APPENDIX 1
To the Kingston Director of Public Health (DPH) Report 2023 ‘Ageing Well in Kingston’:

A Decade On: Report on progress since 2013, the previous Kingston DPH Report focussing on older residents living in the borough: ‘Older People: Living Well in Later Life’

Introduction **3**
1. Improving Older People's Health 3
2. Preventing Ill Health and Promoting Healthy Lifestyles 4
Reducing smoking, drug use and excess alcohol consumption 4
Keeping physically active and maintaining a healthy weight 6
Encouraging social contact and preventing social isolation 9
3. Experiencing Disadvantage 10
Integrating health and wellbeing into work on the wider determinants of health (including housing, environment and poverty) 10
Maintaining independence through provision of care at home, and a focus on reablement and empowerment 13
4. Integrated Care and Services 16
Preventing falls and intervening with those at high-risk 16
Promote positive mental health and improve support and intervention for dementia 18
Identify and support carers in providing care for family and friends 20
5. Protecting Older People's Health 22
Safeguarding vulnerable adults from neglect and abuse 22
Protect older people's health by improving uptake of immunisations and national screening programmes 23
Protect vulnerable older people in times of extreme weather throughout the year and identify and support those living in fuel poverty 24

Introduction

The Kingston Annual Director of Public Health Report 2023 focuses on ageing well in Kingston. 2023 also marks a decade since the last Kingston Director of Public Health report which focused on how older people can live well in later life, 'Older People: Living Well in Later Life, 2013'[1]. Thus, in this Appendix, data for some of the issues raised in 2013 are shown with trend data (where available) for the period since then. Some examples of work undertaken are also given.

The 2013 report was divided into five sections, as outlined below, with recommendations throughout. In the 10 years since that report was published, much work has been carried out in Kingston to support older residents. There have also been changes in the way that services to support residents are organised across both the council and NHS systems, with a view to organisations working together ever more closely to benefit residents. In the last 10 years, residents have also faced new challenges, in the form of the COVID-19 pandemic impacting the borough from 2020, and increased 'cost of living pressures' from 2022 onwards, linked in part to the Ukraine war.

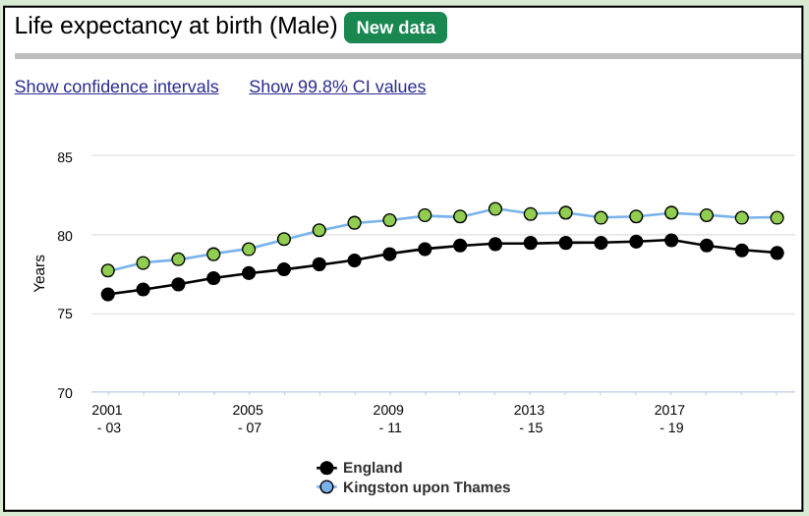
As this short summary of some selected data from the 2013 report shows, a great deal has been achieved in the past decade, but there is still more to do. In particular, there is more to do in younger adulthood to ensure that people have as long a time as possible in a state of 'healthy life'. The Kingston Council ambition to become an Age Friendly Borough (set out in the Council Plan 2023-2027) and implementation of the recommendations in the Kingston Director of Public Health 2023 report will help enable more older people to live active and fulfilling lives.

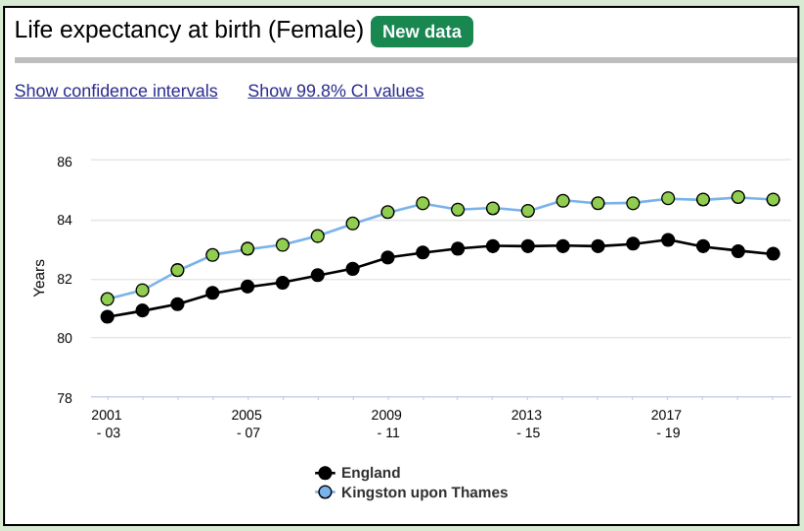
1. Improving Older People's Health

The 2013 report looked at Life Expectancy in Kingston. The tables below show life expectancy in Kingston since 2013[2]. The data shows a generally flat picture for both men and women for the decade 2013-2022, in contrast to the improving picture found in the previous decade. Unlike for England as a whole, Kingston held steady in terms of life expectancy over 2020-2022 (height of COVID-19 pandemic), whereas for England as a whole, life expectancy for both men and women fell.

[1] Older People in Kingston: Living Well in later life (2013)
https://data.kingston.gov.uk/wp-content/uploads/2017/10/Pub_Annual-Public-Health-Report-Full-Report_2013.pdf
[2]https://fingertips.phe.org.uk/profile/healthy-ageing/data#page/4/gid/1938133280/pat/6/par/E12000007/ati/402/are/E09000021/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0

The last 10 years:





2. Preventing Ill Health and Promoting Healthy Lifestyles

Reducing smoking, drug use and excess alcohol consumption

Some Key Recommendations from the 2013 report:

- Target the Stop Smoking Service to communities in greatest need, ensuring it is accessible to all, and respond to the needs of older people as it is never too late for people to quit.
- Increase opportunities for Identification and Brief Advice (IBA) relating to alcohol consumption by older people in a range of settings across Kingston. This includes consideration of screening people over the age of 65 for substance misuse as part of routine health checks.

- Promote access to treatment services for older people who are admitted to hospital with alcohol related illnesses, including referral pathways to the Kingston Wellbeing Service from A&E and the gastroenterology department at Kingston Hospital.

The last 10 years:

Smoking: Kingston has had an encouraging reduction in smoking in the last decade, now with the lowest rate of smoking, at borough level, for all ages in London as a whole[3] (2022). The Kingston smoking cessation service, 'Kick It', has been supporting efforts over the past decade. However, within the borough, rates in some groups (for example, people in some occupation groups and with certain mental health conditions) are higher. About 12% of the people using the Kingston 'Kick It' smoking cessation service are aged 65 years and above (2021-2023). There is not a Kingston Tobacco Control Plan currently in place but this is currently (2024) being produced to help support a continued, coordinated, borough-wide approach and to support the national 'smoke free generation' ambition.

Alcohol: Alcohol Identification and Brief Advice ('IBA') training has been rolled out to colleagues within Adult Social Care (ASC) and Housing to enable frontline staff working with older people (and other key cohorts) to identify those drinking above lower risk levels, give simple brief advice regarding alcohol use and make referrals to appropriate services. In addition the 'All About Me' form (completed by teams in Adult Social Care to identify care and support needs) has been adapted to include alcohol screening (2023/24).

Unlike most hospitals, Kingston Hospital does not have any in-house provision to work with alcohol users. Kingston Public Health is aware of this gap in provision and there are plans to develop a business case with South West London Integrated Care Board (ICB) to fund a specialist team.

