Connecting Health Communities in Wirral for older people who are '*falling through the net*'

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Commissioned by:

COMMUNITY FUND

CONNECTING HEALTH COMMUNITIES
with IVAR

Through Connecting Health Communities in Wirral the aim is to reduce health inequalities for older people by asking:

Why are some older people not getting the support they need? What is getting in the way?

How can we better understand what needs to change and

What immediate and longer-term action do we need to see?

The focus is on the health inequalities faced by older people and tackling those through cross-sector partnership working.

What does Connecting Health Communities look like in Wirral?

Steering group:

- One Wirral CIC – Karen Livesey
- Older People's Parliament (OPP) – Julie Kay
- Citizens Advice Wirral – Carol Johnson-Eyre
- Healthwatch Wirral – Micha Woodworth
- Age UK Wirral – Jamie Anderson

IVAR we listen, and learn together

What people have said

"We can't get to these people (falling through the net) but the debt collectors can".

"Connecting people with what is there".

"We need an agile response to weathering storms for older people – pandemic, cost of living crisis".

"The pandemic recreated loneliness".

"When people fall through the cracks they do so spectacularly".

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What do we mean by older people who are *'falling through the net'*?

- **Older people who are deprived by their circumstances**: Those living in poor conditions, and those with drug and or alcohol issues that are often unseen and hidden.

- **Older people who are isolated**: Those who don't have good family or community connections, not always experiencing poverty or are disadvantaged around health inequalities, but are lonely and may have experienced difficult or traumatic times in their lives

- **Older people who have been independent and don't need support till they reach end of life and then need it** and are at the very end of the lifecycle of services. *'These people usually might hit crisis only later in life, and don't know what's out there as they have never needed it. But will need to know as they might have to access support in the future'.*

- **Older people who are carers and older** need time out to look after themselves and their physical and mental health & wellbeing.

What do we mean by older people who are *'falling through the net'?*

- **Older people with low literacy and lack of digital knowledge:** Those who struggle to understand more about their pension or benefits that they can access, due to inequalities in literacy and communication. *'Most of us in the ageing population are not internet savvy, making us more isolated'.*

- **Older people who need mental health support:** Older people are finding it harder to access support and services for their mental health (or don't identify their anxiety for example as a mental health illness, nor want to due to the stigma).

- **New cohort emerging due to the cost-of-living crisis:** Some older people are likely to be more isolated as they need to make choices about their social activities to be able to afford things like gas and electricity. And, with many One-Stop shops still unopened since the pandemic places to get support are more limited.

Discussion on '*what do health inequalities look like*'?

Lack of awareness, accessibility to services available and digital access.

Dependent on where people live or stay (including distance which can cause inequality in access).

Literacy issues causing unequal access to knowledge and information.

Changes to the health and wellbeing over last five years

- **Lack of connection and support** including being unable to see the doctor as a fall out from the pandemic
- **Being afraid to ask** '*not wanting to moan about my healt*h'
- **Accessibility issues: Not knowing how or where to access** health and wellbeing support needed
- **Lack of choices** for own health and wellbeing
- Adjusting to the new digital systems at GPs
- **Lack of personalisation** in health, care and welling services and
- **Difficult in being physically active** post the pandemic and being unable to access green spaces.
- **Digital overload** with applications and emails. *Just too many apps to keep a track of'*.
- **Being prepared for the unexpected** and being ready for change.

Hope to changes to health and wellbeing in the next 5 years

- **Establishing advocacy services** to get information, through one email information bank with a coordinator to support for **more knowledge and information circulation**
- **Better access** by reducing the number of changes made to access services
- **Strategy changes** to look at personalisation of health & wellbeing
- **Access to physical spaces** by tailoring and making green spaces accessible by older people
- **More delivery within and from communities**
- **Better tracking of older people especially those**: who are 75+ and need health and holistic checks for specific illnesses e.g. diabetes, fibromyalgia, arthritis
- **Better follow-up for newly diagnosed patients** who are unfamiliar with services to avoid drop-off the radar

IVAR we listen, and learn together

In Wirral there is a good menu of support for older people. Together, how can we make sure it is more visible and ensure ALL people are empowered to access the offer?

