



<b>REPORT TO:</b>	South Holland District Council
<b>DATE:</b>	Wednesday, 15 May 2024
<b>SUBJECT:</b>	Health Scrutiny for Lincolnshire Report
<b>PURPOSE:</b>	To provide South Holland District Council with an update following the latest meeting of the Health Scrutiny for Lincolnshire Committee
<b>KEY DECISION:</b>	<i>N</i>
<b>PORTFOLIO HOLDER:</b>	Portfolio Holder for Health & Wellbeing, Conservation & Heritage
<b>REPORT OF:</b>	Councillor Glynis Scalese
<b>REPORT AUTHOR:</b>	Samantha Bradley Democratic Services Support Officer
<b>WARD(S) AFFECTED:</b>	<i>N/A</i>
<b>EXEMPT REPORT?</b>	<i>N</i>

#### **SUMMARY**

This report is provided in accordance with Standing Order 5 of Part 4A (Procedural Standing Orders) of the Council's Constitution which states that written reports will be received from Councillors who represent the Council on outside bodies. Reports will normally be for information only, however, members may recommend that a matter be considered or investigated by officers and that the investigating officers be asked to submit a further detailed report.

Councillor Scalese is SHDC's representative to the Health Scrutiny Committee for Lincolnshire.

This report is provided for information purposes only, and members are requested to note it.

#### **RECOMMENDATIONS**

That the report be noted

#### **REASONS FOR RECOMMENDATIONS**

To provide members with an update following the latest meeting of the Health Scrutiny Committee for Lincolnshire, in line with the requirements of the Council's Constitution.

#### **OTHER OPTIONS CONSIDERED**

- Not to note the report; or
- To note the report and request that a matter be considered or investigated by officers, and that the investigating officer submit a further detailed report.

### **Health and Scrutiny Report**

#### **Ageing Better In Lincolnshire**

In an age friendly world, the provision of health and care, including prevention measures, should be accessible and timely, enabling ageing people to remain independent, healthy, and active. Health care and services were impacted by the large ageing population, who required a higher level of medical and social care.

- The county had concerns with workforce recruitment and retainment in both health and care sectors.
- In rural and coastal areas, patients were required to travel long distances to access hospital care.
- Service responses were in place and being further developed to help reduce the impact on social welfare.

#### **Respect and Social Inclusion**

- It had been established that social participation reduced isolation, older members of our society in community engagement or that were currently employed felt valued and respected.
- Community support and social contact reduced the burden on the health and care services.
- Communication and information portraying age friendly images created new perceptions.
- Outdoor spaces and building physical activity led the way to good health and wellbeing.
- Bespoke housing solutions reduced the responsibility on social care.
- A range of activities were available across Lincolnshire to support elderly residents.
- South Holland provided a range of activities including lunch clubs, friendship clubs, crafting and fitness classes.
- Social interaction was crucial to reducing isolation and had the potential to reduce the onus on health and care provision.
- There were potential benefits for the community in increasing activities for intergenerational interactions.
- Facilitating intergenerational contact through the coproduction of services and activities was good practice in an age friendly community and could lead to greater understanding between age groups.
- Elderly people in minority groups could be further marginalised due to social perceptions.

#### **Social participation**

- Respect and social inclusion, alongside age friendly activities reduced isolation.

- Communication and information provided updated digital inclusion.
- Transportation could assist those elderly residents in poor infrastructure areas.
- Civic participation and employment opportunities would greatly benefit the elderly population.
- Providing further outdoor spaces and building accessible spaces for physical activity would promote healthiness and agility.

