Welcome to this year’s Public Health Annual Report.

This year’s report is the final in a series of four life course themed reports. This year’s theme is ‘Age Well’ and focuses on older adults aged 65 and over.

Many people in this age group enjoy good health, however, the impact of negative lifestyle choices made in younger years such as smoking, excessive alcohol consumption, inactivity and a poor diet can have severe consequences in later life. These lifestyle choices can lead to conditions such as heart disease, diabetes, frailty, stroke and dementia all of which can impact on quality of life and life expectancy.

As life expectancy in the borough increases, the proportion of older people increases, and we have a projected 41% increase in adults aged over 65 by 2030 and a 66% rise in the population aged over 80 years. Whilst this is great news it does mean we need to respond to this in planning our support and services for this population and their families.

To help to identify and address issues which are important to older people, Knowsley Older People’s Strategy is in the process of being refreshed and will be launched later this year.

‘Age Well’ focuses on older adults aged 65 and over

The strategy is being developed in consultation with members from Knowsley’s Older People’s Voice and will take into account their views and concerns in relation to services for our older residents.

This report details some of the great work that is being done locally to address the needs of older people. For example, since 2015, we have worked closely with Merseyside Fire and Rescue Service to broaden the remit of the home fire safety check to include local health priorities. The check now includes brief interventions in relation to alcohol consumption and smoking cessation, bowel cancer screening uptake and a falls risk assessment for those at risk of or who have previously had a fall and are not receiving support. This shows great partnership working and a real ‘making every contact count’ approach from professionals on the front-line.
Knowsley has lots of activities and services on offer to help support our older residents to ‘Age Well’ and live a positive and independent lifestyle for as long as possible within their community. Some of these are discussed within this report.

On pages 44 and 45 you will find key facts and figures for this population group.

A more detailed version of health statistics for the borough can be found at www.knowsley.gov.uk/publichealth along with an update on recommendations from last year’s report – Live Well³ – and contact details for programmes and initiatives.

Please do get in touch with any comments and suggestions; contact details can be found on page 47.

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* Indicates names used in the case study have been changed to protect identities.

Acknowledgements
The editorial board would like to thank all those who have contributed to the production of this year’s report and to those who have agreed to have their personal stories or photographs published.
Older People have a wealth of skills and experience and make a valuable contribution to society. As a borough, it is important that we help residents to have a positive experience of ageing. To support this, a number of well-established services and structures are in place and are discussed throughout this report, some of which are highlighted below and on page 7.

**Knowsley Older People’s Voice**

Knowsley Older People’s Voice (KOPV) has over 500 members and delivers consultation sessions, focus groups and representation on the projects and programmes of other agencies such as the council and NHS. This ensures the perspective of older people is included. KOPV has supported a number of public health priorities ranging from extreme weather, vaccination programmes for seasonal flu and shingles and alcohol and older people.

**Roadshow events**

KOPV organise annual roadshows across Knowsley for its members. They are used as an information exchange and feature a range of topics covered by guest speakers. Members are asked to pass this information on to their family and friends. The information is also included on the KOPV website and in newsletters which reach a much wider audience.

**Knowsley Older People’s Fun O’lympics**

Knowsley Older People’s Fun O’lympics first took place in 2008 and was designed to encourage older people to get more active and reduce social isolation. The project has gone from strength to strength over the years.

Four teams from across the borough take part in weekly activity sessions based at local Volair leisure centres. Members can take part in a range of sports and games including table tennis, badminton, new age kurling, boccia and welly throwing. For those with limited mobility there are options such as Scrabble, Connect 4, dominoes and darts.

An annual celebration event brings the teams together to compete against each other. Following the model of the International Olympics, medals are awarded for gold, silver, and bronze with the winning team being presented with a shield. In 2015 the project won the sports category in the Echo Pride of Merseyside Awards.

“Being able to lead fulfilled and active lives in our later years has benefits not only for individuals but for society as a whole” (Marmot, 2010)
Older people’s calendar

In 2016 KOPV produced a calendar for older people which incorporated key health messages aligned to national and local campaigns such as cancer screening, winter warmth advice, keeping active, mental wellbeing and information for carers. Due to popularity, the calendar was produced again for 2017, with additional space for personal appointments. The calendars were distributed to targeted settings across the borough with the aim of reaching residents who had not previously engaged with KOPV.

University of Third Age

Local groups of the University of the Third Age (U3A) operate in Halewood, Huyton and Kirkby. It is not a university in the traditional sense, but a national organisation that offers a range of learning, creative, recreational, physical and social activities for those who are retired or semi-retired.

Information and advice

Despite there being a wide range of activities available to support positive ageing in the borough, sometimes it can be difficult to know what is available.

In an effort to address this, the Live Well Knowsley website which is due to be launched in June 2017 will feature all health and social care services in the borough. Services will be able to be searched based on individual need. For those who are not able to access the internet this will be supported by the updating and re-issue of a printed directory of services titled ‘Outreach for Our People project’ known affectionately by its initials as the ‘OOPs’ Booklet.
Retirement can be an opportunity to spend more time with families and friends, socialise and take part in hobbies. However, for many it creates worry and concern about money. Living on a low income in later life can be extremely difficult with every penny having to be closely watched and hard choices made about where to spend their very limited money.

Older people have to make sacrifices, which range from having no luxuries, going without holidays or breaks and stopping going out to not replacing essential household goods, making home repairs and even taking drastic action to reduce energy bills by not having their heating on during cold weather, or not eating properly.

Locally there is not an exact picture of the number of older people who are living in poverty or experiencing extreme financial difficulties. However, applying national estimates suggest that almost 3,500 older people in the borough are living in poverty*. This is likely to be an under-estimate because low income in retirement is often linked to low pay during time in work, or time away from employment due to caring responsibilities, disability, illness or unemployment all of which are more common in Knowsley than the national average. Information from Citizens Advice Knowsley indicates that 19% of clients were aged over 60 and 11% were aged over 65, with many of the issues that they present with being related to poverty and debt.

Evidence from Age UK suggests that older people are deeply affected by poverty and are very concerned about the current economic climate. In particular, older people reported being anxious about being able to continue to manage on their incomes and were worried about the future. They were particularly concerned about rising prices and losing benefits that helped to stretch their limited means further. They were also apprehensive about the removal of services that were currently available that enhanced their quality of life. The Government estimates that in 2014/15, £3.5 billion of low income benefits (Pension Credit and Housing Benefit) went unclaimed by older people.

Women are more likely to live in poverty than men. Older pensioners (especially those aged over 85), single people living alone and those living in rented accommodation under private landlords are at particular risk. In addition, there are a large proportion of pensioners who are just above the poverty line* and find it difficult to manage household budgets.

“Many older people live in cold and deteriorating housing conditions. It is often difficult for them to find the resources they need to fix and improve their homes”.

(Age UK, 2014)

* This is defined as having an income of less than 60% of median income after housing costs.
Age UK suggested that this is likely to be due to a combination of reasons including: lack of knowledge about the complicated benefit systems, an assumption they will not be entitled, negative attitudes towards claiming, or because people are put off by the processes.

Poverty in later life can have an impact on health and wellbeing. Those on low incomes may struggle with poor mental health, social isolation, live in poor quality housing and have difficulty in accessing high quality food and getting out and about due to a lack of accessible transport links or problems with their mobility.

**Housing conditions**

Many studies have shown that the quality of a home can have a substantial impact on health, with many studies linking poor housing conditions with ill-health and injury. The NHS is estimated to spend £1.4 billion every year on treating people because of poor housing conditions. Often the poorest housing is occupied by the most vulnerable people and improving the quality of housing is a cost effective way to improve health. The National Institute for Health and Care Excellence (NICE) recognises that a wide range of people are particularly vulnerable to the health effects of cold including those with heart, lung and mental health conditions, people with disabilities, older people and people on low incomes. Cold housing can also increase the risk of accidents and injuries in the home.

In Knowsley, it is estimated that poor housing conditions are responsible for over 400 harmful events requiring medical treatment every year. The full cost of treating these accidents and ill health is estimated to be £1.3 million and if the wider costs to society are considered then the total cost to the local economy is estimated to be £3.2 million.

**Excess winter deaths and fuel poverty**

Excess winter deaths is a term used to describe the increase in deaths which occurs during the winter period (December to March) in comparison to the rest of the year.

