

Inequalities in healthy ageing in York

DRAFT

A report by the JSNA working group on behalf of the York Health and Wellbeing Board

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Transport and Access to Services

An accessible and well connected public transport system is important to the health and economic function of a city. Good transportation also underpins social connectivity and access to services. Public transportation is particularly important to older adults who may not drive, or walk long distances.

The older people survey (2017) demonstrated that good public transport was important to older people living in York. More than half of survey respondents used busses (sometimes with other forms of transport) to get around. Transport was the most frequently cited reason why people did not have more social contact in the older people survey. This demonstrates the importance of a well-designed public transport system. Overall, older people in York told us that they felt public transport in York is good but could be improved. In particular, there is lack of information and some issues with accessibility.

Recommendations from the older people survey related to extending bus service provision into the evenings, the extension of community transport in York, and improving information displays on the busses.

York is aspiring to be an 'age friendly city' under the World Health Organisation model. To achieve age friendly city status, city leaders evaluate themselves against eight domains:

- housing,
- social participation,
- respect and social inclusion,
- civic participation and employment,
- communication and information,
- community support and health services,
- outdoor spaces and buildings,
- transportation,



For York, this has been translated into; your journey, your destination, your time, your access to information, your home, and your services. The following pages explore the 'your journey' domain.

Your Journey and Destination: Age Friendly City Baseline Inequity Review.

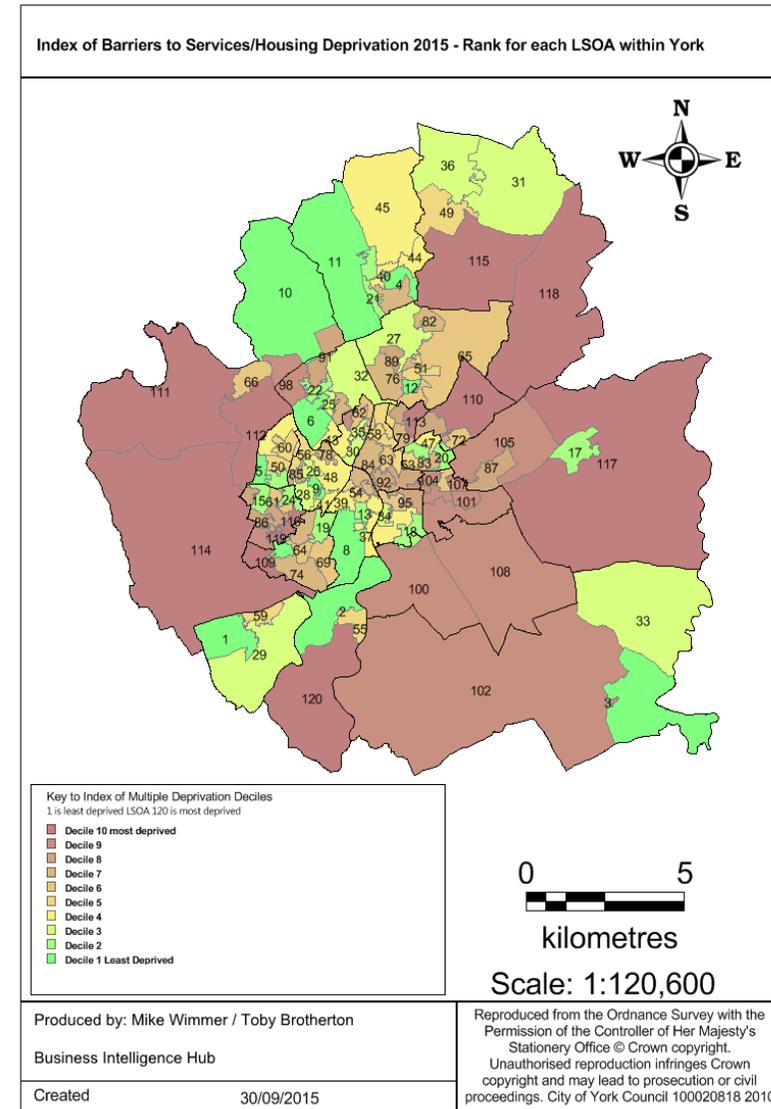
York Age Friendly City Criteria	Evidence and Data sources
Transport is:	
Reliable, well-maintained, frequent clean and well lit	<p>Opportunity for development 6 day service into the evening is common, though the services do become less frequent. Around 75% of services run on Sunday, but usually a reduced frequency. One of the recommendations of the older people survey was to extend bus services into the evening to enable better access to the outer parts of York and beyond. Maintenance and cleanliness were not mentioned as part of older people survey, however there is no evidence of complaints.</p>
Accessible has priority seating and not-overcrowded	<p>Opportunity for development Priority seating is common place on busses, however older people survey identifies that making public transport more accessible would improve the city There are specialist transport services in York, i.e. Dial-a-Ride and York Wheels community transport run in York. Both have recognised limitations in capacity and can be costly.</p>
Set up to facilitate boarding and waits for passengers to be seated	<p>Good provision, but may need more promotion Lower floors and disability friendly seating is mandatory in full sized busses. ‘First’ also have safe journey cards to help people communicate what they need, i.e. extra time getting to their seat.</p>
Set up to ensure drivers are courteous and helpful	<p>Good provision, but could be enhanced 83% of respondents to the older people survey said they were very or mostly satisfied with public transport in York. Some bus drivers are trained as dementia friends. However the OP survey showed people felt there was a lack of information about public transport, and bus and rail staff can play an important part in addressing this.</p>
Location is:	
Situated with shelter available for pick up points	<p>Opportunity for development Only major bus stops have seating and a shelter, the remainder are demarked by flags; often this is due to limited space on the pavements. However, this may present challenges to people who find it difficult to stand for extended periods of time, and may discourage some people from using public transport.</p>

