Isle of Wight Council

Healthy People

Older Adults

February 2025

Contents

1 Introduction

Our health is one of the most important assets we have as individuals, communities, and society. Health is a state of physical, mental, and social wellbeing, and can be different for different people. For example, for one person, the most important thing for their health might be whether they are able to spend time with those they love. For another, it might be their ability to work and support their family. Summary statistics can help us describe key aspects of health across different life stages within our communities and population on the Isle of Wight.

Local public health teams work in collaboration with other organisations to empower people to take control of their own health, reduce health inequalities and, ultimately, to prevent people experiencing ill health in the first place. To support this, Public Health commission and provide a range of public health services for Island residents such as smoking cessation, weight management, NHS Health checks and substance misuse services.

Data describing the population's health and the current and future heath needs are important to understand, to be able to provide services in the best way. This will ensure the best health outcomes for the population of the Isle of Wight.

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions, or determinants, influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing[1].

This chapter focuses on the health outcomes of our population, the health inequalities which are evident and the potential impacts of the COVID-19 pandemic. The data in this report can be explored further by district and Primary Care Networks in the JSNA Healthy People data report.

Our behaviours, personal circumstances including demographics and where we live hugely affect our own life expectancy and health. These influences and risk factors on our health and wellbeing should also be considered when exploring health outcomes and are discussed in more detail in the accompanying JSNA reports.

[1] Addressing health inequalities through collaborative action: briefing note (publishing.service.gov.uk)

2 Older adults

Older people have higher rates of multimorbidity and health conditions, in addition are also more likely to suffer from conditions which are associated with ageing. This section looks at frailty, reduced mobility, urinary incontinence, sensory impairment, falls and dementia. Much of the data used in this section applies national survey proportions to local population data to estimate the numbers of people experiencing these conditions as no reliable local data exists. Development of these conditions can be interlinked and therefore older people may experience a number of these conditions so the separate counts should not be combined. Many of these conditions can be mitigated through healthy lifestyle factors such as good diet and physical activity.

During the pandemic many older people may have been shielding and unable to get out and about, or simply have reduced activities during periods of social distancing restrictions. This may have resulted in deconditioning. Deconditioning is the syndrome of 'physical, psychological and functional decline that occurs as a result of prolonged inactivity and associated loss of muscle strength'[2]. Although deconditioning can occur in all age groups, in older adults it can occur more rapidly and be more severe. Many of the conditions in the sections below may have increased in prevalence over the course of the pandemic, however, more recent survey data is not available, and it is also challenging to attribute deconditioning and associated conditions to the pandemic specifically.

2.1 Reduced mobility

Closely linked to frailty is reduced mobility. Many older people suffer from reduced mobility, meaning that they are unable to walk as far or for as long, or complete household chores. This could be due to a number of factors including health conditions such as heart disease or stroke, or chronic pain caused by conditions such as arthritis. It may also be impacted by more psychological factors such as the fear of falling and a loss of confidence.

The Living in Britain Survey 2001 measured reduced mobility through the numbers of people aged 65 and over unable to manage at least one activity on their own: going out of doors and walking down the road, getting up and down stairs, getting around the house on the level, getting to the toilet, and getting in and out of bed. This demonstrated that reduced mobility increased with age, and that women had greater levels of reduced mobility than men. Unfortunately, no more recent data is available and there may have been a change in behaviours since the social distancing restrictions of the pandemic.

[2] PHE (2021) Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults.

Figure 1: Proportion of those aged 65+ with reduced mobility

Age band	Men	Women
65-69	8%	9%
70-74	10%	16%
75-79	12%	21%
80-84	18%	29%
85+	35%	50%

Source: Living in Britain Survey, 2001

Applying these proportions to the population of the Isle of Wight suggests that there are a little over 7,400 older people with reduced mobility resident on the Island with the highest areas being Freshwater in the west and Bembridge in the east as seen in Figure 2.

Figure 2: Estimated people with reduced mobility on the Isle of Wight, 65+

Source: Living in Britain, 2001, applied to HCC population forecasts

2.2 Incontinence

This section focuses on urinary incontinence (UI) rather than faecal incontinence (FI) as there is a higher prevalence of UI, and FI appears to be more clearly linked to medical conditions (e.g. bowel cancer or medications) or loss of capacity with dementia. Both UI and FI incontinence are linked to people needing increased levels of social care including more domiciliary care and entry into care homes.

