

## Key Issues

- Population projections indicate that the older population in Wirral is expected to increase by 30% by 2030. Even larger increases are predicted for the very oldest old - the 90+ age group in Wirral is predicted to increase by 103% by 2030
- Wards in the more affluent west of Wirral have a higher proportion of their population aged 65+
- One in three older people in Wirral live alone, with rates highest in areas of deprivation
- According to the latest Indices of Deprivation (2015), between 50% and 70% of older people in wards in east Wirral are income deprived. Even in the west of Wirral, one in three older people (35%) are in receipt of guaranteed Pension Credit
- Social isolation was identified as the top issue affecting older people locally (by older people themselves). Analysis suggests that the wards with the highest levels of social isolation were Bidston & St James, Birkenhead & Tranmere and Rock Ferry – all very deprived wards in Wirral
- Around 7,600 older people in Wirral claim Attendance Allowance (a benefit paid to help older people with the extra costs associated with being severely disabled). Women make up the majority of claimants (mainly because women live longer than men)
- The most common reason for older people to be in touch with Social Services in Wirral was for the installation of equipment and adaptations
- There were 405 carers aged 65+ in Wirral in 2013/14 (known to services). Estimates suggest that the number of older people *likely* to be carers in Wirral is around 10,000. This would mean that around 4% (or one in 25) carers are known to services in Wirral currently
- Older people in Wirral (aged 50+) are less likely to be economically active compared to same age counterparts in the North-West and England. Women were less likely to be economically active than men. Around one in 7 older people in Wirral regularly volunteer.
- An estimated one in ten households (where the oldest person was aged 60+) were living in fuel poverty in England in 2013
- In Wirral, there were an estimated 328 Excess Winter Deaths in 2012/13. Around half of these (48%) occurred in those aged over 85. EWD are higher in Wirral compared to England
- In comparison to comparable councils and England, Wirral had a higher rate of older people living in both nursing and residential care in 2013-14
- Almost one third of people's lives in Wirral are likely to be spent in poor health
- The number of older people with continence issues looks likely to increase from 11,000 in 2015 to 14,500 in 2030 – an increase of 24% in the next 15 years
- Estimates suggest that around 4,800 in people aged 65+ in Wirral will have dementia. GP records show that around 2,300 are recorded as having dementia, which means there are around 2,500 people (less than half of the total) locally who have dementia, but are not known to services
- Wirral met the flu target (75.1% coverage amongst older people) but not the PPV (Pneumococcal Polysaccharide Vaccine) target (69.6% coverage) which protects against pneumonia
- National figures suggest that around half of all older people who fall and suffer a hip fracture will be unable to live independently afterward. In Wirral in 2014/15, 414 older people were admitted to hospital with a hip fracture
- Many people struggle to get out and about as they get older. Access to transport can improve social isolation, independence and physical health, as well as being more sustainable. Take up of the free Older Persons travel pass is 2<sup>nd</sup> lowest in Merseyside in Wirral (87%)
- Older people are the age group most likely to worry about being the victim of crime, but local crime figures suggest that older people are actually *less likely* to be a victim of crime than younger people

## Wirral JSNA: Older People

No.	Contents	Page
	Key Issues	1
1.	Why is this important?	3
2.	Facts, figures and trends	3
	Demographics	3
	- Population	3
	- Population projections	5
	- Deprivation	6
	Housing & Living Arrangements	7
	- Older People living alone	7
	- Admissions for nursing/residential care	7
	- Independence & Extra Care housing	8
	- Users of Social Services	9
	- Carers (including Grandparent Carers)	9
	Income	10
	- Economic activity & volunteering	10
	- Benefits	12
	- Fuel Poverty	13
	Health, Wellbeing & Quality of Life	13
	- Life Expectancy	13
	- Healthy Life Expectancy	13
	- Winter Mortality (Excess Winter Deaths)	14
	- Quality of Life	15
	- Continence	16
	- Vaccinations & Immunisations	16
	- Injuries and accidents	17
	- Dementia	19
	- Social Isolation	19
	- End of life	20
	- Physical activity in older age	21
	Transport & Accessibility	22
	Digital Inclusion	23
	Crime & Safety	24
	- Perceptions of crime	24
	- Recorded crime	25
3.	Local community & stakeholder views	25
4.	What are we expecting to achieve	26
6.	Current activity & services	26
7.	Key gaps in knowledge & services	26
8.	What is coming on the horizon	26
9.	Relevant national and local strategies	26
10.	References	27

## 1 Why is this important?

A JSNA section dealing with issues and needs affecting the older population is important for many reasons, most notably because although many people are able to enjoy their later years and make the most of their retirement, for others, it is a time where health and social contacts deteriorate and their later years are spent in poor health, with decreased independence. This has serious implications for health and social care services, as projections indicate that the number and proportion of the population who will be aged over 65 in the future is set to increase significantly in the next two decades.

One of the 20 pledges in the [Wirral Plan 2015](#), is focused on older people (Ageing Well in Wirral) and recognises that older residents are a huge asset to Wirral via their volunteering, supporting their neighbours and often acting as the 'glue' which holds communities together. The new strategy seeks to ensure that older people in Wirral are enabled and empowered to do more, whilst being supported when they need help.

Many of the issues and conditions (which older people are more likely to live with), have their own specific chapters in the Wirral JSNA. They will therefore not be covered here. The JSNA has separate chapters on [Cancer](#), [CVD](#), [Dementia](#), [Diabetes](#), [COPD](#), [Visual Impairment/ Eye Health](#), [Hearing Impairment](#), [Stroke](#), [Falls](#) and [Chronic Kidney Disease](#). The JSNA also has information on [End of Life Care](#), [Physical Activity](#), [Excess Winter Deaths](#), [Social Isolation & Loneliness](#) and [Housing & Homelessness](#) - please check these pages for more information on these conditions. Only issues and health conditions *not* covered elsewhere will be detailed here.

## 2 Facts, figures and trends (Wirral and beyond)

### Population

**Table 1:** Population of older people by ward (Mid-2013 Estimates)

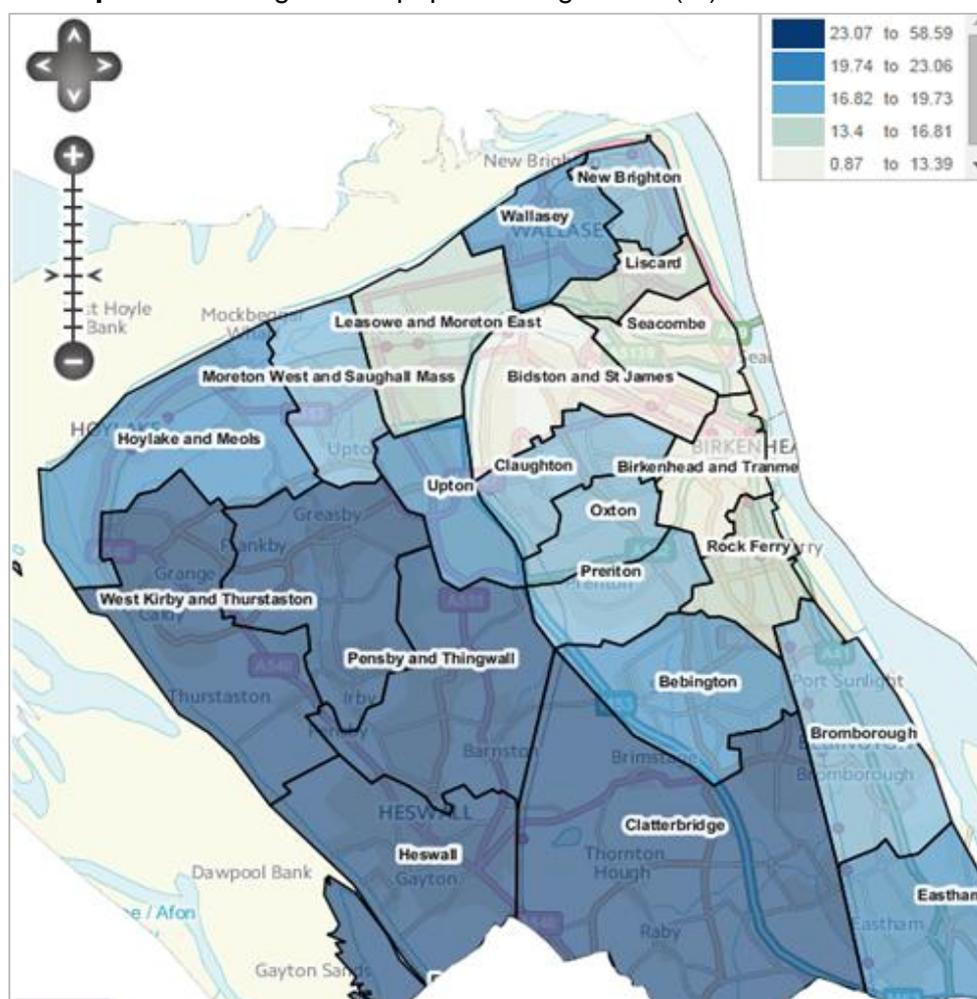
Ward	65+		75+		85+		% aged 65+
	Males	Females	Males	Females	Males	Females	
Clatterbridge	1,754	2,121	717	978	146	326	28%
Greasby Frankby & Irby	1,571	1,979	687	1,017	158	284	27%
Heswall	1,801	2,200	859	1,127	211	363	26%
Pensby & Thingwall	1,538	1,986	697	1,027	153	268	24%
Bebington	1,391	1,912	588	990	151	329	24%
Eastham	1,422	1,812	608	871	132	225	23%
Wallasey	1,409	1,761	621	925	152	321	23%
Moreton West & Saughall Massie	1,269	1,563	491	715	102	219	22%
Upton	1,353	1,962	643	1,083	163	409	21%
New Brighton	1,212	1,517	515	812	116	308	21%
Hoylake & Meols	1,293	1,825	634	1,055	195	398	20%
Claughton	1,218	1,657	486	852	113	338	20%
Oxton	1,305	1,633	491	733	98	216	20%
West Kirby & Thurstaston	1,399	1,848	624	952	148	366	20%
Bromborough	1,173	1,527	498	763	112	261	19%
Liscard	1,217	1,523	476	737	110	240	18%
Prenton	1,210	1,606	522	793	121	267	18%

Leasowe & Moreton East	1,110	1,409	481	697	111	182	16%
Seacombe	941	1,085	372	500	81	130	16%
Rock Ferry	965	1,159	389	567	90	197	15%
Bidston & St James	954	1,157	340	498	71	138	14%
Birkenhead & Tranmere	870	1,017	332	502	63	157	12%
<b>Birkenhead Constituency</b>	<b>6,522</b>	<b>8,229</b>	<b>2,560</b>	<b>3,945</b>	<b>556</b>	<b>1,313</b>	<b>26%</b>
<b>Wallasey Constituency</b>	<b>7,158</b>	<b>8,858</b>	<b>2,956</b>	<b>4,386</b>	<b>672</b>	<b>1,400</b>	<b>36%</b>
<b>Wirral South Constituency</b>	<b>7,541</b>	<b>9,572</b>	<b>3,270</b>	<b>4,729</b>	<b>752</b>	<b>1,504</b>	<b>38%</b>
<b>Wirral West Constituency</b>	<b>7,154</b>	<b>9,600</b>	<b>3,285</b>	<b>5,134</b>	<b>817</b>	<b>1,725</b>	<b>37%</b>
<b>Total</b>	<b>28,375</b>	<b>36,259</b>	<b>12,071</b>	<b>18,194</b>	<b>2,797</b>	<b>5,942</b>	<b>20%</b>

Source: [ONS](#) Mid-Year Estimates, 2013 (2014 Mid-Year Estimates not yet available by ward)

As the table above shows, wards in the more affluent west of Wirral, have a much higher number and proportion of their population aged 65+. The proportion of older people by ward is shown in Map 1.

**Map 1:** Percentage of the population aged 65+ (%)



Source: Place Analytics, 2015

Both Table 1 and Map 1, show that wards with the higher population percentage of residents aged 65 years and over lie in the west of the borough, where more than one in four people are aged 65+ wards, e.g Clatterbridge (28%), Heswall (26%) and Greasby, Frankby and Irby (27%).