Data shows that Kingston has a higher level of alcohol related admissions for people aged 65 years and above compared to London and England as a whole for 2021/22[4]

[3]https://fingertips.phe.org.uk/search/smoking#page/3/gid/1/pat/6/par/E12000007/ati/402/are/E09000021/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1

[4]https://fingertips.phe.org.uk/search/alcohol%20admissions#page/4/gid/1/pat/6/par/E12000007/ati/402/are/E09000021/iid/93774/age/27/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Persons) 2021/22

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	84,509	810	804	815
Neighbours average	–	-	-	-	-	-
Richmond upon Thames	–	1	309	974	868	1,089
Hounslow	–	10	336	973	872	1,084
Kingston upon Thames	–	-	233	953	835	1,084
Ealing	–	14	425	943	855	1,037
Hillingdon	–	13	366	893	804	990
Wandsworth	–	8	283	890	789	1,000
Sutton	–	3	264	835	738	943
Bexley	–	5	326	804	719	897
Harrow	–	4	321	796	711	888
Merton	–	2	198	729	630	838
Croydon	–	12	387	725	654	801
Bromley	–	7	390	678	612	749
Barnet	–	9	356	635	571	705
Redbridge	–	6	227	597	521	680
Havering	–	11	272	593	524	668
Waltham Forest	–	15	160	556	473	649

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.[5]

Keeping physically active and maintaining a healthy weight

Some Key Recommendations from the 2013 report:

- Continue to commission high quality services that increase the choice of physical activity for older people in the borough such as the award winning 'Fit as a Fiddle' programme.
- Promote and expand opportunities to improve active travel for older people through walking and cycling programmes.
- Review the current catering initiatives for older people to promote a healthy weight across the life course and continue to provide Cook and Eat courses in a variety of community settings, prioritising hard to reach communities.

The last 10 years:

In terms of physical activity, the Council has commissioned a range of high quality services in the last decade that increase the choice of physical activity opportunities for older people in the borough, such as Silverfit and the Wheels for All programmes. Work has been undertaken to actively promote the Kingston Physical Activity Small Grants Scheme to groups supporting older people, especially targeting those in minority groups who are less likely to access sport. The Council has also developed new classes with Council Leisure providers aimed at providing low impact aerobics, strength and balance and seated exercise classes. These are currently offered at various venues. Connected Kingston Active for All lists a range of inclusive sports opportunities suitable for people. Dementia Friends training has also been run at all Kingston leisure sites to help ensure that these sites are welcoming to all.

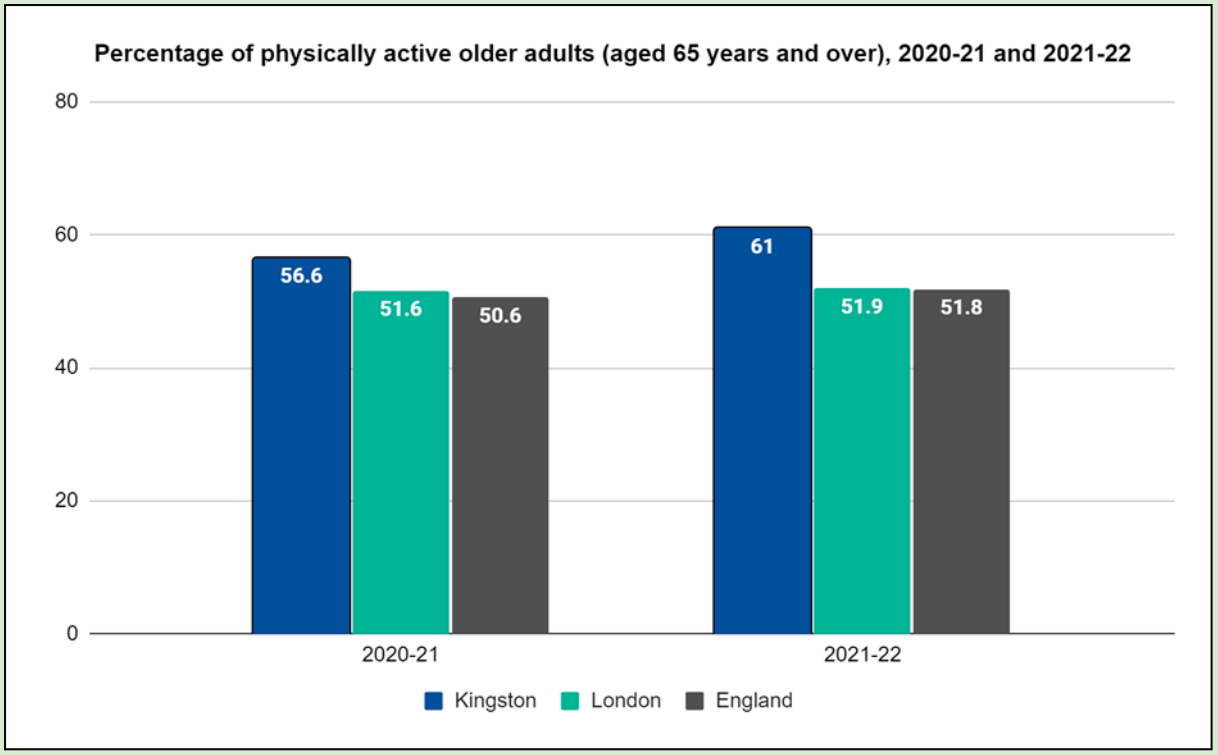
[5] Productive Healthy Ageing Profile - Data - OHID

In terms of healthy weight, there are a number of advice offers and programmes in place to support Kingston residents weight-loss-support. The 'Cook & Eat' programme ran from 2008 to 2019. It was originally set up by Kingston's Public Health team to work with local voluntary and community groups to support residents to improve their diet and increase their confidence, knowledge and skills to enable them to cook simple, tasty meals from fresh and healthy ingredients. It also sought to raise awareness of health issues, address barriers to healthy eating (cost, time, motivation) and empower residents to make small, realistic changes to their diet. Classes were provided in a number of organisations working with older people including Staywell Kingston.

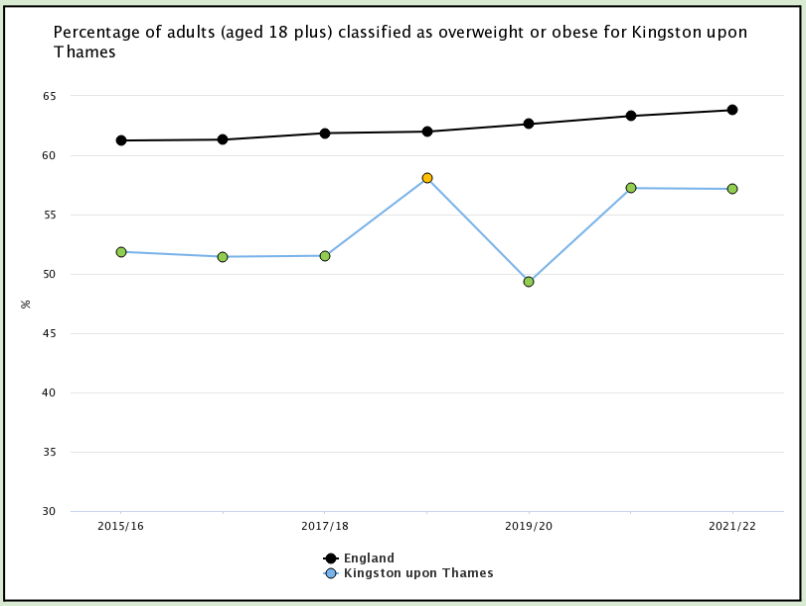
Since 2022, Kingston Public Health has funded and supported Kingston Voluntary Action (KVA), to create 'The Good Food Group' which brings together community groups, organisations and residents from across Kingston to work towards making healthy, nutritious and delicious food accessible and affordable for all. It has included community cooking programmes which are sustainable and culturally appropriate for the audience being delivered to as well as community cafes which provide lunch, 'community fridges' and food across the borough[6]. Whilst these are not exclusive for older people, some of the groups are oriented to older people including the Korean Senior Centre and Milaap Centre.