A widely accepted definition of UI is: *'involuntary loss of urine in sufficient amount or frequency to constitute a social and /or health problem'.* However, this definition is

subjective there are a number of different types of UI (stress, urge, mixed, functional and overflow). There is still a significant knowledge gap around incontinence however this condition could have the third most serious impact on quality of life after stroke and dementia. Research also suggests that UI is a predicting factor for moving into a care home and some psychological conditions such as social isolation[3].

There are many factors that have led to large underreporting, especially in medical records, and therefore much of the data about prevalence is from survey data.

The Health Survey for England, which is conducted annually to estimate the proportions of the population with particular conditions, includes questions about both urinary and faecal incontinence. This study only asked respondents aged 65 and over about incontinence[4].

Figure 3: Urinary incontinence prevalence estimates

Age group	Men	Women	Total
65-69	14%	21%	17%
70-74	20%	26%	23%
75-79	27%	32%	30%
80-84	23%	30%	27%
85-89	29%	37%	34%
90+	48%	51%	50%
All ages	**21%**	**28%**	**25%**

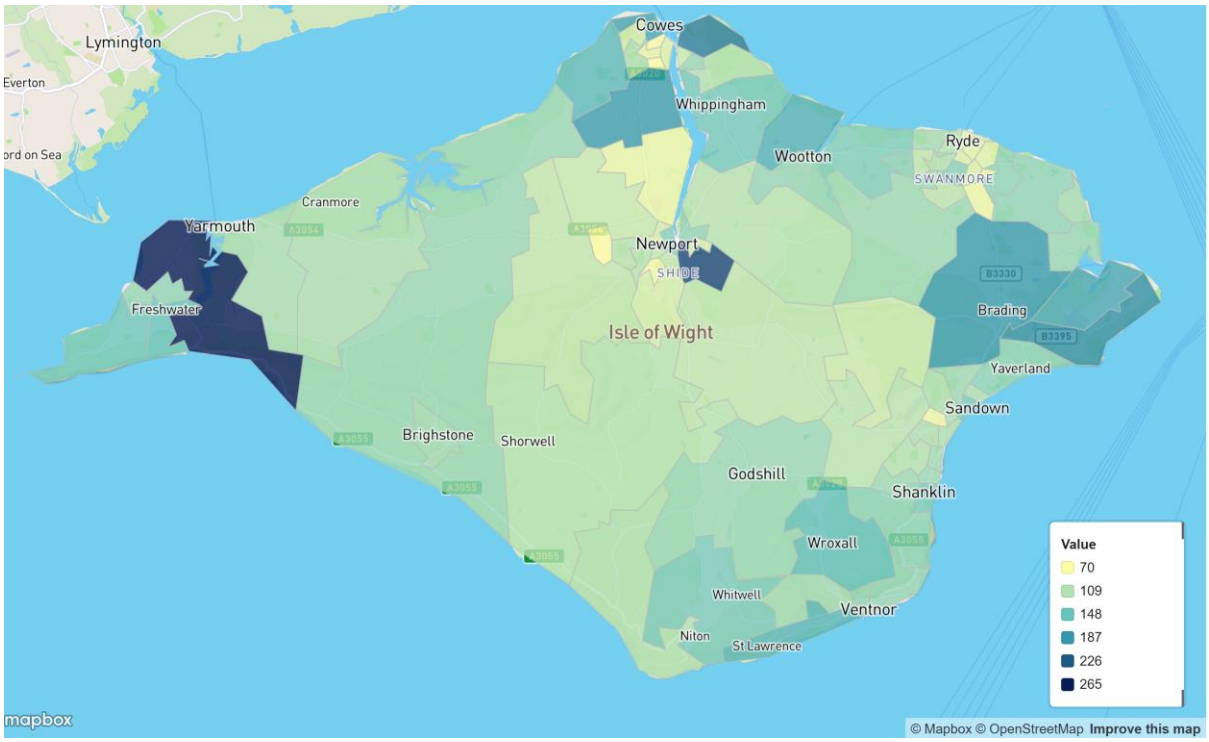
Source: Health Survey for England 2016, weighted results

Applying these proportions to populations of the Isle of Wight suggests that around 10,670 people over the aged of 65 experience UI. As with frailty there are also pockets across the Island where the proportion of the population is older and we would expect numbers of people experiencing UI to be higher, again concentrating in Freshwater and Bembridge, as seen in Figure 4.