During the winter period of 2014/15 there were an estimated 100 excess winter deaths in Knowsley. Modelling suggests that over a third of these occurred in those aged 85 years and above.

Energy efficiency, the affordability of heating the home, the severity of winter temperatures, pre-existing health conditions and seasonal influenza all play a part in determining the level of excess winter deaths. For example, we can see increases in deaths from lung problems as the average temperature falls.

In 2014/15 £3.5 billion of low income benefits went unclaimed by older people.
What are we doing to address the issues of poverty and helping people to stay safe and well during cold weather?

Money problems and debt can affect anyone and there are services and initiatives available to help support people to manage their money better.

Financial help and advice
Citizens Advice Knowsley provides free, impartial and confidential advice to residents who are experiencing difficulty with issues such as welfare benefit entitlement, consumer advice and financial advice. Residents looking for help with loans, insurance and savings accounts may be signposted on to one of Knowsley’s credit unions which can offer low cost financial products.

Jubilee Debt Advice is one of the services offered across Knowsley by the Big Help Project. Free, confidential advice is given by trained advisors who offer support for residents having difficulty making ends meet. Advisors can liaise with creditors on behalf of residents and support is available until financial stability is achieved.

There are also a number of national helplines such as the Money Advice Service and the National Debt Line to provide free confidential advice on how to deal with money and debt problems.

The Outreach for Our People booklet highlighted on page 7 provides useful information on issues such as eligibility for free prescriptions and help with eye care and dental health. It also signposts people to financial help around pensions and winter fuel payments. A digital copy can be downloaded from Knowsley’s Older People’s Voice (KOPV) website or can be picked up from various community venues across the borough.

In November 2016, KOPV and partner agencies organised a ‘planning for later life’ drop in event for older people and their families. The event was well attended and provided residents with information and financial advice on important topics such as funeral planning, equity release and savings.
Eddie and Jean’s story*

Eddie and Jean from Prescot, both aged 75, attended a KOPV roadshow event where they spoke with a benefits advisor. They were both in receipt of State Pension and due to health issues, they also both received Attendance Allowance. They had assumed that they would not qualify for other benefits, however, following a benefits check they discovered that they were also entitled to claim Pension Credit.

Eddie and Jean were delighted with the extra income and commented that it would help them greatly in paying their gas and electricity bills.

Fuel poverty and home improvements

Changes in the way residents live within their home such as how they use their existing heating systems can lead to reductions in the amount of fuel they need.

Since 2012 the council has delivered an annual warm homes programme aimed at assisting vulnerable residents to achieve affordable warmth. The programme includes boiler and heating installations along with home improvement works and advice on how to be more energy efficient.

The council intends to be able to continue with a warm homes programme in future years, however, this is subject to funding.

Housing assistance

In 2015/16 around £60,000 was used to fund improvement works for vulnerable households under the council's housing assistance policy. The works that were undertaken ranged from low level interventions such as routine gas servicing and repairs through to boiler replacements and the installation of full central heating systems.

In 2015/16 the Warm Homes Priority Assistance Scheme linked with British Gas’ Energy Company Obligation scheme. The aim being to increase the number of Knowsley households supported with new, energy efficient boilers by raising awareness through a targeted mail-out to residents and by signposting individual eligible residents.

Collective switch

Knowsley Council, in conjunction with the other Liverpool City Region local authorities, agreed to collaborate to deliver a collective gas and electricity switch programme. The programme enables individuals looking to switch supplier to be seen by energy providers as a group and therefore allows for cheaper deals. On average residents saved £197 each, the highest saving was a considerable £871 for one resident.

Since Knowsley started the collective switch in 2013, residents have saved a total of £49,000.
Knowsley Foodbank

Knowsley Foodbank was established in 2011 and is part of the Trussell Trust’s network of 428 foodbanks operating nationally. The service operates from nine locations across the borough to give emergency food and support to people in crisis.

Evidence from the Trussell Trust\textsuperscript{12} suggests that only a few people over the age of 65 are directly accessing foodbanks. Anecdotally it is known locally that the numbers of clients aged over 65 has always been low.

According to research undertaken by Age UK\textsuperscript{13}, it has been suggested by local foodbank managers that older people may not want to admit they are in crisis and need to use a foodbank due to embarrassment, however the service is available should the need arise and is promoted through organisations who come into contact with people requiring financial advice such as Citizens Advice Knowsley.

Be Prepared for Winter

Knowsley’s Be Prepared for Winter booklet contains basic but current information on how to stay warm and safe throughout the season, tips on how to be more energy efficient, information on immunisations available for illnesses such as flu, pneumonia and shingles and other basic health advice. The booklet also signposts residents to relevant council and other key services. Approximately 5,000 booklets were distributed to various settings across the borough which were accessed by older people.

Seasonal influenza campaign

Influenza (flu) is a serious infectious disease which can cause severe complications such as pneumonia and death, with people living in poor housing conditions being more at risk. The annual seasonal flu vaccination programme offers a free flu vaccination to everyone aged over 65, people with long term health conditions and other targeted groups. In Knowsley, uptake at the end of January 2017 for those aged over 65 years was 73.2% against a national target of 75%. This was a slight decrease on the previous year when 74.4% were vaccinated.
Winter Warmth Project
Some of the most successful projects in Knowsley have been delivered by residents, volunteers and associations.

An example of this is the Winter Warmth Project which targeted residents aged over 65 during winter 2016/17. The project, developed with local residents, aimed to raise awareness of the importance of keeping warm during winter, promote energy saving schemes and reduce social isolation.

Sessions took place at five community centres across the borough, which are run by community based organisations. The centres identified local residents who had not previously engaged with them and invited them along to the sessions which took place one afternoon per week for 10 weeks. Residents were offered a hot and healthy meal in a warm and welcoming environment and encouraged to mix with others to help them develop their social networks. Each of the centres had different activities on offer some of which included; knitting, photography and chair-based exercise sessions.

A number of partner agencies attended the sessions to promote their services. These included; Age UK, Knowsley Older People’s Voice and Healthwatch Knowsley. The council’s Energy Officer also provided one-to-one support including boiler replacement advice.

Residents were also provided with advice on looking after themselves during winter, including staying warm, healthy recipe ideas and were given thermometers to keep track of the temperature at home.
Looking after mental health and wellbeing

“My older and retirement both involve a change in lifestyle for most people and it’s important to take care of yourself mentally as well as physically”14

(Mental Health Foundation, 2017)

Our mental health is about how we think and feel, our outlook on life and how we are able to cope with its ups and downs.

For some, the transition into later life can trigger mental health problems such as anxiety and depression. Relationships and connections to people may decline in later life, due to people being retired or losing friends and family. Illness, poor mobility and poverty may affect the ability to engage in meaningful activities. In addition, older people may face difficulties due to caring duties.

Loneliness, inactivity and social isolation can affect confidence, self-esteem, mental health and wellbeing and physical health. Over half of all people aged 75 and over in the UK live alone15. The number of people aged 65+ living alone in Knowsley is 7,93216. Over 1 million people in the UK aged over 65 are often or always lonely17.

Knowsley has historically had problems with residents not being able to move easily around the borough due to transport links, this situation affects older people disproportionately. It means that they are largely dependent on their local areas providing the services, facilities and activities that they need to live a healthy, happy life.

Participation in leisure, social, cultural and spiritual activities in the community can help older people improve their self-esteem and can improve social integration and how communities bond with each other18. People who are part of wider communities experience a higher level of health and wellbeing than those who are socially isolated19.

Crime and the perception of crime can increase social isolation. Whilst crime has reduced in recent years, local surveys carried out by Knowsley Older Peoples Voice show that older people are still likely to feel vulnerable in the community – affecting their confidence to leave the home, particularly in the evening20.
We also know that older people can be more vulnerable to rogue traders and doorstep crime. Whilst anyone can be targeted, nationally people aged 65 and over account for 85% of the victims of such crime.

In Knowsley in 2016 there were 88 complaints received about doorstep crime and bogus trader scams, 41 of these required interventions from Trading Standards and the Police. Local intelligence suggests a substantial number of victims have dementia, a physical disability or mental health issues and some victims are repeatedly targeted by rogue traders. One recent incident involved the sale of hearing aid products over a two year period causing a loss of around £8,000. The salesman was intercepted by Trading Standards after a notification from Social Services by the resident’s care providers.

