



Ageing Well in Lambeth

2024

Director of Public Health Annual Report

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Foreword – Director of Public Health

I am pleased to be focusing this year's Annual Public Health Report on an issue that in one way or another affects us all. For a long time, Lambeth has been known as a young borough.



However, over the years, a significant proportion of people have continued to stay and age in the borough. Between Census 2011 and Census 2021, Lambeth's population aged 50 and over grew by 34% to almost 80,000 people. By 2031¹,

it has been estimated that there will be around 91,200 people over 50 living in Lambeth, with the expectation of a continuing rise in numbers and a projected increase of nearly 40% in the 65+ and 14% in the 85+ age groups.

There is much to be celebrated about older life and ageing – older Lambeth residents give back to their communities, volunteering at a rate higher than any other age cohort. They have years of knowledge and a diversity of skills and experience which are a gift to families, younger people, workplaces, their communities and society. Ageing is experienced differently by everyone; how we interact with our community changes as we age and each person will have their own perception about when, if at all, they feel 'older'. We want older people to experience healthier and happier lives for longer.

Whilst many people may be living longer due to effective public health measures and medical advancements, some communities are more likely to spend a larger part of their latter decades in poor health. Quite often this is due to the cumulative impact of disadvantage over a lifetime. These differences are unfair and unjust. Many of the poor health conditions older people experience are not inevitable. They are a consequence of poor social, economic and environment factors, as well as limited access to preventative measures and healthcare.

With Lambeth's population rapidly ageing, we must act now. This report is a rallying call for the statutory and

voluntary and community sectors, local employers and businesses, as well as residents, to collaborate to make Lambeth a great place for everyone to age well and to be well supported in the older phase of their lives.

The report focuses on how we must all work together across society to achieve this for people in Lambeth, regardless of gender, race or social background. This means committing to more preventative approaches across all the determinants of health such as leisure, housing, and transport. It also requires taking opportunities across people's life stages that ultimately help prevent or delay the onset of ill health and its complications. This includes good education, jobs, and social connections, as well as undertaking health checks, screening programmes, receiving vaccinations and adapting to climate change. Although the report does not cover end of life care in detail, we acknowledge the importance of ensuring the best possible experience for both the person affected and their loved ones at this stage of a person's life.

There is much to do to prepare for and support an ageing society. Lambeth has already made positive steps in its commitment to become an Age-Friendly Borough. The recommendations in this report further build on our Age-Friendly action plan, highlighting the role we all play and further supporting efforts across the borough. This is an issue of equity and justice and will contribute immensely towards fulfilling our Lambeth 2030 borough plan commitment.

The takeaway message from this report to all is that we each have a contribution to make around healthy ageing, and we can start acting now – **it's never too early and it's not too late!**

Dr Bimpe Oki

Acting Director of Public Health,
Lambeth Council

Foreword – Age UK Lambeth

As Chief Executive of Age UK Lambeth, I am delighted to have been asked to introduce this year's Lambeth Annual Public Health Report on Ageing Well. In July 2023, Age UK Lambeth was happy to support Lambeth Council in joining the ever-expanding Network of Age-Friendly Communities in the United Kingdom. Lambeth is part of a network of nine Age-Friendly Communities within Greater London.



Age UK Lambeth works with the community to help older people, their families and carers to live enriched, productive and purposeful lives. By working to provide holistic support, we can support residents to remain independent in their

homes – and we have seen countless examples of older people benefiting from the many services and activities available in Lambeth.

For instance, Beth* was referred to our Welcome Home service after being treated in Kings' College Hospital for breaking her leg during a fall in her flat. Our team worked hard to ensure Beth's home was set up for her safe return so she could recover in the comfort of her own home. We know that as our population ages, we will need to adapt homes and the broader environment to suit older people's mobility needs like we did for Beth– the built environment is vitally important for older people's physical health. Safe, retrofitted homes for older people can prevent falls and promote greater mobility, helping to prevent ill health and disability in later years.

Mental health and wellbeing are equally important for older people's overall health – research continues to show that loneliness, social isolation, and mental health conditions can have negative spillover effects on older people's physical health. We see this in

many of our clients, including Joe* who came to us feeling socially isolated and alone. We supported him into our Befriending Service, which helped Joe connect to other older people in the community with similar interests and hobbies. Through this referral, we also learned that Joe was struggling financially – we were then able to help him complete a benefit check and apply for additional financial support. Whilst these supports do not directly impact physical health, the mental and emotional impacts from these interventions undoubtedly will reduce Joe's risk factors for poor health in the future.

Beth and Joe's stories highlight the importance of taking a joined-up, preventative approach to older people's health. They also show the value of partnership working within Lambeth's ecosystem of statutory partners, voluntary and community sector organisations, committed residents, and community leaders. As Lambeth's population ages, residents will require more support for increasingly complex physical and mental health needs, and we will need to continue to work with the council and other partners to deliver these vital services. Together, we can leverage our shared resource toward preventing ill health, combatting ageism, and supporting older residents to live happier and healthier later lives.

Paul Coles

Chief Executive,
Age UK Lambeth



Executive Summary

- Throughout many parts of the world, and the UK, the cohort of older people is rapidly increasing relative to the rest of the population. This demographic shift will change society in many ways, and it will require public services, local organisations and communities to adapt to the evolving needs of older people.²
- This Annual Public Health Report (APHR) on Ageing Well provides an overview of ageing in Lambeth. It weaves together local data, health research, community views, and current initiatives. The report also explores the challenges and opportunities for Lambeth as the borough adapts its policies and services to be more age-friendly. Lambeth is already adopting the World Health Organization (WHO) Age-Friendly Cities & Communities Framework, to support our ambition to become an age-friendly borough.
- This APHR is intended to provide strategic direction to the work of Age-Friendly Lambeth. Together, these pieces of work will help us achieve our Lambeth 2030 commitments and the ambitions we have outlined within our Health and Wellbeing Strategy 2023-2028 and the Lambeth Health and Care Plan 2023-2028.
- We all have a role to play in helping ourselves and others age well. Supporting healthy ageing requires a whole-system, partnership approach across all areas of life, with a particular attention to health inequalities.

Summary of Older Residents in Lambeth



Currently around

1 in 4

people living in Lambeth are over 50 years old

(Census 2021)



On average Lambeth residents spend

21 years in poor health

(OHID)

The population of older adults is growing in Lambeth.

By 2031 it is expected that

28%

of adults in Lambeth will be aged 50 years and over

(GLA 2022 Population Projections)



In Lambeth female life expectancy at birth is

82.9 years

In Lambeth male life expectancy at birth is

77.9 years

In comparison, in London female life expectancy is **83.6** years and male **79.1** years (OHID)

Lambeth has a diverse population of older residents

Over

1 in 2

people aged 65+ are from **Black, Asian, Multi-Ethnic groups** (including White Other, Roma, Gypsy or Irish Traveller, Irish).

Additionally, **3%** of people aged 50+ identify as LGB+

(Census 2021)

Environmental Adaptations and the Physical Environment

- The built environment which includes housing, outdoor spaces and buildings, is an important factor in promoting positive physical and mental health for older adults.
- It is important to ensure the built environment meets the needs of adults as they age.
- A well-designed built environment is important to support ageing well. This might look like making adaptations to homes to make them more accessible for older adults or adding more areas to stop and rest within outdoor public spaces.
- Transport also plays an important role in facilitating social, cultural and economic participation for older adults. Age-friendly principles should be embedded transport services and offers to help meet the needs of adults as they age, for example, step-free access to buses.
- Older people are one of the most vulnerable population groups to the impacts of climate change and should be considered within climate mitigation plans to ensure their needs are addressed.



Preventing Ill Health in Older Age and Service Utilisation

- Poor health, disease, and disability are not an inevitable part of ageing. Many of the risk factors that lead to ill health – poverty and deprivation, smoking, air pollution, poor diet – are preventable. It is vital to tackle risk factors and prevent poor health early.
- Long term conditions, multimorbidity (living with two or more chronic conditions), frailty and disabilities have become more common and tend to worsen as we age.
- Mental health for older people is often better relative to other age groups. However, common mental health disorders, such as depression and anxiety, are not uncommon in later life.
- Although many older adults do not require social care, the projected rise in multimorbidity, frailty and disability mean there will likely be a higher level of demand on services, unpaid carers and palliative care services.
- There are inequalities in care with diverse ethnic groups, people living in deprivation and people living with dementia and/or with learning disabilities being some of the groups experiencing barriers in access or quality of care.
- Beyond health and care, public finances and the economy will also come under increased pressure from a growing older population. Public service adaptation or transformation will be required to meet this demographic shift.
- The council, statutory partners and the community have a collective responsibility to prioritise prevention, tackle health inequalities and work together in partnership to help support older adults to live a healthy life.



Economy, Workplace, and Cost of Living

- There is a strong link between good health and employment – we know people who are unemployed are more likely to report poor health outcomes.
- Sickness and disability were the most frequent reasons for economic inactivity among residents in their 50s. There are more working-age people reporting long-term health conditions than ever before, driven in part by rising rates of poor mental ill health, musculoskeletal and cardiovascular conditions, and menopause.
- Older residents are more likely to be unemployed and claim out-of-work Universal Credit than the wider claimant count across Lambeth and London.
- We also know that there are real health impacts of poverty, and that increases to the cost of living disproportionately impact communities who already experience the greatest health inequalities. Many older adults, including pensioners, are struggling financially with the cost of living crisis.

Community and Social Environment

- Ageing is frequently negatively stereotyped. Ageism is associated with poorer physical and mental health, and can intersect with other forms of discrimination, worsening these health and wellbeing impacts. The council and community partners have a key role to play in combatting this discrimination and in celebrating ageing.
- Adults over 50 are more likely to experience loneliness, bereavement, and poor health. Having a robust community and social network can enable residents to weather these hardships and remain connected.



