

Adding extra years to life and extra life to those years

Local government guide
to healthy ageing

At a glance



Across the world, people are living longer. **A baby girl born in the UK today can expect to live to the age of 83 and boys 79.**¹

**395,
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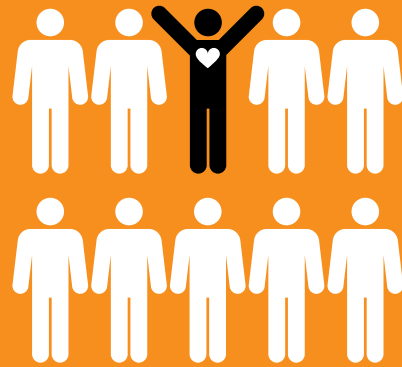
Globally, the number of people living today aged 60 and over has doubled since 1980², and by 2050, we can expect to see the number of people aged 80 or more **quadruple to 395 million.**

Grandparents provide up to 40 per cent of childcare, enabling their children and family to pursue their careers without restriction from prohibitive childcare costs.³

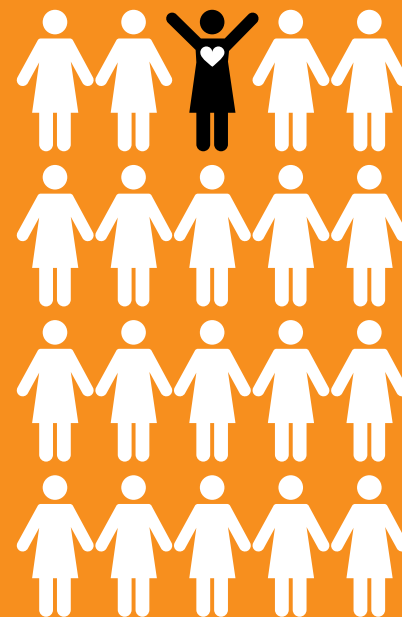


Some older people form part of the 'sandwich' generation, looking after elderly parents whilst also providing childcare for younger family members.

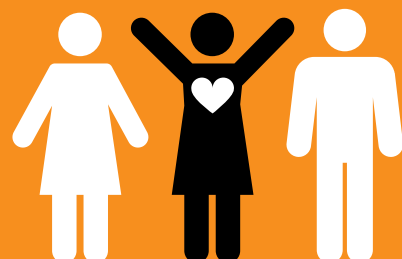
It is estimated that the 6.8 million people who provide unpaid care save the state £132 billion a year, close to the cost of a second NHS.⁴



By the age of 75 only one in 10 men and one in 20 women are active enough for good health.



By the age of 65 only half of adults are doing the recommended amount of physical activity, by 75 that drops to a third.



1 ONS (2015), "National life tables, United Kingdom: 2012-2014"

2 United Nations (2015), "World population prospects, the 2015 revision"

3 Department for Education (2010), "Childcare and early years survey of parents 2010"

4 Carers UK (2015), "Valuing carers 2015: the rising value of carers support"

People aged 65 and over have the highest rates for drinking on five or more days a week, with 24 per cent of men and 13 per cent of women partaking, compared to other age groups.⁵



Regular excessive drinking increases the risk of the most common forms of dementia, such as Alzheimer's and vascular dementia.⁶

Chronic conditions caused by alcohol misuse include liver cirrhosis. In the past 40 years, the death rate from liver disease has quadrupled, while alcohol consumption has doubled.⁷



Physical activity in older age has multiple benefits, including reduced mortality, improvement of physical and mental capacities and enhanced social outcomes.

It is estimated falls cost the NHS £2 billion a year.



Around one in three adults over 65 who live at home will have at least one fall a year with about half suffering more frequent falls.



There are just over 115,000 over 65s in England, representing 17 per cent of the total population. Nearly 45,000 of them have a long-term condition.

5 Age UK (2016b), "Later life in the United Kingdom"

6 Alcohol Concern (2015), "Alcohol and dementia factsheet"

7 Faculty of Public Health (2008), "Alcohol and public health: position statement"

Foreword

The population is ageing. Over the last 10 years the number of people aged over 65 in England increased by a fifth – that’s nearly 1.7 million extra older people.

The biggest increase has been in the over 85s, up by nearly a third. This trend will not only continue in the coming years, it will actually gather pace. But while the greater longevity is to be welcomed, far too many of those later years are being spent in poor health.

Currently the average woman can expect to live another 21 years when they reach 65, while for men it is close to another 19. But only half of those years are spent in good health – or disability-free as it is known. What is even more worrying is that the latest data suggests those years of good health have actually started to decline in recent years, not improve.

That is bad for the individual and bad for the state. The longer a person spends in poor health the more health and care they need. So tackling this is an absolute priority. But how can we encourage healthy ageing and how can we shift negative perceptions of older people as a ‘drain’ on the system?

It requires partnership working between local government, the NHS, the voluntary sector and the communities they serve. There are obvious areas to focus on. As we get older, physical activity levels decline and we become more frail, putting us at greater risk of falls and accidents. Social isolation and loneliness is a factor too, and research has found that it can have serious health effects. But it is never too late to change. Studies show that even a little activity in our 80s and 90s can improve balance, strength, muscle power and blood pressure.

The examples in this report provide plenty of ideas about what can work. In Haringey and Oxfordshire exercise classes have been tailored to older people with remarkable results. In Ealing the council has helped connect communities, reducing isolation and loneliness to the benefit of hundreds of residents.

If we tackle this head on we can help ensure that not only do we add extra years to life but extra life to those years.



Councillor Izzi Seccombe
Chairman
LGA Community Wellbeing Board



Duncan Selbie
Chief Executive
Public Health England

Contents

1. Introduction	6
2. Healthy behaviours: a life course approach	8
Stopping smoking	8
Being more active	9
Reducing alcohol consumption	9
Improving diet	10
Improving health in older adults	10
Behaviour change: the right time and place	10
Community settings	11
Primary care settings	12
An asset-based approach	13
Case studies	
London Borough of Ealing: tackling loneliness and isolation	16
Lancashire County Council: preventing falls	18
London Borough of Haringey: getting older people active	20
Torbay Council: using lottery funding to boost healthy ageing	22
Oxfordshire: an olympic legacy for older people	24
Essex County Council: extending the NHS Health Checks programme	26
Walsall Council: getting people talking about their health	28
Dudley Council: reshaping the strategy on health ageing	30
References	32

1. Introduction

Across the world, people are living longer. A baby girl born in the UK today can expect to live to the age of 83; for a boy, it is 79.¹ Globally, the number of people living today aged 60 and over has doubled since 1980², and by 2050, we can expect to see the number of people aged 80 or more quadruple to 395 million. This increase in the number of people living to a ripe old age can be viewed as a public health success story, with Japan leading the way with more than a quarter (26 per cent) of its population aged 65 and over.³

However, although populations are living longer, many of these additional years are not spent in good health or free from disability. Over 4 million (or 40 per cent) of people in the UK over the age of 65 have a limiting long-term health condition. This includes diabetes, heart disease, respiratory disease, cancer and dementia.⁴ The picture looks very similar for most developed countries, and developing countries are not far behind.

Declines in mortality have not been matched by declines in morbidity, and marked inequalities between the least deprived and the most deprived areas remain. According to the recent Global Burden of Disease Study 2014, between 1990 and 2013, the rate of age-standardised years of life lost in England decreased by 41.1 per cent, while the rate of age-standardised years lost due to disability (YLD) decreased by only 1.4 per cent.

The leading causes of disability-adjusted life years (DALYs) in 2013 were cancers, musculoskeletal disorders and mental health and substance use. Musculoskeletal disorders are a dominant cause of YLDs and consume a substantial amount of health system resources. These disorders are strongly age related and will become increasingly prevalent as the population ages.

