Wolverhampton Joint Strategic Needs Assessment

Healthy Ageing

2025

Executive summary

Most older adults in Wolverhampton are active, independent and live well. As a city we should support them to stay this way.

This JSNA challenges outdated narratives of ageing as a time of inevitable decline. Instead, it highlights that the majority of people aged 65 and over in Wolverhampton are in good physical and mental health, remain socially connected, and continue to contribute to their communities through work, volunteering, and caregiving.

Older adults told us they value independence, purpose, and staying active. Many walk daily, use public transport confidently, and engage in local groups and hobbies. According to the City Lifestyle Survey, life satisfaction is highest in this age group. These findings align with national evidence that most people age well and want to continue doing so for as long as possible.

Yet, much of our policy and service design still focuses on those with acute needs. This report reframes ageing as a dynamic, diverse experience shaped by environment, opportunity, and support, not just biology. It calls for a shift in focus: from managing illness to enabling wellbeing.

The structure of the report is based on five key themes which were chosen through conversations with residents aged 65 and over. These discussions helped ensure the report reflects what matters most to older people themselves.

Key themes

- **Who we are and where we live**
  Wolverhampton's older population is growing rapidly and becoming more diverse. Services must reflect the needs of this changing population, not just those in poor health or care settings.
- **Our environment**
  Accessible, age-friendly neighbourhoods support independence. Most older adults live in general housing, not care homes. Everyday environments must be designed with them in mind.
- **Financial wellbeing**
  While many older adults are financially resilient, a significant minority face poverty and barriers to accessing support. Simplifying systems and improving benefit uptake is essential.
- **Staying connected**
  Social participation is a key driver of wellbeing. Activities and services should be inclusive, affordable and reflect the interests of older people.
- **Health and wellbeing**
  Preventable conditions, loneliness, and inequalities still affect too many. A stronger focus on prevention, early intervention, and tackling the wider determinants of health is needed.

We should ensure that our systems are designed around the majority of older people who are living well and want to stay that way. This means:

- Shifting investment toward prevention and independence.
- Designing services and environments that reflect the real lives of older adults.
- Recognising the value, diversity, and potential of this population.

Healthy ageing is not just about adding years to life, it's about adding life to years.

Introduction

Healthy ageing is about creating the environments and opportunities that enable people to be and do what they value throughout their lives. This includes preventing illness, supporting independence, and promoting social and economic participation. Healthy ageing is a growing priority both in the UK and globally, driven by demographic shifts and the need to support people to live longer, healthier lives. The 2025 “Fit for the Future” 10-Year Health Plan for England adopts a system-based redesign of neighbourhood care and digital infrastructure to support ageing and aims to halve the gap in healthy life expectancy between the richest and poorest regions.

Internationally, the WHO Decade of Healthy Ageing report (2021–2030) looks to improving the lives of older people through age-friendly environments, integrated care, and tackling ageism. The older population holds a wealth of resources, decades of work experience and cultural memory; many are still working, caring and volunteering. As a system, we tend to focus on those with acute needs in this age group.

The purpose of this report is look beyond the data of those with acute needs and gain a more holistic understanding of this diverse age group, encompassing not only those in care homes or with chronic conditions but also those that are still healthy and active and who could benefit from preventative interventions to maintain their wellbeing and independence. This report aims to understand the lived experiences of people in Wolverhampton aged 65 years and above, to explore the wider determinants that keep people healthy as they age, such as housing and financial security, community, environment, purpose and active ageing and make recommendations to address identified needs. This report aims to contribute to a culture change that challenges stereotypes, supports positive ageing narratives, and allows people to age well and with purpose.

The City of Wolverhampton Council Public Health team works in partnership with Adult Social Care, the Black Country Integrated Care Board (ICB), the NHS and the local Voluntary and Community Sector to protect and promote the health and wellbeing of older people in the city. This report is to be read alongside the JSNA Ageing Well dashboard which includes metrics on NHS Health checks, cancer, diabetes, falls, winter, influenza, premature mortality, and other health issues.

Are we an age-friendly city?

Methodology

This JSNA uses a participatory engagement approach, where the main topics in this report were shaped by conversations that were had with residents in Wolverhampton aged 65 years and above, not just what was important for services. Other stakeholders listed below were also involved in shaping the focus, content, outcomes and recommendations of the report.

To understand what was important for residents, we recruited two local University of Wolverhampton Student Wellbeing Champions and trained them in qualitative interview methods. One student then led the interviews using a wellbeing framework as a guide for the conversation, but mostly letting the person being interviewed guide the conversation. Quotes from this engagement are placed throughout the report.

Recommendations for the report were co-produced with a wide range of stakeholders. We are grateful to the many partners who contributed their time, knowledge, and perspectives to this process. These include the Public Health Team and analysts (including WVActive and the Physical Activity team), the OneWolverhampton Engagement Group, the OneWolverhampton Ageing Well Working Group, ICB involvement specialists, the Transport for West Midlands team, and council teams across housing, transport, and the carer support team. We would also like to thank our community and voluntary sector partners, including

St George's Hub, No Limits To Health, Wolverhampton Voluntary and Community Action, and BCHFT's Community Connexions team.

Attitudes towards ageing

As people live longer, it's essential to shift our attitudes towards healthy ageing. The WHO defines healthy ageing as the process of developing and maintaining the functional ability that enables well-being in older age; focusing not only on the absence of disease, but the capacity to be and do what individuals value throughout their lives. Negative perceptions of ageing can limit expectations and discourage people from seeking help. Among older adults living in England, one study found that perceived age discrimination was associated with increased odds of poor self-rated health and risk of incident serious health problems over a 6-year period. This highlights the need to combat age stigma and discrimination (Jackson et al. 2019). By prioritising prevention and understanding how to support healthy ageing, we can ensure more people live not just longer, but better lives in Wolverhampton. During local engagement for this report, there were mixed feelings around whether healthy ageing was possible.

"Healthy ageing means being able to access the right healthcare, and being given the right information to do so"

"I'm don't think there is such a thing as Healthy ageing"

The Wolverhampton People's Panel facilitated a discussion in 2023 where people expressed that there is a feeling that older people have been forgotten about. Additionally, the group felt that as an ageing population, we need to take a system wide approach to developing life plans for older people, considering housing, health and care; making sure that services are planning for increasing demand that prevention measures are in place to help people live healthier lives.

"No one values older people"

"I have COPD and back issues…I have seen a doctor but they just give you pain killers which isn't always good, so I don't go anymore, I don't think they can help me. It's just part of getting older."

The Centre for Ageing Better recommend that all local authorities become Age-friendly Communities using the international best practice framework developed by the World Health Organisation, which encourages cities to adapt their structures and services to be inclusive and accessible for older people with diverse needs and capacities. This involves engaging older residents and stakeholders to assess local needs, developing a shared vision and action plan, implementing age-friendly improvements across key domains (e.g. transport, housing, social participation), and evaluating progress. This system-wide, preventative approach supports healthy ageing and ensures services and environments are inclusive and responsive to an ageing population.

Summary

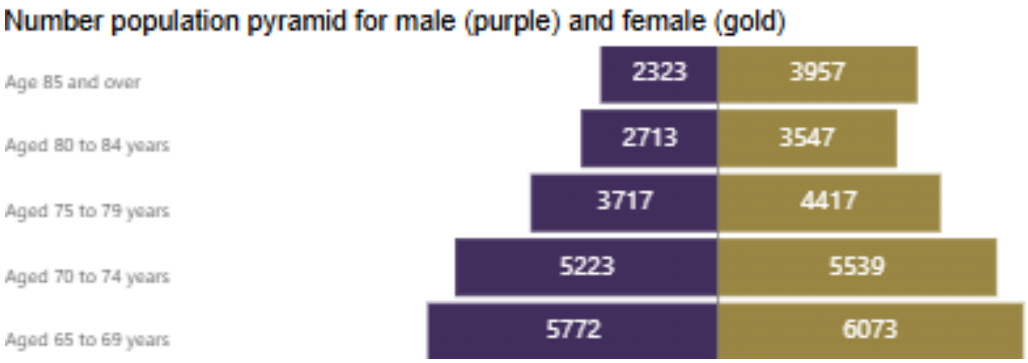
Attitudes towards ageing shape how older adults experience later life. In Wolverhampton, some residents feel undervalued or forgotten, and ageism remains a barrier to accessing support. Promoting positive narratives, tackling stigma, and focusing on prevention are key to enabling more people to age well and with purpose.

Recommendations:

1. **Age-friendly Community:** The Public Health team should explore collaboration with the Centre for Ageing Better to pursue recognition as the first Age-friendly Community in the West Midlands by adopting the WHO framework and joining the UK Network of Age-friendly Communities.
2. **Challenge ageism:** The Council should commit to adopting the Ageism Toolkit developed by the Centre for Ageing Better and u3a to challenge ageist attitudes and promote positive representations of ageing. The toolkit provides practical guidance, factsheets, and communication tips for reframing ageing in public discourse, media, and service delivery. It includes a free image and icon library to support age-positive visuals and a presentation resource for staff training. Using these materials can help local authorities foster inclusive, respectful environments and reduce the impact of age-based stereotypes across services.

