

Ageing Well

TITLE PAGE

Director of Public Health Annual Report 2024/25

DRAFT

Foreword 1 page

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1. 'Ageing Well'- what does it mean?

Ageing Well is not just about the absence of disease as we get older, it is also about other areas that support our health and wellbeing such as being active and having healthy places to live and connect with our communities. Our health behaviours and our wider environmental, economic, and social circumstances all contribute to our health, but they also contribute to inequalities that we may experience in later life.

The World Health Organization (WHO) defines healthy ageing as the 'process of developing and maintaining the functional ability that enables wellbeing in older age'. The WHO define the following 5 functions of healthy ageing which focus on the capabilities that enable people to be and do what they have reason to value in older age¹:

- Meeting basic needs
- Learning, growing, and making decisions
- Being mobile
- Building and maintaining relationships
- Contributing to society

These aspects of ageing well will be explored in this report through the framework we use in Barnet when developing strategies, plans and reports - People, Places, and Planet.

2. Barnet's Population of Older Adults

The population in London Borough of London continues to grow and is the second largest of all boroughs in London. Older adults (aged 65 years and older) make up 14% of Barnet's population².

Although Barnet has a lower proportion of the population aged 65+ compared to the national average, some areas of Barnet have significantly higher proportions, as shown on the heatmap in Figure 1. Wards with highest percentage of older residents are represented by darker shades.

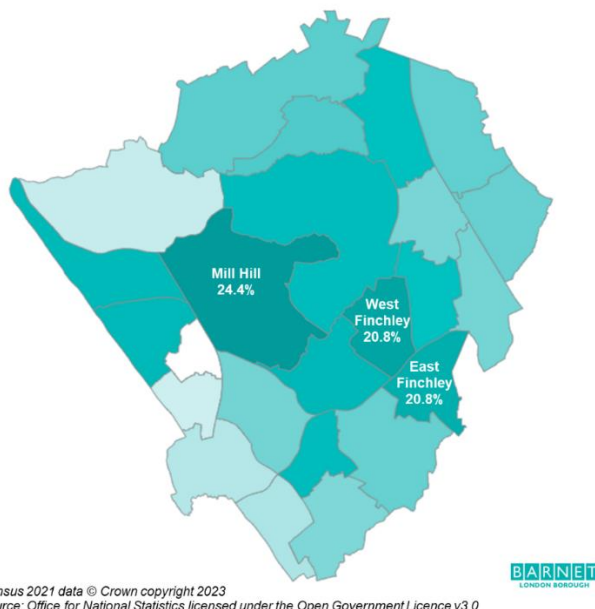


Figure 1: Heatmap of Population aged 65+ across Barnet, and wards with highest % people aged 65+ labelled (Census 2021)

In Barnet life expectancy at birth is higher in females (84.9) than in males (80.9) and both are higher than the averages for England³. Whilst living longer is an important indicator of population health, it doesn't capture the quality of life that people experience. Healthy life expectancy shows the average age that people can expect to live in good health, and is a useful indicator for understanding how healthily our population is ageing. **On average in Barnet, males live 62 years in good health and females live 67 years in good health.**

We see inequalities in life expectancy. In years 2018-2020 females could expect to live 5.7 fewer years and males 6.7 fewer years if living in the most deprived areas of Barnet, compared to the least deprived⁴. We also know that people from the most deprived areas spend a greater proportion of their lives in poorer health⁵.

The national annual population survey from year 2022-23 showed that 67% Barnet's population aged 16+ were reported their level of life satisfaction was 'Good' or 'Very Good'⁶. This is similar to the averages for England. Older data, from year 2016, suggests that the those aged 65-79 tend to report the highest scores for life-satisfaction, but scores decline in late life⁷. This highlights the importance of interventions to support personal wellbeing for an increasing older population.

3. People

A wealth of research identified what shapes the health of a population and the different factors are summarised in Figure 2. Health can be influenced by age and genetic factors, but also by health behaviours which start in early life. Wider determinants of health refer to the social, economic, and environmental conditions people live in, and are the principal drivers of health and the inequalities we see in a population. This is explored in more detail in the 'Places' section of the report.



Figure 2 – What effects health and wellbeing? Adapted from the Kings Fund, Dahlgren G, Whitehead M. 1991 Rainbow Model of Health Determinants

Primary Prevention refers to taking action to reduce or delay ill-health in a population. In this section of the report we describe important areas of primary prevention that promote ageing well. Although we focus on the adult population here, we recognise the importance of healthy behaviours for children and young people to start well.

