Advancing our health: prevention in the 2020s

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About this consultation

The Department for Health and Social Care are asking for views on how to tackle preventable illnesses in England. This response lays out Age UK's view on the best ways to support older people to live well for longer.

1. **Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups?**

All older people, irrespective of where they live or their ability to pay, should be able to access the quality care they need to maintain their health and live with dignity. Across the country 'care deserts' have emerged, where older people are unable to access home or residential care[i]. This has contributed to the 1.4 million older people living with unmet need, 300,000 of whom need support with at least three activities of daily living, such as getting out of bed, going to the toilet, or getting dressed[ii]. Inadequate social care provision leaves older people at greater risk of illness or injury, as well as placing unsustainable pressure on the NHS, with delayed transfers of care costing nearly £290 million a year. The Government must urgently set out plans for providing all older people with fair, equitable access to essential care and support.

Alongside investing in social care, we must also ensure that all older people can access services which help to keep them well. The erosion of local authority budgets means older people are missing out on vital support, with those living in the most deprived areas the hardest hit. The public health grant was cut by 22% between 2014/15 and 2019/20, amounting to an £850 million reduction in real terms[iii]. Service spending by local authorities fell on average by 31% in the most deprived areas, compared to 17% in the least deprived areas[iv]. The impact is clear: a survey of 250 GP partners revealed that more than three quarters had withdrawn or reduced funding for at least one of their public health services, such as smoking or alcohol cessation and weight management services[v]

The 2020/21 Spending Review saw an increase in real terms funding, but significantly less than the £1 billion required (taking into account population growth) to reverse previous funding cuts. The Government should develop a comprehensive and funded strategy which lays out how they will improve public health for older people.

2. **Do you have any ideas for how the NHS Health Checks programme could be improved?**

While the NHS Health Check can support older people to stay healthy, take-up is currently limited and there is a risk that moves towards digitalising the service will reduce accessibility further for older people. Many older people are digitally excluded and do not have the skills, confidence, or money to access technological solutions. There are 3.7 million older people aged 65+ who have never used the internet, while 56% of people aged 75+ have not used the internet in the past 3 months[vi]. Older people on the lowest incomes are further excluded and 2.5 times less likely to be using the internet than their peers[vii]. While digital tools can be beneficial, services need to be provided in a variety of formats, including face-to-face, to ensure that they are accessible to everyone. Older people should be consulted in any review of the NHS Health Checks programme to make sure that future developments meet their needs.

It is also essential that the NHS Health Check does not sit alone and that people receiving the health check are also provided with appropriate advice and support. Unless people are supported to fully engage with their health and wellbeing risks, the Health Check could just become a tick-box exercise. For older people this means not just providing screening and advice for disease prevention but ensuring that the NHS Health Check identifies older people living with frailty and provides them with advice and support on how to maintain their independence.

3. How else can we help people reach and stay at a healthier weight?

The Prevention Green Paper focuses on losing weight to maintain health, however we would recommend an additional emphasis that those at risk of undernutrition should be supported to put on weight to maintain good health and wellbeing in later life.

It is estimated that around one in 10 people over the age of 65 are malnourished or at risk of malnutrition[viii]. Those suffering are at an increased risk of infection, more and longer stays in hospital and of worse health. Malnourishment leads to increased demand on health and care services at an approximate cost of £19.6 billion a year[ix]. As our older population increases, the number of older people at risk of malnutrition will also increase, adding further demand on health and care services.

Malnutrition is not an inevitable part of ageing. In many cases, malnutrition can be prevented through proper nutritional support in hospital, care homes and the community. However, public and professional awareness of malnutrition is low; public health messages focused on losing weight can be confusing and the myth that losing weight as we age is normal contribute to the prevalence of malnutrition in the older population.

More work is needed to educate health professionals and the public that maintaining a healthy weight can sometimes mean gaining weight and that malnutrition exists and is preventable.

4. Have you got examples or ideas that would help people to do more strength and balance exercises?

Falls account for the largest cause of hospital admission for older people, with nearly 1,000 older people admitted daily at an annual cost to the NHS of £2.3 billion[x]. Falling can have serious implications for older people: it can cause hip fractures, which lead to lengthy stays in hospital, or even death, with 14 older people dying every day because of a fall[xi]. However, Public Health England have found that falls prevention programmes, including physical activity that promotes strength and balance, can cut down hospital admissions caused by falls by a third and produce a financial return on investment of £3 for every £1 spent[xii].