In contrast, wards in the more deprived east of Wirral have a much lower proportion of the population in the older age bands, e.g Birkenhead and Tranmere (12%), Bidston & St James (14%) and Rock Ferry (15%), were the wards with the lowest percentages of residents aged 65 years and over. These wards have a younger age profile, which is partly due to greater mortality at younger ages in these areas.

## Population Projections

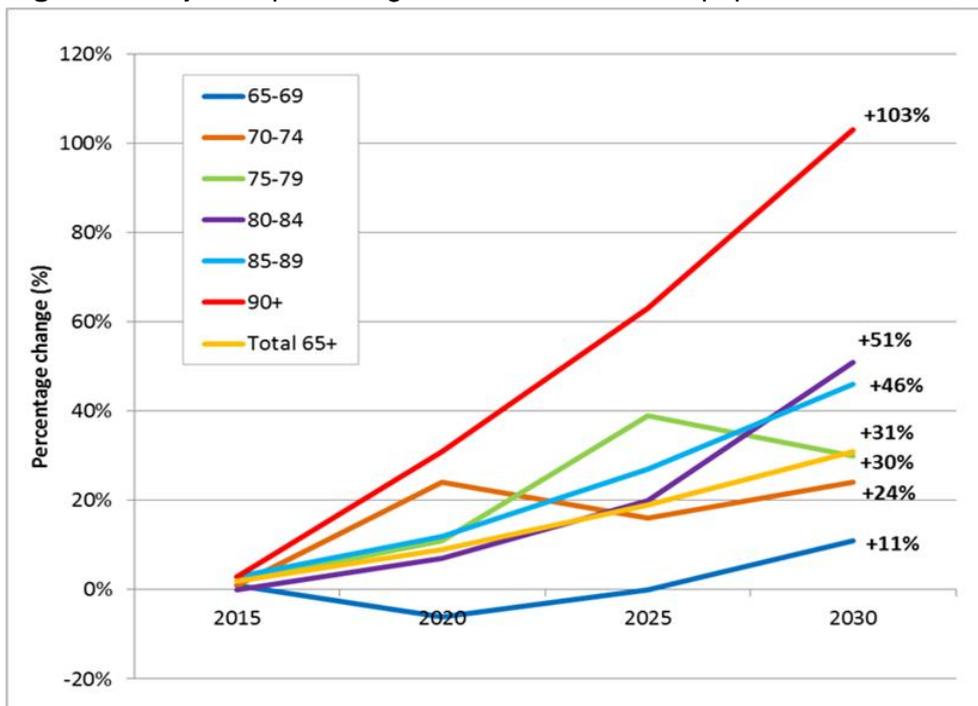
**Table 2:** Projected population of older people aged 65+ in Wirral by 5-year age band, 2015-2035

Gender	Age	2015	2020	2025	2030	2035
MALES	65-69	10,000	8,900	9,500	10,600	10,100
	70-74	7,300	9,100	8,300	8,800	9,900
	75-79	5,600	6,300	8,000	7,300	7,900
	80-84	3,900	4,400	5,100	6,600	6,100
	85-89	2,200	2,600	3,100	3,700	4,900
	90+	1,000	1,400	1,800	2,400	3,100
	<b>ALL 65+</b>	<b>30,000</b>	<b>32,700</b>	<b>35,800</b>	<b>39,400</b>	<b>42,000</b>
FEMALES	65-69	10,400	9,900	10,500	11,800	11,100
	70-74	8,200	9,800	9,300	10,000	11,200
	75-79	6,900	7,400	8,900	8,600	9,200
	80-84	5,500	5,800	6,300	7,700	7,500
	85-89	3,800	4,000	4,400	4,900	6,100
	90+	2,400	2,800	3,300	4,000	4,900
	<b>All 65+</b>	<b>37,200</b>	<b>39,700</b>	<b>42,700</b>	<b>47,000</b>	<b>50,000</b>
Persons	<b>All 65+</b>	<b>67,200</b>	<b>72,400</b>	<b>78,500</b>	<b>86,400</b>	<b>92,000</b>

Source: [ONS](#), 2012-based Subnational Population Projections for Local Authorities in England, 2014

Table 2 and Figure 1 (below) use different sources. Table 1 uses statistics produced by the Office of National Statistics (ONS) published in 2014 (based on 2012 data). Figure 1 uses data produced by POPPI ([Projecting Older People Population Information system](#)) and has been reproduced here because it is produced more regularly (annually) than the ONS information (although it is based on ONS data, which is why the data broadly agrees). Both POPPI and ONS data show that the older population (aged 65+) is expected to increase significantly by around 30% by 2030.

**Figure 1:** Projected percentage increase in the older population of Wirral, by 5 year age band, to 2030



Source: [POPPI](#), 2015

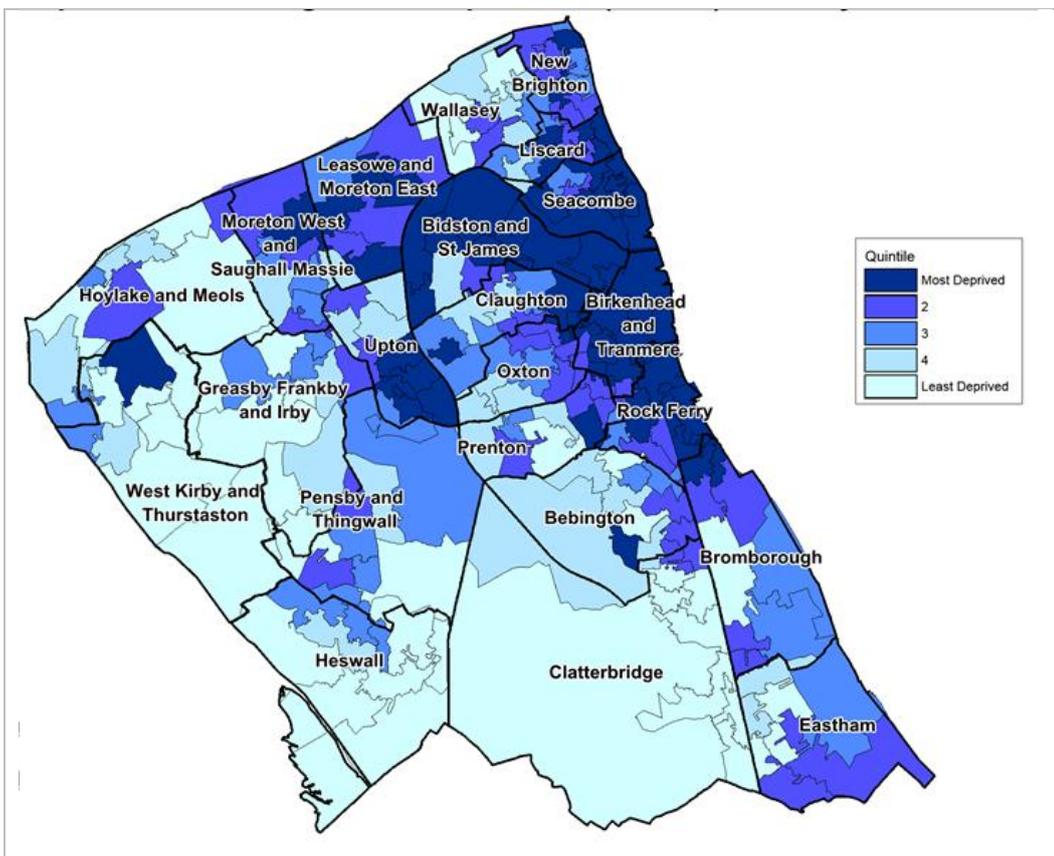
The largest percentage increase has been projected for the 90+ age group by POPPI, with a 103% increase in the next 15 years (ONS predict a similarly large increase of 88% over the same period). After the 90+ age group, the next largest percentage increase is expected to be amongst the 80-84 age group (a 51% increase by 2030). ONS figures suggests a very similar increase of approximately 52% in the 80-84 year age group (9,400 to 13,600 by 2030).

## Deprivation

The Index of Multiple Deprivation (2015) also has two supplementary Indices – one for children and one for older people. Map 2 (below) shows how Wirral looks according to the Income Deprivation Affecting Older People Index (IDAOP) score (lower scores indicate higher deprivation). As the IDAOP shows (see Map 2 over), the main areas of deprivation are in the North and East of the borough.

The IDAOP uses the proportion of adults aged 60+ who receive pension credit (guaranteed) as it is measure of income deprivation (because only those with incomes below a set level receive it). Map 2 below shows the proportion of households aged 60+ in receipt of guaranteed Pension Credit.

**Map 2:** Income Deprivation Affecting Older People Index (IDAOP) 2015 score by Wirral LSOA



The map shows that there are a greater proportion of older people in receipt of guaranteed pension credit in the east of Wirral, particularly areas of Birkenhead and Tranmere, Bidston and St James, Seacombe and Rock Ferry, where between 50% and 70% of older people are in receipt of Pension Credit. Pockets of deprivation are apparent in other areas of the borough (e.g. Woodchurch, parts of West Kirby ward and Leasowe/Moreton).

Source: [DCLG](#), 2015

**Table 3:** Numbers and percentages of people aged 60+ in receipt of pension credit, February 2015

Parliamentary Constituency	60+		75+		90+		Total	% in receipt of Pension Credit
	Female	Male	Female	Male	Female	Male		
Birkenhead	2,980	2,610	1,450	930	220	60	5,590	62%
Wallasey	2,960	2,450	1,610	890	260	60	5,410	55%
Wirral South	1,630	1,120	1,260	480	240	40	2,750	28%
Wirral West	2,000	1,400	1,260	640	240	60	3,400	35%
<b>Total</b>	<b>9570</b>	<b>7580</b>	<b>5580</b>	<b>2940</b>	<b>960</b>	<b>220</b>	<b>17,150</b>	<b>45%</b>

Source: [Tabulation Tool, DWP](#), 2015

As the table above shows, even in West Wirral, an area of relative affluence in Wirral, more than one in three people aged 60+ are in receipt of Pension Credit (35%). In Birkenhead Constituency, almost 2 in every three people aged 60+ are in receipt of Pension Credit (62%).

## Housing & Living Arrangements

### Older people living alone

**Table 4:** Table of people aged 65+ living alone, 2011

Area	All Persons Aged 65+		
	Population	Number Living Alone	Percentage Living Alone (%)
Birkenhead Constituency	14,028	5,055	36.0%
Wallasey Constituency	15,260	5,572	36.5%
Wirral South Constituency	16,162	4,780	29.6%
Wirral West Constituency	15,977	5,214	32.6%
Wirral	61,427	20,621	33.6%
North-West	1,252,600	386,650	30.9%
England	9,305,200	2,725,596	29.3%

Source: [Wirral Compendium of Statistics, 2015](#)

The number of older people living alone in Wirral was 20,621 (or one in three of all older people in Wirral). The table (above) shows that Birkenhead (36%) and Wallasey (36.5%) had the higher rates of over 65s living alone; these two Constituencies are also the more deprived wards in Wirral. The association may be due to factors such as earlier mortality, higher rate of family breakdown etc...in areas of deprivation. Wirral has a higher percentage of over 65s living alone than both the North West and England. Please see the [Wirral Compendium \(2015\)](#) for the number of older people living alone by ward of residence.

### Permanent admissions to nursing or residential care

**Table 5:** The rate per 100,000 of permanent admissions (aged 65+) to registered accommodation 2011/12 to 2013/14

	Year	Residential Care (RC)	Nursing Care (NC)	Total of RC and NC
<b>Council</b>	2011-12	573	262	835
	2012-13	567	314	881
	2013-14	574	261	835
<b>Comparator</b>	2011-12	594	206	800
	2012-13	580	205	785
	2013-14	558	187	745
<b>England</b>	2011-12	468	228	696
	2012-13	467	230	697
	2013-14	439	212	651

Source: ASC-CAR table S3, c/o: HSCIC, Older People Comparator Report, National Adult Social Care Intelligence Service ([NASCIS](#)), 2014

Notes: Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model. Older People's Comparator Report (NASCIS, 2014) defines residential care as communal establishments excluding "adult placements, unstaffed and other homes".

In comparison to comparator councils (187 per 100,000) and England (212 per 100,000), figures show that in 2013-14, Wirral (261 per 100,000), had a higher rate of older people in nursing care. Rates for those in residential care were also higher than in comparator councils (574 per 100,000 in Wirral, compared to 558 per 100,000 in comparators and 439 per 100,000 in England). With an estimated population of 65,998 in Wirral in 2014 (those aged 65+), this equates to around 1.3% of the older population of Wirral living in nursing or residential care in 2013-14.

