EnvisAGE

age Cymru

A spotlight on preventative health care services for older people

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Featured articles

Introduction

Dr Ceri Cryer, Policy Advisor, Age Cymru

Preventative health care services play a key part in promoting the physical and mental health and wellbeing of older people, helping them to live more independently. Preventative health care services also fulfil an important role in reducing pressures on the NHS.[1]

The Well-being of Future Generations (Wales) Act 2015 provides for preventative action. In relation to the well-being objectives, this refers to public bodies considering actions which they could allocate resources now, in order to prevent problems from occurring or getting worse.[2]

In Age Cymru's 2024 annual survey of people aged 50 and over in Wales[3] we heard that the closure of preventative health care services such as dentistry and podiatry was impacting on people's physical health, particularly if they were unable to afford private treatment:

"I was unable to access the continuing treatment needed to get dentures. Eventually after about 18 months without any dental treatment at all, my health deteriorated. I experienced pain when eating and became iron deficient."

A common theme in our survey, as with previous surveys, was older people feeling they are treated differently because of their age:

"As I am 64 I feel let down. My GP puts osteoarthritis down to age, smears are soon to stop and mammograms are soon stopping. If you are older you don't count."

Many respondents stated that better access to healthcare services would help address their challenges in the year ahead. These included improvements to make it easier to access GP appointments, being able to access dental services and physiotherapy appointments, and more NHS and community mental health support. A respondent to our 2023[4] survey told us:

"Last year, I had poor health and the GP prescribed a gardening course I really enjoyed and helped me to improve my mental health."

In this issue of EnvisAGE, we shine a spotlight on preventative health care services for older people and highlight a range of services and approaches that can help to improve health and wellbeing.

In our opening article Dr Samuel Young of Age Cymru provides an overview of preventative health care services for older people in Wales, and highlights that such services can help identify health conditions early, before they require hospital-based treatment. The article provides a policy overview around the provision of services in Wales, and explores barriers that older people may experience in accessing such services. The article suggests the need for a more proactive approach to prevention, one that involves reaching out to people and making them aware of the services available.

Dr Llinos Haf Spencer of the Welsh Institute for Health and Social Care Research and Wales School of Social Prescribing Research (WSSPR) and Professor Carolyn Wallace of WSSPR provide an insight into the benefits of social prescribing, linking individuals with local community assets which can lead to improvements in wellbeing and empower patients/clients to develop resilience to challenging personal situations affecting their health. The article also includes a range of nature based social prescribing activities and highlights that the profile of social prescription in Wales needs to be raised.

Caroline Davies at Age Cymru Dyfed highlights that preventative healthcare services are a proactive investment in the wellbeing of our communities. Working in partnership, Age Cymru Dyfed initiatives of providing mental health support, reconnecting individuals through social activities, or offering practical assistance offer a pathway to maintaining independence, dignity, and a high quality of life for older people.

Dr Simon Read of Cardiff University, Professor Fiona Verity of Brunel University of London, Dr Gideon Calder of Swansea University, and Professor Mark Llewellyn and Professor Jonathan Richards of the Welsh Institute for Health and Social Care, University of South Wales, reflect on a Health and Care Research Wales funded study, 'Determining Best Preventative Social Care Practice' (DBPSCP). The study explored how prevention was being enacted for older people in Wales, and how some regions were interpreting legislation around prevention. The study concluded that the perceived role of prevention in alleviating systemic pressures was paramount, as was the need to evidence this and thereby justify the long-term future of preventative services.

Dr Natalie Elliott of the Cardiff & Vale University Health Board, provides an overview of brain health and dementia prevention. The article features the work of Allied Health Professionals from across Wales that support people with their brain health and dementia risk reduction, including brain health optimisation clinics. The clinics' innovative approach supports people in managing their current cognitive health and also empowers them with the knowledge and tools to take proactive steps towards reducing their dementia risk.

Ross Saunders of the Alzheimer's Society Cymru emphasises the importance of dementia diagnosis; the article cites Wales as having the lowest published diagnosis rate in the UK. A diagnosis enables people living with dementia, and their carers, to plan for the future and to access support which enables them to maintain their independence for longer. The article stresses the need for a new approach to dementia care and support in Wales built on a foundation of high rates of early and accurate diagnosis, with appropriate treatment, care and support to enable people living with dementia to take control of their condition.