Despite strong evidence on the importance of strength and balance exercises, only 13% of men and 10% of women aged 65 and over are meeting recommended aerobic and muscle-

strengthening guidelines, with the proportion declining even further to 5% for people over 70[xiii]. There are a variety of reasons for this:

- Many older people do not recognise the importance of strength and balance exercise, with 41% of over 70 year olds not realising that good strength and balance can help to reduce falls[xiv].
- There is a lack of understanding around falls prevention and what can be done to reduce risks.
- There are additionally false perceptions around exercise, with many older people, or their families, believing that exercise would be too high-risk for them, when in reality even a small amount of exercise brings significant benefits to older people.
- Strength and balance programmes are underfunded and there is significant variety across the country in the availability of services. Programmes which do exist aren't always based upon best-available evidence[xv].

Age UK recommends the following to increase the amount of older people doing strength and balance exercises:

- All older people, regardless of where they live, should be able to access a range of evidence-based strength and balance classes in their local area, so that they are able to find something which works for them and which they enjoy.
- Local authorities should deliver marketing campaigns to raise awareness of the importance of strength and balance in later life and to dispute unhelpful stereotypes about ageing. Age UK research has found that campaign messaging should be based upon the positive benefits of attending classes, for example increased mobility and exercise, rather than on reducing the risk of falling. This is because many older people do not perceive themselves at risk of falling, believing that falls only happen to people older and frailer than themselves, so will not be responsive to campaigns centred on falls[xvi].
- Older people living with long-term conditions or frailty should be made aware of the benefits of exercise and supported to find appropriate exercises which are appropriate for their health needs. To this end, Age UK have joined together with 14 leading health charities, including the Alzheimer's Society, Stroke Association, and Parkinsons UK, and Sport England to develop a campaign to inspire and encourage people living with long-term conditions to be more physically active[1]. While the campaign is targeted at adults over 30 years of age, the majority of older people are living with at least one long-term condition[xvii], making them a key audience for this campaign. The campaign features a wide range of people living with long term conditions, including several older people, who have found a way to be active that suits them. The campaign consists of films highlighting case study stories as well as a suite of other assets, including GP and pharmacy resource packs available via the PHE resource centre. The messaging for the campaign has been based on robust research with people living with long-term conditions.

[1] For more information, visit www.weareundefeatable.co.uk

5. **Can you give any examples of any local schemes that help people to do more strength and balance exercises?**

Local Age UKs across the country deliver a wide range of programmes to help older people improve their strength and balance. These include tai chi, dancing, yoga, and seated exercises, with the varied approach helping to ensure there are options available to meet everyone's interests and needs. Older people attending the classes are also able to link into other Age UK services and activities, thereby increasing opportunities to socialise and improve wider health and wellbeing.

6. **There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?**

Older people are just as likely to live with a mental health condition as any other age group, with one in four living with a common mental health condition, such as depression and anxiety. They are also just as likely to benefit from talking therapies and have been shown to be more likely to engage with treatment than other age groups[xviii]. Despite this, older people are severely underrepresented in mental health support services and are being denied treatment:

- People over 65 make up 18% of the population across England, yet only 7% of service users referred to the Increasing Access to Psychological Therapies (IAPT) programme are older. A target to increase the proportion of IAPT service users who are older to 12% was set in 2011 but has been repeatedly missed[xix].
- Older people over 75 are a fifth as likely as younger people to have access to talking therapies but six times more likely to be on tranquilisers or equivalent[xx].
- The Royal College of Psychiatrists have estimated that 85% of older people with depression receive no help at all with their condition from the NHS[xxi].

We have commissioned research with Britain Thinks to understand the reasons why older people are not receiving the mental health support which they need. This research, together with existing literature, has identified several obstacles to accessing support:

- Older people can find it difficult to recognise the symptoms of mental health conditions and are either unaware of support which is available, or don't believe it will be effective for them because of their age. They may also be reluctant to ask for help for fear of being judged or stigmatised.
- Many health professionals hold ingrained beliefs about older people which deter them from referring older people to IAPT. This includes that mental health problems are a natural part of ageing which cannot be improved or that older people are not receptive to talking therapies.
- The design of mental health services are not always accessible to older people. Some staff are less confident in supporting older users and the time and locations of services can be inappropriate for older people, especially those with mobility difficulties. The application process to IAPT often involves self-referral and online elements which are a further obstacle to entering the system. Existing literature shows that black, Asian and minority

ethnic older people can face additional obstacles, including language barriers, lack of access to information or a lack of culturally sensitive services[xxii].

