

Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 6 December 2023
Subject:	Update report on the Public Health Annual Report 2022/23: Ageing in Sefton		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Health and Wellbeing		
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	No		

Summary:

Production of an annual, independent report on one or several aspects of health in the local population or in a specific population group is a statutory requirement upon Directors of Public Health.

The purpose of this update report is to present examples of actions that have been taken by members of the Health and Wellbeing Board, Public Health Team, and partners. since March 2023 to further recommendations from the latest Public Health Annual Report (PHAR) [Ageing in Sefton: Public Health Annual Report - 2022](#).

Recommendation:

Board members are recommended to,

(1) Note this update report and provide any comment, feedback, or suggestions.

Reasons for the Recommendation:

The PHAR contains valuable, up to date information about the challenges, opportunities, and experiences of senior Sefton residents. The report was received very positively by the Health and Wellbeing Board. Recently, the annual report of the Chief Medical Officer for England has been published, which also focuses on 'Health in an Ageing Society' and emphasises very similar priorities.

Alternative Options Considered and Rejected: (including any Risk Implications)

None. The minutes of the Committee of 8th March 2023 note, 89 (3), 'The Director of Public Health be requested to bring a review of the report and progress made to the Board in a year's time.'

What will it cost and how will it be financed?

(A) Revenue Costs

Production of this update report has been resourced from within routine activity of the Public Health Team.

(B) Capital Costs

There are no direct capital costs associated with the recommendations in this report.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): As indicated in (A) resourcing was met from within the routine activities of the public health and other Council teams.	
Legal Implications: The Public Health Annual report is the independent report of the Director of Public Health. The Health and Social Care Act 2012 sets out the legal requirement to produce and publish a report each year.	
Equality Implications: The equality implications have been identified and mitigated.	
Climate Emergency Implications: The recommendations within this report will	
Have a positive impact	
Have a neutral impact	Y
Have a negative impact	
The Author has undertaken the Climate Emergency training for report authors	Y
The findings in this report do not specifically identify actions relating to energy sources or use, or the reduction or mitigation of climate impacts. However, the PHAR does highlight relevant issues, for example fuel poverty and the benefits of compact communities, served by active travel and sustainable transport options.	

Contribution to the Council's Core Purpose:

Protect the most vulnerable: The central theme of the PHAR is the health and wellbeing of older people and what more we can do to promote healthy, happy ageing for all. The report examines a range
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of evidence, including the beliefs and experiences of seniors themselves. This information should continue to help inform the design and delivery of services and other forms of support that help to protect the most vulnerable.

Facilitate confident and resilient communities:

This report serves this core purpose in three main ways. It endorses the considerable benefits of preventative care and healthy behaviours at any age; it highlights the key value of social and spatial connectedness for people of all ages, and it promotes a concept of senior people in our community as active, productive participants who can change the places we live for the better.

Commission, broker and provide core services:

The combination of epidemiological data, public health evidence and first-hand accounts provides a rich source of information about the needs, capabilities, and experiences of senior adults in Sefton, which can inform many aspects of work relevant to this core purpose.

Place – leadership and influencer:

This report captures examples that demonstrate Sefton’s leadership and influence around the issue of age and ageing – for example, our status as an Age Friendly Community, the Sefton Older People’s Strategy, the work of the Dementia Forum and Older People’s Forums. The report also uses case studies to highlight instances of good practice that exemplify how learning points from the report can be implemented.

Drivers of change and reform:

The basis of most of the six recommendations in the PHAR is less about *what* should be changed or reformed and more about *how* changes to improve health and reduce inequalities can be made. For example, taking a fresh look along with senior adults about how we communicate, where people would prefer to get information from, and the language we use.

Facilitate sustainable economic prosperity:

There are no proposals that directly facilitate economic prosperity. However, the report does raise the profile of the productive work that seniors bring to their communities, whether as carers, volunteers or in the workplace. The report also shows the societal and economic costs of health inequality and the cost benefits of prevention at every stage of life.

Greater income for social investment:

N/A

Cleaner Greener:

As noted under climate emergency implications

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.7436/23....) and the Chief Legal and Democratic Officer (LD.5536/23...) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Implementation Date for the Decision

Immediately following the Committee meeting.

