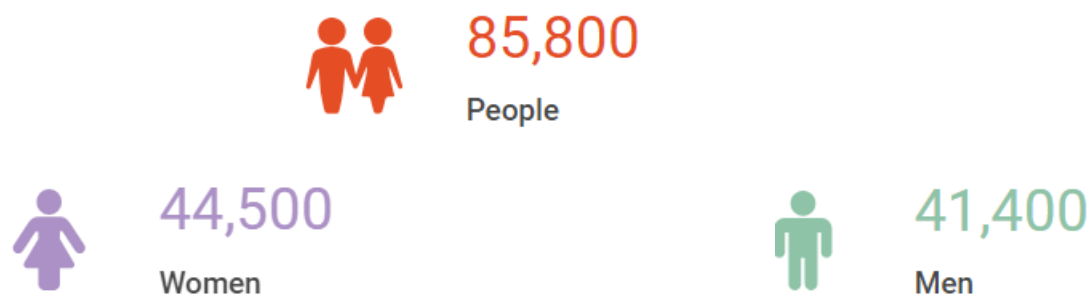
What do we mean by ageing well?

Ageing well includes improved health and wellbeing; independence and resilience to adversity; financial security; engagement in social activities; being socially connected with enhanced friendships and support and enjoying life in good health.²

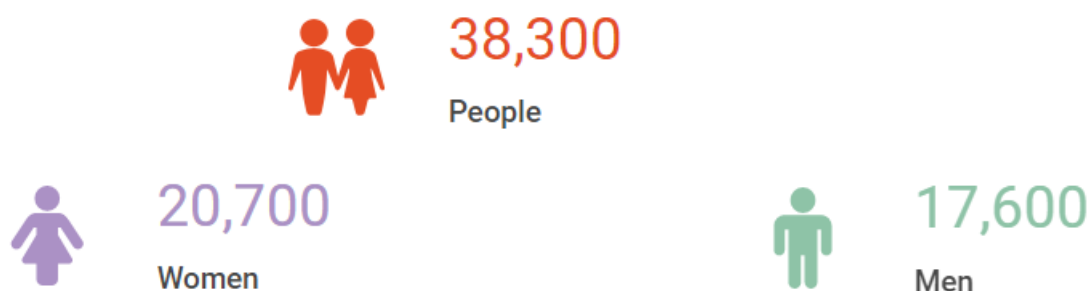
However, ageing well also comes with challenges and for Brighton & Hove these include: social isolation; male suicide rates;^b low immunisation rates; higher rates of emergency hospital admissions for falls and hip fractures; higher rates of preventable sight loss (age-related macular degeneration); higher rates of deaths from cancer; and a lower proportion of people receiving NHS Health Checks.

Profile of older people in Brighton & Hove

How many people aged 50 and over live in the city in 2018?³



How many people aged 65 and over live in the city in 2018?



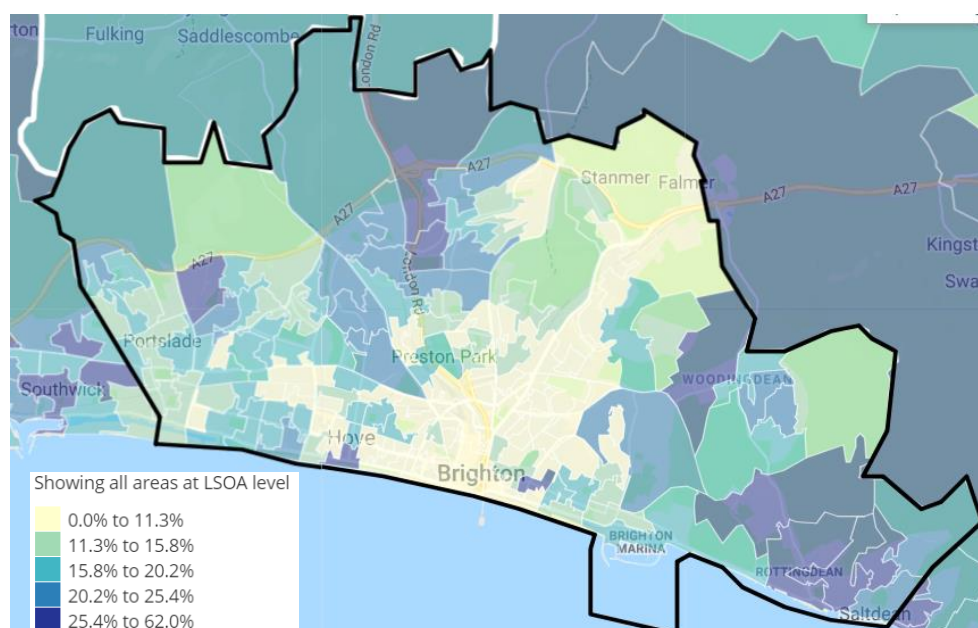
^b This rate is based on very small numbers and is not significantly different to England.

How many people aged 85 and over live in the city in 2018?



The percentages of the population aged 65+ are higher in Rottingdean Coastal (24%), Woodingdean (21%) and Patcham (19%) wards. The lowest percentage is in St. Peter's & North Laine (6%) and Hanover and Elm Grove (6%). The largest percentage of the population aged 85+ is in Rottingdean Coastal (4.0%), Westbourne (4.0%) Woodingdean (3.3%) and Patcham (3.3%) wards.