Clearly displayed	<p>Opportunity for development Signage on outside of the bus is generally clear and consistent, including stop names and digital timetable displays. There are plans to extend the provision of on-bus digital displays in 2019, this is helpful for people with dementia, and also people who are new to the area. Bus timetables are not typically available in large font (reported by MS society 2018) There is a good level of information on LiveWellYork about busses, blue badges, and other local transport information.</p>
Set up to reach all parts of York with good connections	<p>Good coverage overall, may be room for development The hospital is connected directly by routes 6 and 40, and is a short walk from routes 19, 1 and 5. The city centre is well served by bus routes, and this provides access to pharmacies, banks, and shopping. Clifton Moor and Monks Cross are also served by bus routes. Access to GP practices by bus is variable dependent on practice location, this may represent a challenge for some older adults, particularly those who use GP services regularly. There are six wards where at least 25% of the population is over 65. Each is served by at least one bus that connects to central York, although transport links between these suburbs is much more limited. Bus and rail links to surrounding major towns and cities is good, but links to smaller towns are less comprehensive. This includes bus links to the outlying villages in North Yorkshire and East Riding where residents may consider York to be their nearest urban centre.</p>
Routes are:	
Well maintained with good lighting	<p>Good provision, opportunity for development Factors such as street lighting and pedestrian crossings are common place. There are plans to extend the provision of on-bus digital route digital route displays in 2019.</p>
Well regulated with good traffic flow	<p>Service punctuality is monitored and fluctuates, but is usually above 85%. Congestion is a recognised challenge in the City of York, particularly at peak times.</p>

Geographical access to services

Within York, some areas are at greater risk of ‘barriers to access’ to services and housing. This means that people who live in areas which have greater ‘barriers to access’ may be more dependent on transportation because of the distances they need to travel in order to access everyday services such as post office, primary schools, supermarkets, and GP practices. Also included in this metric is access to quality housing, which includes data on overcrowding, homelessness, and affordability.

For the IMD ‘barriers to housing and services’ domain, the map below shows that the areas of greater deprivation on this measure tend to occur in the more rural fringes of York. This suggests that residents in these locations have issues with accessing local services and housing affordability. Therefore, transport for people living in these areas is particularly important.



Recommendations: Transport and access to services

Based on the Age Friendly City criteria, York has some assets in its public and community transport system. The recommendations in this report, relate to reducing inequalities in access to these services.