Ageing and identity

Who we are, our ethnicity, gender, socioeconomic background, and where we live, shapes how we age and the opportunities we have to age healthily. Understanding the diversity of the older population is essential to improving the health and wellbeing of this population. In Wolverhampton, 16.4% of the population are aged 65 or over. Wolverhampton has a slightly younger population than the West Midlands (18.8%) and nationally (18.4%). However, locally, this group is projected to grow at a faster rate than other age groups in the city. The number of people aged 65 and over in Wolverhampton is expected to grow from 45,936 in 2024 to 59,703 by 2043, an increase of 13,767 (30%) (POPPI). The current age breakdown of those aged 65+ is shown below. There are 119 females for every 100 males in the 65+ age group (2023 mid-year census). Men and women experience ageing differently, with distinct patterns in both physical and mental health outcomes.



Source: ONS Census, 2021

Compared to the other age groups, those aged 65+ have the highest percentage white population, and the lowest percentage of Asian, Black, or mixed ethnic groups. With a higher number of people from ethnic minorities in the preceding age bands, Wolverhampton should ensure that services consider the different cultural needs of the changing demographics of the older population.

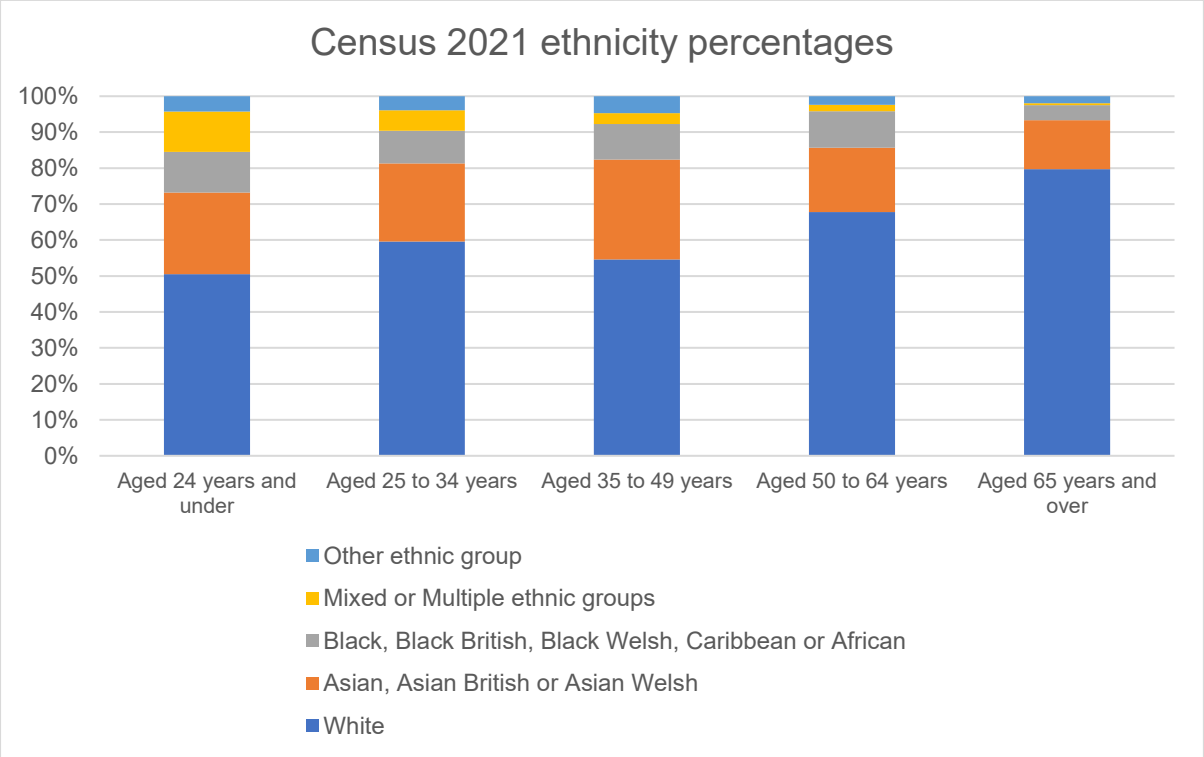
"Even something small like being offered chai can make you feel welcome"

The number of older LGBT+ people will increase significantly in the next few years, based on the number of LGBT+ people currently in their 40s and 50s, and will continue to increase into the future (Centre for Ageing Better, 2023). Older LGBT+ people often experience health inequalities (Kneale et al. 2019), and unequal access to appropriate health and social care. Engagement for this report found that it was felt that groups and services are not relevant for groups such as the LGBT+ community.

"All of the groups are targeted for straight couples, I don't feel like there's much for me"

Ethnic group is a self-defined multidimensional concept, and its links with health outcomes are a complex interplay of many factors including culture, genetics, deprivation, religion, environment, health-related behaviours, and age. It is essential to avoid making misleading

generalisations about ethnic groups, as this may lead to inaccuracies in our understanding and approaches to addressing inequalities.



Sometimes, people from ethnic minority groups experience worse self-reported health at earlier ages compared to white British groups. For example, a similar proportion of white British women in their 80s and Pakistani women in their 50s report poor health (Centre for Ageing Better, 2021). Health inequalities can widen with age due to faster declines in health among ethnic minority groups, driven by long-term socioeconomic disadvantage and the cumulative impact of racism and discrimination over the life course. In Wolverhampton, older people from ethnic minority backgrounds may not always experience worse health outcomes, as strong cultural ties, community networks, religious involvement, and intergenerational support can help protect against loneliness and isolation, factors which are closely linked to poor health in later life.

Life expectancy

The life expectancy at birth for females is 81 and 77 for males in Wolverhampton. This is significantly lower than the England average (83 and 79 respectively) and in the lowest quarter of local authorities for life expectancy when ranked with other areas (Fingertips, 2023 data). The number of years that someone can expect to live in good health is 56.7 (females) and 57.6 (males). This is on average 3 years lower than the West Midland and England values for both genders. The main cause of premature deaths in Wolverhampton are cancer, followed by cardiovascular disease (heart disease being the most prevalent) (WVInsights, 2024). For more detail on the prevalence of diseases in the over 65s, please see the Ageing Well JSNA dashboard.

The differences in life expectancy and years spent in good health are due to avoidable and unfair differences in health outcomes between groups of people across the country. For older adults, these inequalities often reflect a lifetime of unequal access to education, employment, housing, and healthcare. In later life, this can result in poorer physical and mental health and higher rates of long-term conditions among those in more deprived areas. Factors such as income, ethnicity, disability, and digital exclusion can further widen these gaps, affecting access to services and support in older age. Addressing these inequalities requires targeted action that considers the cumulative impact of disadvantage across the life course and a strategic focus on the broader determinants of health, such as socioeconomic conditions, housing, education, and community infrastructure, rather than concentrating solely on those with acute needs.

Summary

Wolverhampton's older population is growing rapidly and becoming more diverse. While people aged 65+ currently have the highest proportion of White residents, future cohorts will include more people from ethnic minority backgrounds. Ageing experiences differ by gender, ethnicity, and socioeconomic status, with long-term inequalities contributing to poorer health outcomes in later life. Services must prepare for this shift by addressing the wider determinants of health and ensuring culturally appropriate, inclusive support that reflects the city's changing population.

Recommendations:

1. **Culturally Competent Commissioning:** Require commissioned services for older adults to demonstrate how they will meet the needs of a more ethnically diverse ageing population, including language access, cultural dietary needs, and religious practices.
2. **Participation & Involvement**: For the OneWolverhampton/ICB Involvement Specialist to develop and co-design new focus groups and informal involvement/engagement sessions (e.g. coffee mornings) across the city to enable residents aged 65+ to shape services and share what matters most to them.
    1. To facilitate community-led listening events with underrepresented older groups (e.g. South Asian, Black Caribbean, LGBT+) to inform service design and reduce inequalities in access and outcomes.

Where we live

Generally, this age group tends to live in the outer regions of Wolverhampton. Tettenhall Wightwick, Penn, Tettenhall Regis, Bushbury Noth, Wednesfield North, Ettingshall South & Spring Valey, and Merry Hill wards all have more than 20% of their population as aged 65+.