The public health agenda aims to improve the health of our population to enable more years spent in good health. To achieve this we need to help reduce health inequalities across different age and social groups, and invest more carefully to ensure that we have appropriate wellness services. Growing numbers of older people are living with debilitating conditions, and the consequent use of local services can result in negative perceptions of older people as a 'drain' on the system.

A future blighted by millions living in poor health is seen as a major challenge for individuals, families and communities that we must address now, before it is too late. This perception is unfair and unhelpful; we know that the majority of older people live independent, productive lives and are critical to the success of our society. For example, grandparents provide up to 40 per cent of childcare, enabling their children and family to pursue their careers without restriction from prohibitive childcare costs.⁵

1 ONS (2015), National life tables, United Kingdom: 2012-2014

2 United Nations (2015), World population prospects, the 2015 revision

3 The World Bank (2016), Population ages 65 and above (% of total)

4 Age UK (2016b), Later life in the United Kingdom

5 Department for Education (2010), Childcare and early years survey of parents 2010

Having good health means people are more active economic participants, both as workers and consumers. The percentage of older people aged 65+ who work has risen to 10.4 per cent from 6.6 per cent since 1992, and older people aged 65+ contributed (or spent) £37 million to the UK hospitality and leisure sector in 2015 (27 per cent more than the 35-54 age group). If everyone worked for a year longer, GDP would rise by 1 per cent.

But there is no doubt that in order to manage the chronic conditions that are contributing to increasing DALYs across the world we need a responsive and effective health service.

Treating these conditions and caring for those affected is taking up a vast amount of our limited resources, and we often fail to take urgently needed action further upstream, to prevent and tackle the lifestyle behaviours that lead to chronic disease later on.

The disorders making the greatest contribution to DALYs such as cardiovascular disease, stroke, chronic obstructive pulmonary disease (COPD) and some cancers, are preventable, and so in order to tackle them we must address their associated risk factors. Now more than ever, unhealthy behaviours such as smoking, drinking too much alcohol and eating an unhealthy diet are in the spotlight. The NHS Five Year Forward View backs “hard-hitting national action on obesity, smoking, alcohol and other major health risks”, while tobacco control and tackling obesity remain high on the political agenda.

Local government therefore has an opportunity to tackle long-term conditions, turn the tide and to make sure that those in old age are able to maintain their health, wellbeing and independence for as long as possible.

2. Healthy behaviours: a life course approach

The life course approach considers the underlying biological, behavioural and psychosocial processes that operate across the life course, and which are shaped by individual characteristics and by the environments in which we live. Our experiences throughout life can have a negative or positive influence on health, affecting the risk of chronic disease and other health outcomes in later life.

There is evidence for consideration of the whole life course to supporting good health for all the population, starting with intervention before birth to give all children an equal good start in life which then can be built upon during adolescence and adulthood, through to midlife and older age.⁶

In older age, there is the opportunity to prevent or delay the need for intensive or institutional care through the promotion of health, wellbeing and independence.

More recently, evidence has been centred on midlife approaches. Timely interventions during midlife offer great potential to increase wellbeing, maintain health in both body and mind and reduce the risk of losing independence. Recent National Institute for Care and Health Excellence (NICE) guidance on 'dementia, disability and frailty: midlife approaches to delay or prevent onset', sets out the key actions for public health professionals to promote a healthy lifestyle.

By addressing modifiable risk factors such as smoking, drinking, overweight and lack of physical activity, many people's risk for dementia, disability and frailty can be reduced, as well their risk for a number of other non-

communicable diseases (NCDs). Such as type 2 diabetes, cardiovascular disease and some cancers. The key recommendations from NICE are set out below.

Stopping smoking

It is never too late to stop smoking; indeed, after the age of 35-40, a person loses three months of life expectancy for every year of continued smoking.⁷

However, nearly 7 million adults in England still smoke and while smoking prevalence is lowest among people aged 60 and over, cigarette consumption among men in this age group is highest at 14.7 cigarettes a day.⁸ There are also stark inequalities around smoking: the proportion of smokers in the lowest two income quintiles is double that of those in the two highest income quintiles.

We know that the proportion of ex-smokers continues to grow with age⁹ despite the fact that smokers who have smoked the longest tend to be the most addicted, showing that you are never too old to quit successfully. Campaigns, such as Stoptober and Health Harms, help to spread the message about the harms associated with smoking and how to access support to quit.

6 Marmot, M. (2010), Fair society, healthy lives: a strategic review of health inequalities in England post-2010

7 Doll, R., Peto, R., Wheatley, K., Gray, R. and Sutherland, I. (1994), Mortality in relation to smoking: 40 years'

8 Source: Adult Smoking Habits in England 2016, ONS June 2017 www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/adultsmokinghabitsinengland

9 Health and Social Care Information Centre (2015a), Statistics on smoking: England 2015, available at www.hscic.gov.uk/catalogue/PUB17526/stat-smok-eng-2015-rep.pdf (accessed 18 March 2016)

An evaluation of Stoptober 2012 found it led more than a third of a million smokers to try to quit in October of that year than would otherwise have done, while the cost-effectiveness of the campaign compared favourably with other estimates concerning UK anti-tobacco campaigns.¹⁰ The key to reducing tobacco use is making it ever easier and more attractive for smokers to quit and reducing the risk of relapse. In recent years we have seen the positive effects on health of introducing a ban on smoking in public places, as well as a decline in the number of young people taking up smoking.

Being more active

Research shows that physical activity in older age has multiple benefits, including reduced mortality, improvement of physical and mental capacities and enhanced social outcomes. Yet physical activity declines with age, to the extent that by the age of 75 only one in 10 men and one in 20 women are active enough for good health.

Ensuring local environments are amenable to walking can have a significant impact. Walking is one of the most accessible activities – only 4 per cent of people need help to walk outside their homes or cannot do it at all – and it is a good option for those in poor health or who find more intense exercise difficult.¹¹ Walking counts towards the recommended 150 minutes of exercise per week, and is a great way to help more people to be physically active.¹²

As well as 150 minutes of exercise weekly, older adults should also undertake physical activity to improve muscle strength on at least two days a week, and minimise the amount of time spent being sedentary for extended periods.

Physical activity helps maintain a healthy weight, improves cholesterol levels, reduces blood pressure, builds healthy muscles and bones, improves balance and reduces the risk of falls.¹³ There is also increasing evidence that physical activity can assist in the treatment and management of various health conditions.

Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits. For health professionals in primary, secondary or community care, more action must be taken to integrate and recommend physical activity as a part of treatment.

Reducing alcohol consumption

Older people aged 65 and over have the highest rates for drinking on five or more days a week, with 24 per cent of men and 12 per cent of women.¹⁴ The figures suggest that although older people drink fewer units in a single session, they drink more often than all other generations over the entire course of a week. In 2015, 45-54 year olds (both male and female) in England had the highest number of hospital admissions where the primary or secondary diagnosis was wholly attributable to alcohol.¹⁵

Updated alcohol guidelines, published by the UK Chief Medical Officers, followed new, stronger evidence of a link between drinking alcohol and the risk of a range of cancers.¹⁶

10 Brown, J., Kotza, D., Michie, S., Stapleton, J., Walmsley, M. and West, R. (2014), How effective and cost-effective was the national mass media smoking cessation campaign 'Stoptober'?, *Drug and Alcohol Dependence*, Vol. 135, pp. 52-8

11 Department for Transport (2003), *Walking in GB: personal travel factsheet 4*

12 NHS Choices (2015), *Physical activity guidelines for adults*

13 Walking for Health (2013), *Walking works: making the case to encourage greater uptake of walking as a physical activity and recognise the value and benefits of walking for health*

14 ONS adult drinking survey (2016)

15 Health and Social Care Information Centre (2015b), *Statistics on alcohol: England 2015*

16 Department of Health (2016), *Health risks from alcohol: new guidelines*

Research assessing the link between alcohol consumption and dementia is mixed. Some studies suggest that moderate alcohol consumption is associated with a decreased risk of dementia or Alzheimer's disease. Very heavy drinking is known to cause Wernicke-Korsakoff Syndrome (WKS), often referred to as "alcohol-related dementia" as it causes symptoms similar to dementia. If caught early enough, the symptoms can be reversed, however if left untreated, the disease can lead to irreversible memory loss.¹⁷

There is evidence that alcohol sales and liver mortality have both increased substantially since the 1980s.¹⁸

In 2014, PHE launched its Liver Disease Profiles to support local authority health and wellbeing boards to understand liver disease and its risk factors in their area and, in turn, design effective local population-level interventions. This includes screening and brief interventions for people at risk of an alcohol-related problem (hazardous drinkers) or whose health is being damaged by alcohol (harmful drinkers) As for tobacco, the guidance on addressing alcohol harms is to make alcohol less accessible, affordable and acceptable.

