

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE: 6 September 2018	
TITLE OF PAPER:	Director of Public Health Report 2018 (Ageing Well in Kirklees)
1. Purpose of paper	<p>This paper highlights to the board the newly published Director of Public Health (DPH) Annual Report 2018 on Ageing Well.</p> <p>Directors of Public Health have a statutory requirement to write an annual report on the health of their population. The focus of the report is up to the DPH and its aim is to inform local people about the health of their community as well as inform decision makers on health gaps and priorities that need to be addressed.</p> <p>The paper outlines the purpose and content of the DPH report which the board can use to support intelligence-led commissioning for healthy ageing in Kirklees.</p>
2. Background	<p>The focus of the latest DPH report is ageing well in Kirklees. The aim of the report is to describe effective ways to help us age as healthily as possible by highlighting some of the issues we experience as we age that can impact on our health and wellbeing and the kinds of things we can do to tackle these more effectively. It focuses on the range of local assets that make a huge contribution to families and communities by supporting people to improve their outcomes.</p> <p>The report is presented in a visually engaging infographic format and is underpinned by an outcomes-based, asset-based and life course approach. It highlights inequalities whilst also celebrating and promoting inclusion and diversity and includes useful information about the local population focussing on people aged 50 and over. The report is sub-divided into four key sections: healthy people (health issues and behaviours); care and support (changing need and carers); good communities (housing, accessible places and social inclusion); and working longer (employment and volunteering). Each section provides an illustrative example of how an issue impacts across the life course; a 'Kirklees snapshot' using the latest local data and intelligence; information on local assets; and a series of 'next steps' for improving local understanding and taking action.</p> <p>The report's foreword from the DPH and the sections on 'changing need' and 'accessible places' are included as Appendix 1 for illustrative purposes.</p>
3. Proposal	<p>The board is asked to endorse the findings and recommendations in the DPH Annual Report to support partnership working for healthy ageing across Kirklees.</p>
4. Financial Implications	<p>None</p>
5. Sign off	<p>Rachel Spencer-Henshall</p>
6. Next Steps	

The DPH report has recently been published on the Kirklees website and a link to the report will be embedded in the [Kirklees Joint Strategic Assessment \(KJSA\)](#) which provides a comprehensive picture of the health and wellbeing of the Kirklees population.

7. Recommendations

- Acknowledge the links between ageing well and the achievement of JHWS and Kirklees outcomes.
- Ensure that the intelligence and insights from the report are used to support a system-wide, evidence and asset-based approach to healthy ageing.
- Given the changing demographic profile of Kirklees, this report provides a timely contribution to local intelligence and evidence. The board is asked to endorse a more positive and affirming view of ageing rather than the 'burden' of old age that is often presented.

8. Contact Officer

Rachel Spencer-Henshall, Strategic Director Corporate Strategy and Public Health,
rachel.spencer-henshall@kirklees.gov.uk

Helen Bewsher, Senior Manager Public Health Intelligence, helen.bewsher@kirklees.gov.uk



Ageing Well in Kirklees

Director of Public Health
Annual Report 2017/18

Foreword

The aim of this report is to describe effective ways to help us age as healthily as possible by highlighting some of the issues we experience as we age that can impact on our health and wellbeing and the kind of things we can do to tackle these more effectively.



It focusses on the range of local assets that make a huge contribution to families and communities by supporting people to improve their outcomes, their wellbeing and their health.

MENTAL WELLBEING



Although it's positive to see that a high number of Kirklees' older population feels socially included, 1 in 4 experience feelings of loneliness and isolation at least some of the time.

The impact of **intergenerational** work in residential settings in reducing feelings of loneliness amongst older people needs to be determined, to inform longer term planning decisions.

It is important to understand **which groups** are more likely to experience loneliness and isolation at different life stages or following different life events and how local assets can help to prevent this or reduce the impacts.

Spotting **early signs** and responding to distress is vital in preventing depression. Mental health first aid is an evidence-based way of helping people do this, so supporting the provision of training must be a priority.

INTELLIGENCE-LED COMMISSIONING



Older people are the largest users of health services, representing two thirds of NHS users. Four out of 10 adult admissions to hospital last year were people aged 65+.