[3] Stoddart, H; Donovan, J; Whitley, E; Sharp, D; Harvey, I. (2001) *Urinary incontinence in older people in the community: a neglected problem?* British Journal of General Practice; Jul 2001; vol. 51 (no. 468); p. 548-552

[4] UK Data Service › DOI

Figure 4: Estimated people experiencing UI on the Isle of Wight, 65+



Source: Health Survey for England 2016, applied to ONS population estimates

UI is common, however, prevalence estimates vary hugely, possibly due to differences in study populations, definitions and measurement of UI, the study method and the fact that women do not openly declare their continence problems due to its embarrassing nature. Only 17% of women with UI had sought professional help, the perception being that the condition was a part of the natural ageing process and that treatments were unlikely to be successful[5].

Stress UI is the most common type of UI (24%). Risk factors for SUI include:

- Pregnancy and vaginal birth
- Obesity
- Pelvic and vaginal surgeries (such as a hysterectomy)
- Genetic and family history
- Increasing age – although incontinence is not an inevitable part of ageing.

The NHS recommends a number of these factors to prevent UI, including:

[5] Prevalence | Background information | Incontinence - urinary, in women | CKS | NICE

- Lifestyle changes such as losing weight and cutting down on caffeine and alcohol
- Pelvic floor exercises, where you strengthen your pelvic floor muscles by squeezing them
- Bladder training, where you learn ways to wait longer between needing to urinate and passing urine[6].

2.3 Sensory Impairment - Hearing

Age-related hearing loss is the gradual loss of hearing in both ears and is common in older people. Estimates suggest that around 71% of people aged 70 and over have hearing loss[7]. Hearing loss is associated with an increase in other chronic health conditions such as diabetes, stroke, sight loss and falls[8]. There is also evidence that hearing loss is associated with dementia and an increased rate of cognitive decline. Additionally, it can also lead to social isolation and impact on mental health.

As age-related hearing loss is a gradual decline in hearing this is another condition which is not always reported or recorded in medical records. Data used in the NHS hearing loss data tool was first published in 1995 and shows the increase in hearing loss in older age groups[9].