Data on physical activity in older people is only available from 2020. However the rates for older adults in Kingston compare well with London and England. Adult physical activity rates in the borough are significantly higher than average, and remain in the top 10 London local authorities.

[6] https://kva.org.uk/projects/good-food-group/ Accessed 9 Jan. 2024.



Source: Active Lives Adult Survey, Sport England[7]



Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

Data on overweight and obesity is not provided by age. For adults (aged 18 years and older) overweight and obesity levels increased overall in Kingston between 2015 and 2022[8].

[7] https://activelives.sportengland.org/Result?queryId=114327 (Accessed February 2024)
[8] https://fingertips.phe.org.uk/search/obesity OHID

Encouraging social contact and preventing social isolation

Some Key Recommendations from the 2013 report:

- Further develop community support focused on reducing social isolation.

The last 10 years:

The Ageing Better chapter of Kingston's Better Mental Health Joint Strategic Needs Assessment 2022 included a review of loneliness and isolation[9] in Kingston. This included using the Age UK Loneliness maps to identify relative risk of loneliness. These use Census 2011 figures for: marital status, self-reported health status, and age and household size, which have been shown to predict around 20% of the loneliness observed amongst older people 65 and over as represented in the English Longitudinal Study of Ageing (ELSA). This analysis identified significant pockets of older people at risk of loneliness and social isolation in Coombe Hill, Norbiton and Chessington South, with smaller pockets on the border of Surbiton Hill, Berrylands and St Marks wards.

The needs assessment further notes the value of volunteering for improving the quality of people's relationships and that these opportunities are particularly valuable for older people whose existing social networks have shrunk, for example as a result of bereavement or retirement.

The recommendations in this are now being implemented, including:

- Increasing the ways of identifying people who are lonely and supporting them to access local services, and working with older people, particularly those who are not accessing existing services, to develop ways for them to build social connections.
- Further developing ways to deliver digital learning to older people. Digital support should be funded and be part of commissioned social inclusion activities

Kingston is now part of the South London Listens programme, one of the priorities of which is tackling isolation by establishing 'Be Well' hubs for people to turn to when they feel their mental health is low or simply to feel more connected with their local community. There are now seven Be Well hubs in Kingston, a number of which have focused on projects to tackle loneliness. These are: Kingston Methodist church; New Malden Methodist church; St John the Baptist Kingston and Putney Vale, Christ Church Surbiton Hill; St Andrews and St Marks Surbiton; Kingston Islamic Resource Centre and Kingston Carers Network[10].

Kingston Adult Education (KAE) runs the free Practical Ideas for Happier Living (PIFHL) programme which has been shown to reduce symptoms of anxiety and/or

---

9 https://data.kingston.gov.uk/wp-content/uploads/2023/09/Kingstons-Better-Mental-Health-Joint-Strategic-Needs-Assessment-2022-Summary-Report.pdf

10 https://www.southlondonlistens.org/champions South London LIstens Be Well Champions Programme

depression and help address social isolation. A third of attendees in 2022/23 were over 60, so it is providing a positive intervention to improve the mental health and wellbeing of older people. The launch of a new commissioning model for the provision of Day Opportunities and Meaningful Occupation services from April 2023 should lead to lower social isolation and better emotional wellbeing of older people with Care Act assessed needs.

A considerable development over the last ten years, is Kingston's 'Social Prescribing' model, which includes the website Connected Kingston. The Social Prescribing model involves volunteers/ community champions and 'community connector'/'link workers' (paid staff) who connect residents to local offers in the borough. The Connected Kingston website has over 700 services, including links to services which specifically support older people who may be lonely, these include Staywell and Milaap. Some of these are commissioned from VCS organisations by RBK Adult Social Care. Connected Kingston has focused communications campaigns and paid advertising around loneliness to reach residents, with specific campaigns targeted to senior residents.

Kingston Council has a strategy to increase connectivity and digital inclusion for all Kingston residents[11]. Connected Kingston is working with the Digital Inclusion network to support this work and meet the needs of residents.

3. Experiencing Disadvantage

Integrating health and wellbeing into work on the wider determinants of health (including housing, environment and poverty)

Some Key Recommendations from the 2013 report:

- Improve access to income maximisation information and advice for older people in Kingston.
- Review existing information and advice services in Kingston to understand how effective they are at targeting and tackling economic disadvantage among older people and, following the review, tackle identified gaps in provision.
- Ensure that strong links exist with carers' services, given that carers are a key source of information and advice for older people.
- Ensure that adequate training is available for frontline health and social care professionals about appropriate sources of information and advice for older people in Kingston.

---

11 https://www.wearegroup.com/blog/empowering-residents-through-digital-inclusion-our-innovative-pilot-project-in-kingston-upon-thames

- Ensure health and social care services recognise and address anxiety and depression caused by economic disadvantage among older people.

***The last 10 years**:*
Over the last 10 years, Kingston has introduced a number of innovative systems to help people in Kingston find information about local opportunities. In addition, over the last several years, due to the national and international challenges resulting in heavy 'cost of living' pressures, the council and partners have managed a number of large grant programmes to help those in most economic need. Some examples are detailed below in this section.

Connected Kingston - a new way to find local information: In 2018 the Council launched a new platform, Connected Kingston, a site dedicated to helping Kingston residents find local activities and navigate local services. The site is run by Kingston Council and Kingston Voluntary Action (KVA), in conjunction with local charities and statutory organisations, and aims to keep residents of all ages healthier for longer by connecting them more easily to the local offer. The platform is accompanied by a training offer which provides both frontline professionals and resident volunteers with information about Connected Kingston and the benefits of using a 'social prescribing' and 'strengths based' approach to support clients and neighbours to live in good health. To date, Connected Kingston training has been delivered to 414 people, including libraries, Adult Social Care, Achieving for Children, Kingston Hospital, voluntary sector, and GP staff. Special attention has also been given to a range of priority communities to ensure the Connected Kingston platform is suited to the local needs of residents, including curated lists for carers, people living with Dementia (and their carers), gentle exercise opportunities, and physical activity opportunities for people living with a disability.

Household Support Fund:
Kingston was allocated £1.7 million from the national DWP 'Household Support Fund' from April 2023 to March 2024. The funds were allocated the funds to the following:

- VCSE grants - £270,000
- Holiday Free School Meal vouchers - £990,000
- Direct applications from residents - £450,000

Over two thousand Kingston households were supported from this phase of the fund to cover the cost of utility bills; white goods, household items, food, clothes and rent arrears to prevent homelessness.

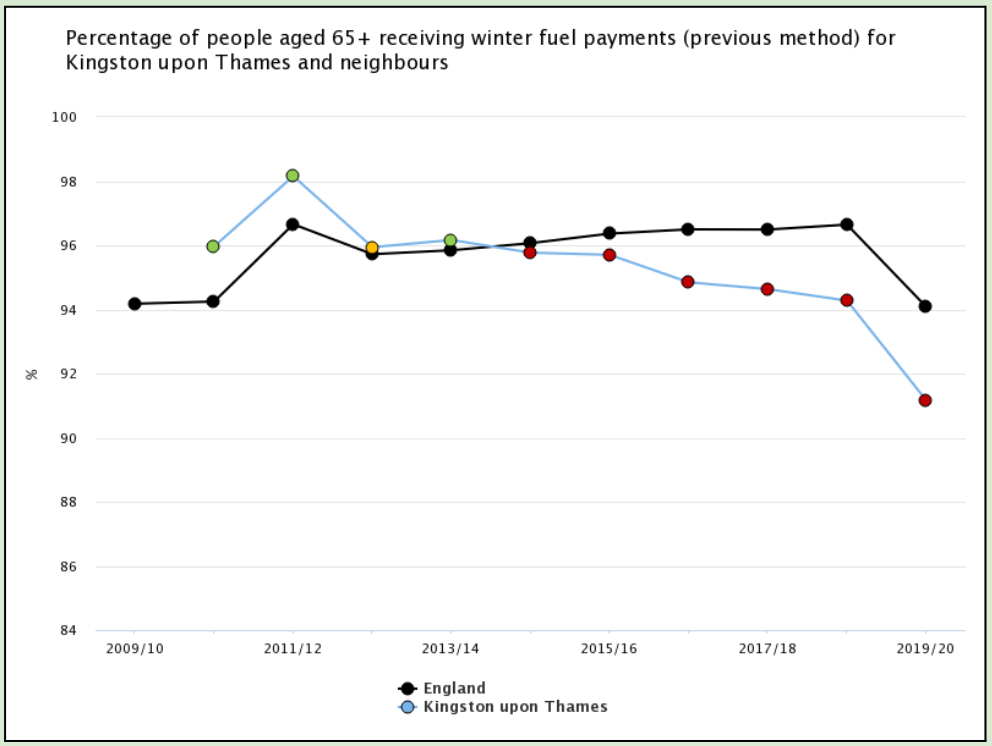
Carers: The All Age Kingston Carers' Strategy 2022-2027[12] was launched in October 2022. It contains five priorities for young/ young adult carers and five priorities for adult carers, as identified by carers themselves. One of the priorities is