- 1) To protect and maintain the good level of bus coverage to the outlying villages within the City boundaries. Many older people live in these outer suburbs, and may need to travel further to access essential services.
- 2) Work in partnership to consider public transport as part of the planning decisions for essential services such as GP practices and other highstreet services, i.e. pharmacies, community centres.
- 3) To follow through on the recommendations made in the older people survey, and take steps to extend bus services into the evenings and weekends, in particular to improve the frequency of services.
- 4) To follow through on the recommendations made in the older people survey, and take steps to extend the audio-visual displays on busses. This would support people with visual impairments and dementia to travel more easily.
- 5) To find innovative ways to provide universal public transport provision for people with very limited mobility, this may include existing services i.e. dial-a-ride or York community wheels, it may also include new technology services.

Social inclusion

Social inclusion and participation is an important part of maintaining a sense of wellbeing. This links closely with the 'york time' domain of age friendly York; accessing volunteering, meaningful employment, community activities, and being involved in civic life.

The impact of loneliness on physical health is substantial. Loneliness increases the risk of deaths from all causes by 26%¹, it also increases the chances of experiencing heart conditions, depression, and potentially dementia. Reversing loneliness can also help older people remain independent for longer. Addressing loneliness can reduce GP visits, unplanned hospital admissions, medication use, falls and early entry into residential care.

Loneliness and social isolation is not exclusively related to older people, however older adults can face additional barriers to social inclusion, for example:

- dependency on public transport,
- reduced mobility, or poor health
- lack of structured social interaction through employment

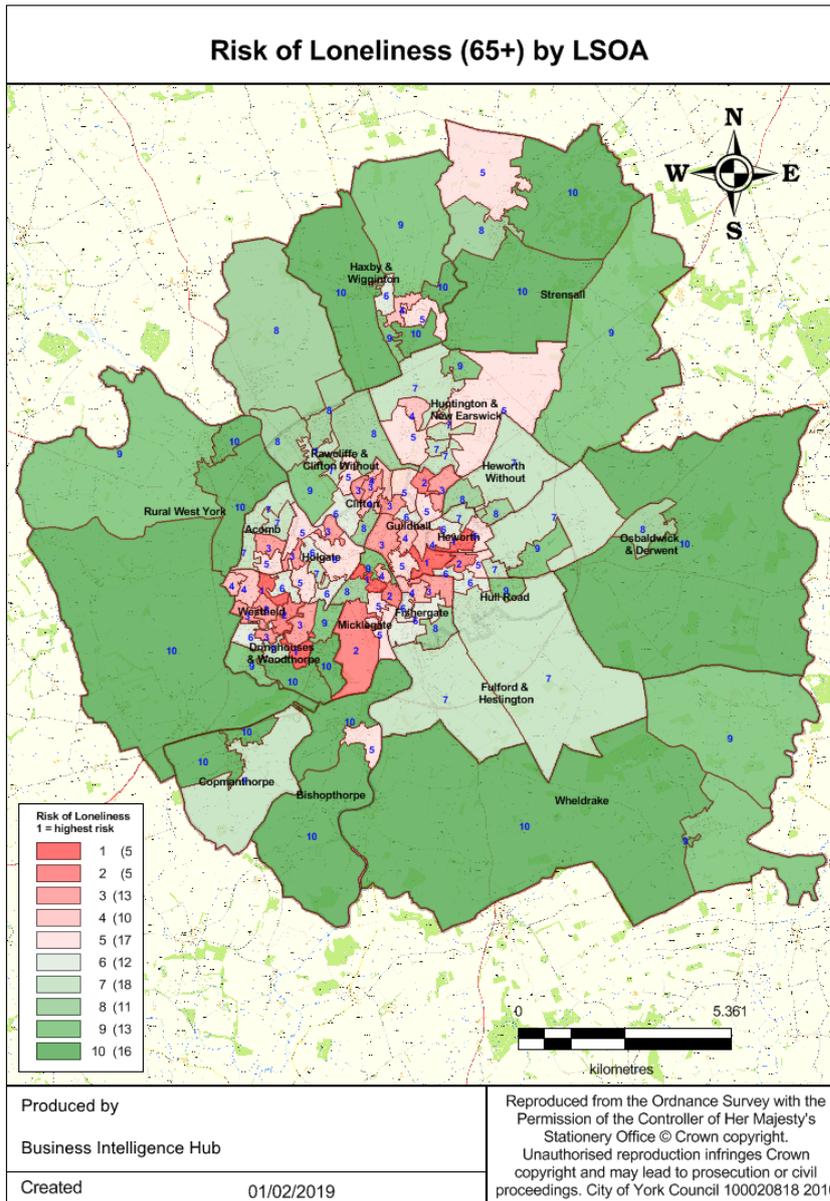
The campaign to end loneliness recommend that local areas review the risk of loneliness using the Age UK loneliness heat map tool. This is recommended as a tool to prioritise and organise community resources.