Whilst many of these admissions and stays are entirely appropriate, better use of **data** and **intelligence** can help ensure people stay out of hospital when being admitted will not improve their outcome.

Longer GP appointments can help reduce avoidable hospital admissions of older people cost-effectively.

Designing social care provision in **equal partnership** with the people that use them (and their carers) will inform the design and delivery of more effective services.

WORKING WITH PEOPLE (NOT 'DOING TO' OR 'DOING FOR PEOPLE')



People working together in their communities to solve their problems and make the most of opportunities is at the heart of the way in which health and wellbeing outcomes are improved.

People with long-term conditions that feel able to **manage** their condition generally do better, are more independent and use expensive acute services less.

Barriers, such as organisational bureaucracy and professional hierarchy, that prevent people from working together need to be **removed** so that communities and organisations can develop solutions together, engage people and build relationships based on trust to create long-term, positive change.

Person-centred services and interventions need to be supported and commissioned, enabling people to increase their confidence, achieve self-defined goals and maintain health improving behaviour change.

It is not just about people being equipped to manage their health. People need **opportunities** to learn and develop new skills throughout their lifetime, explore opportunities for wider development, not just related to their current work role (e.g. gaining financial and technological skills to generate retirement savings or improve work and health outcomes).

Working longer and **volunteering** throughout life meets a desire to help others, meets a need to feel useful and valued, can help people make friends, and promotes enjoyment of new activities.

EQUITY



The importance of being inclusive cannot be overestimated; ageist attitudes harm older people as they lead to age-based discrimination.

Sensory impairment has a large impact on quality of life, access to social networks and access to services, particularly for those facing additional language or communication barriers. It's important to ensure these impacts are **mitigated**.

Finally, all organisations should embed the '**Carers Charter**' and develop flexible working policies (e.g. flexible working hours and home-office solutions to enable paid work alongside unpaid care) to support people irrespective of their circumstances to work, and to work healthier for longer.

Rachel Spencer-Henshall

Rachel Spencer-Henshall,
Director of Public Health

Care and Support

Changing Need

As well as an increase in the amount of ill health, population ageing will mean a greater prevalence of age-related conditions. The 'oldest old', who have a substantial risk of requiring long-term care, are the fastest growing age group in the UK.

Carers

Over the last 20 years, the management of chronic disease has moved from secondary care to primary and community care, with older people receiving the majority of their personal care from family and other unpaid carers. The way in which people receive care is changing. Traditional hospital in-patient stays are reducing, and more management of long term conditions is possible in the community.

Alzheimer's disease is the most common cause of dementia and, with an ageing population, prevalence is increasing yearly. Alzheimer's is not determined in any single time period but results in the complex interplay between genetic and environmental exposures throughout the life course.

A healthy lifestyle can help reduce the risk of Alzheimer's disease and other dementias. It has been estimated that up to half the cases of Alzheimer's disease worldwide may be the result of seven key modifiable risk factors: diabetes, high blood pressure, obesity, smoking, depression, cognitive inactivity or low education, and physical inactivity.

Alzheimer's Disease through a life course lens

Risk factors for developing Alzheimer's include intrauterine environment and birth weight.

Cognitive stimulation throughout the life course, especially during the sensitive period in early life, influences dementia risk.

Smokers have a 45% higher risk of developing dementia than non-smokers. Exposure to second-hand smoke (passive smoking) may also increase the risk of dementia.

Low socioeconomic status (SES) in parents may lead to a similarly low attained SES in their offspring, which in turn may lead to suboptimal adult SES – a risk factor for Alzheimer's.

Being obese in mid-life doubles the risk of developing dementia at a later age, but the mechanisms behind the link between remain unknown.