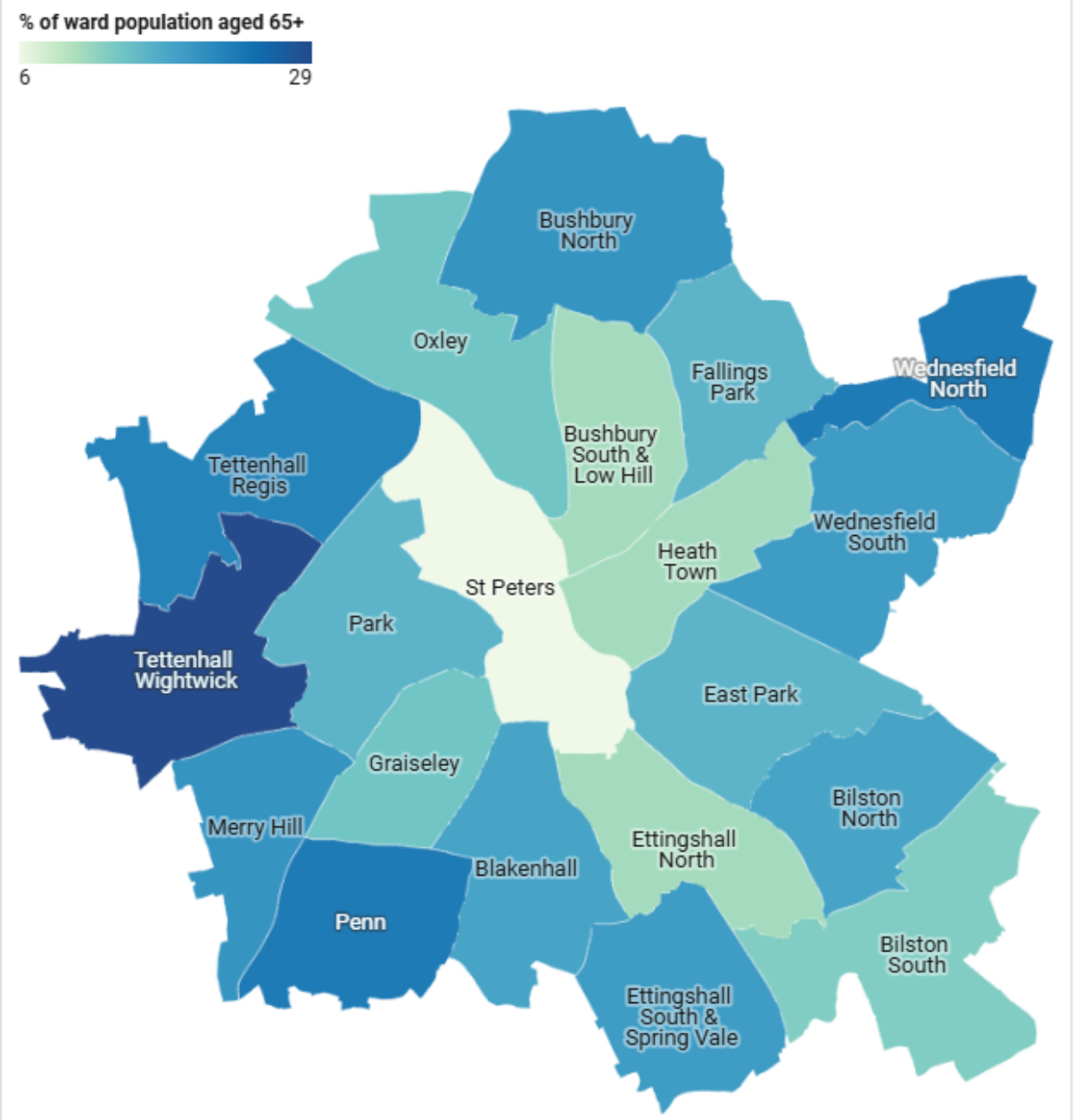


Figure 1. Map of where 65+ age group live as percentage of total ward population, based on mid-year 2023 estimates census. Made using Datawrapper.

There are 17,330 over 65s living in CORE20 areas, representing 40% of the city's older population. Women and men aged 65 living in the most deprived areas of Wolverhampton can expect to live 5.1 and 5.7 fewer years than those living in the least deprived areas of Wolverhampton, respectively. This difference in life expectancy between the least and most deprived areas is high but relatively similar to West Midland and English averages.

Housing

"Offering older people, a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems. Older people's housing needs can encompass accessible, adaptable general needs housing through to the full range of retirement and specialised housing for those with support or care needs"

National Planning Policy Framework and the Planning Practice Guidance

In Wolverhampton, 19.4% of households in Wolverhampton were households where all members are 66 and over, compared to 22.6% regionally and 22.0% nationally (2021 Census). Local housing needs projections suggest that there will be a notable increase in the number of households headed by someone over 65 in Wolverhampton from 24,612 in 2024, to 38,270 in 2042, an increase of 55.6% (unpublished Wolverhampton Housing Market Assessment Update 2024). The number of separate households headed by someone aged 66+ is projected to rise faster than the projected rise in population due to more older people predicted to be living in smaller or single-person households. As of 2024, there were approximately 13,000 older people living alone in Wolverhampton.

Living alone in later life is associated with increased risks of social isolation, loneliness, and poorer health outcomes. According to the ONS, older adults who live alone are less likely to report good or very good health compared to those living with others (ONS, 2023). Social isolation is also linked to higher risks of depression, cognitive decline, and even premature mortality. In Wolverhampton, this highlights the importance of targeted support for older adults living alone. Services such as weekly wellbeing calls and befriending programmes (e.g.

Compassionate Communities) are already in place but will need to expand as the number of single-person households grow. In addition, Wolverhampton has Enhanced Community Mental Health Teams for Older Adults, who have a number of community mental health nurse practitioners who will assess and support patients, working alongside primary care, GPs and Social Care. The teams will also support frailty and target issues such as isolation and loneliness.

In Wolverhampton, 72% of people aged 65+ own their homes, while 21% live in social housing and 6% rent privately (2021 Census). This high rate of homeownership offers some protection in the age group from rising housing costs. By 2042, it is predicted that those who own their homes or are socially renting will increase by 35%, but those who are privately renting will increase by 57%; these groups are more likely to experience poverty than those who own their own homes.

"My benefits are okay because my children pay the bills, older people can survive if they live with families, it's hard to survive on your own."

The next 2 decades will see a higher demand for suitable housing options for this age group, including general needs housing that is accessible and adaptable, as well as specialist housing options like sheltered housing and extra care housing. However, the majority of

older people will continue to live in general housing and new housing developments should incorporate design features that make homes adaptable and accessible.

The Older People's Housing Taskforce Report (Department for Levelling Up, Housing and Communities & Department, 2024) recommends that councils take a strategic lead by embedding older people's housing needs into local plans, improving data collection, and ensuring a diverse range of age-friendly housing options. Housing departments are encouraged to work with developers to deliver both mainstream and specialist housing that supports independence, accessibility, and community connection. Engagement with older residents revealed a strong desire for homes that are adaptable, affordable, and close to amenities and social networks, emphasising the importance of "rightsizing" rather than downsizing.

Nationally, one-third of the 3.5 million non-decent homes in England are headed by someone aged 65 or over. These homes often fail to meet basic standards for warmth, safety, or repair, and older adults are particularly vulnerable to cold-related illnesses, damp-related respiratory issues, and falls. Living in a non-decent home can significantly impact an older person's ability to remain independent and healthy. The government's Decent Homes Standard (aimed at improving the standard of social housing) and local schemes such as Disabled Facilities Grants (covering housing adaptations) and home adaptation services such as the Wolverhampton Home Improvement Agency aim to address these issues, but demand is likely to grow.

"I rang them up and they came around in a week and watched me walk around the house and got me got me several adaptations which I'm very, very happy about"

While the majority of older adults in Wolverhampton live in general housing, a small proportion reside in care homes. According to the 2021 Census, 2.9% of people aged 65+ in Wolverhampton live in a care home, which is higher than the Black Country ICB average of 2.3%. Demand for residential and nursing care is expected to grow significantly, with projections indicating a need for an additional 547 registered care spaces by 2042 (Wolverhampton Housing Market Assessment Update 2024). There are over 100

registered care homes in the Wolverhampton area, regulated by the Care Quality Commission (CQC). While this JSNA focuses primarily on older adults living in the community, the quality and availability of care home provision remains a critical part of the wider housing and care landscape. Future planning should ensure that care home capacity keeps pace with demand and that quality standards continue to be met.

Summary:

In Wolverhampton, older adults are more likely to live in the city's outer wards, but a significant proportion also live in areas of high deprivation. This spatial distribution reflects and reinforces health inequalities, with those in the most deprived areas experiencing markedly shorter lives and fewer years in good health. The projected rise in older households, particularly single-person households, signals opportunities for providing services that keep people connected to their communities and living in suitable housing for wellbeing. Most older people will continue to live in general housing, not specialist accommodation. This makes it essential that all new housing is designed with ageing in mind.

Recommendations:

1. **Cross-departmental data sharing:**
   To provide more coordinated and proactive support for older residents, better data sharing is needed across services. To address this, the housing team should lead on establishing a formal mechanism for data and information sharing between specialist housing teams, Adult Social Care, and the Home Improvement Agency (HIA) to better identify and support older residents with housing needs.
2. **Future-proofing new builds through co-design:** While Lifetime Homes standards are embedded in all new builds in Wolverhampton, stakeholder feedback highlights that some properties still fall short of meeting older residents' needs. To address this, Occupational Therapists and Home Improvement Agency staff should be involved early in the design process to ensure homes are adaptable for future care. This

includes features like adequate space around toilets and sinks for carer support, accessible entrances and pathways, and storage for mobility aids.

