

The State of Ageing in Greater Manchester

January 2024



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Context

This report is a collation of the most relevant and contemporary data and evidence on ageing in Greater Manchester (GM) available in the second half of 2023. It is intended to inform those working in policy, service delivery, and communities across the city region on the challenges and opportunities experienced by people in mid and later life now and in the future. Wherever possible, we have used sources that relate specifically to GM residents, referencing sources only available for the North, England, or the UK where we are confident that the findings are relevant to our population.

The State of Ageing in Greater Manchester provides the evidence base for the Combined Authority's refreshed Age-friendly Strategy, which sets out what needs to happen over the next decade to make GM the best city region to grow old. While recognising the importance of all of the determinants of good ageing environments as set out in the World Health Organisation's (WHO) age-friendly domains, we have collated the evidence under three of the GM Ageing Hub's key themes – **Economy, Work and Money; Places; Ageing Well**; with the addition of a smaller section covering the cross-cutting theme of **Digital Inclusion**. The Strategy will have a further theme – **Working Together** – which articulates how we intend to grow the ageing ecosystem and how a collaboration between partners in the public, private, voluntary and community sectors can maximise the impact our work has on transforming people's lives.

While 2023 has been an advantageous time to gather this data - not least because of the release of local data from the 2021 Census, and the release of research that tells us how COVID-19 and the cost-of-living crisis have and are affecting residents – the academic and statistical landscape is constantly shifting. We will continue to be informed by new evidence from local and national partners as well as learning from our own programmes on the ground in financial and digital inclusion, ageing in place, and ageing well.

If you would like to know more about any of the topics covered in this report, please contact us: ageinghub@greatermanchester-ca.gov.uk

A note on language

Throughout this report, we have used various terms to refer to people, places, and the population-level indicators that we can use to understand the privileges and inequalities that affect the experience of ageing across Greater Manchester. In most cases, we have used the terminology and delineations used in the original research or data source to ensure accuracy and consistency. However, we would like to preface the report with a caveat that there is a great deal of nuance in the reality of ageing that should be kept in mind when understanding the picture painted by these statistics. Most notably:

Ageing is a lifelong process. Throughout this report, we have presented data sources that compare data for age brackets, with the youngest delineation point for 'older' being age 50 and above. 50 or 55 are common starting points for strategies to improve later life, and many charities for 'older people' set the eligibility criteria for some of their core services at around this age threshold. With early to mid-fifties being the average age at which people in GM's poorest neighbourhoods reach 'healthy life expectancy', it is good practice for public health teams to ensure that services and policies meet the needs of people in their fifties and above. However, we understand that in reality there is no single age at which someone transitions to being 'older', or to being in 'midlife' or 'later life', and that many people may never identify with these descriptors. As the report shows, life expectancy also varies greatly from person to person and is influenced heavily by external factors. To say that later life begins at a certain age is to discount the experiences of many people experiencing health inequalities and many people with a disability, as well as homogenising a group of people whose ages span over fifty years in total.

The State Pension age (currently 66) is also a useful reference point for when many people are likely to retire if their financial circumstances permit. However, we recognise that **retirement is a highly personal choice**, and that the pressure both to retire earlier than people wish, or to work longer than health allows, are detrimental to people's ability to live a good later life. Age-friendly jobs and better financial support for retirees without private pensions both offer solutions to this.

We appreciate that **quality of life goes beyond medical indicators**, and that factors such as our social lives, neighbourhood environments, and relationships all greatly influence how positively we experience ageing and mid and later life. While we use the term ‘ageing well’, a title also used by many NHS programmes, this does not indicate a binary distinction between ageing well or badly, and nor does it pretend that people have complete control over the myriad factors influencing their health. The work of the Ageing Hub and age-friendly ecosystem across GM is to create the conditions across systems and services to enable people to thrive in all of the domains most important to them.

The term ‘disability-free’ is used in some data sets from the Office of National Statistics to indicate people with a self-reported long-lasting physical or mental health condition that limits daily activities. Healthy life expectancy is a similar yet more subjective measure, based on how individuals perceive their general health. We have used these terms as they are presented in the original data sources where relevant, with the caveat that not all disabilities are acquired in adulthood, many disabilities are hidden, and that **whether someone is ‘disability-free’ is no indicator of how varied and fulfilling their life is, nor of their contribution to society.**

Where possible, **we have avoided using catch-all terms for racial groups and referred directly to the groups in question.** This is because distinguishing between ‘White British’ and ‘Minority Ethnic’ experiences can mask diversity and create a false indication of progress where some people are experiencing significant and worsening racial inequalities.

We recognise that in addition to the structural factors affecting people from minoritized ethnic groups, **racism itself has a severe impact on health and disadvantage.** Repeated exposure to racism across the life course has a cumulative effect, leading directly to poorer health outcomes in later life.¹

While this report is a comprehensive review of data relating to ageing, **we recognise that there are significant data gaps, particularly for people with protected characteristics.** Age breakdowns at lower-level geographies are not available for many indicators and where they are available, age bands often stop at 65+. There

can be vast differences in the lives of people who are 65 and those who are 90 years old, therefore grouping them together obscures the nuances of later life.

Furthermore, **there is insufficient data on protected characteristics such as gender identity, sexual orientation and ethnicity**. Older people often feel that they are 'invisible' in services and policymaking and this invisibility is exacerbated if they are disabled, lesbian, gay, bisexual and transgender (LGBT) or from an ethnic minority background. Where data is available, we have explored how these characteristics interact with age, however, we advocate for more comprehensive data collection that would allow for better analysis of these groups.

Glossary

Average life expectancy at birth: The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age specific mortality rates for that area and time period throughout his or her life.

Attendance Allowance: A benefit available to people of State Pension age who have a disability severe enough that they need someone to help look after them.

Disability-free life expectancy: Disability-free life expectancy (DFLE) at 65 is an estimate of the number of years a person aged 65 years would expect to live without a long lasting physical or mental health condition or disability that limits their ability to carry out day-to-day activities. This is based on contemporary mortality rates and prevalence of self-reported disability free state.

GVA: Gross Value Added (GVA) is the value of an industry's outputs minus the value of intermediate inputs used in the production process. GVA is used by the Office for National Statistics as a proxy for GDP to measure the value of sub-national economies.

Healthy life expectancy: A measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

Pension Credit: A benefit available to people over State Pension age which tops up their income to a minimum value.

Concessionary Pass: Bus passes that enable eligible people to travel on reduced fares or for free across Greater Manchester and in some cases nationally.

Economic Inactivity: People not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks.

OECD: Organisation for Economic Co-operation and Development

Productivity: In economics, this refers to how much output can be produced from a given set of inputs. Productivity at a national and sub-national level is typically defined and measured in terms of Gross Domestic Product (GDP) per capita, per employed person or per hour worked.

Silver Economy: the system of production, distribution and consumption of goods and services aimed at using the purchasing potential of older and ageing people and satisfying their consumption, living and health needs.

Social rented accommodation: Provided by either housing associations or local authorities, this type of accommodation has rents pegged to local incomes.

VCSE sector: Refers to the Voluntary, Community and Social Enterprise sectors

Our changing population

This section covers:

The age distribution of GM's population now, and how it will look in the decades to come

Life expectancy across the city region

Diversity of ethnicity and sexual orientation among our older population

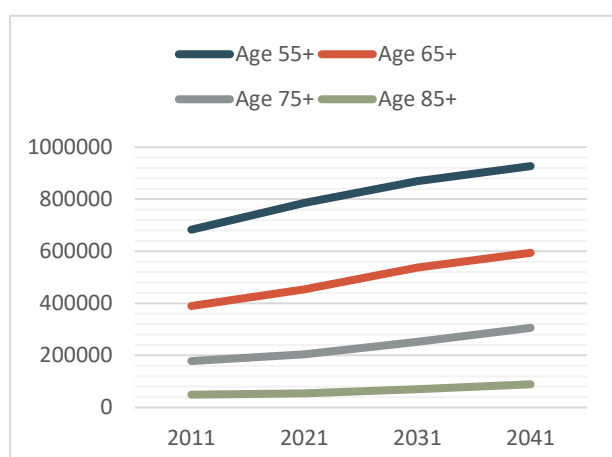
Older people living alone and ageing without children

GM's population is ageing, yet life expectancy is stalling

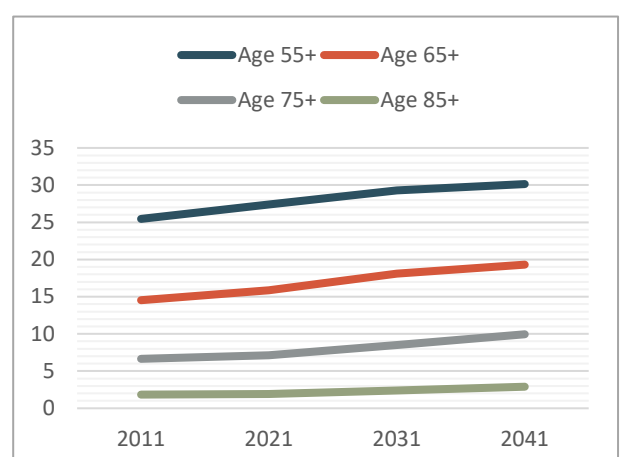
Every age cohort above age 55 has increased in size and as a percentage of the Greater Manchester population over the last ten years, with even greater increases projected over the next two decades for the oldest age groups.ⁱⁱ There are over 780,000 people aged 55 and over living in Greater Manchester today, 27.4% of GM's population. This is projected to grow rapidly, in both proportion and number.

Between now and 2041, GM is predicted to see its population aged 75+ grow by almost 50%, resulting in nearly 100,000 more residents.ⁱⁱⁱ

Older GM residents by number

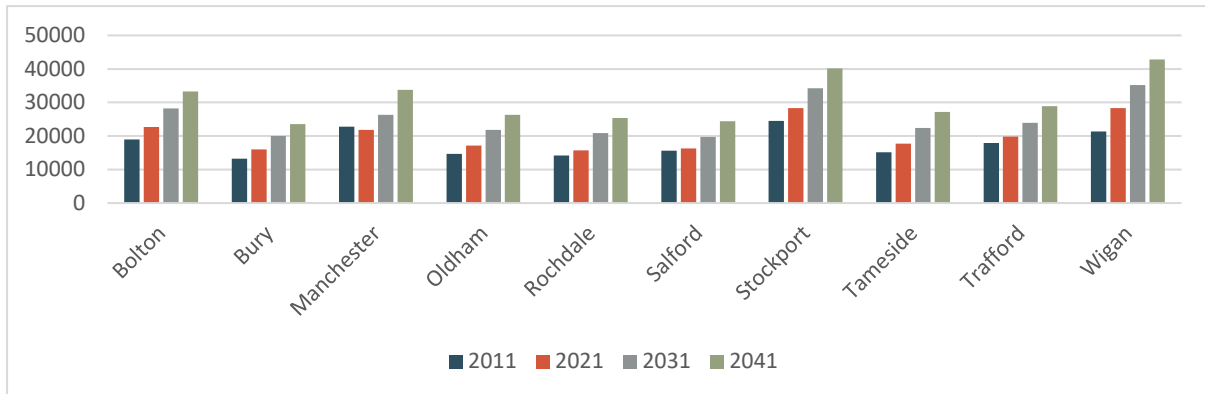


Older GM residents as % of population



The ten local authorities in GM are ageing at different rates. Amongst residents aged 75+ between 2011 and 2021, Manchester saw a 4% decrease, while Wigan saw a 33% increase. Bolton, Stockport and Tameside also have significant growth and projected growth in the oldest age groups.^{iv}

Over 75 population by locality



The primary reason for these increases is the size of age cohorts rather than an increase in longevity; life expectancy in the UK has stalled in the last ten years and even reversed for women in the poorest areas.^v

As with the rest of the country, in Greater Manchester the poorest residents are living the shortest lives and spending the largest proportion of them in poor health.

The electoral wards in GM with the lowest and highest average life expectancy and healthy life expectancy are Miles Platting and Newton Heath in Manchester (70.7/76.6 years life expectancy at birth for men and women respectively; of which 49.6 and 52 are spent in good health) and Bramhall South in Stockport (84.5/87.2 years life expectancy at birth, of which 73/73.8 spent in good health).^{vi}

Neighbourhoods with lowest life expectancy (LE) and healthy life expectancy (HLE)

Ward	LA	Men				Women			
		LE at birth	LE at 65	HLE at birth	HLE at 65	LE at birth	LE at 65	HLE at birth	HLE at 65
Miles Platting and Newton Heath	Manchester	70.7	14.5	49.6	3.9	76.6	17.3	52	4.6
St Peter's	Tameside	71	13.9	51.1	4.8	75.4	16	52.8	4.7
Broughton	Salford	71.2	13.7	51.1	4.3	76.7	15.9	54	4.9
Ardwick	Manchester	71.4	14.2	50.5	3.9	78.1	17	52.6	4.9
Harpurhey	Manchester	71.3	14.3	50.3	4.3	77.1	18.6	52.7	5.3
Alexandra	Oldham	72.5	14.8	51.1	4.9	77.1	16.7	52.5	4.7
Brinnington and Central	Stockport	72.3	14.5	51.1	4.1	76.7	18.2	53.1	5.7
Halliwel	Bolton	71.9	14.5	51.1	4.4	77.9	18.7	52.7	5
Coldhurst	Oldham	72.8	15.4	50.1	4.5	79.7	18.6	51.1	4.5
Langworthy	Salford	70.4	14.3	50	4.9	78.7	18.3	54.2	6.1

Neighbourhoods with highest life expectancy (LE) and healthy life expectancy (HLE)

Ward	LA	Men				Women			
		LE at birth	LE at 65	HLE at birth	HLE at 65	LE at birth	LE at 65	HLE at birth	HLE at 65
Bramhall South	Stockport	84.5	22.1	73	14.1	87.2	24.1	73.8	13.8
Hale Central	Trafford	82.8	20.4	72	12.4	87.7	25	73.9	14.4
Hale Barns	Trafford	82.3	21.3	70.6	13.1	87.6	24.3	73.1	13.8
Saddleworth South	Oldham	83.3	21	69	11	86.9	25.3	69.4	12.2
City Centre	Manchester	83	22	66.4	9.7	92.6	29.8	65.9	7.9
Cheadle Hulme South	Stockport	82.4	21.2	68.5	11.8	86	23.6	70.5	12.7
Bramhall North	Stockport	83.6	21.6	70.8	12.7	84.1	21.4	70.4	11.9
Bromley Cross	Bolton	82.1	20.6	68.7	11.4	86.2	23.2	69.2	11.1
Bowdon	Trafford	81	19.2	70.6	12.3	84.4	21.2	71.6	12
Heaton and Lostock	Bolton	81.3	20	68.8	11.9	85	22.1	70.2	12.1

Average life expectancy at birth in GM is 77.5 for men and 81.3 for women. This gender gap in life expectancy is observed globally and has been narrowing in the UK since the 1970s with a small increase in 2020/21 owing to higher mortality rates from Covid-19 for men.vii The 2021 Census reflected this shift, with 47.5% of the population aged 55+ now being male compared to 46.7% in 2011.