Figure 5: Estimated proportions experiencing hearing loss

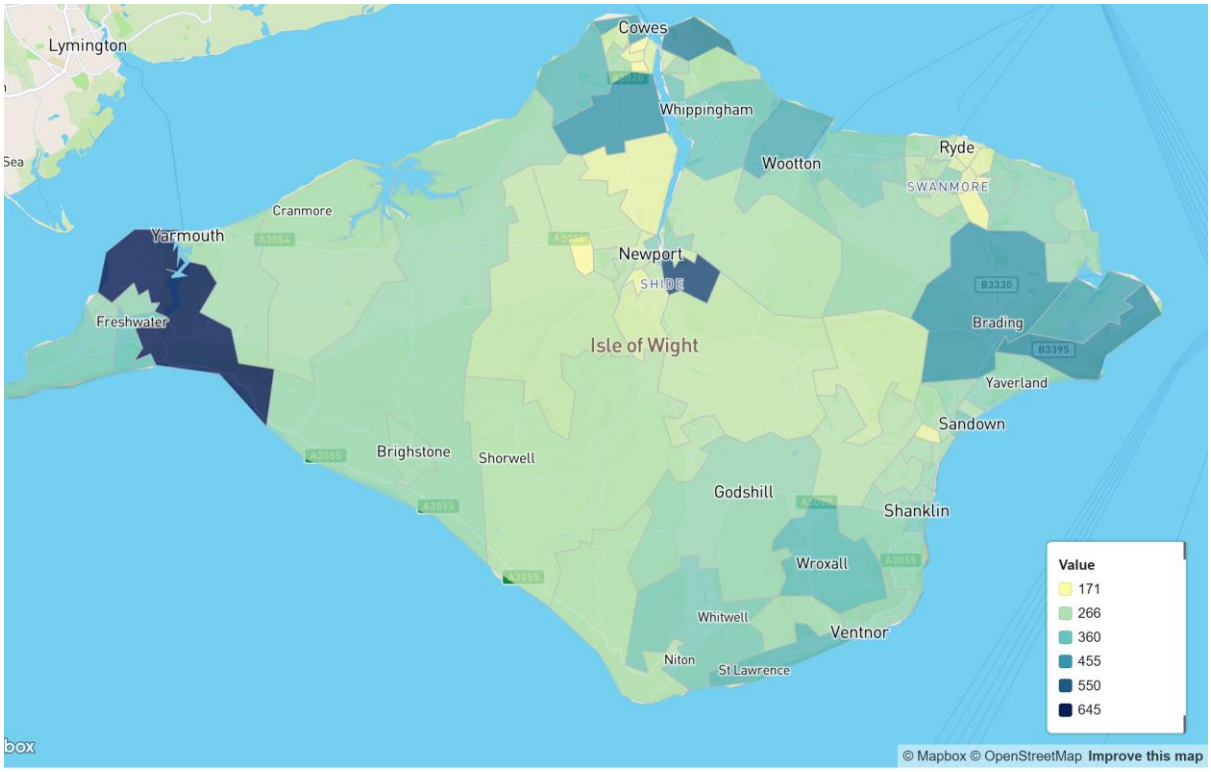
Age band	Some hearing loss, >25dBHL	Severe hearing loss, >65dBHL
18-30	1.8%	0.0%
31-40	2.8%	0.7%
41-50	8.2%	0.3%
51-60	18.9%	0.9%
61-70	36.8%	2.3%
71-80	60.3%	4.0%
80 +	93.4%	22.3%

Source: Davis 1995

When applied to the population of the Isle of Wight this suggests that around 3,600 people experience severe hearing loss whilst over 26,000 people aged over 65 experience some hearing loss. Again, as can be seen in Figure 6, those areas with higher proportions of older people in the population are those areas with higher prevalence.

[6] Urinary incontinence - NHS
[7] Prevalence | Background information | Hearing loss in adults | CKS | NICE
[8] NHS England Healthy Ageing 'What Works' Guide
[9] hearing-loss-data-tool.xlsx

Figure 6: Estimated people experiencing severe hearing loss on the Isle of Wight, 65+



Source: Davis 1995 applied to HCC population forecasts

2.4 Sensory Impairment - Sight

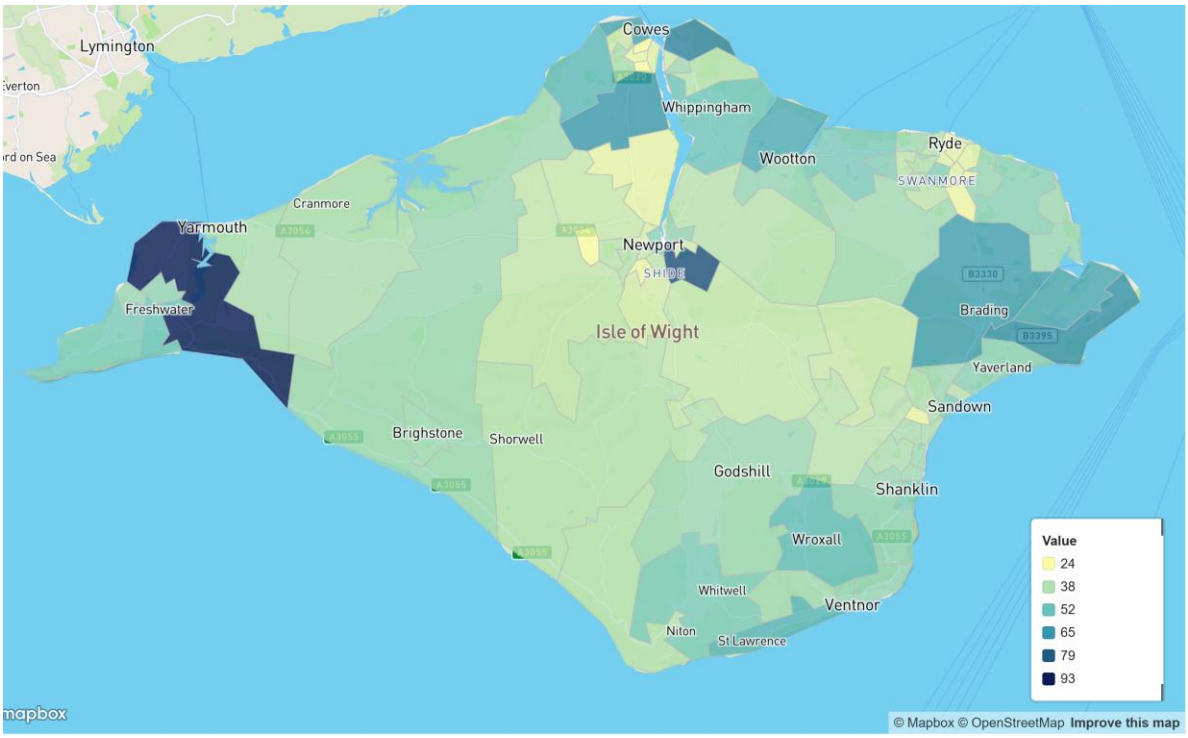
Sight impairment is another condition which increases with age. There are a number of main causes of sight loss including: age related macular degeneration, cataracts, glaucoma and diabetic complications. Diabetic sight loss is the one of the most common causes of avoidable sight loss and other risk factors for sight loss including smoking, learning disabilities and stroke. Overall, it is estimated that around 50% of sight loss is preventable or avoidable[10]. Someone with sight loss is at greater risk of experiencing falls, reduced mobility, social isolation, dementia and depression.