Map1. Percentage of the population aged 65 years and over at LSOA level in Brighton & Hove, November 2017



Source: Office for National Statistics

The older population in Brighton & Hove is predominantly White British (91.8%), comparable to England (91.6%) and the South East (94.1%).⁴ The White Other population is 2.8% and the White Irish population is 2.2%. The largest Black and Minority Ethnic (BME) group is Asian or Asian British (1.5%), Mixed (0.7%), Other (0.59%) and Black or Black British (0.33%). Christianity is the largest religion amongst those aged 65+ (72.6%).⁵

The LGBTQ population are a significant protected characteristic group in Brighton & Hove but there is no recent data available on the numbers of LGBTQ older people living in the city.

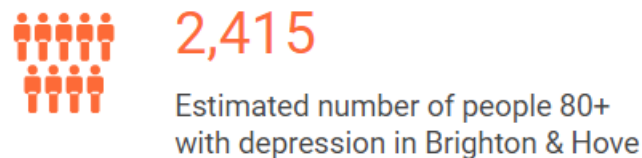
What are the challenges for people aged 65 and over living in Brighton & Hove?

Health challenges

As is the case generally with an increasingly ageing population, Brighton & Hove's residents will face a number of challenges as they grow older. Health challenges include conditions where Brighton & Hove's outcomes are not as good as those of England or its CIPFA^c comparators. These include: depression and suicide, immunisation, falls, hip fractures, age related macular degeneration, cancer deaths, and NHS Health Checks.

Depression and suicide

Longer life expectancy increases the likelihood of more people having a mental health condition, alongside a physical health condition, particularly for those living in the deprived parts of the city.⁶ Depression is a common mental health condition and more than twice the number of older people live with depression than dementia. The prevalence of depression in the older population is estimated to be 16% of people aged 60 and over and 21% of people 80 years and over.⁷ When applied to the local population this gives:



The Projecting Older People Population Information database also gives estimates of the prevalence of depression and severe depression applied to a narrower population range - the 65+ and 85+ groups. It estimates 3,316 people aged 65 and over had depression and 1,057 had severe depression in the city in 2017. Of those

^c Chartered Institute Public Finance Accountants Local Authority nearest neighbours comparators are a peer group of local authorities used for benchmarking. They include: Portsmouth, Southampton, Bournemouth, Bristol, Southend, Plymouth, Sheffield, Medway, York, Coventry, Newcastle, N Tyneside, Swindon, Leeds, Nottingham

with depression 551 were aged 85+ and of those with severe depression 238 were 85+. ⁸

Older people who report bad health are much more likely to be depressed than older people in good health – for example 71% of men aged 65 and over who report their health as very bad are depressed compared to 6% of those who report their health as very good.⁹ Older people who have a limiting long-standing illness are much more likely to be depressed than older people who don't – for example 45% of women 65 and over with a limiting long-term illness are depressed compared to 13% with no limiting long-term illness.¹⁰ Older people with mobility impairment are much more likely to be depressed than older people with no mobility impairment – for example 23% of those aged 52 and above who have mobility impairment are depressed compared to 7% of those who have no mobility impairment.¹¹

There were 17 male suicides in the 65 and over age group from 2011 to 2015. The suicide rate amongst older men is a particular challenge for Brighton & Hove, with a higher rate than England (although the difference is not statistically significant and rates are based on small numbers).



The 65+ male suicide rate is almost double England's (12.6) and CIPFA neighbours' average (12.8) (2011-15)



The 65+ female suicide rate is similar to England (4.4) and CIPFA neighbours' average (4.4) (2011-15)

Immunisations



65+ seasonal flu jab coverage in 2017/18. This was an increase on the previous year but was a lower uptake than England (72.6%). This was also the 15th lowest uptake of vaccination out of Brighton & Hove's 16 CIPFA comparators.



63.7%

The proportion of older people having the PPV vaccination in 2016/17 was lower than the CIPFA average (70.2%) and ranked the 15th lowest out of 16 CIPFA comparators



33.3%

Of 70 year olds had the shingles vaccination in 2016/17. This was a lower uptake than for England (48.3%) and 15th lowest out of 16 CIPFA comparators. 78 year olds are also eligible to have the shingles catch-up vaccination. The national target is 60% uptake.

Falls



Around a third of people aged 65+ in the UK have a fall each year, increasing to half of those aged 80 and over. Half of all women and 20% of men will experience a fracture after the age of 50. People can be particularly at risk from falls due to hazards within their own homes.

Falls cause distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects families and carers of people who fall. They are estimated to cost the NHS more than £2.3 billion per year.¹²

In Brighton & Hove, the rate of emergency hospital admissions for those aged 65+ for falls was 2,529 per 100,000 in 2016/17. This was higher than England (2,114), the South East (2,135) and CIPFA neighbours (2,299). The rate for the 80+ age group is higher at 6,123 per 100,000 in Brighton & Hove compared to England (5,363), the South East (5,515) and CIPFA neighbours (5,707).

Hip fractures



655.0 per 100,000

In 2016/17 the rate of hip fractures in people aged 65+, was higher than the CIPFA average (579.4) and ranked 3rd highest out of 16 comparator local authorities.



306 per 100,000

In 2016/17, the rate of hip fractures in people aged 65-79 was higher than the CIPFA average (265.33) and ranked 3rd highest out of 16 comparator local authorities.

Age related macular degeneration



164.1 per 100,000

In 2016/17 the rate of sight loss due to age related macular degeneration in those aged 65+ was higher than the CIPFA average (123.3) and ranked 2nd highest of out of 16 comparator local authorities.

Cancer deaths



1,213.6 per 100,000

Between 2014 and 2016, the rate of cancer deaths among people aged 65+ was higher than England (1,115.2) but lower than the CIPFA average (1,277.9).