It is important to note that this method creates an estimate of where we think older people at risk of loneliness might live. This is no substitute for asking older people themselves, and understanding the reality of loneliness in York.

The image overleaf identifies the areas of York with the greatest population risk of loneliness among people who are aged 65 and older:

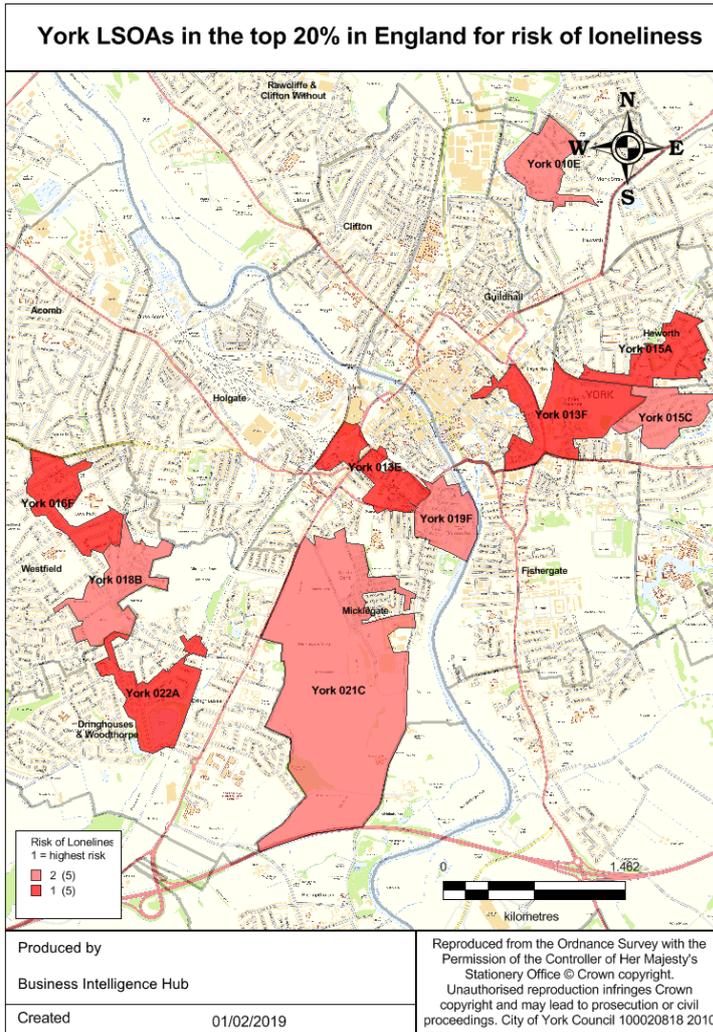
- 1) Overall, York appears to have a lower risk of risk of loneliness than the national average;
- 2) There are some potential 'hotspots'

¹ Campaign to end loneliness <https://www.campaigntoendloneliness.org/threat-to-health/>



The model predicts a higher risk of loneliness in the over 65s are in the more central areas of York. This is true after taking into account differences in population density and age distribution. This is linked to the greater prevalence of physical ill health among people living in these areas, however people living in the outlying areas of York may face other challenges such as transport.

Additionally, the model predicts that 2,275 older adults in York, are living in areas that have a high modelled risk of loneliness (top 20% nationally). These within six of York's wards and all within the city centre; Micklegate, Westfield, Guildhall, Heworth, Dringhouses, and Hull Road.



Again, this is related to the levels of multiple deprivation, and ill health among the older adults living in these areas.

Views of Residents

To support this report, we also worked with the CYC Communities' Team to ask older people about their experiences of loneliness. The team visited parts of York with higher and lower risk of loneliness in York to speak to older people who lived there. As part of a conversation people were asked

“What makes you stop feeling lonely?”