Smoking

In 2023, 10.5% of Barnet's adult population were smokers⁸. Smoking disproportionately affects those from areas of higher deprivation, where populations are more likely to smoke, and experience tobacco-related illnesses and premature death⁹. Stopping smoking has numerous health benefits, including reduced risk from heart disease and a halved lung cancer risk after 10 smoke-free years¹⁰. Barnet provides smoking cessation services through GPs, pharmacies, and council initiatives.

Alcohol

Alcohol contributes to over 200 health conditions, and people's susceptibility to its negative effects increase with age¹¹. Alcohol-related admissions for those aged 40+ are lower in Barnet compared to national and regional averages. Males have a higher admission rate than females, especially those aged over 65¹² (Figure 5). Reducing alcohol intake reduces risks of cardiovascular issues, dementia, and cancers. Barnet offers a range of services for residents with higher risk drinking, including advice, structured programs, and residential treatment.

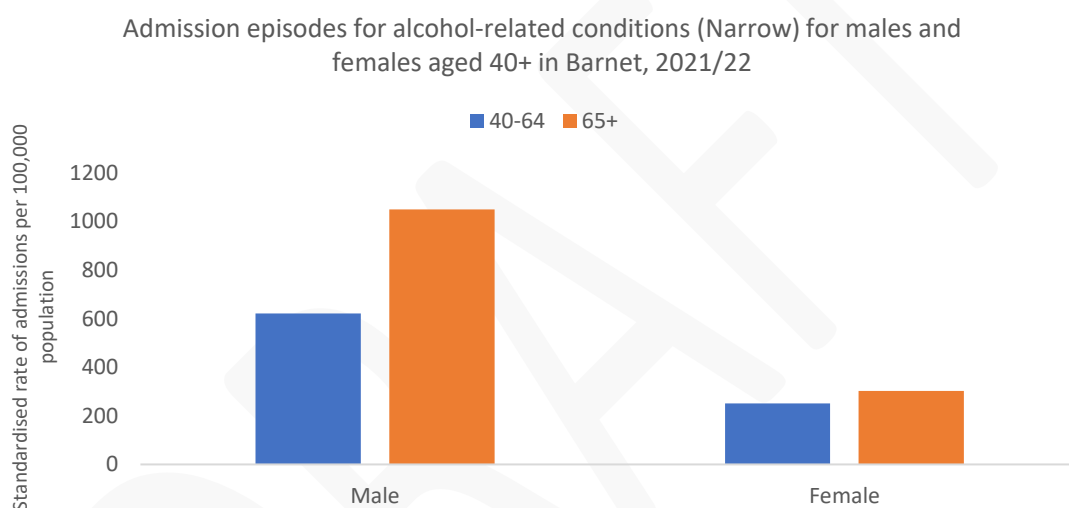


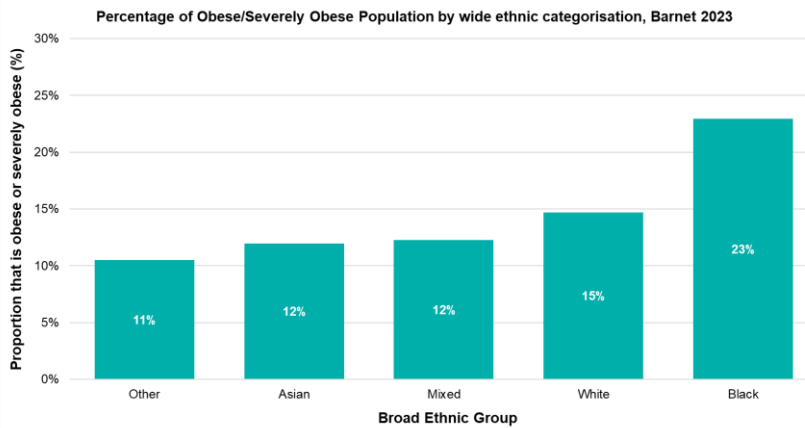
Figure 3 Admissions for alcohol-related conditions in Barnet 2021-2022, (Fingertips, OHID)

Physical Activity and Body Weight

Regular physical activity reduces the risk of health conditions such as obesity, cardiovascular disease, and mental ill-health. One-fifth of adults in Barnet do not meet the Chief Medical Officer's physical activity recommendations (150 minutes of moderate activity/week). Even light activity yields health benefits compared to being sedentary, and outcomes improve with increasing levels of activity¹³.

Obesity poses a significant risk for long term conditions and obesity prevalence has increased nationally over the past three decades. Locally, in year 2021/22, over half of Barnet's adults were overweight or obese. Analysis of obesity rates across different ethnic groups in Barnet in 2023 reveals the highest prevalence among 'Black' ethnic groups and the lowest among 'Other' ethnic groups¹⁴ (Figure 4).