NHS Health Checks



35.8%

The cumulative proportion of eligible 40-70 year olds who received an NHS Health Check between 2013/14 and 2017/18 is ranked 10th lowest out of 16 comparator local authorities and lower than the CIPFA average (41%) for this period.

Social challenges and the wider determinants of health

Social isolation

Our social relationships are critical to ageing well. Older people who are socially connected are more likely to live longer healthier lives and less likely to experience depression. Extended periods of loneliness can be as bad for our health as high

blood pressure, lack of exercise, obesity or smoking. Loneliness can have a comparable impact on health as smoking 15 cigarettes a day. Social isolation results in a higher likelihood of mortality. The likelihood of death increases by 26% for reported loneliness, 29% for social isolation, and 32% for living alone.

Over one million older people report that they always or often feel lonely. Studies estimate that 14% of men and 11% of women aged 50 and over may experience a moderate to high degree of social isolation. If this proportion were applied to Brighton & Hove 50+ population 5,568 men and 4,742 women could be at risk of social isolation.

The Age UK Evidence Review on Loneliness (June 2015) found:



49%

Of 65+ say TV or pets are their main form of company



49%

Of 75 year olds live alone



46%

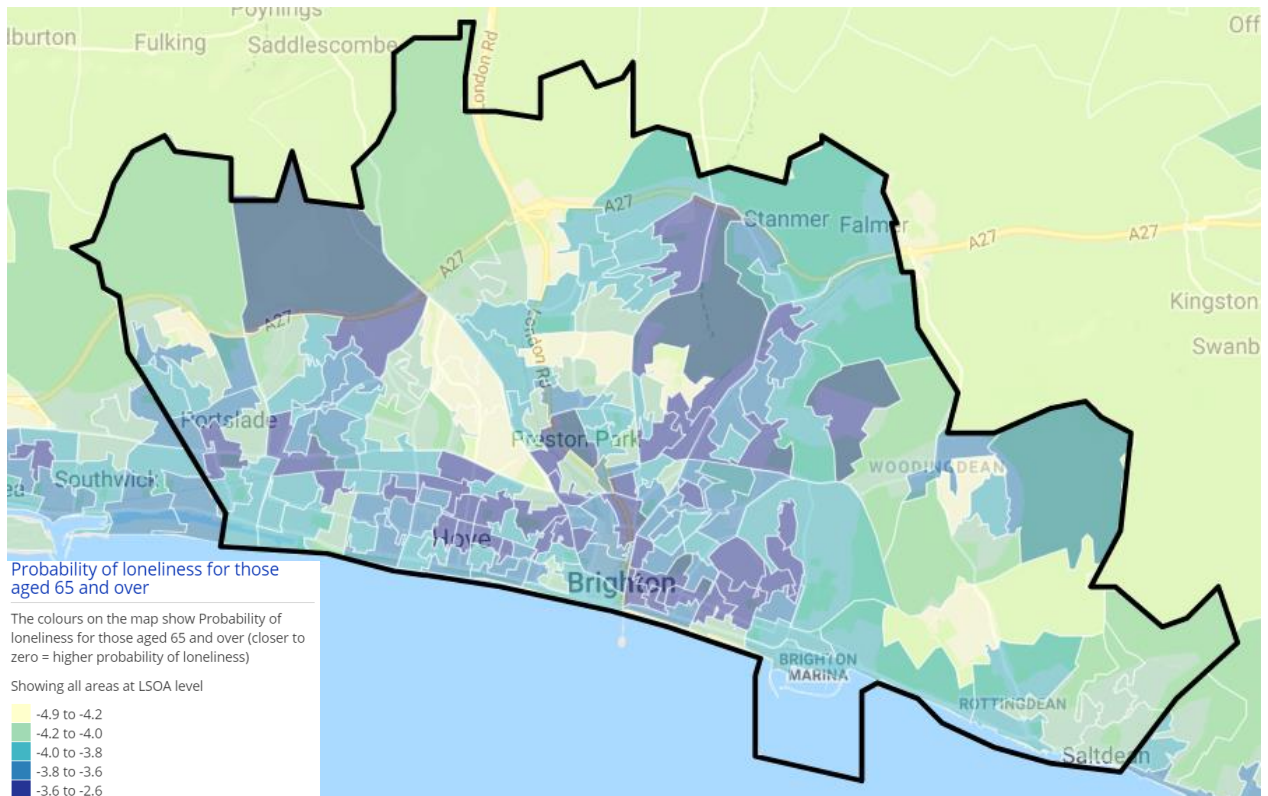
Of 65+ spend time with their family most days, compared to 65-76% of other age groups

2X

People with a high degree of loneliness are twice as likely to develop Alzheimer's, as those with a low degree of loneliness

There are 14,468 single pensioner households in the city (12%).¹³ This is similar to England (12%) and the South East (13%). The number is projected to increase to 18,326 by 2030.

Map 2. Probability of loneliness for those aged 65 or over closer to zero = higher probability of loneliness), Lower Super Output Area in Brighton & Hove, 2011.