### **Independence**

**Table 6:** Achieving independence indicator (ASCOF measure 2B), by gender, 2013-14

	<b>Female (%)</b>	<b>Male (%)</b>	<b>Total (%)</b>
Wirral	91%	86%	89%
Comparator Councils	88%	84%	86%
England	84%	80%	83%

**Source:** ASC-CAR table I1 c/o: HSCIC, Older People Comparator Report, National Adult Social Care Intelligence Service ([NASCIS](#))

This table shows percentage of clients still in their own home after 91 days following discharge from hospital (where the intention was for the client to return to their own home). As the table shows, Wirral achieves a higher proportion of people still in their home 91 days after discharge from hospital, which indicates people are more likely to be receiving the support they need upon returning home in Wirral compared to England overall and other comparator Councils (councils similar demographically to Wirral).

### **Extra Care Housing**

Extra Care housing is purpose-built accommodation which provides on-site domiciliary support and leisure facilities to enable older people to lead active and independent lives for as long as possible. Wirral currently has five purpose-built Extra Care schemes (funded by Department of Adult Social Services, Wirral Council) providing 191 general tenancies and 10 specialist dementia related tenancies (as of July 2015, all units were occupied and there was a waiting list of 67 applicants). The actual numbers of people who may wish to access extra care housing is likely to be much higher than the waiting list would indicate.

The Housing Learning and Improvement Network has developed a tool which models the need for particular housing options to reflect changing demographics. The tool has been populated by Wirral DASS to provide projected trend analysis in relation to Extra Care housing, see table below.

**Table 7:** Extra Care Units (per 1,000 people aged 75+): Modelled demand

<b>Demand</b>	<b>Supply</b>	<b>Variance</b>	<b>% Difference</b>
770	203	-567	-74%

**Source:** Wirral Department of Adult Social Services, 2015

**Table 8:** Estimated Future Need for Extra Care Housing between 2014 to 2035

	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
<b>% increase from 2014</b>	12%	33%	47%	61%
<b>No. units for rent</b>	865	1025	1133	1243

**Source:** Wirral Department of Adult Social Services, 2015

When considering where in the borough Extra Care housing might be developed in the future, Wirral Council has recommended that units would be best placed where:

- There are high numbers of older people
- There is no current provision
- There are high cost packages of homecare
- There are both high concentrations of and / or limited residential provision
- There is existing sheltered and/or housing
- There are existing development opportunities

Based on the above, it is likely that any future development of extra care provision will be targeted in: South West Wirral; Birkenhead & Tranmere and Wallasey.

### Users of Social Services

**Table 9:** Wirral residents aged 65+ accessing care services from Department of Adult Social Services (DASS), 2011/12-2013/14

Service Type	2011/12		2012/13		2013/14	
	Number of service users	Number of service users	% change (2011/12-2012/13)	Number of service users	% change (2012/13-2013/14)	
Home Care	3,090	3,235	+4.7%	3,390	+4.8%	
Day Care	320	330	+3.1%	315	-4.5%	
Equipment & Adaptations	4,845	5,425	+12.0%	5,540	+2.1%	

Source: [NASCIS](#) Online Analytical Processor, NASCIS, 2015

The table shows that between 2011/13 and 2013/14, the number of home care service users increased steadily at a rate of just under 5% annually. In contrast, the number of day care service users decreased by 1.5% over the period shown (first increasing by 3.1% before decreasing by 4.5%). Equipment and adaptations has the largest pool of service users and has also seen the largest increase (14.3%).

### Older Carers

**Figure 2:** Carers known to services (rate per 100,000 18+ population and actual number) 2013/14

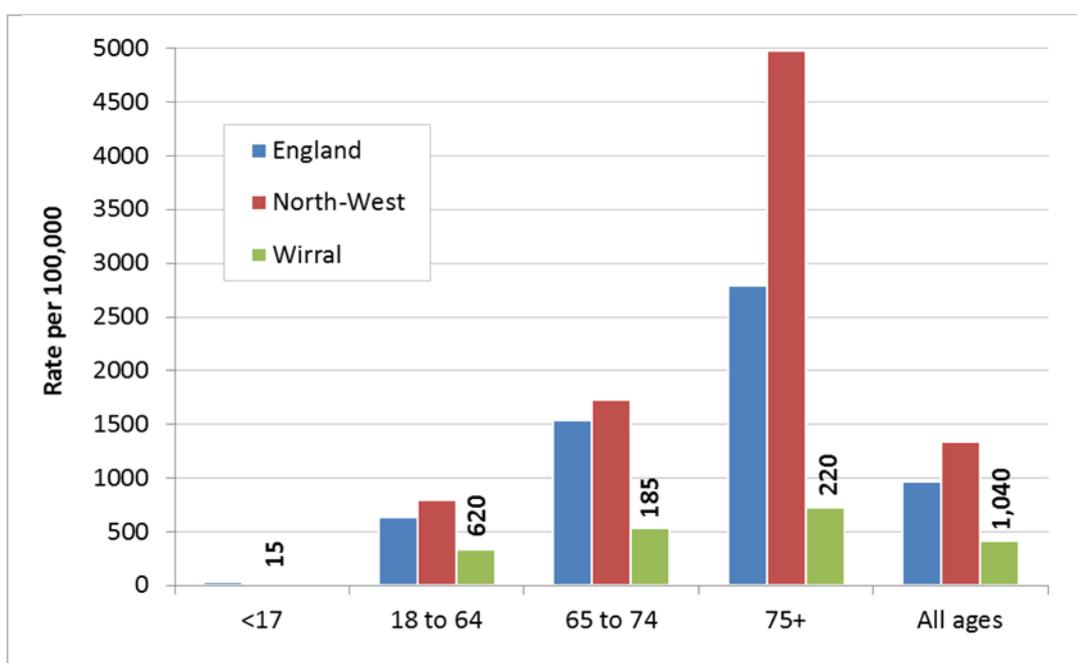
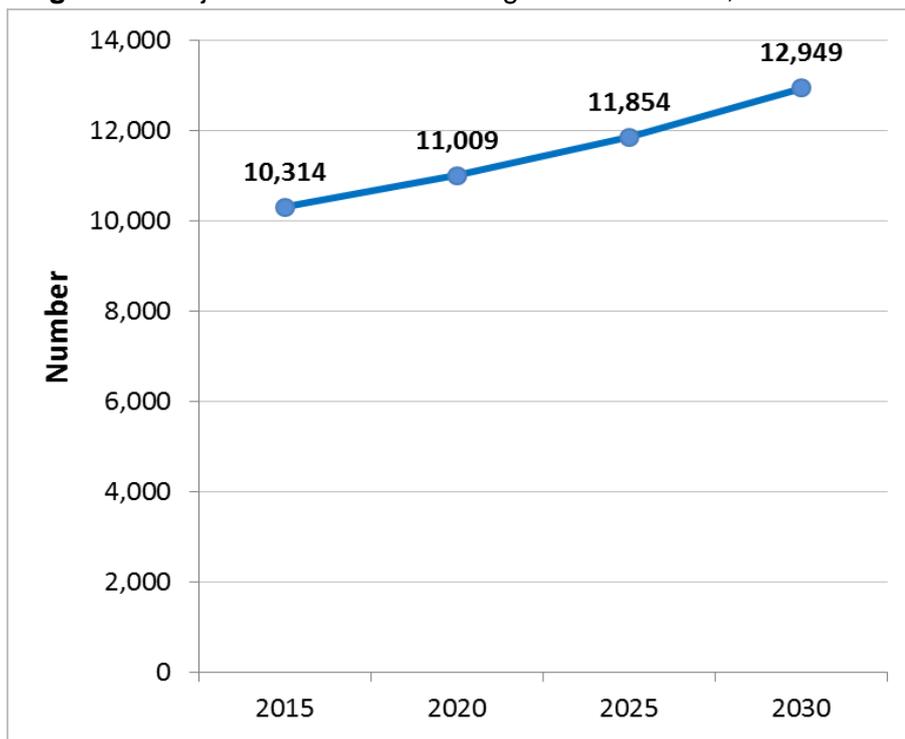


Figure 2 shows that Wirral has a much lower rate of carers known to services for all age bands than the North West and England. There were 405 carers aged 65+ in Wirral in 2013/14. This is approximately 39% of all Wirral carers known to services. The figures show that carers are most likely to be older themselves (aged 75+).

Source: [NASCIS](#) Online Analytical Processor, NASCIS, 2015

**Figure 3: Projected number carers aged 65+ in Wirral, 2015 to 2030**



Whilst the chart above showed carers known to Social Services, the chart (left) shows an estimate of the number of all older people providing care, whether or not they are known to services. Data suggest there were 10,314 people aged 65+ providing unpaid care in Wirral in 2015, which is estimated to rise to 12,949 by 2030. This is an increase of 2,780 or 25% in 15 years. Comparing the estimates shown here produced by POPPI, with the data in Figure 2 from Wirral Social Services, this would suggest that around one in 25 (4%) of all the older people in Wirral providing care are known to statutory services.

Source: [POPPI](#), 2015

### **Grandparent carers**

A grandparent carer is defined as having full parental responsibility for grandchildren between 0-18 years. There are currently no estimates available (at either a national or local level) to quantify how many older people are likely to be full-time carers for grandchildren, but [Age UK Wirral recently carried out some qualitative research](#) into the issue, which highlighted the following concerns:

- Emotional needs – dealing with their own needs and of those they care for
- Financial issues – ability to support themselves and their grandchildren
- Physical demands – some grandparent carers were in their 70/80s and had worries about keeping up with grandchildren
- Insecurity – lack of awareness about what they needed to know, how they should go about it and potential barriers
- Fear of what would happen now and in the future

### **Income**

#### **Economic activity & volunteering**

Economic inactivity is defined as those who are not in employment, e.g those who have retired.

**Table 10: Percentage of people aged 50+ who are economically inactive by age band, 2014/15**

	Males aged 50-64	Females aged 50-64	Males aged 65+	Females aged 65+	All persons aged 50-64	All persons aged 65+
Wirral	35.4%	36.9%	87.3%	91.5%	38.4%	95.1%
North West	28.1%	28.6%	88.9%	91.4%	38.6%	93.5%
UK	22.5%	33.4%	86.4%	89.6%	34.6%	92.3%

Source: [NOMIS](#), Annual Population Survey, 2015

The table shows that less people in Wirral were economically active at age 50+ compared to both the North West and England. Figure 4 below shows the same information, but for Wirral only.

**Figure 4:** Chart showing Economically Inactive rates (Wirral only), by age band and gender, 2014/15

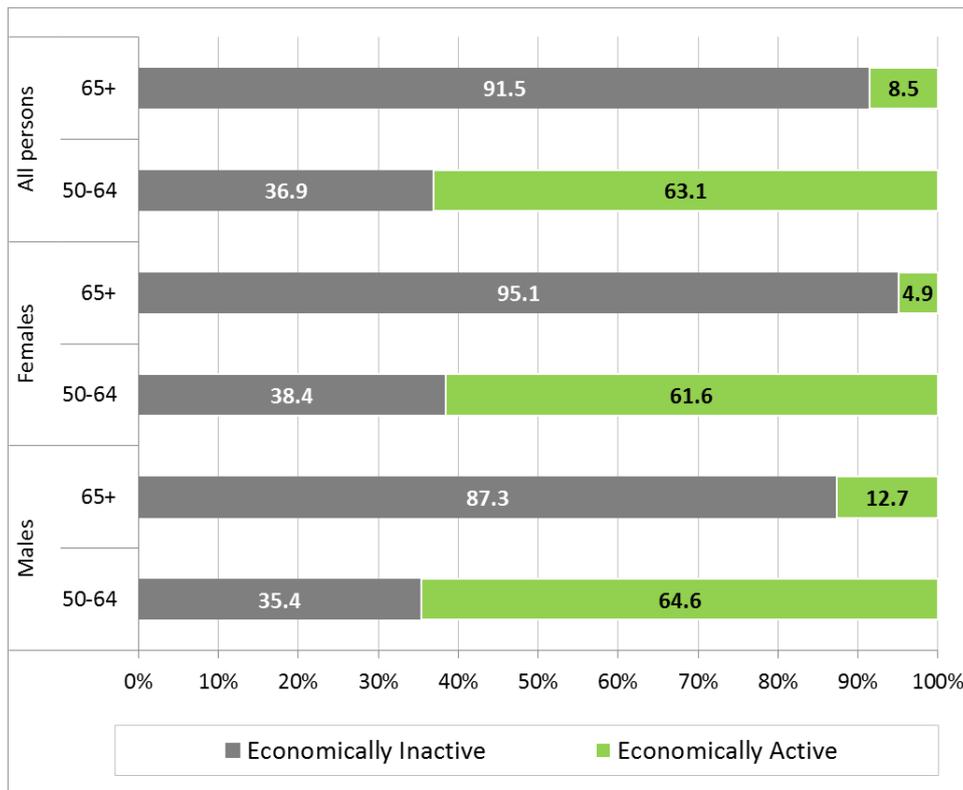


Table 8 (above), shows that both males and females in Wirral in this age group (and other older people of other ages in Wirral) are less likely to be economically inactive compared to same age counterparts in both the North-West and England. In both Wirral, the North-West and England, females were more likely to be economically inactive compared to males (aged 50+). In those aged under 50, men were more likely to be economically inactive than women.