In Barnet we have implemented initiatives to promote physical activity, such as 'Fit and Active Barnet' and health walks, alongside other activities for individuals aged 55 and above and adult weight management services.



Source: North Central London Integrated Care System, Health Intent. 2023

Figure 4 Percentage of obese, severely obese for Barnet’s adult Population (aged 18+) by Broad ethnic group, 2023. (NCL Health Intent)

Vaccination

Vaccinations help protect against potentially serious infections. Three vaccines are routinely offered to adults in the UK: influenza, pneumococcal and shingles. There has been some improvement since the drop in uptake seen following the pandemic. However, Barnet falls short of national targets¹⁵. Data on the uptake of two doses of the COVID-19 vaccination between April 2021 – January 2023 highlights a significant disparity in uptake between the most and least deprived areas of Barnet¹⁶ (Figure 5).

The Barnet community vaccine champion programme was commissioned by the Department of Housing and Levelling up Communities. Barnet Council worked with local partners including Young Barnet Foundation, Groundworks, and VCS organisations to reduce vaccine hesitancy by tackling misinformation and barriers to uptake, utilising trusted local voices. Targeted populations include young people, communities in areas of higher deprivation, ethnic minorities and faith groups, migrants, and residents with disabilities or serious mental illnesses, and individuals experiencing homelessness.

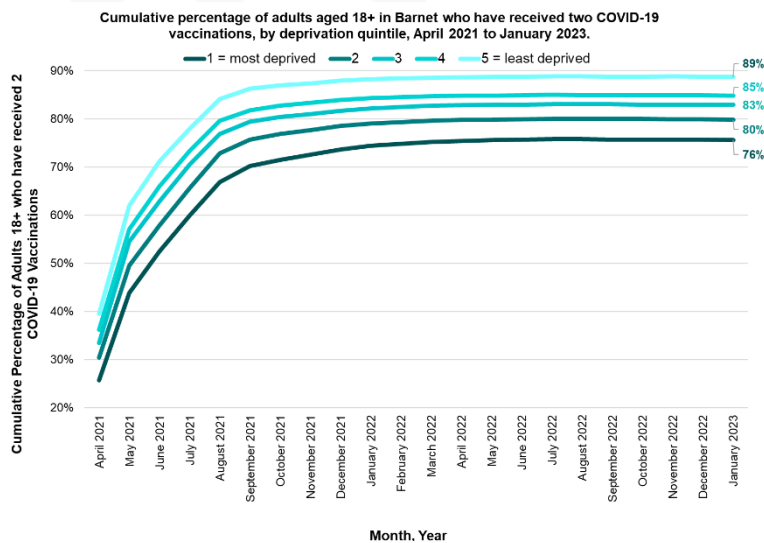


Figure 5 Cumulative percentage of adults aged 18+ in Barnet who received two COVID-19 vaccinations, by deprivation quintile, April 2021 to January 2023 (CHIME)

Emotional Wellbeing and Mental Health

We know that 1 in 4 people will experience and mental health problem at some point in their lives. Older individuals often face undetected or untreated symptoms and face additional barriers in accessing services¹⁷. Barnet council launched a [Mental Health Charter](#) in 2023, which aims to actively support the mental health of people in Barnet and foster a culture of positive mental well-being. Barnet’s social prescribing service connects locals with resources and activities, fostering community partnerships for better mental health support.

Secondary Prevention and Early Detection aims to detect risk factors and treat disease early, to stop or delay progression of the disease. This improves people’s outcomes from the disease.

Cardiovascular Disease

Cardiovascular disease (CVD) includes heart and blood vessel disorders, and 85% is preventable through health behaviours¹⁸. In Barnet, circulatory diseases accounted for 25% of deaths across all ages in 2020, exceeding national and regional averages¹⁹. Early detection and treatment of CVD is crucial to preventing significant events such as heart attacks and strokes.

The NHS Health Check programme aims to mitigate CVD risk through regular health checks and lifestyle advice. Barnet’s community health screening programme complements this, supporting underserved population groups in Barnet, such as those from areas of high deprivation. The [Healthy Heart Peer Support Project](#) helps Barnet residents from African, Caribbean or South Asian backgrounds to manage their cardiovascular health through outreach and culturally sensitive resources.

Cancer Screening Programmes

The UK has national screening programs for breast, cervical, and bowel cancer, along with targeted lung health checks for high-risk individuals. Early diagnosis of these cancers results in better health outcomes. The COVID-19 pandemic led to a noticeable decrease in screening coverage overall. However, bowel cancer screening coverage has steadily increased since 2011, unaffected by the pandemic²⁰. Supporting equitable access to cancer screening for all of Barnet’s residents is important, to mitigate against the poorer health outcomes associated with late cancer diagnoses.