Recommendations

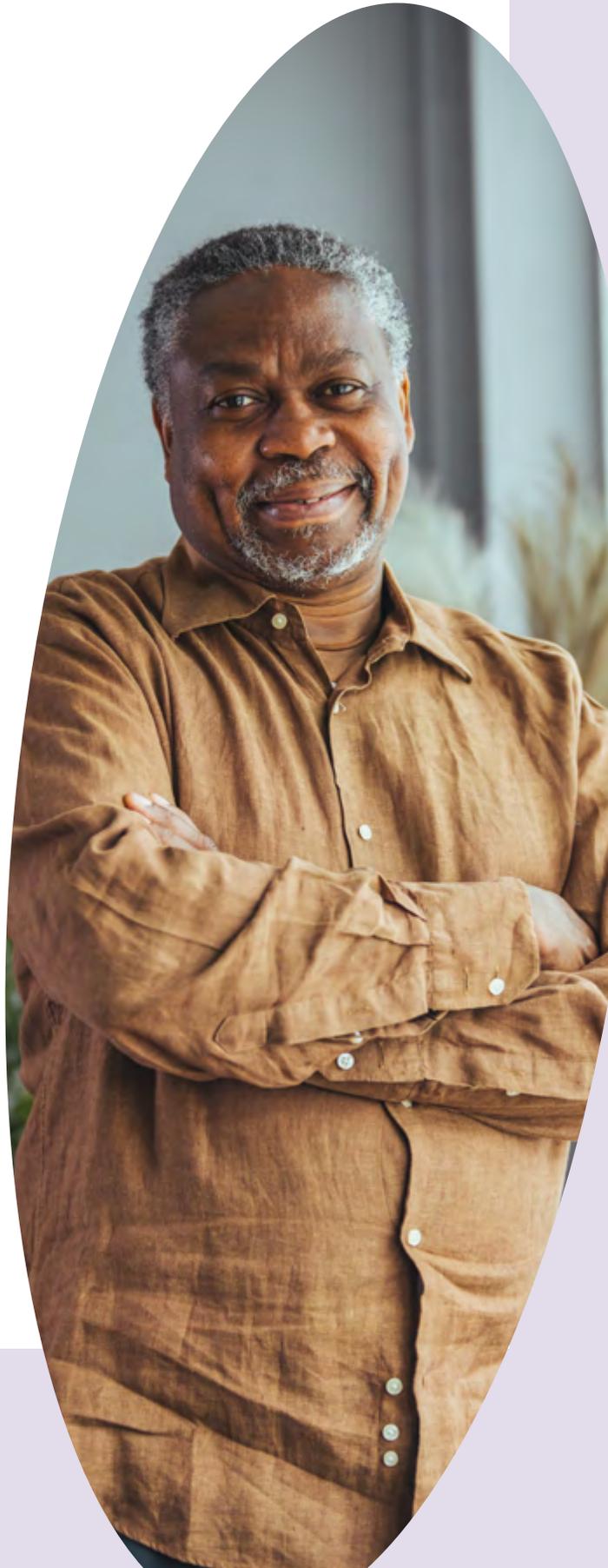
Prevention and tackling inequalities jointly are at the heart of the recommendations throughout this report. **The recommendations made in this report seek to invest in the social, economic and environmental factors which impact on people's health and wellbeing, as well as tackling health inequalities so that everyone in Lambeth has the opportunity to age well.**



1. **Co-owned Lambeth Age-Friendly Action Plan: All partners – statutory and non-statutory sector, businesses and residents** should engage in the further development and implementation of the Age-Friendly Lambeth Action Plan to create a plan that is jointly owned and delivered by all in the borough.
2. **Addressing age discrimination and inequalities: All partners and residents** must challenge negative stereotypes relating to ageing and older age, including discrimination and ageism to facilitate improved social inclusion and respect. There should also be consideration of how other forms of discrimination intersect with age. Particular focus should be given to tackling racism across the life course to prevent the ethnic inequalities observed in later life.
3. **Continuing to consider ageing well in policies and practices: Statutory and non-statutory organisations** should build on the current Age-Friendly Lambeth borough programme to look at ways of further embedding ageing well into policies and services, including the borough's priorities of social and climate justice.
4. **Making relevant information and advice available and accessible: Statutory organisations, housing providers and voluntary and community sector organisations** should ensure relevant information, advice and support are communicated by and available in suitable formats and promoted widely to support older residents to live healthily and independently for longer.
5. **Accessible and adaptable built environment: Planners and developers** should ensure future **housing and neighbourhoods are** built to meet the needs of an ageing population in terms of social connectivity, size, accessibility and location. This would require reflecting the voice of older residents into planning guidance, design and policy to improve the accessibility of the built environment.
6. **Improving the accessibility and experience of the public realm:** Organisations responsible for developing and maintaining transport and the public realm, such as the council, should identify opportunities and implement adaptations to outdoor spaces, such as pavements, kerbside and parks to improve accessibility, opportunities to be physically active, social participation and climate resilience for older adults.
7. **Taking up universal and targeted preventative health services:** Prevention and early identification can stop or delay certain health conditions that could significantly impact the quality of later life. **Residents** should take up the services on offer such as NHS Health Checks, vaccinations, stop smoking services and

cancer screening and maximise opportunities for physical activity and healthy eating. **Health services** should ensure that these preventative services are designed and offered in such a way that provides easy access to those who may be at greater risk of poor health and the effect of inequalities.

8. **Management of long term conditions:** Long term conditions, if not well managed, can lead to multiple morbidities and poor health in later life. **NHS organisations** should prioritise secondary prevention with a focus on the management of cardiovascular disease, diabetes, respiratory disease and mental ill health which are key drivers of premature deaths and health inequalities in the borough. Efforts should be made to engage with those experiencing greater health inequalities, supporting them to manage risks and their conditions effectively by adopting more holistic approaches.
9. **Tackling Poverty:** The **Council** should co-ordinate joint working with the **local NHS, educational institutions, businesses and voluntary and community sector with local communities** to develop an anti-poverty approach to provide more sustainable and preventative actions to address the root causes of poverty and reduce the impacts of, and incidences of, poverty in the borough that includes a focus on dignity and inequalities. This should take into account the voices and needs of older people.
10. **Age-Friendly Employers: For all employers** to take an age-friendly approach to working environments, policies, learning and development and good employment opportunities to support older employees to stay healthy in work for longer. Where relevant, this could also include volunteering opportunities for older residents.



Main Report



Introduction

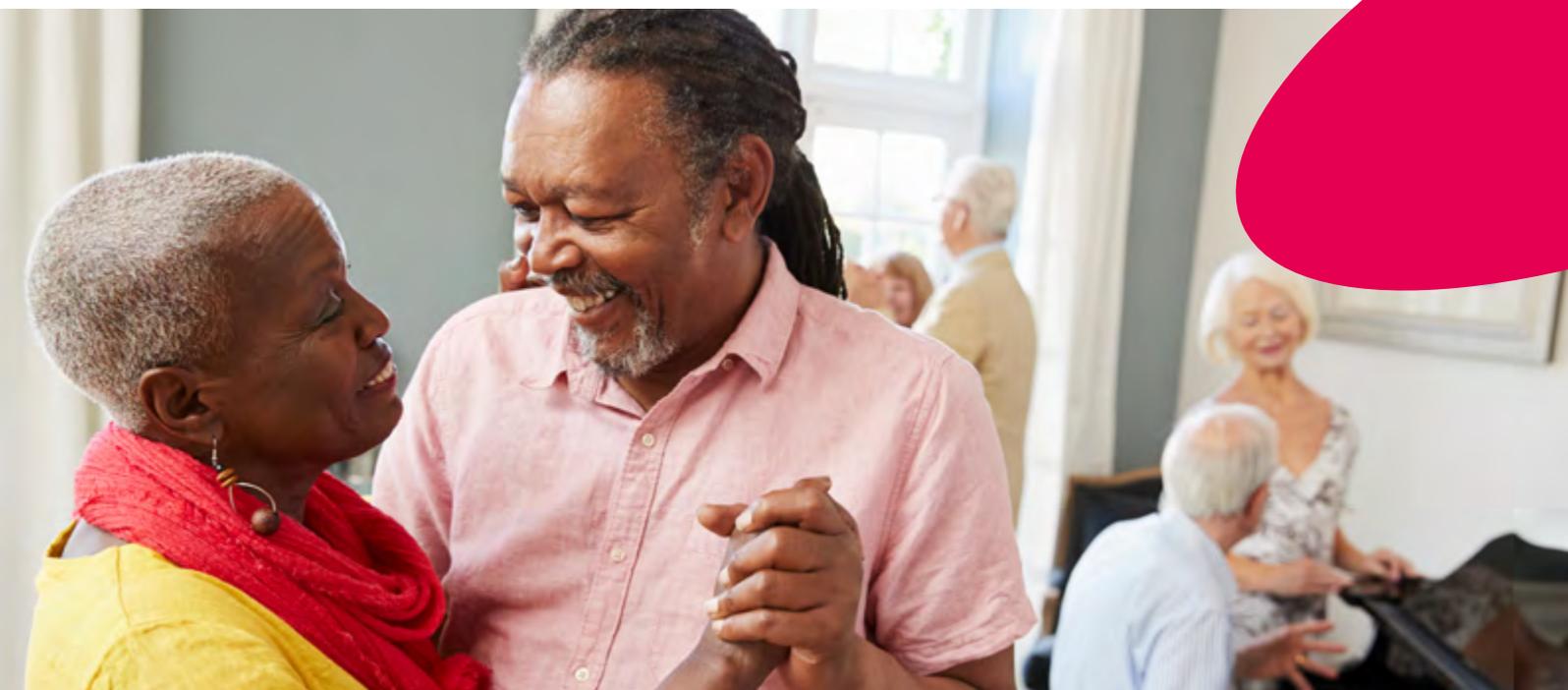
Our society is ageing rapidly. Globally, and in the UK, the cohort of older people is rapidly increasing relative to the rest of the population. This is due to improvements in sanitation, public health interventions and healthcare improvements which have allowed people to live longer. Secondly, in many parts of the world, including the UK, there is a declining birth rate – people are having fewer children and having children later in life. (**Office for National Statistics**).

This demographic shift will change society in many ways, and it will require public services, local organisations and communities to adapt to the evolving needs of older people. Many communities in the UK already have an older population and are experiencing the opportunities and challenges this presents and undertaking adaptations to meet this.

With Lambeth's population also ageing, the borough's ambition to become an age-friendly borough provides an opportunity to reflect on our current context and the journey ahead. This Annual Public Health' Report (APHR) on Ageing Well in Lambeth is part of this journey.