Source: [NOMIS](#), Annual Population Survey 2015

### Volunteering

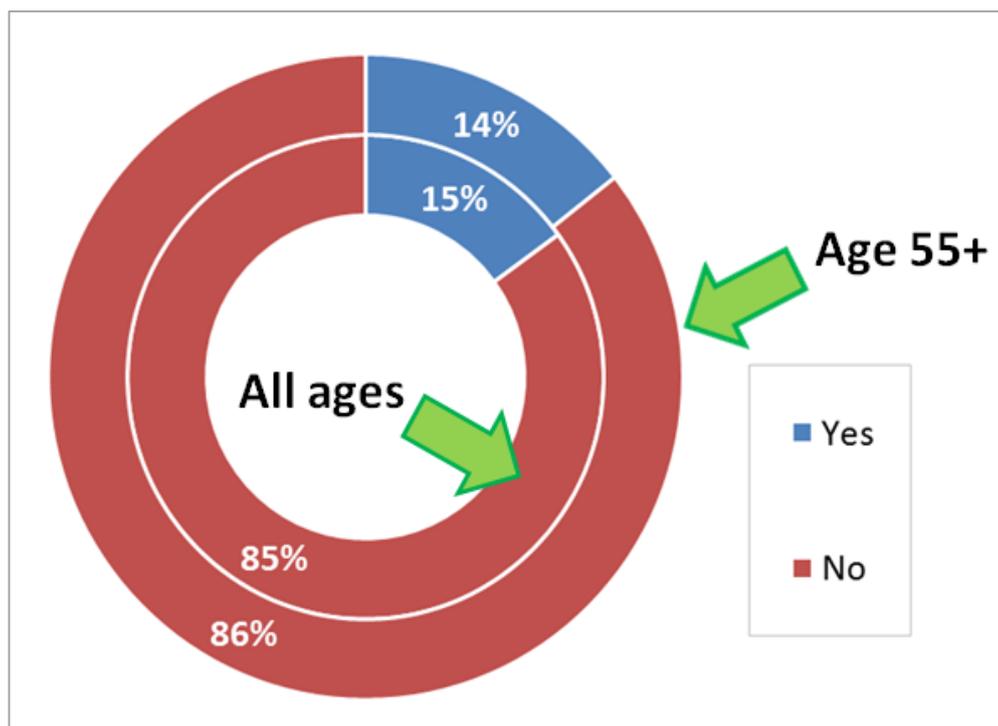
Several studies on volunteering have found that it has a range of positive effects such as increased happiness, greater life satisfaction and better physical and emotional health, especially amongst older people (Corporation for National & Community Service, 2007). Research also indicates that it can reduce the sense of loss among older adults who had experienced a major negative change such as loss of employment or bereavement (Greenfield and Marks, 2004).

The Wirral Residents Survey (December 2015) asked some questions on volunteering and results from those aged over 50 showed that:

- 78% are satisfied with their local area as a place to live
- 67% strongly felt they belonged to their local area
- 35% volunteer helping someone other than family members at least once a month
- 26% volunteer helping to support groups or activities within their community at least once a month

The North West Mental Health survey (Wirral sample) conducted in 2013 also contained questions about volunteering and the results are shown in the chart below.

**Figure 5:** Proportion of Wirral residents who reported having volunteered in the previous 12 months



As the chart (left) shows, rates of volunteering amongst the whole population and people aged 55+ were very similar. People of all ages were only slightly more likely to volunteer than older people aged 55+ in Wirral (15% versus 14%). These figures mean that around one in 7 people in Wirral say they have volunteered in the previous 12 months (survey was completed in 2013).

Source: North West Mental Health Survey, 2013 (Wirral Sample)

### Benefits

**Table 11:** Wirral residents in receipt of Attendance Allowance (February 2015)

Area	Higher Rate		Lower Rate		Total	
	Male	Female	Male	Female	Male	Female
Birkenhead	690	1,320	260	490	940	1,810
Wallasey	720	1,400	300	610	1,020	2,000
Wirral South	690	1,310	210	510	900	1,820
Wirral West	730	1,550	270	470	1,000	2,020
<b>Total</b>	<b>2,830</b>	<b>5,570</b>	<b>1,030</b>	<b>2,090</b>	<b>3,860</b>	<b>7,660</b>

Source: DWP Information Exploitation and Security, Work and Pensions Longitudinal Study (via [Tabulation Tool, DWP](#), 2015)

Notes: Caseload figures are rounded to the nearest ten; Some additional disclosure control has also been applied. Totals may not sum due to rounding. Attendance Allowance (AA) is a “a non-contributory, non-means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people aged 65 and over”.

People can claim either a lower rate or the higher rate of Attendance Allowance – the higher rate is usually claimed for reasons such as a person requiring assistance during both the day and night. Table 7 shows that women were much more likely to be claiming both the Higher Rate and Lower Rate than men. Overall, this shows that 98% more females in Wirral claim some rate of Attendance Allowance than males. Despite Wirral West Constituency having the largest *number* of residents claiming the Higher Rate AA (2,280 or 8%), it is Birkenhead constituency that has the highest *percentage* of their older people claiming the higher rate (2,010 or 9%). Wallasey Constituency had the highest number and percentage of over 65s claiming the Lower Rate (910, 4%). The table above also shows that in total Wirral has 11,530 claimants of Attendance Allowance (11% of the over 65 population), of which 73% are Higher Rate claimants and 27% Lower Rate claimants. [For more information on Attendance Allowance, visit Gov.uk.](#)

## Fuel Poverty

Households are defined as being in fuel poverty if they spend (or would have to spend) more than 10% of their income on household fuel use. The Department of Energy and Climate Change estimates suggested that a total of 14,975 households were living in fuel poverty in Wirral in 2013. The DECC also estimated that nationally, 14.3% of households (where the oldest person was aged 60-74) and 8.3% of households (where the oldest person was aged 75+) were living in fuel poverty. Levels of fuel poverty in Wirral (for all ages) have been calculated by ward and are available in the [2015 Wirral Statistical Compendium](#). The analysis shows marked inequalities in rates of fuel poverty in Wirral, with wards in Wallasey and Birkenhead Constituencies having the highest levels. Fuel poverty is an important issue, because if people live in homes which are cold and damp because they are unable to adequately heat it, this can exacerbate or cause respiratory and cardiovascular conditions. Population projections highlight that not only will Wirral's older population increase over the next two decades, the number of one and two person households is also projected to increase. This is likely to result in increased need for suitable, affordable housing, particularly for older people.

## Health, wellbeing & quality of life

Many health issues (which older people are more likely to live with), have their own specific chapters in the Wirral JSNA. They will therefore not be covered here. The JSNA has separate sections on [Cancer](#), [CVD](#), [Dementia](#), [Diabetes](#), [COPD](#), [Visual Impairment/ Eye Health](#), [Hearing Impairment](#), [Stroke](#) and [Chronic Kidney Disease](#). Only health and wellbeing issues *not* covered elsewhere will be detailed in the following pages in this chapter.

## Life Expectancy

**Table 12:** Life expectancy at birth (2011/13)

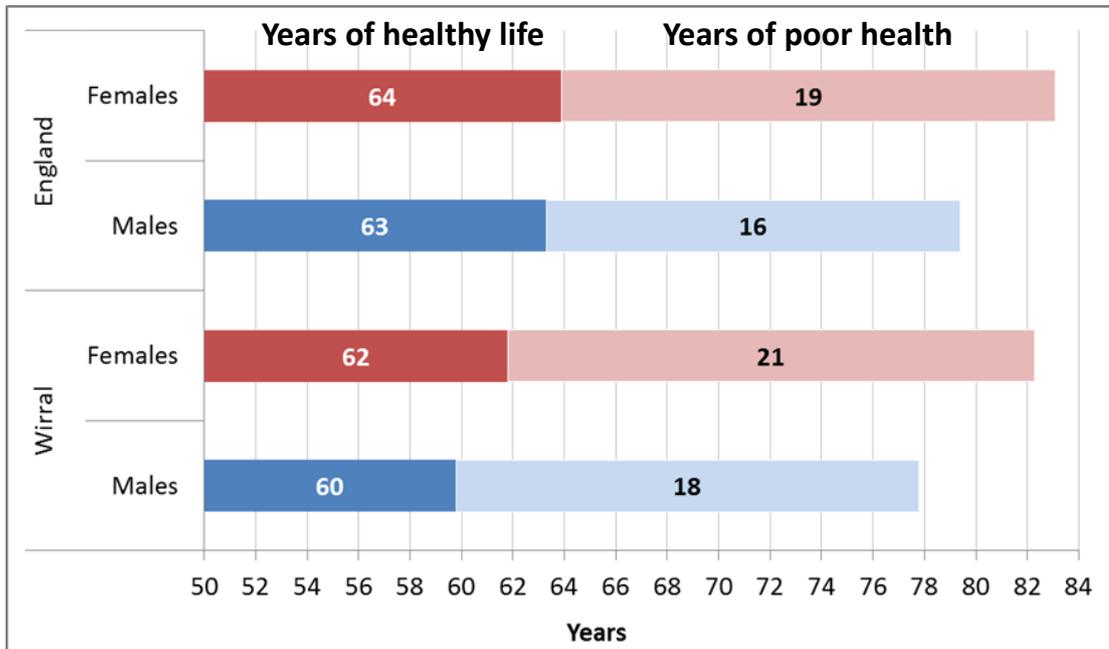
	Wirral (years)	North West (years)	England (years)
Male	77.8	78.0	79.4
Female	82.3	81.8	83.1

Source: [ONS](#), 2015

The table above shows that the life expectancy of men in Wirral is 4.5 years lower than for women in Wirral. This is a larger gap between men and women than is the case both regionally (3.8 years) and nationally (3.7). Life expectancy for men in Wirral is 0.2 years less than men in the North West and 1.6 years less than men nationally. Women in Wirral are expected to live 0.5 years longer and 0.8 years less than North West and England respectively.

## Healthy Life Expectancy

**Figure 7:** Healthy Life Expectancy 2011-2013



As the chart (left) shows, women in Wirral have longer life expectancy than men - both a longer healthy life expectancy, followed by more years of poor health males have an estimated healthy life of 60 years and 18 years of poor health.