Very slight differences have been noted between men and women, with women showing slightly increased risk of sight impairment in all age groups[11]. Studies have reported that people from an Asian ethnic group have a higher risk of cataracts, whilst those from Black and Asian ethnic groups have greater risk of diabetic sight loss, whilst those from Black ethnic groups have greater risk of glaucoma[12].

[10] Sight loss in older people - the essential guide for general practice
[11] Prevalence of visual impairment in people aged 75 years and older in Britain: results from the MRC trial of assessment and management of older people in the community | British Journal of Ophthalmology
[12] Sight loss in older people - the essential guide for general practice

Moderate or severe sight loss for those aged between 65 and 74 has been estimated as 5.6%, whilst for those aged 75 and over it is 12.4%[13]. Applying these proportions to the Isle of Wight population suggests that over 3,600 people are experiencing sight loss, with an increase in prevalence in those areas with a higher proportion of older people. Once again, Freshwater and Bembridge are highlighted in Figure 7.

Figure 7: Estimated people experiencing moderate or severe sight loss on the Isle of Wight, 65+



Source: RNIB, 2006, applied to HCC population forecasts

2.5 Falls

People are at increased risk of falling as they get older, and at increased risk of these falls causing more serious injury, including bone fracture. Falls are one of the most common reasons for hospital stays in older adults and falls and fear of falling can result in loss of confidence and activity in older people. There are many risk factors for falling including medical conditions (e.g. Parkinson's), the effect of medicines or combinations of medicines, physiological changes (such as poor eyesight and the loss of muscle strength), environmental hazards (rugs, slippery surfaces, poor fitting shoes and low light levels) and lifestyle (for example physical inactivity or alcohol)[14].

[13] Projecting Older People Population Information System
[14] The human cost of falls – UK Health Security Agency

However, falls can be prevented and NIC guidelines[15] set out a number of actions that can be taken to reduce the risk of falling. These include physical activity and strength and balance exercises, assessing hazards at home, eyesight testing and medication review. In addition maintaining a healthy diet, reducing alcohol and keeping hydrated can also assist in reducing falls and improving outcomes if a fall happens[16].

Falls are not well reported or recorded in medical records and therefore estimated numbers of people experiencing one or more falls in the previous 12 months has been calculated using data from the Health Survey for England[17]. This demonstrates that risk of falling increases with age and that women have a higher risk of experiencing a fall than men.