This Annual Public Health' Report (APHR) on Ageing Well **provides an overview of ageing in Lambeth**. It weaves together local data, health research, community views, and current initiatives. It also explores the challenges and opportunities for Lambeth as the borough adapts its policies, services and approaches to be more age-friendly. Lambeth is already adopting the **World Health Organization (WHO) Age-Friendly Cities and Communities Framework**, which recommends taking action across eight key domains. This APHR is intended to provide strategic direction and thereby support the work of the current Age Friendly Lambeth programme and complement the delivery of the new Age-Friendly Lambeth Action Plan. It also contributes to achieving the ambitions in **Lambeth 2030 Borough Plan**, the **Health and Wellbeing Strategy 2023-2028** and the **Lambeth Health and Care Plan 'Our Health, Our Lambeth' 2023-2028**.

In highlighting some of the current and potential future impacts of ageing in Lambeth, the report supports the implementation and future actions of the Age Friendly Lambeth programme which are documented in the forthcoming Age Friendly Lambeth Action Plan (2024 – 2027). It also provides the opportunity for all who live or work in Lambeth to consider and take action accordingly to promote healthy ageing.



What Influences Healthy Ageing

The World Health Organization (WHO) defines healthy ageing as the process of developing and maintaining the functional ability that enables well-being in older age.³

The WHO's Age-Friendly Cities Framework identifies eight domains, or interconnected areas of activity, which can be improved to support ageing well.

These domains are:

- Outdoor spaces and buildings
- Transport
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services

The WHO's age-friendly domains representing areas of community life closely align with a wider determinants of health approach. There is a strong evidence base that shows how ageing is influenced by a wide array of social, economic, and environmental factors – also known as the wider determinants of health or the building blocks of health. These factors include education, housing, employment, and other foundational aspects of residents' experience in Lambeth. Investing and improving in these areas will reduce health inequalities and support residents to age well in older life.

Numerous factors influence healthy ageing, with lifestyle factors playing a significant role as well as individuals' physical and social environment. Engaging in regular physical activity, consuming a balanced and nutritious diet, and limiting alcohol intake can all positively impact health outcomes later in life. Preventing obesity and avoiding smoking are also crucial in reducing the risk of poor health as you get older.

Community and social networks also play an important role in health and wellbeing. Many older adults also face challenges such as loneliness, which can lead to common mental health issues like depression and anxiety. Promoting social interaction can effectively reduce social isolation and loneliness, thereby positively impacting the mental wellbeing of older residents. Loneliness is correlated to profound

health outcomes, like higher risk of coronary heart disease and stroke as well as heightened risk for depression in later life.⁴ Regular social engagement provides opportunities for meaningful connections, emotional support, and a sense of belonging, which are essential for psychological well-being. Community activities foster a sense of purpose and fulfilment. Interactions with people of different ages and backgrounds promote cognitive stimulation and lifelong learning, contributing to overall mental resilience and happiness in older age.

As well as the wider determinants of health and social networks, lifestyle factors play a significant role in individuals health and wellbeing. While lifestyle factors can improve health, preventative measures such as screening programmes and early diagnosis can prevent or delay the onset of various conditions, including cardiovascular diseases, dementia and frailty.

National screening programmes can detect cancer early and proactively identify conditions related to diabetes and heart disease. Such prevention measures can have positive effects. For instance, reducing frailty can, in turn, prevent falls – a major cause of severe injury. Additionally, preventing infections through vaccination is crucial, as infectious diseases in older age can lead to health complications. People older than 65 years can benefit from vaccinations for infections such as the flu, pneumococcus, shingles, and COVID-19.

The Chief Medical Officer's Annual Report 2023 on Health in an Ageing Society⁵ highlights the role of central and local government in significantly reducing the risk of health problems later in life through targeted interventions. Many of these interventions involve improvements to public spaces, such as ensuring pavements are safe for older people to use, and designing parks, recreational facilities, and cycle paths to be accessible for both the older and younger people.

Ageing In Lambeth

What data tells us

The **Older People's Health Data Profile**, published in February 2024 pulls together data relating to older people, from a range of sources. The data below also draw on insights from the Residents' Survey.

Key demographics

1 in 4

people living in Lambeth are 50+

(Census 2021)

14,200

more people aged 60+ estimated in 2031

(GLA Population Projections, 2022)

3%

people aged 50+ identify as LGB+

(Census 2021)

Ageing population: over the last 10 years the population aged 50 years or above has increased by 34%. Over the next 10 years it is expected to increase by 14%.

(GLA Population Projections, 2022)



Over

1 in 2

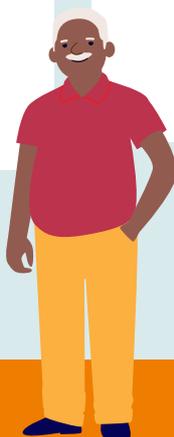
people aged 65+ are from Black, Asian and Multi-Ethnic groups (including White Other, Roma, Gypsy or Irish Traveller, Irish)

(Census 2021)

1 in 2

people aged 65 years and over are not born in the UK

(Census 2021)



1 in 6

older adults spoke a main language that is not English

(Census 2021)



Health in Older Age

Living longer in poorer health – on average living

21 years

in poor health (OHID)

Over

1 in 2

people aged 50+ are living with at least one long term condition

(South East London Comorbidities dashboard)

1 in 3

aged 50+ living with 3 or more conditions

Long term conditions do not only affect older people.

Diabetes, chronic pain, serious mental illness and depression have an average age of onset before 60 years

(From one to many, July 2018)

- **2,110** people aged 65+ receive community care or live in either a nursing or residential home (Lambeth Internal Data)

1 in 6

people aged 50+ have type 2 diabetes and

1 in 3

people aged 50+ have hypertension

2,500

people aged 50+ are housebound

(South East London Comorbidities dashboard)

Deprivation is linked to poorer health outcomes

– people are twice as likely to smoke if living in the most deprived areas, and are more likely to have hypertension, diabetes, or be overweight or obese

(Lambeth Internal Data)

- **1 in 10** people aged 65+ provide unpaid care (Census 2021)
- **1 in 2** people aged 65+ who provide unpaid care are not in good health. (Census 2021)

The main causes of death for people aged 65+ are:

- Ischaemic heart diseases – leading cause of death for older people aged 50-79
- Alzheimer's and Dementia is the leading cause of death of 80+
- Stroke
- Chronic obstructive pulmonary disease (COPD)
- Lung cancer

(Public Health mortality Files 2024)



Deprivation and Inequality

Male life expectancy at birth is on average **77.9 years**. However, **health inequalities** mean that men in the most deprived areas live 74.7 years whereas men in the least deprived areas live 80.4 years

(OHID)

Female life expectancy at birth is on average **82.9 years**. **With health inequalities**, the most deprived live 80 years and the least deprived live 84.9 years

(OHID)

1 in 3

people aged 60+ are considered income deprived

(IMD 2019)

77%

of people from Black, Asian, Other, White Other and Multi-Ethnic groups are living in the most deprived areas

(Census 2021)

1 in 3

people aged 65+ live alone

(Census 2021)

Older people who identify their ethnic group within Black, Asian, Other and Multi-Ethnic groups are likely to live in the most deprived areas: least deprived 30% vs most deprived 65%

(Census 2021)



Ageing in Lambeth

Most of this data comes from the Lambeth Residents Survey (2022) which had approximately 2000 respondents

1 in 2

people aged 65 and over live in social rented accommodation

Lambeth Residents Survey (2022)

1 in 3

people aged 65 years and over live alone

(Census 2021)

3 in 4

residents aged 65 years and over use parks and open spaces in Lambeth at least once a month

Lambeth Residents Survey (2022)

9 in 10

residents feel safe walking in their neighbourhood in the day time

Lambeth Residents Survey (2022)

8 in 10

residents aged 65 and over think people from different backgrounds get on well in their neighbourhood

Lambeth Residents Survey (2022)





What residents are telling us about ageing

Meaningful engagement with the community is important to better understand and respond to the needs of residents, particularly given the diversity and breadth of older residents' experiences in Lambeth and the ageing-related shifts that we are beginning to see. It can help build relationships between organisations and communities and ensure people receiving services and interventions are involved in their design.

To understand the experience and views of older residents in the borough several different methods have been used to reach and listen to older residents.

- Surveys:** these included the annual Residents' Surveys, consultations and the Age-Friendly Lambeth Survey (2023). Options for completing the Age-Friendly Lambeth survey included online, paper-based or via telephone.
- Focus groups and engagement at events or community settings:** In these spaces, participants could focus on and discuss topics that were important to them and share their thoughts, experiences and ideas.
- On-street outreach:** On-street outreach is an important way of enabling residents who are not already involved in existing groups or aware of surveys or consultations to share their views. We conducted this outreach in the summer of 2023, as part of the Age-Friendly Survey and around 80% of residents reached in this way felt their views had never, or not much, been consulted before.
- Age-Friendly Lambeth Forum:** A forum for older residents and voluntary and community sector (VCS) organisations in Lambeth has been established to create a space where views and ideas can be discussed and to allow greater engagement and input into Council services and plans affecting older residents.

What We Learned, Challenges, Opportunities, and Priorities

Over

700

responses via
online survey
and outreach

Around

2 in 5

respondents felt
Lambeth was a
good or very good
place to live

Around

2 in 5

respondents felt there was a good
range of local events and activities
in the borough for older people,
while 2 in 5 did not feel this way

Residents top priorities



Most common barriers to being more socially active

Cost

39%



Lack of time

23%

Not knowing
what's available

28%



Half of respondents
disagreed that they could
influence decisions affecting
their local area

Nearly half of respondents **didn't think** there
were enough opportunities for older and
younger generations to learn from each other
(40% weren't sure)

Becoming Age-Friendly Lambeth

What does it mean to be Age-Friendly?

Fulfilling our Lambeth 2030 commitments to older residents will require innovative age-friendly approaches to address these health, economic, and social trends while also creating new opportunities for older people. In Lambeth, this means combatting ageism and creating social and built environments that promote healthy and active later lives for all residents.

The council, community and other partners will need to collaborate to re-imagine all areas of community life – streets, outdoor spaces, buildings, housing, employment, methods of social participation, and health services. The public, private, and voluntary and community sectors all have a part to play in reversing the trends of poor health in later life by taking a preventative approach, addressing the building blocks that support good health, and recognising the valuable contributions that older people make to their communities.

Becoming an age-friendly borough is not only about mitigating the societal challenges associated with ageing, but also about celebrating older people and how their contributions and identities enrich our communities. By making Lambeth a great place to age well, we aim to expand opportunities for older residents to be included in all facets of community life, reduce the prevalence of ageism, and encourage older residents' social participation.