Among those aged 75+ the change is even more significant, with 42.6% being male compared to 39.5% in 2011.viii As the Ageing Well chapter discusses (see pages 51-52), while women in Greater Manchester are still living longer than men and represent the majority of the older population, they have a lower healthy life expectancy and represent a larger proportion of the older population living with a disability.

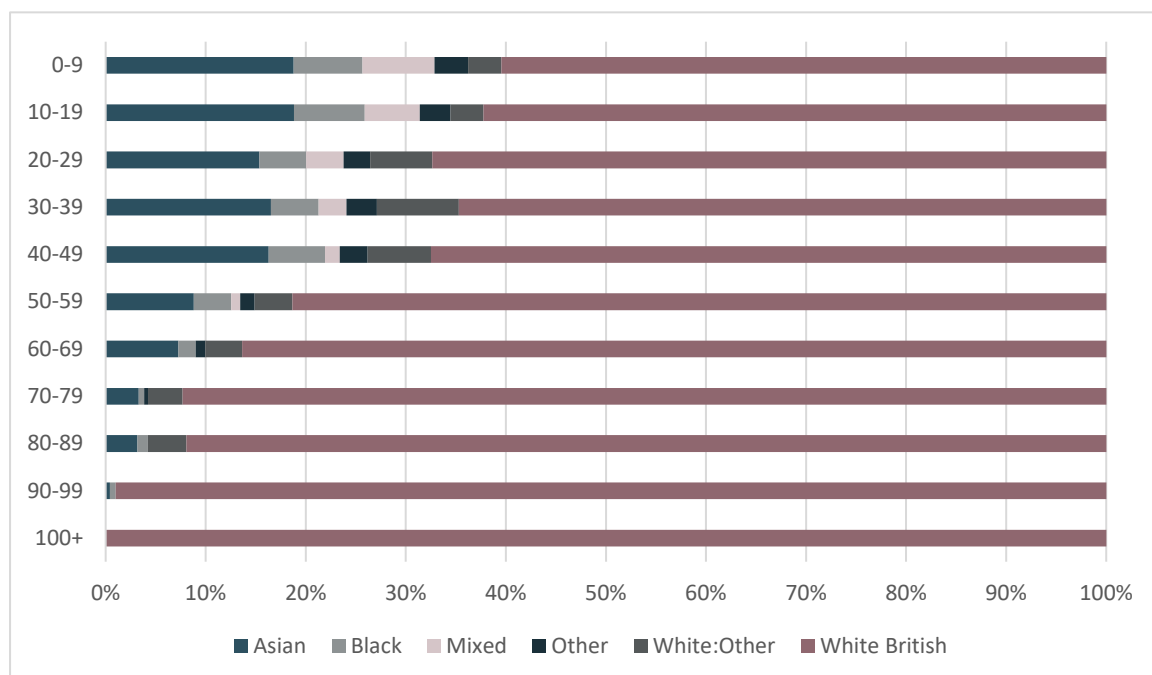
GM life expectancies are lower than the England averages of 79.4 and 83.1 for men and women (a gap of 1.9 years and 1.8 years respectively) and marginally lower than the average for the north west at 77.9 and 81.7 (0.4/0.4)ix. A study funded by The Health Foundation found that life expectancy in Greater Manchester has increased since the 2014 devolution deal in all local authorities apart from Rochdale

and Oldham, with a narrowing of health inequality between deprived and affluent areas. This improvement was 2.2 times larger than the average for England, with the benefits far more apparent for GM men (0.34 years increase on average) than women (0.06 years).^x

Our older population is becoming more diverse

GM’s older population has become significantly more ethnically diverse between the 2011 and 2021 Census, and is predicted to have an even larger increase in groups including Asian, Black, and Mixed identities when the current cohorts of 40-49 year olds, 50-59 year olds, and 60-69 year olds enter their 50s, 60s and 70s by the 2030s, notwithstanding the differences in life expectancy among some people experiencing racial inequalities.^{xi}

Ethnicity by age and local authority, Greater Manchester, % of population, 2021^{xii}

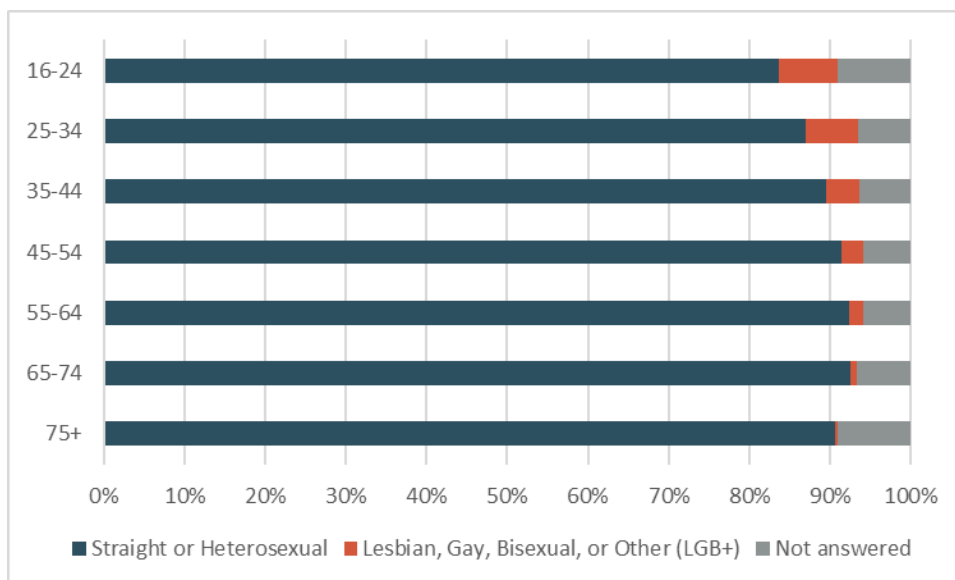


The 2021 Census was the first time that people were asked to list their sexual orientation from a list including *Straight/Heterosexual, Lesbian, Gay, Bisexual* or *Other*. In the absence of information from previous surveys, we cannot identify any changes in identity among older populations, but as above, we can observe how identities are likely to change as our population ages, with younger people being

more likely to have listed their orientation as lesbian, gay, bisexual or other. This must be seen with appreciation for the social, medical and legal environment that older people of minoritized orientations would have experienced if they spent most of their lives in the UK. Anyone over the age of 55 today will have spent some of their life before sex between two men was partially decriminalised in 1967; will have spent 24 years of their life with homosexuality classed as a mental disorder by the WHO; and at least 35 years without it being illegal for employers to discriminate against lesbian, gay or bisexual people.^{xiii}

It is also important to note that the Census question was voluntary, and that people aged 75 and over were far more likely to not answer the question than any other age group (the second most likely were those aged 16-24). In fact, the combined number of non-responders and those listing an orientation other than heterosexual/straight were higher for over 75s than every other age group over the age of 44.

2021 Census responses to ‘Which of the following best describes your sexual orientation?’, Greater Manchester, by ten-year age cohort





Nearly a quarter of a million
GM residents aged 50 and
over are living alone

More residents are living alone in mid and later life, and more of them are men

As people age, and as our society changes, relationships also diversify. An increasing number of people in mid and later life are now living alone, for reasons including bereavement, increases in divorce rates and the dissolution of civil partnerships, and a rise in those who have never married or formed a civil partnership^{xiv}. In GM in 2021, nearly a quarter of a million people aged 50 and over are living alone (248,839, equivalent to 26% of the GM population aged 50+) up from 223,453 in 2011 (then 27%).^{xv} Nationally, as well as the age distribution of those living alone increasing, the gender balance of single-adult households is shifting. While women still account for the majority of people aged 65+ living alone (64%), increases in male life expectancy have brought this down from the figure of 69% in 2021.^{xvi}

The number and proportion of older people who are not parents are increasing. Currently in the UK, 10% of people over the age of 60 have no children, increasing to 20% of those over the age of 50. It is estimated that 25% of women born in the 1970s do not have children. Although the Office for National Statistics (ONS) does not record data on how many men become fathers, it is estimated that around 23% of men over 45 are without children. Not only are people ageing without children more likely to be carers for their parents, they are also more likely to go into residential care, and at a younger age than people who have children.^{xvii}

Economy, work and money

This section covers:

The economic potential of an ageing population

Financial hardship in later life, and benefits uptake

Barriers to accessing good work in mid life

Economic inactivity among people aged 50 and state pension age

Our economy is growing, but older people's potential is not being harnessed

Greater Manchester's economy generates an estimated £75 billion in Gross Value Added (GVA) and is bigger than that of Northern Ireland and of Wales, accounting for 39% of the North West's GVA. Over the last decade, GM's has grown more strongly than all other combined authority areas, London and the UK as a whole.^{xviii} In addition, GM's productivity grew faster than average productivity in the UK over the ten years to 2021. Looking across a longer time period, Greater Manchester's productivity grew by 21.2% from 2004 to 2020, which was the highest percentage productivity growth over the period of any city region.^{xix} Despite this growth, the potential economic power of older people has yet to be harnessed to its full potential.

Our ageing population poses opportunities as well as challenges. For example, there is enormous potential to harness the power of the 'Silver Economy' or 'Platinum Pound', i.e., the spending power and economic contribution of older people. The 50+ age group is the fastest growing consumer market in absolute terms and consumers aged 50+ already outspend younger people across a wide range of leisure and recreation, food and beverage, and home markets.^{xx} A report by the International Longevity Centre-UK (ILC) in 2020 found that consumers aged 50+ already spend

Consumers aged 50+ spend approximately £3.4 billion on retail, culture, hospitality, tourism and sport in GM each year - with this figure increasing by £280 million each year



approximately £3.4 billion on retail, culture, hospitality, tourism and sport in GM each year - nearly half of all spending by GM residents in these sectors, with this figure increasing by £280 million each year. In addition, the ILC estimates that GM residents aged 65+ are saving £1.8 billion per year that could be spent within the local economy. ^{xxi}

This presents an opportunity for GM, with its combination of world-class research capability, significant consumer demand and devolved institutions, to capitalise on the growing 50+ consumer market and furthermore, to develop new products and services to meet the needs of an ageing society and support economic growth and prosperity.

Financial insecurity among older residents is increasing, including for those in work

The Income Deprivation Affecting Older People Index (IDAOPI) measures the proportion of all those aged 60 or over who experience income deprivation. The latest available edition of this dataset in 2019 showed that 13.3% (79,655) of GM residents over 60 were living in the top 10% most deprived LSOAs nationally, 26.5% (158,209) were living in the top 20% and 36.6% (218,337) were living in the top 30%. ^{xxii}

Since then, the cost-of-living crisis, coming on top of the covid pandemic, has had a significant negative impact on older residents, with research showing that those in later life are slightly more likely to have been affected than other age groups. Across all eight waves of the GM residents survey, conducted between March 2022 and July 2023, people aged 55+ were more likely than those of all ages to say their cost of living had increased – 81.3% compared to 77.5% of all GM residents. Of those aged 55+ that reported an increase in their cost of living, this was more likely to have been driven by rising food costs (96.75% vs 89.3%), and fuel costs (53.1% vs 50.7%) compared to the population as a whole. ^{xxiii} The cost of home broadband or mobile plans costs has also increased at a higher rate for older people (33% vs 30%). The effect of rising gas and electricity costs was broadly similar to the average across all ages (77.9% vs 78.7%). ^{xxiv}

Of those older people in GM that said the cost of their food shop had increased, 6.5% said that the affordability of food had been a concern over the last 12 months, and 16.6% said they were often or sometimes worried that their food would run out before they had money to buy more and 20.1% said they often or sometimes couldn't afford to eat balanced meals.

These findings reflect the results of the ONS 'Impact of increased cost of living on adults across Great Britain' survey which has found that 92% of adults aged 55+ have experienced an increase in their cost of living over the last year (2022-2023). The survey found that people aged 55+ were more likely than the average of all ages to say their cost of a food shop had risen (98% vs 96%), the cost of gas and Poverty in later life is exacerbated by inequalities. Across the UK, 20% of women aged 65 and over are living in poverty, compared to 16% of men. These figures are worse for women who live alone, with 27% of single women living in poverty.^{xxv} Research by Independent Age has found that a combination of factors contributed to inequalities in later life, including lower earnings during employment, caring responsibilities which led to time out from work and structural inequalities in the pension system.^{xxvi}

In addition, older people from Black and Asian ethnic groups are around twice as likely to be living in poverty as White pensioners. Older minority ethnic groups have lower average incomes, are more likely to receive means-tested benefits, and less likely to receive private pensions.^{xxvii} Research has also shown that Black and minority ethnic people were most effected by the economic shocks caused by the global financial crisis and COVID-19.^{xxviii} As our population ages and the demography of our older population changes with it, these inequalities will only widen without intervention.

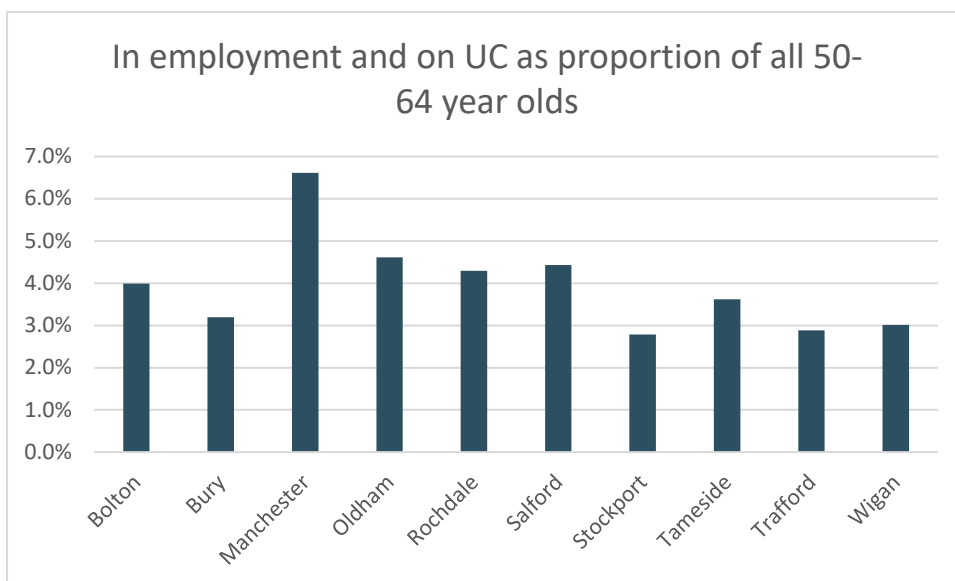
11.1% of people aged 45+ had used a prepayment meter over the previous 12 months across all eight waves of the residents' survey. The older age group most likely to have a prepayment meter is those aged 55-64, at 13% compared to 23.4% of all ages. Amongst residents aged 45+, 22% said *there have been times when I could not afford to top up my prepayment meter*, and a further 34.8% said *keeping my prepayment meter topped up and connected is a major daily concern*.^{xxix}

The number of Universal Credit claimants rose sharply during the early stages of the pandemic and has remained persistently high since then. Looking at those of

working age, Greater Manchester has a slightly lower proportion of Universal Credit Claimants aged between 50 and 64 than Great Britain as a whole. There were 345,300 people claiming Universal Credit across the city region in October 2023, 21.5% (74,200) of which were aged between 50-64 (14.2% of the total population aged 50-64). This compares to 22.2% for the North West and 23.0% across Britain. Of those claiming Universal Credit in Greater Manchester, 8.3% were aged 50-54, 6.8% were aged 55-59, 6.3% were aged 60-64.