While we are pleased to see the Long Term Plan commit to treating an extra 380,000 people with mental health conditions per year, we believe concerted effort is need to break down the barriers to older people being able to access IAPT. We are making the following recommendations to support older people's mental health and wellbeing:

- All health and social care staff working with older people should receive training to identify and respond to older people's mental health issues. This should include challenging myths that mental health issues are a normal part of growing older and that talking therapies are not beneficial for older age groups.
- Barriers to older people reaching out for support need to be addressed. This includes ensuring that older people are able to recognise symptoms of mental health conditions, know who to turn to when they are struggling, and feel comfortable in asking for help. Destigmatising the mental health of older people must be at the forefront of public discussions around mental health.
- Local Sustainability and Transformation Partnerships and Integrated Care Systems need to ensure that IAPT services meet the needs of older people. This includes ensuring that they are located in accessible locations and delivered in formats which meet older people's needs, for example face-to-face rather than over the phone. Promotional materials should target older people, for example by using language which older people can relate to, such as 'feeling down' or 'out of sorts', instead of 'mental health problems', which has been shown to be off-putting for older audiences.

Older people's mental health is a priority for Age UK and we are launching a campaign at the end of October 2019, which aims to help older people to recognise the signs of mental health problems and raise awareness of the IAPT service for anyone who is concerned about their mental health. We are also working with academics, older people's psychologists and experts in older people's mental health to update the IAPT Positive Practice Guide, which supports local authorities to provide age-friendly IAPT services.

7. **Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing**?

Evidence around the impact of technology on older people's mental health is patchy, but there are promising signs that technological solutions could be of benefit.

Some of the ways in which technology is currently supporting older people includes:

- Age UK research has found that in some case digital technology can help to reduce the risk of social isolation and loneliness. Older people, who have the means and support to be online, may use the internet to maintain relationships with friends and families or to find out about activities in their local areas, which helps them connect socially with people with shared interests and keep doing the things which they enjoy[xxiii]. Programmes to improve older people's computer skills help to reduce isolation and support older people to develop

social connections. They can be seen as less daunting to attend than services which are specifically marketed as reducing loneliness but have many of the same benefits[xxiv].

- Technology can be an effective way to deliver befriending services for some older people. For example, Age UK's national service 'A Call in Time', offers weekly befriending from volunteers over the phone. This approach has many benefits, including offering service users anonymity which makes them more inclined to sign-up to the service and ensuring that people who are housebound or living in geographically isolated areas can still benefit from befriending. 'A Call in Time' has been positively evaluated, with results showing that the phone calls increase perceived mood and wellbeing, with many recipients reporting a reduction in loneliness. While it should not be seen as a substitute for face-to-face contact, it can act as a bridge while older people are waiting to be referred to local services.

However, it is important to recognise that technology should not be a replacement for human contact and traditional face-to-face services. While technology may help some older people to maintain existing relationships, it is less often used to develop new ones[xxv]. Furthermore, older people experiencing chronic loneliness or serious mental health problems should always be referred to appropriate services for support. This should also be the case for older people who do not have access to the internet.

8. Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

Pharmacists are embedded in communities and are in frequent contact with the public, meaning that they can play a key role in identifying people at risk, disseminating public health messages, and helping people to live healthier lives. As they are located in some of the most deprived areas their interventions can help to reduce health inequalities and they should be making every contact with older people count by sharing advice on falls prevention, healthy eating, and mental health. Public Health England have developed guidance for pharmacy teams on how they can support healthy ageing[xxvi].

They additionally have a crucial role to play in preventing inappropriate polypharmacy among older people. Around one in five medicines for older people living at home may be inappropriate and up to 10% of hospital admissions in older people are medicine-related[xxvii]. Pharmacists can help to reduce medicine-related harm, for example pharmacist-led medicine reviews have been shown to reduce the number of falls in care homes and unplanned hospital admissions[xxviii]. As such, we are pleased to see that the NHS Long Term Plan has committed to making sure pharmacists are part of local community health teams and to giving people in care homes regular pharmacist-led medicine reviews.