Health literacy throughout the life course facilitates the recognition of symptoms in later life and timely diagnosis and care. 18,19

Dementia increases rapidly with age:
 10% of deaths in **males** aged 65+ &
 15% of deaths in **females** aged 65+ are attributable to dementia¹⁶

2 OF 3 people with dementia are cared for in the community, mostly by **UNPAID CARERS**

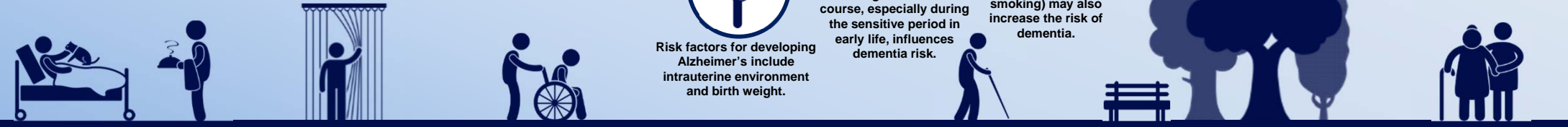
FOR MORE INFORMATION: **K J S A**
 Dementia

Kirklees Dementia Needs Assessment

Frailty is a loss of resilience that means people living with frailty do not bounce back quickly after a physical or mental illness or accident:

5% of people in their 60s & 65% of people aged 90+ have frailty

1 OF 7 people aged over 60 have frailty and it tends to be more common in **females**¹⁷

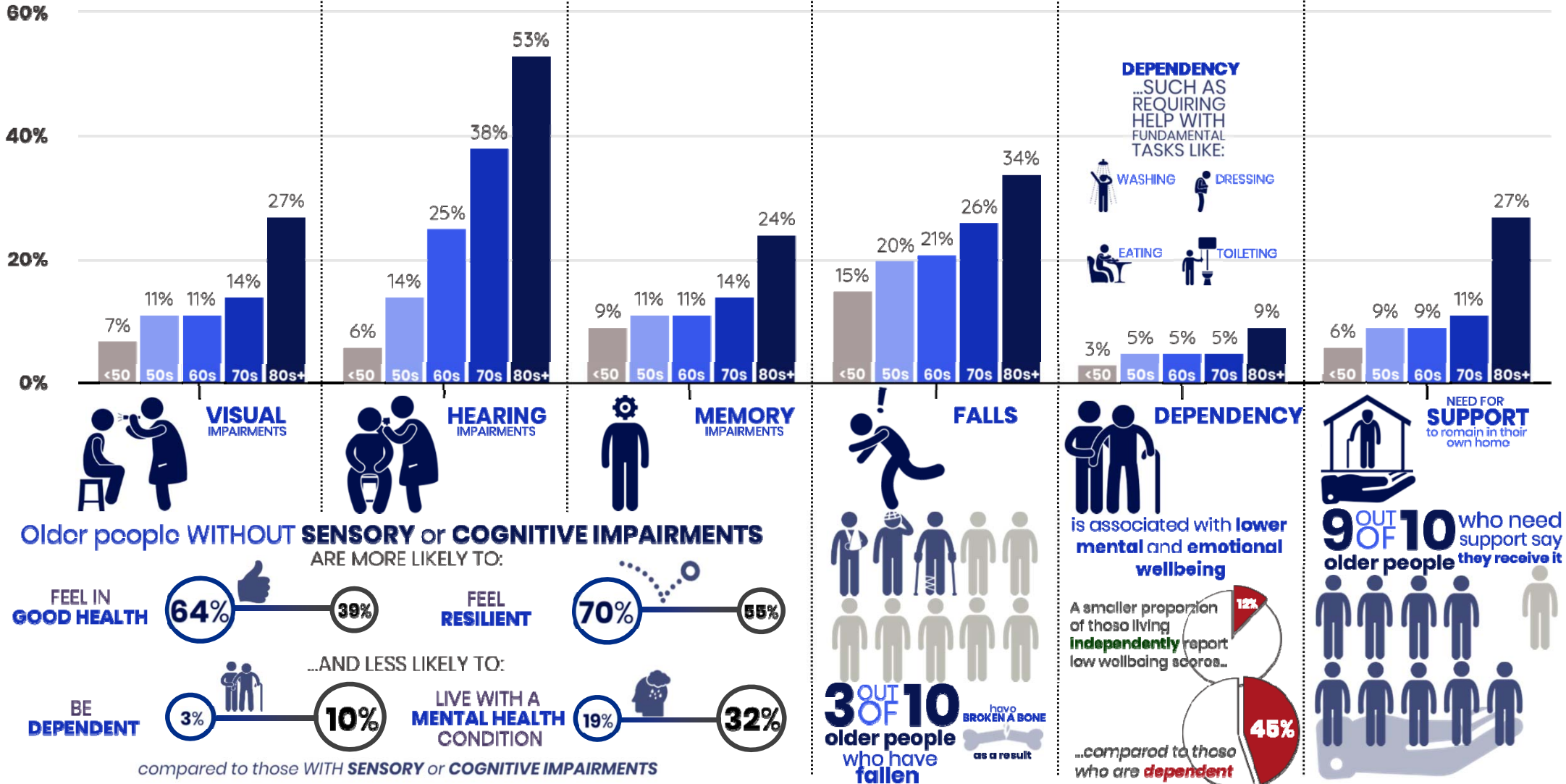


Kirklees Snapshot 

: Living with **Additional Needs & Age-Related Impairments**

Dependency is associated with higher health and social care costs so it is important that people live as well as they can for as long as they can. Older people are the largest users of health services, representing two thirds of NHS users. 41% of all admissions to hospitals last year were people aged 65+.¹⁵

The risk of frailty increases with age and, in those aged 65 and over, lower socio-economic status is associated with more physical, psychological, cognitive and overall frailty. Between a quarter and a half of people over 85 are estimated to be frail, which is associated with disability and crisis admissions to hospital.²⁰ Dementia is also becoming a critically important issue in terms of both the high personal and social costs related to the disease and the wider impact on other parts of the health and care system.



Source: Current Living in Kirklees (CLiK) Survey, 2016

Local Assets



Kirkwood Hospice provides support to people living with illness or deteriorating functional status in order for them to achieve the best quality of life.



Breathe Better
Feel good, do more

End of Life Care
End of Life Care Admiral Nurse

The Share + Care Group



Making Space delivers the Kirklees Dementia Information Service, providing comprehensive information about services available within Kirklees and appropriate signposting support to People with Dementia, their Carers and Family Members.

The 'Museum in a Box' scheme is a range of historical resources which have been produced by Kirklees Museums and Galleries. The boxes are primarily used for reminiscence work and have proven to be an effective way of reaching people living with dementia.



The Kirklees Dementia Hub is a partnership between Community Links and Age UK Calderdale & Kirklees and offers community activity, awareness raising and information and advice sessions for adults of any age a diagnosis of dementia.

An active Dementia Action Alliance with almost 200 members. 'Dementia Friendly' training sessions can be provided by the alliance to businesses, schools and community groups.



Community Mental Health Services

There are many local groups and services for people with age-related conditions; befriending, dancing, lunch clubs, exercise classes and community groups such as Dementia Cafes. There are also various mental health services that provide support for older people.



CASE STUDY

Museum in a Box

Supporting people through reminiscence

The 'Museum in a Box' project was developed nine years ago and now consists of 20 boxes (which are available for groups and organisations to borrow for free) on a variety of themes including school days, kitchen and washday, textile mills and rugby league.

Each box contains a range of 20 multi-sensory objects to help stimulate discussion, including tactile objects that can be handled, photographs, CDs and smells from bygone times. The themed objects and resources help to rekindle memories, encourage conversations, boost self-esteem and can offer support at a time of change. Over 90 box loans took place during January to June 2017, from 24 different organisations include care homes, hospitals, charities, agencies and community groups.

Kirklees Museums and Galleries have recently commissioned The Audience Agency to undertake an evaluation of the health and wellbeing impacts of the Museum in a Box scheme. Nine organisations that have used the boxes on a regular basis over the last year were surveyed. These organisations are using the boxes to supporting a range of service users including the elderly, people living with dementia and their families, people with long term health conditions, limited mobility and people with learning difficulties. Of those organisations surveyed:

- All strongly agreed that service users have enjoyed reminiscing/engaging with their personal history through using the boxes.
- All strongly agreed/agreed that Museum in a Box resources and sessions have enabled service users to improve their social interaction with others (e.g. care staff, family, other service users/participants).