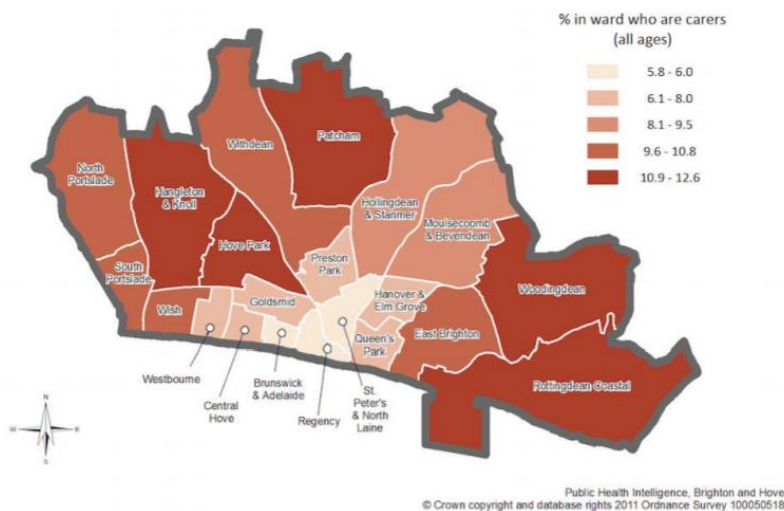


Source: Age UK (Explore the map at Brighton & Hove Community Insight <http://brighton-hove.communityinsight.org/>)

The 2016-17, Brighton & Hove Adult Social Care User Survey reported that nearly a quarter of the 441 respondents did not get as much social contact as they would like. A quarter also reported that they did not leave their home.

Carers

Map 3. Provision of unpaid care in Brighton & Hove by ward, (Census 2011)



The wards with the highest percentage of 65+ year olds who are unpaid carers are Rottingdean Coastal (27.9%), Withdean (24.0%), and Hove Park (23.3%).



4,527

People 65+ provide one or more hours of unpaid care per week (12.7%)
England (13.8%)

1,563

People 65+ provide fifty or more hours of unpaid care per week (34.5% of
unpaid carers)



20.3%

Of carers accessing Adult Social Care, Carers' Assessment or Carers
Services were 74-94 years (Carers Needs Assessments 2015-16)

34.4%

Of adult carers report that they have as much social contact as they
would like. This is similar to England (35.5%)¹⁴

Self-directed support

95.8%

The proportion of social care clients aged 65+ receiving Self Directed
Support in 2016-17 was higher than England (91.6%) and the South East
(94.4%)

Housing

Based on the 2011 Census the most common form of housing tenure in the city for
people aged 60+ is owner occupier (69.9%), followed by social rented (19.2%).

Figure 1. Tenure by age of household, in Brighton & Hove, in 2015¹⁵

Brighton & Hove				
Tenure by age of householder	60-74	75-84	85+	Total
Owner occupier <i>(includes shared ownership)</i>	68.3%	71.8%	70.2%	69.9%
Social rented <i>(sheltered and general needs housing)</i>	20.0%	18.5%	18.4%	19.2%
Private rented <i>(private landlord or letting agency)</i>	9.1%	6.6%	6.7%	7.8%
Other private rented or living rent free <i>(e.g. employer, with family or friends)</i>	2.6%	3.1%	4.8%	3.2%

2011 Census

In the UK, 21% of 65+ households are estimated to live in housing that fails to meet the Decent Home Standard.¹⁶ In Brighton & Hove, the highest rates of non-decent homes are where the head of the household is aged 85+.



The amount of time over 65s are estimated to spend in their houses.

Fuel poverty

There is a strong relationship between poor insulation, low indoor temperature and excess winter deaths; excess winter deaths are almost three times higher in the coldest quarter of housing than in the warmest quarter.¹⁷



Brighton & Hove has a lower ratio of excess winter deaths amongst 85+ (22.9), compared to England (24.6), CIPFA neighbours (24.4) and South East (23.4)

Community safety



People aged 55+ felt less safe during the day (62%), and after dark (25%) in their neighbourhoods. 46% were less likely to feel safe during the day time in the city centre.¹⁸

Work

In the UK, the proportion of people aged 65+ who work has doubled since records were first collected but they still face barriers to employment. 47% of unemployed older people have been out of work for a year or more, compared to 33% of unemployed 18-24 year olds. 65% of older people believe that age discrimination still exists in the workplace.¹⁹

In 2016, 19% of Brighton & Hove residents (4,960 people) aged 55 to 64 were claiming benefits (including out of work benefits). This compares to only 11% in the South East and 15% in England.²⁰

Food

Nationally, it is estimated that one in ten older people living in the community either suffer from or are at risk of malnutrition.²¹ The Food Partnership has highlighted that older people are increasingly at risk of food poverty skipping meals and eating unhealthily.²² See Food Poverty and Nutrition section for more details.

What other ill health conditions are affecting people aged 65 and over?

The percentage of people living with long-term conditions increases with age. Multiple long-term conditions are associated with increased mortality and premature death, physical impairment/ disability, reduced ability to work, increased risk of admission to hospital and longer hospital stays, poor quality of life and adverse drug events.²³

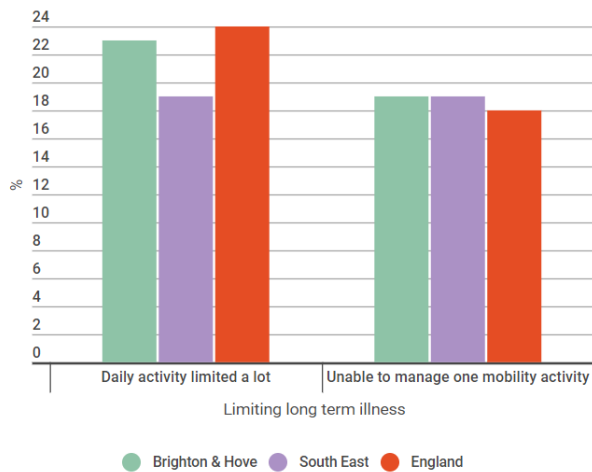
For those aged 50-54 years in Brighton & Hove, 53% have one or more long term condition, with the average being one condition. By 65-69 years the average number is two, increasing to three by age 80-84 years. However, those who reach 95 years or over have fewer conditions than those aged 80-94 years.²⁴

The Department of Health identified two key populations at risk of multiple long-term conditions across the life course. The first group includes those with multiple long term conditions as a result of accumulated health risks from living longer. For these people it is important to ensure that integrated health and social care help to improve quality of life and their ability to live well and independently. The second group includes those with multiple long-term conditions due to unhealthy lifestyle factors and adverse social circumstances (for example deprivation).²⁵

The three most frequently occurring long term conditions in the whole population in 2017 were depression (including mild depression), asthma, and hypertension.