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What stops you (and others) getting help or assistance?

Digital barriers

- **Feeling forced** to use the internet
- **No digital access** to online events and services
- **Not getting the same level of satisfaction or connection from online services/events** compared to in-person services/events

Transport

- **Senior bus passes not valid** at certain times
- **Not feeling safe** to travel (particularly alone or at night)
- **Poor accessibility** for those with mobility issues

Discrimination

- **Discrimination in agencies and councils**
- **Being seen as "too old"** to contribute to community
- **No stimulating and age-appropriate activities** in residential care homes

Lack of connections and isolation

- **Not knowing what is out there or how to access it**
- **Not having people to go to events with**
- **Lacking confidence**
- **Perception** of "I'm too old" and "there's nothing to do in the Wirral"
- **Not knowing how to connect** and talk to each other

What stops people falling through the net?

Designing services to support older people and their needs. Ensure service adaption understands local communities, support knowledge generation, has the human touch, is bottom up and based on user feedback. These include:

1. Better engagement with voluntary and faith organisations who know their communities well.

2. Being giving time including longer length appointments

3. Dedicated phone number, manned by volunteers possibly Wirral based (E.g., SOS number from Covid) for checking in with those with no family each week and need health support.

4. Utilise trusted individuals like delivery driver, chemist home delivery

5. Keep it simple! Clear, short, sharp messages, if too wordy people switch off, need to be easy to read keeping in mind literacy issues. E.g., postcards on how to keep warm.

6. Using A&E visits to ask questions about general health and give leaflets about services what is available in Wirral

Respect and trust! Older people are self-aware of own health needs, are independent and can make the right choices for health and well-being but need to be asked and given choices based on their needs.
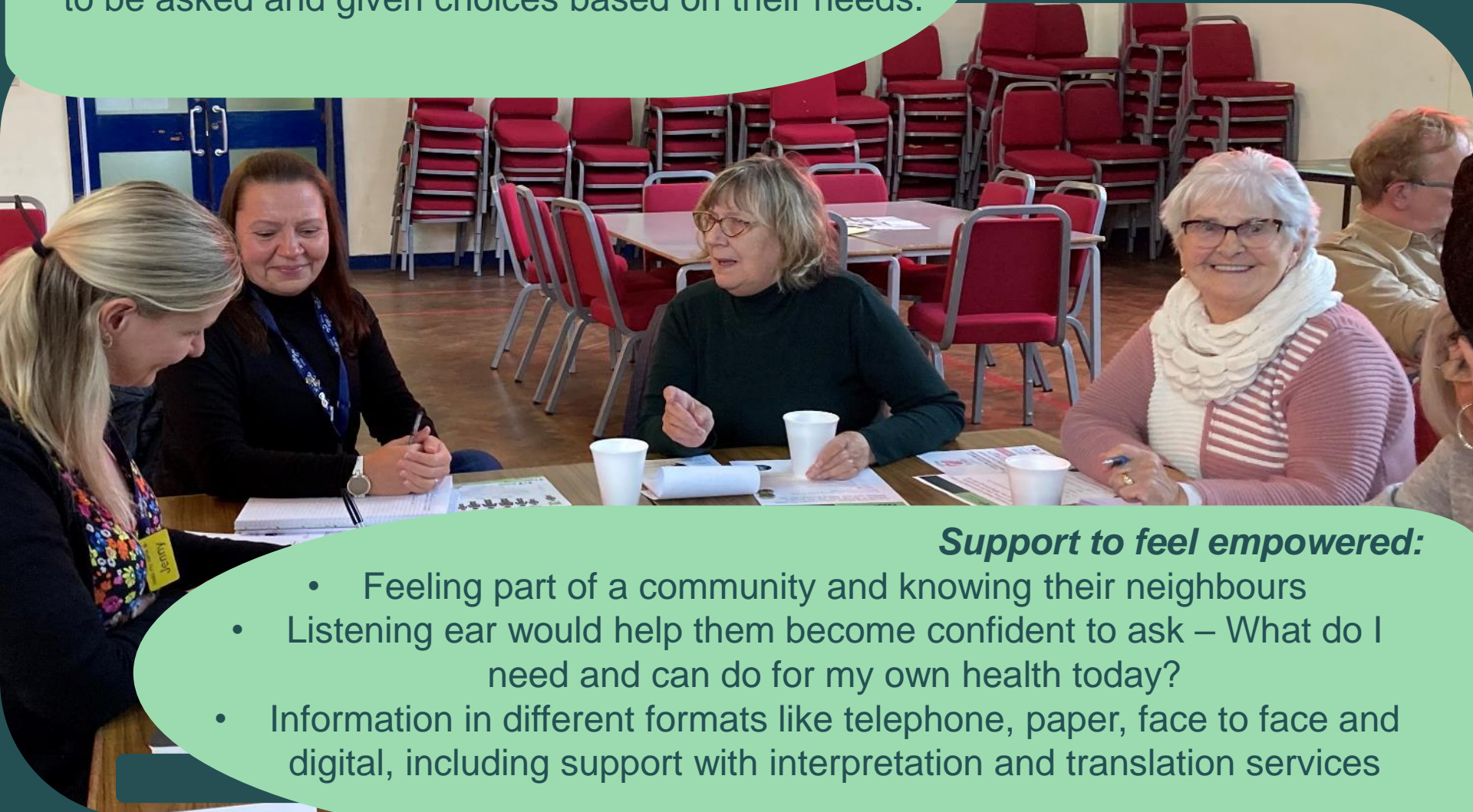
Support to feel empowered:
- Feeling part of a community and knowing their neighbours
- Listening ear would help them become confident to ask – What do I need and can do for my own health today?
- Information in different formats like telephone, paper, face to face and digital, including support with interpretation and translation services