Figure 8: People experiencing one of more fall in previous 12 months, 65+

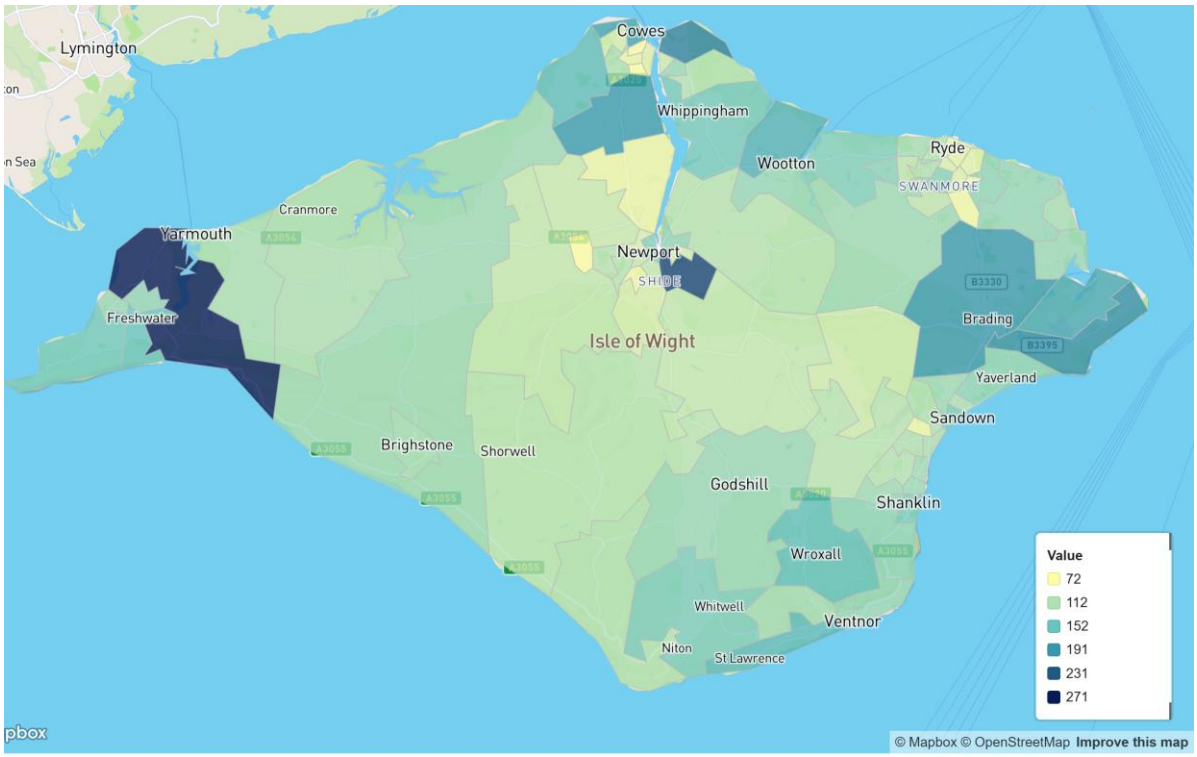
Age band	Men	Women
65-69	18%	23%
70-74	20%	27%
75-79	19%	27%
80-84	31%	34%
85+	43%	43%

Source: Health Survey for England, 2005

Across the Isle of Wight, the number of people experiencing a fall in the previous 12 months is estimated to be 10,900. Those areas with a higher proportion of older people have higher numbers experiencing falls as seen in Figure 9.

[15] Overview | Falls in older people: assessing risk and prevention | Guidance | NICE
[16] Falls and Fractures in Older Adults: Causes and Prevention | National Institute on Aging
[17] Projecting Older People Population Information System

Figure 9: People experienced a fall in previous 12 months, 65+



Source: Health Survey for England, 2005, applied to ONS population estimates

In 2023/24, the rate of emergency hospital admissions due to falls in England for those aged 65 and over was 1,984 per 100,000. The rate for the Island is significantly lower (better) at 1,444 per 100,000[18].

These rates increase for those aged 80 and over – 4,969 in England and 3,412 for the Island. This difference between men and women is significant at England and Island level[19].

The rate of hip fractures has been declining in England, but the Isle of Wight has seen no significant change in recent years. Island rates are statistically comparable to those shown nationally (for those aged 80 and over the rates are 1,444 for England and 1,466 for the Island in 2023/24)[20]. Women also have significantly higher rates than men on the Island and in England[21]. There is no clear link between deprivation and hip fracture rates.