In terms of physical impairments, in 2017 it is estimated that there were 8,877 people aged 65+ whose daily activities were limited a lot by a long term limiting illnesses and 7,327 people who were unable to manage one mobility activity.²⁶

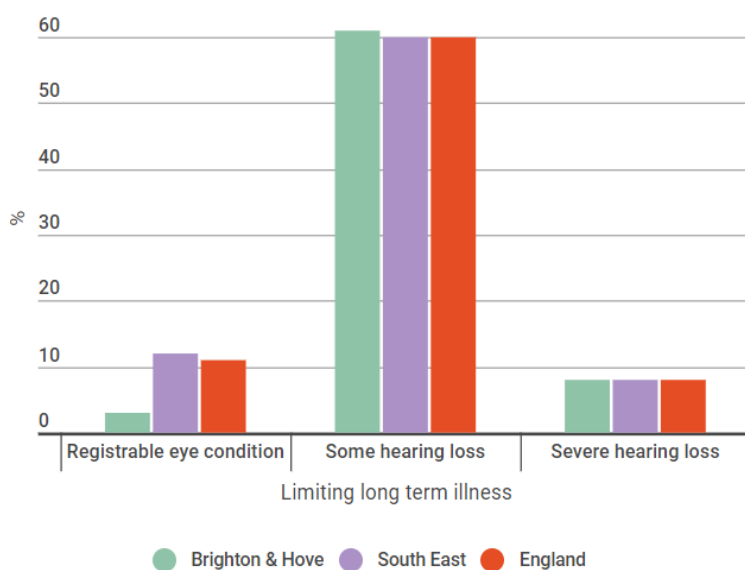
Figure 3. Proportion of 65+ in Brighton & Hove estimated to be living with a limiting long term illness – mobility, in 2017



Source: Projecting Older People Population Information System, 2018. Based on ONS 2011 Census

There were 3,386 people aged 65+ who had a moderate or severe visual impairment and 1,152 (75+) with a registrable eye condition. As well as 23,517 people aged 65+ with some hearing loss and 3,185 with severe hearing loss.²⁷

Figure 4. Proportion of 65+ in Brighton & Hove estimated to be living with a limiting long term illness– vision and hearing, in 2017



Source: Projecting Older People Population Information System, 2018.

Dementia prevalence

Dementia describes a group of symptoms including memory loss, problems with reasoning, perception and communication skills. One in fourteen people aged 65+, and one in six people aged 80+ are at risk of developing dementia. The management of dementia has higher health and social care costs (£11.9bn) in the UK, than cancer (£5.0bn) and chronic heart disease (£2.5bn) combined.²⁸ Modifiable risk factors that could prevent a third of dementias include: low educational attainment in childhood, hearing loss, hypertension, obesity, smoking, depression, physical activity, social isolation and diabetes.²⁹



The recorded dementia prevalence amongst people aged 65+ registered with a Brighton & Hove GP was 4.3% in April 2018. This is similar to England (4.3%) and the South East (4.2%)

The number of people with dementia in the UK is expected to grow rapidly over the next several decades. As age is the biggest risk factor for dementia, increasing life expectancy is the driving force behind this projected rise.³⁰

Alcohol hospital admissions



The rate of hospital admissions for men aged 65+ for alcohol related conditions in 2016-17 was lower than for England (1,459) and CIPFA neighbours average (1,462). The rate for women was also lower than England (657) and CIPFA neighbours average (662).

Oral health

The majority of data available on oral health in older people relates to the minority of older people who live in residential and nursing care homes. This group are more likely to have no teeth.³¹ Those that have teeth also have higher rates of active decay. Signs of untreated decay are more common amongst the oldest age groups across all settings. Gum disease is most common in the 65-84 years age group.

Since the introduction of fluoride toothpaste in the 1970s and an increased focus on prevention, more people are now living longer with their own teeth. This means that as the population ages they will require more complex dental treatment than previous generations, including the need for dental surgery.³²

There is also a relationship between tooth loss and socio-economic status; people from higher socio-economic professional and managerial groups are more likely to have excellent oral health.³³

Learning disabilities

The life expectancy of people with learning disabilities has been increasing since the 1930s, although they are still 58 times more likely to die before the age of 50 years than the rest of the population.



1,422

The estimated size of the 55+ population with a learning disability in Brighton & Hove in 2017³⁴



1,809

The estimated size of the 55+ population with a learning disability population in Brighton & Hove in 2030³⁵



244

The estimated size of the 55+ population with a moderate or severe learning disability in Brighton & Hove in 2017³⁶



313

The estimated size of the 55+ population with a moderate or severe learning disability in Brighton & Hove in 2030³⁷

Local inequalities

Inequalities in later life can be the result of cumulative disadvantage over time, and lower socio economic status in early life can have long term consequences for health outcomes.³⁸ This can be reflected in shorter life expectancies for older people living in areas of deprivation, as well as for men. More details can be found in the Life and Death section.