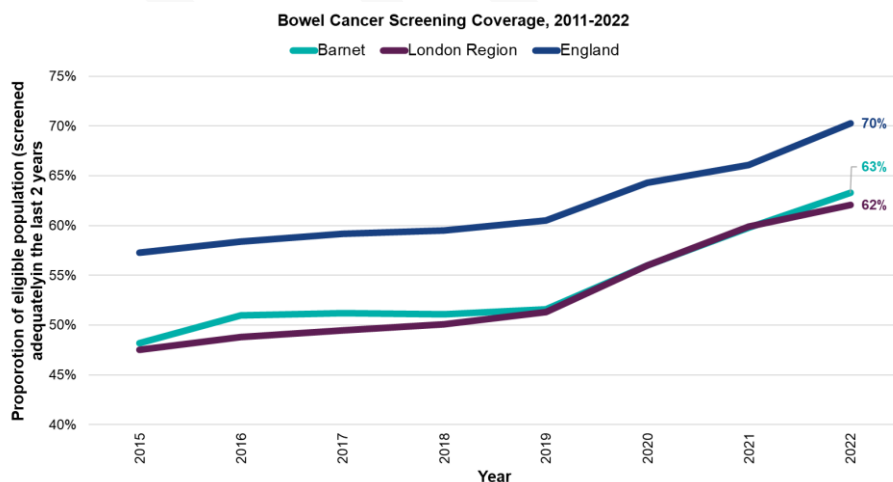


Figure 6 – bowel cancer screening coverage trend for Barnet (Fingertips, OHID)

Falls

Inactivity, and loss of muscle strength with age can limit functional ability, and increase the risk of frailty, falls and fractures. The pandemic highlighted physical inactivity among older adults, with those in deprived areas more likely to be inactive²¹. Evidence supports balance and strength exercises to prevent falls²². In Barnet, prevention efforts include chair-based strength classes, the Better Balance Falls Prevention Programme, activities within Fit and Active Barnet, and the Barnet Falls Prevention Service.

Certain population groups have additional support needs when considering Ageing Well

Dementia is a leading cause of cognitive decline in older adults and is expected to increase in an ageing population. Barnet had the 6th highest dementia prevalence among London boroughs in 2020²³. Modifiable risk factors like smoking cessation and weight management can prevent or delay up to 40% of cases²⁴. Barnet supports those living with dementia and their carers through Barnet's Dementia Strategy and Dementia Friendly Barnet. The partnership works together to offer training, accreditation for businesses, and deliver communication campaigns.

In 2021, around 10% of older adults in Barnet reported being unpaid carers², but the actual figure could be higher. Carers often face poorer health outcomes²⁵, which could be mitigated with delivery of preventative measures, such as breaks from caring responsibilities, support groups and supporting engagement in health protective behaviours.

Inclusion health is a term that encompasses socially excluded individuals who are facing multiple health risks like poverty and violence. We know that homelessness and long periods of rough sleeping can accelerate the ageing process, and health conditions associated with ageing²⁶. Barnet's 2021 Health Needs Assessment of Rough Sleepers made key recommendations such as addressing barriers to accessing suitable and integrated physical and mental healthcare.

Severe mental illness (SMI) refers to psychological problems which are debilitating to the extent where it affects people's ability to engage in functional and occupational activities. People with SMI have a lower life expectancy by 10 to 20 years and major causes of death include CVD, respiratory disease, and diabetes²⁷. Annual health checks for people with SMI can support healthy behaviours and be tailored to specific needs. Annual health checks are also offered to **people with learning disabilities**, who face inequalities in access and increased premature mortality.

4. Places

The WHO Age-Friendly Communities Framework²⁸ sets out eight domains around areas of the built and social environment which support ageing well (Figure 10). Barnet became a member of the UK Network of Age-Friendly Communities in June 2023. Factors such as income, education, access to green spaces, diet, and homes can influence our quality of life as we age. The project is being delivered by Age UK Barnet and is community focussed, with actions identified and inspired by older voices.

Age UK Barnet sought the views of 1,024 Barnet residents to understand perceived barriers and facilitators to ageing well. The baseline assessment report of the results can be found [here](#). Key findings include:

- Over 50% of respondents agreed with the statement 'people treat me with less respect as I age more'. Focus groups highlighted some intergenerational and self-directed ageist attitudes across Barnet.
- People were less likely to report being an active member of a social group at older ages. There was a reported imbalance of activities which were low or no-cost available across Barnet.