[18] Fingertips | Department of Health and Social Care
[19] Fingertips | Department of Health and Social Care
[20] Fingertips | Department of Health and Social Care
[21] Fingertips | Department of Health and Social Care

2.6 Frailty

Frailty describes someone's overall resilience and ability to recover quickly from health problems. It mainly occurs in older patients and is linked to the ageing process. However, frailty can occur in younger adults who experience multiple health conditions and there is emerging evidence that frailty risk increases in people who are obese, particularly where there are other unhealthy behaviours such as inactivity, poor diet and smoking[22]. This section of the report refers to frailty in older adults aged 65 year and over.

Data from HIOW Health Analytics can be used to explore the frailty using the Electronic Frailty Index (from fit to severe). Across HIOW ICB more than 237,000 people aged 65 years or more have a frailty index categorisation of mild, moderate or severe. This accounts for 58.4% of the population aged 65+, as shown in Figure 10. Mild and moderate is the most common, accounting for 88.8% of people aged 65+ with frailty and 51.9% of the total population aged 65+.

Figure 10: HIOW ICB 65+ population – Electronic Frailty Index

eFI category	Number	Percentage of the population aged 65+
Fit	168,814	41.5%
Mild	134,134	33.0%
Moderate	76,883	18.9%
Severe	26,600	6.5%
Total	**406,431**	**100.0%**

There is an increased risk of frailty in certain populations:

- With increasing age, the levels of frailty increases significantly; with 38.1% of 65-69 year olds have mild, moderate or severe frailty compared to 91.5% in 90+ year olds.
- A higher percentage of females, compared to males, are considered frail (especially moderate or severe).
- There are higher levels of frailty with higher levels of deprivation. In quintile 1, 61.5% of people have mild, moderate or severe frailty compared to 57% in quintile 5.
- Higher levels of frailty in White and Asian ethnic groups.
- As the number of major conditions increase, the percentage with frailty also increases. In the population with no major conditions recorded just 6.3% have

[22] Introduction to Frailty | British Geriatrics Society

frailty recorded; compared to 98.6% of people with 5 or more major conditions recorded.

The average number of GP contacts (in the last 12 months) increases significantly with increasing levels of frailty. With an average of 5.6 appointments for the population classified as fit, compared to 22.6 appointments for those categorised as severe. In addition, the population that are classified as being at very high risk of acute admission 93.9% are mild, moderately or severely frail compared to low risk of acute admission were 11.4% have frailty.

2.7 Dementia

Dementia is a collection of symptoms which include memory loss, mood changes, and problems with reasoning, perception and communication. It is not an inevitable part of growing old and is caused by diseases of the brain, most commonly Alzheimer's but also vascular dementia, mixed dementia (both Alzheimer's and vascular), Lewy body dementia, and a number of rarer conditions.

There are a number of risk factors for developing dementia:[23]

- **Age:** as age increases so does the risk of developing dementia
- **Sex:** Women are more likely to develop dementia than men, in part because of longer life expectancy but there are also possible links between hormone changes during the menopause and the development of dementia
- **Ethnicity:** Some research has suggested that people from Black African, Black Caribbean and South Asian ethnic groups are more likely to develop dementia than those from white ethnic groups
- **Cognitive reserve:** if someone has left education early, had employment with less complexity and experienced social isolation they are less likely to have a cognitive reserve from keeping their brain active and are more likely to develop dementia
- **Health conditions:** certain conditions such as cardiovascular disease, high blood pressure, obesity and type 2 diabetes are linked to increased rates of dementia
- **Lifestyle factors:** including not smoking, maintaining a healthy diet including only moderate alcohol consumption, regular exercise, mental and social activity are protective factors against developing dementia
- **Physical environment:** research suggests living in areas of greater deprivation, with lower access to services and employment increase the risk of dementia. Higher levels of air pollution has also been linked to increased rates of dementia

[23] Risk factors for dementia | Alzheimer's Society

As outlined above the risk of dementia increases with age, and a higher rate is shown in women, increasing to almost half of women aged 95 and above[24].