3. **Designing homes older people want:** For the council housing team to conduct consultation with older residents to inform design preferences and ensure appeal. To then pilot a modern older person's housing scheme with 20–30 units, incorporating features such as 1–2 bedroom homes, communal spaces, balconies and green areas, and energy efficiency features.
4. **Protect Adapted Properties:** For the housing team to explore measures to protect adapted properties and ensure they are retained for future use by residents with similar needs, in line with existing legal protections. This action would preserve valuable housing stock and ensures efficient use of resources.
5. **Healthy Homes Hub:** To address the complexity of navigating housing support can be complex, the housing team should create a centralised Healthy Homes Hub sign posted online and in community spaces, to give older residents clear access to advice on home adaptations, energy efficiency, trusted tradespeople, and tenancy support. This would simplify access to help and support safe, independent living.
    a. **To include support for those living alone:** For the healthy homes hub to provide information on the wellbeing risks of living alone and signpost to services and support schemes to reduce isolation among older adults living alone.
6. **Linking Mobility Support with Prevention:** To reduce falls and support independence, minor home adaptations should be paired with preventative interventions. We recommend embedding physical activity referrals, such as strength and balance programmes, at the point when mobility aids (e.g. grab rails, ramps) are installed. Improved coordination between Occupational Therapists, housing teams, and physical activity services will ensure older adults receive holistic support that addresses both their immediate and long-term mobility needs.
7. **Private renter support:** Older adults in the private rented sector often face greater housing insecurity and limited access to support. We recommend that the housing team develop a targeted support offer for older private renters, including access to home adaptations, energy efficiency grants, and tenancy support, recognising their growing vulnerability.

Our environment – accessible cities

Age friendly urban design

The design of our city plays a critical role in supporting the independence and well-being of older adults, ensuring that public spaces and buildings are age-friendly through accessible features like ramps, handrails, clear and legible signage, and specialized accommodations for mobility aids, dementia, or sensory impairments. Age friendly design not only makes environments safer and more navigable for older people but also promotes social inclusion and enhanced quality of life.

"Theres a canal behind us, Oxley is a lovely quiet area, it's a nice place to live. We have a good tenants association, people look after their gardens and houses. There's also a low crime rate and the roads are always gritted when there's a frost"

The WHO's guide on Age-Friendly Cities and Communities emphasizes the importance of resting places such as benches in public areas to support older adults' mobility and encourage walking and social participation (WHO, 2023). During local engagement for this

report, it was felt that there was a need for providing more public benches for rest and accessible public toilets to support more confident trips outside the into the city centre.

"We need more benches to sit down on in the city centre, with mobility problems, you can only walk a little way"

"The public toilets are far apart, I also have a bladder problem so I'm always looking for a toilet, we need more around the city"

Case Study: Manchester's Age-friendly Programme

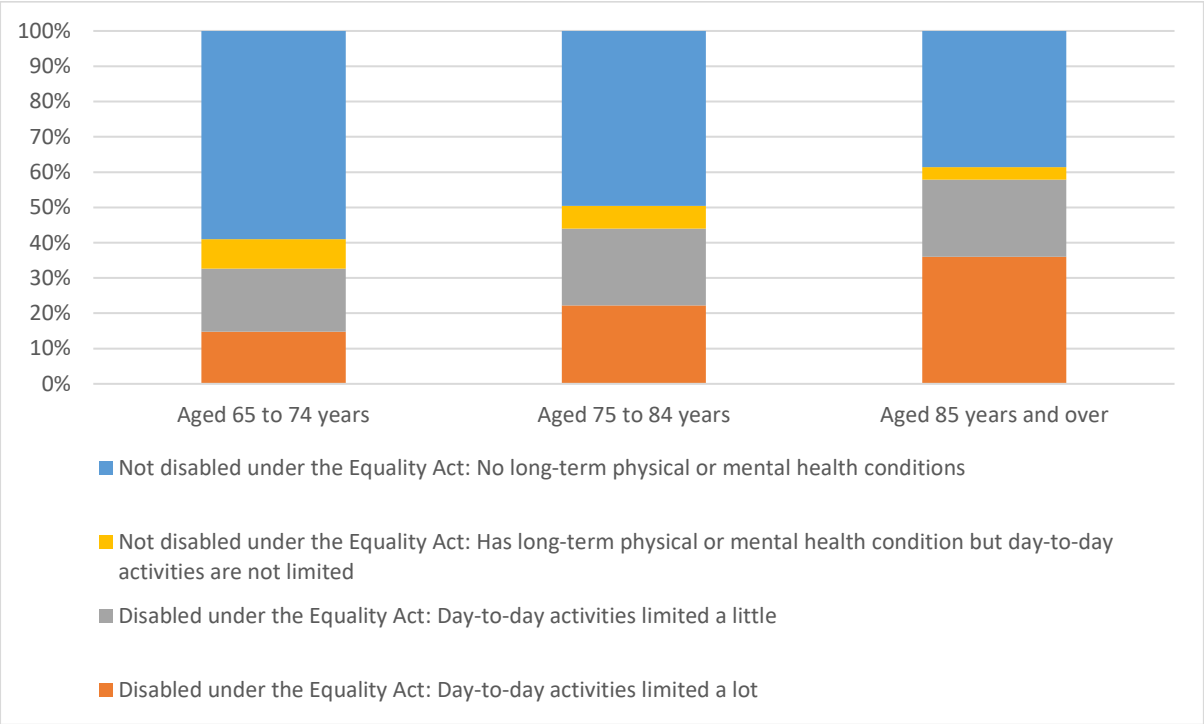
Several UK local authorities are embedding age-friendly principles into urban planning and community development through the Centre for Ageing Better's place-based approach. Greater Manchester, the first UK city-region to be recognised by the World Health Organization as an Age-Friendly City, has adopted a whole-system, partnership-led strategy that brings together local government, health and care services, universities, transport authorities, and voluntary sector organisations. Their approach includes:

- Co-designing neighbourhoods with older residents
- Improving access to green spaces and transport
- Embedding ageing into housing and economic strategies
- Delivering targeted interventions in areas with the poorest healthy life expectancy
- Promoting intergenerational activities and social inclusion

Manchester's age-friendly programme empowers older adults through cultural participation, with over 150 volunteers leading events as part of the Culture Champions scheme that aims to increase access to arts and culture for older people. Older residents co-produced the strategy via the Age-Friendly Older People's Board, which developed the city's Older People's Charter. Neighbourhood initiatives like the Take a Seat campaign and North City Nomads tackle isolation and improve everyday accessibility.

Disability

Living with a disability or long-term health condition can significantly impact a person's ability to navigate cities, access services, and maintain their wellbeing. Of the 6021 respondents aged 65+ in the City Lifestyle survey, 35% said they were disabled. The number in Wolverhampton who were registered as disabled under the equality act is 33% of 65-74 year olds, 43% of 75-84 year olds and 57% of 85+ year olds (ONS, 2021). A further breakdown of the degree of disability is detailed in the figure below.



Applying these proportions to the latest mid-year census population estimates, this equates to approximately 18,400 people or 42% of the cohort being registered disabled under the equality act in Wolverhampton aged 65+, which includes those whose daily activities are limited both a little and a lot. In Wolverhampton, those who receive attendance allowance (for those who are pension age and have a physical disability, a mental disability, or a health condition that is severe enough to require help with personal care or supervision) is 17% of those aged 65+, which is slightly higher than the West Midlands average (15%).

It is vital that the city has local environments and services that are inclusive and accessible to this group. The city council offers a range of services to support older adults with physical and sensory disabilities. These include the Independent Living Service, which helps people stay in their homes with the right support and equipment, and the Wolverhampton Wheelchair Service for mobility needs. Accessible transport options, the Blue Badge parking scheme, and Shopmobility services also help residents stay mobile and engaged in the community.

Sensory impairments

Sight loss can increase the risk of depression, falls and hip fractures, loss of independence and living in poverty. The estimated number of people aged 65+ in Wolverhampton during with sight loss based on the national prevalence is 6,440, approximately 15% of the population (RNBI, 2022). Prevention of sight loss would help people maintain independence and reduce the need for social care support. Research by the Royal National Institute for Blind People (RNIB) suggests that approximately half of blindness and serious sight loss could be prevented if detected and treated in time. In Wolverhampton, sight loss prevention services for older adults include routine eye health checks at GPs and optometrists and falls prevention programmes with vision assessments. Beacon Vision, a local charity, also provides education, early diagnosis support, and community outreach.

Assessing individuals with hearing loss, developing personalised care plans, and providing appropriate interventions can help reduce isolation, support continued social engagement, and promote independent living. Around one in six people in the UK experience some form of hearing loss. The majority are older adults, with hearing loss becoming more common as people age. Over 70% of people aged over 70, and 40% of those over 50, have some degree of hearing loss. In Wolverhampton, the rate of adults aged 65 and over with some or severe hearing loss is expected to rise, in line with regional and national trends. In 2023, the rate was estimated at 696 per 1,000 people aged 65+, and it is projected to increase to 705 per 1,000 by 2040. This equates to an absolute increase of 31% in the number of older adults affected by hearing loss in Wolverhampton between 2023 and 2040 (POPPI, 2023).

Climate resilience

Recent years have seen record heatwaves in England, and age-related physiological changes, pre-existing health conditions, and limited mobility make older people more susceptible to dehydration, heatstroke, and cardiovascular stress during prolonged high temperatures. Cities are particularly susceptible to high temperatures and consideration

should be given to the future design of homes and public spaces to consider the acute needs of an increasingly older population in the context of climate change.

Winters bring their own challenges for this age group. A higher number of deaths are seen in winter compared with the summer each year, and older people are more vulnerable to this. In Wolverhampton, during 2021/22 there were 16.8% more deaths in the winter compared to summer, which was statistically similar to the national average (11.3%) (OHID, 2021/22).