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Appendices:

Background Papers:

There are no background papers available for inspection. The PHAR report can be viewed at [Ageing in Sefton: Public Health Annual Report - 2022](#)

1. Introduction

The purpose of this report is to present examples of activities that support the recommendations of the PHAR, which have been provided by members of the Health and Wellbeing Board, Public Health Team, and partners.

The information provided covers:

- A reminder of recommendations that followed from the findings of the PHAR.
- Results of the survey used to collate practice examples.
- Key findings of the Chief Medical Officer's annual report 2023: health in an ageing society <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2023-health-in-an-ageing-society>
- Plans for PHAR 2023.

2. Background

The topic of ageing was selected for several reasons including,

- Sefton has a larger than average proportion of older people in its population.
- The needs and capabilities of older people have been highlighted during the Coronavirus pandemic and ongoing period of high living costs.
- Local Health and Care strategy takes a preventative, life-course approach which recognises the cumulative impact of health determinants from birth to oldest age.

This PHAR combines evidence-based health information and data, and the voices of senior residents themselves to capture a more balanced, nuanced, and positive view of ageing. The recommendations encourage everyone to value older people, by supporting their participation and independent voice.

The main chapters in the report are,

- **Talking about ageing** – explores what terms like ‘ageing’ and being ‘old’ mean.; and confronts ageist stereotypes and language, showing how these affect seniors in everyday life. The use of the term ‘senior’ in the report came through focus groups discussions on this topic.
- **Sefton’s population** - shares some basic facts and figures about the number of older adults living in Sefton compared to other places and introduces concepts around health determinants and inequality.
- **Health of older adults** – provides an overview of common, preventable long-term conditions and explores health inequality in Sefton.
- **Prevention and healthy ageing** – explains the value of healthy changes at any age and looks at some ways senior adults in Sefton are taking care of their health, whilst highlighting the impact of problems and barriers that prevent many older adults from making healthy choices.
- **Living Well** – focuses on mental wellbeing and the connection between our surroundings, health, and wellbeing, illustrated with case studies.

2.1 Report conclusions and recommendations

The main findings of the report can be summarised as,

- **Negative language and false assumptions** about ageing affect senior residents in their daily lives.
- There is an undoubted role for **prevention at any age**, but meeting this need must take account of barriers senior adults may currently face, from cost, transport, and the way information about services is shared.
- **Connection to people, places and rewarding activities** is treasured by seniors and is central to their sense of health and wellbeing.
- **Health issues such as obesity, problem drinking, and low mental wellbeing can start or persist into later life** and support options must reflect need and demography.

- Some **senior adults are worried about** their ability to pay for the basics of health, like food and warmth and about requiring more health or social care services in the future and becoming lonely.
- Senior adults want **more sources of information on hand in places they usually visit**, rather than more services or support groups. Finding out about groups and services often relies on word of mouth.
- **Design aspects of what makes for a healthy place** can be applied small-scale to large-scale.
- Sefton's seniors offer a **major capability to shape strategic changes** that meet their varied needs and benefit the wider community.

The six recommendations in full are,

- 1) All organisations should identify, call out, and tackle age unfriendly language and stereotypes in how they operate and communicate.
- 2) Senior adults that reflect the diversity of this age group should be actively and visibly valued as key collaborators in shaping plans and changes happening in Sefton today and into the future.
- 3) The principles of providing person-centred health and care should be extended to population health plans, with the goal of achieving community-centred health and care improvements that reflect specific needs from place to place.
- 4) Organisations should seek the views of senior service users on how to publicise their services to all senior adults, including those who are not online.
- 5) Organisations should work together to further embed age-friendly cities design and sustainability principles and promote overlaps with the needs of more vulnerable groups, for example, children, those with a physical or learning disability.
- 6) Health, care, and other support providers should know how to identify and act on risks to wellbeing and mental health needs in seniors.