To support us in becoming an age-friendly borough, Lambeth Council has joined the UK Network of Age-Friendly Communities (AFCs) which is run by the Centre for Ageing Better, an affiliate of the WHO network. By taking this step, Lambeth has joined a growing number of Councils nationally who are pursuing innovative age-friendly policies.

We are using the WHO's Age-Friendly Cities and Communities Framework to inform our local approach. This evidence-based, place-based, preventative framework looks to support places like Lambeth to become AFCs. It does this by bringing together eight overlapping areas (otherwise known as 'domains') of community life that are important for ageing well.

Using the WHO Age-Friendly domains, specific local actions are being prioritised for Lambeth to become an age-friendly borough. These are reflected in the forthcoming Age-Friendly Lambeth Action Plan, with **equity and inclusion being central to the efforts to become truly age-friendly.**



Environmental Adaptations and the Physical Environment

The Built Environment

The “built environment” refers to aspects of our surroundings that are built by humans. The component parts of our man-made surroundings are important factors in promoting positive physical and mental health for all, including older adults. It can provide spaces for exercise or active travel, places to encourage and enable social interaction, or it can improve feelings of safety, housing quality, or air quality.⁶ Adapting or changing the built environment is one of the primary ways we can enable older adults to maintain their independence for longer.⁷ Three of the **WHO’s Age-Friendly Cities and Communities Framework** domains address the importance of ensuring an Age-Friendly built environment: Housing, Transport, Outdoor Spaces and Buildings.⁸

Housing

Appropriate, affordable housing is a core part of the built environment; it can improve access to older residents’ community and local services and can influence how older adults age comfortably, safely and independently for as long as possible.⁹ There is a strong relationship between poor quality housing and the onset or decline of health issues for older adults. These impacts may be compounded for older adults who tend to spend a higher proportion of their time at home than the general population.¹⁰

The right housing can promote social connections and a sense of community, whereas living alone can be linked to loneliness and social isolation. In Lambeth in 2021, nearly 40% of residents over 65-years-old were living alone in Lambeth, which is higher than in London (32%) or in England (31%).¹¹ Understanding the experience of those living alone in older age, those experiencing loneliness or social isolation and how this may differ depending on,

for example, disability status, can inform the wider Lambeth system on how best to support social connection and address inequalities.

Cold, damp and mould can also cause or exacerbate ill health such as respiratory illness and asthma. UK Government surveys have found that people living in private or social rented housing are more likely to live with damp and mould than owner-occupiers.¹² In Lambeth, 39% of residents over the age of 50 years live in owner-occupied housing whereas 50% live in social renting and 12% in private rented or rent-free accommodation.¹³ To help prevent issues with damp, mould and cold, residents should be given appropriate information, advice and services to help treat mould in their homes. Furthermore, housing quality and retrofitting homes to address damp, cold and mould should be prioritised, as should the promotion of available maintenance and repair services. Our Damp Charter outlines our commitment to ensure council tenants can live in a warm and dry homes.

Poor health can be both a cause and consequence of homelessness.¹⁴ In recent years in Lambeth, there has been an increase in the number of people becoming homeless. In 2021/22 in Lambeth, 476 households where the main applicant was 55 years or over were owed prevention duties, meaning these 476 households were either threatened with homelessness or were actually homeless.¹⁵ It is important that statutory bodies continue to raise the importance of this issue of increasing demand for temporary accommodation regionally and nationally.

Building and adapting housing enables older people to live well and independently for longer and supports community connections.¹⁶ Home adaptations, such as those increasing the accessibility of using the toilet and the timely provision of equipment, such as mobility aids, can support older adults’ independence.¹⁷

There is also strong evidence that timely, small home adaptations are a cost-effective intervention for preventing falls and injuries. These improvements can also enable older people to undertake everyday activities with stronger mental health. These improvements are particularly effective when individuals, families and carers are closely involved in the decision-making process.¹⁸ However, available evidence finds that delays in installing adaptations can reduce their effectiveness and it seems that many older adults do delay seeking help until a point of crisis.¹⁹

Beyond adaptations, supporting older adults to move homes and/or downsize may support ageing well and independence. A recent report from the Royal Institute of British Architects found that over half of the older adults they surveyed thought the process of moving was too complicated, but of those considering moving, support from government would make them more likely to move.²⁰ In Lambeth, the Council is currently reviewing and developing its downsizing scheme to support residents to take this offer up.

Looking ahead, building suitable homes by incorporating age-friendly housing design will support generations to come and does not only benefit older adults.²¹

Planning and Buildings

Beyond housing, enabling older residents' continued participation and engagement in everyday life will require adaptation to foster inclusive and accessible neighbourhoods.²² Implementing age-friendly design principles like dementia friendly design including contrasting colours on the wall and floor, as well as bright, even and natural lighting, clear signs and labelling²³ would make public spaces more comfortable and accessible for people of all ages.

It is therefore important that the voice of older residents from communities across Lambeth are incorporated into planning design guidance and policy now and in the future to help improve the quality and accessibility of the built environment.

Transport & Outdoor Spaces

The built environment can impact mobility, quality of life, connectedness and the ability to “age in place”.²⁴ Transport enables older adults to maintain independence and continue daily activities such as work, volunteering, social activities, active travel or caring responsibilities for longer, and evidence suggests that active travel and use of public transport play a role in better health outcomes.^{25 26}

How we travel can change as we age. In London, adults aged 65 years and over tend to take shorter journeys which are focused in their local area and are more likely to travel by walking or bus than younger Londoners. They also make fewer weekday journeys.²⁷ In Lambeth, around 4 out of 5 trips made by Lambeth residents are by public transport, walking and cycling and a third of all journeys are taken by foot.²⁸ Most households do not own a car. In our Age-Friendly Lambeth Survey (2023), we asked respondents how they usually travelled around for daily activities. We found that 75% walked, 83% used public transport, 21% used a car, 14% cycled, 10% used a taxi and 5% said other.

The Centre for Ageing Better (CAB) found that barriers faced by older adults when travelling included the availability and affordability of flexible transport options, design of the public realm (for example, pavements, benches to sit on and availability of public toilets), and the digitalisation of timetables and ticketing.²⁹ These barriers can result in a decrease or ceasing of public transport usage and addressing them requires partnership working across sectors.

Active travel tends to decrease with age, but the built environment can play a key role in reversing this trend.³⁰ Narrow, uneven or cluttered pavements can affect older people's confidence to get out and about and can increase the risk of falls.³¹ The availability of public toilets can also be an enabler or barrier to getting out and about.³² Nationally the number of public toilets has reduced in recent years and research by Age UK London found that 9 out of 10 people surveyed sometimes or always consider public toilet availability before leaving home.³³



Further work to promote and develop community toilet schemes and improve pavements may support older residents to be more active in their local communities and economies.

To help address some of these barriers across transport and the built environment, Lambeth undertakes a range of measures. Lambeth funds the Freedom Pass for residents above the age of 66 years and as part of the Road Danger Reduction Strategy is increasing pedestrian crossing times at identified sites. As well as continuously developing active travel infrastructure, Lambeth also offers cycle training for residents in the borough. To help support the public realm, **Lambeth's Transport Strategy** looks to reduce the presence of e-bikes, scooters and trailing electric vehicle cables on pavements, and the Kerbside Strategy sets out standards for pavement modifications such as minimum width to benefit all residents.

Looking ahead, it is important that partners work together to increase accessible and safe travel for older residents, including active travel, to help people in later life to move around the borough.

Climate Change

Climate change will continue to affect everyone, but older residents are one of the most vulnerable population groups to the impacts of climate change.³⁴ There is strong evidence suggesting that older adults over the age of 75, people living with dementia and those who are socially isolated are particularly at risk of extreme heat events.³⁵ This could be due to interaction with existing underlying conditions, greater likelihood of dehydration, being reliant on others to act or reluctance to take mitigating actions, such as opening windows at night.³⁶ Evidence also suggests that older people tend to experience greater health and wellbeing impacts from flooding events, such as greater incidence of flood related disease and higher rates of mortality.³⁷

In Lambeth, the areas of Waterloo and Southbank are most susceptible to flooding and extreme heat from the urban heat island effect.³⁸ Lambeth Council was the first Council to declare a climate change emergency and has developed a strategy for the **Waterloo and Southbank** neighbourhoods.³⁹ The Climate Change team are also developing a borough-wide heat mitigation plan to help the borough, and its built environment prepare accordingly. Looking ahead, it is important to embed the diverse voices of older residents into climate change planning approaches as well as to raise awareness of actions individuals can take to help themselves cope with extreme weather events and adopt energy saving measures.

Preventing Ill Health in Later Life

Many people remain in good health in later life – ill health and disability in older age is not inevitable and can be delayed or avoided completely.⁴⁰ However, long term conditions and disabilities have become more common and tend to worsen as we age, and multimorbidity and frailty are also rising in older age. Together, this brings an increase in demand for services and the complexity of health conditions presented.⁴¹

Risk factors for ill health, such as obesity, physical inactivity and smoking, are higher in areas of higher deprivation and some inclusion health groups. Inequalities also exist in the distribution of ill health in the population.⁴² Efforts to mitigate against, respond to and manage multimorbidity and frailty require a system-wide approach. On a national and local government level, public health interventions can help reduce, delay or prevent the onset of disease and ill health and so support people to live in better health for longer.⁴³

Multimorbidity

Medical conditions accumulate with age and with an ageing population, there is now a greater proportion of the population living long enough to live with multimorbidity.⁴⁴ Multimorbidity, also known as multiple long-term conditions (MLTC), means living with two or more chronic illnesses. Conditions within multimorbidity often interact with each other and may be complicated by short term conditions such as urinary tract infections or influenza. Multimorbidity is driven by both older age and deprivation, the latter of which can accelerate the rate in which multimorbidity accumulates.⁴⁵ A Lancet study suggested that multimorbidity is projected to grow among the working age population which could lead to earlier intention of retirement or exit from the workforce and therefore widen socioeconomic inequalities.⁴⁶

The most effective way to prevent, delay or reduce multimorbidity in the population is to continue interventions and policies to increase physical activity, stop smoking, decrease obesity and reduce

alcohol intake, and for these interventions to be practiced early on within the life course.⁴⁷ As a result, Lambeth Public Health and partners provide services and expertise to support reducing alcohol intake, stopping smoking, increasing physical activity, managing diabetes and improving healthy eating for residents.