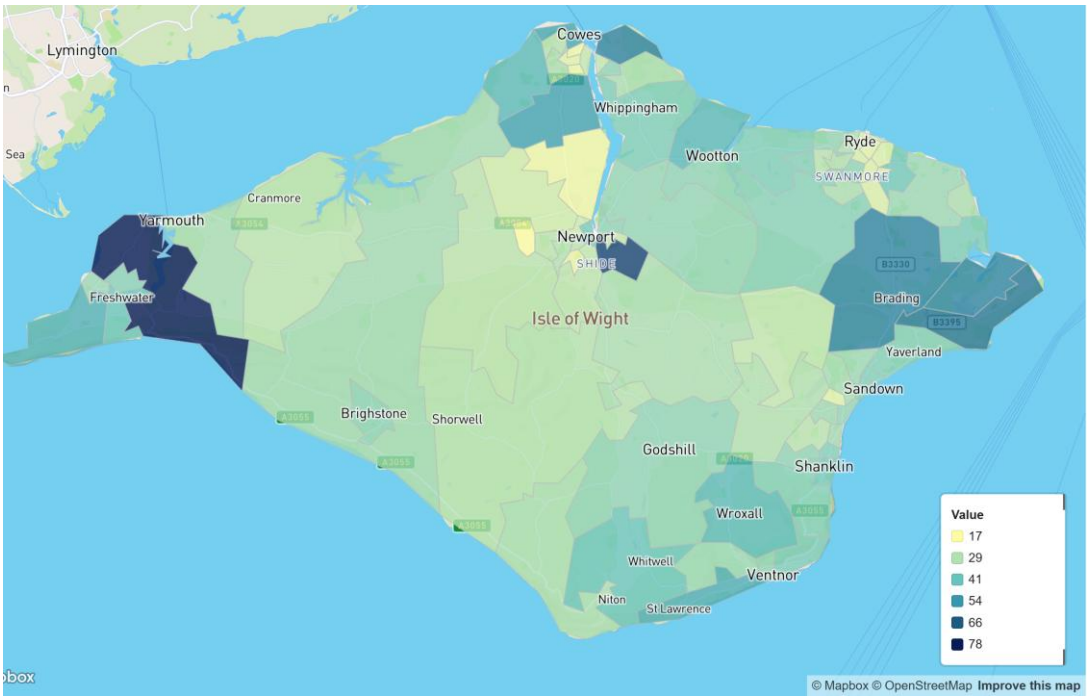
Figure 11: Prevalence of dementia, 65+

Age band	Men	Women
65-69	1.5%	1.8%
70-74	3.1%	3.0%
75-79	5.3%	6.6%
80-84	10.3%	11.7%
85-89	15.1%	20.2%
90-94	22.6%	33.0%
95+	28.8%	44.2%

Source: Dementia UK, 2014

A diagnosis of dementia is important for dementia patients and their families. An early diagnosis may mean that the progress of dementia can be slowed in some cases and also allows people to get the right support and plan for the future. However, not all cases of dementia are diagnosed. On the Isle of Wight there were 1,649 cases of dementia recorded in 2020, however, when applying the survey figures to the local population estimates, the number of cases of dementia on the Island is estimated to be much higher at around 3,000. A breakdown can be seen in Figure 12.

Figure 12: Estimated number of people with dementia on the Isle of Wight, 65+



Source: Dementia UK 2014, applied to ONS population estimates

[24] Projecting Older People Population Information System

An estimated diagnosis rate for dementia is calculated by OHID[25] which suggests that nationally 64.8% of dementia cases were diagnosed in 2024, down from 67.4% in 2020, but up from 62.0% in 2022. A similar trend was also reported on the Isle of Wight in recent years (57.7% in 2022, 52.5% in 2023 and 55.2% in 2024). However, these rates have been statistically comparable with England until 2023 and 2024 when they became significantly lower (worse).

Rates of emergency hospitalisation have remained stable in England between 2016 and 2019, whilst on the Island there has been a slight decrease (from 2,401 to 2,138 per 100,000 people). This rate remained significantly lower than that of England. The rate of mortality for people with dementia has also remained stable in both England and the Island between 2016 and 2019.

[25] The estimate used by OHID uses different population estimates and therefore differs from locally calculated prevalence estimates for dementia.