“What is loneliness to you?”

Most commonly, people mentioned people as the things that stopped them feeling lonely. For example; social interactions, having someone to talk to, feeling part of something, belonging, family, social media, and friends.

People also mentioned practical things; having a car or accessing public transport, money, community venues and community centres.

When asked what would help people in their area who are lonely, people most regularly mentioned activities in community hubs, and door knocking to promote these activities.

These responses are useful. They help us to understand what people know are important for them, and what can be done in York to address loneliness in older people.

Views of adult social care users.

Everyone who uses adult social care services is given the opportunity to share their views in an annual survey. The latest Adult Social Care User survey found that loneliness was more commonly reported than previous years. This was particularly true among older adults and people in poorer physical health.

This supports one of the assumptions behind the Age UK modelled estimates, that older adults in poor physical health are more at risk of experiencing loneliness than older adults more generally.

In addition, there is good evidence to suggest that tackling loneliness is a route to improving the physical health of older adults. Therefore, improving social connections may have the additional benefit of reducing health inequalities that are seen in older adults.

What is currently happening in York to address loneliness in older adults?

Live Well York is a resource for connecting people to community groups and events in York. The November 2018 review found 450 separate groups, offering over 800 activities weekly. Many of these activities were specifically

targeted at older adults. These activities are clustered in specific areas of York; most notably Acomb and Clifton, but also Dringhouses, Tang Hall, Heworth, and Haxby. In the main this correlated to the larger community venues in the city. However, this is not necessarily where the majority of York's older people live, or where the hotspots on the Age UK risk map are.

Local Area Coordinators work with individuals and families of all ages and abilities. They help raise awareness of available resources within the local community, and can help people to stay safe, well, independent and connected to their local community. Local area coordination is currently available in; Westfield, Acomb, Holgate, Clifton, Guildhall, Huntington and New Earswick, and Haxby and Wigginton. Local area coordination is in some, but not all, of the areas which have an increased risk of loneliness in older adults. There is an ambition for local area coordination to be available to people across the city.

Ways to Wellbeing social prescribing service have received more than 80 referrals for people over 65. The service is coordinated through GP practices and is not yet available to everyone across the city. The majority of over 65 referrals came from; Huntington and New Earswick or Haxby and Wigginton. The service doesn't specifically report loneliness as a reason for referral, but it is expected that the majority, if not all, of the people using ways to wellbeing were experiencing loneliness at the time of referral.

Recommendations: Social Inclusion

- 1) To monitor the spread of community support designed specifically for older people that is available across the city.
- 2) To focus community support efforts in areas of the city that are home to the most older people, or home to older people who may be at greater risk of experiencing loneliness.
- 3) To use local mechanisms such as ward funding to encourage a broader range of community groups to operate in areas where there are currently fewer groups.

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Climate: Heat

The Met Office predicts that on our current trajectory, summers in the UK will become hotter than previous climate patterns². This will mean both extended periods of warm weather and heatwave events.

This can particularly impact urban areas, which can form urban heat islands. Heat islands occur because urban areas are made from materials such as tarmac and stone which absorb and retain heat and do not cool down at night. Heat islands also occur because of the concentrated energy use from cars, air conditioning, and daily activities like cooking as well as reduced ventilation compared with rural³.

Some groups of people are more likely to become unwell when it is hot. These include the elderly, infants and children, pregnant women, outdoor and manual workers, athletes, and people living in poverty. High temperatures can also worsen chronic conditions, including cardiovascular and respiratory disease and diabetes⁴. In the recent heatwave incidents in Europe, people living alone, and people who were very old, were most likely to die⁵.

The most commonly adopted 'heatwave' definition is a recorded temperature above 30c. This is often when there is the most news coverage. However, the negative impact on health begins at much cooler temperatures in the York. In fact the risk of ill health and mortality among vulnerable groups rises when daytime temperatures are sustained above 25⁶.

The Government's Housing Health and Safety Rating System⁷ includes a Hazard of Excess Heat which includes threats from excessively high indoor air temperatures.