Older people are at an increased risk of developing problem gambling due to situations such as bereavement, loneliness, boredom following retirement and health problems which limit participation in other activities. In addition, dementia may impair decision making.

For many older people, gambling is generational and is considered ‘the norm’. The British Prevalence Gambling Survey 2010 shows that around half of the over 65s and four in ten of the over 75s have gambled in the previous week\textsuperscript{21}. However, with a reduced income following retirement, gambling can soon become a problem with wide ranging impacts such as having overdue bills, not enough money for food or other leisure pursuits. Health and wellbeing can also be affected with problems such as anxiety, depression and alcohol misuse as well as a breakdown in family relationships.

**What are we doing to improve the mental health and wellbeing of our older residents?**

Knowsley is an area with a rich set of community assets. In recent years, the council has transferred a number of community buildings to third sector providers resulting in a growing range of community activities and services that meet the specific needs of older people at a local level. In particular Age UK Mid Mersey is now operating from Roby Community Centre providing a range of services and activities that meet the needs of our older people. This includes men only social afternoons, computer classes, knit and natter groups and offer personal support on issues such as debt, welfare and financial advice.

Healthwatch Knowsley also provide valuable community networks. A regular positive mental health coffee morning is held, where local people who have experienced poor mental health come together to support each other and help develop local services.
Eric’s story

Eric is an 82 year old local resident who is registered disabled and was referred to Age UK Mid Mersey by his social worker. Eric has been attending the Monday afternoon Men’s Group at Roby Community Centre for nine months. As Eric is a widower these sessions offer him a rare opportunity to socialise in his community and maintain good wellbeing.

“It’s all about having a laugh and a joke” said Eric. “If you can’t do that, then life can be very lonely on your own and I come here to enjoy good company and also support the other men, who all have different reasons for being here”.

Knobsley Pensioners Advocacy Information Service

Knobsley Pensioners Advocacy Information Service (KPAIS) is a voluntary organisation which provides independent advocacy for older people and has been active in Knowsley since 1988. This service enables older people to have their voice heard when they are making decisions or when choices are being made about their lives.

KPAIS in partnership with Trading Standards developed TASK (Trader Approved Scheme Knowsley) in 2004 in response to requests from older people. The aim is that people have somewhere to turn for reliable and reputable traders and provide peace of mind. TASK has been immensely successful with over 1,500 older and vulnerable people accessing the service every year.

Support for problem gambling

Support is available for individuals and families affected by problem gambling. This is provided by The Beacon Counselling Trust (in partnership with GamCare).

The free support service includes one-to-one, couple and group counselling, along with the provision of advice and guidance on debt management and dealing with family relationships.
Local faith groups

Local faith groups also play a key role in meeting the mental health and wellbeing needs of older people and improving their quality of life. They provide much needed opportunities for friendship, recreation and social interaction.

St Gabriel’s Church

The Reverend Canon Malcolm Rogers has been Vicar at St Gabriel’s since 2000 and has overseen some excellent community projects in that time.

“Reducing social isolation is at the heart of what we do here. I have an excellent older people’s champion in my church who has developed a range of activities and support to help people in later life. We have a monthly luncheon club that has a membership of over 100 older people.

“Every month we turn the church into a thriving community lunch event and the most isolated are transported here by minibus to be a part of the community. We also ensure that it’s an interesting event with guest speakers and the attendees are served by the year 6 children from our school and there is a great sense of community as a result. We have developed a number of connected projects that are also thriving, such as the ‘Soup and Seedlings’ group that grows vegetables around the grounds to make soup for the luncheon club. The company that provides the transport for us has also developed a regular programme of day trips and these are well attended and add to what’s on offer here and this ensures that activities go on throughout the whole month and not just on one day.”
Social prescribing

Supporting people to get involved in community life, being active and improving social connections are all hallmarks of social prescribing.

Definitions of social prescribing vary. A simple definition is: ‘a mechanism for linking patients with non-medical sources of support within the community’22. Some people do this well by themselves, others may need support.

Whilst the evidence base is still developing, broadly speaking, social prescribing may be beneficial to; vulnerable and at risk groups, people with mild to moderate depression and anxiety, people with long term and enduring mental health problems, those who are frequent attendees at local GP practices and those who are socially isolated.

Wellbeing Enterprises, a community interest company, has been working in partnership with Knowsley Council, Knowsley Clinical Commissioning Group and the local voluntary, community and social enterprise sector to roll out a model for social prescribing in the borough. In the first year, the service has supported over 600 residents. People can self-refer into the service or be referred from their GP or social care contact. The offer is wide ranging to suit people’s needs and includes courses to promote better mental health, confidence skills and engagement with the community.

The Healthy Knowsley service also triages individuals and refers on to appropriate support services or activities. These include; community cycling sessions offered by Pedal Away, exercise on referral (Activity for Life) and activities offered by the Ranger Service within Knowsley’s parks and green spaces. Residents can also be referred for counselling offered by Listening Ear.

Knowsley’s libraries also offer books on prescription for help with overcoming common mental health conditions such as stress and anxiety.

A number of community groups also meet within Knowsley’s libraries ranging from knitting groups to reading and craft groups. To help older people with digital technology ‘Tea and Tech’ sessions provide help and advice on using a smartphone or laptop.
“Everyone, from governments and health boards to the local corner shop and hairdresser, share part of the responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community”\(^{23}\)

(Alzheimer’s Society, 2016)

Dementia is the term used to describe disorders which affect understanding, memory and brain functioning. People with dementia may have problems with short term memory, concentration, confusion and disorientation. They may fail to recognise familiar faces and can struggle to find the right words and be understood.

There are many different types of dementia. One of the more common ones is Alzheimer’s disease, but other types of dementia also affect people, such as vascular dementia, which is a result of damage to the blood supply to the brain.

Age is the biggest risk factor for dementia but some lifestyle behaviours can increase someone’s chances of developing dementia. Stopping smoking, eating a healthy balanced diet, staying active and not drinking too much alcohol may all help to reduce the risk in some people.

As people in Knowsley are living longer, the number of people living with dementia is set to increase by around a quarter between 2012-2020.

What are we doing locally to help people with dementia and their families?

Knowsley has committed to undertaking a review of dementia services and to develop a new dementia strategy from 2017.

There are services that support people with dementia and their carers in their own homes. Some of these include the Alzheimer’s Society, Knowsley Carers Centre, Admiral Nurses from North West Boroughs Healthcare NHS Foundation Trust and Knowsley Pensioners Advocacy Service.

Practical support for people living with dementia

As dementia progresses it affects people’s ability to look after themselves and this can often put them at risk and can have a negative impact on the health and wellbeing of people who care for them. Independent Living Assessment Officers promote and provide guidance to people with dementia and their carers on practical solutions and devices that can help to stay safe and remain in their own homes for longer. These include simple solutions such as black out curtains to help with regulating sleep patterns, plates with no patterns, removing mirrors, calendars and clocks showing the day, month and season with integrated reminders. Of particular help to carers are wandering alarms which use GPS tracking to alert an emergency contact if the user goes outside a pre-defined area.
Knowsley’s Centre for Independent Living also offers a range of equipment for people requiring adaptations for the home and devices to help with daily living. This is discussed later in this report.

**Services for carers and social activities**

The Prime Minister’s Challenge on Dementia 2020\(^4\) estimated that one in three people would care for a person with dementia in their lifetime. To help address this Knowsley’s Carers Strategy for 2017-19\(^5\) is currently going through the formal process of being adopted by the Council.

There are a range of services available for carers in Knowsley. For example, a voucher scheme that carers can use to pay a domiciliary care provider to support the person with dementia whilst the carer is out.

Carers have told us that they worry about what will happen to the person they care for if something bad (such as an accident) happens to them. To help alleviate this stress, the carer’s emergency card is offered to all residents with dementia and their carers. This card is stored in the carer’s purse or wallet and if something happens to the person the emergency services know to look for a carer’s emergency card and will contact the appropriate people to help care for the person with dementia.

There are also a range of services that provide a dual role of offering a short break for the carer as well as social activities for people with dementia. Knowsley Clinical Commissioning Group commissions The Reader Organisation to provide shared reading sessions and training of staff in six care homes each year.