However, there are significant numbers of older people facing financial insecurity despite being in employment. 3.6% (18,700) of people aged 50-64 in GM are in employment and claiming Universal Credit. The chart below shows the proportion of people aged 50-64 in employment and claiming Universal Credit by local authority: Bolton 3.7% (2,100), Bury 2.8% (1,100), Manchester 5.9% (4,700), Oldham 4% (1,800), Rochdale 3.7% (1,600), Salford 3.9% (1,700), Stockport 2.3% (1,300), Tameside 3.3% (1,600), Trafford 2.6% (1,200), Wigan 2.6% (1,800).

Proportion of people aged 50-64 on Universal Credit and in employment

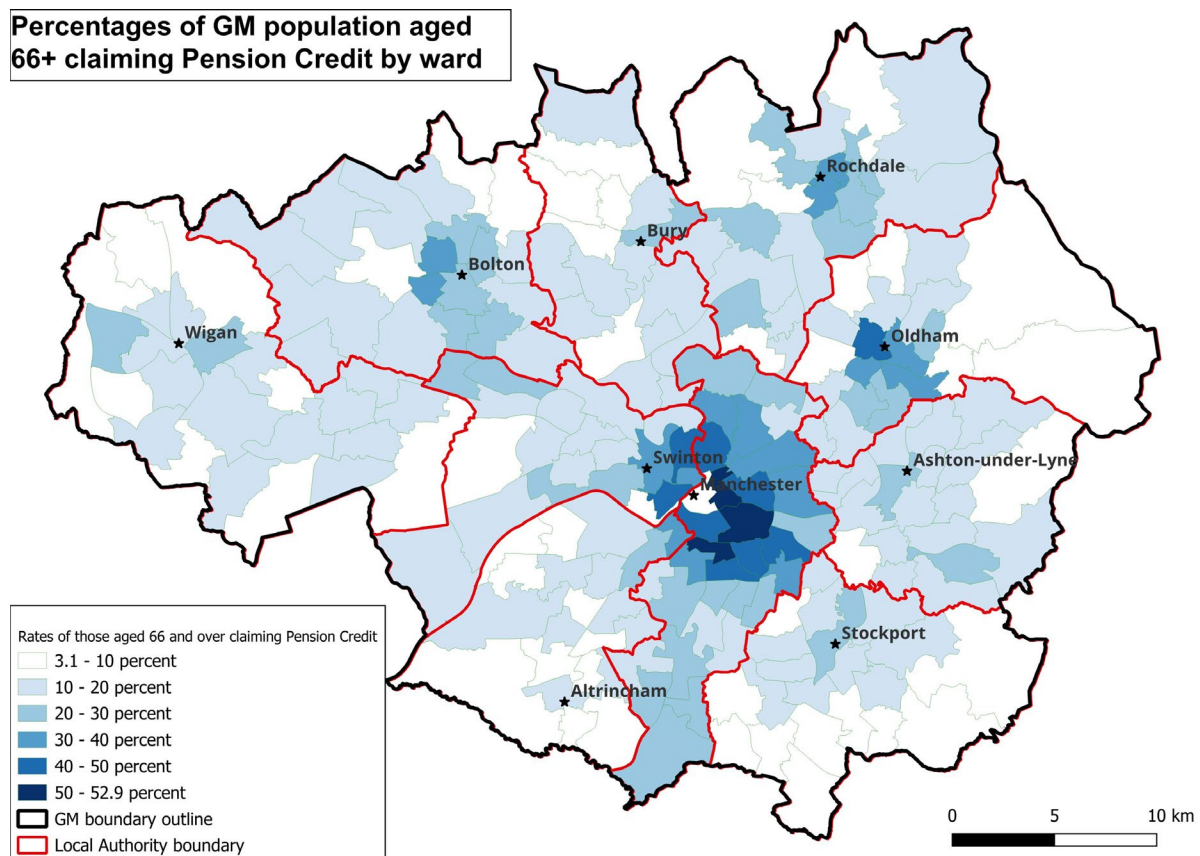


Source: DWP

Many older people are not receiving the benefits to which they are entitled to

Later life financial insecurity is compounded by a lack of take-up of entitlements and benefits such as Pension Credit and Attendance Allowance. Across Britain, only 63% of those eligible are claiming Pension Credit, a figure which has stayed consistently low for many years. Based on national estimates, we estimate that up to 39,000 eligible people in Greater Manchester who are not claiming the Pension Credit to which they are entitled, which is around 9% of those aged 66 and above across Greater Manchester^{xxx}.

We also estimate that around £95 million of Pension Credit goes unclaimed in Greater Manchester each year.^{xxxi} The chart below shows the proportion of the 66+ population that are claiming Pension Credit.



Source: DWP

Key reasons those eligible do not claim include perceived ineligibility, anxiety about bureaucracy and fear of having to give money back, the stigma of claiming benefits, digital exclusion, and a lack available support to complete an application. This is all extra income that could be put back into older people's pockets with the potential to

have life changing implications for those struggling the most with the costs of essentials. Research also suggests that the estimated cost of unclaimed Pension Credit to the Greater Manchester health and social care sector is as much as £181 million.^{xxxii}

The growth in our workforce is being driven by older workers, but many people age 50+ can't access good work

The overarching trend over the last 20 years has been of an ageing workforce. Between 2009 and 2022, total employment has increased by 14% from 1.18 million to 1.34 million. Over the same period, the number of older workers as a proportion of total employment has increased from 25% to 33%.^{xxxiii}

Employment in GM increased by 13% between 2009 and 2019 before the Covid-19 pandemic. During the pandemic, overall employment decreased by 1% between 2019 and 2021, while employment in the over 65 cohort increased by 10.1% which may suggest people coming out of retirement due to financial hardship, employment in the 50-64 cohort decreased by 0.4%. According to research by the Economic Affairs Committee, the pandemic led to some people in the 50-64 cohort retiring early and this has been a major contributor to the UK's persistently high economic inactivity.

The Greater Manchester Independent Prosperity Review Evidence Update published in October 2022, found that, 'Whilst data is still emerging on the total impact of the pandemic, initial evidence suggests that support programmes such as furlough, business grants and loans and other support programmes appears to have been effective in preventing long-term structural change to many elements of the city region's economy.'^{xxxiv}

A report by the Learning and Work Institute found that only one in ten out-of-work people aged 50-64 are engaged in employment support each year (around 3.8 million people across the UK). This compares to one in three 18–24-year-olds not in full-time education. Bringing more older people into the workforce would not only raise their incomes, it would be a significant boost to the economy. If the proportion of 50-64-year-olds accessing employment support were doubled, the UK's

employment rate could reach 80%, on par with world leading countries like the Netherlands and the highest rate in the G7.^{xxxv} In Greater Manchester, this would mean getting another 122,000 people into employment.

Between 2009 and 2022
the proportion of the
workforce aged 50-64
increased from 25% to 33%



Economic inactivity is rising, driven by older workers leaving the workforce

Between January and December 2022, 23.8% (428,000) of Greater Manchester's Working-Age Population (WAP) were economically inactive. 30.9% (160,000) of those aged between 50 and 64 and 91.1% (408,000) of those aged over 65 were economically inactive in 2022.^{xxxvi} Since the pandemic began, economic inactivity across the UK increased by 565,000, reversing the downward trend inactivity had been on since the turn of the 21st century and marking the UK as an international outlier, being one of the only OECD countries that has not returned to its pre-pandemic employment rates.^{xxxvii}

According to research by the Economic Affairs Committee, the rise in inactivity has been driven by four key factors: retirement among those aged 50–64; increasing sickness; changes in the structure of migration; and the impact of an ageing UK population. The biggest contributor to the rise in inactivity was the rise in the number of people taking early retirement, the reasons for which are not entirely clear. The COVID-19 pandemic, including the furlough scheme and increased redundancies, could have prompted some people to consider earlier retirement. Other possible explanations include increased savings during the pandemic and flexibilities in the pension system which enable leaving work ahead of the State Pension age (SPA)^{xxxviii}

Our ageing population has a significant impact on inactivity. Prior to the pandemic, the impact of ageing on the workforce was offset by other trends towards higher rates of participation. However, since the pandemic the effect of ageing is now being reinforced by other factors. The majority of those over 50 who have left the workforce state that they do not want or expect to return to work in the future. From the limited information we have on the economic resources of this group, we can infer that they are relatively well-off and therefore retirement is a financially viable option. A recent report by the Institute for Fiscal Studies found that early retirement has become the preserve of the wealthy. In 2002-2003, 20% of the poorest fifth of 50–64-year-olds had retired early voluntarily but by 2018-2019, this had fallen to 7%. Over the same period, the wealthiest fifth of 50–64-year-olds who voluntarily retired early dropped

slightly from 28% to 24%. At the same time, the impact of the cost-of-living crisis may still affect their standard of living over the medium and longer term.

Poor health is another key driver behind people leaving the workforce. Office for National Statistics (ONS) data indicates that amongst the over-50s who left work early, reasons for not returning to work include disability (12%), illness (10%), mental health issues (8%), stress (6%), and illness from COVID-19 (1%). Reasons for leaving and not returning to work vary between age groups: people in their 60s are more likely to cite early retirement – 48% of 60–65-year-olds cite retirement compared with 25% of those 50-59 who are much more likely to cite a health-related reason.

The type of jobs available to people 50 and over may be an issue: two-thirds of the growth in employment since 2008 has been in ‘precarious’ forms of work, including self-employment, zero hours contracts, and agency work. Whilst such employment might meet the need for flexible hours, they may entail a poor-quality work environment, and lack of training.^{xxxix}

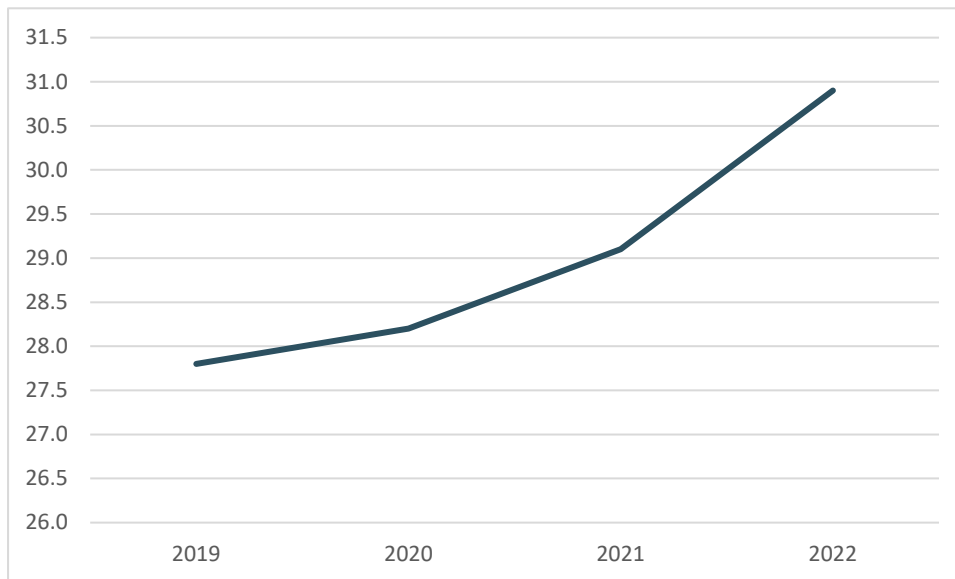
Poor working practices and a lack of flexibility may be acutely felt by older people. Older people are more likely to be managing health concerns and, particularly older women, are more likely to have unpaid caring responsibilities.^{xl} ONS research found that of those aged 50 – 70 years old that left the workforce since the start of the pandemic and not returned, 26% said they would consider returning to paid work if the job suited their other responsibilities or lifestyle and a further 11% said they would consider returning if their caring responsibilities change.^{xli}

Between 2019 and 2022 in GM, the number of working age people that were economically inactive increased by 10,200 (0.4 percentage points), however, those aged between 50-64 were disproportionately affected. The number of economically inactive residents aged 50-64 increased by 19,300 (3.1 percentage points).^{xlii}



50–64-year-olds who have left work owing to long-term ill health or disability have less than 5% of the wealth of those who chose early retirement

Percentage of economically inactive people aged 50-64, 2019-2022



Source: Annual Population Survey

A rise in inactivity among workers aged 50-64 since the COVID-19 pandemic makes the UK an outlier among OECD countries. The median OECD country saw a 2% increase in later life workforce participation, according to the Platinum Pound Report by Demos.^{xliii} This has a significant impact on economic growth. If the UK were to return to pre-pandemic later life workforce levels, the economy could be boosted by as much as £6.6 billion. Furthermore, an additional £1.2 billion could be unlocked if we returned to pre-pandemic levels of volunteering.^{xliiv}

Early retirement is an option not available to everyone

Research from Public First for think thank Phoenix Insights in 2023 found that there was a significant wealth gap between people who had left the workforce due to ill health or disability or to look after their families, and those who had chosen to retire early. 50–64-year-olds who have left work owing to long-term ill health or disability have less than 5% of the median household wealth of their peers who chose early retirement (£57,000 compared to £1.25 million). Comparing this to the estimated wealth required for a comfortable retirement, Phoenix stated that ‘Unless [many of the economically inactive people aged 50+] can re-enter the labour market... very

few of them will be able to afford a comfortable retirement...and many may struggle to maintain even a basic standard of living'.^{xlv}

Phoenix also identified trends in the industries and roles that early exiters are working in, with industries including accommodation and food services; transport and storage; and construction linked to more economically inactive people aged 50-64 who are long term sick or disabled or with caring responsibilities.