[12] https://www.kingston.gov.uk/downloads/download/617/all-age-kingston-carers-strategy

that young and adult carers can access information and guidance that is accessible and relevant. Planned actions in this area include:

- Develop and maintain diversity of supply of information and advice
- Increase awareness of support services/ information available for carers amongst all VCSE sector organisations.
- Develop information on services on Connected Kingston that is accessible to carers and/or to those working with carers.
- Work with Citizens Advice around identification and advice for carers.
- Continue membership of Carers UK/ Carers digital resources and promote with local VCSE sector organisations, as well as health partners and businesses.
- Promote IT support program for carers.

Winter Fuel payments: The Winter Fuel Payment is aimed at those who are long-term ill, disabled, or are of state pension age. This payment should be paid automatically to those of state pension age, or for those receiving particular benefits[13]. Of concern is those people who are eligible for one of these qualifying benefits but are not claiming them (including those who have delayed [deferred] their state pension), as they will not receive their winter fuel payment automatically. There have been some attempts to increase the uptake of winter fuel payments, including the introduction of the LIFT (Low Income Family Tracker) software system to identify and target people who are eligible.



Source: Office for Health Improvement and Disparities (based on 'Winter Fuel Payment: recipient and household figures' published by DWP)

[13] To be eligible for the Winter Fuel Payment you must be receiving one of the following: Pension Credit, Income Support, Income Support based Jobseeker's Allowance, Income support based Employment and Support Allowance and Universal Credit.

Pension Credits: The Job Centre has promoted pension credits at their 50+ MOT group sessions, through posters in their office and during appointments with customers over 50, however more work is needed in this area. Next steps in Kingston should be informed by the Centre for Better Ageing[14] recommendations on best practice.

Maintaining independence through provision of care at home, and a focus on reablement and empowerment

Some Key Recommendations from the 2013 report:

- Ensure that the health needs of older people, particularly those living alone, are recognised and addressed in local housing provision.
- Achieve the following:
    - a single assessment - people will only have to tell their story once.
    - a coordinated care plan.
    - an improved quality of service for patients and service users.

The last 10 years: In 2020 Royal Borough of Kingston launched an ambitious "Transformation Programme", part of which is the "Targeted Need" transformation portfolio. This is focused on supporting people to live fulfilled lives that they choose, and everyone reaching their full potential. It encompasses exploring opportunities for efficiencies and operational excellence to best support continued delivery of improved outcomes, allowing the Council to most effectively respond to increasing demand while making best use of the resources available.

As part of this portfolio of work, a 'Housing and Supported Accommodation' needs assessment was undertaken in 2020 to understand the future need, over the next 10 years, for housing and supported accommodation for adults, children and their families who are living with disability and/or social care needs within Kingston. This evidence base has informed the Transforming Places to Live Programme which aims to ensure that housing development, housing for sale, housing for rent and temporary accommodation in Kingston meets local needs. The programme is designed to deliver a balanced mix of accommodation types and tenures so that demand will be managed, care costs will be reduced and residents will have quality of life in their chosen community.

The programme will enable the right support, at the right time, and in the right place so people can live in the most independent way possible. This includes a specific focus on the needs of older people and enabling more people to live close to their community, family and friends, and to not have to move out of the Borough if they need housing with care and support, and facilitating better access to aids,

[14] Case study: Increasing Pension Credit uptake in Age-friendly Communities

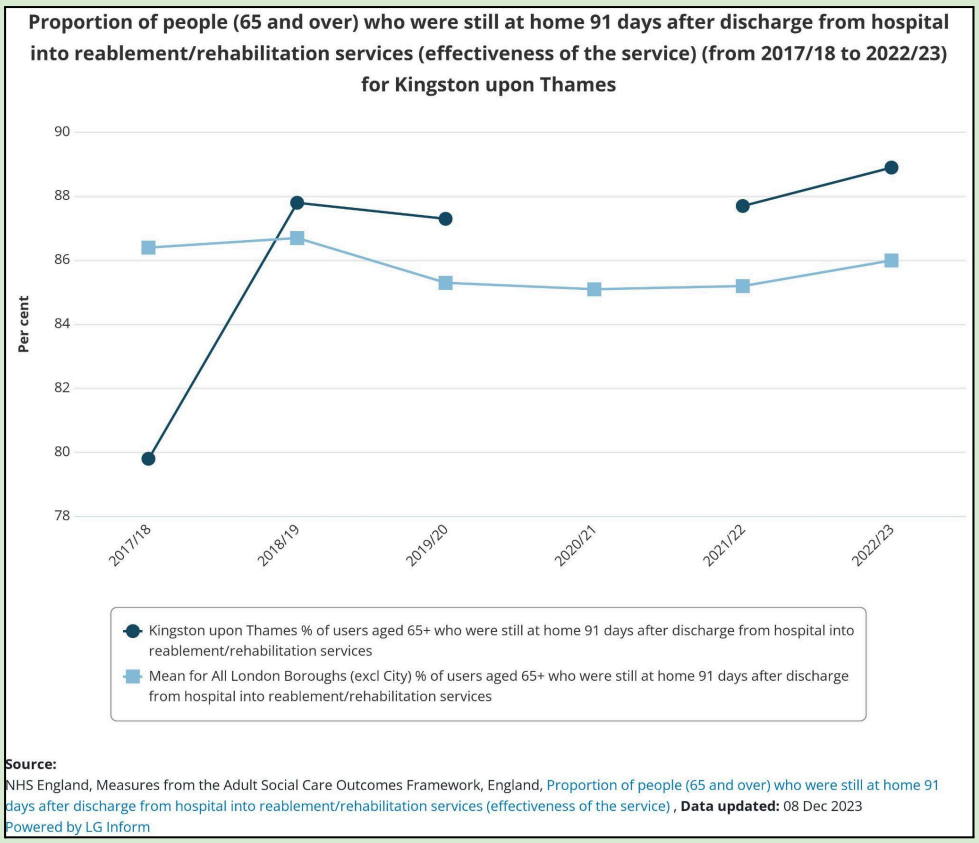
adaptations, technology and funding to ensure people's home are a safe place to live and be part of the community.

