

Meeting health care challenge of an ageing population

The often complex needs of elderly patients are a growing responsibility for health and care organisations in Cornwall and the Isles of Scilly. **Jackie Butler** finds out how they are rising to the challenge

WITH a growing older population as the baby boomer generation reaches retirement age, the need for good, appropriate health and care services for them is urgent.

One in four people in Cornwall and the Isles of Scilly is currently aged 65 plus - higher than the national average - and they're increasingly likely to need treatment and care for a cocktail of problems.

Life expectancy for men here is currently between 79 and 80, and they are likely to have some ongoing health conditions for 16 to 17 of their final years. For women, average life expectancy is now 83 to 84, with up to 19 years potentially in poor health.

"Most people will have up to five long-term conditions," says GP Dr Tamsyn Anderson, director of primary care for the Cornwall Partnership NHS Foundation Trust and system clinical lead for Cornwall and the Isles of Scilly.

These can include diabetes, heart or lung diseases, dementia and balance problems that can lead to falls and broken bones. Isolation and mental health issues like depression are also a big factor; 15 per cent of all households in Cornwall are people over 65 living alone, often in rural locations.

A new focus across the whole health and care system is firmly set, not only on providing good care for the county's older population when and where they need it, but also on helping people to retain their independence for as long as possible by offering the right support at the right time.

There's also a drive to encourage people to adopt lifestyle changes and self-care habits that'll help them stay healthy as they age, especially as many prevalent illnesses can be reduced with behaviour choices - like stopping smoking, losing weight, increasing physical activity and decreasing alcohol.

"We have an increasing number of older people who need help, and we need to lead the country in the care of frail older people," says Tamsyn. "But we also have an active older population who we want to keep as well and independent as possible."

With 62 per cent of hospital bed days in the county occupied by people aged over 65, there's a shift away from admitting the elderly to hospital unless it is clinically necessary.

THE DEMENTIA CHALLENGE

THE incidence of Alzheimer's disease and other forms of dementia is increasing globally, and it's a particular issue in Cornwall and the Isles of Scilly, with its rising number of older people.

AT the end of last year the county was at the bottom of the national league for diagnostic rates. There has been a big drive to improve them, led by NHS Kernow Clinical Commissioning Group.

"Research shows that if people get an earlier diagnosis they get support and they live longer and better. One of the difficult things is getting people to come forward," says Dr Allison Hibbert, the county's lead GP for dementia.

"We need to dispel the stigma around dementia. If we can get help and support and signpost people to things that can help them, it is really valuable."

Alison went on: "There are a lot of enthusiastic people here and we need to give it focus and get adequate support services. There is lots happening to join things up."

She said the mission was to bring all providers, including the voluntary sector, together to ensure sufficient support.



> Home visits can help dementia patients with advice to manage their symptoms and early diagnosis helps



> GP Dr Tamsyn Anderson
Trevor Burrows

Then, the emphasis is on getting them back home - or as close to home as possible - as quickly as possible.

"For every week you stay in hospital you will lose 10 years of muscle strength in your body," Tamsyn says.

"Twenty years ago with a heart attack you would be in hospital for two weeks. Now you might have a stent fitted the same day and medicines to take home. That is how quickly we treat you now and it's life-changing."

Helen Charlesworth-May, Cornwall Council's strategic director for adult social care, agrees that hospital

should only be an option when absolutely necessary and people should be supported in their community whenever possible.

"Lots of older people and their families think hospital is a really good place to be and, of course, it is - if you have something that needs hospital treatment. But it isn't somewhere to get your medication right or to find someone to do your shopping for you when you get home," she says.

"NHS organisations and Cornwall Council are working together to establish a joined up community care that helps people to remain living in their own homes independently. This means working with local health and care professionals to develop more locally tailored services, and ensuring services are proactive in responding quickly as people's needs escalate.

Initially a person might need someone to pop in to do a bit of shopping, or help them get to the shops themselves. Ten years down the line, when they become frailer, they might need someone to come in every day to help them wash and dress.

It's also about recognising that older people want choices too. We can miss the fact that just because a person is old and frail it does not stop them being an adult who knows what they want for themselves."

COMMUNITY MEMORY SERVICE

WHEN you have concerns about your memory, there's a well mapped route towards diagnosis and initial treatment.

Allison O'Kelly, is the clinical lead for the East Locality Memory Services based at Liskeard where patients, yet to be diagnosed, are guided through the process.

Usually the GP will do blood tests to rule out anything else that can affect memory, such as low B12, underactive thyroid and diabetes.

Following a memory assessment and neural imaging, the patient will see a consultant for a diagnosis. Nurses follow up with a post-diagnosis visit about the prognosis and what services are available. One is cognitive stimulation therapy.

"It's eight weekly treatments looking at different ways of using your memory more effectively," explains Allison.

"While we run that group, there is a group in the next room for family members and carers where people can learn about the challenges that might come along and share experiences."

The service works alongside Kernow Carers and support

workers from the Alzheimer's Society who link people up with memory cafes and creative groups.

Allison is aware of people's reluctance to come forward. She says: "There is a lot of hoping that it will just go away, but if it's dementia it's not going to. Medication is available that can subtly improve memory."

"It's about being prepared and making plans, like getting power of attorney in place. It's taking each day at a time and living as well as you can. Diagnosis opens doors to the services we provide."

In one case Maureen, 71, was recently told she has Alzheimer's. "It's a relief to know and ever since I've been told what is wrong with me it doesn't seem to matter," she says

She went to the GP in 2016 when she noticed her memory was becoming unreliable. A second appraisal last year showed her memory had deteriorated.

She was referred to the memory clinic and had a CT scan at Derriford Hospital. A diagnosis of Alzheimer's was confirmed and she's now on prescribed medication and is coping with the help of husband, Philip.