Some of the benefits of using this scheme which were expressed in the survey included:

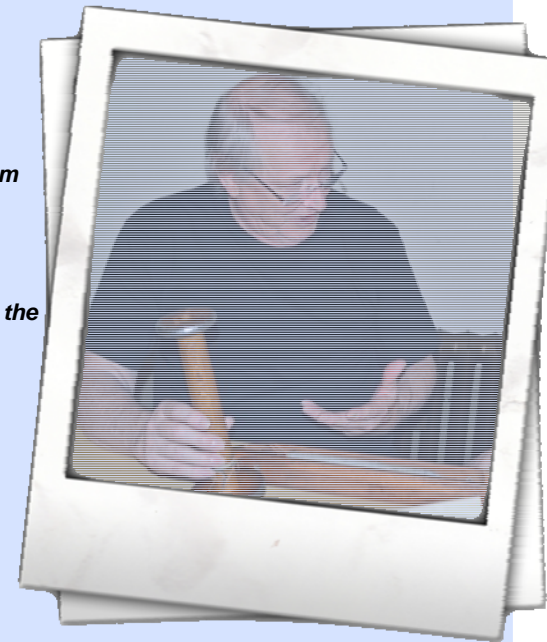
"Some residents really look forward to the sessions. Improves confidence and self-esteem as they realise how much they know. Creates laughter and positive feelings."

"Some residents who do not communicate much seem to come alive when we start to do the reminiscence session."

"Increases feelings of happiness and creates a 'buzz'"

The multi-sensory nature of the boxes are key to their success. One survey user commented:

"The variety of items, including tactile items, smells, music etc. all work on the brain in different ways to invoke memories."



What next?

Insight...

Action...



Enable upstream, preventive interventions across the life course using evidence-based commissioning of 'age friendly' services.

Utilise new technology to support people with sensory and cognitive impairments and their carers to continue to live independently.

Enable older people to stay at home, feel safe and confident managing their daily routines.

Develop activities and opportunities (including volunteering) specifically aimed at older people.

Promote peer and mentor support.



Improve data quality on frailty and falls in older people to identify vulnerable and at-risk groups.

Ensure older people have access to health services that do not discriminate and which are equipped to provide safe, high quality care.

Co-production of social care provision, designing and delivering services in equal partnership to improve outcomes for older people.

Promote and enable carer-friendly health and care services.



Understand how referral and recovery rates and routes to Cognitive Behavioural Therapy and psychotherapy differ between age groups.

Access to stepped care approaches such as Cognitive Behavioural Therapy and Psychotherapy.



Particular challenges for older carers from different Black and Minority Ethnic groups.

Understand the impacts of sensory impairment on quality of life and social networks and access to services particularly for those facing additional language or communication barriers.



Embed the Carer's Charter across organisations.

Develop more Dementia Friendly initiatives.

Work with local businesses to help them recognise and support carers.

Support more carer break schemes.

Enable 'hidden carers' (those not in touch with formal support services) to find support and advice.

Work collaboratively and creatively with carers to address their health and employment outcomes.

Good Communities

Housing

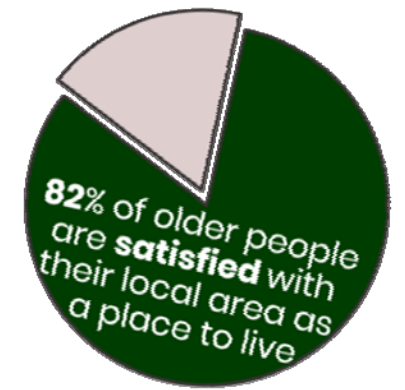
Good housing throughout the life course helps people to stay warm, safe and healthy, and enable them to do the things that are important to them. We know that people in later life spend more time in their homes and immediate neighbourhood than any other age group.

Accessible Places

People interact with outdoor spaces and the built environment in ways that reflect their lifestyles and physical capabilities. For some older people, their external environment has a major impact on mobility, access to resources and services, social participation, independence and quality of life. Places which are accessible and supportive facilitate social inclusion.

Social Inclusion

Staying connected (with family, friends, events, services, news and activities) is a key part of life. Social relationships are particularly important for older people, not only in facilitating access to support and leisure, but also in increasing resilience and promoting recovery from illness in socio-economic circumstances that otherwise would be detrimental to health.