There are examples of best practice which can be used to support this work. For example, Guys and St Thomas' NHS Foundation Trust have developed the Integrated Care Clinical Pharmacist (ICP) role, in order to support older people living with frailty. The ICP receives referrals from GPs, nurses, and geriatricians to conduct medicine reviews in older people's homes. They increase knowledge and awareness of polypharmacy among community health and social care providers

and facilitate partnerships between different health agencies to ensure that information about older people's medicine use is appropriately shared. In doing so, they help to ensure that older people receive holistic care, which takes into account all of their needs, rather than being single-condition focused[xxix].

9. How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?

Supporting people to live well for longer requires a joined-up and concerted approach, with input from all sectors, including central and local government, the voluntary, and the private sector. There are simple things which can be done, using existing assets.

Private businesses influence the environments in which we live and work and, through their actions, can have either a positive or negative impact on our health and wellbeing. For example, private businesses, in their role as employers have a significant influence on our health. Employers can support older people to stay well and remain in work for as long as they would like by adopting age-friendly policies, offering flexible working, or providing adaptations to the work environment. However, according to the Centre for Ageing Better support to help older workers manage health conditions is inconsistent and rarely sustainable. When surveyed, two in five older people said they had not been given support to manage their health conditions and when support was given, it was often delayed until crisis point, despite the fact that early intervention is key in minimising the impact of health conditions[xxx]. Currently one million people, aged between 50 and state pension age, are not in work when they would like to be, with the main reason being poor health[xxxi]. Improved workplace support from employers would reduce the number of older people who are forced out of employment because of their health.

The private sector are also crucial in providing products and services to help people to stay fit and healthy in ways which work for them. Where products are aimed at older people they are often unattractive and stigmatising. What is more there is a vast number of existing products and services already available in the wider marketplace, yet older people are rarely seen as an attractive target market for them, which means that devices are not marketed to them or tailored to their needs[xxxii]. For example, a particularly valuable aspect of many remote energy control devices is an automatic light sensor, which could prevent a fall when older people get up in the night to go to the toilet. We question why these sensors are not highlighted more. In particular older people who are on low incomes are often overlooked in the development of new technologies. This is not only a missed opportunity for older people's health but is a missed opportunity for businesses themselves, who could harness the older market.

10. What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?

Maintaining sexual intimacy as life progresses is important and brings physical and emotional advantages. Yet, the needs of older people are largely being ignored by health professionals, who perceive them to be less sexually active and therefore lower risk. The health implications of not addressing the needs of older people are becoming increasingly apparent.

Many older people have poor knowledge of sexual health issues and low awareness about the risks of STIs or how they are transmitted in non-penetrative sex. Despite this, some older people tell Age UK that they have never had the opportunity to speak about sex or intimacy to a health professional. Lack of awareness has significant repercussions, with the rate of STI diagnoses rising by 23 per cent between 2014 and 2018 in both men and women aged 65 and over[xxxiii]. When older people contract an STI they are not always properly treated as the signs and symptoms are taken as a normal part of ageing.

There is a need to raise awareness about older people's sexual health across the board. It is essential to educate older people about sexual health risks and how to stay safe. It is also important that all health professionals recognise and respond to older people's sexual health needs.

There is additionally a need to increase understanding about the experiences of different groups of older people. Currently there is a lack of research exploring the needs of older people from the LBGT+ community; older people living with dementia; care home residents; and older people who use domiciliary care services. Diverse experiences may present different challenges and understandings towards sexual intimacy in later life and influence the type of support and services an older person needs. Like the general population, older people are not a homogenous group in which a one size solution fits all. More research is needed to understand how diverse experiences affect sexual intimacy for older people and how services or support should be tailored to account for these experiences.

11. What could the government do to help people to live more healthily: in homes and neighbourhoods, when going somewhere, in workplaces, in communities?

Supporting older people to age well requires a cross-departmental approach which addresses all elements of older people's lives, including their homes, communities and workplaces.

Housing

Living in damp, unfit, or poor housing has serious health implications for older people, including increasing their risk of falls, respiratory conditions, arthritis, heart disease, and stroke- as well as mental health conditions[xxxiv]. The Building Research Establishment estimates £1.4 billion as the cost of acute hospital treatments due to hazards in the home, with almost half of this relating to older people[xxxv]. This figure does not include the costs in primary care for treating illness and accidents exacerbated by poor, inaccessible housing or the impact of poor, inaccessible housing on health and well-being and ability to lead a healthy happy life.