Results from the baseline assessment will help shape an action plan: using information about the current picture in Barnet; acknowledging existing assets; and establishing a commitment for working together and making Barnet more Age-Friendly. Three aspects of the Age-Friendly Community Framework are explored in more detail in this report: housing and health, work and volunteering, and communication, information and digital Inclusion.

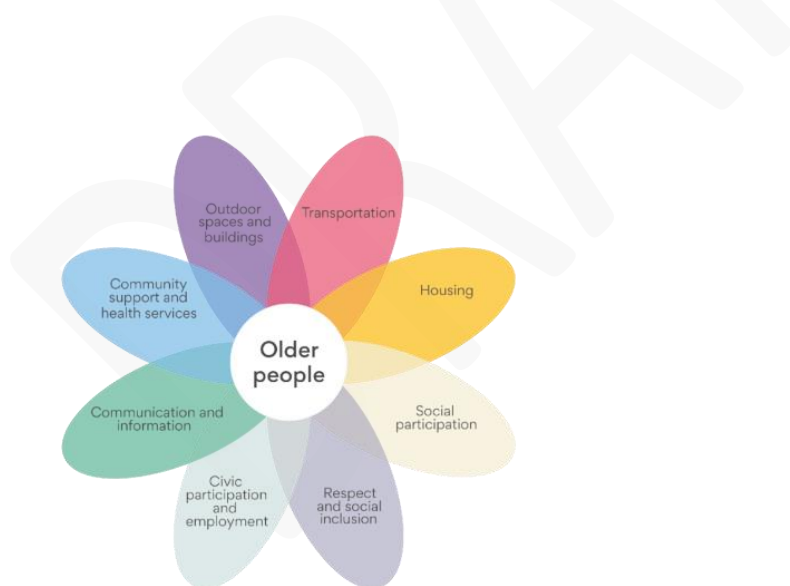


Figure 7: Age-Friendly Communities Framework (WHO, 2007)

Housing and Health

Where we live is fundamental for ensuring we remain healthy and connected in later life. Nationally, millions of older people are living in homes which are unsuitable for their needs, and which pose significant health risks²⁹. Whilst many move around their homes unaided, some require adaptation and support. Safe and accessible homes are crucial for preventing accidents and supporting mental health³⁰. Poor housing quality disproportionately affects those in areas of high deprivation and private rentals: homeowners aged 65+ in Barnet are reporting better health than those in rented

accommodation². Well-designed and safe residential spaces, including care and nursing homes, are essential in supporting wellbeing and healthy ageing.

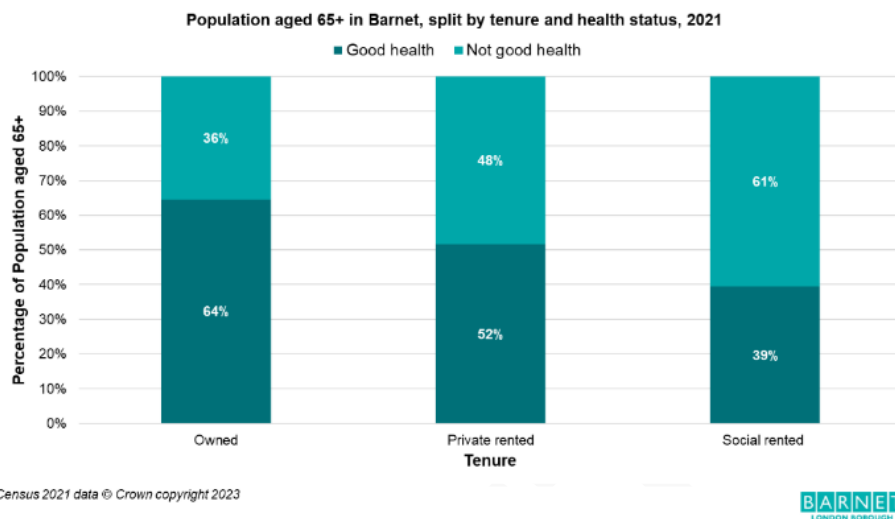


Figure 8: Population aged 65+ in Barnet, split by tenure and self-reported health status.

Work and Volunteering

People living longer in good health, alongside increases in the state pension age, led to greater numbers of people aged 50 years and over remaining economically active before the pandemic. During COVID-19 pandemic older people were more likely to be made redundant and less likely to be reemployed than younger workers. Employment rates among those nearing retirement dropped to their lowest since 2016 in Barnet in 2020/21³¹.

While longer careers offer stability and social connections, health can influence retirement decisions. Higher earners may retire earlier by choice, whilst lower earners often leave due to poor health³². Access to flexible, high-quality work is important, alongside support for staying in or re-entering the workforce. Volunteering after retirement promotes social engagement and mental wellbeing. Overcoming barriers and facilitating access to meaningful paid and voluntary work are important to consider for Barnet’s population to age well.