Source: Current Living in Kirklees (CLiK) Survey, 2016

The home and neighbourhood are seen as having a crucial role in the wellbeing of older people. The home and place in which people live are an essential element of their quality of life; the home cannot simply be viewed as a 'setting'.

The sense of belonging to a place is connected with identity; deterioration in a neighbourhood and fear of crime have a strong negative influence on wellbeing by limiting activity and engagement with the outside world.

Neighbourhoods through a life course lens



Almost half of all childhood accidents are associated with physical conditions in the home.



Experience of multiple housing problems increases children's risk of ill-health and disability by up to 25 per cent during childhood and early adulthood.



Having more affluent neighbours can help inspire more positive norms among residents, but not as much as "bad influences" can undermine positive norms.



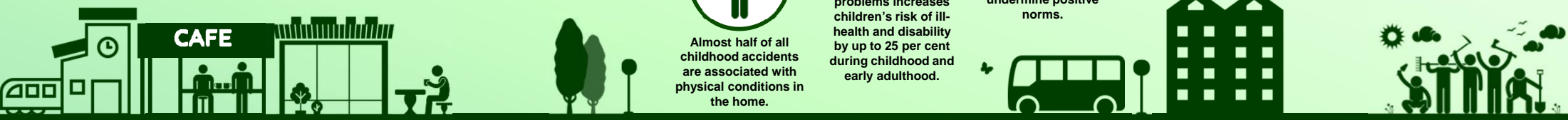
The chronic stress of living in dangerous or rundown neighbourhood can affect parenting styles, which can in turn affect children.



Unfit housing is linked to lower educational attainment and greater likelihood of unemployment.



Overcrowded conditions have been linked to slow growth in childhood, which is associated with an increased risk of coronary heart disease in later life. 21,22