Improving diet

A healthy balanced diet is key to staying well as people age. In older people, undernutrition can be caused by socioeconomic hardship, a lack of information and knowledge about nutrition, poor food choices, disease and the use of medications, tooth loss, social isolation, cognitive or physical disabilities that make it difficult to buy and prepare food, emergency situations and physical inactivity.

Excess energy intake greatly increases the risk for obesity, chronic diseases and disabilities as people grow older. Insufficient calcium and vitamin D is associated with a loss of bone density in older age and can result in painful, costly and debilitating bone fractures, especially in older women.

There are a number of public health interventions that can help people to understand what constitutes a healthy balanced diet, such as providing nutrition advice in the community or at home. Government advice on a healthy, balanced diet is encapsulated in the UK's national food guide, the Eatwell Guide. The Eatwell Guide shows the proportions in which different types of foods are needed to have a well-balanced and healthy diet.

Improving health in older adults

For older people over the age of 65, the World Health Organisation (2015) defines healthy ageing as the process of developing and maintaining the functional ability that enables wellbeing in older age. It looks at the interaction between the individual and their environment and how this either facilitates or disables attempts to engage in society. For example, an enabling environment allows someone with restricted mobility to still be able to get out and about by providing an assistive device and accessible transport nearby.

A lot can be done to help with general health and fitness that is of particular relevance to people over the age of 65. For example, checking eye health, maintaining good oral health, getting hearing tested and being vaccinated against pneumococcal and flu are all important in older age.

17 Public Health England 2016, The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies) An evidence review: www.gov.uk/government/uploads/system/uploads/attachment_data/file/574055/alcohol_public_health_burden_evidence_review.pdf

18 PHE evidence report www.gov.uk/government/uploads/system/uploads/attachment_data/file/583047/alcohol_public_health_burden_evidence_review.pdf

Behaviour change: the right time and place

For all of the approaches outlined above, timing is critical. Across the life course there may be times when people are more amenable to change, such as after retirement, when children leave home, when starting to care for older relatives or grandchildren, or during the menopause. These are times when people may consider adopting new healthy behaviours or may be at risk of adopting unhealthy ones.

It is also important to note that the burden of risk factors and their consequences are not equally spread across society. While the prevalence of risk factors for most NCDs has declined by 25 per cent between 2003 and 2008,¹⁹ these reductions have been mostly in higher socioeconomic and educational groups.

Having four unhealthy behaviours is five times more likely in people with no educational qualifications, compared with those with higher education. It is likely these trends are continuing. Obesity levels continue to increase, according to the latest data from the National Diet and Nutrition Survey (NDNS), in the UK only 25 per cent of men and 28 per cent of women ate the recommended level of five fruits and vegetables per day²⁰. Public health needs to find more innovative and effective solutions and work with local communities to identify what works in different circumstances.

The expectations of today's midlife generation are also changing. Overseas travel, pension freedoms, use of the internet and advances in technology all offer scope to individuals who have these assets at their disposal. Public health approaches will also have to evolve; for example, current provisions for sexual health services are very much geared towards young people and may fail to take account of the increased divorce rate and changing sexual behaviours for older people.

There is evidence to show that today's older generation continues to experience different health outcomes based on their lifestyle.²¹ A study in Stockholm has shown that, even after the age of 75, lifestyle behaviours such as not smoking and physical activity are associated with longer survival. A low-risk profile can add five years to women's lives and six years to men's. These associations, although attenuated, were also present among the oldest people (over 85 years) and in people with chronic conditions.

NHS England has published A Practical Guide to Healthy Ageing with Age UK, to help people improve their health and general fitness, particularly those aged 70 or over with 'mild frailty'.

www.england.nhs.uk/2015/01/healthy-ageing/

Social connectedness

Midlife is an important time for people to consider building their social networks. Inevitably as people age, their circle of friends diminishes as friends die and social isolation and loneliness can occur. This may result in reduced wellbeing and a greater risk of mental health problems or dementia. The evidence for effective interventions to address loneliness is promising but not yet robust. Public health leaders need to ensure appropriate evaluation of funded interventions in order to make best use of limited resources.

Some local interventions that tackle social isolation and loneliness by enabling and supporting older people to develop new connections in later life have been highlighted by experts as promising. For example, Age UK Exeter's Men in Sheds scheme offers a facility for men aged over 50 to meet for a few hours a week in the familiar environment of a shed or workshop.²²

19 The King's Fund (2012), Clustering of unhealthy behaviours over time: implications for policy and practice

20 www.gov.uk/government/statistics/ndns-results-from-years-5-and-6-combined

21 Rizzuto, D., Orsini, D., Qiu, C., Wang, H. and Fratiglioni, L. (2012), Lifestyle, social factors, and survival after age 75

22 Men in Sheds (Age UK Oct 2018) www.ageuk.org.uk/services/in-your-area/men-in-sheds/

Another national service is The Silver Line²³, a 24-hour free and confidential helpline that offers information, friendship and advice to older people. The public health profession has a strong tradition of partnership engagement and collaborating with a range of stakeholders is customary for many public health leaders and practitioners. The transfer of public health to local authorities has enabled the development of partnerships within councils, with town planners, with social services and externally with the police, fire and rescue services.

Combating loneliness: a guide for local authorities

www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e.pdf

A partnership between the Chief Fire Officers Association, PHE, NHS England, the LGA and Age UK has highlighted opportunities for fire and rescue services to improve health and wellbeing. Through the partnership, fire fighters across the country will aim to carry out more 'Safe and Well' checks in people's homes when they visit. In three pilot areas including Greater Manchester, Staffordshire and Gloucestershire, PHE is working with fire and rescue services to demonstrate the impact of their interventions to reduce issues such as falls, cold homes, social isolation and flu and their impact on winter-related illnesses.

Primary care settings

Primary care has a key role to play in the life course approach, as practice staff care for individuals from cradle to grave. Important interventions that take place within primary care settings include immunisations, such as the flu vaccine, the NHS Health Check programme and screening programmes that start in midlife.

The NHS Health Check is a universal risk assessment and risk management programme offered every five years to people aged 40-74. It focuses on the top seven behavioural and physiological risk factors that drive preventable death and ill health (Waterall et al., 2015). Over 15 million people in England are eligible for a check between 2013 and 2018, and since the start of 2013, over 6 million people have received an NHS Health Check. This programme presents a major opportunity to identify and support people with modifiable risk factors for a range of conditions, including heart disease and dementia.