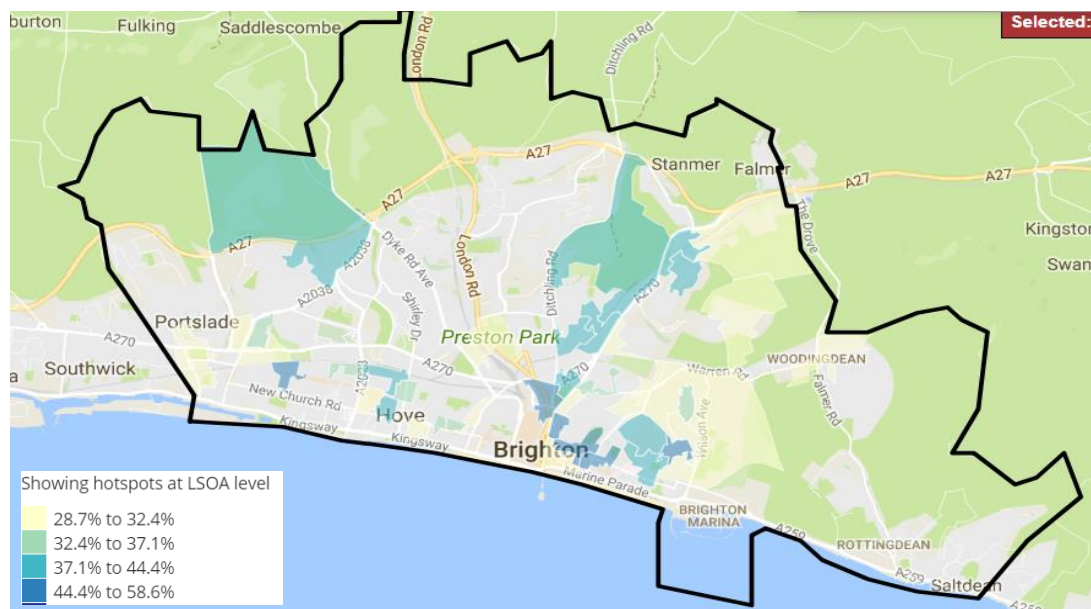
Pensioner poverty

There are 6,900 people (18%) aged 65 and over living in the most deprived quintile in the city.³⁹ Living in poverty can have a negative impact on a person's health.

The Income Deprivation Affecting Older People Index (IDAOPPI) 2015 gives Brighton & Hove a higher rate of income deprivation affecting older people in the city (20.3%) compared to England (16.0%) and the South East (11.6%).⁴⁰ Map 4. shows the hotspots for deprivation affecting older people aged 60 and over receiving Income Support, income based JSA or Income based ESA or Pension Credit, as a proportion of the population aged 60 and over.⁴¹

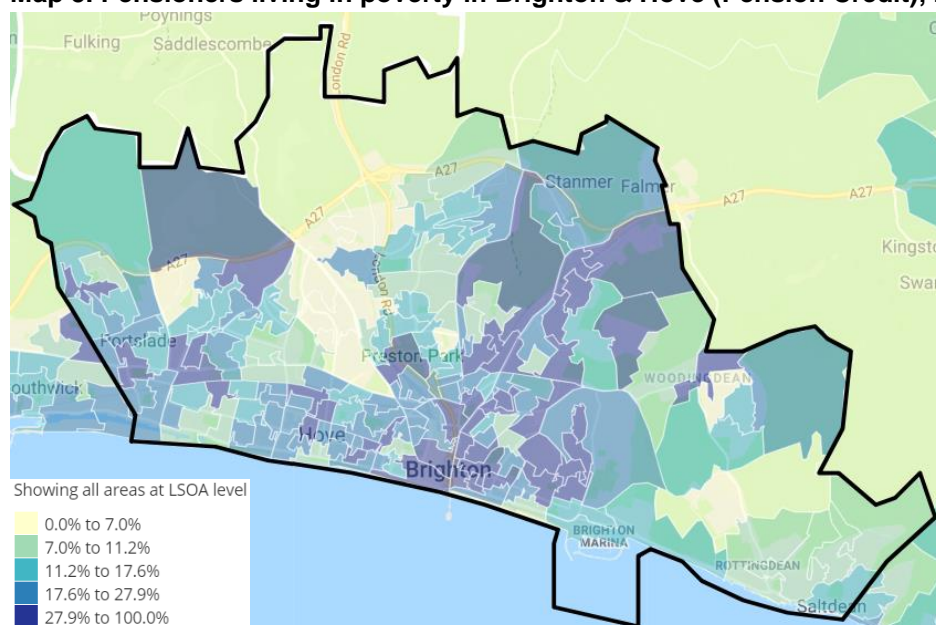
Map 5. shows the proportion of pensioner poverty cross the city, based on people aged 60 or over in receipt of Pension Credit.

Map 4. Income deprivation affecting people aged 60+ in Brighton & Hove – hot spots, 2015.



Source: Communities and Local Government (CLG) September 2015.

Map 5. Pensioners living in poverty in Brighton & Hove (Pension Credit), in 2018



Source: Department for work and Pensions, February 2018.

The wards with the highest proportion of pensioners living in poverty are Queen's Park (37.6%), East Brighton (33.6%) and Moulsecomb & Bevendean (28.0%). The lowest are Hove Park (7.5%), Rottingdean Coastal (9.7%) and Withdean (10.7%).⁴² Hangleton & Knoll has a high single pensioner population and 20.0% pensioner poverty.

Poverty in single pensioners is higher compared to pensioner couples. After a period of improvement, between 2010/11 and 2015/16, the gap between single pensioner and couple pensioner poverty has started to widen again.⁴³ The majority of single pensioners are female.