There is still a significant gender gap in retirement incomes. In 2023, Scottish Widow has identified a 39% gap between the average annual retirement income of women (£12,000) and men (£19,000). This is more than double the gap for those in work (the gender wage gap), because as well as being caused by women accumulating less in private pension pots and savings per hour that they work, caring responsibilities also lead to women working fewer hours and taking more time out of work to care for children and other family members, impacting their savings, private pensions, and state pension contributions. Not only does this afford women less financial independence than men, it means they are less likely to be on track for the minimum required income for a basic standard of living (which comprises a small amount of leisure spending, but no car, and strict food budgeting) than men – with 39% unlikely to achieve this compared to 32% of men. This rises to 60% for divorced women and 75% of single mothers.^{xlvi}



There is a 39% gap between the average annual retirement income of women and men - more than double the size of the gender pay gap

Places

This section covers:

The determinants of supportive neighbourhoods for ageing in place

Crime and perceptions of safety

Public transport and active travel

Inequalities in housing for GM's older residents

Ageing and the climate emergency

Our homes and neighbourhoods are vital to healthy, connected lives

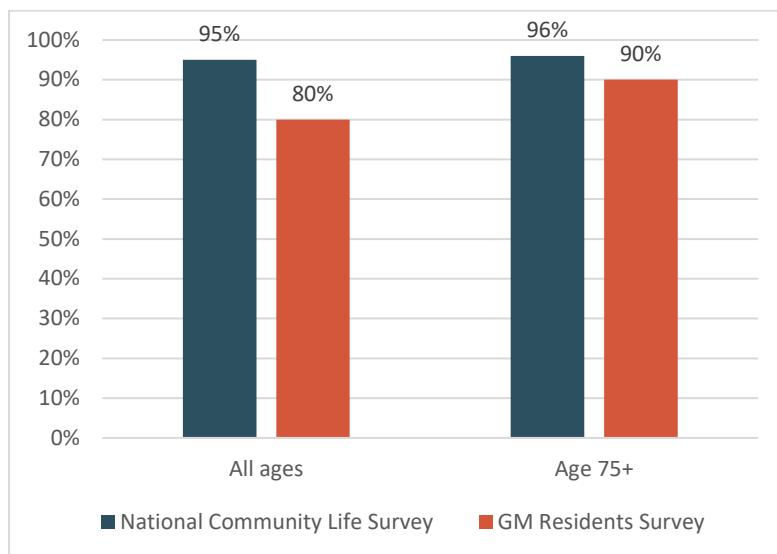
Unsurprisingly, older GM residents are more likely to have lived in their neighbourhood for a long time, with 74.6% of over 55s having lived the same neighbourhood for over 21 years, compared to 48% across all ages.^{xlvii} Research also tells us that in adulthood, the older we are the more time we spend in our homes and in our local community.

The 2020/21 Community Life Survey in England found that older adults are more likely to chat to their neighbours at least once a month, with less than a fifth of over 50s reporting more limited contact. 85% of people aged 65 and over chat to their neighbours at least once a month, compared to just 60% of people aged 25-34.^{xlviii}

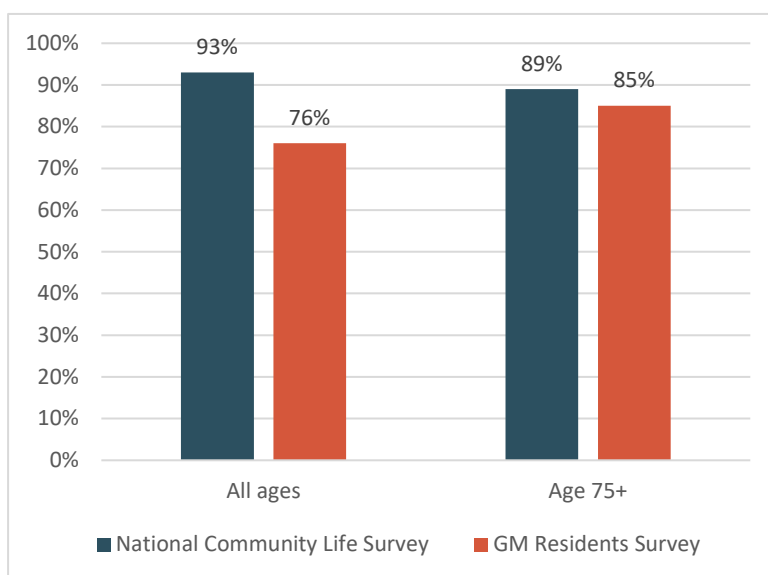
Two questions about people's local support networks were asked in both the Community Life Survey and the GM Residents Survey, providing a comparison between Greater Manchester residents and the rest of the country. GM residents were less likely to agree that people would be there for them if they needed help, or that there were people they could call on if they wanted company or to socialise, though the gap was significantly smaller for people aged 75 and over. Both locally

and nationally, people were more likely to respond positively to the question about help than about company, with just 26% of GM residents saying that they 'definitely agreed' that there were people they could call on – this was slightly higher for over 55s and over 85s at 28% and 30% respectively.^{xlix}

People who definitely or tend to agree that 'if I needed help, there are people who would be there for me'



People who definitely or tend to agree that 'if I wanted company or to socialise, there are people I can call on'

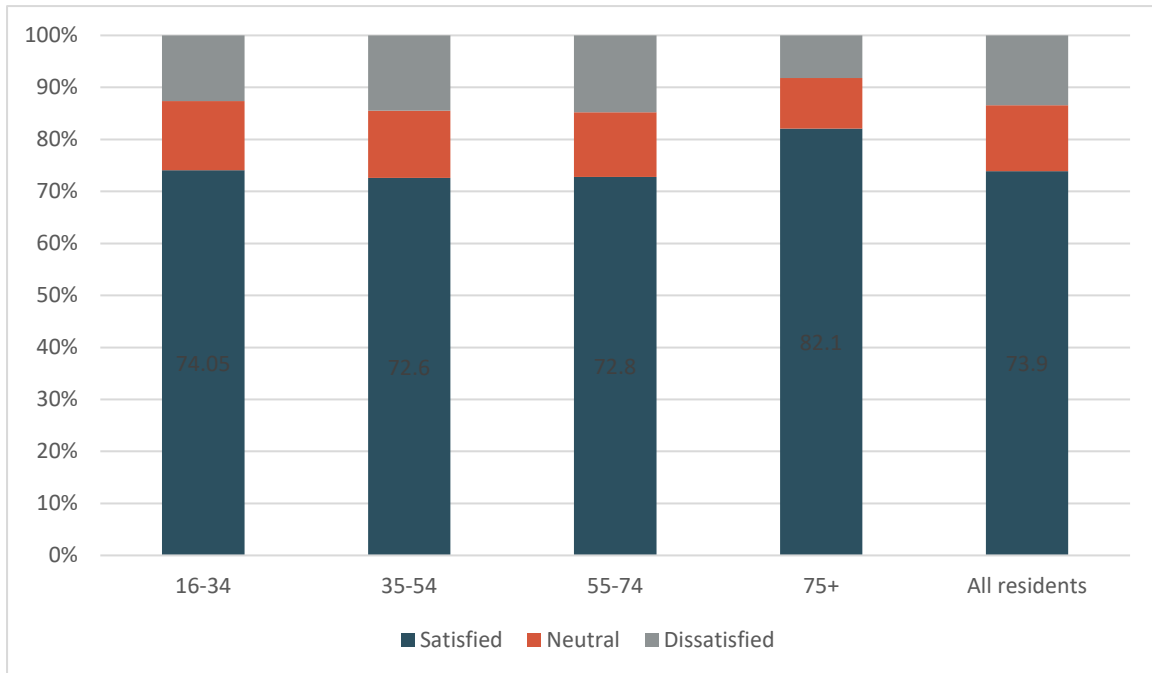




74.6% of over 55s in GM have lived the same neighbourhood for over 21 years

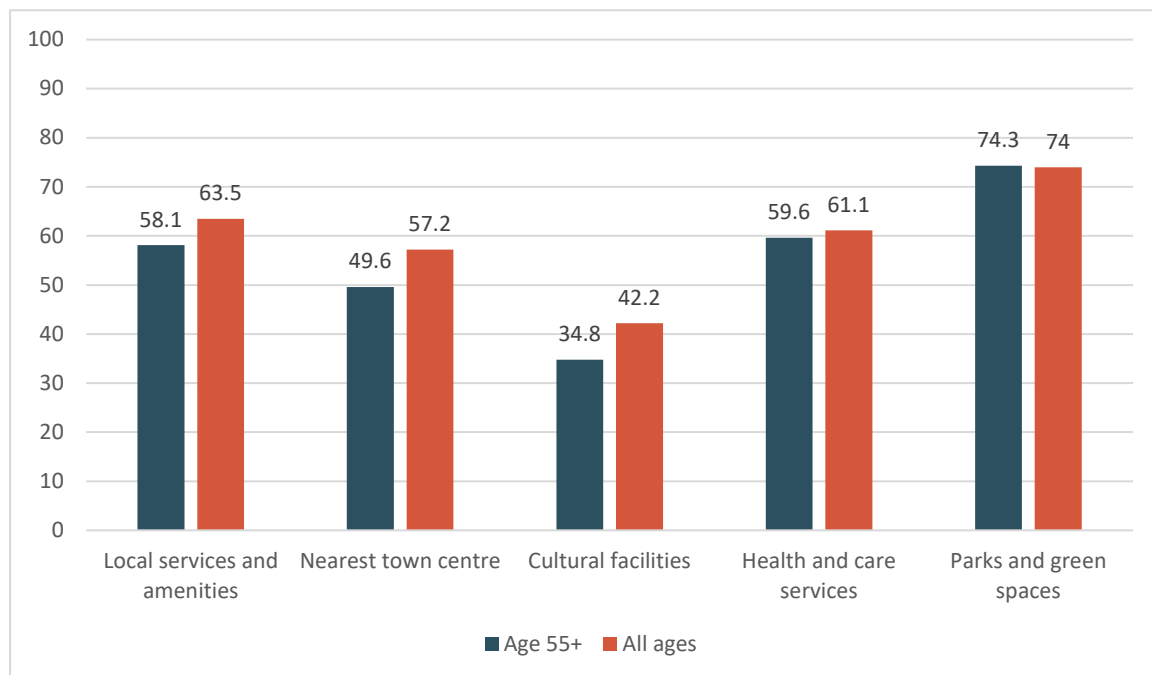
Across eight waves of the GM Residents Survey conducted between March 2022 and July 2023, people in older age groups were more likely to be satisfied with their local area, with over three-quarters of over 55s saying they were satisfied compared to 73.9% for all residents.ⁱ

Satisfaction with local area



However, when broken down into how people feel about the services and amenities in their neighbourhood, there are slightly lower levels of satisfaction among older age groups than the general population, with town centres and cultural facilities having a significant gap in satisfaction rates in later life. The only element where older residents were marginally more satisfied than others was with parks and green spaces.ⁱⁱ

Percentage of residents satisfied with elements of their local area, by age



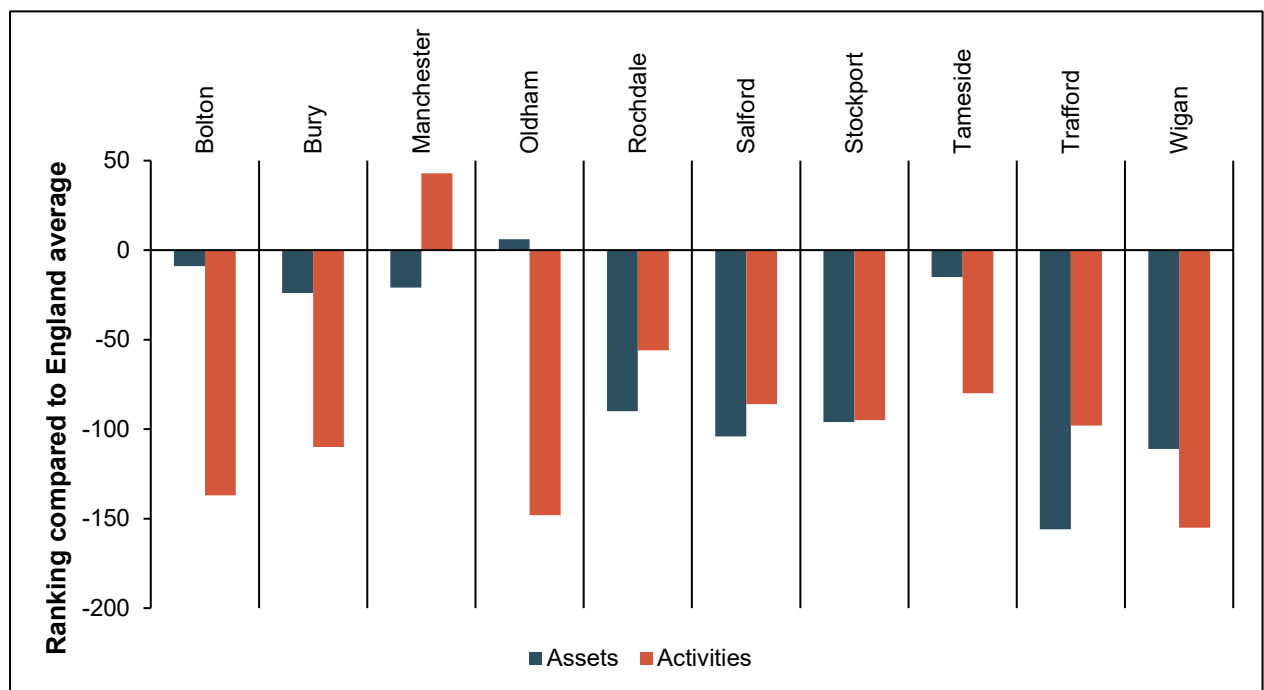
This likely reflects the fact that older city-dwellers are more likely to live in a neighbourhood with a high number of green (trees, shrubs, grass) and blue (water) spaces than younger people in the same city. However, this can obscure the fact that income is the main factor influencing access to green and blue spaces; neighbourhoods with the most affluent older residents comprise around 70% green and blue cover, compared to 50% for neighbourhoods with the least affluent older residents. This is a vital component in closing the health gap between different neighbourhoods in GM; even when income is controlled for, proximity to good-quality green and blue spaces is associated with better health outcomes.ⁱⁱⁱ

Greater Manchester can do more to unlock the potential of its cultural assets – especially for older people

The Royal Society of Art's 2020 Heritage Index, which ranks every local authority in England by its heritage assets and activities, shows significant differences between the provision in GM boroughs. Manchester is almost exactly in the middle of England's ranking, at 159 out of 316, with Tameside at 195 and all other GM boroughs in the bottom third, the lowest being Wigan at 309. However, in most cases the Index shows that there is huge potential to make more of the assets that areas have by increasing the activities that support people to engage in local heritage.