There are several peer support groups facilitated by the Alzheimer’s Society and Knowsley Carers Centre as well as user led groups such as Prescot and Kirkby Caring Companions and Memory Lane to help connect people.

### Primary healthcare

Knowsley Clinical Commissioning Group commission a range of community health services with North West Boroughs Healthcare NHS Foundation Trust that support people with dementia.

These include:

- **Later Life and Memory Service** - offers help and support to people with memory problems and dementia.
- **Community Mental Health Teams** - provide support at home for mental health illnesses including dementia.
- **Accident and Emergency Department (A&E) Liaison Team** - can assess mental wellbeing if an individual attends their local A&E department and has a mental health problem.
Residential and nursing care
Sometimes people with dementia need support from residential or nursing care. Knowsley has 824 residential and nursing care beds for older people and around half of residents in long-term care have dementia\(^2\). Whilst all care homes for older people will support people with the early stages of dementia, there are nine care homes that provide specialist dementia care for people with more advanced stages.

The Prime Minister’s Challenge on Dementia 2020\(^2\) sets the ambition for all care homes to have dementia friendly environments. To understand if Knowsley care homes are meeting this criteria, the council will be asking care homes to assess themselves against the criteria set by the Government.

To support care homes, Knowsley Clinical Commissioning Group commission a Care Home Liaison Team with expertise in dementia. The service provides advice, support and training to care homes to support older people, including people with dementia.

Prevention
One of the key aspirations of the Prime Minister’s Challenge on Dementia 2020\(^2\) is to promote public awareness and understanding of the risk factors that can influence the likelihood of developing dementia. Whilst Public Health do not commission any services specifically for people with dementia, a number of health campaigns promote healthy living which will in turn help to reduce the risk of people developing dementia in later life.

These campaigns include support to; stop smoking, reduce alcohol consumption, increase physical activity and encourage healthier eating as well as specific health conditions such as know your blood pressure awareness campaigns.

In 2014/15 Public Health commissioned KPAIS to deliver a number of Dementia Friends awareness sessions to increase public knowledge of dementia. Through these sessions over 100 dementia friends were made in the borough made up of residents and staff from various organisations.

Workforce development
Knowsley Council offers dementia awareness training to council employees and services. Since April 2016, 31 people have received dementia awareness training through the council training scheme. This is a relatively small number of people considering the size of the target workforce and may be one area that the council seeks to promote in the dementia strategy.
Joe and Ann’s story*

Joe was very distressed when he called into the Knowsley office of the Alzheimer’s Society based at Willow House in Whiston. Joe cared for his wife Ann and wanted to talk about her dementia and how he was struggling to care for her.

Joe informed the Dementia Support Worker that Ann was in denial of diagnosis and that she seemed a different person to how she used to be, as she would say hurtful things to him, but then the next day she would act like nothing had been said. Joe refused the offer of further support and would not take an information pack. However, a few months later Joe returned after things had got worse and admitted he needed help.

Joe met with the Dementia Support Worker who provided Joe with information to understand dementia and how it affects the brain along with coping techniques and distraction methods. Joe was also provided with information on the support available to carers by other agencies and local support groups, which Joe declined as he was happy with the level of emotional support he had already received from the dementia support worker which is ongoing.
Over time, some choices we make in our lifestyles such as smoking, drinking too much alcohol, a lack of physical activity, food choices and poor oral health can really start to have a negative impact on an individual’s ability to stay in good health in older age. These choices contribute towards ill health and preventable early death. These lifestyle choices are discussed in more detail below.

Keeping active

Keeping active in older age, as in the rest of life, is essential to staying fit, mobile and independent as well as contributing towards the prevention of diseases such as heart disease, stroke, diabetes, osteoporosis and high blood pressure.

Regular activity is anything which gets the body moving such as doing housework, chair based exercises or taking regular short walks around the home or garden. Regular activity can also help to reduce arthritis-related pain, improve sleep, prevent falls and injuries and help to improve low mood and memory.

There are many perceived barriers which may limit participation in activity which are associated with an individual’s belief in their physical ability, a fear of falling or over exertion, aches and pains and physical limitations. Other factors such as a lack of money or someone to do things with may also put people off from being active. Supporting people to overcome these barriers is essential in encouraging active participation.

The Knowsley Health and Lifestyle Survey for 2012/13 identified that just under one in five people aged over 65 participated in moderate intensity activity such as brisk walking, cycling or swimming. Furthermore, the survey also identified the amount of time people spend sitting or reclining per day increases with age. From 226 minutes a day among those aged 25-34 to 326 minutes among those aged 65 and over. This time is likely to be spent watching television, listening to the radio or reading.

Older adults who are aged 65 and over who are generally fit and have no health conditions that limit their mobility, should try to be active daily. It is recommended to take part in at least 150 minutes per week of moderate intensity activity such as cycling or walking or 75 minutes of vigorous aerobic activity such as running. This activity can be broken down into 10 minute bouts throughout the day. This is along with strengthening exercises on two or more days a week that work all the major muscles such as the legs, hips and back.
What are we doing locally to help people keep active?

There are a number of community-based volunteer led groups that provide physical activity sessions tailored for older people including those with health conditions and limited mobility. These activities include tai-chi and chair based exercise which can be delivered at a level to suit all abilities including those who use a wheelchair or walking-aid. There are also groups that provide more energetic activities such as dancing, bowling, walking and rambling. Walking is a popular pastime for older people and Knowsley has some of the best open spaces and variety of formal parks, gardens and natural woodlands for residents to explore.

For those older people who are more active and like to exercise outdoors, Knowsley’s Pedal Away community cycling programme, offers cycle rides for all abilities led by qualified leaders. Green gym equipment has also been installed in 15 of Knowsley’s parks to encourage exercising outdoors.

Knowsley’s leisure centres provided by Volair, run a community Activity for Life programme which offers 12 weeks of discounted tailored support for all fitness levels and abilities in a supportive environment.

The popular Knowsley Older People’s Fun O’lympics mentioned earlier in this report also offers weekly activity sessions aimed at all abilities.

Maintaining a healthy weight

Maintaining a healthy weight and eating a well-balanced diet throughout life is essential to help prevent people from becoming overweight or obese which can lead to type 2 diabetes, heart disease, high blood pressure and joint problems as well as some cancers.

However, for older people, being underweight also poses risks to health. Latest figures suggest over 1.3 million people nationally over the age of 65 are at risk of malnutrition, which is caused by having an inadequately balanced diet which then leads to weight loss. Malnutrition has significant adverse effects on health and wellbeing and can lead to loss of muscle and strength, increased risk of falls and fractures, increased infections and negative effects from the cold. Malnutrition, nationally costs the health service over £19 billion and is estimated to account for about 15% of the health and social care budget.

Older people with chronic conditions such as cancer, liver disease and dementia are more at risk and may lose their appetite or struggle to feed themselves. Others at risk include people recently discharged from hospital and those with mental health conditions such as depression.
Malnutrition may also be due to social factors such as not having enough money for food, having mobility problems which may restrict access to shops and in the preparation of food. If older people are reliant on others such as carers or family members for purchasing food, the choices of those may not reflect those of the older person. This may result in a reliance on microwave meals for convenience which can be high in sugar and salt and lack sufficient nutrients.

Poor oral health such as painful or loose teeth or dentures may contribute towards restrictions on the variety of foods that an individual can eat and can lead to malnutrition.

What are we doing locally to help people maintain a healthy weight?

The Community Dietetic Service delivered by North West Boroughs Healthcare NHS Foundation Trust provides services to support Knowsley residents, including training for local health and social care staff on the use of the Malnutrition Universal Screening Tool (MUST) and appropriate onward referral. One-to-one assessments and treatment plans are developed for those identified as being at risk.

Knowsley Council has commissioned residential accommodation including nursing care to follow the same guidance for the identification and treatment of malnutrition, using MUST. Food at all sites must be prepared following the advice of dieticians to ensure that risks of malnutrition are reduced.

Knowsley Clinical Commissioning Group has redesigned the Care Home Liaison Service, which aims to ensure the quality of care for nursing and care home residents and reduce the incidence of preventable non-elective hospital admissions and readmissions. Care will be provided using a multi-disciplinary team including an on-site GP, community matron and pharmacist. This approach will include referral visits from community services tailored to the resident’s need, including support for those at risk of malnutrition.