2.2 PHAR survey and results

A short online survey was developed in Your Sefton Your Say to find out about activities taking place in Sefton that support and further the recommendations made in the PHAR. This was circulated to Health and Wellbeing Board Members and staff in the Public Health Team and ran for four weeks. Recipients were able to share the survey with relevant partner organisations. The questions were as follows,

1. What good practice would you like to share in relation to one or more of the recommendations above? This can include something your organisation was already doing. Use numbers 1-6 to indicate the relevant recommendation/s within your answer.

2. Please tell us about something you are doing differently in response to the Ageing in Sefton report. What change did you decide to make and why? What happened? Were there any sticking points?

3. Which recommendation/s do you think are most important for your organisation, team, or service to explore or act on in the future? Say why and what you plan to do?

Seven responses were received, most of which were thoughtful, reflective, and rich in detail.

Question one: Good practice relevant to PHAR recommendations.

The following section sets out each recommendation with relevant good practice examples as supplied by survey respondents.

Recc 1. Ensure communication is age friendly.

- **Change Grow Live**

Communications and tone of voice workshops have been introduced across the organisation to ensure language and communications are inclusive.

Recc 2. Collaborate with a broad range of seniors.

- **Mersey Care**

Example 1 - Enhanced health Care into Care Homes

A bid submission to the Ageing Well Fund (2021/22) to provide enhanced health care support into all CQC registered care homes across South Sefton by working with partners (care homes, primary care, LA, voluntary sector, resident, and families) was unsuccessful. Nevertheless, we recognised (as per recommendations **6 and 2**) that all senior adults in care homes should be provided with person-centred care based on specific needs such as forms of Dementia, Learning Disability, Acquired Brain Injury and Mental Health conditions.

Mersey Care have worked with local Primary Care Networks to ensure that community services, including dedicated care home Matrons and Learning Disabilities and Mental Health Practitioners are embedded within an integrated offer to all CQC registered care homes. Our work to transform the way we support

care homes in collaboration with other partners is based on the principles of the national Enhanced Health in Care Homes Model (EHCH) and aligned to the Ageing Well element of the Sefton Health and Wellbeing Strategy 2020-2025 which in turn is underpinned by a robust population management approach.

We are also using learning from the successful Liverpool Ageing Well Fund EHCH bid to ensure we work with partners to deliver standardised approaches to care and support, and this is part of our organisational Transformation Programme.

Also see example 2 – End of Life Care under recommendation 6.

- **Sefton Sexual Health Service**

See cervical screening example under recommendation 4.

- **Sefton Older People's Forum and partners**

See Older People's Strategy example under recommendation 3.

- **Public Health**

A member of the public health team also responded with this comment and reflection, 'Senior adults were actively engaged, and their views sought during a recent consultation and engagement process. The views of senior adults were considered important in terms of shaping future health services and responses were gathered in a report. Positive feedback from those who were consulted showed that people welcomed the opportunity to talk to 'professionals' as they felt valued and 'listened to'.

Recc 3. Make community-centred health and care improvements that reflect specific needs of seniors from place to place.

- **Sefton Older People's Forum and partners**

Following a presentation of the PHAR at SPOC, a follow-up meeting with representatives from CVS, Public Health, Adult Social Care and leads from Sefton Older Peoples Forums has taken place to plan how the report could be used as the basis for updating the Sefton Older People's Strategy, which focuses on WHO's Age Friendly domains. (HA)

Recc 4. Seek the views of senior service users on how to publicise services including for senior adults who are not online.

- **Sefton Sexual Health Service**

Recommendations 2 and 4. The sexual health service are working with Sefton Council Communications Team and Public Health to generate social media assets to raise awareness and encourage individuals aged 50-64 years to take up the

cervical screening offer in the sexual health clinic and via primary care. These assets are being developed using insight gathered from residents in South Sefton where there is significantly lower uptake.

- **Active Sefton**

The Active Ageing team are continually involving participants when looking to improve the service. If looking to make changes to our service we would usually carry out a survey that can be accessed online or through paper copies.

Recc 5. Further embed age-friendly cities design and seek overlaps with pro-sustainability and pro-child design principles.

- **Sefton Partnership for Older Citizens**

Sefton's WHO Age Friendly Community Status was recently recognised at an international conference of Healthy City Design in a presentation given by Cllr Cummins. Lead involvement in this work came from Sefton Partnership for Older Citizens, and the findings of the PHAR report were presented to this group.