Oldham, Bolton and Bury scored well for their assets, but poorly for their activities, suggesting that investment in what is already in these places could be a powerful tool in placemaking. Some of the specific areas where assets scored well but activities less so were Oldham’s landscape and natural environment (assets in the top 20% in England but activities in the bottom 4%); Salford’s museums (assets in the top 11% and activities in the bottom 33%); and Manchester’s industrial heritage (assets in top 18%, activities in the bottom 33%). It is also worth noting that neighbourhoods, and the spaces where people regularly spend their time, span local authority boundaries, and that transport is also crucial to enabling people to make the most of heritage sites.^{liii}

RSA Heritage Index 2020



At population level, there is a significant decline in cultural participation after age 75. While those aged 55-74 comprise 48% of audiences at cultural venues and activities, those aged 75+ make up only 6%, except in a select few art forms including opera and ballet. This insight, from a 2021 report by the Audience Agency and the Creative Ageing Development Agency, revealed that older individuals from specific minority ethnic backgrounds are also underrepresented. In England, 97% of cultural

attendees age 55+ are White, despite making up 94% of the population, while Black and Asian audiences are underrepresented at 1% and 3%, respectively.^{liv}

A 2022 report from The Bennett Institute for Public Policy, written in response to the Government's Levelling Up White Paper of the same year, argued that access to cultural and heritage amenities is a key influence on pride in place for all age groups, particularly older people:

There are good reasons to think that restorative programmes in relation to heritage may carry cultural and psychological importance for older people and the places where more of them live, and that the loss of cultural and heritage amenities are most keenly felt among this cohort.^{lv}

The recently-launched evaluation for the UK Shared Prosperity Fund^{lvi} will evaluate the impact of the fund in relation to the levelling up missions it aims to deliver, particularly pride in place. This should give a clearer indicator of geographic and demographic variances in how people feel about their local high streets, town centres, and cultural assets.

In 2017, Age UK developed the Index of Wellbeing in Later Life to provide a coherent and holistic measure of older people's self-reported wellbeing and the main factors influencing it. The index modelled data from the ONS's Understanding Society survey and together with experts shortlisted 40 indicators across five domains and gave each a score between -5% to 6%. It found that 'engagement in cultural and creative activities' made the highest individual contribution to people's wellbeing (+5.75%). This was above other positively-rated indicators including social participation (+3.86%), civic participation (+2.95%), and having friends (2.78%).

97% of arts and culture attendees aged 55+ are White, despite making up 94% of the population, while Black and Asian audiences are underrepresented at 1% and 3%



A lack of local, accessible spaces makes it harder to age well

As well as revealing the importance of culture and creativity, the Index of Wellbeing in Later Life emphasises the importance of place-based policy to improve wellbeing. Age UK said:

Our research also finds that ‘neighbourliness’ (which includes things like talking to the neighbours, feeling you belong, and having access to local advice) contributes 2.7 per cent of wellbeing. Conversely, having a low opinion of one’s local neighbourhood – a lack of transport, inaccessible facilities and a lack of friendliness – can have an isolating effect, which is a strong causal factor for loneliness^{lvii}

Both Covid and the cost-of-living crisis have affected retail and hospitality, and while the increase in remote working since 2020 will have changed the number of people in suburban areas during typical working hours, there is little evidence that smaller high streets have been bolstered by home working.^{lviii}

Northern cities have been more impacted by austerity than elsewhere in England. Cuts to local authority budgets have forced councils to cut services that they are not legally obliged to deliver, such as planning, libraries and cultural activities. Between 2009 and 2019, spending on public toilets in every GM local authority except for Wigan fell by 92%, while spending on library services dropped by 39%.^{lix}

A report from the 2015-2022 GM-wide Ambition for Ageing programme, *Social Infrastructure: How shared spaces make communities work* argued that libraries are one of the most important and yet underrecognized forms of social infrastructure, owing to their potential for culture, learning and building social connections while being inclusive, neutral spaces that do not require people to spend money. The report also highlighted how gentrification, as well as causing displacement and population turnover, can mean that many people, especially those in later life, feel that commercial spaces in their neighbourhoods are not for them, compounding with the impact of the closure of public spaces in limiting the shared spaces that support ageing in place.^{lx}

Older people are more likely to feel safe in their local area, but less confident getting help from the police

The 2023 Policing and Community Safety Survey found that 88% of people of all ages felt 'safe' or 'very safe' in their local area. Among those age 61+, this rises to 92%. 8% of those aged 61+ said that awareness of antisocial behaviour made them feel unsafe (including those who felt safe overall), and 1.7% had witnessed antisocial behaviour that made them feel unsafe.

The survey identified that residents aged 55+ were slightly less confident in getting help from police in an emergency than younger residents – 59% of older people felt confident vs 66% for the younger cohort. This trend was also apparent for non-emergencies, with 35% and 45% confidence.^{lxi}

A separate survey was undertaken with GM residents who had been victims of crime, which sheds some light on people's access to police services. Over 55s were more likely to have had someone else report their crime for them – 20% vs 14% for under 55s – suggesting that although rates of not reporting at all (15%) were identical for both age groups, older people without someone to advocate for them or help navigate the reporting system are disadvantaged.^{lxii}

While older people are more likely to own their homes, many face significant housing challenges

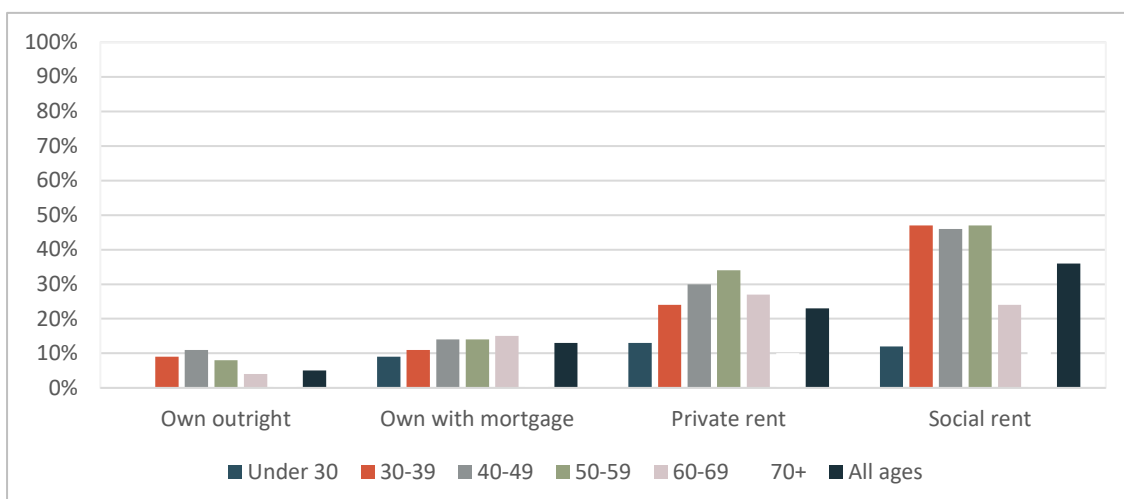
Greater Manchester has more older residents living in social housing than in other parts of the country. Across England and Wales, 14.02% of people aged 50+ live in social rented accommodation, while the figure in Greater Manchester is 17.66%. The majority of local authorities in GM have above-average numbers of older people in social housing, with Manchester and Salford being particularly striking at 33.32% and 24.93% respectively.^{lxiii}

Housing tenure for GM residents aged 50+



There is a strong correlation between housing tenure and financial wellbeing. A 2023 report by Financial Fairness found that people in social rented accommodation are far more likely to be in 'serious financial difficulties' – the highest poverty ranking of four financial wellbeing categories including 'secure', 'exposed', and 'struggling'. Across all ages, 36% of social tenants were in serious difficulties compared to 23% in the private rented sector, 13% of mortgage holders and 5% or those who own their homes outright. The report found that social and private renters in their 50s are the age group most likely to be in serious financial difficulties, equating to 47% of social tenants and 34% of those in the private rented sector in serious financial difficulties.^{lxiv}

Percentage of tenants in serious financial difficulties





21% of homes headed by someone aged 55-64 in the North are classed as non-decent, compared to 9% in London and the South East

The number of older people renting from a private landlord is also increasing, with implications for financial and housing security, as well as the health effects of the high levels poor-quality housing in the private rented sector. In 2023, Independent Age found that the number of people aged 55+ who are renting privately has more than doubled since 2003 – with one in four of those tenants in long-term poverty.^{lxv}

Affordability is a growing concern for renters of all ages, particularly for older people – across England, the proportion of income spent on private rent increases steadily with age, from 27.6% of those aged 25-34 to 47.8% for those aged 75+^{lxvi}. This issue is even more pronounced for women – a 2023 YouGov survey commissioned by Independent Age found that 21% of female renters aged 65+ had less than £100 of disposable income left after paying their rent, compared to 10% of men.^{lxvii}

Fear of eviction is also a barrier to tenants with accessibility needs discussing home adaptations with their landlord.^{lxviii}

Despite the benefits that home ownership offers many, the large number of older GM residents who own their own home cannot be ignored in policy to improve the quality of our housing stock. Many are living in homes that pose a serious risk to their health, safety, and wellbeing, particularly in the north of England, with 21% of homes headed by someone aged 55-64 in the North classed as non-decent, compared to 9% in London and the South East.^{lxix} The likelihood of living in a non-decent home is also significantly higher for people on low incomes and people from ethnic minority groups. Over one third (36%) of Bangladeshi people aged 50+ in England are living in housing deprivation – this figure stands at 29% for Black African, 27% of Pakistani people, 19% of minority ethnic groups overall and 4% of White British people.^{lxx}

Warm homes are vital for maintaining good health at all stages of life, but something which older people often struggle to achieve. In England, homes headed by someone aged 75+ are the most likely to have the lowest energy ratings, with 16% in EPC band E-G. And recent evidence suggests that last year's support with energy prices did not go far enough to reduce the risk of older people being too cold: in 2022, 72% of people aged 50-69 who own their home with a mortgage avoided turning on the heating or turned it on less than usual.

Research commissioned in 2023 by Centre for Ageing Better, working with the GMCA and the Housing, Planning and Ageing group, found that there is a varied and complex set of reasons why so few people over the age of 50 move house – just 3.4% - despite 23% saying that they would like to. Only one fifth of those who would like to move expect to be able to do so in the next year. The research found that finding a home in a suitable neighbourhood was a major factor, as well as being able to move or remain close to friends and family, and find a home that is more suitable for them as they age. The types of homes available pose a significant barrier for those who need somewhere more accessible – only 9% of homes are accessible and suitable for someone who needs a step-free entrance, or is a wheelchair user.

Despite the common framing of house moves in later life focusing on downsizing, most older people do not move to smaller properties. It is also important to note that a majority of older people wish to remain living in their current homes, making the case for increased access to home improvements and adaptations, and for age-friendly neighbourhoods.^{lxxi}

Many of GM’s local authorities have large numbers of older people living in care homes

Care Homes are essential part of many older people’s lives and are a key element of our communities. According to the 2021 census, there are 11,800 people aged 65 and over living in care homes across GM. This accounts for 2.6% of the over 65 population. Four of GM’s ten local authorities are in the top 50 local authorities nationwide for the number of over 65s living in care homes.^{lxxii} The table below shows the number of over 65s living in care homes for each local authority and its national ranking.

Area Name	Persons aged 65 and over living in a care home	% of Persons aged 65 and over	Rank of number nationally
Stockport	1,621	2.7%	26
Wigan	1,590	2.5%	29
Manchester	1,574	3.0%	33
Bolton	1,227	2.4%	50
Bury	1,050	3.0%	74
Oldham	1,037	2.7%	76
Tameside	1,015	2.5%	81
Trafford	1,007	2.4%	84
Rochdale	925	2.5%	99
Salford	789	2.2%	139

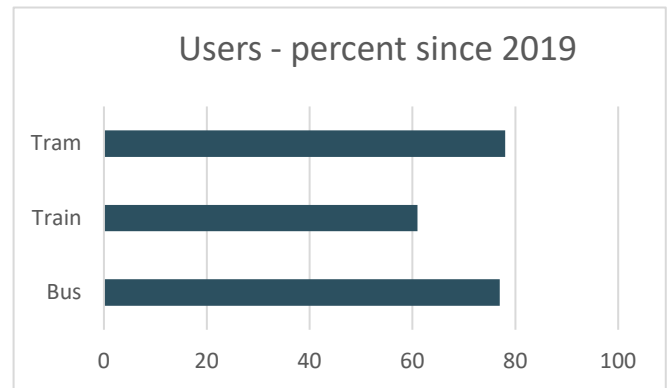
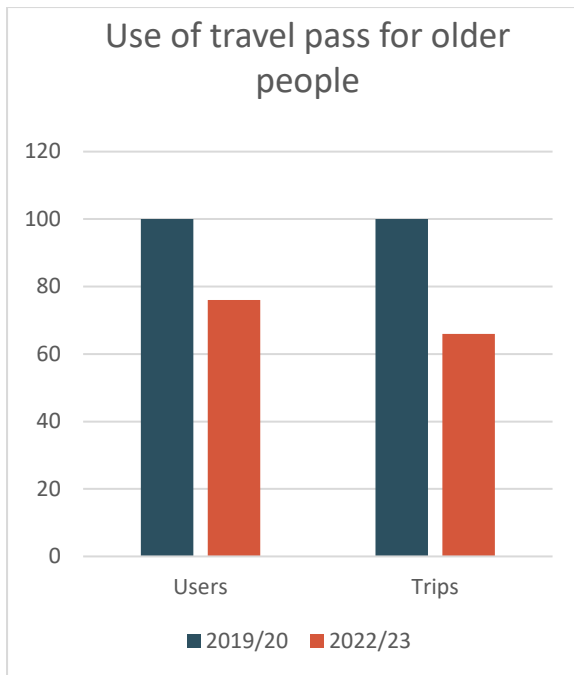
Source: Census 2021

Older people are still using public transport less than they were before the pandemic and are facing barriers getting out and about in the places they live

People who hold or are eligible for a travel pass for older people (anyone over state pension age), or a travel pass for disabled people, have been slower to return to pre-pandemic levels of public transport. Use of the bus, tram or train by over 60s and disabled people has reduced by a third compared to 2019, which represents both people reducing the number of trips they take (down by 34%), and a reduction in the number of people using concessionary passes (down by 24%).