Source: [ONS](#), 2011

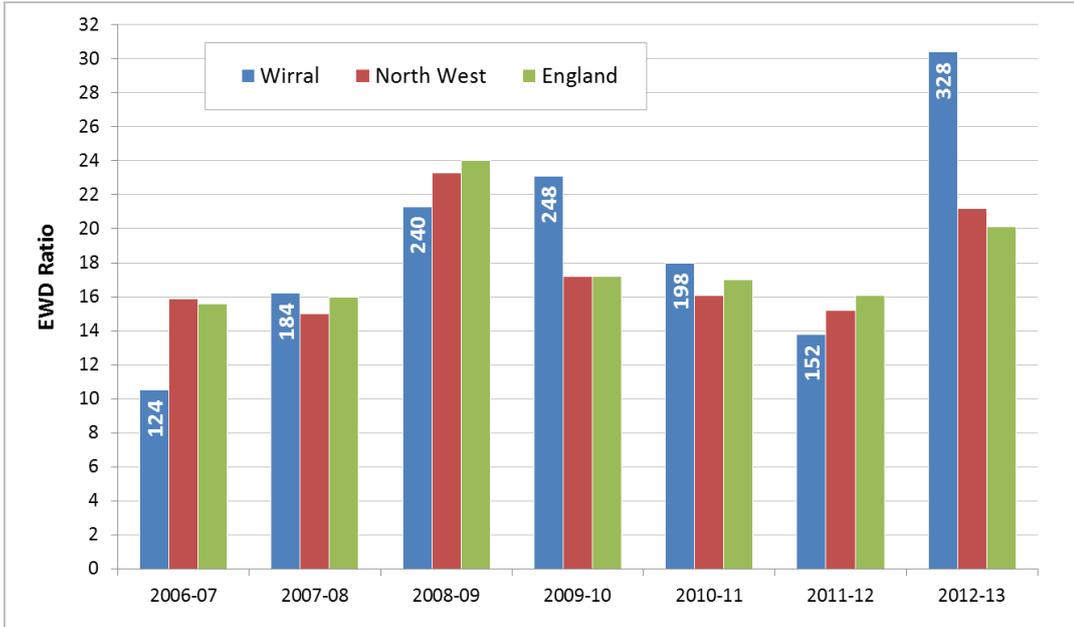
Notes: Numbers rounded to nearest whole year, which may mean figures do not sum

Despite having the longer life expectancy, Wirral females are expected to have a longer period of healthy life (62 years) but are also likely to spend more years spent in poor health (21years). This means that almost one third of people’s lives in Wirral are likely to be spent in poor health. When compared to the national healthy life expectancies, both males and females in Wirral are expected to spend an additional 2 years in poor health.

### Winter Mortality (or Excess Winter Deaths)

The Office for National Statistics (ONS) calculates Excess Winter Deaths (EWD) as the number of deaths occurring in the four Winter months (December to March), minus the average number of deaths during the preceding four months (August to November) and the following four months (April to July). Around half of all excess winter deaths (EWD) in England and Wales in 2012/13, occurred in people aged 85 and over. In Wirral, there were an estimated 328 excess winter deaths in 2012/13 (all ages), with half of those (48%) occurring in those aged over 85. This is the largest number and ratio since 2006. Evidence shows that surprisingly, EWD are not strongly associated with temperature (countries with much colder Winters such as those in Scandinavia, have much lower EWD ratios than England for example), so cold Winters, such as that in 2010, tend not to affect figures as much as might be anticipated. Instead, EWD are more strongly associated with poor construction and thermal insulation of homes and inequalities (leading to people being unable to adequately heat their homes). The trend in EWD in Wirral, the North-West and England between 2006 and 2013 is shown in the chart below.

**Figure 8:** Trend in Excess Winter Deaths Index; Wirral & England 2006 to 2013 (all persons, all ages)



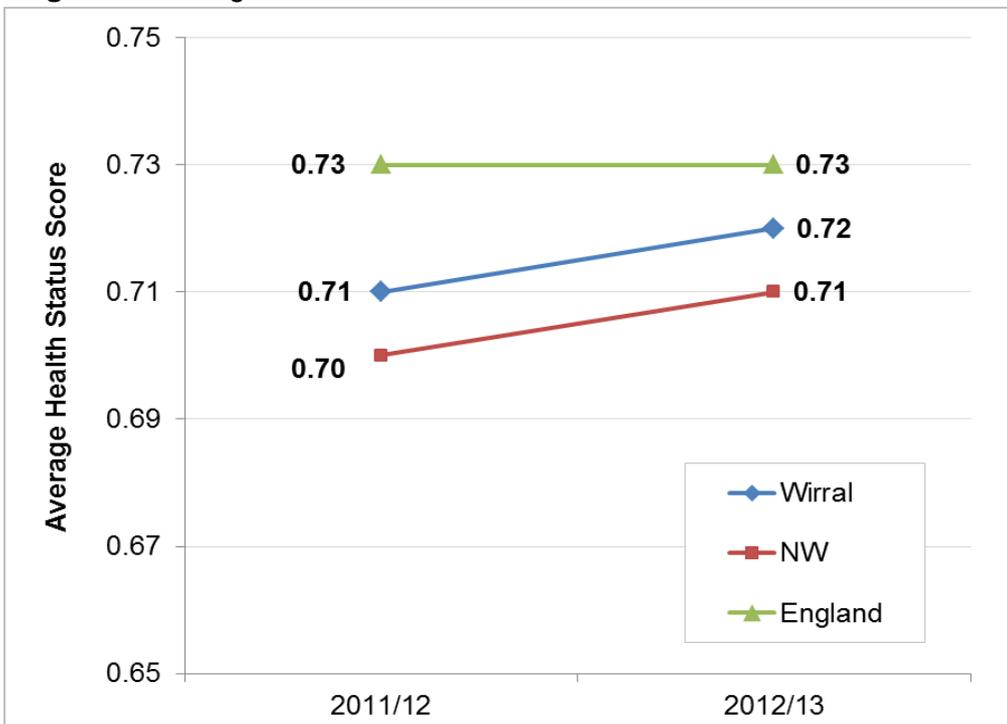
The chart compares the EWD ratio for Wirral, the North-West and England, but also shows the actual number of deaths in Wirral (shown in white). As the chart shows, EWD increased in Wirral in 2012-13, which has opened up a large gap with England and the North-West. Reasons for this are unclear.

Source: [Public Health Outcomes Framework](#), 2015

### Quality of Life

Data in the chart (below) is collected from Wirral responses to Q34 on the annual GP Patient’s Survey, and is reported in the [Public Health Outcome Framework \(PHOF\)](#) (2015). The question asks people to describe their current health status in five areas (mobility, self-care, usual activities, pain/ discomfort, and anxiety/ depression) and combines it into one Average Health Status Score – see chart below.

**Figure 9:** Average Health Status Score trends, 2011/12-2012/13



The chart (left), shows that on average, Wirral’s older people score higher than the North West (higher score indicates better health), but lower than England. Also, Wirral, along with the North West, has seen an increase in average Health Status score between 2011/12 to 2012/13. Public Health England (who produce the [PHOF](#) (2015) intend to use this indicator to assess whether health-related quality of life is changing over time.

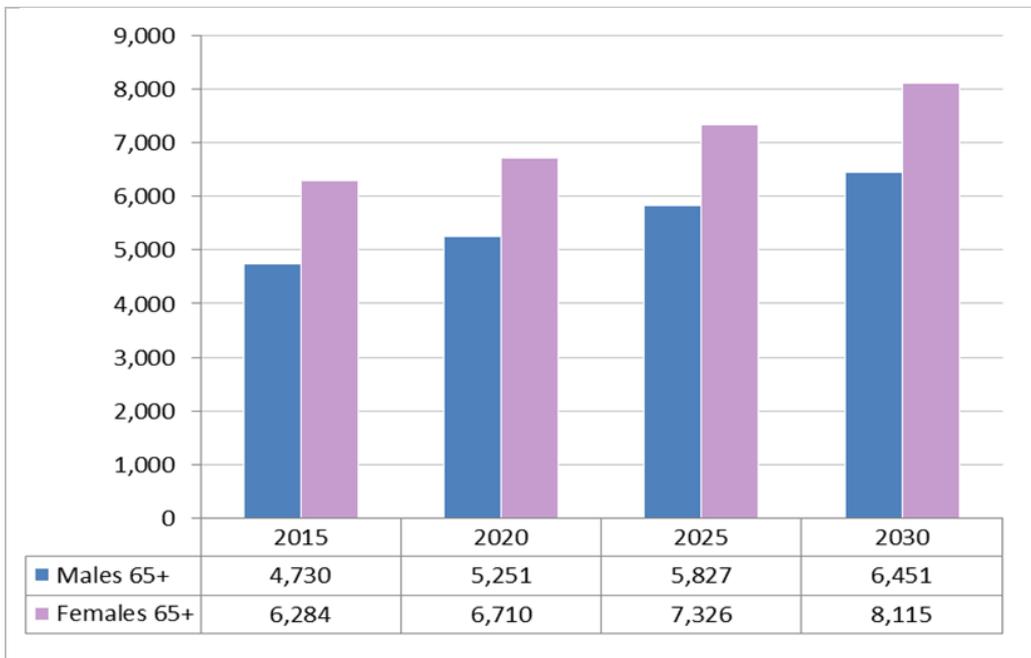
Source: [Public Health Outcomes Framework](#), 2015

## Continence

The most recognised definition of incontinence is involuntary leakage of urine and/or faeces, however, there is less awareness of the different forms of incontinence such as stress incontinence (e.g caused by sneezing, coughing or laughing), urge incontinence (feeling a sudden need to urinate, which cannot be controlled) and nocturia (waking in the night to go the toilet). Incontinence is often considered an irreversible and inevitable consequence of ageing, but this is not the case. Treatment is available, but embarrassment prevents many people from accessing it, for example, estimates suggest that only one in three people (30%) with incontinence issues seek help [Hägglund et al 2007].

As continence issues are associated with long term conditions such as stroke, diabetes and Alzheimer's (all of which are becoming more prevalent) as well as increasing age, incontinence is likely to become more common over time. Exact figures are difficult to gauge (due to the stigma), but it is estimated that 10-35% of the adult population are affected [Hägglund et al 2007], with prevalence in nursing homes being much higher (over 50%) [Garcia et al 2005].

**Figure 8:** Projected number of Wirral residents estimated to continence issues (at least once a week), 2015-2030



Prevalence of the number of people affected by continence issues is projected to increase with age as the chart (left) shows.. As Figure 3, below, shows, the total number of people in Wirral estimated to have a continence issue (an issue at least once a week), looks likely to increase from 11,000 in 2015 to 14,500 in 2030 – an increase of 24% in the next 15 years.

Source: [POPPI](#), 2015

## Vaccination & Immunisations

Influenza (more commonly known as flu) is a highly contagious virus spread by coughing or sneezing. A flu vaccination is offered to at people deemed to be more at risk of developing more serious complications if they catch the flu (older people are one such group). It is a Government policy recommendation that all over-65s are immunised, with a target of at least 75% uptake.

**Table 13:** Influenza (seasonal flu) vaccination in adults aged 65+, 2012/13-2013/14

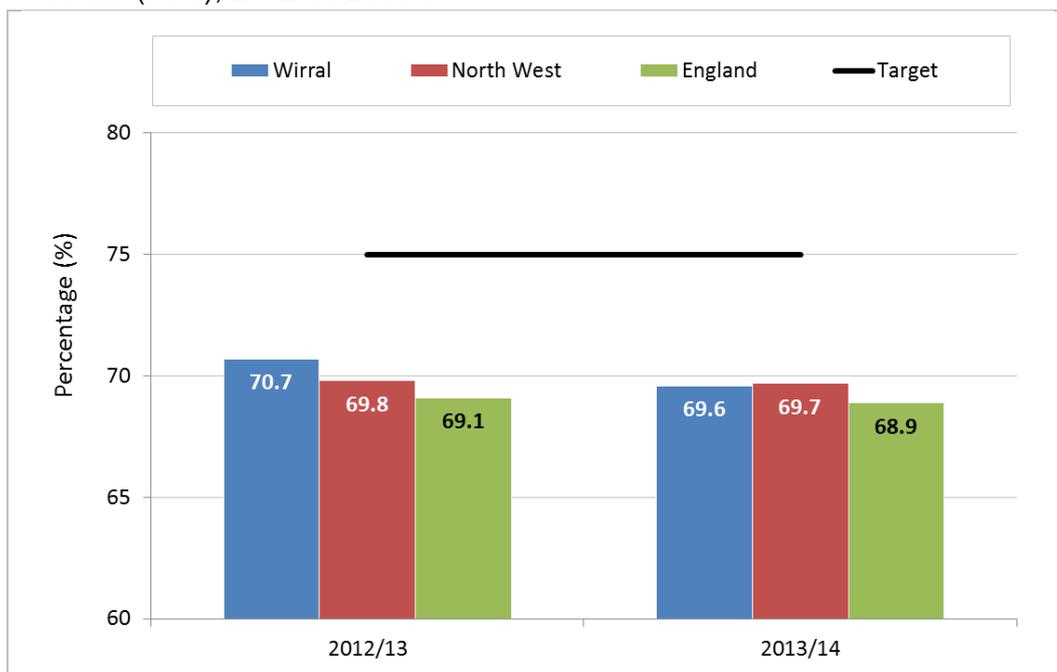
Area	2012/13			2013/14		
	NHS Wirral	North West	England	NHS Wirral	North West	England
Influenza Vaccine Uptake %	75.4	75.8	73.4	75.1	75.8	73.2

Source: [Public Health Outcomes Framework](#) (3.03xiv), 2015

The table (above) shows that the national coverage fell just short of the 75% target for 2012/13 and 2013/14. Wirral, however, had uptake of 75.4% and 75.1% in this same period and so met the target.