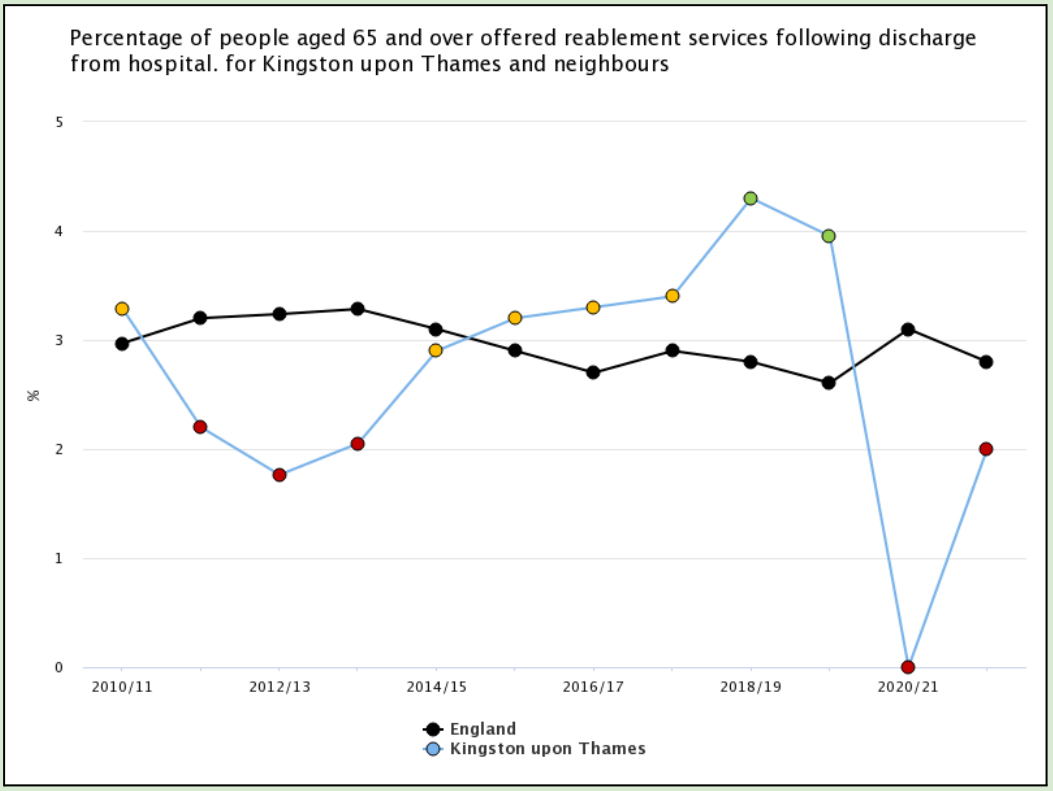
The "Targeted Need" Portfolio also includes a focus on Adult Social Care transformation working in partnership with NHS partners and the wider health and care system to offer an integrated support system for people in Kingston. It includes:

- The Adult Social Care 'front door' review, the purpose of which is to improve the access into different services in Adult Social Care and improve information, advice and guidance available for residents, including older people and their carers.
- 'Integrated Locality Models' bring together adult social care, health and community partners to provide: better health and care outcomes for residents, more holistic packages of care, improved information-sharing between agencies, greater collaboration opportunities and more efficient ways of working. The first phase of this project involved trialling this multidisciplinary approach amongst clients with high levels of needs in the New Malden Locality team - also known as Proactive Anticipatory Care. The next phase of this project rolled out this multidisciplinary approach across the remaining two locality teams - Kingston and Surbiton & Chessington in November 2023 and now all GP practices in Kingston are aligned to the Proactive Anticipatory Care model.
- Technology Enabled Care (TEC) programme - this programme is prompting the innovative use of technology to support people to live independently in their own homes for longer. TEC is integral to supporting residents to live safely in their own homes and to help maintain their independence for as long as they can and by doing this supports reducing and delaying more costly forms of care to the Council. TEC can also be used to support assessment processes to plan a package of care as well as using TEC to monitor activities of daily living (ADL) so that care planning can be proactive rather than reactive.

People in Kingston are offered reablement following discharge from hospital in order to promote independence and confidence to stay living in their own home. In the last 10 years, RBK has been continuously working with health and care partners to review and develop the offer. Rates for positive reablement outcomes are high for Kingston (in 22/23, 89% of people aged 65+ were still at home 91 days after reablement support following a hospital discharge, which is better than the London average, Short and Long Term (SALT) data sources for the Adult Social Care Outcomes Framework (ASCOF) 2022/2023)[15].

[15] LG Inform the local area benchmarking tool from the Local Government Association data https://lginform.local.gov.uk/reports/lgastandard?mod-metric=1101&mod-area=E09000021&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup





Source: Adult Social Care Outcomes Framework (ASCOF) based on ASC Short and Long Term support (SALT) data returns, NHS Digital

The Maximising Independence programme formed part of the wider Transforming Places to Live programme, which aims to ensure that housing development, housing for sale, housing for rent and temporary accommodation in Kingston meets local needs. The programme is designed to deliver a balanced mix of accommodation types and tenures so that demand will be managed, care costs will be reduced and residents will have quality of life in their chosen community.

The programme aims to improve outcomes for children, adults and families by providing high quality housing and housing services to support people throughout their lives; maximising the value and use of our assets to provide a range of housing types and tenures including specialist housing for those with higher levels of need. It will enable the right support, at the right time, and in the right place so people can live in the most independent way possible;

- Making best use of property and assets, to best meet demand/need, increasing choice and availability of a range of housing types across all tenures;
- Enabling more people to live close to their community, family and friends and not have to move out of the Borough if they need housing with care and support;
- Facilitating better access to aids, adaptations, technology and funding to ensure people's home are a safe place to live and be part of the community; and
- Providing a modernised, high quality housing service to effectively and efficiently manage/maintain the Council's stock.

The programme is cross cutting and has representation from Adult Social Care & Health operations, Adult Commissioning, Property, Housing, Children's Services and Planning.

4. Integrated Care and Services

Preventing falls and intervening with those at high-risk

Some Key Recommendations from the 2013 report:

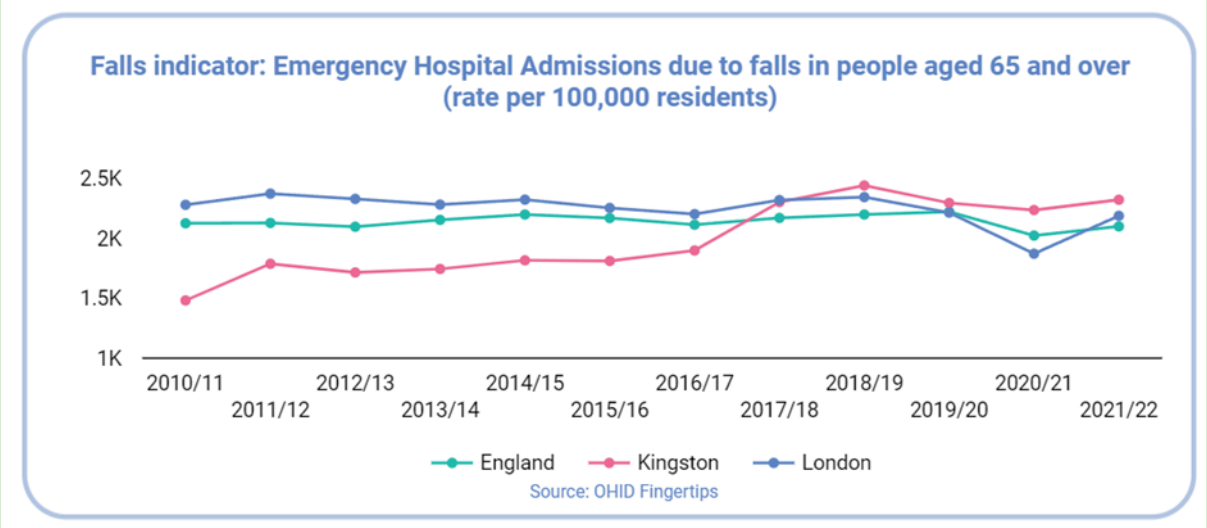
- Monitor and evaluate the new Kingston Bone Health Service ('Better Bones' programme)[16] after a year and ensure that it is integrated with the local falls prevention service and falls prevention initiatives in the borough.
- Broaden the available falls prevention exercise class provision to all localities of the Borough to maximise the accessibility of the service and to promote social participation.