As the Prevention Green Paper identifies, home adaptations and repairs are crucial in enabling older people to continue to live in their own homes and maintain their health, well-being and independence. We have been pleased to see the government provide some support to adaptation and repair services through incorporating the Disabled Facilities Grant (DFG) into the Better Care

Fund and more than doubling the amount available between 2015 and 2020. However, much more needs to be done to ensure all older people are able to live in decent accessible housing.

The 2018 review commissioned by the Ministry for Housing, Communities and Local Government made welcome recommendations on how the DFG could be more effective, including increased funding, greater publicity to reach all who could benefit from it, and more streamlined processes to reduce waiting times[xxxvi]. Meanwhile, The House of Commons Communities and Local Government Committee's review on older people's housing recommended that government fund a comprehensive information and advice service on housing options for older people, as well as ensuring that there are effective home improvement agencies available in all areas[xxxvii]. We urge the government to act on these recommendations.

We also urge local councils to use their powers to extend the scope of works that the DFG can be used for to include repairs, loans and grants and to work with local health authorities and the voluntary sector to provide streamlined, comprehensive services which enable older and disabled people to have the housing that best suits them.

Alongside adapting homes, the government must also invest in improving the quality and design of future homes. It is much cheaper to adapt housing to individual needs if it has been built to Part M4 (2) Category 2 accessibility standard (which replaced the 'life time home' building standards). Age UK welcomed the decision to review accessibility regulation announced in the 2019 Spending Review and urges the government to make Part M4 (2) Category 2 the default standard for new build, with 10 per cent of new homes built to the wheel chair accessibility standard (Category 3). We have worked with Habinteg, a housing association specialising in housing for disabled people, to demonstrate that building accessible homes is affordable and practical, and that most people want to see housing which is appropriate for all ages[xxxviii].

There are 405,000 older households (where the oldest person is aged 60+) in fuel poverty in England[xxxix]. The Government's draft Fuel Poverty Strategy describes the three drivers of fuel poverty as being; low income, high energy costs and energy efficiency. Older people are often the most disengaged energy customers and many will face high costs without necessarily being classified as fuel poor. Older people face higher energy costs due to not being on the best deal and many also face higher bills because a health condition, mobility difficulty or medical equipment may require them to use more energy. Many in retirement will also be on reduced incomes and many older people also live in homes that are poorly insulated and expensive to heat.

A central Government funded energy efficiency infrastructure programme would help mitigate the drivers of fuel poverty. Improving the efficiency of homes of some of the most vulnerable citizens would reduce the impact of cold and unfit homes on the NHS and help maximise household incomes by reducing energy consumption. England is the only UK nation without a centrally funded programme and the Government need to show ambition and leadership to make energy efficiency a national infrastructure priority. We believe this is the only sensible and long-term solution to fuel poverty, excess winter deaths and to reduce carbon emissions. The programme

should be area-based and driven and implemented by local public, private and third sector partners, working together with communities and individuals. The programme should initially target the poorest and most energy inefficient homes

Communities

The places where older people live impact on their ability to participate in their local communities and to continue taking part in activities which give their life meaning. When local authorities ensure that there are walkable and safe pavements, seating areas, public toilets, and green open spaces, older people are more likely to remain active in their local areas. In recognition of this, the World Health Organisation have established the Age-Friendly Communities initiative, which encourages towns, cities, and counties to optimise opportunities for health, participation and security for older people. The Centre for Ageing Better is working with the UK Network of Age-friendly Communities to share learning and support places to become more age-friendly.[xl] Age UK believes that every local authority should be working towards achieving age-friendly status, working with older people so they can help shape their communities.

Transport

Many older people are living with health conditions, frailty, or are disabled, which makes it harder for them to get around and use public transport. Supporting people to access affordable transport and travel confidently is key for older people to maintain their independence and social connections, in addition to accessing services. However,

- One third of older people report having unmet travel needs, which prevent them from visiting friends or doing the things which they enjoy[xli].
- 48% of people aged 80 and over find it difficult to travel to their local supermarket[xlii]
- An Age UK survey additionally found that 26% of older people do not have access to a form of public transport which will get them to their hospital appointments on time[xliii].