In England, all women registered with a GP are offered free breast screening every three years between the ages of 50-70. Women over 70 can request three-yearly screening. The NHS breast screening programme is now being gradually extended to women aged 47-49 and 71-73 as a randomised controlled trial. Over the past few years there have been widely reported criticisms of the harms associated with the programme, however the Marmot Review reported in October 2012 that 1,300 lives are saved through breast screening every year in the UK (Cancer Research UK, 2012). PHE provides information to women before they attend a mammogram so they can understand the potential harms and benefits.

The NHS bowel cancer screening programme offers screening every two years to all men and women registered with a GP aged 60-74, after which continued screening can be requested.

The screening can find bowel cancers at an early stage in people with no symptoms when treatment is more likely to be effective. The risk of bowel cancer increases with age with over 80 per cent of bowel cancers arising in people aged 60 or over. Regular bowel screening has been shown to reduce the risk of dying from bowel cancer – the third most common cancer in the UK – by 16 per cent. Men and women aged 55 are offered to take a one-off test for bowel cancer, called bowel scope, which examines the lower part of the bowel where most cancers are found.

²³ www.thesilverline.org.uk/what-we-do/our-helpline/

Abdominal aortic aneurysm screening detects the dangerous swelling (aneurysm) of the aorta that can be extremely dangerous and usually fatal if it bursts. The condition is far more common in men aged over 65 than it is in women and younger men, men are invited for screening in the year they turn 65. Smoking and high blood pressure can increase the risk of having an abdominal aortic aneurism.

While these screening programmes are available across the country, there is unequal uptake among different population groups. Public health practitioners need to develop innovative approaches to drive up attendance rates. For example, PHE is working with NHS and community colleagues to increase the take up of women receiving their first invitation for breast screening by making information about the programme more accessible to all eligible women.

Primary care is also an ideal conduit through which to deliver the prevention agenda. The life-long relationship with individuals and families that primary care can have offers immense potential for influencing and supporting people to adopt healthier lifestyles. As primary care evolves in line with the changing nature of the contractual forms that govern it, and as we move to a more population-based approach to care, the importance of prevention and whole-person care must not be diminished if we are to implement the ambitions for prevention set out in the NHS Five Year Forward View.

Messages around healthy living need not be complex, and should be packaged in a meaningful way for health and social care professionals to use in clinical practice, as well as within basic and refresher training.

For example, messages about brain health should be embedded in mainstream public health messaging around reduction of smoking, or promotion of physical activity. Public awareness of dementia risk reduction²⁴ is low (similar to where cancer awareness was 10-15 years ago, before awareness-raising campaigns were initiated).

24 Reducing your risk of dementia
www.alzheimersresearchuk.org/wp-content/uploads/2015/01/RRD-0515-0517-Risk-Reduction-Low-Res.pdf

The simple mantra of 'what is good for your heart is good for your brain' needs to find its way into the public consciousness, particularly around midlife.

An asset-based approach

An asset-based approach to health recognises and values the skills, knowledge, connections and potential in a community, emphasising the need to redress the balance between meeting local needs and nurturing the strengths and resources of people and communities. As mentioned previously, older people should not be perceived as a potential drain on precious resources. Instead, the assets they possess and their contribution to society should be acknowledged. This manifests itself in a number of different ways.

For example, people in older life who live close to their families can find themselves providing extended caring roles. Some form part of the 'sandwich' generation, looking after elderly parents whilst also providing childcare for younger family members. It is estimated that the 6.8 million people who provide unpaid care save the state £132 billion a year, close to the cost of a second NHS.²⁵ Whilst not all carers are over the age of 65, this is a phenomenal asset.

Older people have the knowledge, skills and experience to support younger family members with challenging childcare issues and provide much needed help and support at difficult times, whilst also providing a financial resource.

Those who do not live near family may have a reduced social network as they get older, and will benefit from activities that are both social, but make an important contribution to the community. For example, older people can provide significant volunteering capacity.

They are the mainstay of a large part of the volunteering that takes place across the UK and the numbers look set to grow further.

25 Carers UK (2015), Valuing carers 2015: the rising value of carers support

Apart from volunteering with organised groups, many help to keep libraries and parks open, thus providing a useful community asset for others.

Volunteering can also be beneficial to health. NICE guidance advocates volunteering because it can provide the opportunity to socialise and to take part in an enjoyable experience, and helps others to benefit from experience, knowledge and skills.

An asset-based approach is not confined to the assets of the individual. It also looks at broader community assets, including informal and formal networks, structures and facilities that are at the disposal of the community. Primary care is based within the community and has a role to play in maximising the assets of both individuals and the local community. Primary care settings should not only be a place that people go to when they are ill, but somewhere they can go to seek advice and support on a range of issues such as healthy eating and dealing with loneliness.

These settings are also places where people can actively participate in supporting each other and we are seeing the number of primary care-based self-help groups increase. There is much more to do here. Local government, the NHS and third sector have vital roles in building confident and connected communities, where all groups, but especially those at highest health risk, can tap into social support and social networks, have a say in shaping services and play an active part in community life.

A further essential asset that public health must make use of is data. Data and intelligence are crucial tools to help build up a local picture of midlife health needs. Hard data on long-term conditions should be amalgamated with soft intelligence on local communities to build a rich picture of current and emerging need. Using trajectories and modelling will enable local areas to plan for current and future populations, based not only on age but on health status, functional ability and the assets in a local area.

Ageing: the silver lining. The opportunities and challenges of an ageing society for local government

www.local.gov.uk/sites/default/files/documents/ageing-silver-lining-oppo-1cd.pdf

Case studies

London Borough of Ealing

Tackling loneliness and isolation

Summary

Ealing Council – in partnership with the voluntary sector and NHS – has set up a series of schemes to tackle loneliness and isolation. They include a befriending scheme, which is helping 400 people, and a series of integrated hubs that provide support to another 3,000.

The challenge

Loneliness and social isolation are harmful to our health – research shows that lacking social connections can be as damaging as smoking 15 cigarettes a day.²⁶

Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill. But unfortunately large numbers of people report being lonely. One in 10 people over the age of 75 report only having contact with family, friends and neighbours once a month.

The solution

Such evidence convinced the London Borough of Ealing to make tackling loneliness and isolation a key priority.

The council provides funding towards a number of projects in the borough, which offer social activities and befriending opportunities for vulnerable residents.

Together with the NHS, the council funds Neighbourly Care to operate 20 mini-hubs across the borough offering an integrated programme of support to older people, those people living with dementia and carers.

There is a weekly programme in each hub consisting of exercise classes, health talks, walks, advice and signposting, arts and crafts, mental health and carer support. Day trips are also organised and there are dementia champions, who work with local businesses to help create dementia-friendly environments.

Neighbourly Care also provides a befriending programme, mainly to people who are housebound, have a long-term mental or physical disability, impaired mobility or a carer. There are also monthly carer days when evening events are held at local cafes for people to get together and socialise.

Users receive two hours of befriending visits a fortnight. Each client is matched with a befriender to ensure language and cultural needs are met and a wide range of languages are available.

They provide links and information regarding other services and can also escort the client to GP and dental visits, filling in forms and offer basic benefits advice.

The impact

Large numbers of people are benefiting from the work Ealing is doing. Over 3,000 people regularly use the hubs, while 400 people are helped by the Neighbourly Care befriending scheme.

The befriending help enables two-thirds of clients to make trips out of home for short walks and visits to shops with the help of their befrienders.

Neighbourly Care Chief Executive Andy Buddle says the befrienders, who range in age from 25 to 75, provide vital support.

²⁶ Julianna Hold-Lunstad interview www.cbc.ca/news/health/loneliness-public-health-psychologist-1.4249637, rather than from her published research

“It can make a big difference to people. For example, we had one lady who was depressed following the death of her husband and rarely left home. Gradually our befriending volunteer helped her to become confident enough to come to our centre to join in activities.”