Recc 6. Support staff to identify and act on risks to wellbeing and mental health needs in seniors.

- **Mersey Care**

See Example 1 - Enhanced health Care into Care Homes (Mersey Care) under recommendation 2.

Example 2 – End of Life

Mersey Care have developed work with acute and hospice providers on an integrated end of life model which supports people in South Sefton and Liverpool during their last 12 months of life. The need for this model had been identified through the identification of a number of issues/risks (recommendations 6) which had been ascertained through speaking to patients and their families about their experiences of care and support provided either from an acute hospital, community provider or hospice. Patients and their families provided powerful testimonies of where things had not gone right and gave their feedback on what would have made a difference, such as a single front door, telling their stories once and getting their needs met first time, continuity of care etc. (recommendation 4).

This led to the development of the IMPaCT Model (Integrated Mersey Palliative Care Team) which is an integrated model delivered using a 'one team' approach by Mersey Care, LUHFT, Marie Curie and Woodlands Hospices which is delivered across South Sefton and Liverpool.

- **Change Grow Live**

All staff complete safeguarding training and all assessments and reviews include physical, mental, and social health. Multi-disciplinary team meetings and professionals' meetings are held to ensure a joined-up approach to care. Referrals are made to other agencies where needed and facilitated by staff members if required.

- **Active Sefton and Living Well Sefton**

All Active Lifestyles programmes (GP Exercise Referral, Active Ageing Falls prevention programme, Weigh Forward weight management and NHS Health Checks) are delivered in a person-centred way. Activities prescribed are jointly agreed considering the individuals' needs, interests, and capabilities. This also provides a protective space where other concerns or worries can be raised. This can lead to signposting onto further advice and support, e.g., counselling, stop smoking, financial concerns, carer support, weight management/ physical activity etc. through both Living Well Sefton partners and within Active Sefton.

The PHAR report and recommendations were also fed into the development of a new draft falls strategy. The Active Ageing falls prevention 12-week programme is for Sefton residents aged 60 and over who have or are at risk of falling. The programme aims to improve strength and balance, as well as participants' knowledge about how to reduce their fear and actual risk of falling. The service is also designed to reduce social isolation, encourage interaction, and ensure that senior residents maintain their confidence, independence, and a high quality of life. To achieve the above, sessions include social elements at the end of each class giving individuals the chance to interact and share their concerns or views. Several individuals who have attended sessions were/are socially isolated prior to attending with poor mental wellbeing. Providing opportunities where the group can interact and develop friendships has been key to their success on the programme and beyond.

Further support is also offered and encouraged through ongoing partnership work with organisations such as Sefton Pensioners' Advocacy Centre, Sefton Partnership for Older Citizens, Living Well Sefton, Occupational Therapy Services, Primary Care Networks, the wider Sefton Council for Voluntary Services and Voluntary, Community and Faith Sector offer - most recently through the introduction of the social prescribing model.

Questions two and three: Change, and ambitions for change in response to the PHAR.

- **Change, Grow, Live**

In support of recommendations one, two and four, CGL responded, 'we are currently working on developing activities specifically for senior adults. We have a

gardening club and are working on an over 50s football team.’ CGL also noted their intention to hold a themed service user forum, focusing on the needs of senior adults, ‘to gain feedback on what service developments they would like’, and a proposal to further expand support to people living with COPD.

- **Sefton Partnership for Older Citizen**

The representative for SPOC emphasised their intention to support recommendation five that ‘organisations should work together to further embed age-friendly cities design and sustainability principles...’ and to encourage more co-production through their work (recommendations two and three).

- **Mersey Care**

Mersey Care have begun using population health management risk stratification analysis and working with system partners to identify members of the community aged 65 and over who are at greatest risk of poor health and hospitalisation over the winter months. The local Integrated Care Team Coordinator in Sefton will offer a holistic assessment to build in the right additional support and access to services to help seniors remain well at home. Future expansion of this approach will focus on the wider needs of people with dementia, frailty and ‘complex lives’.