Nearly 1 in 4 households in Wolverhampton experience fuel poverty, a rate higher than both the West Midlands (1 in 5) and national averages (1 in 8). Older adults are particularly vulnerable due to fixed incomes, less energy-efficient housing, and health conditions. Fuel poverty can also affect nutrition, as energy costs may limit the ability to cook healthy meals. In July 2024, the UK government announced a shift from universal to means-tested Winter Fuel Payments. Although this decision has since been largely reversed for the 2025/26 year, the change highlighted the vulnerability of older people to cold-related health issues such as respiratory conditions, cardiovascular complications, and musculoskeletal issues. During the winter of 2024/25, the council ran a programme that identified residents who may be eligible for support, helping them check benefit entitlements, and distributing Winter Fuel Packs containing items like hot water bottles and blankets through local partner organisations.

The risk posed by flooding is generally low across the city, with very few historic flooding events, the main risk is from surface water flooding posing the main risk. Despite the low risk, the older population should be prioritised in future risk assessments especially as those on low incomes are more likely to live in flood prone areas.

Transport and mobility

Reliable transport supports wellbeing by helping adults stay connected with others and encourages physical activity through regular travel and active transport. To ensure accessibility of bus travel, services should include clear offline information like printed timetables, seating or benches at stops, shelters for weather protection, low-floor buses, and drivers trained in supporting older passengers.

"The transport is easy to navigate around the city, I've got my bus pass but needed support applying for it. I struggle a bit if I need to walk uphill anywhere"

The Ring and Ride service provides door-to-door accessible transport for individuals who have difficulty using regular public transport and its main users are those aged 65+. The service is currently undergoing operational changes to meet user concerns with booking systems and punctuality and funding issues. Generally, this service is appreciated by older adults, although concerns have been raised regarding booking systems and service punctuality (Healthwatch 2019). In addition, the West Midlands Ambulance Service provides non-emergency patient transport for eligible individuals, including older adults, to attend medical appointments. During engagement for the report, it was highlighted that medical appointments can be difficult to attend as healthcare services often don't ask whether it is feasible for the person to attend the appointment.

"I'm trying to get a blue badge for my wife, its very difficult because of all the questions they are asking"

Being able to drive plays a vital role in helping older adults stay independent and socially connected. Many of the older people spoken to for this report used cars as their main form

of transport. However, it was felt that parking services could be improved. Specifically, it was felt that there should be more car parks that offer cash payment options for those who may not use smartphones or digital apps and that there should be more disabled parking access in the town centre. Changes to parking payments systems must consider the needs of this age group and future areas of work to consider the needs of this group.

"I still drive everywhere; I used to be a taxi driver."

"Lots of car parks you have to download an app, older people can't do that and give up trying to go to town. There's only a few you can pay in cash"

"I very rarely go into the city centre, simply because you have to park on the edges and we're not good mobility wise, by the time we walk form the car park we are exhausted."

Summary

In Wolverhampton, many older residents face barriers in navigating public spaces due to limited seating, toilet access, and parking issues. With over 40% of older adults registered as disabled, inclusive design and accessible services are essential. Sensory impairments such as sight and hearing loss are also increasing, highlighting the need for proactive prevention and support. Creating age-friendly environments will require coordinated action across planning, transport, and health services to ensure the city is safe, inclusive, and supportive of healthy ageing.

Recommendations:

1. **Age-Friendly Infrastructure Audit**: Conduct a city-wide audit of benches, toilets, parking options, and accessible routes in public spaces, prioritising improvements in areas with high older adult populations and the city centre.
2. **Inclusive Transport Design**: For Transport for West Midlands in collaboration with the Public Health team to explore what training exists with bus drivers supporting older people when travelling. For example, allowing extra time for older passengers to board and alight and using clear communication.
3. **Medical appointments accessibility**: The public health team to work with PCNs to ensure that GPs take into consideration the feasibility of a patient being able to attend appointments before offering appointments.

Financial wellbeing

Financial wellbeing is a key component of healthy ageing, as it influences older adults' ability to meet basic needs, access care, and maintain the functional ability to do what they value throughout later life.

Work

For some older people, continuing to work later in life is a financial necessity. However, employment can provide social interaction, a sense of purpose, and opportunities to maintain self-esteem. It also supports overall wellbeing by offering physical, mental, and social stimulation.

Of the 65+group in Wolverhampton, approximately 4,000 residents (9%) are still economically active, which is similar to the proportion in England and Wales (ONS, 2021). Of those still working the largest areas of employment are elementary occupations (18%) and machine operatives (15%). This type of work can be physically demanding and may pose increasing challenges with age. Workplaces can support older employees by offering flexible working arrangements, such as part-time roles or phased retirement, which help individuals manage health, caring responsibilities, or a gradual transition out of the workforce.

Employers are also encouraged to consider improving workplace design, access to new technologies, and changes to human resource policies that support older employees; for example, providing mid-life structured reviews of health, skills, and finances to help older workers plan for the future and remain engaged. According to the Health and Safety Executive, adapting roles to reduce physical strain, offering self-paced training, and involving older workers in decision-making can improve retention and wellbeing.

Wolves at Work is offered by the council to support people with employment. Many older people face unique barriers to re-entering the workforce, such as outdated CVs, lack of interview experience, or anxiety after long periods out of work. Wolves for work support people with confidence-building, training courses and therapy referrals on a case-by-case basis, but do not offer specific programmes of support for over 50s. Currently, Wolverhampton's strategic focus is on youth unemployment, due to its national ranking, which has inadvertently deprioritised older adults, despite their persistently high unemployment rates.

There is a national programme, WorkWell, that supports individuals with health conditions or disabilities to either start a new job, stay in their current role, or return to work after an absence. It focuses on joining up health and employment support to improve well-being and address barriers to work. During stakeholder engagement it was highlighted that the WorkWell scheme, which allows referrals from GPs and DWP, is underutilised due to inconsistent awareness and referral practices. A similar but new programme, Connect to Work programme is anticipated to launch in the next financial year and operates under the "Get Britain Working" strategy and aims to improve employment rates and reduce economic inactivity.

Supporting people to stay in work

According to the latest data from Nomis (2025), Wolverhampton has a significantly higher proportion of people aged 50 and over claiming out-of-work benefits compared to both regional and national averages. Specifically, the rate in Wolverhampton is approximately 1.5 times higher than the West Midlands average and double the national average across Great Britain. This disparity highlights a pronounced challenge in employment retention and re-entry for older adults in the area. The number of claimants peaked during the COVID-19 pandemic and remains higher than pre-pandemic rates. The COVID-19 pandemic had a significant impact on the workforce, where a third of people made redundant nationally were aged 50+, and this group were half as likely to find work again within 6 months compared to younger groups (Centre for Ageing Better, 2022). High unemployment rates among the 50–64 age group pose a significant challenge, as prolonged joblessness in this stage of life is strongly linked to poorer health outcomes in later years. There is the opportunity to engage with this group and work to prevent avoidable health decline and reduce future pressures on health and social care systems as they get older.

It was raised during consultation that there is an opportunity to improve awareness among business owners in Wolverhampton about referring all planned redundancies, not just large-scale redundancies, to the Wolves at Work team, so that employees, particularly older workers, can access support and explore new employment opportunities before redundancy takes effect.

Poor health can lead to unemployment, which in turn worsens health; this creates a cycle that makes returning to work even harder. Many people in Wolverhampton are out of work due to health reasons, and this group are not proactively followed up by employment support schemes or the Department for Work and Pensions. During stakeholder consultation for this report, a disconnect between the Wolves at Work and the Public Health teams at the council was highlighted, where it was felt that collaboration and understanding of each other's roles could be improved. There is an opportunity for closer collaboration between the Public Health and Wolves at Work council teams to ensure residents receive holistic support that addresses both their health and employment needs. Emerging community engagement by Wolves at Work in deprived areas presents an opportunity for joint working with public health to support older adults in staying or returning to work.

Being prepared for retirement

For those taking early retirement, those with below average total wealth (<£331,000) are much more likely to take early retirement due to ill-health, compared to those with above average wealth being much more likely to retire to spend more time with family and enjoy life (Centre for Ageing Better, 2022). Those retiring early due to ill health may face greater challenges accessing appropriate healthcare, managing long-term conditions, or affording essentials post-retirement. Targeted health and financial support services are important for this group. Improved support for working-age adults in lower-paid or insecure roles, including workplace adaptations, occupational health, and mental health support, could help delay early exit from the labour market due to ill health.

Recent government analysis reveals that by 2050, private pension incomes are projected to be around £800 (8%) lower than those retiring now, with 45% of working-age adults, especially the self-employed, low-income earners, ethnic minorities (notably Pakistani and Bangladeshi where just 1 in 4 are saving), and women, either under saving or not saving at all. Additionally, a 48% gender gap in private pension income exists, with women receiving roughly £5,000 less annually than men. A new Pensions Commission established July 2025 will review barriers to adequate saving, such as low automatic-enrolment levels, workforce exclusions, and demographic disparities, and deliver reform recommendations by 2027, while also reviewing the State Pension age.

Cost of living

In Wolverhampton, 22.5% of older people in are in poverty, which is significantly higher than the England average of 14.2% (DWP, 2023). In the City Lifestyle Survey, 22% of respondents aged 65+ said their wellbeing would improve if they had more money. However, this was the lowest proportion across all age groups, suggesting some resilience in this cohort in Wolverhampton.