Rebecca Zerk and Elize Freeman at the Centre for Age, Gender and Social Justice, Aberystwyth University, describe the pioneering Dewis Choice Initiative which offers a holistic response to domestic abuse in later life. Uniquely co-produced by older individuals, the Initiative integrates rigorous academic research, community involvement, and practical service provision. Recognised globally, Dewis Choice has helped redefine how we understand and respond to domestic abuse in later life, offering a rights-based, client-centred model that puts older victim-survivors at its core.

Amy Lloyd and Angharad Phillips showcase Age Cymru's Healthy Ageing programme, promoting active lives and building resilience for older people. The programme focuses on two key areas: health promotion and physical activity, including Low Impact Functional Training (LIFT), Tai Chi Qigong Shibashi, and Nordic walking. Together, these initiatives address the risks of falling, muscle deterioration, and social isolation while encouraging strength, balance, and community connections.

Richard Lee of St John Ambulance Cymru provides an insight into the work they do in assisting people in our communities who have fallen, highlighting their partnership with the Welsh Ambulance Service University NHS (WASUT) to develop a service to attend to fallers more quickly than could be managed by an ambulance response. The article also features their community education programme which aims to give the people who are there when someone falls the confidence and skills to know how to help.

Faye Patton of Care & Repair Cymru writes about better homes for better health, and provides an insight into the impact of poor quality housing on the health of older people. The article features Care & Repair's Rapid Response Adaptations Programme which fits around 20,000 home adaptations across Wales each year to prevent accidents at home; research found that such adaptations reduced hospital admissions for older people with injurious falls. Older people supported to have adaptations in their home said they felt their independence and wellbeing had improved.

In our final article we gain an international perspective as Arunima Himawan from the International Longevity Centre-UK (ILC-UK) provides an insight into the Healthy Ageing and Prevention Index. The Index ranks 153 countries against six indicators: life span, health span, work span, income, environmental performance, and happiness. This allows the comparison of how sustainable different countries are, both in terms of longer lives and the extent to which their governments are investing in efforts to prevent ill health and support healthy ageing.

Our thanks to all the authors who have contributed their expertise to highlight the issues around preventative health care services for older people, and have shared good practice in providing a valuable insight into the services and support available to improve older people's health and wellbeing.

EnvisAGE is a discussion journal edited by Age Cymru. It aims to explore issues affecting older people, stimulate discussion and share good practice.

Age Cymru's vision is a society which offers people in Wales the best experience of later life. Older people are valued, included and able to shape the decisions affecting their lives.

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Overview of preventative health care services for older people in Wales

Dr Samuel Young, Policy and Campaigns Officer, Age Cymru

Preventative healthcare covers a range of services, including dentistry, ophthalmology, podiatry, audiology, cancer screening and more. These services play a vital role in promoting health and wellbeing by tackling conditions early and helping people to take better care of themselves. For this reason, preventative healthcare also assists in reducing pressures on NHS hospital and emergency services.[1]

An increased likelihood of experiencing (often overlapping) health conditions means that older people tend to rely more heavily on preventative services.[2] Such services can help identify conditions early, before they require hospital-based treatment and potentially trigger knock-on health conditions. For example, a podiatrist can spot and address a preventable condition like a foot ulcer – something that if left untreated could eventually result in the individual being unable to walk and may even require amputation.

Recent events have only increased older people's need for preventative healthcare in Wales. The Covid-19 pandemic caused significant delays in health and social care delivery in Wales, allowing more time for existing health conditions to worsen.[3] Similarly, the increased cost of living has had a negative effect on the health of older people, resulting in many being unable to heat their homes, buy fresh food, remain socially active and otherwise live a healthy, active life.[4]

As the population of Wales continues to age, it's important that we have the preventative healthcare services available to meet the growing needs of older people.[5] This article looks at where policy in Wales currently stands in terms of preventative healthcare, before considering whether existing services are capable of meeting increasing demand.

Preventative healthcare policy – what's the situation in Wales?

While preventative services have always been a core element of national healthcare provision, they began to take a leading role in government health and social care policy in the late 2010s. 'A Healthier Wales', the Welsh Government's 2018-2028 plan for health and social care, states that:

> **"We will have a greater emphasis on preventing illness, on supporting people to manage their own health and wellbeing, and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home."**[6]

The 2018-2028 plan aims to turn the current model of healthcare in Wales on its head. The current system is heavily reliant on hospital-based care, which is resource-intensive and more suited to tackling urgent health problems, rather than supporting long-term health and wellbeing. 'Health, wellbeing and prevention', as the plan terms it, receives relatively little attention by comparison. 'A Healthier Wales' is designed to reverse this situation, moving preventative healthcare to the front of the NHS's priorities while retaining hospital-based care for acute needs.