Frailty

Frailty is not the same as multimorbidity, but like multimorbidity it increases with age.⁴⁸ Frailty is defined as the increased vulnerability to stressors, such as sudden changes to health and can greatly impact upon people's lives. It is commonly used for individuals who have higher risk of poor health outcomes.⁴⁹ Reducing and managing frailty requires a joined-up approach between and within health care disciplines across the NHS to plan a holistic approach to care, not just by single conditions, and between local authority and VCS partners.⁵⁰



Falls

Falls and their associated injuries and fractures are a serious health issue experienced by many older adults.⁵¹ Although anyone can have a fall, older adults and particularly those with one or more long-term conditions, living with dementia or taking certain medications are more likely to fall.⁵² Environmental factors, such as living in housing with steep stairs, can also increase risk of falling. Falling can affect individuals and their social networks and cause pain, distress, loss of confidence and independence and in the worst cases, mortality.⁵³ ^{54 55} In Lambeth, the rate of emergency admissions due to falls in people aged 65 and over, is 1,961 per 100,000 falls resulting in a hospital admission compared to 2,071 and 1,933 per 100,000 in London and England.⁵⁶

Reducing falls and fractures is important for maintaining the health, wellbeing and independence of older people. Many falls can be prevented through evidence-based exercise, medication management and through identifying and removing environmental risk factors or adapting these appropriately.⁵⁷ Due to the complexity of causes and the management of falls, change will require involvement from multiple sectors and organisations.⁵⁸

To complement the Falls service at Guy's and St Thomas's NHS Trust and the wider VCS, physical activity classes are available in the borough. Lambeth Together have also produced a guide to preventing falls that signposts residents, families and carers to information, advice and services to help manage or prevent the risk of falls. This was developed in response to local engagement, which found staff and residents did not have a good understanding of falls prevention or know how to navigate the system to get advice and support. The booklets have been widely distributed to residents and across community venues.

Physical Activity

Physical activity is important for health and wellbeing at all ages and can help prevent some of the conditions and risk factors discussed above. For older people some of the benefits include helping to avoid falls, improving cardiovascular health, improving blood pressure, increasing flexibility, assisting with weight loss, improving bone density, improving mental health, increasing lifespan, boosting confidence, improving sleep, improving social connections, and reducing anxiety.

Guidance from the Chief Medical Officer is that older adults (aged 65 and over) should aim to:

- Be physically active every day, even if it's just light activity.
- Do activities that improve strength, balance and flexibility on at least two days a week.
- Do at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity if they are already active, or a combination of both.
- Reduce time spent sitting or lying down and break up long periods of not moving with some activity.⁵⁹

It is important to note that if an older person has fallen or is worried about falling, has not exercised for some time, has medical conditions or concerns, they should speak to their GP before taking up exercises.

There are many free or low-cost physical activity opportunities for older adults in Lambeth, many of which are offered by voluntary sector organisations such as the Black Prince Trust, which has a physical activity programme for over 55s. Additionally, **Active Lambeth** has a dedicated Active Seniors Programme that has a range of activities for older residents and offers membership concessions. These should continue to be accessible to residents across the borough to help residents support themselves to age well.

Mental Health

Most older adults have good mental health, with older adults aged 60-79 reporting the highest levels of wellbeing when compared to other age groups. However, in Lambeth, 1 in 10 adults aged 65-74 and 1 in 12 adults aged 75+ will experience a common mental disorder such as anxiety and depression.⁶⁰

There are many risk factors that increase the risk of experiencing mental distress. For older adults, these include living with long term conditions, experiencing chronic pain or physical frailty, loneliness and social isolation, experiencing (or having experienced) discrimination associated with demographic factors such as ethnicity or sexuality, bereavement, having caring responsibilities or negative perceptions of ageing. There is also a complex relationship between dementia and depression, with each condition worsening the other and often leading to misdiagnosis.

Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. For older adults, this includes positive relationships and networks such as friends, family and social activities, person centered and culturally appropriate holistic care, and retaining and having access to meaningful roles and purpose.⁶¹

There are plenty of opportunities for older adults to be involved in community activities and maintain meaningful social roles in Lambeth. Our Thriving Communities Networks run events and wellbeing activities and are always looking for volunteers for all kinds of roles. Our Adult Learning service allows people of all ages to keep learning new skills and knowledge. Moreover, Age UK Lambeth and Active Lambeth both offer a wide array of exercise classes for senior residents and opportunities to socialise over bingo or board games.

The South West Lambeth Community Mental Health Team for older adults provides community-based assessment, treatment and care for people aged over 65 who have mental health problems. Whilst it can be accessed through referral from a GP or by phoning, many services and referrals are now digital, which can pose barriers to access for older adults. We recommend older residents are provided with

opportunities to develop their digital skills through the Adult Learning programme, volunteering or through partnership with VCS organisations.

Embedding the voice, needs and experiences of older residents in prevention services, especially from communities that are underrepresented in use of these services, may help to increase uptake and effectiveness of interventions to reduce or delay multimorbidity, frailty and falls.

Dementia

'Dementia' is a term used to describe a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. Alzheimer's disease is the biggest, but not only, cause of dementia. Those affected are more likely to be over 65, with 1 in 14 people in this group having dementia. After 65 the likelihood of developing dementia roughly doubles every 5 years.⁶² In Lambeth, 1,511 people are living with dementia. Women make up two thirds of people living with dementia in the UK, in part because women tend to outlive men. Black African or Caribbean communities experience a higher prevalence of early onset dementia and have a greater number of risk factors for dementia – in Lambeth, Black African or Caribbean people account for a third of cases.⁶³

Research suggests that almost half of cases of dementia could be prevented through healthy lifestyles. Protective factors for dementia include being physically active, having a healthy weight, having low blood pressure, being socially connected, avoiding smoking, and drinking alcohol within the recommended guidelines.⁶⁴

Case Study

Age UK Lambeth – Social Prescribing

Social prescribing connects people to local services and activities to address their physical, social, emotional health and wellbeing needs. Social prescribing takes place in all nine primary care networks in Lambeth. The client, an older woman living with her daughter, was referred to Social Prescribing via her GP surgery. The Social Prescriber supported the client with an initial housing enquiry whilst gaining a greater understanding of further issues the client was experiencing, including a welfare benefits issue, through building up rapport. The Social Prescriber took a role in gathering evidence for a tribunal including conducting several home visits to support this work. The client felt relaxed and was pleased that Age UK Lambeth had intervened as the case had been leading to stress and anxiety and was a huge relief to the client and her family.



Service Utilisation

Social Care

Social care for older adults aims to ensure that people living with illness can live independently or that they are supported to do so, for as long as possible.⁶⁵ In 2022/23, Lambeth Social Care Front Door Service received more than 20,994 contacts to assist, with 3,995 people ultimately receiving a package for care in the community.⁶⁶ Although many older adults do not require social care, the projected rise in multimorbidity, frailty and disability mean it is likely a higher level of demand on services will fall on services and their workforce as well as on families and communities, including informal carers.⁶⁷

In Lambeth, a significant proportion of informal carers are over the age of 50 years. It is estimated that a third of carers in the borough are aged 50-64 years old, but the true figure could be higher.⁶⁸ The proportion of Lambeth carers who are from Black, Asian, and Multi-Ethnic groups are also overrepresented relative to Lambeth's population,

whereas White groups are underrepresented.⁶⁹ Supporting older adults, the wider system and informal carers to sustainably serve older residents will require efforts to prevent and delay ill health to reduce the need for social care services.⁷⁰

Lambeth has several services to help prevent poor health and to support adults requiring social care as well as carers. Across Lambeth GPs, social prescribing is available to adults wanting further support for their mental or physical health through accessing voluntary and community support services. Lambeth's Front Door Service signposts residents to information, advice and services to help support them before requiring adult social care, through Age UK Lambeth. Lambeth's recently refreshed **Carers Strategy (2024-2029)** sets out the approach Lambeth will take to support unpaid carers of all ages in the borough.

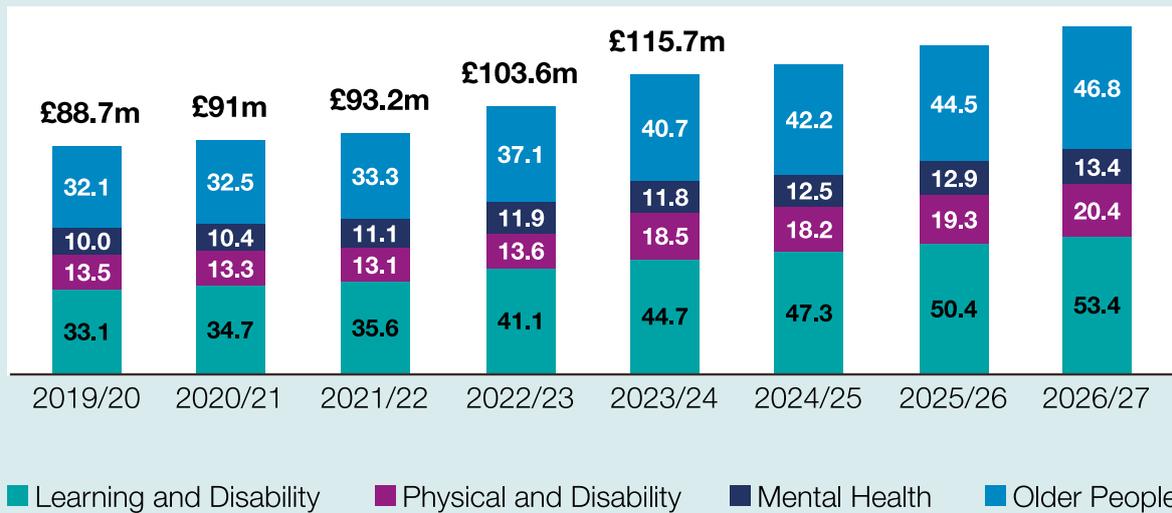


The Cost of Care

Over the last five years the cost of care has risen by a rise of 29% across service types, while the number of clients has risen by an average of 14% across service types. In particular, the cost of care for older people (65+) has risen by 27%, with a 9% rise in clients. The discrepancy between the rise in demand and the rise in cost demonstrates the importance of factors such as wage and price inflation and an increasing complexity of needs among clients.