[16] Better Bones Osteoporosis Service from Kingston Public Health - Case study - GOV.UK

The last 10 years: While there has been some work to try and reduce falls in Kingston, the data show that the desired outcome has not been achieved. The rate of emergency hospital admissions due to falls in older residents has been increasing in Kingston over the last decade and is higher than London and England as a whole. This indicates that this area needs further coordinated work to review and reorient and marshall our existing resources to achieve better outcomes for residents in terms of falls reduction. Progress on some of the recommendations in the 2013 report is as follows:

- Kingston's Bone Health Service (Better Bones programme)[17] has been monitored since it started in 2013 and a number of developments have taken place to address the needs identified. These include: working with GP practices to offer targeted information or exercise classes for people with risk factors for osteoporosis (2014-2019), offering Strength and Balance classes from 2020 for people with one or more long term conditions to prevent potential deconditioning from the COVID-19 'lockdowns' (requirements to stay at home). Better Bones classes and information sessions continue to be provided, with targeted offers through range of community locations and various day centres for older people (including Milaap[18], the Korean Seniors centre[19] and the Tamil Elderly empowerment group[20]).
- Information on falls prevention is available on the Connected Kingston website to provide advice and information to residents about local services (2021).
- Kingston Hospital NHS Foundation Trust carries out a range of work to prevent falls and also help people back to health after a hospital stay. Innovations include the Community Exercise Volunteering Service (Hospital discharge) programme, which offers people rehabilitation support at home (2021->). An evaluation of this found that it was effective in improving the functional fitness and health outcomes of elderly individuals.
- Kingston and Richmond both provide multidisciplinary integrated Falls and Bone Health services to patients aged 50 and over in the community and care homes, commissioned by SWL ICB. The services provide a multifactorial falls and fracture risk assessment for all falls referrals and offer a range of multi-disciplinary interventions based on the outcome of the falls risk assessment (in accordance with NICE guidance[21]). Work on the 'falls pathway' across Kingston and Richmond started in September 2019. Unfortunately the COVID-19 pandemic delayed this work but new plans are ongoing to expand the Kingston Falls and Bone service, and introduce a Fracture Liaison Service, as recommended in the NHS Rightcare falls and fractures pathway [22], in Kingston Hospital.

[17] https://connectedkingston.uk/services/better-bones-service
[18] https://www.milaapcentrekingston.org.uk/
[19] https://connectedkingston.uk/services/korean-senior-centre
[20] https://www.ccduk.org/projects/elders-empowerment-programme/
[21] Falls in older people: assessing risk and prevention Clinical guideline [CG161]Published: 12 June 2013 https://www.nice.org.uk/guidance/cg161
[22] https://www.england.nhs.uk/rightcare/toolkits/falls-and-fragility-fractures-pathway/



Source: Office for Health Improvement and Disparities (based on Hospital Episode Statistics [HES])

Promote positive mental health and improve support and intervention for dementia

Some Key Recommendations from the 2013 report:

- Update the mental health of older people needs assessment undertaken in 2007-08 and implement revised recommendations.
- Increase the number of older people using the Improving Access to Psychological Therapies (IAPT) service for anxiety and depression at the Kingston Wellbeing Service.
- Work closely with GPs to ensure primary prevention of vascular dementia, and to increase rates of accurate diagnosis of all types of dementia.

The last 10 years: The estimated prevalence of common mental disorders in people in Kingston aged 65 and over in 2017 was lower than the England and London averages based on 2014 Adult Psychiatric Morbidity Survey but there is no more recent or trend data.

A new Kingston's Better Mental Health Joint Strategic Needs Assessment was completed in 2022. This includes a focus on older people[23]. The recommendations in this are now being implemented, including promoting Mental Health First Aid training to all frontline staff working with older people.

During the COVID-19 pandemic, a series of social media campaigns were published through Connected Kingston to support residents to find help for mental health and

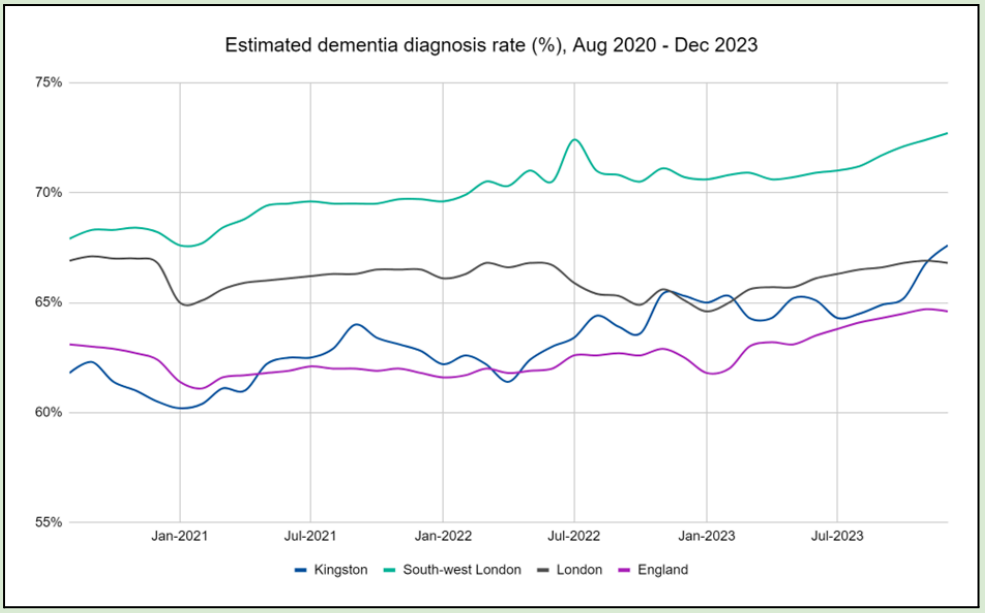
23 https://data.kingston.gov.uk/wp-content/uploads/2023/09/Kingstons-Better-Mental-Health-Joint-Strategic-Needs-Assessment-2022-Summary-Report.pdf

other support online and in the community. Regular mental health campaigns have continued to feature as part of planned communications of the website. Specific collections/lists of services have been put together to better support residents and those supporting residents, including lists of services which are 'Dementia Friendly', 'Help with depression, anxiety and stress' and help those who are 'Feeling lonely'.

The over 65 referral rate per 100,000 population to NHS Psychological therapies in Kingston in 2019/20 was higher than that in England but one of the lowest in London. Kingston iCope created an Older People's Champion role within the team in 2019. They are currently working on a project which aims to raise awareness amongst the local older adult community of the services available, understand barriers to access, and if appropriate, develop a group intervention specifically aimed at older adults.

Since 2017, Kingston's dementia diagnosis rate had been increasing, and whilst it reduced during the COVID-19 pandemic (2020-2022) it has now been increasing for the last two years, which means more people with dementia are being put in touch with services and supported. In December 2023 it was 67.6%, just above the NHS target of 67%[24]. Whilst Kingston's rate is higher than the England rate it is average for London and lower than the South West London rate. A report to the Kingston Health Overview and Scrutiny Panel ('HOP') in November 2023 noted some of the possible reasons for the low diagnosis rate in Kingston including that patients in one of our surgeries are recorded under another region[25]. The HOP report also outlines the wide range of work primary prevention ongoing with GPs in Kingston to help residents take action to reduce dementia risks. These include the NHS Health Checks programme and referrals to Public Health commissioned offers including the stop smoking service, alcohol advice and services, weight management services and other opportunities.