² <https://www.metoffice.gov.uk/binaries/content/assets/metofficegovuk/pdf/research/ukcp/ukcp18-infographic-headline-findings-land.pdf>

³ https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=14&ved=2ahUKewiEg7_N1aziAhWMzYUKHUboAwcQFjANegQIAxAC&url=https%3A%2F%2Fwww.metoffice.gov.uk%2Fbinaries%2Fcontent%2Fassets%2Fmohippo%2Fpdf%2F8%2Fm%2Fmo_pup_insert_health.web.pdf&usg=AOvVaw2zSpJwQW8DHh3malmsdts-

⁴ <https://www.who.int/globalchange/publications/heat-and-health/en/>

⁵ M Poumadere et al, The 2003 Heat Wave in France: Dangerous Climate Change Here and Now, Risk Analysis, 25, 6,

⁶ <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/environmental-audit-committee/heatwaves-adapting-to-climate-change/oral/82007.html>

⁷ <https://www.gov.uk/government/publications/housing-health-and-safety-rating-system-guidance-for-landlords-and-property-related-professionals>

Heat is more likely to be a problem in smaller homes, homes with limited ventilation, homes with lower quality insulation, and loft or barn conversions. There are practical steps which can improve heat tolerance of these homes; i.e. loft insulation, adding awnings and blinds to windows, and importantly considering heat during the initial planning processes.



There are also practical steps which can reduce urban heat islands⁸. Many of the interventions also support carbon neutrality ambitions. This includes;

- Increasing grass areas and shrubs avoiding unnecessary tarmacking - this works by countering the heat island effect
- Planting trees - this works by providing shade and regulating humidity

York already has over 30,000 in parks, public spaces, however tree coverage is uneven. This leaves some areas more vulnerable to the heat island effect.

Some streets in York have no public tree coverage.



Other streets in York have good public tree coverage



⁸https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKewjUt7nJsc3iAhUR4OAKHuUDARcQFjABegQIChAE&url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F429572%2FHeatwave_plan_-_Making_the_case_-_2015.pdf&usg=AOvVaw24vgliai4luR_0e3vtXfz5

There are also possible missed opportunities, with extensive grass verges but few public trees.



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Recommendations: Urban Heat Islands

- 1) To fulfil the ambitions of 'Treemendous York'. To do this whilst prioritising tree planting on residential streets that currently have fewer trees where this is safe and practical to achieve.
- 2) To consider the effects of heat as part of the responses to planning applications. This might include consideration of green spaces and trees, the layout of apartments and care homes, the building material, and insulation decisions.
- 3) To explore the opportunities to encourage care and nursing homes to purchase window awnings as a cost effective and carbon effective way of keeping their premises cooler in the heat of summer.
- 4) To consider the outcomes of the multi-morbidity needs assessment (due to be published spring 2020) as a route to identifying population groups who are likely to be affected by heat events, and to pre-emptively respond to local need.

Climate – Cold

Living in a cold home increases the chances of becoming ill in most people, but older adults, young children, and people with long term health conditions are particularly likely to be affected.

Cold homes can make some respiratory and circulatory conditions worse⁹. When the temperature outside is below 16°C breathing (respiratory function) can be affected. This is particularly likely to impact people with conditions such as bronchitis or asthma.

Below 12°C there is an increased strain on the heart (cardiovascular system). This is particularly harmful for people with CVD, high blood pressure, or who have had a stroke. The cold puts additional demand on NHS services, in particular unplanned care. Cold homes also reduce mobility in older people, and therefore increase falls in the home.