Pneumococcal disease is a significant cause of morbidity and mortality and can occur as bronchitis, otitis media or can more lead to more severe diseases like septicaemia, pneumonia or meningitis. Similar to ‘flu, it is Government recommendation that over-65s are immunised, with a target of 75% uptake.

**Figure 10:** Percentage of eligible adults aged 65+ who have received the Pneumococcal Polysaccharide Vaccine (PPV), 2012/13-2013/14



As the chart (left) show, annually around 70% of Wirral residents over 65 years receive the PPV vaccination. Neither Wirral, the North West or England hit the target for 75% of older people to have had the vaccination in 2012/13 or 2013/14. For more information, please visit: <http://www.nhs.uk/conditions/vaccinations/>

Source: [Public Health Outcomes Framework](#) (3.03xiii), 2015

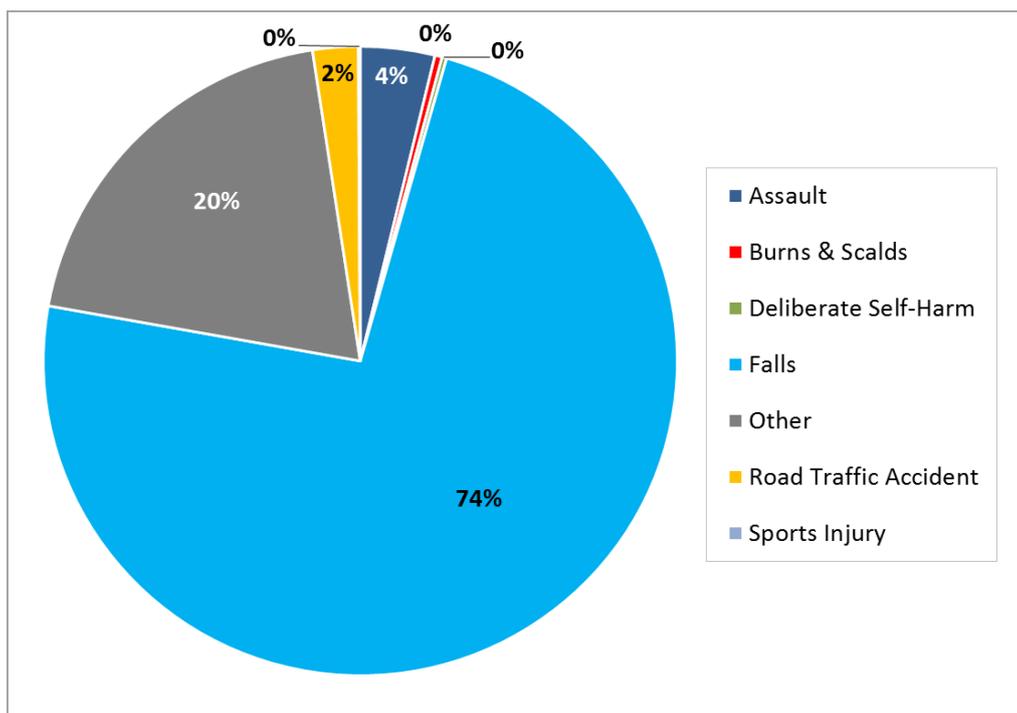
### ***Injuries & accidents***

In Wirral, between 2012 and 2015, 19% of all emergency attendances were people aged 65+. This is about what would be expected, given that the older population make up just over 20% of the Wirral population (so they are not hugely over-represented).

When people do sustain accidents and injuries at older ages however, the consequences are likely to be more severe. For example, falls (which make up the majority of injuries among older people) not only cause bone fractures, head traumas etc... they can increase the risk of early death (TIIG, 2015).

Every five hours in England an older person dies as a result of a fall and fall-related injuries are the leading cause of death among older people (TIIG, 2015). The same is also true in Wirral – the majority of Wirral patients aged 65+ who attended A&E did so after sustaining a fall. See chart below.

**Figure 11:** Emergency attendances in those aged 65+ by type of injury sustained (2014/15)



As the chart shows, the majority of attendances at A&E in 2014/15 in those aged over 65, were for falls. Out of a total of 6,538 attendances in this year, 4,800 of them were for falls (74%). Most occurred in the patients own home and women and those aged 85 were most likely to have fallen. Injuries coded as other may also have included falls, but patients were either confused or unconscious, so it has not been recorded. Assaults formed 4% (248) of all attendances in the older age group.

### Falls

The consequences of falls are serious for older people. Half of older people are unable to live independently following a hip fracture arising from a fall and around 40% of all admissions to care homes are as the result of a fall. Prevention is therefore key to reducing falls and enabling people to stay independent and evidence suggests that targeting those at high-risk of falling and interventions/ services which target a range of risk-factors (multifactorial, not concentrating on just one risk factor alone) are the most successful. The biggest risk factors for falls is ever having fallen before and older age (being 80+). As falls is such an important issue for older people, the JSNA has a separate chapter dedicated to it. Please see the [Falls Chapter](#) for more information. Wirral had a very similar rate of hip fracture in those aged 65+ to England in 2013/14 (in numbers, 414 older people were admitted to hospital with a hip fracture in 2013/14).

### House fires

Older People are a priority group for Merseyside Fire & Rescue Service (MFRS) because more than half of the victims of accidental dwelling fires are aged 65+. Consequently, MFRS identify and target vulnerable people (rather than areas) using their intelligence to deploy scarce resources where they are most needed.

**Table 14:** Number of Home Fire Safety Checks and Accidental Dwelling Fires in Wirral in 2014/15

	Over 65	Other Ages	Grand Total	Over 65 %
<b>Home Fire Safety Checks</b>	4,034	5,409	9,443	42.7%
<b>Accidental Dwelling Fires</b>	44	187	231	19.0%

Source: Merseyside Fire & Rescue Service, 2015

Using its own (and partners) data, MFRS has created a Vulnerable Person's Index to identify people who may be at a higher risk of injury or death as a result of accidental dwelling fires in Merseyside. A full

outline of their strategy for reducing accidental house (dwelling) fires is available in the [Merseyside Fire & Rescue Service Strategy 2015-18](#) document.

## Dementia

The National Institute of Health and Care Excellence (NICE) (2015) defines dementia as “a progressive and largely irreversible clinical syndrome, characterised by impairment of mental function” causing the sufferer to experience memory loss, language impairment and disorientation.

**Figure 11:** Percentage of adults aged 65+ registered as having dementia, 2015

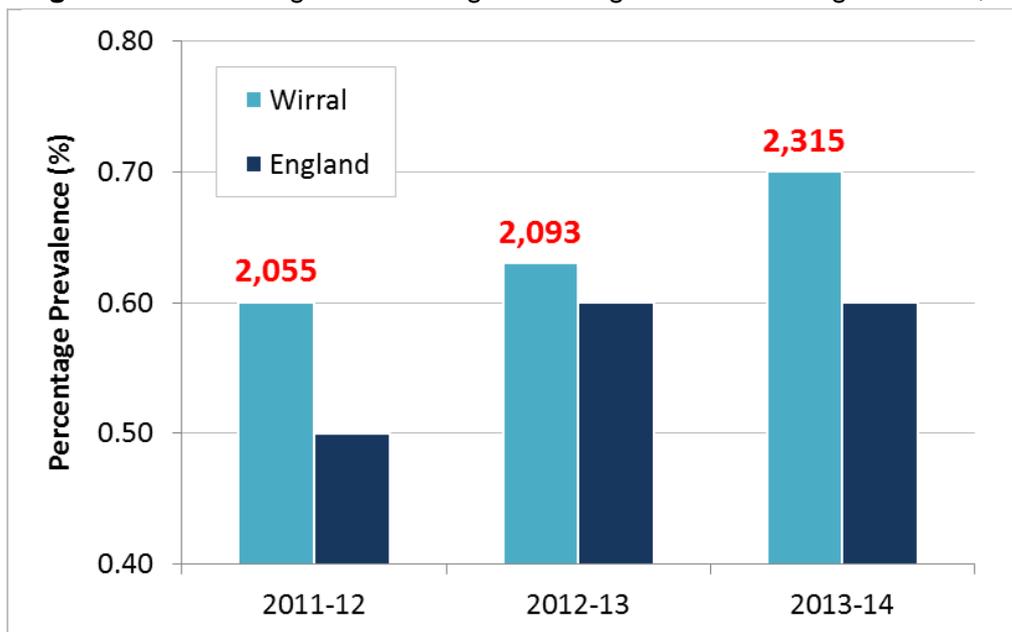


Figure 11 shows that Wirral has a slightly higher prevalence of patients with a diagnosis of dementia than England. This has steadily increased from 0.6% (2,055) in 2011/12, to 0.7% (2,315) in 2013/14. England rates have increased from 0.5% to 0.6% over the same period. Further information on dementia is available via the [Wirral JSNA Dementia webpage](#)

Source: Quality and Outcomes Framework, [HSCIC](#), 2015

Estimates produced by POPPI suggest that around 4,800 in people aged 65+ will have dementia. GP records show that around 2,300 are recorded as having dementia, which means that there could be around 2,500 people locally who have dementia, but are not known to services. Age UK Wirral developed an Early Onset Dementia Service, the main objectives of which were to develop a specialist advocacy service for people aged 50+ suffering from dementia or Alzheimer’s disease, as well as the family members /carers of younger sufferers of dementia. A project report '[A View To the Trees](#)' is available with more information on the project.

## Social Isolation

Social isolation and loneliness are important because social relationships are central to well-being and are critical for maintaining good health. Conversely, the lack of them in older age puts people at higher risk of a variety of poorer outcomes such as depression, re-hospitalisation (4 to 5 times more likely within a year of discharge) and earlier death. The impact on mortality of social isolation has been found to be comparable with the major, well established risk factors for premature death such as smoking and alcohol consumption, and exceeds that of physical inactivity and obesity. Social isolation is a growing problem due to changing patterns in society such as older people living longer and was named by older people in Wirral as the top issue facing older people locally (Age UK, 2015). Social isolation and loneliness has been the subject of a number of reports produced by Wirral Public Health Team, notably:

- The [2014 Public Health Annual Report](#)
- A [2015 literature review on effective interventions](#) to tackle social isolation
- A [2015 piece of analysis](#) identifying where in Wirral socially isolated people were likely to live

Age UK have also produced a report [Promising Approaches to tackling Loneliness and Isolation](#). The table below shows the results of the analysis to identify areas of Wirral where social isolation is likely to be most acute, using the Older People's Isolation Index (OPII). Please see the [full report for the methodology](#) involved in calculating the OPII, but a higher index score basically indicates more social isolation.