The recent cost of living crisis can disproportionately affect older people and may have led to many cutting back on essentials like heating, food, and internet access. Financial strain can affect both physical and mental health: a national survey found that 1 in 10 people over 60 have reduced or stopped using social care services due to cost and 22% have cut back on medications or specialist foods, potentially impacting long-term health outcomes (Age UK). A West Midlands-wide survey (2023) found that 54% of people aged 65+ were extremely concerned about the rising cost of living, rising to 63% among those aged 80+. Nationally, 60% of people over 60 were concerned about heating their homes, and 45% worried about affording essentials (Age UK, 2023). These concerns were more acute among those with lower incomes. Recognising this challenge, the City of Wolverhampton Council has committed to supporting older residents through its Financial Wellbeing Strategy (2022), which aims to help people make the most of their income in later life.

Accessing financial support

Older people often face barriers to accessing financial support, including long and complex application forms, digital exclusion, and emotional stress, which can discourage them from claiming the benefits they are entitled to. Local engagement for this report indicated that it was felt that accessing benefits was challenging, with the volume of forms and the level of information required acting as significant barrier. In response to this challenge, the council's welfare rights team in conjunction with the University of Wolverhampton's Social Care Student volunteers set up a service to help people to complete disability benefit forms. This service has helped over 560 people on pension age in total, and 360 of these in 2024/25 (equating to almost £1 million additional benefits received in the city that year), however, the service acknowledges that they do not have the capacity to reach all those that need support.

A 2019 Independent Age report estimated that on average only 55.8% of Pension Credit was being claimed nationally; common barriers preventing uptake included being unaware that Pension Credit exists, people assuming they are not eligible, and digital and language barriers. Similarly, a 2022 YouGov survey found that 53% of people aged 65+ had heard of Pension Credit while 29% had heard of it but did not know much about it. The legal

framework surrounding eligibility decisions is often complex and difficult to navigate. The council's Welfare Rights team provides crucial support to individuals, including helping them to appeal decisions to ensure they receive the benefits they are entitled to. In addition, this team provides benefits awareness training to services that work with vulnerable people in Wolverhampton to improve benefits uptake. One social worker in Wolverhampton working with this group felt that there currently isn't enough information readily available to support people in claiming the right benefits.

"They ask you too many questions, embarrass you with all the questions to get the benefits. It's too hard to get benefits."

"If it wasn't for St. Georges Hub, it would have caused a lot of anxiety working it all out"

There are some local and national services on offer to help older adults manage their finances and reduce the impact of rising living costs. The council's benefits support helpline, and local charities such as Age UK Wolverhampton and St. George's Hub offer advice on managing finances and accessing benefit. However, these services have been reduced in recent years due to funding issues.

"We need more services to help us, older people need help with everything"

"Life is hard for people who are retired, pension is less, expenses are more"

Summary:

In Wolverhampton, older people face higher rates of poverty and out-of-work benefit claims than national averages, with many continuing to work in physically demanding roles. Barriers to financial support such as digital exclusion, complex forms, and low awareness, limit access to entitlements like Pension Credit. Rising living costs and early retirement due to ill health further compound financial vulnerability. Addressing these challenges requires targeted employment support, accessible benefits advice, and action to reduce inequalities in financial resilience across the older population.

Recommendations:

1. **Boost Use of Work Well Scheme:**
    a. Public Health teams to use PCN networks to raise awareness among GPs and DWP staff about the Work Well scheme and appropriate referrals.
    b. Prepare for the new Connect to Work programme by embedding Work Well as a key support route for 50+ adults
2. **Age-friendly Employer Pledge:** For the council to sign the Age-friendly Employer Pledge for council employees, demonstrating a commitment to improving recruitment, retention, and development practices for older workers. This involves reviewing internal policies, promoting age-inclusive workplace culture, monitoring workforce age diversity, and sharing progress annually.
3. **Promote Midlife Career Planning**:
    a. Pilot “Take Stock” conversations (using rebranded Midlife MOT toolkits) within council teams, led by the Organisational Development team.
        i. Include discussions on flexible working, phased retirement, and caring responsibilities.
        ii. Conduct a survey to identify barriers to flexible working for older employees in the council to support conversations.
        iii. Once established, explore uptake of similar programmes with large employers in Wolverhampton

4. **Support Retirement Transitions:**
    a. Set up a “Chatty Café” in the council to support those approaching retirement, reducing isolation and promoting wellbeing.
    b. Once established, explore uptake of similar programmes with large employers in Wolverhampton
5. **Promote cross-working between the Public Health and Wolves at Work teams at the council:**
    a. For the Public Health team to organise a shared webinar with the Wolves at Health team to promote understanding of relevant work between teams and explore areas for collaboration
    b. Explore joint engagement activities between Wolves at Work and Public Health in deprived areas to support health and employment needs.
6. **Supporting people to stay in work:**
    a. Wolves at Work should engage with local businesses to encourage referrals for all planned redundancies, so that employees, particularly older workers, can access employment support before redundancy takes effect.
    b. For Wolves at Work to explore conversations with employers to ensure that older people who have caring duties to be supported with flexible working and not taking unpaid leave or annual leave to carry out caring duties. To also raise awareness and support implementation of the Carer’s Leave Act 2024, which grants employees a statutory right to one week of unpaid leave to care for dependants. This could include promoting best practice, signposting to resources such as Carers UK’s support package, and encouraging transparency in leave policies.
7. **Improvements to financial wellbeing data:** For the Welfare Rights team to investigate improvements to data collection so that local inequality data (e.g. ethnicity and gender) can be explored to identify underrepresented groups in benefit uptake. Following this, work to improve uptake with underrepresented groups by investigating barriers and co-designing solutions that improve access to financial support.
8. **Improving financial wellbeing through frontline awareness training:**
Many older adults are unaware of the financial support they’re entitled to or struggle

to navigate complex systems. We recommend developing benefit awareness training for frontline staff (including social workers, NHS staff, housing officers, and library workers) to help identify and signpost older adults to support. In addition, a clear, accessible pathway or flowchart should be created to guide residents through available financial services, with improved offline access via libraries and community centres to ensure inclusion for those who are digitally excluded.

Staying connected

Staying active and connected through work, volunteering, caring, hobbies, and accessible transport is vital for older adults' physical health, mental wellbeing, and sense of purpose. As a city, we must ensure that opportunities to participate are inclusive and adaptable, taking into account the diverse needs of older residents and removing barriers so they can remain engaged in community life for as long as possible. Wolverhampton's older population holds a wealth of resources, decades of work, volunteering and caregiving experience.

Volunteering

Volunteering can benefit older adults by improving physical and mental health, reducing stress, and lowering rates of depression and anxiety. It also offers a sense of purpose, helps build skills, and supports social connections. In England, people aged 65–74 are the most active formal volunteers, with 23% volunteering monthly on average, more than any other age group. Extrapolating national figures, there may be approximately 8000 over-65s volunteering each month in Wolverhampton.

"I volunteer in the charity shop 2 days a week, I go to a group called Feel Group Friday ladies group, I've made some lovely friends there and we go out socially"

"I really like to be up and helping people, Wolverhampton has a lot of volunteers"

National data shows that older people in more affluent areas are significantly more likely to volunteer. Over a quarter do so monthly, compared to just one in ten in the most deprived communities. This gap reflects both local inequalities and specific barriers faced by older adults in poorer areas, such as limited access to opportunities and support.

Supporting older adults to remain active in their communities, through unpaid care, volunteering, and informal support, delivers significant social value and reduce pressure on formal services. According to the Centre for Ageing Better, people aged 65–74 are the most likely to volunteer, both formally and informally, and those in their 50s and 60s provide the majority of unpaid care for older and disabled relatives. These contributions are vital to the wellbeing of families, communities, and local services, yet are often undervalued in funding decisions.

The 2018 Centre for Ageing Better report highlighted that older people can face a range of barriers to volunteering. These include practical issues like cost, transport, and access; structural challenges such as inflexible opportunities, bureaucracy, and digital exclusion; and emotional barriers like low confidence, stigma, fear of overcommitment, or not feeling valued. We should ensure there are accessible, age-friendly volunteering options and clear signposting, so older residents know where to go if they want to volunteer.

"If people need help, I would volunteer more"

"I volunteer in the temple here and do charity work in India. It's not enough to feel good for yourself, if there's someone else hungry, it's not good enough"

Carers

A carer is someone who provides support to a family member or friend who is unable to manage daily life. Unpaid carers play a crucial role in supporting the health and wellbeing of others, often enabling individuals to remain in their own homes. However, caring responsibilities can place significant physical, emotional, and financial strain on individuals, and many carers require support themselves. In Wolverhampton, more than half of all carers in Wolverhampton, 54.6% have 1 or more LTC according to the GP register (2022 Wolverhampton's unpaid carers rapid assessment).

In 2025, 3,135 individuals were registered as carers with GPs in Wolverhampton, compared to an estimated 6,653 carers based on census data and population projections (POPPI). This gap suggests that a significant number of carers may not be identified or supported through GPs. When carers register with their GP, they can benefit from referrals to local services such as occupational therapy, voluntary sector support, to the council's carer support group for practical support. The number of carers is set to increase significantly in line with population projections for this age group. With an ageing population, a rise in single person households, and a shift from traditional family structures, there may be additional strain on social care policies that currently rely heavily informal caregiving. Policies should support carers in balancing their responsibilities, particularly managing care alongside work and other commitments.