LGBTQ

LGBTQ people face a range of challenges as they become older. Some fear that residential care and supported housing will not understand or celebrate LGBTQ people and diversity. Some also feel LGBTQ people are at greater risk of social isolation than straight people, because gay venues tend not to cater for older people and the opportunities that are available tend to come from organisations that only cater for straight people.⁴⁴

What's working well?

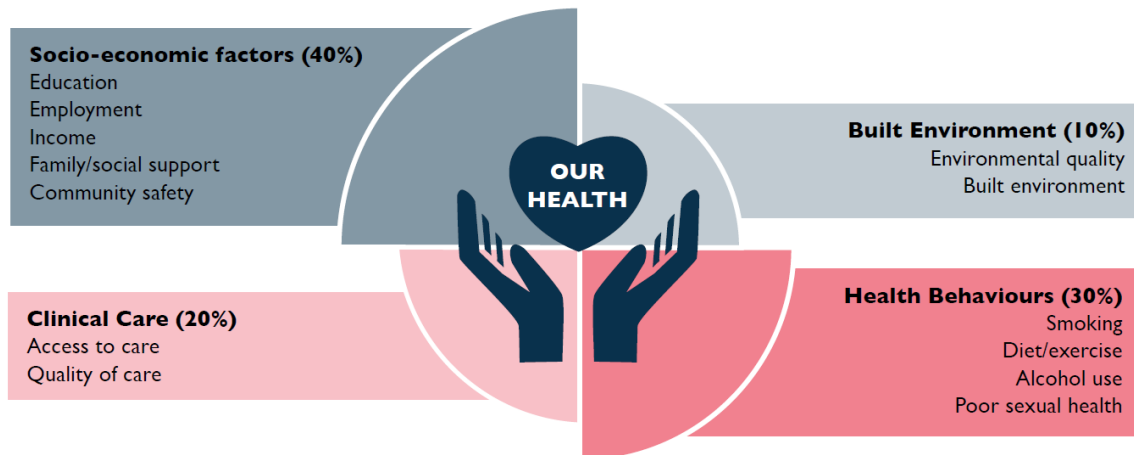
Areas where Brighton & Hove is performing well in relation to older people are:

- the proportion of people aged 65 and over offered reablement services following discharge from hospital (7.6% compared to 2.7% for England in 2016-17)⁴⁵

- the percentage of deaths in usual place of residence among people age 65 and over (50.1% compared to 47.2% for England in 2016); and
- the rate of deaths from respiratory disease in people age 65 and over (541.5 compared to 629.1 for England in 2014-16).⁴⁶

What helps older people to age well?

What contributes to our health?⁴⁷



Source: Ageing Well in Hampshire. Hampshire County Council

The wider determinants of health described in the infographic all influence whether or not people are able to age well. Interventions at an individual, place and community level will help to support people in achieving this. Some factors we are unable to change such as genetic factors, like age and ethnicity, but others we can influence either by ourselves or with support.

Addressing modifiable risk factors in mid-life can also help to prevent or delay the need for intensive or institutional care. Areas to address include smoking, drinking, overweight, and lack of physical activity. This can reduce the risk of dementia, disability and frailty; as well as diabetes, cardio vascular disease and some cancers.⁴⁸

NICE guidance⁴⁹ recommends the following activities to maintain independence and mental well-being in older people aged 65+: Group based activities which combine one or more of singing, arts & crafts, physical activity programmes and intergenerational activities; One-to-one activities, such as befriending or telephone support; Volunteering and identifying those most at risk of a decline in their independence or wellbeing. NICE⁵⁰ guidance on falls also recommends regularly asking older people about falls when they contact healthcare services; offering multifactorial risk assessments to those that require medical attention due to a fall; and preventing falls while in hospital.

For people aged 65+ the World Health Organisation (WHO) recommends maintaining functional ability, for example assessing how people interact with the

environment and how this affects their ability to engage with society. Health and fitness can also be improved through eye, dental and hearing checks, and vaccinating against flu and pneumococcal illness. Schemes that promote social connectedness are also important to prevent social isolation.⁵¹

Interventions that help us to age well at a community level including taking an assets based approach, looking at available local community resources i.e. schools, GP surgeries, libraries and working with local older people to maximise the benefits from engaging with these - rather than focusing on the deficits. Engaging older people in this approach has been shown to generate new and imaginative ideas; bringing people together; engaging a wide group of people in the programme and linking the public, voluntary and community sectors together.⁵²

Developing Age Friendly communities helps to remove the barriers that prevent older people from participating in their communities. They build an environment, activities and services that support older people to:⁵³



Have opportunities to enjoy life and feel well.

Participate in society and be valued for their contribution.

Have enough money to live well.

Feel safe, comfortable and secure at home.

Access quality health and care.

Source: Age UK, Age Friendly Places. 2016.

Information on data used

- PHE Fingertips website for the Public Health Outcomes Framework and Older People's Profiles [accessed May-July 2018].
<https://fingertips.phe.org.uk/profile/older-people-health>
- POPPI & PANSI data bases [accessed July 2018]
<http://www.poppi.org.uk/index.php?pageNo=325&PHPSESSID=155to2jibp5so9gicglq2s34s3&sc=1&loc=8330&np=1>
- City Tracker Survey 2017 [accessed May-July 2018]
<http://www.bhconnected.org.uk/sites/bhconnected/files/City%20Tracker%202017%20-%20vFinal%2014%2003%2018.pdf>
- Brighton & Hove Connected Local Intelligence data [accessed June 2018]
<http://www.bhconnected.org.uk/content/local-intelligence>

See other relevant information

Centre for Ageing Better. Ideas for the NHS long-term plan from the Centre for Ageing Better. June 2018.