**Dorothy’s story**

Dorothy, aged 90, from Huyton, was struggling with a poor appetite and reduced dietary intake following an admission to hospital. Before long, she was losing weight and was assessed by her care home to be at risk of malnutrition.

She was referred to the community dietetic service who undertook an assessment of her nutritional needs and dietary intake which showed that she was feeling overwhelmed by the large portions of food offered to her. As a result, the dietician advised on changes she could make to improve her food intake and prevent further weight loss, liaising with the care staff and kitchen staff to support them to provide a small frequent meal plan.

Over time, and with encouragement, Dorothy’s appetite improved and she was able to improve her weight and energy levels. She now feels very well and expressed how grateful she was for the support provided by both the Dietetic service and staff who care for her.

1.3 million people nationally over the age of 65 are at risk of malnutrition
Smoking

Smoking is the biggest single cause of preventable death and ill-health in England and accounts for 5.5% of the NHS budget. It is also responsible for half of the health inequality gap between the poorest and most affluent.

Nationally smoking prevalence tends to decrease with increasing age with those aged 65 years or older having the lowest prevalence.

However, smoking-related ill health occurs disproportionately among the older age group because of the damage caused by long-term smoking. Older smokers are less likely than younger smokers to attempt quitting, but they are more likely to be successful in their quit attempts. Stopping smoking remains the most effective way to reduce smoking-related disease risks at all ages, including those over the age of 60.

Knowsley has one of the highest levels of smoking related health problems nationally. Hospital admissions for smoking-related health conditions are nearly 1.5 times that of England. Lung cancer registrations are also 1.5 times higher than the North West average and nearly twice that of England. Though there is no local information based on age, the older age group in Knowsley are likely to be disproportionately affected by smoking-related ill health.

What are we doing locally to help people stop smoking?

Knowsley stop smoking services are provided by the specialist service, Smokefree Knowsley, and through community pharmacies. Stop smoking sessions are delivered from community venues, GP practices, community pharmacies and hospital settings. Home visits are also available to those who are house-bound or in care homes. For those who do not want face-to-face support, there are a variety of ways to receive support to stop smoking. These include; a telephone support service, a text messaging support service called Quit Buddy and a Quit Online programme which offers tailored support with regular motivational emails and access to online tools such as a personal quit calendar.
Alcohol

Knowsley’s older people tend to drink less alcohol than younger people. However, nationally one in five older men and one in ten older women are drinking enough to harm themselves\textsuperscript{35}.

Older people are more likely to drink alcohol on a daily basis as a coping strategy to deal with a change in lifestyle such as bereavement or retirement and other stressful life course events such as problems with mobility or impairment issues leading to a lack of socialisation.

Older people become more sensitive to the effects of alcohol due to changes in the ability to break down alcohol. Alcohol can increase the risk of liver disease, heart disease, stroke and some cancers. Older people are also at risk of alcohol-related problems with balance and falls and other injuries, blackouts or fits and may have problems sleeping. Alcohol may also interact with medicines. These factors contribute to increasing alcohol-related hospital admissions for those aged over 65\textsuperscript{36}.

Older people are less likely to access support to address their alcohol problem due to shame and embarrassment\textsuperscript{36}. There is also a lack of awareness among health professionals that alcohol misuse is a problem in older people so they do not ask about consumption.

What are we doing locally to help people reduce the amount of alcohol they drink?

Knowsley Integrated Recovery Service are working to reduce the stigma attached to an older person accessing support. This includes increasing the number of older peer mentors to provide one-to-one support, active promotion of the service to older people’s groups and the use of age-related case studies to highlight the service.

Working with Public Health, Knowsley Integrated Recovery Service and Knowsley Older People’s Voice members co-produced a booklet which highlighted the particular health issues relating to older people and alcohol. The booklet titled ‘Facts about alcohol as you get older’ was promoted and distributed widely and covers issues including drinking alcohol whilst on medication and the increased risk of falls and injuries due to problems with balance and the impact on mental health and wellbeing.

Work is ongoing to ensure that age appropriate information is available for older people and practitioners in contact with this age group. This will help to reduce the stigma associated with accessing services and support them on their recovery journey to reduce the health impacts on the individual.
Knowsley Integrated Recovery Service

A male Knowsley Integrated Recovery Service user explained:

“At the age of 62 I thought I had done most things in life. This was until my drinking levels continued to creep up and I ended up in hospital after 10 days of drinking. I was advised that I needed some help and was assessed at ‘The Link Centre’ in Kirkby.

“As an older person I was hesitant to attend the assessment. I didn’t think this was for people my age! I am now so glad I turned up to that assessment. I started with drama and reading and I’ve even performed at the Everyman Theatre. I am now training as a peer mentor. There are loads of activities which cater for all ages and walks of life. You’re never too old to start new projects. You have to start somewhere and through my recovery journey I have learnt that life is just beginning for me. Be assured that you will receive a warm welcome whatever your age and you won’t regret that you too came along to that assessment!”
Oral health

“Poor access to routine preventive and expert dental care can lead to poor oral health, and this can have a devastating impact on overall health” (British Dental Association, 2012)

Summary of dental health in older adults

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Natural Teeth (%)</th>
<th>Filled Teeth Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74 year olds</td>
<td>85%</td>
<td>9.5</td>
</tr>
<tr>
<td>75-84 year olds</td>
<td>70%</td>
<td>7.5</td>
</tr>
<tr>
<td>85+</td>
<td>53%</td>
<td>6</td>
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Good oral health is an essential part of positive ageing and poor oral health can affect communication, self-consciousness and being able to consume a healthy diet, not to mention being free from pain and discomfort from teeth and dentures. Toothache, infections and tooth loss can have a significant effect on wellbeing. Changes in how well people can use their hands, co-existing illnesses and diet can all impact on oral health.

The picture of dental health in older people has changed significantly over the last 30 years, with older people keeping their own teeth for longer, however many of these are heavily restored (fillings or crowns).

However, the national Adult Dental Health Survey 2009 shows that nearly two-thirds of people aged over 75 reported eating a ‘high sugar’ diet which we know is the main cause of tooth decay.

On a positive note, older people do seem to attend their dentists. A local survey regarding dental attendance was conducted by Knowsley Healthwatch in 2015. All 122 respondents were aged over 65. The survey found over eight in ten people had attended a dentist in the last two years. The survey highlighted cost, fear/dislike of the dentist and not seeing the need to attend as the most common reasons for non-attendance.

Oral health is not just about teeth, in Knowsley since 2001-03 there has been nearly a doubling of cases of oral cancer, which is over twice the national increase. During 2011-13 there were 21 cases of oral cancer per 100,000 population with the majority of cases aged 50-74 years. This was significantly higher than England as a whole. Risk factors for oral cancer include smoking and excessive alcohol use.

The combination of general health issues and physical disability in older age, the changing dental health and the increase in numbers of people living to 85+ years represents a significant challenge for oral health and the provision of dental services.
What are we doing to improve the oral health of older people?

Dental health advice for older adults has been distributed to various locations across the borough. These awareness leaflets contain advice on keeping the mouth healthy, signs of gum disease to look out for and advice for denture wearers. Work is also ongoing with dental colleagues to ensure the provision of appropriate dental treatment for the older population.

Older residents living in care homes may require help and daily mouth care to reduce the risk of developing dental problems. Not much is known about the dental status of care home residents, however care homes have received assessment tools and guidelines and staff have attended training around providing oral health and dental care.

The delivery of brief health interventions in dental surgeries is a priority for the Local Dental Network and will cover topics such as appropriate use of antibiotics as well as smoking and alcohol which contribute to poor oral health.

Dementia friendly toolkit

A dementia friendly toolkit for Cheshire and Merseyside has been developed to assist dental practices in improving the experience of attending for dental appointments, which may cause anxiety for people with dementia. The toolkit gives advice to dental practices on understanding dementia and the simple adjustments that can be made to reduce anxiety around dental care.
To improve the experience for a patient with dementia there are some key points for dental practices:

Make changes to the practice environment

- Ensure a welcoming reception area with appropriate lighting levels to avoid interpreting shadows or dark areas as holes or shiny floors being perceived as slippery or wet. Seating should allow the patient and carer to sit together. Try to keep noise to a minimum to avoid distress.

- Ensure a clear colour contrast against walls for fixtures such as handrails or sanitary fixings.