Additionally, in the financial year 2024/25, 1,850 residents aged 65+ received Carer's Allowance for providing care of at least 35 hours per week (Department for Work and Pensions). This represents a lower proportion than the regional average, indicating potential unmet need in accessing appropriate benefits and support among older carers.
A YouGov poll conducted for the Carers Week charities found that only 27% of people aged 65 and over who provide or have provided unpaid care recognised themselves as carers or used the term to describe their role. Local efforts could focus on aligning carer registers

across services to ensure all carers are identified and supported through the Carers Support Group and other available resources.

Engagement with older residents highlighted the difficulties of employers not supporting carer duties and needing to take annual leave to attend appointments. As of April 2024, the Carers Leave Act entitles eligible employees in the UK to up to one week of unpaid leave per year to care for a dependent with a long-term care need. All UK employers are legally required to comply with this act. A survey conducted by Carers UK found that just over half (51%) of employers responding to the survey had a dedicated Carer's Leave policy in place a year after the act, compared to 23% before the Act was enforced. Please see the recommendations under the Financial Wellbeing chapter for a recommendation related to employment support for older carers.

"The carers support team send me a bulletin; they advertise lots of groups and told me lots of information I wasn't aware of. They even told me that I can go to WV Active for free"

Keeping active

Being active is a key part of healthy ageing, as it can reduce cognitive decline, bone fractures, and all-cause mortality. In Wolverhampton, 53% of individuals aged 65+ were active (150+ minutes a week) and 35.5% inactive (less than 30 mins a week) (Active Lives, 2023/24). There has been a recent downward trend in inactivity in older adults in Wolverhampton.

"We've known each other since we were five and we have always been active. It's what has kept us out of the doctor's office"

When asked in the 2023 City Lifestyles Survey, most people in this age group exercised in their local street or in parks of nature areas. Leisure centres and gyms were used by 17% and 12% of the group. 66% would like to be more physically active in this age group. About a quarter of this group thought that free gym or leisure facilities, someone to do exercise with, knowing what's on, and more availability of activities close to home would encourage more exercise. Recently, the council have been working to improve opportunities, awareness and provision across the city in this age group through an ICB Health Inequalities funded program and through WV Active.

During 2024, the city council appointed a new Active Ageing Coordinator who is working to tackle barriers to exercise for older adults by creating a central list of local activities, after a survey revealed most people in this group only hear about sessions through word of mouth or supermarket flyers. The new coordinator is linking with GPs, social prescribers, and PCNs, and expanding popular activities like walking hockey, with plans for walking football and cricket. New strength classes are also launching in Heath

Town, addressing a key gap in support for older residents. Currently, 33.6% of older adults complete strength training twice a week in Wolverhampton.

Functional fitness is also being promoted by WVActive, as a way of promoting strength and flexibility classes as part of healthy ageing, with messaging that links physical activity to everyday function (e.g. carrying shopping, gardening).

"[Walking Hockey] is so much fun and it has been fantastic meeting new people. It stops me from being lonely and helps me do everyday tasks, like reaching from a higher shelf and such, much easier than before attending [the sessions]"

Activities

Of the 2022/23 city lifestyle respondents, 19% of the 65+ group thought their wellbeing would improve if were able to get out to do more things, 11% wanted someone to talk to, 8% wanted more time to themselves, and 5% wanted more opportunities to volunteer.

It is essential that services and activities for older adults are designed to reflect their diverse interests, needs, and cultural backgrounds, so that individuals feel they are relevant, welcoming, and worth attending. A 2019 Healthwatch survey in Wolverhampton highlighted that for some older people with complex needs, it was felt that there was a need for activities that were more inclusive, as mainstream services may not fully meet their requirements. Healthwatch local focus groups of older people also found that older people felt that the groups that they attended were important in reducing loneliness and social isolation. It was also felt that there was pressure on churches and voluntary sector to fill in gaps of services that used to be funded in the past. These focus groups also found that older people and those who are confined to the home, a lack of mobility was seen as a barrier to social inclusion.

In addition, these local focus groups found that financial constraints can limit social participation, with some older people feeling unable to afford outings or activities with friends. There are a range of free or low-cost social activities on offer for older adults in Wolverhampton. For example, local libraries previously hosted around 20 monthly events through the Know Your Neighbourhood project, and the Golden Wolves programme supports over-60s with social meetups, financial support, and wellbeing activities. In addition, WV Active offers a discounted monthly membership (£11.50) for those 60 and over, providing unlimited access to their three centres with age-inclusive activities. More work could be done locally to ensure that these low cost options are being promoted appropriately to this age group.

"People go to Birmingham to do things. It used to be busy here, and the market used to be very good, now everything is shut down."

"Wolverhampton has changed a lot since the 70s and 80s, there was a lot more nightlife and things going on, lots of things have closed, there was more of a sense of community."

Social prescribing

Social prescribing in Wolverhampton connects individuals with non-medical, community-based support to improve their health and wellbeing. Activities offered include befriending groups, walking groups, arts & crafts, gardening, access to advice (housing, debt), training, volunteering, and information about managing health. Social prescribing link workers help individuals find and access these local resources. Over the past five years, a total of 1,648 people aged 65 and over in Wolverhampton have accessed social prescribing services. The largest proportion were aged 81 to 90, accounting for 36% of users, followed closely by those aged 71 to 80 at 35%. People aged 65 to 70 made up 19% of the total, while those aged 91 to 99 represented 10% (WVCA, 2025). 65% of these referrals came from GPs, 10% from Healthy Ageing Coordinators, and 6% from advanced nurse practitioners.
The National Academy for Social Prescribing has conducted research that highlights that social prescribing helps older adults by addressing both practical and emotional needs, boosting quality of life, and easing healthcare strain. It's most effective when support is multi-dimensional, covering financial, digital, and social areas, with trusted link worker relationships, and local coordination.

> "The social prescribing service is brilliant but not enough older people know about it"

Access to information

Access to digital services is essential for engaging with daily life, accessing healthcare services, and staying connected with others. Older adults often face barriers to digital engagement due to health-related challenges, lack of confidence, low income, limited access to devices or broadband, or a perception that online services are not relevant to their lives.

In the West Midlands, internet use among 65-74 year olds (88.7%) lags behind the England average (92%), suggesting potential lower than the national average digital inclusion among older people in Wolverhampton. In England, 1 in 5 households earning under £25,000 annually have no internet access, with nearly half of over-65s in this income bracket being

offline (Institute of Development Studies, 2022). Age UK estimates that nationally around 1 in 6 adults aged 65 and over still do not use the internet and nearly half of this group are aged 75 or older. In addition, among those aged 65+ who are online, approximately half struggle with essential digital skills needed for everyday life, such as communicating, managing information, making transactions, searching online, and staying safe on the internet.

As 40% of those aged 65+ in Wolverhampton live in a CORE20 areas, it's important to address digital exclusion among low-income populations, ensuring equitable access to essential online services and opportunities. All public services, including the NHS, council services and other nationally provided public services, must offer and promote an affordable, easy to access, offline way of reaching and using them. A Peoples Panel conducted in Wolverhampton 2023, felt that we need to work as a system to address health inequalities that are made worse by digital exclusion. Initiatives like the Black Country Connected program aim to help older adults become more digitally connected which loans residents with a laptop.

Stakeholder consultation for this report highlighted that although platforms like the Wolverhampton Information Network (WIN) exist, they are not widely known or user-friendly for this age group. There is a clear need for improved communication through

trusted community channels, printed materials, and physical information points in places like libraries and GP surgeries to ensure older residents can stay informed and connected.

"I don't have a phone and I can't work computers, it's not my thing"

"The council do a fantastic job, but if you're not tech savvy then its difficult to find the information. The services aren't advertised well."

Summary

Staying socially connected is vital for older adults' wellbeing, yet barriers such as mobility issues, digital exclusion, and financial constraints can limit participation. Wolverhampton's older residents contribute significantly through volunteering and caregiving, but many face challenges accessing information, services, and activities. Ensuring inclusive, accessible, and well-promoted opportunities for connection, both online and offline, is key to reducing isolation and supporting healthy ageing across the city.

Recommendations:

1. **Centralised information access:** Improve access to information for older adults by developing a multi-channel communication approach. This could include printed "What's On" guides, physical information points in community hubs (e.g. libraries, GP surgeries), and better promotion of existing platforms like the Wolverhampton Information Network (WIN). Ensure materials are accessible, regularly updated, and distributed through trusted community networks.
    a. To ensure that upcoming planned improvements to WIN include consultation with older adults around how to make the network accessible.
2. **Service accessibility audit:** Commission a cross-council review into how easy it is for older adults, particularly those with mobility, sensory, or digital barriers, to access essential services (e.g. GP appointments, housing, benefits, transport). Use findings to inform service redesign and improve offline access routes.

3. **Support to get online:** Strengthen support for digital inclusion by working with Digital Wolves to understand engagement levels among residents aged 65 and over and identify areas for improvement. Given the growing importance of internet access as a basic utility, targeted support is needed to build digital confidence and skills, particularly among those facing structural barriers such as poverty, disability, or language.
4. **Social value**: The Council should explore incorporating social value considerations into funding and commissioning decisions, particularly where services support older adults to remain active, connected, and independent. This includes recognising the economic and community benefits of unpaid care, volunteering, and informal support provided by people aged 65 and over. Embedding social value metrics can strengthen the case for preventative investment and ensure funding decisions reflect long-term outcomes for individuals and the wider system.