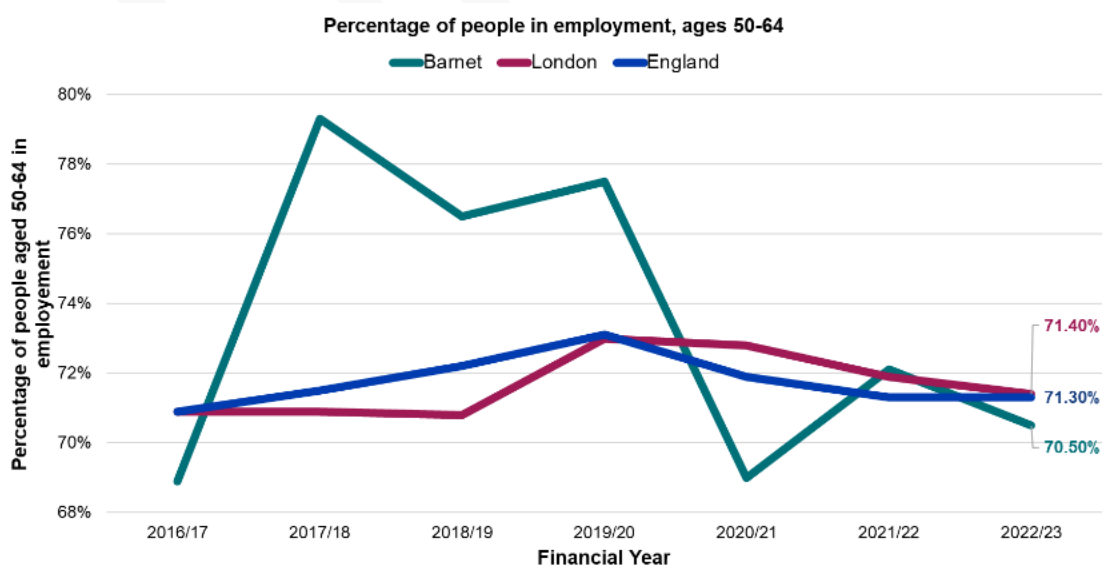


Figure 9: Percentage of people in employment aged 50-64 from 2016/17 to 2022/23 in Barnet, London and England (Fingertips, OHID)

Communication, Information and Digital Inclusion

Being able to find and access good quality information and advice is important to access services, entitlements and make informed decisions. Limitations to accessing information include mobility, social contacts, and digital skills. It is important that people can use information and navigate services to make informed choices about their lives.

Some groups face additional disadvantages in low digital access, for example older adults from minority ethnic groups, those with English as their second language or living in areas of high deprivation³³. In Barnet, a notable increase was seen with age for people who disagree with the statement 'I am confident with digital technology'.

Numerous online resources support ageing well and improve older people's quality of life. These include online health care appointments, shopping, banking, social networks, hobbies, and entertainment. During pivotal life transitions or crises, individuals often require information and advice the most, but they may struggle to seek support. Existing initiatives in Barnet like digital workshops and "App Ambassadors" aid groups in accessing services, yet alternatives like face-to-face or telephone support should be considered for those with the greatest needs.

5. Planet

Barnet is known for being the green and leafy borough in London. This is reflected in Age UK Barnet's survey responses, where a high proportion of residents reported they were able to access a greenspace daily.

Active travel, such as walking, wheeling, and cycling, has positive effects on physical and mental health. It is important to encourage active travel in later life, through safe routes and accessible public transport. Examples which support this include Walking Groups across the borough, and dementia training for key transport service providers in Barnet.

Climate change and an increasing older population are occurring together. Many older people are disproportionately affected by the effects of extreme weather events, such as heatwaves, which are increasing with climate change. Older adults have greater susceptibility to heat-related harm and are more likely to have pre-existing health conditions³⁵. This vulnerability is exacerbated further with factors such as deprivation and living alone. National and local adverse weather plans recommend actions for professional organisations to keep those most vulnerable safe during hot and cold weather.

6. Looking Forward

Barnet's population not only continues to grow, but is also seeing a shift towards an older population. This trend is estimated to continue, as shown in the population projection pyramid in Figure 10³⁶.