[24] Primary Care Dementia Data - NHS Digital (accessed February 2024)
[25] https://moderngov.kingston.gov.uk/ieListDocuments.aspx?CId=233&MId=9749 Health Overview and Scrutiny Panel 21 November 2023 A focus on Dementia, Services and Support in Kingston



Identify and support carers in providing care for family and friends

Some Key Recommendations from the 2013 report:

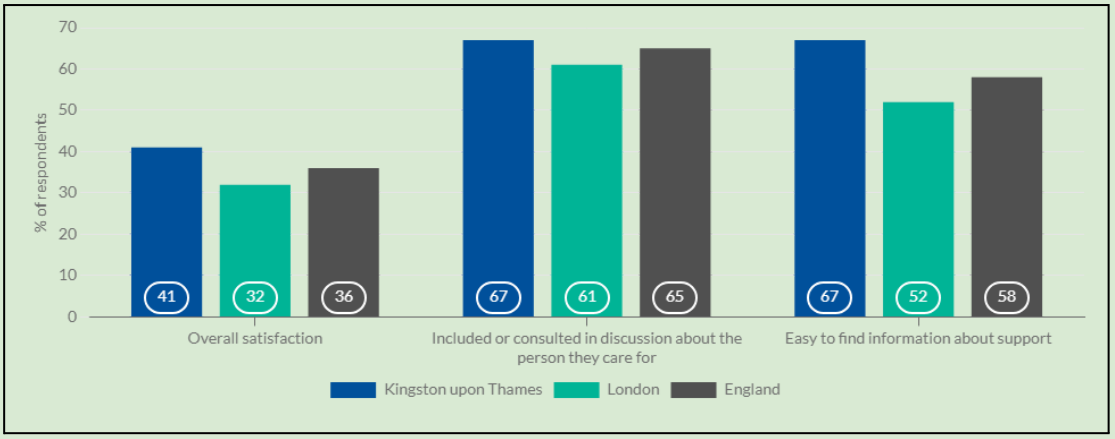
- Improved recognition and support for carers by primary health care professionals.

The 2013 - 2015 Kingston Carers' Strategy was developed by carers, voluntary, community and social enterprise (VCSE) sector organisations, RBK and Kingston Clinical Commissioning Group (now part of South West London Integrated Care System). Some of the goals outlined in the action plan were achieved such as establishing a service within Kingston Hospital to identify carers, supporting them with issues such as discharge planning and provision of advice and advocacy to carers.

Since then young and adult carers were involved in creating the new All Age Kingston Carers Strategy, which will build on the progress made.

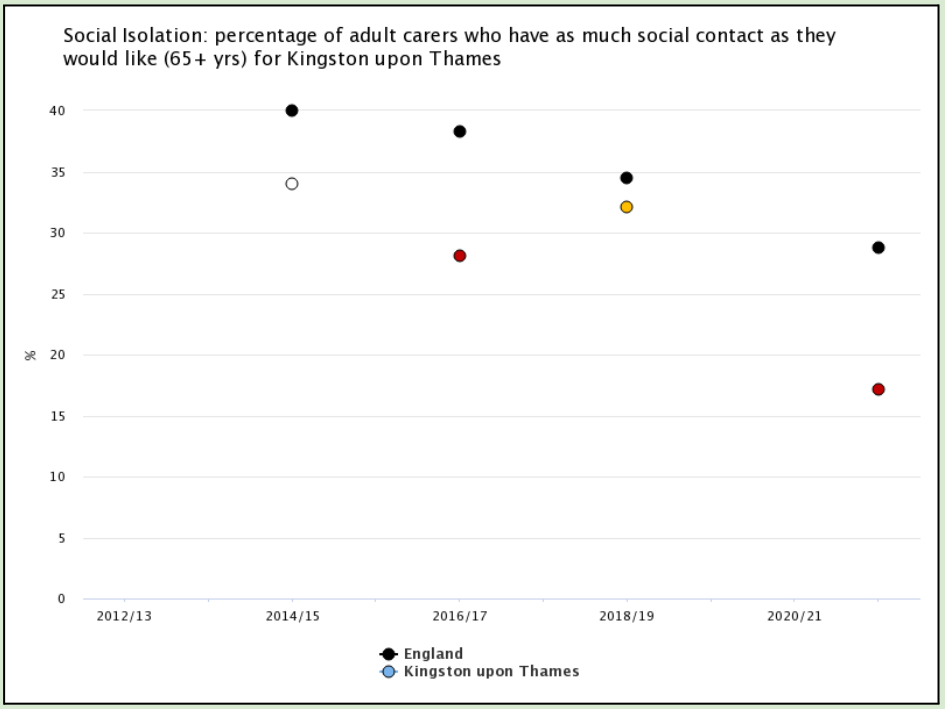
The strategy was also informed by the results of the Adult Social Care Outcomes Framework (ASCOF) NHS Digital Carers Survey (2021-2022), which are summarised below.

In some areas Kingston performs better or as well as London and England including overall satisfaction, feeling included or consulted in discussion about the person they care for and finding it easy to find information about support:



Source: ASCOF

Of concern are the figures for the percentage of adult carers aged over 65 who have as much social contact as they would like. The figures have been going down in England as well as Kingston since 2013 but the figure for Kingston in 2021-22 (17.1%) is much lower than the averages in London (27.7%) and England (28.8%).



Source: Adult Social Care Outcomes Framework (ASCOF) based on the Personal Social Services Survey of Adult Carers, NHS Digital

One of the priorities of the new All Age Kingston Carers' Strategy 2022-2027[26] is to 'Better identify and recognise young and adult carers as equal partners'. Planned actions include: Work with GP practices to promote identification of unpaid carers as part of routine appointments, at point of diagnosis/ health intervention/ trauma and promote the 'Make Every Contact Count' initiative.

[26]https://www.kingston.gov.uk/downloads/download/617/all-age-kingston-carers-strategy

‘Recognising all carers’ is one of the four priority themes or ‘golden threads’ (for all ages) of the recently refreshed Kingston Health and Care Plan 2022-2024 . It includes a commitment to take action to improve our practice in identifying and recognising carers of all ages so they are linked to appropriate support options, enabling carers to reduce the social, financial and health impacts they face.

RBK’s Public Health Team have worked closely with Kingston Carers Network to create a carers category on Connected Kingston, as well as improve the quality of the information on service pages. This has been promoted via Connected Kingston and Adult Social Care newsletters, to staff via team meetings and through social media promotion. This has been included in the Adult Social Care Front door digital work, which is helping to signpost carers to this information.

5. Protecting Older People's Health

Safeguarding vulnerable adults from neglect and abuse

Some Key Recommendations from the 2013 report:

- The Action plan of the Safeguarding Adults Board identifies three main areas:
    - Ensure strong preventative measures are in place
    - Develop strong informed communities
    - Develop effective strategic leadership

The last 10 years: In relation to Safety and Dignity, Making Safeguarding Personal (MSP) is an approach to Safeguarding in Kingston that aims to make sure that the person (adult at risk) and or their advocate are fully engaged and consulted throughout and their wishes and views are central to final outcomes of a safeguarding enquiry. In Kingston we work in partnership with Healthwatch Kingston to deliver an MSP project which seeks views and engagement of adults that have been through the safeguarding process (as defined in Care Act 2014). The annual report found that overall feedback shows people feel happy and safer after intervention through the safeguarding process. This project continues, learning from areas of development and feeding this into local practice across Adult Social Care and partner agencies.

Regarding improved quality measures, the council has developed a quality assurance framework between the Operations and Commissioning teams in Adult Social Care that provides a preventative and reactive approach to managing quality and safeguarding concerns that involve local providers. This framework is led by Kingston Council, supported by local partners and governed by the Care Governance Board. The aim of this framework is to develop, maintain and manage quality in services. This process also examines local data including quality

concerns, safeguarding activity and intelligence provided by other agencies such as the CQC to help plan, deliver and intervene with the aim to improve and measure quality in local services.

The council has developed the council website safeguarding pages to provide timely and accurate safeguarding information. This includes web forms for professionals and the public to report safeguarding concerns, improving access to reporting, and sharing necessary information safely. Alongside this, the Kingston Safeguarding Adults Board has developed updated printed literature and leaflets shared during national Safeguarding Week and through local briefings and training to the local community and services.