- Signage should be clear and use a mixture of pictures and words to help with orientation. They should be placed at height so they can be seen and should be placed on doors not beside them.

- Consideration should also be given towards the use of mirrors as some people with dementia can misinterpret reflections which can lead to increased anxiety.

Ensure effective communication

- Staff should consider becoming ‘Dementia Friends’ and complete on line training.

- Think about when appointments are booked, it may be beneficial to use the end of a session. Ensure plenty of time is given for the appointment.

- Text or phone call reminders may be best directed to the carer.

- Greet the patient, always accompany them, for example from the waiting room to the surgery, and keep instructions simple and to the point.
In Knowsley, there were approximately 1,000 unplanned hospital admissions per year between 2012 and 2016 and this trend is increasing. Around one in seven of these are readmissions of people discharged within the previous month. Residents from care homes account for 15% of unplanned admissions.

Admissions for some conditions known as ambulatory care sensitive conditions (ACSCs) account for one in six admissions overall. ACSCs are conditions for which effective management and treatment could prevent admission to hospital. For example, the provision of regular medicine reviews by GPs or local pharmacists for conditions such as asthma, diabetes complications and high blood pressure can contribute to reducing the number of hospital related admissions. It is also important to reduce the risk of illnesses such as flu and pneumonia by promoting the importance of free vaccinations. Sometimes admissions to hospital can occur because people are not considered safe at home or are not well supported.

Knowsley Urgent Response Team (KURT) provides an adult social care initial assessment and early intervention service to minimise hospital admissions.

The KURT team works with the Knowsley Integrated Hospital Discharge team to safely discharge patients from hospital and avoid readmissions. Both teams are supported by short term residential care and intermediate care services including Knowsley Reablement Service to ensure Knowsley residents return to their own home.

“Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s”

(National Institute for Health and Care Excellence, 2013)

Preventing admissions from falls

Older people are at an increased risk of death or disability due to an accident, most commonly a fall. Falls can have serious consequences and around one-third of those who fall suffer injuries that reduce mobility and independence. Hip fractures are the most common cause of accident-related death in older people.

The true costs of falls to the NHS and social care will be much higher as falling in older age can lead to increased anxiety and depression, reduced activity, mobility and social contact and greater dependence on medical and social services. However, evidence shows that fall prevention services are cost effective and can make a substantial saving across health and social care.
Burden of falls in Knowsley

One in three people aged 65 years and over experience a fall at least once a year – rising to one in two among those aged over 80. The diagram above describes the burden of falls locally using hospital statistics and estimates.

Falls among older people are not inevitable and many can be prevented. Whilst some risk factors include age, frailty, medication, sensory problems and medical conditions such as osteoporosis and mobility issues, other factors such as environmental hazards, poor fitting footwear and inappropriate walking aids can be addressed to reduce the risk of falls.

There is good evidence to show that the active identification of those at risk, multi-factorial risk assessments and interventions including medicines reviews, environmental hazards reviews and the identification and management of health conditions can reduce the risk of falls and fractures. There is also strong evidence to support postural stability programmes.

What are we doing locally to prevent hospital admissions and enable residents to live independently in their own homes?

Falls prevention is a key element of work for a large number of front line staff in Knowsley and there are a number of agencies working together across the borough to provide a variety of programmes and initiatives.

Falls prevention work in acute care settings includes a consultant led outpatient clinic with specialist falls nurse and therapy support and accident and emergency in-patient falls risk assessment.

The Community Falls and Wellbeing service

The Community Falls and Wellbeing Service delivered by North West Boroughs Healthcare NHS Foundation Trust is based at the Centre for Independent living in Huyton and is available to people aged over 55 who are registered with a Knowsley GP.

Following a detailed risk assessment, referrals can be made into other services who can provide the appropriate intervention these may include; postural stability exercise programme, IKAN team, Integrated Community Equipment service and the Care and Repair team provided by Vivark. Some of these services are discussed in more detail over the next few pages.
As part of the risk assessment, participants are also offered a medication review undertaken by a pharmacist who makes recommendations to the patient’s GP on changes to medication to reduce the risk of falling or fracturing.

The number of falls assessments for Knowsley residents has been increasing over the last five years. Referrals from local GPs and the North West Ambulance Service (NWAS) have increased as awareness of the service and partnership working improves. For example, there has been a 22% increase in referrals from NWAS and a 32% increase in referrals from GPs since 2015/16.

Case finding activity within GP practices is undertaken to identify older people who are at risk of falls or fracture in the event of a fall, in particular women aged over 75 and those at risk of osteoporosis, including those who have not had a fall.

The service also raises awareness around falls for all frontline staff which includes training on falls prevention and lifestyle behaviours.

**Postural stability programme**

The Community Falls and Wellbeing Service also delivers a postural stability programme which, research suggests, is a key component to a multi-factorial approach to managing falls and associated injuries.

Since April 2016, 395 residents have been referred onto the programme which represents a 65% increase on the previous year. This can be attributed to promotion of the programme.

The aim of the 22 week programme is to improve overall balance, address impairment and weakness, increase bone and muscle mass, increase confidence to reduce the fear of falling, and reduce the risk of someone not being able to get up after a fall.

Evaluations and assessments pre and post programme are demonstrating improvements in balance, confidence, risk-related behaviour and mental wellbeing. This, along with self-reported improvements in strength, gait, posture, self-belief, happiness, independence and freedom, has gone hand in hand with preventing further falls for most participants and given them a greatly improved quality of life.

Following completion of the programme, participants can be referred on to Activity for Life for further physical activity based interventions.
Postural Stability Programme

A female participant explained:

“The Postural Stability club has changed my life. I’ve never done anything like it before. I have my confidence back. Rachel has shown me how to do exercises I never thought I could do in my life time. They help me to keep safe and have prevented me falling over again. The exercises have also reduced my blood pressure down from very high to normal. It’s also given me far more confidence to go out on my own, something I would not have done before because I was so fearful of falling, and just didn’t feel able. I am stronger and I’ve learned how to correct my balance. I’ve also made new friends and will stay in touch with them.

“The programme has taught me to be more careful and how to avoid obstacles in any kind of environment that could cause me to fall. I am now much more aware of what’s going on around me. Rachel is great fun, I sometimes couldn’t stop laughing with her sense of humour. She is energetic, very approachable and she also gives sound advice. Both her, Bryan and the helpers work very hard. I feel a million times better, and so pleased I did this programme. I want to thank you for what you have done for me. Now it’s over I intend to start Tai Chi classes as well as continue to do my home exercises.”

The IKAN Team

The IKAN (I know a person who can) project was set up as part of a Partnerships for Older People project. The IKAN team conduct assessments of low-level need with people aged over 55, providing information or signposting individuals to services. The assessment includes a review of falls risk. If the individual is assessed as being at low risk for a fall the IKAN team are able to manage the individual and undertake home assessments. If the individual is deemed to be at a higher risk of falls the IKAN team will refer the individual to the Falls and Wellbeing Team.

The Extra Care initiative

The Extra Care initiative was developed to keep people who reside in care homes, residential homes and sheltered accommodation active and engaged. Each setting has an identified activity lead who is trained to deliver sessions. Activities include; bowling, pool and exercises using Wii Fits. Competitions have also been held between the different settings and it is hoped that the programme will contribute towards falls prevention by increasing mobility, stability and confidence amongst residents.

In 2016/17 staff working in home care and supported living facilities also promoted the flu vaccination programme to ensure residents were protected from flu.
Extra Care Housing
Extra Care Housing is similar to sheltered accommodation and Knowsley has six schemes. It provides a home for older people and others with particular accessibility and support needs to help them live as independently as possible. Residents have their own front door and access to a range of on-site communal facilities provided in a safe and secure environment with varying levels of care and support available on-site 24 hours a day.

Vivark Care and Repair
Vivark Care and Repair are a home improvement agency and have been providing independent living advice and support services in the borough since 2004. A team of multi-skilled tradespeople and specially trained assessors can give advice to home owners, private tenants and those living in social housing on a range of services to help residents live independently at home. These range from general handyperson jobs, painting and decorating and gardening.

Aids and adaptations
The Aids and Adaptations Occupational Therapy team provide assessments for a range of equipment or small adaptations to help residents remain independent around the home. Access to the service is by referral only from healthcare professionals for residents registered with a Knowsley GP.