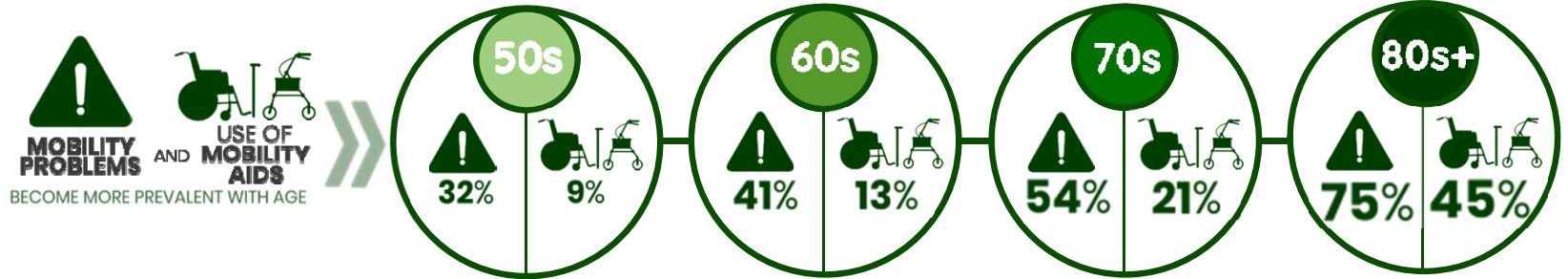


Kirklees Snapshot

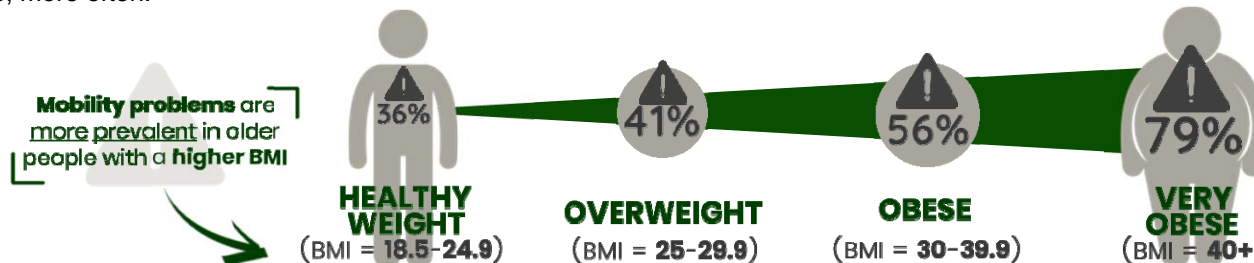
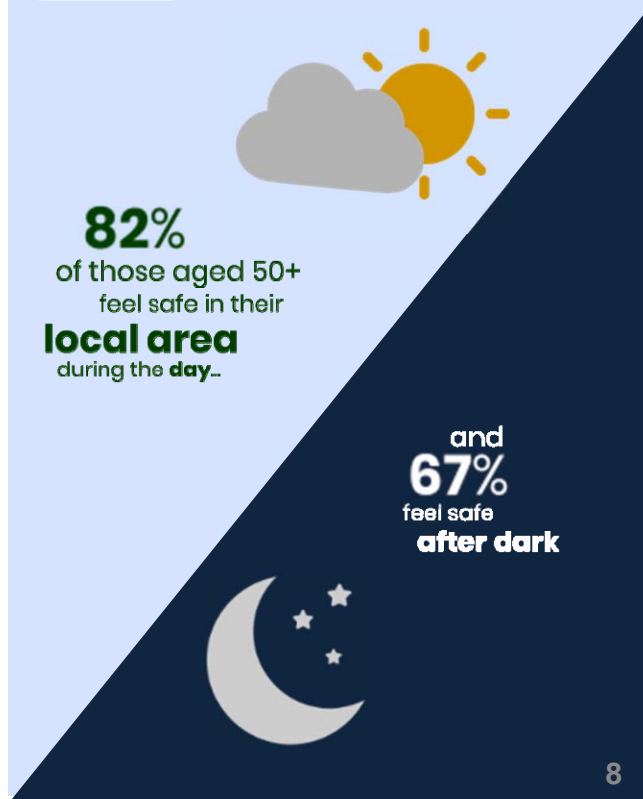
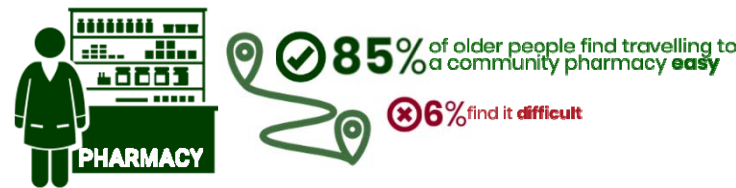
: Mobility, Facilities & Safety

Well-designed and accessible environments have a positive effect on individual and community health and wellbeing and reduce isolation. For older people, these could include well maintained recreational areas, ample rest areas, safe pedestrian routes and accessible buildings as well as affordable and accessible transport.

Areas with more accessible green space are associated with better physical and mental health and the risk of mortality caused by cardiovascular disease is lower in residential areas that have high levels of "greenness". There is also evidence that exposure to nature could be used as part of the treatment for some conditions.²³ Illnesses related to sedentary urban lifestyles are creating an increasing economic and social cost. In order to maintain good health as we grow old, we need to be more physically active throughout our lives. Increasing the accessibility of the local environment can enable people to be more active, more often.



Those who use **mobility aids** are significantly **less likely to feel safe** during the day than those who don't:



Source: Current Living in Kirklees (CLiK) Survey, 2016

Local Assets



AccessBus

A door-to-door service using specially equipped vehicles for people who have difficulty in using conventional public transport. A number of free of charge Access Bus routes are available to those eligible throughout West Yorkshire.

Steps are being taken to ensure accessibility is at the heart of the West Yorkshire Local Transport Plan; procedures are in place to help disabled people, older people and people with dementia feel safe; transport information is made available in Braille, large print and easy-read; bus drivers can attend awareness information sessions; Travel Assistance Cards are designed to help disabled and vulnerable people when using public transport to let drivers know about any requirements they may have.



SCOOT

A number of road networks in Kirklees operate a SCOOT system (world leading adaptive signal control system). It responds automatically to fluctuations in traffic flow through the use of vehicle detectors reducing congestion and maximising efficiency. This brings benefits to vulnerable road users including older people via reducing emissions and improving air quality and by prioritising public transport.