The Association of Directors of Public Health Policy Position: Healthy Ageing

Barbara Hardcastle.
Public Health Specialist.
July 2018.

Definitions

Prevalence – the estimated number of cases of a given disease or risk factor in the population at a point in time or over a period of time.

Rates – The following rates are **age standardised** per 100,000 population : Falls, hip fractures, cancer deaths, respiratory deaths and alcohol related hospital admissions. This means that adjustments have been made for age to enable population groups with different age structures to be compared.

The suicide and age related macular degeneration rate are **crude rates**, and no adjustments have been made for differences in the population characteristics. Figures are based on the whole population.

REFERENCES

- ¹The Association of Directors of Public Health. Policy Position: Healthy Ageing
- ² Health Matters: Productive healthy ageing and reducing musculoskeletal conditions.
- ³ ONS 20-17 Mid-Year Estimates. Most of the data in this topic summary refers to the 65+ population as data on the 50+ population is not commonly available.
- ⁴ Brighton & Hove Community Insight
- ⁵ Census 2011
- ⁶ BHCC. Living well in a healthy city. Annual report of the director of public health 2016/17
- ⁷ National Development Team Inclusion. Mental Health in later life – Striving for equality. 2015.
- ⁸ POPPI.
<http://www.poppi.org.uk/index.php?pageNo=332&PHPSESSID=155to2jibp5so9gicglq2s34s3&sc=1&loc=8330&np=1> [Accessed 14.08.18]
- ⁹ Craig, R. and Mindell, J. (eds) (2007), Health Survey for England 2005: Volume 4 Mental Health and Well-being: The health of older people, Leeds: The Information Centre
- ¹⁰ Op cit
- ¹¹ Steptoe, A., Demakakos, P., and Oliveira, C. (2012) The Psychological Well-being, Health and Functioning of Older People in England, in Banks, J., Nazroo, J. and Steptoe, A. (eds) The Dynamics of Ageing: Evidence from the English Longitudinal Study of Ageing 2002-10 (Wave 5)
- ¹² NICE. Falls in older people: assessing risk and prevention (CG161) 2018.
- ¹³ Census 2011 updated 2014
- ¹⁴ PHE. 1.18ii. PHOF 2016/17
- ¹⁵ BHCC Housing Strategy 2015: Supporting Data Analysis
- ¹⁶ In 2012. The Association of Directors of Public Health: Policy Position Healthy Ageing
- ¹⁷ The Association of Directors of Public Health: Policy Position Healthy Ageing
- ¹⁸ BHCC City Tracker 2017.
- ¹⁹ The Association of Directors of Public Health: Policy Position Healthy Ageing
- ²⁰ DWP benefits claimants, working age client group and ONS 2016 revised Mid-Year Population Estimates
- ²¹ The Association of Directors of Public Health: Policy Position Healthy Ageing
- ²² Brighton & Hove City Council . Director of Public Health Annual Report 2016/17.
- ²³ Director of Public Health Annual Report 2017. Living Well in a Healthy City.
- ²⁴ Public Health Annual Report 2017
- ²⁵ Public Health Annual Report 2017
- ²⁶ POPPI [Accessed 10.07.8]
- ²⁷ POPPI [Accessed 10.07.18]
- ²⁸ Alzheimer’s Research UK. Dementia Statistics Hub. <https://www.dementiastatistics.org/statistics/cost-and-projections-in-the-uk-and-globally/>
- ²⁹ The Association of Directors of Public Health: Policy Position Healthy Ageing
- ³⁰ Alzheimer’s Research UK. Dementia Statistics Hub. <https://www.dementiastatistics.org/statistics/cost-and-projections-in-the-uk-and-globally/>
- ³¹ The Information Centre for Health & social Care. Oral health and function – a report from the Adult Dental Health Survey 2009. 2011.
- ³² PHE. What is known about the oral health of older people in England and Wales. A review of oral health surveys of older people 2015
- ³³ PHE. What is known about the oral health of older people in England and Wales. A review of oral health surveys of older people 2015.
- ³⁴ POPPI.
- ³⁵ POPPI.
- ³⁶ POPPI.
- ³⁷ POPPI.
- ³⁸ The Association of Directors of Public Health: Policy Position Healthy Ageing . May 2018
- ³⁹ Based on 2016 Local Super output Areas ONS mid-year population estimates and 2015 Index of Multiple Deprivation
- ⁴⁰ Brighton & Hove Community Insight. IDAOPI Score. 2015.
- ⁴¹ Brighton & Hove Community Insight. IDAOPI Score. 2015.

-
- ⁴² Brighton & Hove Insight. ONS 2016.
- ⁴³ Joseph Rowntree Fellowship . UK Poverty 2017
- ⁴⁴ Mind out. Ageing well in LGBTQ communities. Report on the need for recognition of the LGBTQ 50+.May 2018
- ⁴⁵ NHS Digital. Measures from Adult Social Care Outcomes Framework , England 2016-17
- ⁴⁶ Public Health Outcomes Framework Report 2017.
- ⁴⁷ Ageing Well in Hampshire. Hampshire County Council.
- ⁴⁸ LGA. Adding Extra Years to Life & Life to Extra Years. 2018
- ⁴⁹ NICE NG 32. Older people: Independence and mental wellbeing
- ⁵⁰ NICE CG 161.Falls in Older people: assessing risk and prevention.
- ⁵¹ LGA. Adding Extra Years to Life & Life to Extra Years. 2018
- ⁵² LGA. Ageing Well an Asset Approach 2012.
- ⁵³ Age UK. Age Friendly Places. 2016