The equipment is provided for loan by the Integrated Community Equipment service which are based at the Centre for Independent Living. Equipment such as wheelchairs, walkers, grab-rails, stair-lifts, chair-raisers and items to assist with moving and handling or toileting may be provided at no cost. All equipment is on display in the accessible and interactive showroom located in Huyton.

Assistive technology
Knowsley Adult Social Care offers an extensive telecare service with over 1,900 residents connected to a lifeline alarm unit. At the press of a button residents can call for emergency assistance from a control centre 24 hours a day, 365 days a year.

A range of sensors which operate remotely can also be attached to the alarm unit, including smoke alarms, flood detectors and natural gas alarms which can automatically send an alert to the control centre where an emergency response will be organised.

Wrist worn falls-detectors are also available which can detect when somebody has fallen within their home again sending an alert signal to the control-centre or to a family member or carer.
Beryl’s story*

Beryl, aged 79, was referred to the Aids and Adaptations team by her GP upon the request of her daughter who had concerns around her mum’s worsening mobility.

Beryl was already connected up to the lifeline service and as she was hard of hearing her home had previously been fitted with flashing smoke alarms to alert her to the dangers of a fire.

During her recent assessment, Beryl reported that due to severe arthritis in her knees she was finding it difficult to climb the stairs using the hand-rails previously provided by the service. Beryl also had Meniere’s disease which causes problems with balance and increases the risk of a fall. Following assessment, it was suggested that Beryl would benefit from having a stair-lift fitted and the use of a walker to help her get around outside of the home as well as using her walking stick.

Beryl was also provided with a stool to sit on whilst showering, along with a perching stool to use in the kitchen.

A follow-up telephone call to Beryl’s daughter revealed that Beryl was now more confident moving around in her own home and her fear of falling had reduced as she had the support of the walking frame whilst out and about. Beryl’s daughter also commented that the extra help for her mum had also put her own mind at rest.
Safeguarding older people from abuse and neglect

“Elder abuse can occur anywhere. This includes in someone’s own home, a residential home, or a hospital”

(Action on Elder Abuse, 2017)

What are we doing locally to safeguard older people from abuse and neglect?

Prevention
Safeguarding is everyone’s business and not just the work of the MASH, the board or specific safeguarding professionals. People are more likely to be vulnerable to abuse and neglect when they are reliant on others to provide help such as those requiring domiciliary care. The aim of safeguarding is to promote, maintain and enhance people’s independence so that they are healthier, safer and stronger.

There is a drive to direct people towards local community services rather than provide formal care services, where possible. The aim is to maximise inclusion and reduce dependence on formal care services which can result in people becoming isolated from their communities. The promotion of assistive technology across Knowsley also helps people to keep safe and to remain in their own homes for longer.

Safeguarding training
Nearly 900 staff working in care services attended safeguarding training events last year. The training has an emphasis on prevention and informs staff on how to recognise and report abuse, how to challenge poor practice and how to overcome barriers to whistleblowing. Ultimately, well-trained, well-led staff groups are more likely to develop a culture of good, safe practice in which abuse and neglect are not tolerated.

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent or stop the abuse and neglect of adults with care and support needs. Care and support needs may arise because of a physical or learning disability, a mental health issue, chronic illness or dependence on drugs or alcohol.

The multi-agency Combined Safeguarding Adults Board for Knowsley, Liverpool, Sefton and Wirral has a responsibility to lead adult safeguarding arrangements across the four councils. The board recognises the need for a strong focus on the prevention of abuse and neglect, as well as a robust response to incidents of abuse when they happen. Locally a dedicated Adult Social Care Team has been established in the Multi-agency Safeguarding Hub (MASH). The team sits alongside colleagues from a variety of agencies, including the Police and has responsibility for leading multi-agency safeguarding enquiries into abuse and neglect.

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Community engagement
There is a need to raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect. The Safeguarding Board has produced a range of leaflets as part of its communication strategy so that the public is aware of how to report concerns about abuse and neglect.

Care quality
Over a quarter of safeguarding concerns are generated from care homes. Essential to the prevention agenda is work undertaken with care providers to improve standards of care. Abuse and neglect are less likely to happen in good quality care services which keep people safe and treat them with dignity and respect. Knowsley’s Quality Assurance Frameworks for Care Homes and Domiciliary Care Services sets out expected standards relating to safeguarding and dignity and have been developed with the care sector. Last year a number of safeguarding alerts relating to medicines management errors were reported. This resulted in a recommendation and action to hold medicines management workshops for care providers. These were completed in October 2016.

A Quality Improvement Team consisting of two Social Work Senior Practitioners can provide support for care homes where concerns about quality and safety are identified.

Case study
A 70 year old lady with dementia was a repeat victim of doorstep crime by bogus callers. Following an incident in which two men entered her home, assaulted her and stole cash, a safeguarding referral was made to the MASH. Her home had been repeatedly targeted which was partly due to the front garden being very overgrown perhaps indicating a vulnerable occupant and an apparent lack of home security. Merseyside Police attended but were unable to identify those responsible; previous incidents of theft by bogus callers remained unsolved as the lady was not able to describe what had happened.

A series of multi-agency strategy meetings were held and a safeguarding plan was put in place which took account of the lady’s long standing wish to remain in her home. The plan included clearing her garden and providing ongoing maintenance; increased Police presence in the area; action by Trading Standards; referral to a local community lunch club and volunteers to provide transport to and from church. An application to the Court of Protection was made to manage and safeguard finances and a home care service was arranged to support the lady at home. The interventions were in accordance with the lady’s wish to remain in her own home and reflected a combination of support from formal services and community support.
Long standing health problems and end of life care

“Many older adults maintain good functional ability and experience high levels of wellbeing despite the presence of one or more diseases”49
(World Health Organisation, 2015)

Life expectancy

Life expectancy at age 65 years is a statistical calculation that tells us the average number of years that a person at that age today can be expected to live, assuming that age-specific death rates remain the same. The figure reflects risk factors and protective factors across the life course, as well as medical interventions for diseases.

Life expectancy at age 65 varies across Knowsley and reflects levels of deprivation to some extent within the borough. Life expectancy at age 65 for men in Knowsley between 2010-2014 was 17.2 years, which is 1.5 years lower than England. In Northwood, Kirkby life expectancy at age 65 is the lowest in Knowsley at 14.3 years.

Life expectancy at age 65 for women in Knowsley between 2010-2014 was 19.3 years, which is 1.9 years lower than England. In Longview, life expectancy at age 65 is the lowest in Knowsley at 15.9 years.

Healthy life expectancy

Healthy life expectancy at age 65 tells us the average number of years that a person of age 65 today could live in good health. For Knowsley men today, this stands at 7.7 years, and has not changed in recent years. However, for women, this is 7.4 years and fell from 8.1 in the previous reporting period 2011-13. In both men and women the figure is below that of the North West and England. The worrying trend in women is being closely monitored.

Health related quality of life

The average health status score for adults aged 65 plus in Knowsley is 0.65. Health status is derived from responses to a GP survey which asks respondents to describe their health status using; mobility, self-care, usual activities, pain and/or discomfort and anxiety and/or depression. This indicator assesses whether health related quality of life is changing over time.

Long term conditions

The proportion of people with a long term condition increases with age. Furthermore, cancer is predominantly a disease of ageing and the increase in our older population is also reflected in the new cases of cancer being seen in Knowsley.

A British Medical Association report suggests that overall people aged over 65 account for one in six of the population but one in two hospital bed days and one-third of all outpatient attendances50.
Multimorbidity

The term multimorbidity is used to describe the co-existence of more than one chronic health problem, for example diabetes and arthritis may both be associated with obesity and lung disease and heart failure and may both be associated with smoking. Multimorbidity becomes more common as people age and the risk factors for disease start to take their toll and has a real impact on the quality of life of those affected.

Because health services have traditionally been designed to deal with single conditions, multimorbidity can lead to disjointed care. For example, an individual may find themselves on a number of different medications, which may not be ideal and may increase the risk of drug side effects and interactions. People may also spend more time attending appointments, and the focus on the person may be missed when developing treatment plans.

National Institute for Health and Care Excellence (NICE) published guidance on multimorbidity which makes a number of recommendations around the importance of identifying those who will benefit from a more holistic approach to care. This includes people who may experience frailty, repeated falls, have mental and physical health problems, have care from a number of services, are on multiple drugs and/or seek unplanned or emergency care frequently. The recommendations focus on person-centred care which identifies how health problems affect a person’s quality of life and works with people to identify what is important for them in their life and their treatment.