Use of the bus, tram or train by over 60s and disabled people has reduced by a third compared to 2019, with half noting a negative impact on their life as a result



Research with GM residents eligible for the travel pass for older people and travel pass for disabled people in February - March 2023 identified several reasons for a decline in their use, including behavioural changes (using more local facilities or online shopping, feeling that there were fewer leisure or social opportunities to travel for), dissatisfaction with the transport service (particularly with trains and buses), and health reasons (concerns about catching COVID or other illness or being unable to travel as often due to health or mobility changes). The research – which captured 962 residents – also found that 18% of those eligible didn't have a pass, either because they wrongly thought they were ineligible or faced barriers in the application process, or because they did not use public transport.

Half of those who reduced their public transport use noted a negative impact on their life as a result, including reduced social interaction, greater financial costs, and getting less exercise. There were more people who felt they would increase their public transport use in the future (three fifths) than said they were unlikely to (one third). For this group, service improvement (improved reliability and frequency) was critical for them to return, particularly for those who have reduced bus or train travel.^{lxxiii}



Just 26% of GM residents aged 66+ think that cycling safety in their local area is good

Active travel is lower among older than younger people – but there are encouraging signs that it could increase

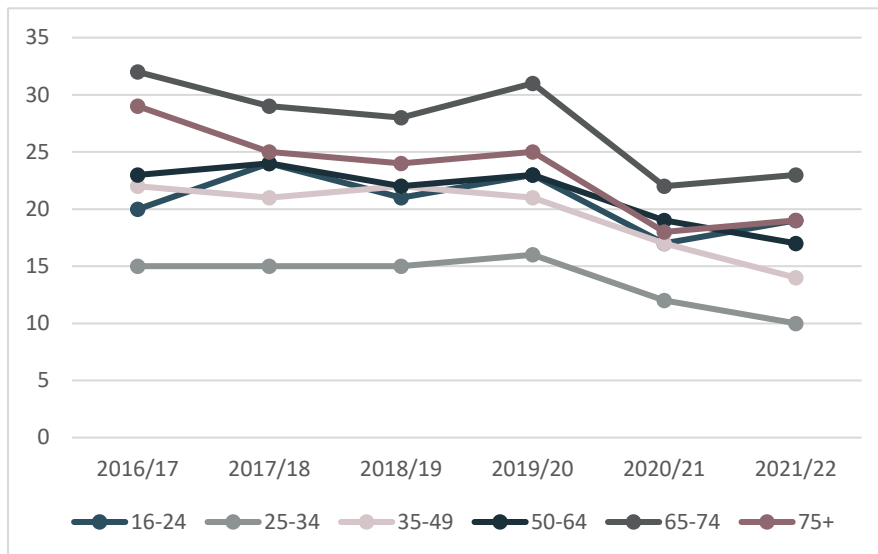
Increasing the number of people in mid and later life choosing walking, cycling and other forms of active travel for local journeys pays dividends for health, congestion, and air pollution. There is also evidence that although people over the age of 50 are less likely to begin active travel habits than younger people, they are also less likely to stop, suggesting having established active travel habits by mid-life makes habits easy to continue.

According to a 2021 report by Sustrans, a minority of Greater Manchester residents think that cycling safety in their local area is good. This varied by age – while 44% of people aged 16–25 felt it was safe, around a third of people aged 26-65 felt this way, and just 26% of people aged 66 and over. Confidence rates had increased significantly for all age groups since 2019 (the largest change was among those aged 46-55, for whom the percentage almost doubled from 21% to 38%), suggesting that investment in infrastructure such as segregated routes and crossings is making positive changes. Perceptions of walking and wheeling safety showed less of an age differentiation; again the highest confidence rate was among 46–55-year-olds at 75%, with the lowest confidence among 26-45-year-olds at just over 60%.^{lxxiv}

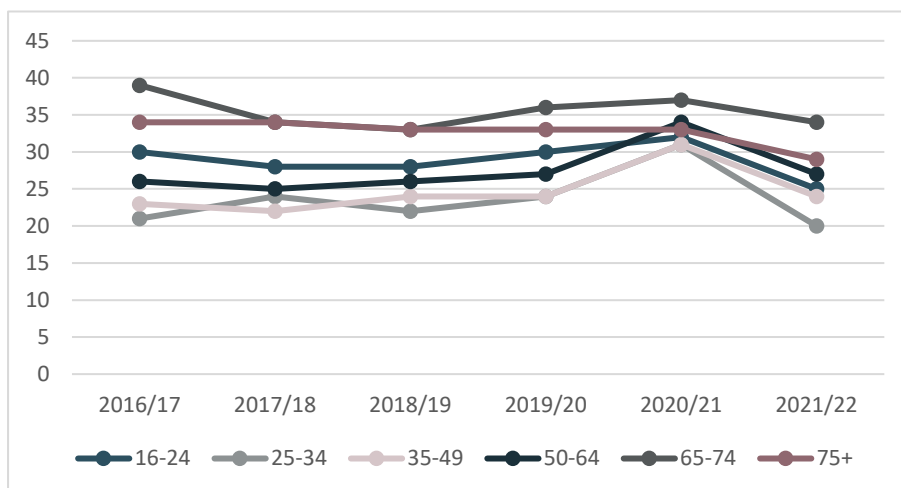
There has been a decline in volunteering over the past decade, which has accelerated rapidly since the pandemic

People in mid and later life are more likely to take part in regular volunteering, both formal and informal, than people under the age of 50. This pattern has been shown in the ONS Community Life Survey every year of the past decade, with those in their 50s, 60s, and over 75 the groups in England most likely to engage in formal or informal volunteering at least once a month. Across all age groups, volunteering rates are lower since 2020, and although rates of formal volunteering increased slightly for those aged 65+ in 2021/22, informal volunteering has seen a sharp decline.^{lxxv}

Percentage volunteering at least once per month (formal)



Percentage volunteering at least once per month (informal)



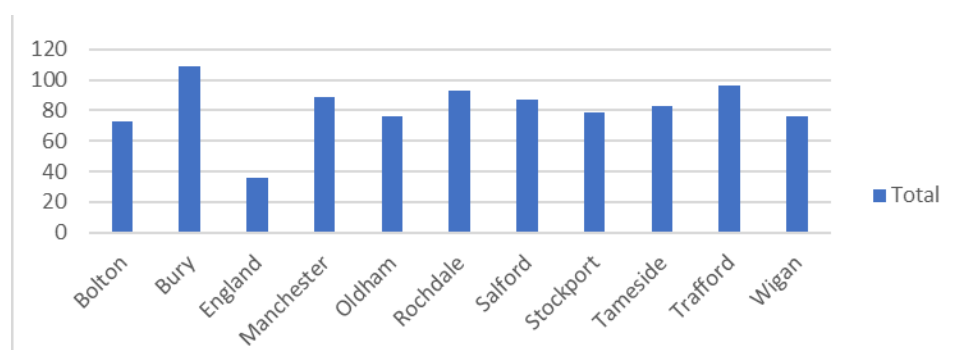
A 2023 report from Pro Bono Economics, which carries out a quarterly VCSE Sector Barometer, found that four in ten UK charities did not have enough volunteers to meet their objectives over the last 12 months. Over half (56%) described their experience of volunteer recruitment from 2022-23 as ‘difficult’, with 42% of small charities (turnover less than £100k) saying it was a main concern from them – in 2022, this figure was 27%. The report concluded, ‘This is perhaps unsurprising given that more charities believe their volunteers’ wellbeing has declined over the past 12 months than increased.’

Climate change and extreme weather are an increasing risk to older people's lives and health

Although historically extreme cold has been associated with a greater number of excess deaths, over recent years, heat-related deaths have increased. Outside of the region of 9 to 22 degrees Celsius, mortality risk increases. Between 1988 and 2022, an estimated 3,200 people in the North West have died as a result of extreme cold, and 800 as a result of extreme heat. It should be noted that the ONS data this is based on covered only a few days where temperatures were above 25 degrees in the UK, and therefore contributed relatively few deaths.

The Winter Mortality Index (WMI) is a measure expressed as a ratio of the difference in all-cause mortality during winter months (December to March) compared to the average in the non-winter months (the preceding August to November and following April to July).^{lxxvi} Winter mortality is a reflection of temperature but also of other factors including respiratory diseases and pressure on services. All ten of GM's local authorities have a higher winter mortality rate than the England average. The chart below shows the winter mortality index for each of GM's local authorities compared to the England average.

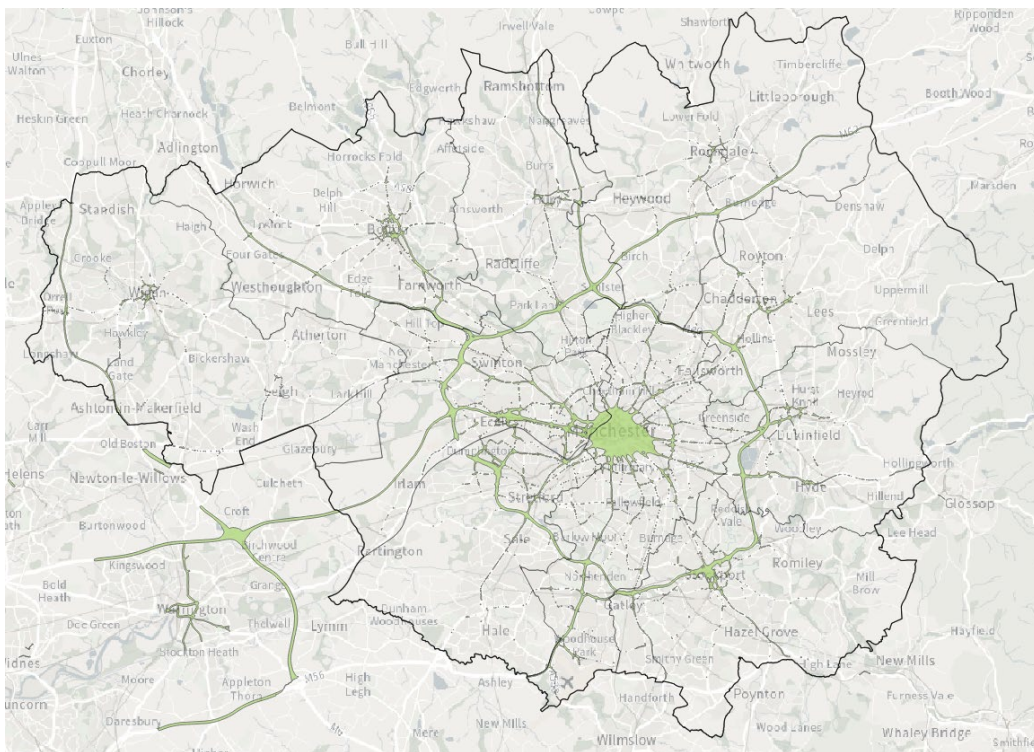
Winter Mortality Index by area



The average Winter Mortality Index (WMI) figures across GM is 86.06, compared to 36.2 for England as a whole. Bolton's WMI is 73.2, Bury's 108.8, Manchester's 88.4, Oldham's 75.9, Rochdale's 93.4, Salford's 87.0, Stockport's 78.5, Tameside's 82.9, Trafford's 96.5 and Wigan's 76.0. This data is for people of all ages but we can assume that older people are disproportionately affected due to the increased likelihood of ill-health or chronic conditions in later life. In turn, this increased

likelihood of ill-health means that older people are more vulnerable to the effects of poor air quality and pollution.

The map below shows air quality management areas in GM for all pollutants, the areas highlighted in green show places where the local air quality is unlikely to meet the Government's national air quality objectives.



Alongside the immediate and exponential risk to people's lives and health from extremes of heat, cold, and flooding, to which older and disabled people are made disproportionately vulnerable, worry about the effects of the climate emergency globally is something that impacts and unites residents of all ages. Research from 2021 by the Policy Institute at King's College London and New Scientist magazine found that around seven in ten people across all generations said that 'climate change, biodiversity loss and other environmental issues are big enough problems that they justify significant changes to people's lifestyles.' Some of the other findings from this research debunk the notion that older people are less likely to be involved in personal or collective change to protect the environment; not only do 61% of UK adults from the baby boomer generation disagree with the statement '*There is no point in changing my behaviour to tackle climate change because it won't make any difference anyway*', they were also more than twice as likely as millennials to have boycotted a product for socially conscious reasons. lxxvii

Ageing well

This section covers:

- Healthy and disability-free life expectancy
- Social isolation and loneliness
- Prevalence of falls, dementia, and alcohol-related illness
- Rates of smoking and physical activity
- Barriers to accessing mental health support in later life

There are stark inequalities in health outcomes and life expectancy for people living in GM, both in comparison to national data but also within the city region itself. Both Healthy and Disability-free life expectancy are lower in GM than England as a whole and GM has a higher rate of dementia, falls, loneliness and alcohol related admissions. These issues are compounded by lower rates of physical activity among older people than the England average. The 2021 'Build Back Fairer in Greater Manchester' report by the Institute for Health Equity found that these poorer health outcomes can be directly linked to inequalities and socio-economic deprivation.^{lxxviii}

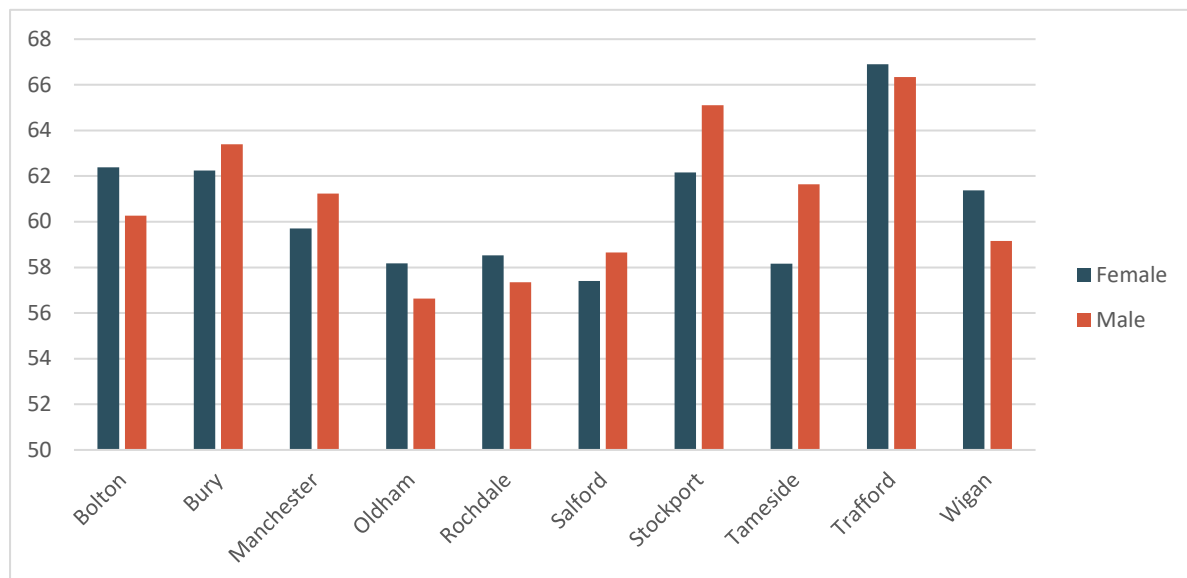
Ill health in later life is exacerbated by inequalities

Where we live, our gender, ethnicity, sexual orientation and socio-economic class all have an impact on our ability to age well and lead healthy older lives. Research has found that people in the South of England live longer and in better health than people living in the North, and areas with high levels of deprivation face the worst health outcomes.^{lxxix} Furthermore, while women's life expectancy is higher overall, women spend more years of their lives with illness and disability than men. According to research by Manual, the UK has the largest female health gap in the G20 and the 12th largest globally^{lxxx} and the government's 'Women's Health Strategy for England' published in 2022 acknowledged that the health and care system does not

adequately provide for women and does not put enough focus on women-specific issues like miscarriage or menopause.^{lxxxi}

The average healthy life expectancy in Greater Manchester is lower than the average across England as a whole for both female and males. Healthy life expectancy is 60.7 for females and 61.0 for males, compared to 63.9 for females and 63.1 for males across England. Out of GM's ten local authorities, Trafford has the highest health life expectancy for females (66.9) and Salford has the lowest (57.4). Trafford also has the highest life expectancy for males (66.3) and Oldham has the lowest (56.6). The chart below shows healthy life expectancy for females and males in all ten of GM's local authorities.