As the survey respondent from Mersey Care comments, ‘this work is linked to recommendation 3 in terms of taking an evidenced population health management approach to understanding the needs of our local population and ensuring we have seamless, integrated care and support available that is focused on those needs, and which maximises the use of limited resources (staffing and best use of the Sefton Pound).’

This activity also supports recommendations six and is a good example of the prevention at every step theme, which is prominent in the PHAR report.

Mersey Care report that ‘all six recommendations are important for our organisation and are aligned to our Trust Strategy, internal Transformation Programmes and our work with partners.’

- **Sefton Sexual Health Service**

The survey response from Sefton Sexual Health service resolves to continue future focus on three of the PHAR recommendations:

- Recc one. Ensure communication is age friendly.
- Recc four. Seek the views of senior service users on how to publicise services including for senior adults who are not online.
- Recc six. Support staff to identify and act on risks to wellbeing and mental health needs in seniors.

The survey respondent reflects that, 'it is easy to focus efforts on targeting younger groups and communications audiences, however it is important that senior adults are not lost and that we consider their voices and views when planning and shaping delivery methods in Sexual Health services.'

- **Public Health Team**

- Survey responses from the Public Health Team refer to inclusion of the PHAR report in the service specification as part of commissioning a new integrated wellbeing service. This is because an adult integrated wellbeing service is especially well positioned to act and build on the quality of the support it provides by considering both the overarching recommendations and more detailed findings in the report.
- The lead author of the PHAR noted an invitation to give a presentation on its findings to the Ainsdale Patient Participation Group. As a result, the group discussed the value of finding out more about the reasons why some older people may not attend a medical appointment or act on reminder.

Future intentions for change focused on the two place-based recommendations three and five, beginning with looking for opportunities to develop necessary knowledge and appreciation about the issues that affect older people, for example by attending conference talks and webinars given by public health and allied professionals (planners, architects, academics, policy influencers), and taking part in a visual impairment awareness session, in which special glasses were used to mimic different forms of sight loss including age-related conditions. This a growing issue that the PHAR report could have said more about.

A colleague also commented, 'this report has sparked my interest in the role of the built/urban and green environment in shaping sustainable and 'age friendly' communities and homes... I am doing a lot more reading in this area, and plan to visit a scheme, that is purpose built for women in London'.

- Another member of the public health team highlighted the importance of recommendation four about how to publicise services to all senior adults, including those who are not online, which received less attention from amongst other survey respondents.

'From my perspective as someone who works in the public health team in the Council, and taking account of the conversations I have had since the report came out, I think the challenge of communicating effectively with seniors who are limited to or simply prefer non-digital forms of information and communication is really

important, especially as national health policy continues to put more emphasis on digital solutions and interfaces.

Recc 5. Preventing isolation and social disconnection amongst seniors in our communities also goes hand in hand with connecting people to the information they want.

I feel the above is vital and more work needs to be done on this. For example, during a recent consultation, people's views highlighted the fact there are many services and organisations operating in Sefton, which can provide information and support but sometimes people just don't know about them.'

- **Active Sefton**

Active Sefton report that the first action they had taken in response to the Ageing in Sefton PHAR was to review all its services against the information and recommendations in the report. This review concluded that within their remit, Active Sefton services currently meet the needs of the ageing population, but ongoing evaluation should lead to change and improvements.

An associated comment from this survey response underlines an important theme from the PHAR - the need to always respect and engage with the individuality of each senior and to resist stereotyping:

'The key is about listening and understanding, to find out what is important to that individual. What's important to one individual might be completely different to the next. Our programmes focus on involving the individual in decision-making, asking important questions to grasp what matters to them, what will make a difference, and where they want to be.'

There is recognition of the role of regular training for staff across the system to help them help seniors to access the right and best support.