What stops people falling through the net?

Developing community- enabled services that are local, accessible and support older people to access health and well-being services. Things to keep in mind:

1. **Keep services person-centred and easy to access**, don't over complicate it!

2. **Enable trust in skilled, approachable people in the community** like the link workers, community connectors, community and faith leaders, friends, family members and social prescribers.

3. **Create solutions that understand local people** and support local knowledge and information generation, like a directory of support offer

4. **Support for volunteers**: Decide on how do we use them, support them with training and get a coordinator to strengthen volunteers and volunteering in the community.

What do we hope to achieve?

Support the design and delivery of services for older people that means people aren't left behind or unable to access local support to meet their needs.

Service focus: Improving Access to Psychological Therapy (IAPT)

As we get older, we are more likely to feel grief, health problems, changes in societal roles, financial concerns, and carer considerations. All of these can be difficult to cope with. In our society, these things are usual for older people to deal with themselves. However, it is not normal for anyone to have to deal with these issues alone. Older people can improve and cope better with IAPT.

Question	Response
In your experience, where do you think most older people go to find information about help for their mental health?	• Doctor/ GP if you can get an appointment and privacy needed • Family and trusted people within the community • 'Some people don't want to worry their family'
In your experience, do older people talk to friends and family when they feel on edge or low about their situation?	• Would talk to close friends, who probably already know people do try and cover up their feelings; and wouldn't worry family unless their family is safe and reliable • Differences between men and women, women more likely to talk to women particularly friends
In your experience, do older people go to their GP if they are on edge or feeling low?	• No – 'they just get on with it' • Older people spend a lot of time engaging with health services i.e. lots of GP appointments but presume they are for their physical health. More older people are given anti-depressants rather than therapy • Comes from other contact with GP on other matters • Need to have crisis to do this
In your experience, are older people more likely to offer support to people who are feeling on edge or feeling low?	• Yes – talk to friends of similar age/ life experiences • Don't want to interfere in older people's lives and are a very private generation
In your experience, would an older person likely suggest talking therapies to people who have expressed to them that they were feeling on edge or low?	• No - Wouldn't want to suggest as unsure of what is available. Some might suggest GP, who may not be the best person or most knowledgeable. • Feedback we've had – 'I don't need counselling, I just need someone to talk to'. Need to look at a better understanding of services.

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For enquiries, please contact
sonakshi@ivar.org.uk

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