In 2020, the Welsh Government published a revised plan, reflecting on aspects of the Covid-19 pandemic response.[7] In light of the immense pressures experienced by the NHS during the pandemic, and the general worsening of public health, the revised plan placed added emphasis on the need for preventative services. It also focused on the self-help aspect of preventative care, encouraging government and health services to 'build on the behaviours and personal responsibility demonstrated during the Covid-19 pandemic to help people stay well through an integrated approach to improving the nation's health and wellness.'

Since the publication of 'A Healthier Wales', NHS Wales has developed several prevention-based programmes within its Prevention and Wellbeing work stream, including the Mental Health and Wellbeing Plan, Obesity Prevention Project, All Wales Diabetes Prevention Programme and Social Prescribing Project.[8] The idea of promoting preventative services has become further embedded in health policy over recent months. In late 2023, Public Health Wales set out its long-term strategy for 2023-2035 ('Working together for a healthier Wales'), which follows a similar logic of shifting towards prevention rather than hospital-based care.[9] Among the strategy's priorities are:

- Promoting mental and social well-being
- Promoting healthy behaviours
- Supporting the development of a sustainable health and care system focused on prevention and early intervention.

At the time of writing, Public Health Wales is producing its Prevention-Based Health and Care Framework, a practical document designed to create a 'shared understanding of a systematic and coordinated prevention-based approach' to reorganising healthcare in Wales.[10] This framework aims to identify the actions required to boost preventative healthcare services, opportunities for aligning existing services, and actors with whom health services can collaborate to provide better preventative care.

In short, the last half-decade has seen a radical realignment in the direction of health policy in Wales, shifting away from hospital-based care and instead towards the development of robust preventative health services. However, while the policy world may be progressing, the reality of preventative services on the ground remains mixed.

The experiences of older people in Wales

Age Cymru's work with older people across Wales has revealed numerous barriers to accessing preventative healthcare services. In many cases, the key obstacle is simply the lack of available services in the local area. This is particularly true of NHS dentistry services, the lack of which featured prominently in Age Cymru's 2024 annual survey:[11]

"My dentist has retired (NHS). No replacement – and little hope – so I'm having to go to another private practice as a private patient. Very unsatisfactory and costly."

"There is no NHS Dentistry in my area and I had to go onto a waiting list to get private dental care."

Where services are available, they are not always offered comprehensively to older people. One example is cancer screenings – a particular concern for older people, with 80% of cancer diagnoses being for people aged over 60.[12] Screenings for breast cancer are only offered to women aged between 50 and 70 (after which point they must self-refer), while bowel cancer screenings are limited to people aged 50 to 74. There is currently no comprehensive prostate cancer screening programme in Wales, despite it being the second most deadly form of cancer (after lung cancer).[13]

Services are also frequently not communicated pro-actively to older people. Anecdotal evidence from discussions with Age Cymru's Consultative Forum of older people suggest that services such as the NHS 'Add to your Life' health check are not widely known, especially among those who do not use the internet.[14] Similarly, even though sight tests are free for people aged over 60 across the UK, less than half of those eligible take up the offer.[15]

At the same time, older people regularly experience difficulty in trying to communicate with preventative services, particularly when booking appointments. GP appointments – which are required by 91% of over-50s every year – are a frequent source of problems.[16] Many practices use a 'first come, first served' phone-in system, requiring patients to scramble early in the morning to gain a place in the phone queue.* This not only places great strain on people trying to book appointments, but creates uncertainty around whether they will see a GP before their condition worsens. As one annual survey respondent commented:

"System for getting GP appointments impossible. A case of 'please remain on the line, your call is important to us for as long as your wait can be tolerated' – A&E is now the default option."

Other barriers are structural, most notably transport. Around one in three older people have difficulty getting to health appointments, primarily due to poor public transport and the distance required to travel. This is particularly true for those living in rural areas, where the disappearance of both local preventative services and bus routes has resulted in people having to travel for several hours by car to access support.

* While many GP practices do allow for online booking, this usually requires the patient to book well in advance of their appointment time. It also naturally excludes those who do not use the internet.

"The public transport has become very expensive and with the cost of living it has become unaffordable. I cannot walk a lot as I am disabled, and it becomes difficult for me to get appointments."

Older people thus face a range of obstacles to accessing preventative services, including lack of staffing, limited service availability, poor communication and physical inaccessibility. Some of these are structural problems, requiring significant cross-sector change to resolve, while others could be tackled more immediately. How, then, might Public Health Wales, the Welsh Government and individual health boards take steps to improve access to these vital services?