Based on the current trend, we have forecasted that by 2026/27, Lambeth’s net expenditure on ASC may have increased by a further **£14million** – rising to **£134.1million**. Similarly, the number of Adult Social Care (ASC) clients may also rise to 4,818 people. In the context of continuing financial pressures on Lambeth and the local government sector more broadly, this poses a significant challenge. Given Lambeth’s already lower-than-average per capita spending on adult social care, any change will have significant impact on the overall configuration of the Council’s budget.⁷¹

Forecasted net expenditure on ASC in Lambeth, by service (£ millions)

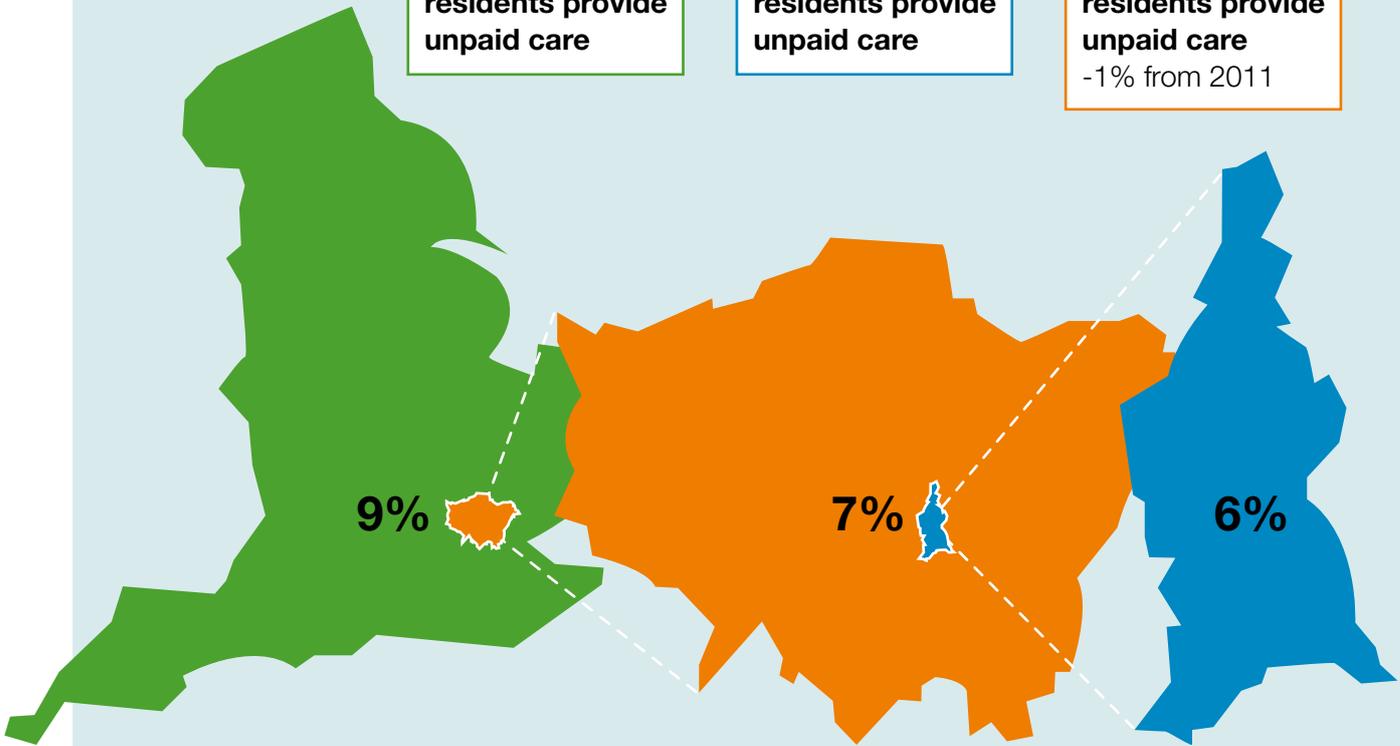


Unpaid Care

9% of England residents provide unpaid care

7% of London residents provide unpaid care

6% of Lambeth residents provide unpaid care
-1% from 2011



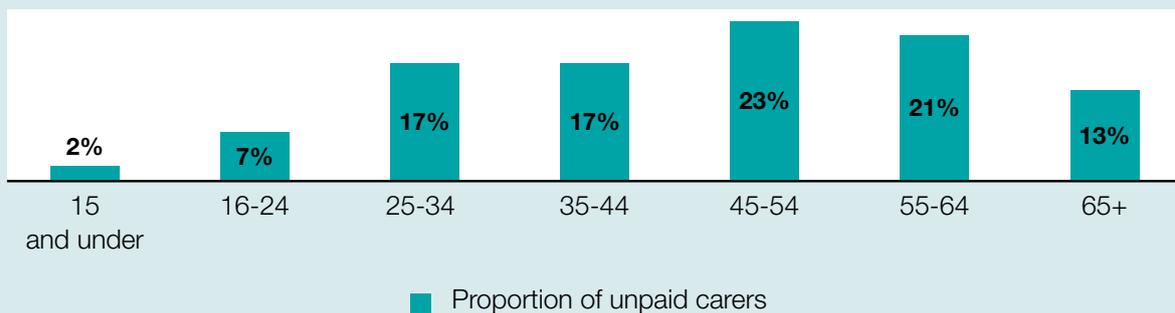
The proportion of residents providing unpaid care has remained largely unchanged since 2011 despite significant population ageing.

However, **the burden of this care disproportionately falls** on residents who are older and disabled themselves, as well as residents who are Black and female.⁷²

18,852 Lambeth residents provide unpaid care to someone with a long-term physical or mental ill-health condition, illness, or problems related to old age.

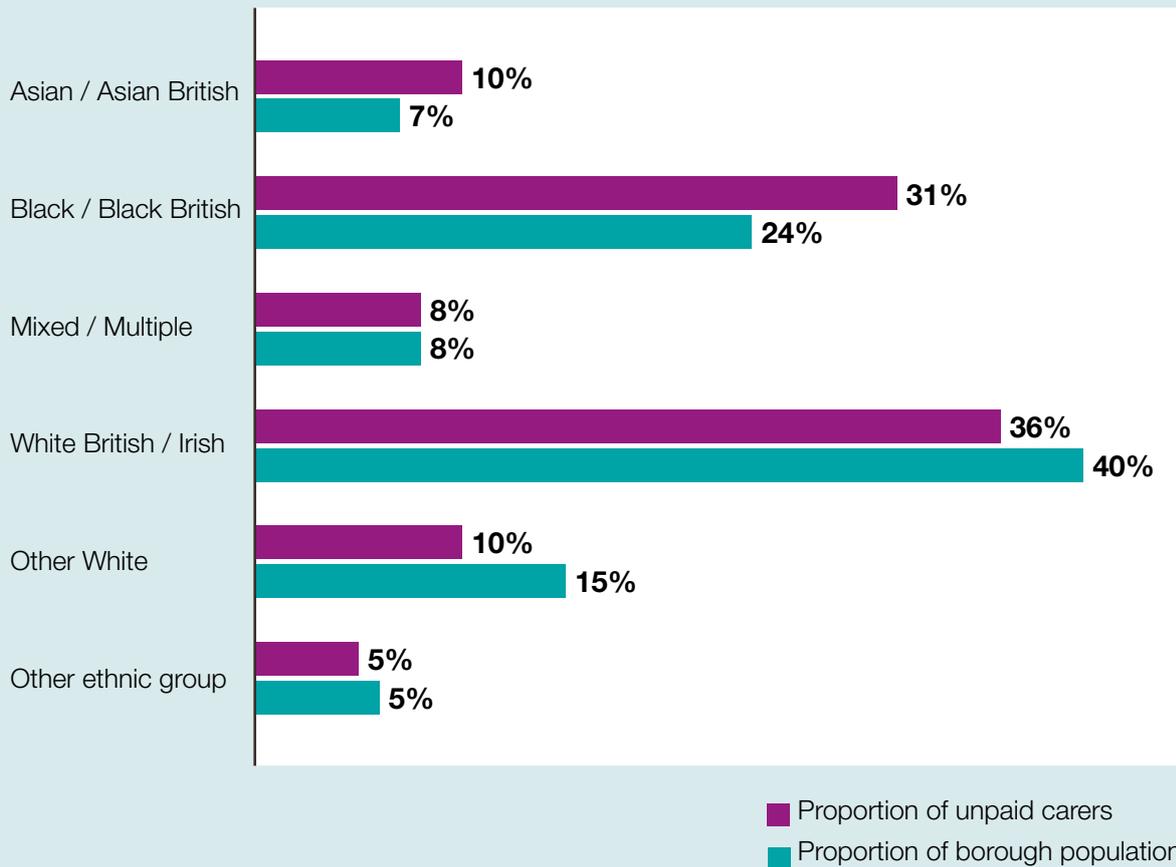
Age

The highest number of unpaid carers are aged 45-54.



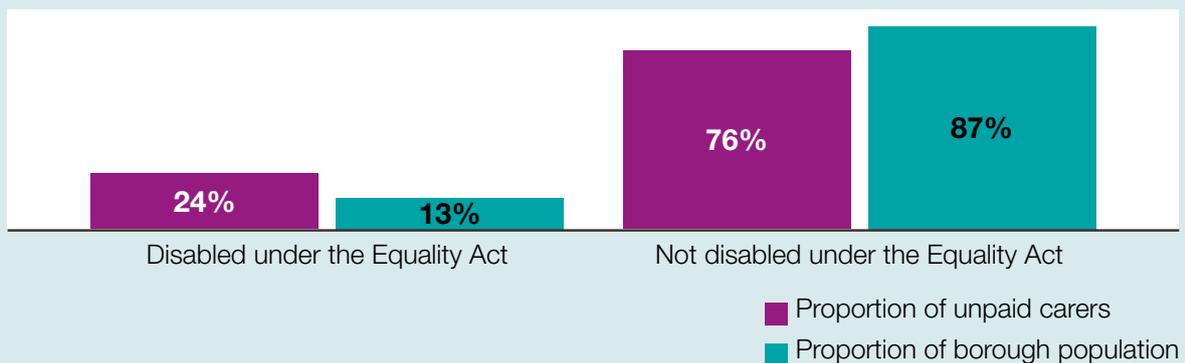
Ethnicity

Unpaid carers are significantly more likely to be Black / Black British than average.



Disability

Unpaid carers are nearly two times more likely to be disabled themselves compared to the borough average.