Health and wellbeing

The focus of this report is on the wider determinants of health and looking beyond the data of those with acute needs. However, there are some key health and wellbeing issues for older people that are not covered by the JSNA Ageing Well dashboard, which are covered briefly below.

Of the Wolverhampton City Lifestyle survey respondents, of all the age groups in Wolverhampton, the 65+ group had the highest percentage responding that they were extremely satisfied with life nowadays, and the highest percentage who thought that there was nothing that they needed to increase their wellbeing.

"I feel good, I enjoy myself, I go out every day walking 2 miles, even though I've got gout, arthritis, diabetes, had a bypass"

"My allotment in the summer is my favourite hobby, I feel very happy and good there, I feel good being with the greens."

Mental health

The Adults Mental Health Needs Assessment 2023 contains information on mental health in older adults, emphasising the importance of healthy ageing interventions, including community asset-based approaches, volunteering, and efforts to reduce ageism stigma. The 2021 Health Survey for England indicated that older age groups were overall less likely to report feeling lonely than their younger counterparts. Rates of loneliness were slightly higher for those aged 75+ compared with those 65–74 years. Additionally, among older people, rates were highest for women aged 75+ where 22% reported feeling lonely some of time/often or always (Health Survey for England, 2021). Applying the HSE national estimates to Wolverhampton, there are approximately 7,000 over 65s who experience loneliness.

Loneliness can increase the likelihood of early mortality and poor physical and mental health including depression. Certain groups of older people are at greater risk of loneliness including those with poor self-reported health, physical inactivity, obesity (especially among women), living alone, and living in more deprived areas (NHS Digital, 2021). These factors suggest that loneliness is more common among those facing health and socioeconomic challenges.

The NHS Adult Psychiatric Morbidity Study (2014) found that men aged 60 and over who live alone have a significantly higher rate of common mental disorders (CMDs) compared to those living in couples (13% vs 6.1%). In contrast, rates among older women declined slightly when living alone. This highlights older men living alone as a group at increased risk of poor mental health. Depression among older adults is predicted to increase by nearly 10% in line with population growth, rising to 4,395 people in Wolverhampton between 2025 and 2030, indicating a need for local services to prepare for this rise in demand (POPPI). Stakeholder consultation for this report highlighted that older men identified as a group at risk of isolation, especially after bereavement or when taking on caring roles. Examples shared of successful male-focused groups like Mandem Meetup, Andy's Man Club, and informal carers' groups.

In terms of alcohol-related harm, data from the Mental Health JSNA shows that in 2021–2022, there were 496 hospital admissions among Wolverhampton residents aged 65+ for alcohol-related conditions. Men accounted for 71% of these admissions, suggesting a gender disparity in harm from alcohol in later life.

"I used to use alcohol to cope with stress, I don't know how I deal with it now, I go to Good Sheperd sometimes."

The Wolverhampton's 2023 Adult Mental Health Needs Assessment (JSNA) highlighted that loneliness is closely linked to deprivation, with all wards except Tettenhall Regis, Park, and Penn in the city at high risk of loneliness (Age UK).

Common mental disorders such as depression and anxiety have an estimated prevalence of 10% in over 65s in England. The proportion of older people (65+) referred to IAPT services in Wolverhampton is lower than the proportion in the general population. However, once referred, a greater proportion of older adults complete treatment than their working-age counterparts in Wolverhampton.

"For my anxiety, the doctors don't understand it, they just put you on medication and leave you to it"

Dementia

Although the prevalence of dementia increases significantly with age, only a small percentage of those aged 65+ will be diagnosed with dementia. As of 2024, in Wolverhampton, approximately 2,150 people aged 65 and over have a recorded diagnosis of dementia. This represents around 5% of the local 65+ population, which is comparable to the England average of 4.22% (Office for National Statistics and EMIS, 2024).
Many of the wider determinants of health highlighted in this report are implicated in the prevention of dementia. A 2020 Lancet Commission on dementia prevention identified 12 modifiable risk factors which may prevent or delay up to 40% of dementias, shown below.

Recommendations for the prevention of dementia identified in the 2020 *Lancet* Commission[4]	
Minimise diabetes	Maintain frequent exercise
Treat hypertension	Reduce occurrence of depression
Prevent head injury	Avoid excessive alcohol
Stop smoking	Treat hearing impairment
Reduce air pollution	Maintain frequent social contact
Reduce obesity	Attain a high level of education

Wolverhampton has been formally recognised as a Dementia Friendly City by the Alzheimer's Society, acknowledging the city's commitment to supporting people affected by dementia through inclusive services and community initiatives. These services include the City Links Day Opportunities programme, which offers activities such as music, gardening, and sensory sessions at centres in Tettenhall and Wednesfield, providing both stimulation for individuals and respite for carers. The City Council also provides adult social care support, including home adaptations and referrals to specialist organisations like Age UK and the Alzheimer's Society. NHS services complement this with access to mental health teams, therapy services, and dementia care through GPs and hospitals, ensuring a coordinated approach to supporting individuals and families affected by dementia.

Screening and immunisations

Wider determinants of health, such as income, education, housing, and access to transport, can significantly influence whether people aged 65 and over are able to access and benefit from screening and immunisation programmes, potentially widening health inequalities if not addressed. There is a clear link between deprivation and lower uptake of screening and immunisation programmes. People living in more deprived areas are less likely to attend cancer screenings, such as breast, cervical and bowel. This contributes to later diagnosis and worse health outcomes, widening existing health inequalities.

- The pneumococcal vaccine is a single vaccine offered to those aged 65 or over, who are at risk for severe pneumococcal disease. In Wolverhampton, 70% of 65+ were vaccinated in 2022/23 which is similar to England (72%), Since 2020/21, vaccination rates have been rising towards the national benchmark (Fingertips).
- People aged between 70-80 years are offered a vaccine to protect them from developing Shingles. In 2022/23, the Shingles vaccine coverage for adults of GP registered population turning 71 was 45%, which is similar to the West Midlands average (46%), and England (48%) (Fingertips).
- Flu vaccination is available every autumn on the NHS to adults aged 65+. In 2021 to 2022, the national ambition was to achieve at least 85% vaccine uptake in those aged 65 and over. In 2023/24, 68.5% of 65+ in Wolverhampton were vaccinated, which is below the benchmarked goal of 75%, and the West Midlands and national average (76.8% and 77.8%, respectively).
- The pneumococcal polysaccharide vaccine for adults (PPV) is recommended for people over 65 years. The uptake of PPV in Wolverhampton has been increasing since the COVID-19 pandemic and is now 70.4% which is statistically similar to the England average of 70.1%.
- In Wolverhampton, of the 118,670 individuals aged 60+ who were invited for bowel cancer screening, 63.7% took part in 2023/24. This places the area in the lowest 25th

percentile nationally, compared to the England average of 67.6%. Coverage rates have been increasing annually in line with the national trend since 2019.

- Breast cancer – of those eligible between aged 53 and 70, 60.1% were screened between 2022 and 2024. This is significantly lower than the West Midlands average (69.1%) and England (69.9%). Rates were already decreasing in 2019 and dropped even further during the COVID-19 pandemic having yet to return to pre-pandemic levels. The drop during COVID-19 reflects national trends, when the programme was temporarily suspended and followed by ongoing capacity issues and backlogs. Delayed or missed screenings may lead to later-stage diagnoses. The mortality rate from breast cancer in all ages in Wolverhampton has remained statistically similar over the last decade.
- Abdominal Aortic Aneurysm (AAA) Screening for men turning 65: 79.3% of eligible men aged 65 were screened. This is significantly worse than the West Midlands and England average (81.9%). The screening coverage has since returned to pre-pandemic levels.
- The flu vaccine programme, bowel cancer screening coverage, breast cancer screening programme, and AAA screening are lower than regional and national coverage rates for this age group. Local barriers to uptake on these programmes should be investigated to understand local actions that can close the gap. Increasing participation in screening and immunisation programmes is an effective way to reduce preventable disease.

Summary:

Older adults in Wolverhampton report high life satisfaction, yet many still face preventable health issues, loneliness, and unequal access to care. Mental health needs, particularly among older men living alone, are rising, and dementia prevalence will increase. In addition, uptake of screening and immunisations remains below national targets. Wider determinants such as housing, income, and social connection play a critical role in shaping health outcomes. A stronger focus on prevention, early intervention, and addressing these broader factors is essential to support healthy ageing across the city.

Recommendations:

1. **Screening and immunisation equity:** Commission a local insight project to understand barriers to screening and immunisation uptake among older adults, and co-design outreach interventions with GPs and community groups.
2. **Connection Plan:** Map the available support in the city for those experiencing loneliness, with a focus on those living alone and develop a strategy for addressing these gaps, including social prescribing, befriending, and community-based mental health support.
    a. To also map existing male-focused groups and explore gaps in provision, particularly for older men and bereaved individuals.

3. **Dementia and wider determinants:** Ensure the new Dementia JSNA includes analysis of wider determinants of health, such as housing and social isolation in line with the Lancet Commission's risk factors and the findings of this Healthy Ageing JSNA.
4. **System wide approach to dementia:** Strengthen collaboration with VCS organisations delivering mental health and dementia support to expand reach and reduce barriers to access.