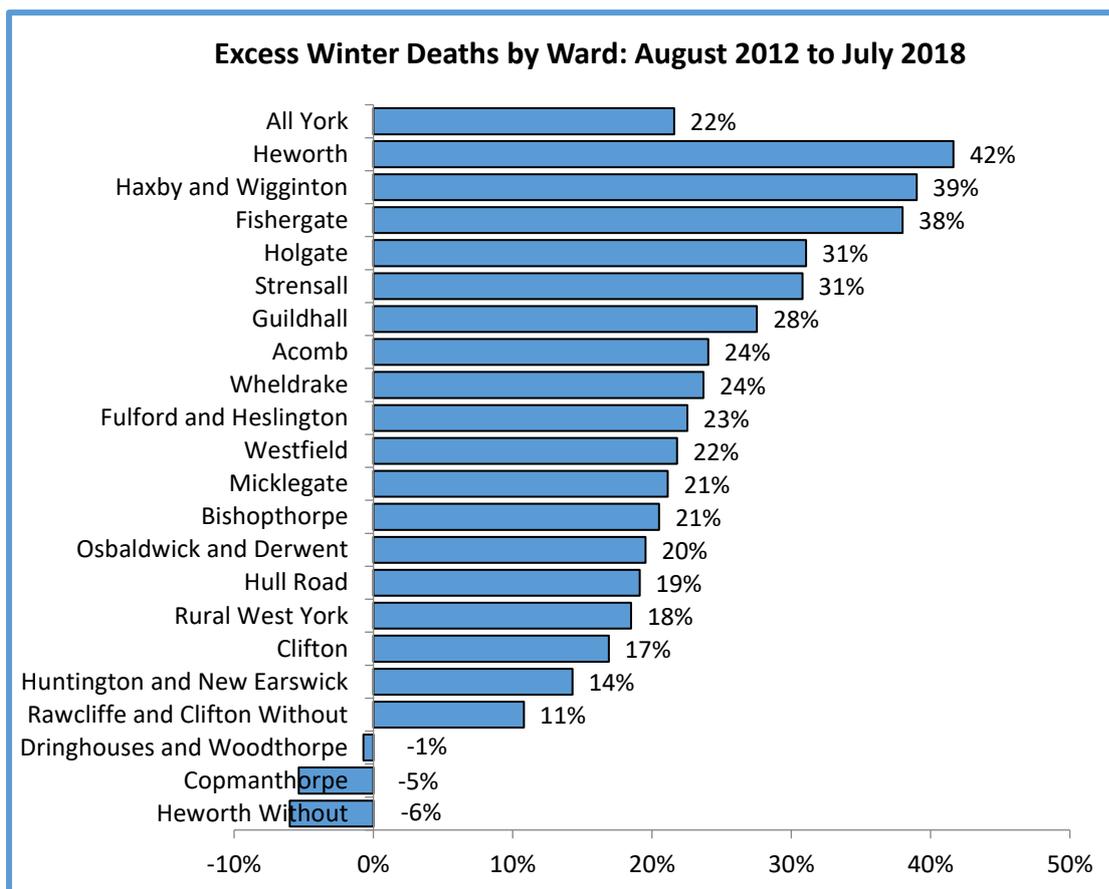
When the outside temperature reaches 5-8°C in the UK, an increased risk of death can be observed at population level, and can take several weeks to level out. This is not true elsewhere in the world, many countries with colder winters than the UK do not see this same link between cold weather and ill health. In part, this is because of the quality of housing in the UK.

It is thought that 30% of excess winter deaths in the UK are attributable to cold homes¹⁰. Applied to York, this would equate to about 120 of the 400 excess winter deaths over the last three years.

Overall York sees a 22% rise in deaths during the winter months (December-March) compared with the rest of the year. Some parts of York are particularly affected: Heworth, Fishergate, Strensall).

⁹ National Energy Action <https://www.nea.org.uk/media/news/experts-meet-to-discuss-new-ways-to-save-lives-and-reduce-strain-on-health-and-care-services-this-winter/>

¹⁰ National Energy Action, using WHO estimates <https://www.nea.org.uk/media/news/experts-meet-to-discuss-new-ways-to-save-lives-and-reduce-strain-on-health-and-care-services-this-winter/>



The risk to health from cold is a complex interaction between fuel poverty and the type of home. Specifically for York, a household is considered to be at risk of fuel poverty if household income is below £21,000 per year, and the home energy rating is E, F, G. D rated homes can also be in fuel poverty, if there is a vulnerable person living in the house.

