

Prevention checklist

Area of risk	Prevention questions	Intervention
Safe home and income	<ul style="list-style-type: none"> • Is the patient vulnerable to cold? • Is their home warm enough? Can they afford to heat their home? • Is their home overcrowded? • Is their home damp or does it have mould? • Is their home suitable: are there any trip hazards? Does it need adaptations or repairs? • Is there sufficient nutritious food? • Are they receiving the right benefits? 	<p>Refer to WISH+ for an assessment</p> <p>The WISH+ referral hub is a way for Camden residents to get access to a range of Warmth, Income, Safety and Health services. You don't need to know all the services available through WISH+ to refer, just that the individual you are referring might need some support to improve their health and wellbeing.</p>
Vaccinations	<ul style="list-style-type: none"> • Have they had their influenza, pneumococcal and shingles vaccinations? 	<p>Arrange for the patient to have their vaccinations with their GP or pharmacist</p>
Mental wellbeing and social isolation	<ul style="list-style-type: none"> • Does the patient have regular visitors? • Is the patient able to get out of the house? • Does this person have any diagnosed mental health conditions? • Does this person have a long-term condition which makes them at higher risk of depression or anxiety? • Do they need a referral to mental health services? • Do they have a carer and have they been offered support? 	<ul style="list-style-type: none"> • Consider referral to mental health services including iCope • Complete carers assessment • Refer to Age UK Camden navigator service • Do they need a taxicard?
Carers wellbeing	<ul style="list-style-type: none"> • Does this person have a carer? • Does their carer have any unmet health or social care needs? 	<ul style="list-style-type: none"> • Complete a carers assessment • Refer to Camden Carers Service
Falls	<ul style="list-style-type: none"> • Has the patient had a recent fall or do they find it difficult getting around? • Is the patient at risk of a fall? 	<ul style="list-style-type: none"> • Refer for falls assessment • Refer for telecare • Signpost to strength building/ physical activity group, such as Exercise on referral or falls rehabilitation
Additional health issues	<ul style="list-style-type: none"> • Do they have any continence issues? • Are they at risk of pressure sores? • Any other health issues to be aware of? 	<ul style="list-style-type: none"> • Refer for continence assessment • Refer to tissue viability service
Lifestyle issues are an additional area for consideration once the patient's condition has improved, or for discussion with carers	<ul style="list-style-type: none"> • Would this person benefit from advice on nutrition and physical activity, either now or in the future? • Do they smoke? • Do they drink more than the recommended amount of alcohol? (Complete the AUDIT C) • Have they had an NHS Health Check (under 75) or an over 75 Health Check ? 	<ul style="list-style-type: none"> • Refer to lifestyle services (stop smoking, weight management, physical activity, alcohol, substance misuse)

Appendix: Supporting information

Housing needs (including housing, warmth, food, income and fuel poverty)

- Housing makes a very significant contribution to people's health and inequalities across Camden.
- People in overcrowded households are more likely to suffer from higher rates of respiratory disease, TB, meningitis and gastric conditions.
- Cold, damp homes lead to higher rates of heart and respiratory diseases and mental health problems.
- The risk of fuel poverty rises sharply as income falls — people have to choose to “eat or heat”. Older people who live alone and those living with long term health conditions are disproportionately affected by fuel poverty.
- Cold housing can exacerbate existing conditions such as arthritis and rheumatism, with increased risk of accidents because of reduced dexterity. They are also at increased risk of hospital admissions (from respiratory and heart diseases) and mental health problems, and an earlier death particularly during cold spells.
- In general, households living in private rented accommodation are more likely to be living in fuel poverty because the quality of housing stock in this sector tends to be lower, particularly in inner London as many of these houses are old.
- Insufficient income can have a detrimental impact on health in a number of different ways. Firstly, people may be unable to afford to heat their homes, live in decent housing, or buy nutritious food. In addition, they may be forced to reduce their leisure time and cut back on their social life which may leave them feeling excluded from society, impacting on both their physical and mental health.

Vaccinations

Uptake of influenza, pneumococcal and shingles vaccinations is below levels set by international targets and national guidance. The World Health Organization says:

‘The two public health interventions that have had the greatest impact on the world's health are clean water and vaccines.’

‘Immunisation against infectious disease’, also known as the [Green Book](#), has the latest information on vaccines and vaccination procedures in the UK.

Mental health and social isolation

Depression and social isolation affect one in seven people over the age of 65 (Graves et al., 2006). 11% of over 75s report feeling isolated and 21% feel lonely. More than 1 in 3 older people report feeling lonely and isolated on returning from home from hospital. Social contact, rewarding activity, opportunities for engagement and participation are essential for the promotion of wellbeing and mental health – and this may have knock-on consequences for physical health and sustaining independence.

In a typical 500-bed district general hospital, there will be around 200 patients over the age of 65 with mental health problems (100 with dementia, 90 with depression and 60 with delirium). Older people are less likely to receive psychological (‘talking’) therapies and are more likely to be prescribed drugs

Carers

There are around 6 million people in the UK who are unpaid carers, largely for older people, and the number of adults caring for their parents is projected to increase by 50% by 2032. Increasingly these carers are older people themselves, often with their own health problems; many older

couples provide partial care for each other rather than simply fitting the categories of service user and care.

Falls

Every year in the UK approximately 35 per cent of those over 65 years and 45 per cent of those over 80 years experience a fall (Department of Health, 2009a). Falls are increasingly common with age and frailty, and are a leading cause of hospitalisation in older people. They often precipitate admission to long-term care, and can lead to debilitating injuries, loss of confidence and independence. There is an extensive evidence base for interventions to prevent falls, focusing on identifying and addressing risk factors such as postural instability, muscle weakness, visual impairment, home hazards or culprit drugs. Many older people reject the idea that they are at risk of falling, and the uptake of strength and balance training programmes may be promoted more effectively by emphasising more general positive benefits for health and wellbeing in non-medical terms (e.g.confidence, enjoyment and independence).

Additional health needs

Many older people experience needs that tend to be characterised as 'minor', but which can significantly affect their independence, wellbeing and social engagement. These include mobility problems, foot health, chronic pain, visual and hearing impairment, incontinence, malnutrition and oral health.

Pressure Ulcers

Anyone is potentially at risk of developing a pressure ulcer. However, they are more likely to occur in people who are seriously ill, have a neurological condition, impaired mobility, impaired nutrition, or poor posture or a deformity. Also, the use of equipment such as seating or beds which are not specifically designed to provide pressure relief can cause pressure ulcers.

Lifestyle issues, such as physical activity and diet

34% of people aged 65-74 are obese and only 8% of women over 75 take the recommended levels of physical activity. Encouraging frail older people to take more exercise can improve outcomes and functional ability. Older people are more likely to participate if it's branded as activity rather than exercise, focussed on wellbeing and independence rather than preventing falls or other adverse events, has professional support and if there is an element of communal activity.