**Table 14:** Older People's Isolation Index (OPII) results by Wirral ward, 2015

Ward	OPII
Bebington	105.7
Bidston and St James	129.9
Birkenhead and Tranmere	122.9
Bromborough	111.1
Clatterbridge	96.7
Cloughton	108.9
Eastham	108.4
Greasby, Frankby and Irby	96.1
Heswall	99.2
Hoylake and Meols	100.5
Leasowe and Moreton East	116
Liscard	109.3
Moreton West and Saughall Massie	107.2
New Brighton	108.4
Oxton	108.1
Pensby and Thingwall	111.2
Prenton	103
Rock Ferry	122.8
Seacombe	120.9
Upton	120.2
Wallasey	98.7
West Kirby and Thurstaston	99.5
<b>Wirral</b>	<b>109.2</b>

Source: [Wirral JSNA](#), 2015

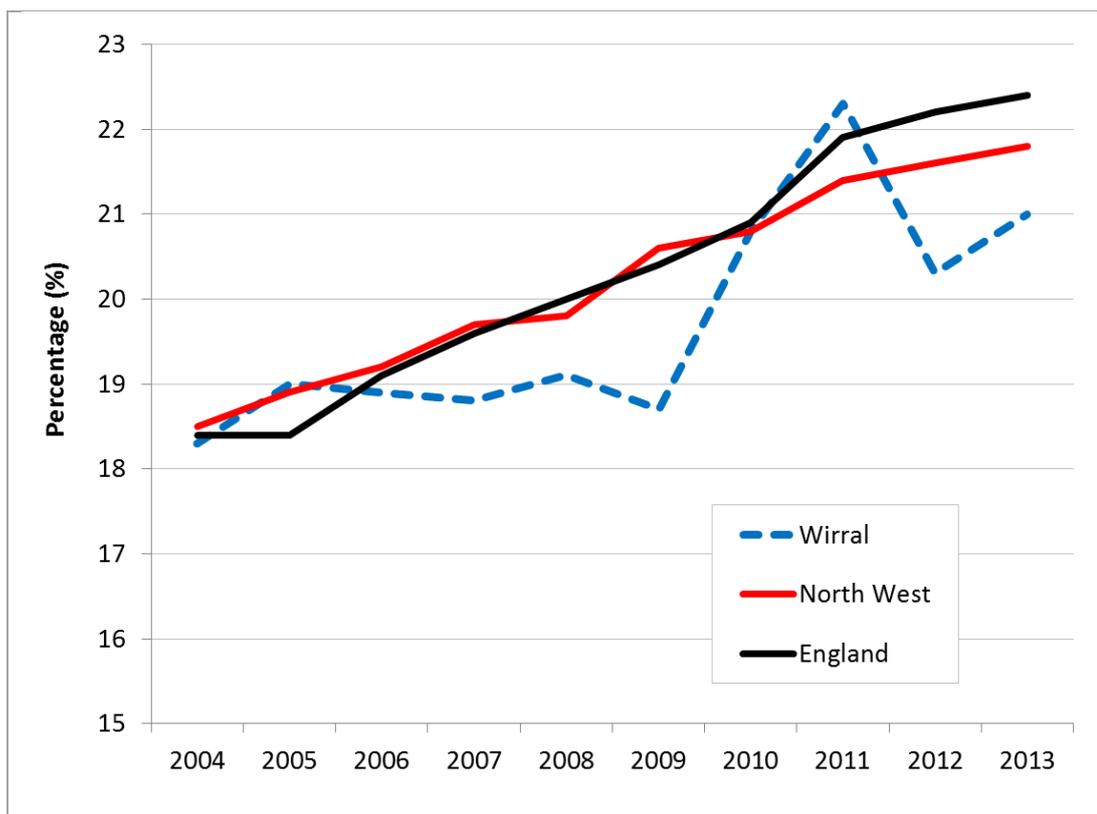
The table (above) shows that the wards with the highest average Older People Isolation Index (OPII) scores were the more deprived wards in Wirral. The highest scoring ward was Bidston & St James, followed by Birkenhead & Tranmere and Rock Ferry. The lowest scoring wards were Greasby, Frankby & Irby, closely followed by Clatterbridge and Heswall.

### **End of life**

Everyone hopes for a good life to the very end and it is kind, humane and professional to reassure patients at the end of life stage, but until relatively recently, end of life care was controversial and healthcare services were primarily focused on dealing with acute illness, rather than focusing on palliative care. [Wirral End of Life Care Charter](#) sets out the care that residents can expect at the end of their life and it is worth noting that the UK ranks first in the [2015 Quality of Death Index](#), a measure of the quality of palliative care in 80 countries around the world released by The Economist Intelligence Unit

(EIU). This is due to comprehensive national policies, the extensive integration of palliative care into the NHS, a strong hospice movement, and deep community engagement on the issue. Most people, when asked, say that when the end of their life comes, they would prefer to die at home. In practice however, many people actually die in hospital. The NHS has improved its practices which enable more people to die in the place of their choosing (usually home) and this is reflected in the trend data. For example, in 2004, 57.5% of people died in hospital in Wirral, by 2013, this had reduced to 50%. The chart below shows the percentage of people who died at home from 2004 to 2013, in Wirral, with the North-West and England shown as comparators.

**Figure 12:** Trend in the proportion of people dying at home in Wirral, England & North-West (2004-2013)



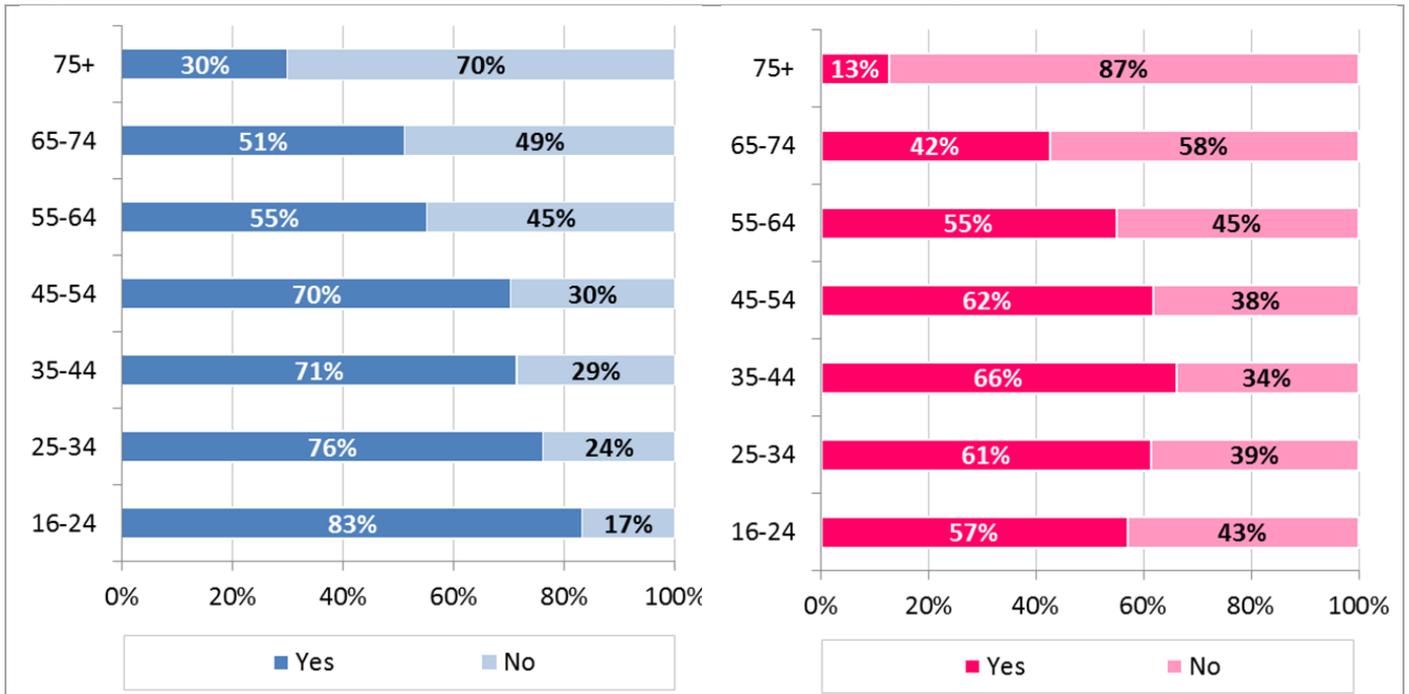
As the chart shows, the proportion of people who died in their own home (most people's preference) in Wirral has increased from 18.3% in 2004, to 21% in 2013. Wirral is slightly below England and the North-West on this issue. As with falls (above), end of life is a an important issue, hence there is a separate page on the JSNA site for [End of Life](#), please check there for additional local information on this topic.

### Physical Activity

Most adults in the UK do not meet the recommended guidelines for being active enough. Men are more active than women, but physical activity declines sharply with age for both sexes. Continuing physical activity into older age is important because it prevents decline in strength, stamina and stability (e.g the ability to prevent yourself from falling or tripping, climb stairs, get in and out of the bath unaided and other activities which enable people to remain in their own home etc...).

Government guidelines for the amount of physical activity people need to do in order to benefit their health are: at least 150 minutes (2 and a half hours) moderate or 75 minutes (and hour and a quarter) of vigorous activity per week (or equivalent combination of these). The definition of moderate intensity physical activity are activities such as brisk walking or cycling, which lasts at least 10 minutes. Vigorous intensity activity is defined as running or sports such as swimming or football.

**Figure 13:** Proportion of men and women meeting the physical activity guidelines, by age band (2013)



Source: Health Survey for England, 2013

As the chart shows, at younger ages (e.g 16-24), the majority of men (83%) are doing enough physical activity to benefit their health, but this drops to just 30% after the age of 75. Amongst women, less than 2 in 3 are meeting the guidelines at age 16-24, but by the age of 75+, this has declined to only 13% or less than one in 8.

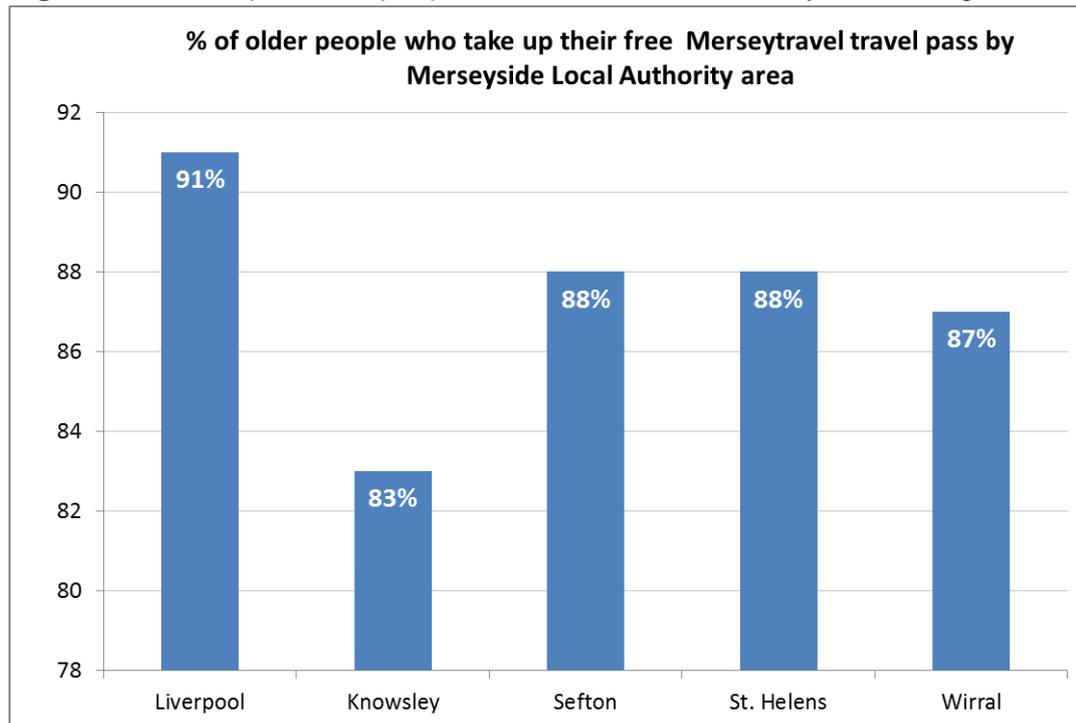
### Transport & Accessibility

Accessible travel and transport and are important determinants of health, which if addressed, can have a measurable impact on individuals and communities - particularly in disadvantaged areas, where individual car ownership and social connectedness are lower. Transport can also help tackle inequalities by increasing job opportunities and social contact – both of which improve health and wellbeing.

It is also the case that encouraging use of public transport can result in other gains. For example, research indicates that swapping private vehicle travel for public transport—which may involve walking or cycling to transport access points, raises physical activity levels, offering health benefits, such as a reduced risk of obesity, falls and cardiovascular ill health (Coronini-Cronberg, 2012).

As increasing older age may restrict car use for health or financial reasons, access to public transport assumes even greater importance for many older people, e.g determining their ability to keep up their social connections. In the Merseyside area, older people (of state pensionable age) are entitled to passes which entitle them to use public transport free of charge (timing restrictions apply during morning rush hour). The chart below shows the take up rate of the free Merseytravel passes by eligible older people in 2015.

**Figure 12:** Take up of older people’s Travel Passes in Merseyside boroughs in 2015



As the chart shows, Wirral has the 2<sup>nd</sup> lowest take up in Merseyside. Reasons given for this to Merseytravel included: Lack of awareness; didn’t bother getting one; rely on other people for transport and use own car. This links to a key priority in the new Road Safety Strategy on older and vulnerable road users.