Protect older people's health by improving uptake of immunisations and national screening programmes

Some Key Recommendations from the 2013 report:

- The Kingston Health & Wellbeing Board must remain assured that immunisation services for local people are meeting the required standards
- The Kingston Health & Wellbeing Board must remain assured that screening services for local people are meeting the required standards as set out by the National Screening Committee

The last 10 years: Flu vaccination rates amongst people in Kingston aged 65 and over remained between 67-69% until 2020/21 when the rate increased to 75% where it remained for the following two seasons (2023/24 data awaited). The WHO recommends a minimum 75% uptake is achieved for flu vaccination in those aged 65 years and over. In 2020, delivering the Flu Programme during the COVID-19 pandemic became a challenge. PHE data showed that co-infection with flu and COVID-19 increased disease severity and those at greatest risk of flu were also at greatest risk of COVID-19 infection[27]. This meant that it was critical that everything was done to help protect those most vulnerable. The NHS implemented a national call and recall to remind those who were eligible to get their flu vaccinations in addition to the usual GP correspondence. All partners were asked to increase efforts to increase uptake in all cohorts but especially those in underserved groups. This level of effort has continued since and with co-administration of COVID-19 and flu

27 https://www.gov.uk/government/publications/health-matters-flu-immunisation-programme-and-covid-19/health-matters-delivering-the-flu-immunisation-programme-during-the-covid-19-pandemic#eligible-groups-uptake-ambitions-for-the-2020-to-2021-programme-and-increasing-uptake (accessed January 2024)

vaccinations being advised in 2021/22 programme[28], rates have been maintained at and above the WHO target[29].

Breast cancer screening data showed an increase in coverage from 2015 to a high of 74% in 2020 when it steeply declined to 57% in 2021[30]. This was as a result of the COVID-19 pandemic when the screening service was paused, and then impacted by COVID-19 restrictions once resumed[31]. Data from 2022 showed an increase to 62%, but this is still below the 70% National target. Bowel cancer and Abdominal Aortic Aneurysm screening rates in Kingston are lower than the England and London averages although bowel cancer screening rates are improving.

80% of people with diabetes in Kingston attended diabetic eye screening in 2022-23[32], similar to London overall and above the national average of 75%.

Protect vulnerable older people in times of extreme weather throughout the year and identify and support those living in fuel poverty

Some Key Recommendations from the 2013 report:

- Multi-agency plans and response arrangements should be integrated and progressed to ensure that there is effective delivery of resources and support.
- Aim to maintain thermal comfort during periods of extreme heat and cold weather for the elderly, such as progressing fuel poverty initiatives.
- Climate change adaptation policies to be progressed; investment needs to be secured for the installation of physical climate change resilience measures as part of improvements to public and private accommodation for the elderly and vulnerable

---

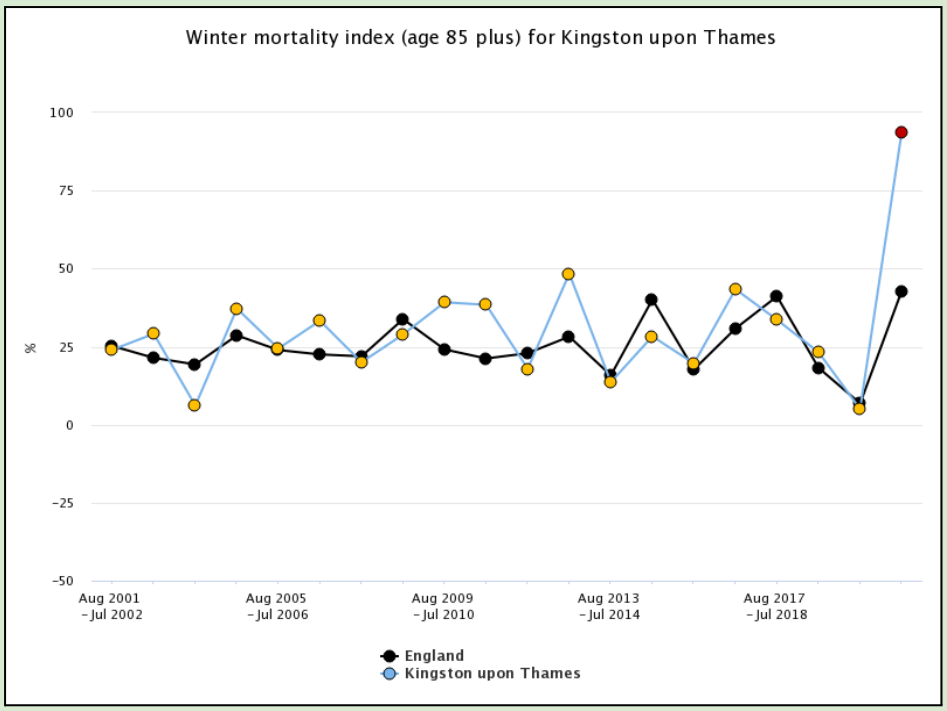
28 https://webarchive.nationalarchives.gov.uk/ukgwa/20220412180617/https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2021-to-2022-letter#influenza-and-covid-19-vaccination (accessed January 2024)

29 https://fingertips.phe.org.uk/search/flu%20vaccination#page/4/gid/1/pat/15/ati/502/are/E09000021/iid/30314/age/27/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 (accessed January 2024)

30 https://fingertips.phe.org.uk/search/cancer%20screening#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E09000021/iid/22001/age/225/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0 (accessed Juanuary 2024)

31 https://digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england---2020-21/covid-impact---programme-summary-2020-21 (accessed January 2024)

32 https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-audit accessed January 2024)



The last 10 years:

The winter mortality index[33] shown above compares the number of deaths in people aged 85 years and over in the winter months (December to March) to those in other seasons (August to November, and April to July). The most recent year of data, covering 2020-21, shows an index for Kingston of almost 100% - which means nearly twice as many deaths per month that winter than at other times, far higher than the national increase. The winter of 2020-21 was the first 'COVID-19 winter', when the COVID-19 'Alpha' wave was in full flow and immunisations were only just beginning. This is likely to be the main driver behind the greatly increased death rate in Kingston's 85+ year old population that winter.

Reducing and preventing fuel poverty: Thinking Works are commissioned by Kingston Council to carry out "Warm Home, Better Health" assessments to help the following vulnerable groups: Residents aged 65 or over, Residents with a long-term health condition or disability, Low-income families. The aim of the service is to make homes warmer, improve health and alleviate fuel poverty. The project is a holistic assistance programme that targets hard-to-reach, vulnerable groups with structured, impartial assistance to improve individuals' comfort, quality of life and overall health.

Over the last ten years the project has adapted to best practice e.g. between 01/9/2019 and 31/3/2020 briefing sessions were held with frontline health, social care, housing, and voluntary sector teams and outreach events were held in the community to promote the scheme to align the project with national guidance[34]. The

33 https://fingertips.phe.org.uk/search/winter#page/4/gid/1/pat/6/par/E12000007/ati/402/are/E09000021/iid/90361/age/20/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0 (accessed Jan 2024)

34 Excess winter deaths and illness and the health risks associated with cold homes

project has also adapted to emerging needs, for example, using findings of a 2016-17 evaluation, which led to further links for residents to other available services.

As an example of the type of annual benefits from this programme, from April 2022 to March 2023, £410,000 worth of insulation and heating measures were applied for which should lead to income improvements for residents receiving the service of £598,000.

Since 2013, more than 3,000 people in Kingston have had a Warm Home Better Health visit.

Climate change adaptation policies:
In June 2019, Kingston Council declared a climate emergency. Kingston's Climate Action Plan was approved at Place Committee on 10 March 2022. The plan aims to reduce emissions, protect and enhance nature and prepare the borough for the unavoidable impacts of climate change, while also bringing other benefits such as safer streets, warmer homes, new jobs and improved air quality. Kingston has ambitious targets of carbon neutrality - 2030 for council operations, 2038 for the whole borough.

While mostly focused on reducing emissions, Kingston Climate Action Plan also brings commitments around climate change adaptation. Reducing potential for overheating, implementing nature based solutions such as SUDS (sustainable drainage systems) and flood risk are among the main themes. However, we know adaptation needs to go much further - Climate Change Committee (Technical Report) describes a variety of risks that are especially relevant to older people and vulnerable populations, and these need to be embedded across the public health and social care landscape.

NICE guideline [NG6]Published: 05 March 2015 https://www.nice.org.uk/guidance/ng6/chapter/1-recommendations