Palliative Care and End of Life

Palliative care is defined by the WHO as an approach that improves the quality of life of patients and their families who are facing problems associated with life-limiting illness, which is usually progressive.⁷³ This care prevents and relieves suffering through the identification, assessment, and treatment of pain and other problems whether physical, psychosocial or spiritual.^{74 75}

The growing ageing population and rising multimorbidity will almost certainly lead to a rise in palliative care need. Estimates suggest that from 2017 to 2021, around 90% of people who died in England would have benefitted from palliative care.⁷⁶ There are, however, stark inequalities in palliative care, with diverse ethnic groups, people living in deprivation and people living with dementia and/or with learning disabilities being some of the groups experiencing barriers in access or quality of care.⁷⁷

When the time comes, many of us will require care at the end of our lives. Supporting people to have a choice and maintain dignity at the end of life requires a system wide approach, with a range of organisations working together alongside the individuals and their family or social network. In doing so, this service not only supports the individual, but their family or social network too.⁷⁸ In Lambeth, nearly half of all age deaths occur in hospital, relative to 49.0% in London and 43.4% in England.⁷⁹

Looking ahead, to support all residents through palliative care, end of life care and bereavement, Lambeth as a system will need to continue to work in partnership with a focus on communities experiencing inequalities in these areas. In addition to the provision of services such as care homes and support for carers, raising awareness of the information, advice and support available to residents, including the support available through the local Voluntary and Community Sector (VCS) can help residents be informed of the choices available to them.





Services Beyond Health and Care

An ageing population will result in the need for service adaptation in sectors beyond health and care, particularly on public finances and the economy.

A large proportion of welfare spending, particularly through the state pension, is paid to older, retired people. This expenditure is forecast to increase with an ageing population. The decline in the working age population will also result in a smaller workforce, which will lead to lower tax revenues at the same time as a higher public expenditure is needed to support the welfare, health, and care needs of more older people.^{80 81}

Service transformation or adaptation will be required for public services to meet the needs of an older population. This could include more places to stop and rest in open spaces like parks and on high-streets and ensuring a suitable offer at services such as libraries and leisure centres, among many other examples.

Economy, Workplace, and Cost of Living

Employment and Economic Inactivity

There is a strong link between good health and employment – unemployed people are five times more likely to report poor health outcomes compared to employees, including mental health issues like depression and anxiety.⁸² Job quality and job security also have a large impact on people's health – without these, people are more likely to report reduced wellbeing and chronic stress.⁸³

Older residents in Lambeth are seeing consistently high unemployment, with 7.1% of over 50s in Lambeth claiming out-of-work Universal Credit as of April 2024, equivalent to 3,710 individual residents.⁸⁴ This is much higher than the claimant rate across Lambeth's population which was 5.5% in the same month and is also significantly higher than the claimant rate for over 50s across London, which is 5.2%.⁸⁵

There are more working-age people reporting long-term health conditions than ever before, driven in part by rising rates of poor mental health.⁸⁶ This has led to increasing levels of economic inactivity, which refers to people who are not working and not looking for work. Levels of economic inactivity is above pre-pandemic levels in the UK, particularly in the 50-64 age cohort⁸⁷ and is mainly a result of older workers having left the workforce because they retired early or are unable to work for health reasons. High rates of musculoskeletal and cardiovascular conditions are the most common form of work-limiting condition, affecting over 20 million people.⁸⁸ Menopause for women is an underreported factor responsible for female economic inactivity.^{89 90} A fifth of Lambeth residents are economically inactive, and this rises to 29% of 50–64-year-olds (as of Dec. 2023). In Lambeth around 1 in 5 economically inactive residents were inactive due to sickness or disability.

Sickness/disability were the most frequent reasons for economic inactivity among people in their 50s, whereas retirement was the most common reason for people in their 60s.⁹¹ There is an additional cohort of people in their 50s and 60s who face caring responsibilities that make returning to work difficult or impossible, and women in particular are more likely to become economically inactive because they were looking after their family or home.⁹²

Council employment services have proved effective at reaching this cohort – 28% of participants on our European Social Fund (ESF) funded Connecting Communities programme were over 50. The wider employment system is developing more work targeted at residents aged over 50, for example, the Department of Work and Pensions (DWP) has run targeted session for this cohort, but there is limited evidence about which approaches work best. In 2023/24, 39% of residents supported by the Lambeth's Advice Network were aged 50+, with key areas of support including debt, housing and benefits advice. In the academic year 2023/24 nearly a third of learners enrolled in Adult and Community Learning training were over 50, a total of 913 learners.



Case Study

Age UK Lambeth – Digital Workshops

Paul, a 63-year-old retiree, had always considered himself a proficient technology user but had increasingly felt left behind with technological advancements. Paul's turning point came when he attended digital sessions at The Jack Hobbs Club run by Age UK Lambeth, who created an inclusive and supportive learning environment. These sessions were part of an initiative funded by Clarion Housing, designed to enhance digital literacy among older adults within their estate. Paul reported a significant growth in his confidence and knowledge, enabling him to use his smartphone more effectively through attending these sessions. Paul acquired skills such as sending photos in text messages and checking bus times, which greatly improved his daily life.



The Cost of Living Crisis

The cost of living crisis has had wide-ranging effects across the UK in recent years – financial pressures have eroded incomes and savings and have left many unable to afford rapidly rising energy bills, housing costs, and essential expenses. While the Institute for Fiscal Studies noted a recent increase in the number of older workers re-joining the workforce due to the cost of living crisis, those who are not in work may be at risk financially now or in the future as health and social care costs rise.⁹³ For older residents, many of whom depend on fixed pensions for their daily expenses or are managing health conditions and disabilities, rising costs have made it even harder to meet basic needs.⁹⁴

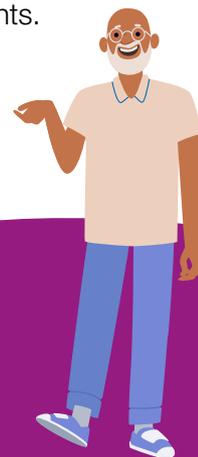
Given that people living in poverty are more at-risk of poor health, there is clearly a health cost to economic inactivity. About 4 in 10 people living in England's most deprived fifth of society report chronic pain compared to 3 in 10 in the least deprived quintile.⁹⁵ Supporting working-age people with health conditions to access consistent and quality healthcare may combat rising economic inactivity and empower older residents to work for longer.

The Health Impacts of Poverty

Increases to the cost of living continue to disproportionately impact communities who already experience the greatest health inequalities. The gaps in health and wealth between the richest and the poorest are well evidenced – the Centre for Ageing Better found these gaps become greater with age and are larger within older age groups than they are between generations.⁹⁶ Many people are living with health conditions and disabilities as they age, but those who are on lower incomes are more likely to have their health negatively impacted by cold and damp homes.⁹⁷ According to the Health Foundation, among people in poverty the proportion of people whose health is 'less than good' is higher at all ages than for people who are not in poverty, revealing a clear gap.⁹⁸

The cost of living crisis takes place across a backdrop of rising pensioner poverty – the CAB's 2023 State of Ageing report announced that relative pensioner poverty is now 18%, over four percentage points higher than a decade ago.⁹⁹ This is equivalent to 2.1 million pensioners in the UK on an income that is less than 60% of the national average.¹⁰⁰ National poverty rates among older people are disproportionately higher for older people from Black, Asian, and Multi-Ethnic groups, with over one in three people from Bangladeshi and Pakistani backgrounds over 50 living in poverty.¹⁰¹ Financial difficulty drastically reduces recovery rates for many mental health conditions. Money & Mental Health Policy Institute's study into mental health and problem debt found that people with depression and problem debt are over four times more likely to still have depression 18 months later compared to people without financial difficulty. They are also three times likelier to have thought about suicide in the past year.¹⁰²

The Tackling Poverty team continues to play a key role in the Council's programme responding to the crisis, focusing on objectives of responding to urgent need, maximising incomes, minimising costs and building financial resilience. Since the beginning of the Cost of Living Response Plan 2023/24, over 70,500 units of support have been provided across over 28,000 households. Lambeth is a leader in increasing uptake of pension credit and other entitlement among London boroughs. The programme also provided non-clinical, holistic interventions for residents with Sickle Cell Disease to reduce the impact of cold homes on health, worked with NHS partners to promote the Pharmacy First scheme, provided residents with over the counter medication for minor ailments.



Community and Social Environment

Ageing and older age is frequently negatively stereotyped.¹⁰³ The WHO found that ageism among older people is associated with poorer physical and mental health, increased social isolation and loneliness, greater financial insecurity, decreased quality of life and premature death.¹⁰⁴

Ageism can also intersect with other forms of discrimination, such as racism, sexism and ableism, exacerbating the health and wellbeing impacts for these individuals.¹⁰⁵ Highlighting the importance of this, the WHO includes 'Respect and Social Inclusion' as one of the eight age-friendly domains in the Age-Friendly Cities and Communities Framework. Looking ahead, tackling ageism locally requires a whole-system approach.

Nationally and locally, it is important to identify how policy, law and interventions such as intergenerational activities, can be implemented to improve social inclusion and participation for everyone, including older adults.¹⁰⁶

Communication and Information

The quality and accessibility of communication influences how connected older adults can be to information, advice and support services.¹⁰⁷ WHO focus groups found that having the relevant information in a timely, accessible way to meet different preferences, capacities and resources were the main priorities for participants. Throughout the Age-Friendly Engagement, residents have told us how important it is to keep face-to-face and printed communications options open and accessible, alongside online communication and resources. Age-friendly design, format, images and language is also key to communicate effectively and respectfully.¹⁰⁸ Age-Friendly communities in the UK, such as Manchester, have produced their own **Age-Friendly Communications guide** and Centre for Ageing Better positive ageing library representing a diverse range of active, dynamic older adults.

Through Age-Friendly Lambeth, the Council has committed to develop age-friendly communication principles, informed by older residents.

Now and in the future, efforts to improve and tailor communication approaches should consider the voices of older residents, including those from diverse communities or housebound residents.

With an increasing amount of communication being online, digital exclusion can present a significant barrier to some older residents, whether it be through lack of infrastructure (devices), skills, accessibility or desire to use information technology and the internet.¹⁰⁹ In 2019, over 3.7 million people aged 55 and over in the UK had never used the internet, with self-efficacy, concerns with online risks, affordability and other factors all playing a role in who does or doesn't use information technology¹¹⁰. During the COVID-19 pandemic, Lambeth Council worked with partners to identify need, acquire equipment and distribute it to those residents who needed it. The Council also launched a Digital Inclusion Fund which was open to VCS organisations to support Lambeth residents.