Healthy life expectancy by local authority and sex

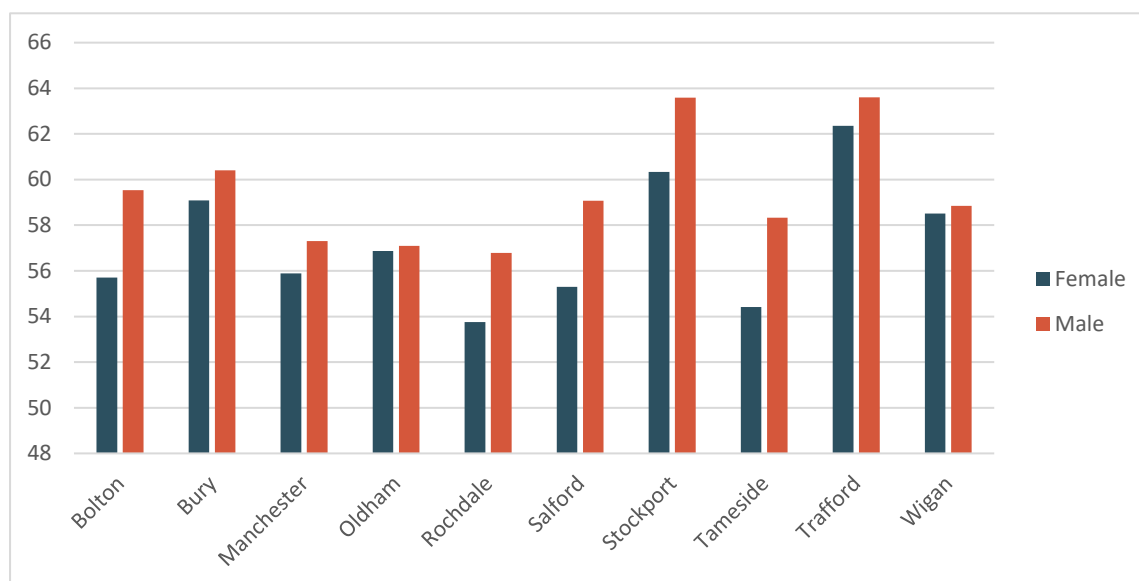


The average disability-free life expectancy in Greater Manchester is lower than the average across England as a whole for both females and males. Disability free life expectancy is 57.2 for females and 59.5 for males in GM, compared to 60.9 for females and 62.4 for males across England. Out of GM's ten local authorities, Trafford has the highest disability free life expectancy for females (62.4) and Rochdale has the lowest (53.8). Trafford also has the highest disability free life expectancy for males (63.6) and Rochdale also has the lowest (56.8). The chart below shows disability free life expectancy for females and males in all ten of GM's local authorities.



In every local authority in GM, women have fewer disability-free years than men

Disability-free live expectancy by local authority and sex



As well as being more likely to need care, older people are more likely to be carers themselves

It is estimated that one in ten GM residents are unpaid carers.^{lxxxii} Those more likely to be carers include older people – with women in their fifties and men in their sixties with the highest proportion of carers – and living in a deprived area. The percentage of the population in England and Wales who are unpaid carers decreased slightly between 2011 (11.4%) and 2021 (9%), though the ONS has clarified that this could be for many reasons including people’s living arrangements and contact with others changing during the pandemic, as well as the wording of the question having changed.^{lxxxiii}

Carers also tend to spend more of their time on their caring responsibilities as they age. Those aged 75+ spend almost three and a half hours per day on unpaid care, including childcare, adult care and volunteering, with those aged 45-54 spending an average of just under three hours per day.^{lxxxiv}

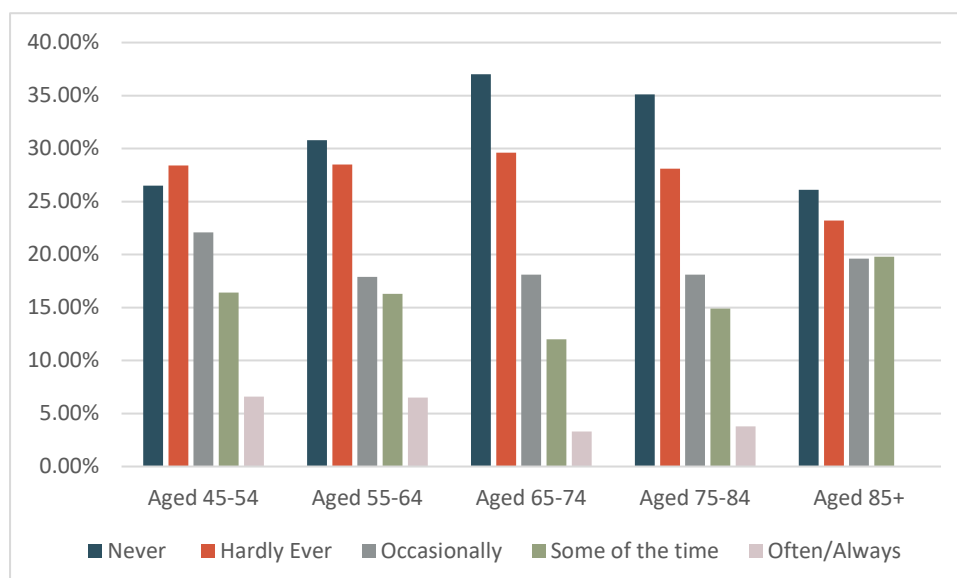
Many older people face social isolation and loneliness

Social isolation and loneliness have serious consequences for longevity, health and well-being. Although the two terms should not be used interchangeably – social isolation is an objective measure of the amount of social contact someone has, and

loneliness is a subjective feeling that arises when someone does not have the amount or type of social contact that they wish for – they are related and often occur at the same time. According to research by the World Health Organisation, both increase the risks of cardiovascular disease, stroke, diabetes, cognitive decline, dementia, depression, anxiety, and suicide. They also shorten life expectancy and reduce our quality of life.^{lxxxv} Although age itself is not associated with an increased risk of loneliness, life events and circumstances more common in mid and later life are. These include being widowed, divorced, having poor self-reported health, losing a parent, and becoming a carer. Other common characteristics of people who report feeling lonely over the age of 65 include having low levels of trust in their local community and having also experienced loneliness in childhood or as a young adult.^{lxxxvi}

The Active Lives Adult Survey by Sport England provides figures on how often people feel lonely. The 2021/22 results of the survey show that around 20% of older people feel lonely sometimes or often. Broadly speaking, GM also has a higher rate of loneliness among older people than the UK as a whole. Among older people in GM, those aged between 45 and 54 were the most likely to respond ‘Some of the time’ or ‘Often/Always’ (23.0% vs 22.2% for the UK), followed by those aged 55-64 (22.8% vs 19.5%), aged 85+ (19.8% vs 27.9%), aged 75-84 (18.7% vs 16.7%) and aged 65-74 (15.3% vs 15.4%). The chart below shows loneliness among older people in GM by age band and response.

Loneliness among older people in GM 2021-22



Many older people face mental health issues but are not offered the same levels of support as younger people

Loneliness and social isolation are key risk factors for mental health conditions in later life. At older ages, our mental health is also affected by the cumulative impact of earlier life experience including exposure to adversity, loss of intrinsic capacity or a decline in functional ability.^{lxxxvii} In addition, older people are more likely to experience life events such as retirement, bereavement or physical illness, which can impact our mental health.^{lxxxviii} The most common mental health conditions affecting older people are depression and anxiety.^{lxxxix}

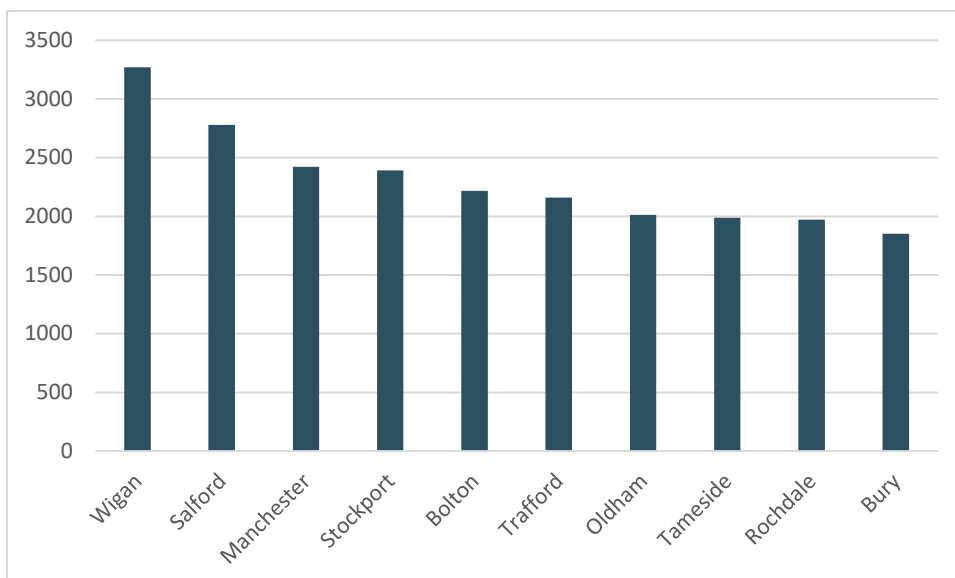
In GM, there were 16,979 people aged 65 and over accessing health services due to mental health issues in September 2023, this accounts for 17% of all people accessing services. While this figure covers those that have accessed health services, we know that this does not cover the full prevalence of mental health issues among older people in the city region and there are undoubtedly many people suffering from poor mental health that are not currently in contact with health services.

Research by the World Health Organisation has found that mental health conditions among older people are often underrecognised and undertreated, and the stigma surrounding these conditions can make people reluctant to seek help.^{xc} This is exacerbated by ageist attitude in society and the workplace, research by the Centre for Ageing Better found that one in five people aged 50 and over thought that others saw them as less capable due to their age^{xcⁱ} and older people are often not offered the same level of mental health support as younger people, as healthcare professionals have less confidence in the effectiveness of talking therapies and therefore are more likely to prescribe antidepressants to older people than younger people.^{xcⁱⁱ}

Falls and Dementia rates in Greater Manchester are higher than they are for the rest of the country

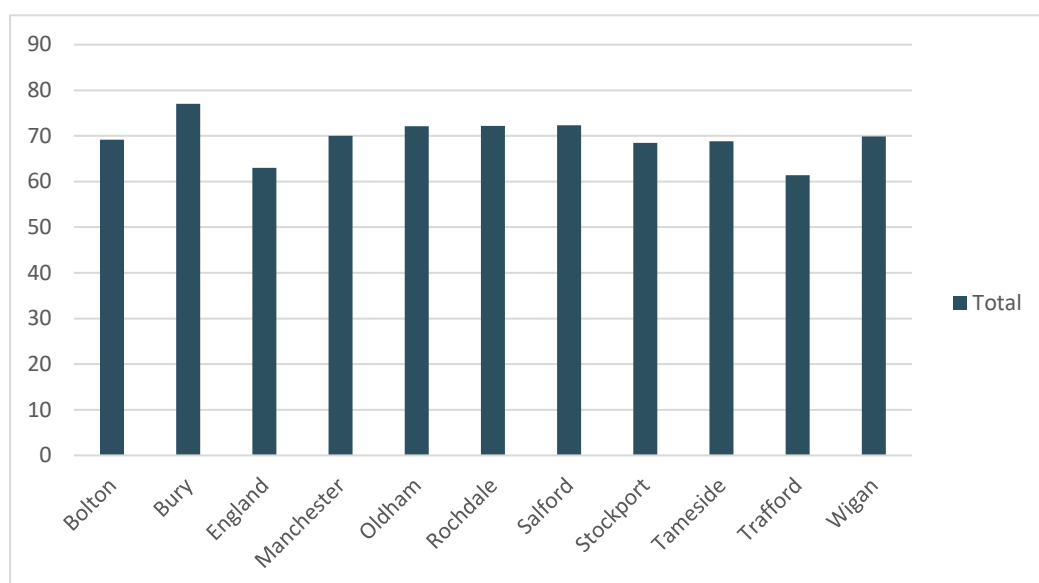
A fall in mid to later life can have a major impact on a person's ability to live life and age well. They are also a crucial indicator of potential poor health in mid to later life for which early preventative intervention can support individuals to age well. Six out of ten local authorities in Greater Manchester have a higher rate of emergency hospital admissions per 100,000 due to falls in people aged 65 and over than the average across England in 2021/22. Those were Wigan (3,272), Salford (2,779), Manchester (2,422), Stockport (2,392), Bolton (2,217) and Trafford (2,159). The average across England is 2,099 per 100,000. The chart below shows the rate of emergency hospital admissions per 100,000 due to falls in people aged 65 and over in all local authorities in GM.

Emergency hospital admissions per 100,000 due to falls in people aged 65+



Nine out of GM's ten local authority areas have a higher rate of dementia diagnosis for people aged 65 and over per 10,000 than the England average. The average across GM is 70.1 compared to 63 across England as a whole. Bolton's rate is 69.2, Bury's 77, Manchester's 70, Oldham's, 72.1, Rochdale, 72.2, Salford 72.3, Stockport 68.5, Tameside 68.8, Trafford 61.4, Wigan 69.9.