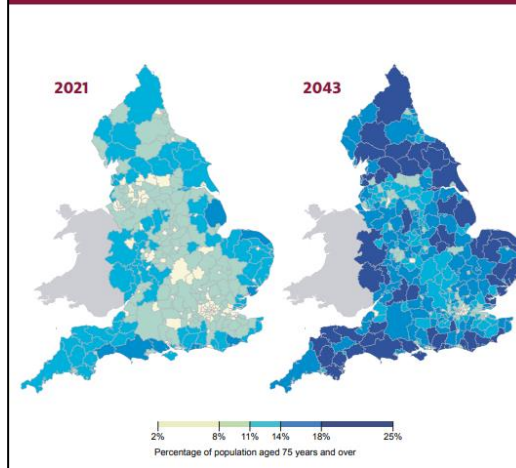
Active Sefton's ambition for future change centred on recommendation five to further embed age-friendly cities design and seek overlaps with pro-sustainability and pro-child design principles. This response emphasises Active Sefton's interest and willingness to learn from partner organisations within Sefton and from best practice further afield.

2.3.1 Key findings of the Chief Medical Officer's annual report 2023: health in an ageing society

[Executive summary and recommendations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/117114/Executive_summary_and_recommendations.pdf)

The independent report of the Chief Medical Officer for England was published at the start of November 2023 and focuses on the theme of ageing.

Chief Medical Officer's Annual Report 2023 Health in an Ageing Society



The aim of the report is to concentrate on issues about improving quality of life for older adults, which means the report highlights two sets of challenges: improving health and reducing disability and adapting environments so that seniors can experience as much independence and joy as possible. The report makes many of the same key points that are highlighted in the DPH's annual report for Sefton, for example,

- Negative portrayals of older age can seem relentless, and this distorts people's expectations of later life.
- Adopting healthy changes can have a big impact on future wellbeing and functioning, 'compressing' years spent in very poor health to a short period towards the end of life. People often underestimate the benefits.
- Central and local government has an important primary prevention role (reducing risk factors), and the NHS has an important secondary prevention role (slowing down progression of early disease).
- Mental health needs in later life are rising. The CMO recommends a renewed focus on mental health improvement interventions and services for older adults.

The report also draws attention to some other important findings, the first of which is particularly relevant to Sefton.

- As working age adults retire, they often move out of cities to coastal areas, which will experience the biggest shift towards an older population over the next twenty years, as the map above shows. Planning for and resourcing this change is essential to protect the quality of life of seniors in coastal areas, and adapted transport, housing and leisure infrastructure should be quickly put in place.

- The NHS set-up is based on different specialties, but multi-morbidity means that having several long-term conditions is becoming the norm in some parts of the population. The CMO says this mismatch of service design and individual need warrants much more attention.
- Frailty overlaps with, but is not the same as, multimorbidity. Frailty refers to a state in which people lose the reserves of strength and energy that allow them to withstand events like a fall or infection. This is the group at greatest risk of adverse outcomes and loss of independence. Early identification of frailty is a first step in slowing progression.
- Over-treatment is as inappropriate as under-treatment in all patients, including older patients. Greater use of advanced care plans can help to reduce over-treatment that impairs quality of life.
- More research is needed into health conditions that affect seniors and into interventions to support them. This should include enabling more older people to participate in scientific trials and research.

2.4 Plans for PHAR 2023

The working theme for the 2023 PHAR is vaccination and immunisation. The final content is still to be agreed but is likely to focus on preventable childhood infections. Relevant members of the HWBB and wider partnership will be asked to contribute to the report.

2.5 Conclusion

Eight months after the publication of Ageing in Sefton, the number of responses to this short survey was smaller than expected. Nevertheless, the notable depth of reflection in many submissions shows how the report's findings and recommendations chime within different organisations and services. The CMO report on Health in an Ageing Society further underlines the importance of the issues which data, evidence, and the insights of seniors living in Sefton revealed in the report.

In this small survey, recommendation two (about the need to collaborate with a broad range of seniors) and recommendation six (about supporting staff to identify and act on risks to wellbeing and mental health needs in seniors) attracted the most comment. Recommendations one and four (about what we communicate to seniors and how seniors prefer to receive information they need) attracted fewer practice examples but were emphasised in responses about intentions for future changes.

A survey and update report such as this may be a helpful way of enabling different partners to appreciate how their contribution to improving the health and wellbeing of seniors fits into a bigger picture of positive change.

3. Recommendation

Board members are recommended to:

(1) Note this update report and provide any comment, feedback, or suggestions.