The use of digital technology and artificial intelligence to enhance health and care pathways is increasingly being explored. Regulation of the development and use of this technology should be responsible, ethical and look to reduce health inequalities.¹¹¹

Community and Social Networks

Community and social networks play an essential role in enabling residents to age well. Participating in leisure, sociocultural activities and having social support networks are closely related to positive health and wellbeing in later life, including preventing ill health such as dementia, whereas loneliness can have a very real impact on daily life and quality of life and is frequently associated with poor health outcomes, including earlier death.¹¹²

¹¹³ Highlighting the importance of this, the WHO have 'Social Participation' as one of its eight age-friendly domains in the Age-Friendly Cities and Communities Framework.

Adults over the age of 50 years are more likely to experience risk factors which can directly or indirectly cause loneliness such as bereavement, being widowed, poor health and retirement.¹¹⁴ For example, in Lambeth in 2021, there was a higher proportion of residents aged 65 years and over living alone than London and England.¹¹⁵ One study estimated that adults over the age of 50 in England are 5.5 times more likely to be often lonely if they

do not have someone to open up to, relative to other older people who do.¹¹⁶ More recently, social restrictions over the COVID-19 pandemic reduced social contact and highlighted issues of loneliness in society.¹¹⁷ The health impacts of loneliness are similar to that of obesity and smoking, where feeling lonely frequently is also linked to early death.¹¹⁸

The experience of loneliness and isolation can vary greatly for individuals and may cause difficulty in delivering interventions. Instead, tailoring interventions and understanding experience and context could help maximise the effectiveness of action in this area.¹¹⁹

In addition to the roles of statutory services and the health and care sector in supporting older residents, it is important to note the vital role of the VCS sector and their support for older residents across all aspects of community life. Some examples of the work of two organisations, Age UK Lambeth and Lambeth Links, can be found within this report.



Case Study

Lambeth Links

Lambeth Links is working to raise awareness of the experiences of LGBTQ+ residents in the care system and is pushing for change. Lambeth Links has hosted a public discussion in Brixton Library and community workshops every month aimed at empowering and educating the LGBTQ+ community and allies. Lambeth Links has monthly speakers about different aspects of the care system such as Care at Home, Choosing a Care Home or Dementia Care. To raise the profile of this issue and the interests of LGBTQ+ residents, Lambeth Links has participated in Council steering groups, leading to further discussion at open Council meetings and in Parliament.



Case Studies

Older Residents Contributions to Lambeth

Older residents make a valuable contribution to life in Lambeth, supporting other residents and voluntary, community, faith and social enterprise organisations across the borough. We've captured three examples to demonstrate this below.

Community volunteering

Sandra is a long-time Lambeth resident and retired school administrator. She was feeling increasingly isolated after retiring and with her children grown and living far away. After hearing about a volunteering opportunity with Brockwell Park Community Greenhouses she decided to help twice a week with cooking and making food produce for their community shop. She also assists with DIY and repairs in the garden alongside other multi-generational residents.

As well as giving back to the community, volunteering has also helped Sandra's physical and mental health and wellbeing – the physical activity has helped her regain strength and improve her mobility. She now regularly meets up with her fellow gardeners for coffee outside of volunteering hours and feels more connected to her community.

Intergenerational mentoring

Peter, a 72-year old retired electrician, had been feeling disconnected after losing his wife. Living alone in Lambeth, he struggled with loneliness and missed having regular social interactions. After learning about Rathbone Society's Inspired Learning mentorship programme which helps young people from disadvantaged backgrounds aged 11-19, Peter decided to get involved.

The program required Peter to meet with his mentees weekly to offer both technical advice and life guidance. Peter began mentoring young people and providing homework/revision support, acting as a role model. Sharing his decades of experience as well as advice and support not only supported his mentees but gave him a sense of accomplishment, which improved his overall emotional health.

Case Studies

Food bank volunteering

Margaret, 65, had been feeling increasingly anxious and disconnected after the loss of a close friend. She signed up to volunteer as a warehouse assistant at a local food bank in Lambeth, assisting with organising donations and helping families in need.

Since joining the food bank, Margaret's outlook

on life has improved as she felt she was making a meaningful contribution to her community. The regular volunteering shifts helped combat her anxiety by providing a structured way to connect with others.

She is now a strong advocate for other older residents to engage in volunteer work.



It's never too late! Making a difference to the lives of people in Lambeth

Cllr Adrian Garden, Deputy Mayor of the London Borough of Lambeth.

“My wife and I came to Lambeth when I was in my 60s and still working. I then had a career change when I was 67 and retrained to become a teacher in further education. After retiring from that, I was elected a Councillor,

which I've been for over 10 years. So I've been elderly and active for all the twenty-odd years I've been in Lambeth, and I've always been delighted with the busy, friendly, atmosphere of the place, and above all the wonderful mixture of different groups living together.”

Recommendations

Lambeth is committed to encouraging collaborative research and working with the local community with the aim of better understanding and jointly addressing the needs and challenges of our people in Lambeth to tackle health inequalities.

Delivering on becoming an age-friendly borough and tackling the wider determinants that impact upon ageing cannot be done by the Council alone – this must be done in partnership. We are committed to being a borough of partnership – where institutions, businesses, residents, community groups and organisations work together to solve the biggest challenges facing the borough with a particular focus on health inequalities. Recommendations are directed at different stakeholders, including residents themselves. In the challenging financial climate, carrying out this report's recommendations will require a collective effort to bring together our local resources, especially our local communities, to address the complex issues associated with ageing.

1. **Co-owned Lambeth Age-Friendly Action Plan: All partners – statutory and non-statutory sector, businesses and residents** should engage in the further development and implementation of the Age-Friendly Lambeth Action Plan to create a plan that is jointly owned and delivered by all in the borough.
2. **Addressing age discrimination and inequalities: All partners and residents** must challenge negative stereotypes relating to ageing and older age, including discrimination and ageism to facilitate improved social inclusion and respect. There should also be consideration of how other forms of discrimination intersect with age. Particular focus should be given to tackling racism across the life course to prevent the ethnic inequalities observed in later life.
3. **Continuing to consider ageing well in policies and practices: Statutory and non-statutory organisations** should build on the current Age-Friendly Lambeth borough programme to look at ways of further embedding ageing well into policies and services, including the borough's priorities of social and climate justice.
4. **Making relevant information and advice available and accessible: Statutory organisations, housing providers and voluntary and community sector organisations** should ensure relevant information, advice and support are communicated by and available in suitable formats and promoted widely to support older residents to live healthily and independently for longer.
5. **Accessible and adaptable built environment: Planners and developers** should ensure future housing and neighbourhoods are built to meet the needs of an ageing population in terms of social connectivity, size, accessibility and location. This would require reflecting the voice of older residents into planning guidance, design and policy to improve the accessibility of the built environment.
6. **Improving the accessibility and experience of the public realm:** Organisations responsible for developing and maintaining transport and the public realm, such as the council, should identify opportunities and implement adaptations to outdoor spaces, such as pavements, kerbside and parks to improve accessibility, opportunities to be physically active, social participation and climate resilience for older adults.

7. **Taking up universal and targeted preventative health services:** Prevention and early identification can stop or delay certain health conditions that could significantly impact the quality of later life. **Residents** should take up the services on offer such as NHS Health Checks, vaccinations, stop smoking services and cancer screening and maximise opportunities for physical activity and healthy eating. **Health services** should ensure that these preventative services are designed and offered in such a way that provides easy access to those who may be at greater risk of poor health and the effect of inequalities.
8. **Management of long term conditions:** Long term conditions, if not well managed, can lead to multiple morbidities and poor health in later life. **NHS organisations** should prioritise secondary prevention with a focus on the management of cardiovascular disease, diabetes, respiratory disease and mental ill health which are key drivers of premature deaths and health inequalities in the borough. Efforts should be made to engage with those experiencing greater health inequalities, supporting them to manage risks and their conditions effectively by adopting more holistic approaches.
9. **Tackling Poverty:** The **Council** should co-ordinate joint working with the **local NHS, educational institutions, businesses and voluntary and community sector with local communities** to develop an anti-poverty approach to provide more sustainable and preventative actions to address the root causes of poverty and reduce the impacts of, and incidences of, poverty in the borough that includes a focus on dignity and inequalities. This should take into account the voices and needs of older people.
10. **Age-Friendly Employers: For all employers** to take an age-friendly approach to working environments, policies, learning and development and good employment opportunities to support older employees to stay healthy in work for longer. Where relevant, this could also include volunteering opportunities for older residents.



Want to know more about what Lambeth is doing?

You can read some of our other plans and strategies [here](#). Collectively, they outline how we will take forward our shared priorities with a longer-term look to 2030 so that we can deliver sustainable change. Other local information to support ageing well can be found at the following sites:

- **Health and Wellbeing Strategy 2023-2028**
- **Lambeth Together**
- **Lambeth Adult Social Care**
- **Age-Friendly Lambeth**
- **Age UK Lambeth**

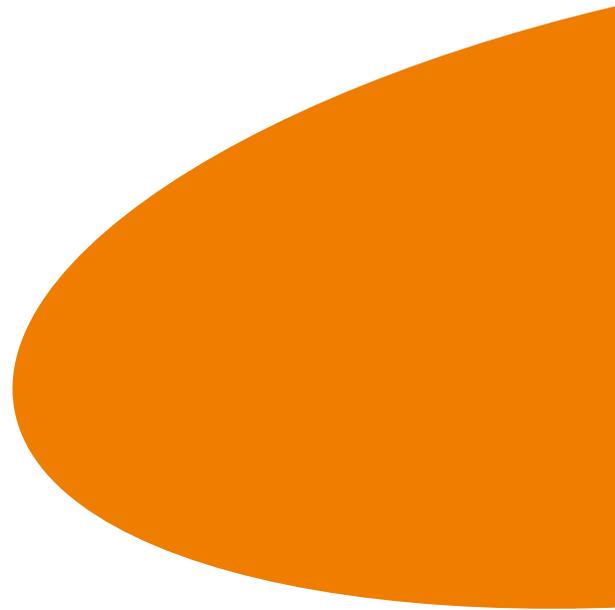


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