### **How our communities are affected**

- High anxiety 22.4%
- Low happiness 7.7%
- Low worthwhile 5.3%
- Low satisfaction 3.6%

### **Civic Participation and Employment**

- Respect and promote social inclusion for elderly residents within the community.
- Community support alongside health services would reduce isolation, therefore improving health and wellbeing.
- Transportation to participate in community engagement should be accessible for elderly residents.
- 90% of Lincolnshire's over 60s population were economically inactive with the majority of those having retired.
- Thousands of older residents in Lincolnshire could be participating in voluntary activities.
- Community engagement in tandem with employment, enhanced an individual's ability to contribute to society, in addition it could provide financial stability, improve health, and increase social contacts.
- Options for paid employment diminished as citizens aged, in part due to a lack of opportunities which became more pronounced in deprived rural areas.
- Employability was affected by individual circumstances, physical health, use of technology, willingness to work, and living in remote locations particularly on the east coast.
- For many retirement and reduced incomes could lead to an absence of disempowerment, that was compounded where transport was a point of contention.
- Older people could continue to be engaged with their local community, through paid work or meaningful and inclusive volunteering.
- Volunteering could provide a gateway into work, new social networks, opportunities to gain new skills, as well as passing on experience to others, and personal fulfilment after retirement.
- Organised volunteering networks covered the whole country providing a range of opportunities for all abilities, these included social prescribing for people with disabilities and unpaid caring responsibilities.

### **Mental Health and Dementia**

- One in four adults could experience a mental health problem in any year.
- Mental illness accounted for 21.3% of the total morbidity burden in England.

- People living with diagnosable mental ill health, for example depression, bipolar disorder, or schizophrenia, could be living with good mental wellbeing despite their mental ill health diagnosis.
- The signification of physical ill health was elevated in people with severe mental illness.
- Suicide was a significant cause of death amongst people with mental illness, devastating families, and communities.
- Suicide, injury or poisoning of undetermined intent was the second biggest killer of males aged 35 to 49 years (after accidental poisoning)
- Suicide was also the leading cause of death for males and females aged between 20 to 34 years in the UK.

## **Dementia**

- Dementia was the leading cause of death in England and Wales in 2022.
- Dementia had a profound impact on an individual's life, their family, friends, and the communities in which they lived.
- Although age was the foremost known risk factor for dementia, it did not exclusively affect the elderly.
- Young onset dementia (defined as: onset symptoms before the age of 65 years) accounted for up to 9% of cases.
- Even though there was no cure for dementia in the most recent review of evidence on dementia prevention, it was found that around 40% of dementia cases worldwide could be attributed to twelve potentially modifiable risk factors. This meant that almost half of predicted dementia could be prevented by tackling risk factors early, such as smoking, diet, physical activity, and social isolation.
- Early detection of dementia, diagnosis, and intervention would ensue within their home environment.

## **Carers**

- An unpaid carer was anyone who provided unpaid help to a friend or family member who required support, perhaps due to illness, old age, disability, a mental health condition or an addiction.
- Carers delivered a major contribution to society.
- The value of labour provided by Lincolnshire's unpaid carers was estimated to be more than seven times the annual budget of adult social care.
- Being an unpaid carer placed a significant strain on the individual and could impact on their own health, wellbeing and quality of life.

## **The Objectives**

- To work in partnership to identify carers at the earliest opportunity.
- To work collaboratively alongside other professionals to develop working practices, including the whole family approach.
- Support all professionals working with young carers, including the transition from children to adult services.
- Raise awareness and increase the number of carers that received support by providing good quality information, advice, and guidance.
- Engage with carers to identify their needs and improve outcomes.

- Support working age unpaid carers to access voluntary and working opportunities.
- Develop digital options that supported unpaid carers
- Improve how we identify unpaid carers and strengthen that support, so they were able to manage their own health needs which could escalate as they aged.
- Work with partners to co-produce the Carers Emergency Response Services' so it was fit for purpose.

#### **APPENDICES**

None

#### **BACKGROUND PAPERS**

No background papers as defined in Section 100D of the Local Government Act 1972 were used in the production of this report.

#### **CHRONOLOGICAL HISTORY OF THIS REPORT**

A report on this item has not been previously considered by a Council Body

#### **REPORT APPROVAL**

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Signed off by:	Assistant Director – Wellbeing and Community Leadership
Approved for publication:	Christine Morgan – Democratic Services Team Leader