The Government's Inclusive Transport Strategy has out a wide range of measures to support people to access transport and is a welcome step forward[xliv]. We have also been pleased to see that NHS England have committed to carrying out a national review of non-emergency patient transport. We would now like to see the Government use its powers to ensure that all local authorities have a planning strategy that includes inclusive design in the built environment.

Workplaces

Older people should be supported to stay in work for as long as they would like to. However, as previously mentioned, there are one million older people aged 50-64 who want to be in work but are unable to[xlv]. The primary reason for forced retirement is poor health, with people on the lowest incomes most significantly impacted. Nearly half of older people in the poorest quintile say they have given up work because of their health, compared to just 15% in the wealthiest quintile. By making our workplaces age-friendly, for example by offering flexible working and aids and adaptations, we can support people to stay in employment for longer.

12. What is your priority for making England the best country in the world to grow old in, alongside the work of PHE and national partner organisations?

There is no silver-bullet to healthy ageing, and making England the best country in the world to grow old in requires a joined-up and cross-departmental approach which addresses all of the above issues.

Age UK has joined up with the Centre for Ageing Better, Independent Age, and Public Health England, together with other organisations, to develop a consensus statement on healthy ageing. The consensus statement lays out five key priorities for healthy ageing, which are:

- Ensuring older people have access to preventative health services which help them to stay healthy
- Ensuring older people live in age-friendly communities and have access to good quality housing
- Removing barriers to older people contributing to society as they age, for example by ensuring there are age-friendly policies in the workplace
- Challenging ageist and negative language, culture, and practices
- Narrowing inequalities between affluent and deprived older people

13. What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

Social prescribing

While we are pleased to see that social prescribing features in the NHS Long Term Plan, we are concerned that the ambition cannot be achieved without additional investment into the voluntary and community sector (VCS).

Preventative services are frequently delivered by VCS organisations and social prescribing depends on the existence of a well-functioning VCS. In recent years voluntary organisations have become increasingly important in the face of local authorities cutting back on the services they can provide[xlvi]. Yet, the National Council for Voluntary Organisations has warned that charities are facing significant funding pressures and uncertainty[xlvii], while the King's Fund have highlighted that social prescribing will not be possible without greater financial support for VCS organisations[xlviii]. The challenge is even greater in deprived communities, where there tends to be fewer VCS organisations operating[xlix]. Unless money is transferred to VCS organisations, it will be difficult to develop the social prescribing agenda, for example ensuring that there are social prescribing link workers available and that local referral networks can be developed. In the longer-term there may also be insufficient services available to deal with an increase in social prescribing.

Problem drinking among older people

While it is right for the Prevention Green Paper to acknowledge the progress which has been made in reducing alcohol consumption among younger people, problem drinking in later life is a growing issue which is not being recognised. It is estimated that 30% of 50-64 year olds frequently exceed recommended alcohol guidelines and since 2012 this age group has seen the highest levels of drinking. Drinking levels are declining among every age group except for 65-74 year olds, where consumption is increasing[l].

Not only are older people drinking more than other age groups, but the risks of alcohol become greater as we age and our bodies become less able to break down alcohol. Alcohol consumption among older people has been shown to speed up the onset of conditions, such as falls and cognitive impairment[li]. Two-thirds of all hospital admissions caused by alcohol occur among people aged over 55, compared to just 3% among under 25s[lii].

Yet, despite strong evidence of the issue, older people are not being given fair and equal access to alcohol support. Public health messages around reducing alcohol consumption are still aimed at younger audiences. Meanwhile research by Drink Wise, Age Well has found that older people are not given access to alcohol services because professionals presume it is too late for them to change; that expected life expectancy of older people means it is not worth investing in treatment; or because for some people drinking is part and parcel of ageing[liii]. It is estimated that fewer than 15% of older adults with an alcohol problem are accessing treatment[liv].

Services which are available tend to have been developed with younger people in mind. Diversionary tactics to help people stop drinking, for example, are often physical activities which older people with health or mobility problems cannot participate in. Many older people report that it can be intimidating engaging with services which are accessed predominantly by younger users, who they find it difficult to relate to[lv].

Public health campaigns and messaging must target older people and demonstrate understanding of their unique needs, instead of being skewed towards a younger audience. Ageism needs to be eliminated by ensuring that referrals to services are based on need alone and that older people are included in the design and delivery of services.

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