In addition to the Neighbourly Care scheme, a second befriending service operates in the borough provided by Age UK. It is called Restore Plus and is aimed at people who have just been discharged from a long stay in hospital. The service helps people with simple exercises and accompanies them shopping or at social events until they regain confidence. Service users have an initial assessment carried out in the home and an action plan is developed.

The two befriending services are jointly funded by adult social care, Ealing CCG and public health and have a budget of £50,000 a year and work closely with other services provided.

Lessons learned

Lorna Fleming, Ealing’s commissioning manager for older people’s services, says:

“We changed the way we started providing support in 2015. With declining funding we realised we could no longer keep providing grants to lots of organisations. We decided we wanted to concentrate on having one core service for older people complemented by two different types of befriending services. We felt it would be a more effective way of supporting people.”

She says when tackling the issue it is important to think about the difference between social isolation and loneliness.

“Someone can be isolated but not lonely if they are used to being in contact through IT or phone etc. Their isolation may not cause problems, while someone else can be surrounded by people but still feel lonely. There is a difference and that is why you need an integrated programme that deals with both issues.”

She also highlights language as an area that needs consideration. Among the 3,000 people using the hubs, 45 different languages are spoken. “Neighbourly Care cater for that and the befrienders come from a range of different cultures and speak different languages too.”

How is the approach being sustained?

The schemes are complemented by a number of other services in the borough. The CCG commissions a special community transport service, which can collect eligible patients from their home and transports them to their GP appointment and then return them. There is also a carers’ support service, which was re-commissioned in April 2017, and plays an important role in reducing isolation among carers, who may feel trapped by their caring roles.

But Ealing does not want to stop there. The council held a special seminar dedicated to social isolation in March to help bring together different partners from across the voluntary, community and public sectors.

They pledged to work ever more closely and develop a joint action plan, which is in the process of being drawn up.

Councillor Hitesh Tailor, Ealing’s cabinet member for health and adults’ services, says: “Our vision is to make Ealing a place where older people and people in need of care and support can lead healthy, enjoyable, sociable and safe lives through the promotion of independence and active engagement.”

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Summary

Lancashire has set up a falls prevention service to help reduce the number of falls and visits to hospital. The scheme, which involves one-to-one and group work, has been gradually rolled out across the whole county over the past five years in a partnership between the local NHS and county council.

The challenge

Anyone can have a fall, but older people are more vulnerable especially if they have a long-term health condition.

Around one in three adults over 65 who live at home will have at least one fall a year with about half suffering more frequent falls. In about one in 20 cases the individual will suffer a fracture or need to go to hospital. The cost of this can be significant. It is estimated falls cost the NHS £2bn a year. In Lancashire the county council's research suggests the number of falls among the over 65s age group is likely to increase by 40 per cent by 2030.

The solution

Lancashire has begun to address the issue by setting up a programme to reduce the risk of falls among the over 55s.

The scheme – called Steady On – started in the east of the county five years ago, since when it has been rolled out across the county.

It is funded by both the council and local clinical commissioning groups. There are five separate teams – one for each CCG area – that oversee the programme.

All have their own individual arrangements, but the principles are the same: one-to-one help for those deemed at risk and general education programmes for the wider population.

The targeted one-to-one help works in partnership with GPs, district nurses and hospital staff. They identify people who have had a fall or are judged to be at serious risk of one. They then refer them to the service and a coordinator comes and carries out a home visit assessment.

The home visit looks at both the individual and environment they live in and then support is arranged to help them minimise the risk of a fall.

That can involve anything from footwear and lighting in the home to reviewing their medication or arranging for eye tests. Strength and balance exercise programmes can be arranged through the active lifestyles team, while equipment and adaptations, such as handrails, can be ordered.

This work is complemented by education workshops. These are one hour sessions where groups received help, advice and, where appropriate, referrals. These have been held in a variety of places, including luncheon clubs and libraries.

The impact

Over the last 18 months more than 400 people have benefited from home assessments, while another 200 have attended educational sessions.

The experience of 79-year-old Jane (not her real name) illustrates the impact the scheme can have. She had had previous falls and lived alone.

By chance she had attended one of the education sessions and from there was referred on to an exercise class where she has built up her strength and balance. She has not suffered any falls since.

Wider evaluation of the service has also shown impressive results. Among those who receive support, there has been a 30 per cent reduction in ambulance service call outs and A&E attendances.

Public health specialist Lee Girvan, who oversees the falls prevention work, says: “People aren’t always aware of how traumatic falls can be. They can cause serious injuries and massive disruption to people’s lives.

“The Steady On scheme is an important part of our plans to ensure people stay fit and well and continue to live independently in their own home for a long as possible.”

Lessons learned

As well as providing one-to-one support and the education workshops, Lancashire realised to have a lasting impact its staff would need to reach a wider audience.

So public promotions are held in community ‘hot spots’ such as local supermarkets, markets and hospital entrances to engage with a wider population and promote the service.

Community therapy technician Linda Hilton, who has run some of the events, says they are a good opportunity to make contact, share advice and sign posts people.

“The events allow us to plant the seed. A lot of people don’t think about falls until an accident has happened. We want to get in there early and give people prevention advice.”

She says that can include practical help, for example having the ferrules on walking sticks replaced to ensure that they are safe and meet recommended standards.

Other resources are also distributed, including leaflets on how to fall proof your home. Where appropriate the Steady On team use the events to arrange home visits where they can carry out the falls risk assessment.

How is the new approach being sustained?

Recently the project has also started to branch out to residential care homes. Thanks to funding from the Innovation Agency, Lancashire has been able to start running it in 40 care homes offering help and support to staff and residents about how to prevent falls. As part of the programme, each care home will be helped to develop an action plan to prevent falls, benefiting over 500 residents.

Urgent Care Commissioner Jane Kitchen says it is still early days, but it is already have an impact.

“Steady On is proving very successful with our residents. The team is enthusiastic, knowledgeable and friendly in providing guidance on how to stay safe in the home and outside. The approach is reassuring for those at risk and feedback has been immensely positive.”

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London Borough of Haringey

Getting older people active

Summary

Haringey Council offers free use of its leisure centres to older people and has also helped develop a range of classes and activities specifically targeted at them, including everything from badminton and swimming to cheerleading.

The challenge

Staying active can help with everything from high blood pressure, diabetes and weight issues to depression, anxiety and lower back pain.

People aged over the age of 65 who have no health conditions that limit their mobility should be doing 150 minutes of moderate activity a week or 75 minutes of vigorous activity along with regular strength exercises for major muscles.

But activity levels tend to fall as people get older. By the age of 65 only half of adults are doing the recommended amount of physical activity, by 75 that drops to a third.

The solution

The London Borough of Haringey has been trying to combat the problem by promoting exercise and activities to older residents.

For some years it has been offering the over 65s free use of the council's three leisure centres, run by Fusion, during weekdays from 9am to 5pm.

But in the past two years the council's leisure team, which gets funding from public health, has been developing a more focused offer.

It was helped in part by the award of £240,000 of Sport England funding, which was matched by the council to get a number of projects up and running.

These include the Better with Age scheme which sees each of the leisure centres running organised weekly classes – held at the same time each week – for anyone over the age of 40.

Participants get to take part in a range of activities from aerobics and swimming to gym work. They are run by instructors who are of a similar age to the participants and after each one a social event is organised where participants and instructors mix.

Haringey has also partnered with a number of voluntary sector groups to get residents active. Silverfit offers a range of alternative activities, including silver cheerleading, Nordic walking, yoga and badminton. The events take place every Tuesday at a community venue situated in a local park. Those who take part are asked to make a small contribution.

Another scheme also supported by the council that has proved popular is Creative Dance 60+ where older people get the opportunity to do contemporary free-form dance. About 20 people a week are involved in that class.