Source: Merseytravel, 2015

Merseytravel are aware of the importance of travel for older people and have rolled out a number of initiatives such as dementia awareness training amongst their staff (including 3,000 bus drivers across Merseyside), creating ambassadors and “buddies” and have also run further Travel Training Programmes with specific support for those with dementia. Consideration is also being given to possible relaxation of the time restriction for some older person’s passes, e.g. to allow travel to healthcare and also feasibility of a carer’ pass to offer a discount /free travel.

## Digital Inclusion

[Research published by the BBC](#) has found that 21% of Britain’s population lack the basic digital skills and capabilities required to realise the benefits of the internet, but amongst older people, this figure is even higher (53%). Reducing digital exclusion however, could help address many wider equality, social, health and wellbeing issues which affect older people, such as isolation, with 81% of people over 55 who are online, reporting that it helps make them feel part of modern society and less lonely (Government Digital Inclusion Strategy, 2014). Wirral Council recently commissioned IpsosMORI to carry out the 2015 Residents Survey and below is a summary of responses to questions relating to digital inclusion from those aged 50+ in Wirral:

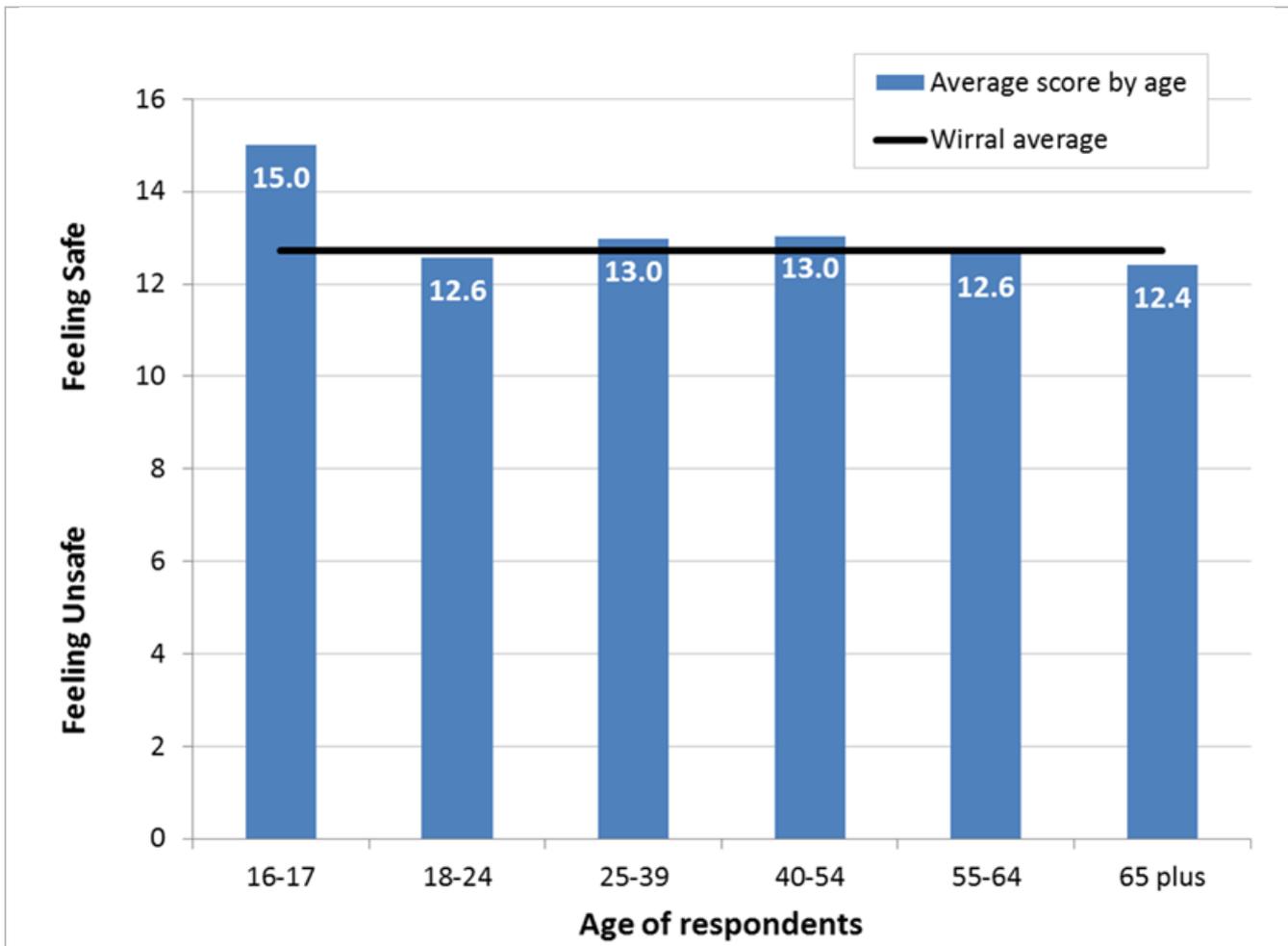
- 64% prefer to receive information about services provided by the Council and its partners via leaflets and publications through the post.
- 46% prefer to receive information about services provided by the Council and its partners via local media (Newspapers, TV, Radio, news website).
- 15% prefer to receive information about services provided by the Council and its partners via direct contact face to face via One Stop Shops, libraries or other council facilities
- 73% said that they never look for information about local events, news and services through community websites.

## Crime & Safety

### Perception of Crime

Figures from the Wirral sample of the North West Mental Health survey confirm national research which indicates that although older people are likely to be the group of the population most likely to be fearful about crime, when crime statistics are analysed, they are often the group least likely to be the victims of crime. See the chart below.

**Figure 13:** Perceptions of Crime & Safety, by age group, 2013

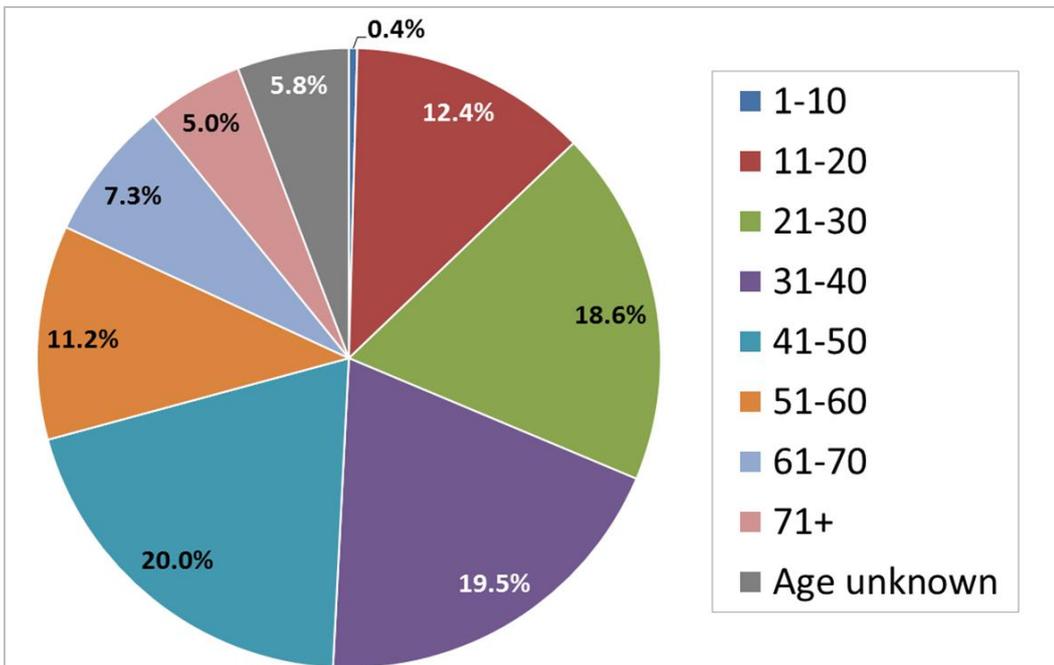


Source: NW Mental Health Survey, 2013

Figure 13 shows the average scores indicating how safe Wirral residents felt; higher scores indicate feeling safe, lower scores indicate feeling unsafe. People aged 65+ felt the least safe with an average score of 12.4. This is interesting, as a breakdown of victims of crime by age band was produced for 2008/09 (Wirral Council, 2010) showed that Wirral residents aged 60+ were the age group *least* likely to be victims of crime.

## Recorded crime

Figure 14: Victims of all reported crime in Wirral by age band (2008-09)



Source: Wirral Community Safety Team, 2014

As Figure 14 shows, in 70% of all recorded crimes in Wirral, the victims were aged under 50. In around 12% of crimes, the victim was recorded as being aged 60+. As 21% of the Wirral population being aged 65+, older people appear to be *under-represented* in the Wirral crime figures, despite the greater fear of crime amongst older people locally.

### 3 Local, Community and Stakeholder views

**Ageing Well in Wirral Strategy:** A Stakeholder Day to inform the Older People’s Strategy for Wirral was held in November 2015. Attendees were asked to provide feedback on the 5 key themes of the strategy, namely:

1. Being an active part in strong, thriving, local communities
2. Enjoying a happy home life
3. Being emotionally and physically healthy
4. Being financially secure
5. Having better access to the right information and support

Full feedback from the event was captured [in this document](#) and was incorporated into the strategy itself.

**Transport and Accessibility:** Merseytravel hosted an event in March 2015, aimed at better understanding the issues faced by people with dementia, in order to inform their plans. The main points raised were:

- **The 9.30am travel pass restriction on older person’s passes.** Many people with dementia prefer to travel earlier in the morning (around 9am) when they feel most alert (this doesn’t apply to anybody with a disabled persons travel pass as there is no time restriction on these).
- **Carers’ passes:** Many with dementia are unable to travel independently, so need a companion, who usually needs to pay full fare. The issue of a carers’ pass is likely to be taken forward as a national lobbying issue by the Dementia Society
- **Travel information** is a key issue – personalised information and ‘apps’ are often helpful – Traveline and the Merseytravel App
- **Complex signage:** e.g. our bus flags show the name of the stop, bus numbers, zones etc rather than the basic direction that the bus is travelling (e.g. “To Liverpool”)

- **Driver behaviour** (bus) – many drivers make people feel rushed or do not recognise the needs of people with dementia (e.g. may assume passenger is drunk). Merseytravel are looking at how the pass itself could be used to highlight to staff that a passenger has additional needs e.g. a different coloured pass. A dementia photo card for Liverpool is also in development.
- **Need for ambassadors:** Linked to the above, to champion the issues within their organisations

#### **4 What are we expecting to achieve?**

The Ageing Well in Wirral Strategy (2015) has a number of performance indicators, using a variety of indicators (many from forthcoming responses to the annual Residents Survey conducted by IpsosMORI). These indicators are designed to measure whether the strategy has been successful in its overall aim of ensuring that older people in Wirral are enabled and empowered to do more, whilst being properly supported when they do need the help of statutory services.

#### **5 Current activity and services**

A mapping activity of the huge range of information and services relevant to older people was developed as part of the Ageing Well in Wirral Strategy. At the same time, Wirral Department for Adult Social Services are leading (on behalf of Wirral) an Liverpool City Region initiative to develop/update an existing directory of services in Wirral (Wirral Well) into a broader, 'marketplace' or directory of services designed to be used by both professionals and the public.

#### **6 Key gaps in knowledge and services**

- Information on many of the key issues mention in this chapter in relation to the BME community is a key gap.
- The kinds of volunteering older people in Wirral are engaging in
- The large proportion of older people who are digitally excluded

#### **7 What is coming on the horizon?**

The challenge for the future will be balancing how statutory services can ensure that older people in Wirral are enabled and empowered to do more, whilst supporting them when they need help – against a backdrop of an increasing population of older people and decreasing funding.

#### **8 What does the research suggest as further actions?**

See actions in the Ageing Well Strategy for Wirral 2015 (anticipated publication date December 2015).

#### **9 Relevant and related National and local strategies**

- [The Wirral Plan: A 2020 Vision](#)
- Wirral Ageing Well Strategy (anticipated publication date January 2016)
- [Wirral End of Life Care Charter](#)
- [Liverpool City Region Transport Plan for Growth](#)
- [Merseytravel Plan 2015/16](#)
- [Merseyside Fire & Rescue Service Strategy 2015-18](#)

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