End of life care

In 2015 around 8% (one in twelve) of deaths in people aged 65-74 occurred in care homes, which is in line with the England average. This is higher in older age groups. Knowsley sees a higher proportion of deaths that occur at home in the 65-74 age group but more hospital deaths in those age 85 and over compared to statistical neighbours and England. The important thing about place of death is that the death occurs where the patient and their family prefer if possible.

What are we doing locally to address long standing health issues and end of life care?

Reducing admissions

Knowsley Clinical Commissioning Group has worked with GP practices to take steps to try to reduce unnecessary hospital admissions for patients aged over 75. Practices work in their own way, as they have an understanding of their population and what will be effective.
This may include reviews following discharge from hospital and better partnership working with community services such as the cardiovascular disease service, the respiratory service and the diabetic service. Practices may also work more closely with community nursing and focus on advanced care planning, including the completion of end of life care plans to reduce the possibility of admissions to hospital when the patient and family do not want this. To date some practices have seen a reduction in emergency admissions for over 75s and others seeing a continued increase.

**Addressing multimorbidity**

Knowsley Clinical Commissioning Group Medicines Management Team held an education session for clinical staff in primary care on polypharmacy (prescribing of many drugs), de-prescribing and referenced the new NICE guidance.

Clinical Pharmacists have undertaken an in-depth review of prescribing in a pilot group of six care homes, which demonstrated that medicines safety and quality of care can be increased and medicines waste reduced when polypharmacy is addressed. This work will continue in 2017/2018.

**Multi-speciality working**

Practice nursing, social work and other community care teams will be structured to work in multi-disciplinary teams (MDTs) who are responsible for assessment, proactive care planning and care delivery. This will ensure the interventions of each professional work well together for patients.

The MDTs for Knowsley localities will be GP-led and focus on those identified as most at risk of health deterioration or admission to hospital. Case managers will be allocated for those with complex needs and provide a single point of contact for patients and carers. Services will be located optimally to address local population social and healthcare needs and staff from a range of professions will be co-located which will encourage closer working and will allow staff to collaboratively plan their approach to care.

**End of life care**

The Community Integrated Advanced Care Planning Service for end of life care was created in June 2012 as a collaboration between Halton Haven Hospice, North West Boroughs Healthcare NHS Foundation Trust and Willowbrook Hospice. The service provides education and training on end of life care. A care plan and communication record is shared between professionals, the patient and their family. Much work has also been undertaken within primary care and all Knowsley GP practices have nominated end of life co-ordinators. Practices are encouraged to have detailed conversations with patients and families about end of life care and whether someone wishes to have resuscitation (CPR) attempted in the event they stop breathing.
End of life care in Knowsley is recognised to reach beyond cancer. For example, the community respiratory and cardiovascular services have specific palliative care nurses who are actively identifying and managing patients who are deemed end of life.

The increase in life expectancy should be cause for celebration and is a real good news story. However, with this increase there needs to be a focus on the quality of life and healthy life expectancy and whilst the development of long term conditions may be in some a part of ageing, a focus on prevention and addressing the causes of ill health earlier in life along with good quality early diagnosis and management of long term conditions in older people should mean more people are able to live independent healthier lives in the future and possibly reduce the burden of ill health in the population.

**Cancer, Older People and Advocacy**

Knowsley Pensioners Advocacy and Information Service deliver a free service to anyone aged over 50 affected by cancer. Volunteer advocates offer one-to-one support to help people find out what practical help and support is available locally and can also provide support by attending medical appointments.

**Wingate Medical Centre Kirkby - improving the care of people diagnosed with cancer**

All newly diagnosed cancer patients are invited to see their GP for a cancer care review within six months of diagnosis. Wingate Medical Centre adapted the standard Macmillan cancer care review template to give it more scope and added links to local cancer support services. This was in an effort to better support GPs in signposting patients to the appropriate local services to meet their needs. It is planned that this Knowsley cancer care review template will be rolled out to the other practices in Knowsley in the next 12 months.

For patients with a previous history of cancer who may be in treatment or finished treatment many years ago, approximately 70% of these patients will be seeing the practice nurse for other long term conditions. The medical centre plans to train practice nurses to be able to assess and address unmet cancer related needs.

Patients living with cancer and not in regular contact with the practice, will also be invited to attend for a health needs assessment. A care plan will be developed with them, along with their GP, a Lyndale volunteer and also involving the local breast nurse if appropriate. This may include wider needs and goals to achieve a good quality of life.
Age Well
key facts and figures

- Life expectancy at 65:
  - Female: 85
  - Male: 83
- Healthy life expectancy at 65:
  - Female: 72
  - Male: 73
- 0.65 health related quality of life score (65+)

- 158 hip fractures (65+)
- 738 injuries due to falls (65+)
- 210 permanent admissions to residential and nursing and care homes (65+)
- 1,364 Dementia emergency admissions to hospital (65+)
- 90 still at home 91 days after leaving hospital (65+)
- 125 people registered blind or partially sighted (65-74)
- 140 care home deaths (85+)
- 139 death in usual place of residence (65-74)
- 137 Liver disease deaths (65+)
36% of people had the amount of social contact they desired (65+)

3,360 older people supported throughout the year by adult social care (65+)

4,900 in receipt of attendance allowance; benefit for help with personal care due to illness or disability (65+)

6,750 receiving disability living allowance at 65+

565 people registered blind or partially sighted (75+)

73% flu immunisation (65+)

700 Respiratory disease deaths (65+)

6,697 of people in fuel poverty (all ages)

Statistical significance to North West

- Better
- No different
- Worse

Indication of performance against North West when statistical significance is not applicable

- Higher
- Lower
1. Utilising the lessons learnt from the Healthy Homes Programme, support targeted assistance for vulnerable owner-occupiers in properties at high risk from poorly maintained and cold homes. (KMBC)

2. All partners to explore and challenge their engagement methods to optimise the voice of the seldom heard groups. This includes those who may be socially isolated or experience physical or mental health issues or sensory problems. (All partners)

3. Commissioners to explore when possible, carer and service user co-production of service specifications for care services. (KMBC)

4. Ensure that the ‘Making Every Contact Count’ programme of training front-line staff from a variety of professional groups (NHS and non-health) includes how to address wider determinants of health. For example, how to signpost people for advice and support around financial or housing issues. (LA and NHS providers)

5. Promote the Live Well Knowsley website and OOPs booklet widely and ensure it is reaching more hard to reach groups. (All partners)

6. Support the development of the new asset-based community-focused adult social care offer, for example, by the development of micro social enterprises. There should, in addition, be a focus on preventative interventions which maintain independence. (KMBC Adult Social Care)

7. Evaluate the existing local social prescribing offer to inform the future development of the programme in Knowsley. (KMBC and KCCG)

8. Improve residents’ and front-line professionals’ awareness and understanding of dementia and ensure equitable access to dementia services across the borough. For example through promoting dementia friends training. (KMBC and KCCG)

9. Encourage, through contracting arrangements and partnership working with providers and partners, especially when they are outside of the traditional health or social care providers to become dementia friendly organisations. (KMBC and KCCG)

10. Promote physical activity throughout the lifecourse, highlighting that this does not just mean formal sports activity but also includes activities such as walking, gardening, dancing and the use of green spaces. (All partners)

11. Using the wide reach of our partners to promote the assistive technology programme in Knowsley. (All partners)

12. To ensure multi-disciplinary teams take a holistic approach to health and care planning including actions to address the root causes of ill health and frequent users of services. Including; housing, poverty, support for carers and lifestyle choices. (KMBC and KCCG)

13. To promote the local adoption of the NICE Guideline: Multimorbidity: Clinical Assessment and Management. (NG56, Sept 2016) (KCCG)

14. Increase capacity around the Postural Stability Programme for individuals at risk of falls and fractures. (LA)

15. Increase active case finding for people at high risk of falls and fractures, for example through work with primary care. (LA and Primary Care)
An electronic version of this report and the latest health statistics is available at www.knowsley.gov.uk/publichealth

You can also get this information in other formats. Please phone Customer Services on (0151) 443 4031 or email customerservices@knowsley.gov.uk

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