Meanwhile, the Alzheimer's Society run a "Singing for the Brain" scheme that also involves some light stretching exercises.

The impact

Haringey's approach has engaged significant numbers of people. Nearly 1,700 older people have taken up the offer of free use of leisure services, while the sessions organised by Better with Age, Silverfit and Creative Dance 60+ are nearly always full.

The experience of those who have got involved also illustrates the impact the work is having.

Two of those are married couple Barry and Dot Collins, who are in their mid 70s. Both their fathers died young and when they heard about the offer of free use of the leisure centres they decided to get active. They both take part in many activities. Dot enjoys working out on the cycle machines and leg press and even uses weights. Barry likes to stay in shape using the cycle machines, swimming, the cross trainer and the treadmill.

Dot says having such easy access to exercise groups at her age is vital. "I think it's a good thing for when you retire because it gets you out and active. It motivates you to be active and you meet other people."

Barry agrees, saying once you start you naturally want to do more. "It becomes addictive."

Lessons learned

Andrea Keeble, Haringey's active communities commissioning manager, says there are several important steps to consider when running schemes to get older people active.

Firstly, she highlights the social element. For example, after the Better with Age classes there is an opportunity for socialising.

"It may be just a cup of tea, but it is important that they are seen as a chance to socialise as well as get active. That is also vitally important to an individual's health and wellbeing," she says.

She also cites the importance of having activities at the same time each week and also having an instructor who can relate to older people.

"Someone reasonably close to their age," she says. "It helps put them at ease and makes it a comfortable and welcoming environment where everyone supports each other."

How is the approach being sustained?

To help champion the options that are available, the council works closely with the local One You programme, Public Health England's national scheme to help adults across the country avoid future diseases caused by modern day life.

The council has also been running a billboard and magazine promotions and appointed a network of health ambassadors to champion physical activity in their local communities.

Councillor Jason Arthur, cabinet member for finance and health, says the ambassadors are proving vital to helping sustain the drive on activity.

"They show how much difference regular exercise can make to your physical and emotional wellbeing. We are delighted to have their support. There's never been a better time to get active in Haringey."

Haringey is now looking to develop its programme even further. A pilot scheme has been run with a local GP practice to get patients with long-term conditions active.

The classes – mainly focused around chair-based exercises – take place weekly with the health care assistant and sometimes even the GP attending.

Ms Keeble says: "By working with the NHS and someone the patients know, the classes have been a really effective way of getting people active. We are really pleased with how it has gone and it is something that we would like to see expanded out to other general practices in the borough.

"You have to find new ways of reaching out to people. It is never too late to get active and benefit from it."

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Summary

Ageing Well Torbay is a £6 million six-year test and learn programme, funded by the Big Lottery Fund, which aims to reconnect communities and reduce social isolation among the over 50s. It is run by Torbay Community Development Trust with the support of seven partners, including Age UK, the local council and NHS.

The challenge

Three years ago a series of community events were organised in Torbay to explore problems relating to ageing and develop a vision for the programme.

The message from older people was clear, following a series of creative engagement processes. Many said they felt isolated, citing retirement, bereavement, low income, poor health and mobility and a lack of transport – and so the following aims were set:

- connecting older people with friends and communities
- ensuring older people feel their lives have value and purpose
- giving older people high personal and service aspiration
- ensuring the local community values older people.

The solution

Ageing Well Torbay was launched in April 2015, one of 14 Big Lottery schemes aimed at testing new approaches to reducing social isolation for people in later life.

In its first two years it has adopted a variety of different approaches, under three themes.

Central to tackling negative perceptions has been the annual Ageing Well Festival.

Held over four days this year, the festival was 1960s themed event, featuring arts, crafts, music and dance and most importantly a series of community lunches. Key to changing negative perceptions and attitudes towards people in later life is celebrating their contributions and fostering more interactions across generations.

The festival is now in its third year with the numbers involved growing each time.

The Ageing Well team has also worked closely with the NHS and local council, which themselves have set up an integrated care organisation to bring together hospital and community health teams with adult social care.

Within the second theme of raising personal and service aspirations the programme funds five wellbeing coordinators who, together with a sixth coordinator funded by the integrated care organisation, are helping to run a social prescribing scheme.

Another key NHS/local government project has involved care brokerage, really delivering a more personalised holistic approach, with MySupportBroker. Ageing Well took on a team of freelance independent support brokers who help people source, plan, negotiate, budget and manage their own support and care needs.

This has already proved such a success that the integrated care organisation has agreed to take on the funding for this.

But the area which has provided the greatest focus has been the neighbourhood-level work. A network of 15 community builders have been established to provide local intelligence and ongoing engagement with the most isolated people.

One of their key roles is to help people change their neighbourhoods into places they would like them to be and to connect people with each other local services and groups.

One way they do this is through the local time-banking scheme whereby people offer their skills and benefit from those of others in return.

Simon Sherbersky, the director of Torbay Community Development Trust, says: "People are always asking me 'what do the community builders do?', but that misses the point of asset based community development. They don't 'do', they empower and enable people to take positive action around what they care about – truly community led and bottom up. It is a completely different way of working and needs a different mindset."

The impact

The experience of Glynis is typical of the way people have been helped. She is 74 and had to stop driving due to arthritis in her hands. There was little public transport where she lived so she became isolated.

But with the help of a community builder she was introduced to some of the local groups that had been set up. She now volunteers at a pop-up café and has got involved in the Ageing Well festival.

"I used to spend endless hours watching the world go by through the window. Now I feel I'm part of it. My life has been kick started," she says.

Glynis is one of nearly 1,000 people who have been helped by community builders in the first two years of the project.

Lessons learned

Ageing Well programme manager Sue McDermott is delighted with the success.

"New ways of working have been trialled and as well as reducing levels of social isolation for older people, they have also been changing how different organisations work together."

She says it perhaps took longer to get some projects up and running, but says this is something you need to be prepared for because "relationships take time to grow".

One of the noticeable elements of the approach is how the area has been divided up. For example, the community builders work across 30 local areas covering populations of no more than 10,000, meaning they are smaller than wards.

Ageing Well believes this helps to build a bottom-up approach.

How is the approach being sustained?

The aim was always to create a sustainable legacy that will maintain the progress once the programme ends in 2021.

To help achieve that, older people are very much the co-partners. There are four lay representatives on the eight-strong programme board, while older people sit on the panels and steering groups for a host of the projects that have been established.

In the future, the programme is even hoping to establish an older people's assembly, which could oversee the direction of the whole programme and effectively influence local and national decision making

But, approaching the half-way mark, there is real optimism momentum will keep gathering.

An innovation fund, with a pot of £150,000, has just started handed out grants of up to £25,000 to local groups aimed at increasing activities and opportunities for older people and technologies that enable social connections.

Ms McDermott says together with the other initiatives it should help put the local community and older people in the driving seat and transform the experience of ageing in Torbay.

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Summary

Age UK Oxfordshire set up a physical activity programme for the over 50s following the London 2012 Olympics. It gets referrals from local health and care staff as well as accepting self-referrals. There are also dedicated programmes for people living with long-term conditions such as dementia and Parkinson's disease.

The challenge

Oxfordshire's older population is growing more quickly than the regional and national averages. In the coming years it is expected to increase at twice the rate of the county's population as a whole.

Currently there are just over 115,000 over 65s, representing 17 per cent of the total population. Nearly 45,000 of them have a long-term condition.

Physical activity levels often decline as people get older. By the age of 65 only half of adults are doing the recommended amount of physical activity, by 75 that drops to a third.

The solution

Age UK Oxfordshire used the 2012 London Olympics as an opportunity to get older people active.

They used the publicity generated by the event as a platform to launch its Generation Games programme.