Estimated dementia diagnosis rate (aged 65+)



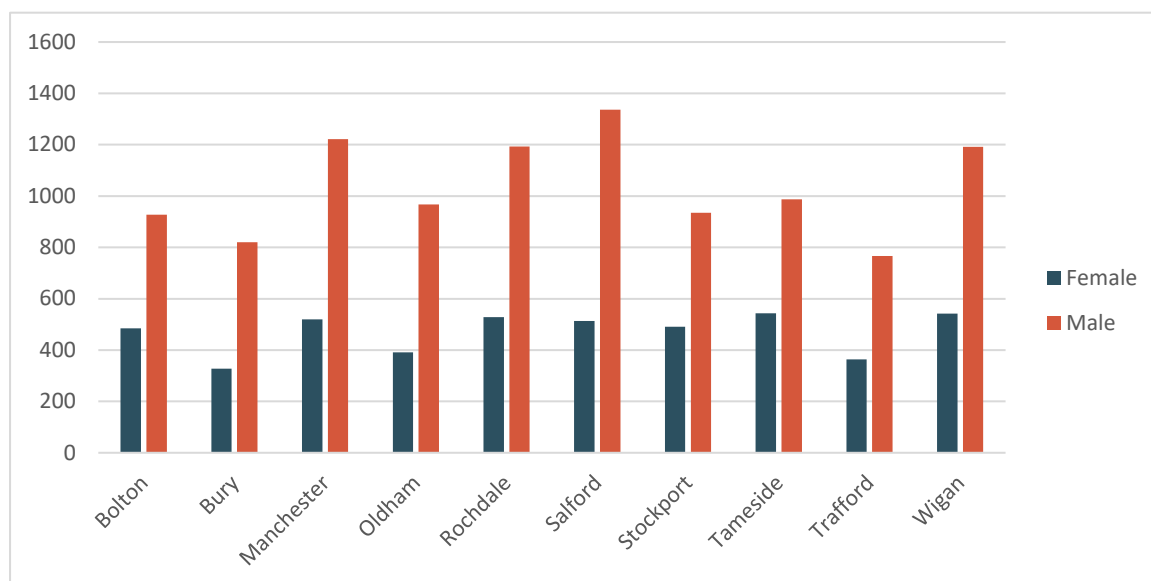
Older people in GM are more likely to go to hospital for alcohol-related issues

Alcohol is a key risk factor for many conditions responsible for poor health and disability as we age. Harmful drinking levels increase our risk of developing a number of different cancers, stroke, heart disease, liver disease and damage to the brain and nervous system as well as serious harm and injury due to alcohol-related accidents.^{xciii} A 2018 report by the ONS and NHS Digital found that over the last decade alcohol consumption has generally been falling, particularly among young adults. However, the proportion of adults drinking at higher or increased risk of harm peaks among people in their 50s and 60s and these numbers have not fallen.

Between 2008/09 and 2018/19, there was a 45% increase in people aged 50-64 newly receiving treatment for alcohol misuse, for people aged 65 and over, the figures almost doubled. Furthermore, alcohol harms are exacerbated by inequalities. The report found that although more affluent people drink the same amounts or even higher than less affluent people, those from disadvantaged areas are more likely to be affected. It also found that older people from ethnic minority backgrounds are more likely to face challenges in accessing treatment.^{xciv}

Admissions for alcohol-related conditions were higher for males but lower overall in people aged 40-64 in Greater Manchester than across England as a whole in 2021/22 (latest available). There were 752 admissions per 100,000 residents in GM, compared to 772 per 100,000 across England. There were 471 admissions for females and 1,035 admissions for males per 100,000 in GM, compared to 597 admissions for females and 953 admissions for males per 100,000 across England. Out of GM's ten local authorities, Salford has the highest overall rate of admissions (932 per 100,000) and Trafford has the lowest (562 per 100,000). Tameside has the highest rate of admissions for females (544 per 100,000), while Bury has the lowest (327 per 100,000). Salford has the highest rate of admissions for males (1,336 per 100,000) and Trafford has the lowest (767 per 100,000). The chart below shows admissions for alcohol related conditions in people aged 40-64 in GM by district and sex.

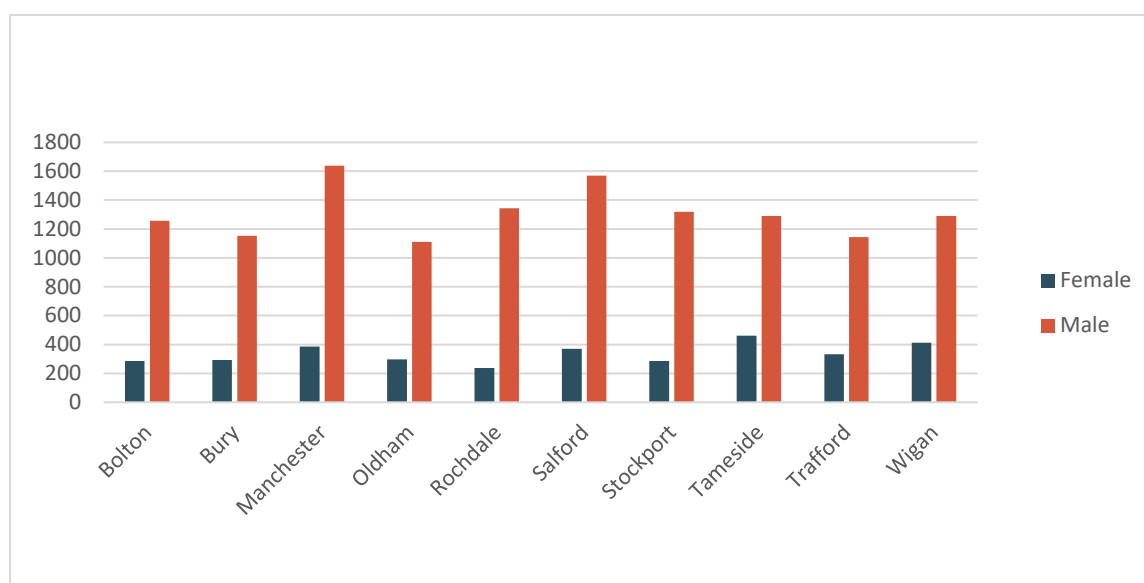
Admissions for alcohol-related conditions (narrow definition) for people aged 40-64 by local authority and sex



Admissions for alcohol-related conditions were lower overall in people aged 65+ in GM than across England as a whole in 2021/22 (latest available). There were 783 admissions per 100,000 residents in GM, compared to 810 per 100,000 across England. There were 336 admissions for females and 1,311 admissions for males per 100,000 in GM, compared to 414 for females and 1,275 for males per 100,000 across England. Out of GM's 10 local authorities, Manchester has the highest overall rate of admissions (969 per 100,000), while Oldham has the lowest (665 per

100,000). Tameside has the highest rate of admissions for females (460 per 100,000) while Rochdale has the lowest (236 per 100,000). Manchester has the highest rate of admissions for males (1,638 per 100,000), while Oldham has the lowest (1,110 per 100,000). The chart below shows admissions for alcohol-related conditions in people aged 65+ by local authority and sex.

Admissions for alcohol-related conditions (narrow definition) for people aged 65+ by local authority and sex



Older people in Greater Manchester are less active than the England average

Helping people remain active for longer is a key component of healthy ageing. It provides strength, stamina, suppleness, and skills that enable us to perform basic functions which can keep us mobile, provide a greater quality of life, and so help us to get older in the healthiest way possible.^{xcv} Physical activity among older people has been linked to better cognitive performance, reductions in morbidity and mortality, and increased mental wellbeing.^{xcvi} Research by the Office for Health Improvement and Disparities (OHID) has also found that physical inactivity is associated with 1 in 6 deaths in the UK and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone).^{xcvii} The UK Chief Medical Officers' Guidelines recommend each week adults do:

- at least 150 minutes moderate intensity activity, 75 minutes of vigorous activity, or a mixture of both

- strengthening activities on two days
- reducing extended periods of sitting

According to data from Sport England’s Active Lives Survey, 34.8% of Greater Manchester adults aged 55+ participate in physical activity for less than 30 minutes a week. This is higher than the North West (33.7%) and England averages (32.0%). The chart below shows the proportion of adults participating in less than 30 minutes of physical activity a week by age band and region. Greater Manchester has higher rates of inactivity in all age groups over 55 except those aged 85+.

Older people active for less than 30 minutes per week by region and age



Smoking rates in GM are falling faster than the England average

Smoking is the biggest preventable cause of death and disease, killing around 5,700 people in Greater Manchester each year, mainly in mid-life, and causing people to need health and social care earlier.^{xcviii} There is recent evidence that cross-sector programme Making Smoking History led by the GM Integrated Care Partnership and a cross-sector partnership has made a significant difference to smoking rates in the region. In 2022, it was revealed that the number of smokers in Greater Manchester had lessened by approximately 24,000 compared to the previous year, bringing the estimated percentage of adult residents who smoke down to 14.3%. This is 0.9% higher than the rate for the North West and 1.6% higher than the England rate – the smallest gap there has ever been.^{xcix}

34.8% of Greater Manchester adults aged 55+ participate in physical activity for less than 30 minutes a week



Digital Inclusion

This section covers:

Who is most likely to be digitally excluded

Financial barriers to getting online

Fraud and cyber crime

The impact of digital-first approaches to arranging and delivering healthcare

Digital connectivity and capability are increasingly crucial to access employment, services, and to stay connected to others. An understanding of why some people are less able to access digital information and how this can be mitigated is a prerequisite to achieving equity in multiple spheres of life for GM's residents.

Age is strongly associated with digital exclusion

Although the number of adults who do not use the internet at all has reduced by around half in the past decade, age remains one of the strongest common denominators for people who are digitally excluded, including those who do use the internet in some capacity.^c In 2020, data analysis from the University of Liverpool and Good Things Foundation found that 93,000 over 75s are digitally excluded in Greater Manchester, with a third having never used the internet.^{ci}

Poverty is a cause of digital exclusion

As covered in the Economy, Work and Money chapter, older GM residents are more likely to have seen their broadband costs rise as a result of the cost-of-living crisis, and Independent Age has also found that during a six-month period in 2023, 48% of people aged 65 and over on a low income in Great Britain had struggled to keep up with their broadband bills.^{cii} The majority of older people surveyed were unaware of



An estimated 93,000 over 75s are digitally excluded in Greater Manchester, with a third having never used the internet

social tariffs, something that is reflected nationally: only 3% of people eligible for a social tariff are claiming one.^{civ} Although greater awareness of broadband social tariffs, alongside other subsidised utilities, is clearly something that would help alleviate digital exclusion and financial hardship for a section of our population, other local findings have indicated that it will not go far enough. Research from the Greater Manchester social housing broadband pilot found that the average social tariff, costing at least £10 per month, was still prohibitively expensive for most social housing residents, but that as broadband providers run their current social tariffs at a loss, making them cheaper or lowering the eligibility criteria may not be a viable solution. The research calculated that, 'If 1.3% of disposable income, the level other households spend on digital access, was applied for those on Universal Credit, a more affordable tariff would be £4-£5 or £7 for part time workers. This is well below the minimum tariff that is commercially viable for internet service providers.'^{cv}

Digital barriers can have a significant impact on access to healthcare

When looking at a macro level, being older is not the strongest predictor of broadband affordability – a 2023 Ofcom survey found that people aged 25-34 were around twice as likely to have had affordability issues in the past month as people aged 65-74^{cvi} – there are other significant barriers that need to be tackled to reduce the harms that can result from low digital skills and access.

One of these is the increasing reliance on digital means for delivering healthcare. A key example of this was during the pandemic; The Health Foundation surveyed people to gauge what the take up would be of the COVID-19 tracing app, and 17% of over 65 years old said they lacked a suitable device to download it on to.^{cvii} In the same year, GPOnline found that 83% of GPs expressed concern about patients whose access to remote services may be impacted by digital literacy, disability, language, location, or internet connection^{cviii}. Research in 2021 by Healthwatch found that digital-first approaches to GP booking systems and diagnosis particularly disadvantaged people with hearing and sight loss and physical disabilities, and people with limited English proficiency, with older people in those cohorts facing particularly acute barriers. The report stated that 'Many staff (including nurses, healthcare assistants and practice managers) recognised that older people and non-

English speakers particularly struggled with the shift to remote care, and this might have prevented people from getting help, and in some cases avoiding their GP altogether'.^{cxix}

Age awareness is vital when tackling fraud and cyber crime

According to Action Fraud, in the 13 months to December 2023, Greater Manchester Police had received 16,969 reports of fraud and cyber crime, amounting to a loss of £83million. 91% of reports were made by individuals rather than by organisations. The types of crimes reported and by who were roughly in line with national trends, with consumer fraud being the most common category reported (6,300 cases), followed by 'other fraud' (3,700) and banking fraud (2,000), and 37% of victims being aged 50 or over. Greater Manchester Police reported the same average monthly reporting volume – 1,400 – in November 2023 as in November 2022, while nationally, rates were around 10% higher than the same time last year. Both nationally and locally, reporting rises from April, peaking in August.^{cx}

UK Finance reported in November 2023 that romance scams were among the fastest-growing categories of fraud, having risen by 29%.^{cxii} It has been regularly identified that people in their fifties and sixties, particularly women, are most likely to be targeted and to lose money, and that people are less likely to report romance scams than other forms of fraud.^{cxii}

Multiple approaches need to be taken to solve the problem – including offline provision

The 2023 Lloyds Bank Consumer Digital Index found that digital exclusion has three main causes – the cost of living, fear of fraud, and a lack of motivation to learn. While 7% of those offline cited fear of potential scams as a reason for not getting online, this concern and risk is not isolated to those with no or low digital competence; those with the highest digital capability are over 11 times more likely to be scammed than those with the lowest digital capability. Six in ten people who have been scammed have lower financial capability – a group representing over half the population and who save less, are less likely to be able to cope with a financial shock, and more likely to worry about money.

The Index also points to some other support that should be in place to reduce digital exclusion. When asked what the easiest way would be for them to learn new digital skills, 79% selected a 'self-taught' approach. 75% said they would use 'online information sources such as YouTube', and 68 and 64% selected 'friends' and 'family' respectively. Local support, such as online centres, libraries, or charities, were selected by 34% of people, with evening classes at 29%. When those who were offline were asked why they do not use the internet 14% said that they were 'not interested in using it any more than I already do', highlighting the perennial importance of non-digital routes to communication and services.^{cxiii}

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