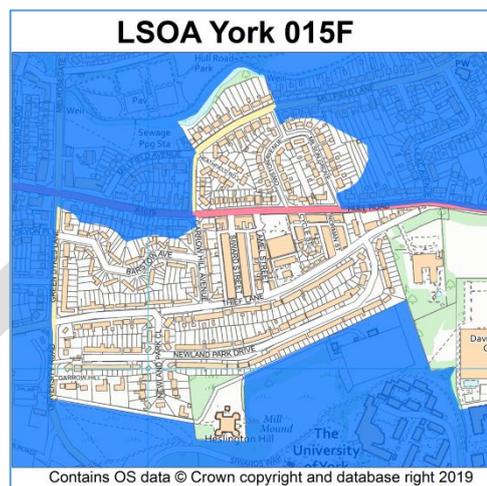
Older people, partially those who live alone, can be at risk of fuel poverty because of lower incomes.

At a ward level, Hull Road, Clifton, Micklegate, Guildhall, and Fishergate have the highest proportion of houses who are at risk of fuel poverty.

Ward	Number of Households	Number of Fuel Poor Households	As Percentage
Hull Road Ward	3194	559	17.5%
Clifton Ward	4236	596	14.1%
Micklegate Ward	6279	881	14.0%
Guildhall Ward	6847	926	13.5%
Fishergate Ward	4030	537	13.3%
Heworth Ward	5917	716	12.1%
Holgate Ward	6069	658	10.8%
Westfield Ward	6149	662	10.8%

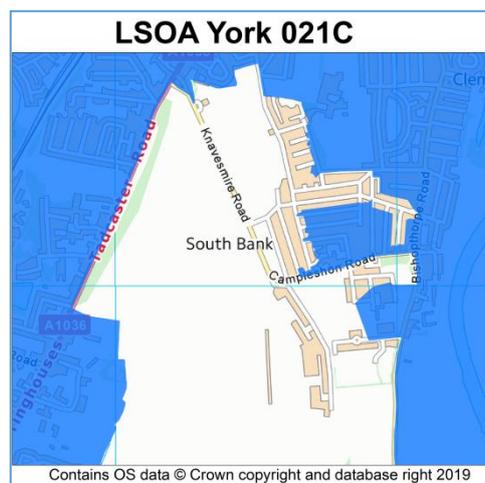
Within wards, some smaller areas (LSOA areas) are particularly at risk of fuel poverty. In some smaller areas it is thought that more than 1 in 5 households are at risk.

Hull Road area (LSOA York 015F) has 670 households, 150 are thought to be in fuel poverty (23%). This is the area between Hull Road and University of York campus (Thief Lane, Silver Street and adjacent streets)



A Hull Road area (LSOA York 015E) has 600 households, 130 thought to be in fuel poverty (22%). This is the area of Millfield Lane, Flaxman Avenue, Tanghall Lane, Temple Avenue and adjacent streets).

A Micklegate area (LSOA York 021C) has around 900 households, with 180 thought to be in fuel poverty (20%). This covers the area near the racecourse (Albermile Road, Campleshone Road, Balmoral Terrace and adjacent streets)



Fuel Costs

Prepayment meters also interact with cold homes. This is because people who are on prepayment meters pay more for each unit of energy they use, meaning

that their energy bills are higher. Prepayment meters are typically installed in households with a low income because of previous debt or late payments. They are advertised as a way to avoid being in debt, however Christians Against Poverty found that many people still end up in debt, and that prepayment meters are contribution to the 'poverty premium', as they make essential bills more expensive. There are 4,500 people in York on pre-payment meters for their electricity (this does not include prepayment smart meters)¹¹.

Because of the link to low income, it is foreseeable that some of these households will be home to people with long term health conditions that will impact how they age.

¹¹ <https://www.gov.uk/government/statistics/electric-prepayment-meter-statistics#history>

Recommendations: Cold Homes and Winter Deaths

- 1) To follow NICE guidance¹² for year round planning to identify households that may be at risk of fuel poverty. This includes asking about how they keep their home warm, and looking out for ill health which may be caused by colder homes.
- 2) Ensure health and care professionals are aware professions are aware of the role of Better Homes Yorkshire and Citizens Advice York in supporting home owners.
- 3) To recognise that problem debt, and expensive heating can contribute to cold homes. To work in partnership to support households to move to cheaper energy plans.
- 4) To work with CYC housing to improve the content on the primary care 'RSS feed', in order to allow clinical professionals to better direct people who's health is being exacerbated by cold homes.

¹² NICE (2016) Preventing excess winter deaths and illness associated with cold homes
www.nice.org.uk/guidance/qs117