The initiative is a physical activity service aimed at the over 50s. It offers a wide choice of weekly activities from Tai Chi and walking football to chair based exercises and Zumba Gold, a tailored version of the popular fitness programme for older people.

People can self-refer into the programme or get signposted by health and social care professionals eg GPs, social care staff, physios and district nurses.

Jo Preston, a specialist physiotherapist from Oxford Health NHS Foundation Trust, says having the activity programme is vital for the patients she works with.

"It is never too late to start exercising. Exercising regularly has proven benefits. It can help you to move and function better, helping you to feel less stiff, improving your posture, balance and your general wellbeing."

Once an individual registers, which is free, they receive a copy of the programme's 'gentle exercise at home' DVD, get access to a directory of activities and personalised recommendations of what they might be interested in, depending on geography and their level of mobility.

Nearly 70 different classes are run directly by the Generation Games team in community halls and centres, but the directory also includes details of over 1,000 other activities available across the county.

Members can create their own account online so they can log their own personal activity, earn points and collect rewards, including a basic pedometer, towel and shopping bag.

The cost of the programme is covered by user charges – £4 per session – as well as funding from the local clinical commissioning group.

The impact

Since the programme was launched it has gone from strength to strength. Over 4,000 people have received the DVD while 800 people are regularly taking part in weekly classes.

Feedback from members illustrates the impact it has had on their lives. One woman in her early 90s says the classes have made a world of difference as they make her “feel younger and more supple”. “I am trying not to use the walking stick so much,” she adds.

Meanwhile, another, who started going to exercise-to-music classes after hip and knee replacements, says they helped her improve her balance.

She also says the social element of the classes has made a difference. “It is good to come out and to meet people. It is motivating to exercise as a group.”

Generation Games marketing manager Anna McKay says in many ways this is just as important as getting physically active.

“After many of the classes there is an opportunity to have a cup of tea and chat. That is essential. Running these classes connects people as well as getting them fit.

“We have tried to make it as easy as possible to get people to take part – and it really seems to be working.”

Lessons learned

The Generation Games team have found they have always had to be prepared to change and adapt the programme.

“We have changed sessions according to participants’ feedback, for example changed an exercise to music class to a Zumba Gold class or a chair based exercise to chair-based yoga.”

“Sometimes it is seasonal. Organised walks work well in the spring and the summer, but not in the winter for example. The most important thing is to listen to your members. But you also have to take into account geography.

“If a class does not have that many participants but it is the only one around we will keep it running for the benefit of those who attend. Organising transport is also something we have tried. Of course, it is not always possible financially, but it can make a big difference.”

How is the approach being sustained?

The last year has seen a big focus on specialist classes designed to help older people with certain long-term conditions.

There are now 10 strength and balance classes, designed to improve mobility and flexibility, particularly for those who are at risk of falls.

On top of that there is a movement and strength class for people with MS and five dedicated groups for people with Parkinson’s disease, funded by the Oxford branch of Parkinson’s UK.

Finally there are two Creative Moves classes for people living with dementia. These are designed around chair-based exercises and music.

Ms McKay: “There has been so much interest in these classes. The number of people with long-term conditions is increasing and they have proved very popular. People want to help improve and manage their conditions and exercise can form a very important part of that.”

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Summary

Essex County Council has extended the NHS health checks to cover the 75 to 84-year-old age group to help reduce the risk of heart attacks and strokes. Since it was launched five years ago over 14,000 older adults have had a check.

The challenge

The risk of strokes and heart disease increases as people get older, but it can be reduced by identifying and treating risk factors such as high blood pressure and cholesterol.

However, large numbers of people are not being diagnosed and therefore not getting the treatment that could help them remain active and independent and healthy.

Under the NHS health checks programme people aged 40 to 74 receive regular reviews by GPs and other health social care professionals. But the checks are no longer offered once a person turns 75.

The solution

In Essex the decision was taken to extend health checks to the 75 to 84-year-old age group.

The checks were introduced in 2012 and delivered by GPs. They are offered every two years and focus on the management of high blood pressure, cholesterol and case finding of previously undiagnosed diabetes and chronic kidney disease.

The scheme is run in partnership with the local clinical commission groups and medical committee. Funding is provided for the checks in the same way as it is for younger age groups.

Chris French, Head of Public Health and Wellbeing Commissioning at Essex County Council, says: "The programme has been well received by our older residents. They welcome the opportunity to receive a health check and are often surprised and disappointed that the NHS health checks stop at 74.

"When we started considering it we had received negative feedback from some of our residents that attended outreach units only to be told they were too old to have the checks as part of the national programme.

"We felt it was clinically and ethically wrong. The service was therefore based on both evidence of effectiveness and local need based on qualitative feedback."

The impact

Essex set an ambitious target of undertaking health checks on 80 per cent of those aged 75 to 84 who would benefit. That has been achieved.

Since it was launched, over 14,000 older residents have been screened. Evaluation suggests this is likely to have prevented 74 heart attacks and strokes, saving the health and social care system around £1.5 million. The cost to the local authority has been £300,000.

"It is a really significant impact," says Mr French. "Not only does the programme improve the health of people, it yields corporate savings through avoided care home admissions and contributes to addressing the wider determinants of health by promoting independence and quality of life for our older residents."

Lesson learned

Mr French readily admits at the start of the programme it was envisaged that progress would be much quicker. The roll out achieved at the four-year mark was what was originally envisaged at the two-year mark.

“It did take longer than we thought. There was a lot of work in communicating and engaging everyone. It meant that it impacts on the profile of savings we have made.

“It has still been really successful and I think it is right that we were ambitious to start with, but I would also say you have to be prepared for schemes like this to take time. GPs are under a lot of pressure.”

How is the new approach being sustained?

Funding for the project comes to an end in March. The hope is it will be funded again given the success.

But in terms of engaging and identifying problems in the older population, this project has also inspired other work.

Two years ago Essex launched a depression screening project for people who are in contact with a social worker.

Studies suggest up to 40 per cent of older people might be depressed but only one in 12 are appropriately identified and treated.

The screening was offered principally through the social care workforce using a published validated short screening tool. Referrals were then made to GPs for those who screened positive.

Nearly 6,000 people were screened in the first year of the scheme. It has now become standard practice for social care staff to try to identify depression.

One frontline worker explains the sort of impact it can have. “I feel it has had a very positive impact. I remember one lady in particular as she completely opened up about how lonely she was, which led to a community agent referral for social isolation. I think she was very happy that someone took the time to see how she felt and that her doctor would be informed.”

The scheme is now being rolled out so that screening can be undertaken on people who have been signposted to support from third sector community agents.

Essex Director of Public Health Mike Gogarty says the initiatives are playing a vital role in keeping older people well.

“We serve a population where there are increasingly more older people who are at high risk of cardiovascular disease and poor mental health. We know that there are a range of effective interventions that these people might benefit from, but they often remain unidentified and untreated. These two initiatives are important locally in helping ensure systematic, population wide evidence based interventions are available where needed.”

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Summary

Walsall Council launched an advertising and marketing campaign last year that used a mobile sitting room to get people talking about their health as they get older. The project specifically encouraged people to take up the option of an NHS Health Check. It reached nearly 500 people.

The challenge

Walsall is in the top fifth most deprived areas in the country with life expectancy rates below the national and regional averages.

But more significant is the gap in healthy life expectancy, which is even greater. In Walsall, people live just over 60 years in good health, two years less than the West Midlands average and three years below the national figure.

Like many areas, Walsall has been working hard to get older and middle-aged people thinking about their health – and signing up for health checks in particular.

But in recent years just over half of people in the borough entitled to an NHS Health Check get one. That is in line with the national average, but still means there are significant numbers of people in the community who will have risk factors, such as high blood pressure, but be unaware of them.

The solution

Last year Walsall Council launched a campaign to get people more engaged with their health.