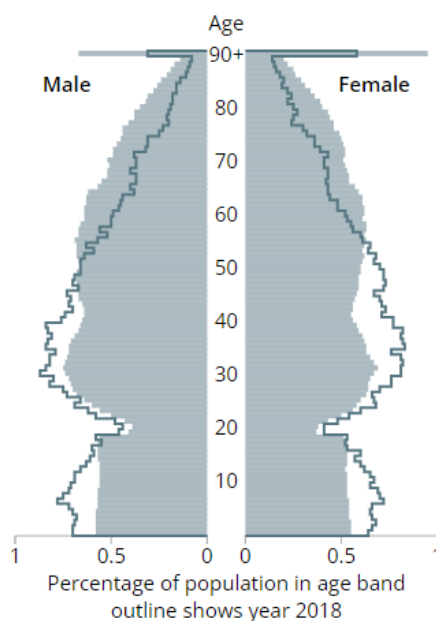


Figure 10 Population projections for Barnet to 2043 (ONS, 2020)

Whilst living longer is something to celebrate, it is important that efforts improve quality of life, and lead to greater health and wellbeing in the years to come. Focussing on disease prevention and early intervention will help reduce the impact of disease in later life and improve wellbeing. It is also important to consider where older people live, which can impact the provision of services. Supporting ageing well is not confined to health and social care: where we live, the outdoor environment and supporting work and volunteering have been shown in this report to contribute to ageing well.

This report is also highlighting the cumulative impact of inequalities across an individual's life, affecting their ability to age well. Efforts to support Barnet's population in the future should prioritise reducing inequalities, supporting those most disadvantaged and building on existing community assets.

7. Conclusions and Recommendations

Certain behaviours contribute to significant gains in healthy life expectancy and ageing well, including:

- Stopping smoking
- Increasing physical activity
- Maintaining a healthy weight
- Reducing alcohol intake

We recommend that LBB, community services, VCS organisations, health and care services continue to promote these, and deliver interventions that support more Barnet's residents to adopt these behaviours.

Some people have increased risk of long-term health conditions, and therefore require greater support to age well. This includes people with severe mental illness and people with learning disabilities. We recommend increased uptake of annual health checks for both these population groups, and that support for healthy behaviours is tailored to individuals' needs.

The healthcare system has important roles in disease prevention and early detection, which can prevent morbidity from long-term conditions in later life. These include immunisations and cancer screening. We recommend that promotion on these services focuses on population groups where there is low uptake in Barnet, and that learning from the COVID-19 vaccination community champions is used to co-produce promotion activities.

Different parts of the health and care system and VCS work to support people with complex health needs and frailty. We recommend that this support continues to be delivered through an integrated health and care approach, such as through the Ageing Well Community Team (previously called the Frailty Multi-Disciplinary Team).

Many people provide unpaid care to family members or friends, and support for carers to age well is needed. We recommend the delivery of Barnet's Carers and Young Carers Strategy, and for the health needs of carers to be identified proactively.

People's social, economic, and environmental circumstances can promote ageing well. We recommend that these wider determinants of health are optimised in Barnet, including through the Age-Friendly Barnet work, by Age UK Barnet. This includes connecting residents and community groups to existing resources, ensuring services reflect the diverse community we serve and tackling ageism.

Over the next 20 years, the number of older residents in Barnet is expected to increase. We recommend that Barnet Council and the wider system plan for this increased demand on services, and promote health in early, middle and later life now, to maximise the number of years that residents spend in good health.