CASE STUDY

Local Improvements

Over the past few years, the Landscape Team have been making improvements to local parks and green spaces across Kirklees to increase their accessibility.

September 2014
Tolson Museum Memorial Garden
Huddersfield

An area of the park was identified, tucked away behind the museum, where a secluded space could be used to create a memorial garden which would be a quiet, peaceful and uplifting environment to reflect on how wars and conflicts affected people. Working in an intergenerational context, the area was made safer and more accessible as well as being more informative and interesting.



July 2015
Dewsbury Country Park
Ravensthorpe

The 76 acre park, which is a former landfill site, is bordered by Dewsbury Moor, Mirfield and Heckmondwike and also includes the Spen Valley Nature Reserve. The rejuvenation of the site included a car-parking facility with an attractive and welcoming entrance point and a footpath network with trails for cycling and horse riding. These transformations have helped to make it welcoming and accessible and a vital resource for the health and wellbeing of the local people

November 2012
Rectory Park
Thornhill Lees

The Landscape Team were commissioned to project manage the creation of new compacted gravel surfaced paths with timber board edges, designed to provide wide, even and regular surfaces to walk on and to allow wheelchair access where possible. The improvements also included the installation of benches and of ramps over uneven and sunken areas.



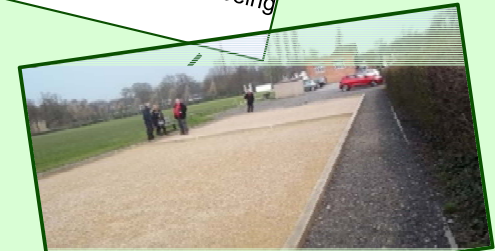
October 2011
Ings Grove Park
Mirfield

Ings Grove Park was hidden away from view behind a high retaining wall and was overgrown. A new entrance from Huddersfield Road was created and more accessible footpaths were designed throughout the site. Improvements were also made to the War Memorial in consultation with the British Legion, with the creation of an accessible ramp and lighting to the monolith.



August 2016
Mirfield Petanque
Mirfield

The Landscape Team were asked to project manage the extension of the petanque court in the Mirfield Memorial Park. Petanque is a form of boules and the existing court is well used and appeals mostly to older users. It is anticipated that the extension will help to encourage greater use of this outdoor activity area, particularly amongst older people in the Mirfield area.



Insight...

Action...



Preventable illnesses and injuries resulting from inadequate housing.

How parks could be made more accessible and support their creation and maintenance amongst communities.

Which groups are more likely to experience loneliness and isolation at different life stages or following different life events and how local assets can help to prevent this or reduce the impacts.

Encourage cycling and walking amongst all age groups.

Raise awareness of accessibility issues and barriers to services.

Promote active citizenship across the life course.



How people in residential/care homes could remain at home for longer.

What helps to make older people feel safe so they can more easily and confidently access facilities and services in their communities.

Spatial and social barriers to using public transport (e.g. location of bus stops, accessibility of vehicles).

More about the barriers and facilitators to participation in local networks and lifelong learning opportunities.

Facilitate planned downsizing.

Improve physical accessibility to aid social inclusion.

Enable older drivers to recognise whether physical problems or medication are affecting their driving.

Support older people to maintain existing relationships and develop new connections.



Return on investment for provision of specialist accommodation.

Evidence to support commissioning and future supply of housing stock.

Increase availability across all tenures to meet all needs and budgets.

Gendered interventions to tackle inclusion barriers.

Involve older people in design.

Reach people at 'trigger points' for increased loneliness/ isolation and signpost to appropriate sources of support.



Perceptions, expectations and experiences of housing of different black and minority ethnic (BME) groups and vulnerable groups.

Improve access to green spaces to improve wellbeing.

Utilise psychological approaches to loneliness, e.g. cognitive behavioural therapy and mindfulness.



Inclusive design of outdoor spaces (adequate seating, public toilets, etc.).

Provide audible and visual road crossings and short crossing distances.



Familiar location to maintain community ties and stability.

Promote intergenerational relationships.

Utilise technology.

Use the Local Plan to achieve accessible, safe, and people-centred communities for new infrastructure, and protect and enhance accessibility of existing facilities.