The public health and creative development teams worked together to create an innovative advertising and marketing campaign.

The initiative was two-fold. Firstly a mobile sitting room was created equipped with sofa, table, lamp, cushions and a throw that toured local venues across the borough.

It was set up in a whole variety of locations from parks and squares to supermarkets. The places were chosen to target wards with the highest death rates from circulatory disease.

The idea was to create an informal environment where a non-clinical professional could invite people to sit and discuss their health.

Nina Chauhan-Lall, public health programme development and commissioning manager, says: “We wanted to do something that would grab their attention – and the sofa certainly did that. People naturally stopped and wanted to find out what it was all about.

“It gave us an opportunity to discuss health issues, the individual’s experience of the health service and whether they had heard of the NHS Health Checks service.

“It was aimed at the over 40s, but I think we had particular success with the older age groups. I and my colleagues would sit there, sewing or perhaps reading and wait for people to come past.

“Not everyone is comfortable going to their GP or to their local health centre so that is why we made it very non-clinical.

“When we got talking we made them aware of what services there were and that they were entitled to a health check.”

The second element of the campaign targeted the wives and children of men – who tend to have the lowest uptake of health checks. Public health staff visited community venues to speak to them about the importance of getting the health checks. They were then encouraged to write personalised invites to their loved ones.

The impact

During the course of the year health conversations were had with nearly 500 people in 19 different settings. Over 600 invitations were also given out.

It is not yet clear what impact this had on the overall number of people having their health checks carried out. But certainly those who talked to staff at the mobile living room report it had an impact.

One man, who went to see his GP after talking to the public health team and found out he had high cholesterol, said it prompted him to rethink his lifestyle. “I made changes to my diet. My cholesterol has now come down so I feel on track.”

Meanwhile, another man said having the conversation was the jolt he needed to get a check-up. “It’s about finding the time to make a change. It’s hard, I work and I have to take the children to school.”

Lessons learned

“It was really successful,” says Ms Chauhan-Lall. “But of course there are things we learned along the way. The first lesson was a logistical one. Carrying a sofa around is hard work and so we changed it to a blow-up sofa. It was much easier to transport.”

Ms Chauhan-Lall also says you have to be prepared to talk about wider topics than just health. “The more locations we went to the more we found people wanted to talk about all sorts of issues, particularly debt and benefits. We soon realised we needed to be aware of where to signpost them for help with that as well as their health.

“But above all you have to be patient. Some people were reticent at first, but after talking for a while they would really open up and were pleased to have the opportunity to talk. I think by creating a slightly different environment we were able to break down the barriers.”

How is the approach being sustained?

While the tour of community settings has now stopped, the mobile sitting room has not been retired completely.

Ms Chauhan-Lall says: “We are still using it, we have been taking it to a few local events. It has an impact even now after all the promotion last year so we feel we can use it from time to time.”

She says another legacy of the project is that it has created a willingness to think differently. “You have to look at new ways to engage people – and that is something we are always on the look-out for.”

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Summary

Dudley Council has set about overhaul its approach to healthy ageing. The issue was made a priority when a new director of public health was appointed. A number of steps have been taken since including dedicating the 2016 annual report to healthy ageing, the appointment of a dedicated programme manager, a review of existing services and the creation of steering group to look at new ways of working.

The challenge

Dudley – like all areas – has been facing up to the challenge presented by the ageing population. There are currently 64,000 people over the age of 65 in the area, but by 2030 that is predicted to grow to 80,000.

The council has had a range of schemes in place to help the older population stay active and well for some time.

These include everything from a winter warmth service, which works with people living in fuel poverty or who are at risk of falling ill by returning to a cold home following a hospital admission, to a healthy walks programme.

But when Deborah Harkins was appointed public health director in early 2015 she recognised a gap – there was no comprehensive approach to healthy ageing.

This was having a detrimental impact with Dudley not performing as well as it should on a number of indicators from falls prevention to end-of-life care.

The solution

The first step Ms Harkins took was to dedicate her first annual report to healthy ageing.

Published in 2016, it identified four key priorities:

- social connectedness
- age-friendly environments
- healthy behaviours
- high quality services.

A chapter was devoted to each, setting out what was being done and what needed to change.

It identified a range of measures, including the need for an active travel strategy, a better way of targeting older people with healthy lifestyle messages and to encourage greater self-management of conditions.

The public health team has since been reorganised and structured around the life course approach so rather than having a series of separate teams the department is split between different ages.

This led to the appointment of a dedicated programme manager for healthy ageing tasked with developing a comprehensive strategy.

Ms Harkins says the council recognised there were “particular stages in our lives when influences on our health and wellbeing accumulate”.

“These stages include pregnancy, the first year of life, teenage years, becoming parents, retirement and older age.”

But she says the focus on healthy ageing is not simply limited to keeping people independent and healthy, she also wants to unlock the potential of the older population in Dudley.

“We know that our older people make an enormous contribution to the community and local economy through working, volunteering, providing care and sharing their experience, skills and passion with family, friends and neighbours.

“If we tap into this potential there will be benefits for both older people and our borough as a whole.”

The impact

The identification of healthy ageing as a priority area for action has already started to have a tangible impact.

A multi-agency steering group has been set up to look at social connectedness. It is made up of members from the local authority in public health and from adult social care as well as representatives from voluntary sector, such as Dudley Council for Voluntary Services and HealthWatch. The NHS is also involved with a local GP and representative from Dudley’s clinical commissioning group.

There are four sub groups, tasked with looking at:

- what communities can do for themselves
- what professionals and communities can do together
- what professionals can do for communities
- developing partnerships with businesses.

Healthy ageing programme manager Lie Ping Tang says: “The group has met twice this year so it is still at the development stage, but an action plan is due to be put forward soon.”

She says various ideas are being considered, including introducing a training module on loneliness and isolation for social care students and getting local retailers involved by running coffee mornings and offering space for people to meet up.

“We also want to increase volunteering opportunities,” she says. “That could mean developing a link worker/information champion role to help get people involved. There are lots of ideas being put forward.”

Lessons learned

One of the challenges Dudley has faced is working out how to build on what is already

being done without duplicating it, says Ms Tang.

“We already have a lot of good projects and services, but there are gaps and things are not always as coordinated as they should be.

“We don’t want to just duplicate what is already being done so by taking a system-wide approach in our thinking and implementing multi-agency working we believe we can avoid that.”

To illustrate the point, Ms Tang gives an example of how the providers of Dudley’s self-management programme have been asked to measure the impact of their work on wellbeing and loneliness.

The programme provides peer support and self-help sessions for people with long-term conditions, but as well as encouraging self-management there is a possibility they could help with loneliness and wider wellbeing.

To check out the hypothesis, the providers have been provided with two tools - WEMWBS (Warwickshire and Edinburgh Mental Wellbeing Score) and UCLA Loneliness Scale (University of California Los Angeles). Results will be available at the end of March 2018.

How is the new approach being sustained?

Within the next year, a healthy ageing programme will be formally established.

To achieve this, the council will review the recommendations made in the 2015/16 annual report and carry out a number of community engagement events across the borough. These events will be an opportunity to consult with residents of Dudley. To learn what they want to see happen To gain feedback on what it is like living in the borough.

The findings from that will then be combined with all the other work to help form the long-term strategy.

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Acknowledgements

With thanks to the following PHE officers for their contribution to this report.

Nuzhat Ali

Lead, Older Adults

Elsbeth Henderson

Tobacco Control Information Manager

Jude Stansfield FFPH

National Adviser: Public Mental Health

Deirdre McCarthy

Higher Scientific Officer (Nutrition Advice Team)

Kate Sweeney

Deputy Head of Risk Factors Intelligence
and Head of Profession for Official Statistics Health Improvement

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REF 22.11