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8. References

1. Beard J.R. *et al.* The world report on ageing and health: a policy framework for healthy ageing. *Lancet*. 2016;387(10033):2145–2154
2. Census 2021
3. Office for Health Improvement and disparities (OHID, 2024): Productive Healthy Ageing Profile. Available at: [Productive Healthy Ageing Profile - Data - OHID \(phe.org.uk\)](#)
4. OHID (2022): Public Health Outcomes Framework. Available at: [Public Health Outcomes Framework - OHID](#)
5. The Health Foundation (2022): Life expectancy and healthy life expectancy at birth by deprivation. Available at: [Life expectancy and healthy life expectancy at birth by deprivation - The Health Foundation](#)
6. Office for National Statistics (ONS, 2023): Personal well-being estimates by local authority. Available at: [Personal well-being estimates by local authority - Office for National Statistics \(ons.gov.uk\)](#)
7. ONS (2016): Measuring National Well-being: At what age is Personal Well-being the highest? Available at: [Measuring National Well-being - Office for National Statistics \(ons.gov.uk\)](#)
8. ASH (September 2023), Ready Reckoner. Available from: [ASH Ready Reckoner - ASH](#)
9. Action on Smoking and Health (ASH, 2019), Health inequalities and Smoking. Available at: [Health-Inequalities.pdf](#)
10. National Institute for Health and Care Excellent (NICE, 2023): Benefits of stopping smoking. Available at: [CKS | NICE](#)
11. OHID (2022): Alcohol: applying All Our Health. Available at: [Alcohol: applying All Our Health](#)
12. OHID (2022) Admission Episodes for alcohol-related conditions. Productive Healthy Ageing Profile. Available at: [Productive Healthy Ageing Profile - Data - OHID \(phe.org.uk\)](#)
13. Department of Health and Social Care (2020) 'Physical activity guidelines: UK Chief Medical Officers' report,' GOV.UK Available at: [Physical activity guidelines: UK Chief Medical Officers' report - GOV.UK \(www.gov.uk\)](#)
14. North Central London ICS, HealthIntent (2023).
15. OHID (2022) Productive Healthy Ageing Profile. Available at: [Productive Healthy Ageing Profile - Data - OHID](#)
16. OHID (2023), CHIME - COVID-19 Health Inequalities. Available at: [CHIME - COVID-19 Health Inequalities](#)
17. Royal College of Psychiatrists (2018). Suffering in silence: age inequality in older people's mental health care. Available at: [college-report-cr221.pdf \(rcpsych.ac.uk\)](#)
18. Whitty, C. (2023). Health in an Ageing Society. Available at: [Health in an ageing society - GOV.UK \(www.gov.uk\)](#)
19. OHID (2016-2020). Local health. Public health data for small geographical areas. Available at: <https://fingertips.phe.org.uk/local-health#gid/1938133185/ati/3>
20. OHID (2022) Optimise Health & Reduce Risks Early, Productive Healthy Ageing Profile. Available at: [Productive Healthy Ageing Profile - Data - OHID \(phe.org.uk\)](#)
21. Public Health England (2021). Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults. Available at: [Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults](#)
22. Montero-Odasso M, van der Velde N, Martin FC and others. World Guidelines for Falls Prevention and Management for Older Adults: A Global Initiative, Age and Ageing (2022), Volume 51, Issue 9
23. OHID (2020), Reverse or Live Well with a Long-term Condition, Productive Health Ageing Profile. Available at: [Productive Healthy Ageing Profile - Data - OHID](#)
24. Livingston G, Huntley J, Sommerlad A, Ames D, Ballard C, Banerjee, S, and Mukadam N. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *The Lancet* (2020), 396(10248), 413-446
25. Bom, J. *et al* (2018). The Impact of Informal Caregiving for Older Adults on the Health of Various Types of Caregivers: A Systematic Review. *The Gerontologist*, 59(5). doi: <https://doi.org/10.1093/geront/gny137>
26. Centre for Policy on Ageing (2017). *Diversity in older age – Older homelessness*. (Online) Available at: [CPA-Rapid-Reviewpdf](#)
27. OHID (2023): Premature mortality in adults with SMI. Available at: [Premature mortality in adults with SMI](#)
28. World Health Organisation (2007). Global age-friendly cities: a guide. Available at: <https://iris.who.int/handle/10665/43755>. See also: [The WHO Age-friendly Cities Framework - Age-Friendly World](#)
29. Centre for Ageing Better (2020). *Homes, health and COVID-19 | Centre for Ageing Better*. Available at: [Homes, health and COVID-19 | Centre for Ageing Better \(ageing-better.org.uk\)](#)
30. Centre for Ageing Better (2020). *Home and dry: The need for decent homes in later life | Centre for Ageing Better*. (Online) ageing-better.org.uk. Available at: [Home-and-dry-decent-homes-later-life.pdf \(ageing-better.org.uk\)](#)
31. OHID (2023). Productive Healthy Ageing Profile. Available at: [Productive Healthy Ageing Profile - Data - OHID](#)
32. Centre for Ageing Better (2023) State of Ageing 2023. Available at: <https://ageing-better.org.uk/summary-state-ageing-2023-4>
33. Poole, L., Ramasawmy, M. and Banerjee, A. (2021). Digital first during the COVID-19 pandemic: does ethnicity matter? *The Lancet Public Health*, 6(9). doi: [https://doi.org/10.1016/s2468-2667\(21\)00186-9](https://doi.org/10.1016/s2468-2667(21)00186-9)
34. Age UK (2012) Information and Advice for Older People: Evidence Review. Available at: [rb_dec12_ia_for_older_people_evidence_review_update.pdf \(ageuk.org.uk\)](#)

35. World Health Organisation (2022). *The UN Decade of Healthy Ageing 2021-2030 in a Climate-changing World*. Available at: [The 2030 Agenda for Sustainable Development and the UN Decade of Healthy Ageing 2021-2030 \(who.int\)](#)
36. ONS (2020): Subnational population projections for England: 2018-based. Available from: [Subnational population projections for England](#) - Office for National Statistics

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