Responding to the crisis of preventative services

There are many examples of good practice that offer potential ways to maintain and develop preventative services, each varying depending on the role of the actor involved.

With its control over healthcare funding in Wales, the Welsh Government holds the power to ensure that preventative services are funded sustainably across the country. This might include introducing statutory funding for certain at-risk services, such as NHS podiatry and dentistry. Welsh Government could also work with the education sector to encourage more younger people to train for preventative services roles – while also ensuring that they remain in Wales after the end of their training.

As we've seen, preventative services must also be accompanied by effective public infrastructure, especially public transport. Effective transport networks are vital only to ensuring that people (of all ages) can access preventative healthcare, but also play a preventative role themselves by helping people access opportunities to socialise, exercise and live normal, healthy lives. Welsh Government therefore has a responsibility to provide effective public infrastructure alongside preventative healthcare services, both to ensure good public health and to ease pressure on hospital services.

Public Health Wales and the individual health boards also have a role to play in the shift towards a more preventative healthcare system, particularly in the provision of services for older people. One approach would be to make detection and screening services more proactive. For example, GPs could proactively offer older people 'MOT'-style general health checks on a regular basis. Similarly, cancer screening could be expanded beyond the current age restrictions described above. For prostate cancer, which kills over 600 men in Wales every year, NHS Wales could take the step of organising a formal screening programme.[17]

Another approach would be to strengthen the role of existing preventative services, such as community pharmacies. These pharmacies not only help to promote public health messages but can also be integrated into pathways for treating chronic conditions, like diabetes, heart disease and respiratory problems. By utilising community pharmacies more effectively, the health service can provide more targeted preventative treatments while also taking pressure off GP clinics. Existing services could also be made more effective by introducing standardised terminology for preventative healthcare across all health boards.

Lastly, much of preventative healthcare takes place at an individual level. As well as promoting public messaging around healthy living, health services (with the support of the third sector) should explore ways to encourage members of the public to look after one another. This might include, for example, teaching younger people how to respond when an older relative experiences a fall.[18] Ensuring that everyone is equipped to take care of both their own health and that of others, is in itself a grassroots form of preventative healthcare that will become increasingly important as the population grows older and demand on health services becomes heavier.

Preventative services in Wales: looking to the future

The Welsh Government's plan to develop preventative services until they supersede acute hospital care are commendable. However, it remains unclear as to whether these changes will have the transformative effect that is hoped for by policymakers. Wales is ageing rapidly, with one quarter of the population predicted to be over 65 by 2038, while the NHS continues to face growing staffing pressures.[19] The need for a more robust, targeted and genuinely preventative health system is becoming more urgent by the day.

What, then, are the chances that 'Wales will be a place where people have a more equal chance of living a fulfilling life, free from preventable ill health' by 2035?[20] Achieving this will require concerted action on behalf of government, the health services and individuals. Wales needs sustainable investment in both preventative services and their wider structural supports, most notably transport and healthcare training. At the same time, it needs a more proactive approach to prevention, one that involves reaching out to people and making them aware of the services at their disposal. Meeting these targets will ensure that Wales is equipped with a healthcare system that is prepared for the challenges of the coming decades.

Social Prescribing in Wales

Dr Llinos Haf Spencer, Senior Research Fellow, Welsh Institute for Health and Social Care Research (WiHSC) and Wales School of Social Prescribing Research (WSSPR), and Professor Carolyn Wallace, Professor of Community Health and Care Services and Director of Wales School of Social Prescribing Research (WSSPR)

The Welsh Government has a strategy for achieving a healthier future by 2035.[1] Good health and wellbeing are important for people to live longer and healthier lives. Social prescribing fits into the health and social care policy landscape in Wales.

What is social prescribing?

Social prescribing is a broad concept that refers to a personalised method of linking individuals to community resources. By connecting individuals with local community assets, social prescribing has proved to be effective in reducing social isolation as individuals build new relationships and a social network of support within their communities. Social prescribing can therefore lead to improvements in wellbeing and empower patients/clients to develop resilience to challenging personal situations affecting their health. Consequently, individuals report an increase in self-confidence and self-esteem. Evidence suggests that such emotional improvements can alleviate long-term mental health issues such as anxiety and depression.

What is WSSPR?

WSSPR is the Welsh School for Social Prescribing Research. It's a research network in Wales, directed by Professor Carolyn Wallace, University of South Wales for those evaluating and championing social prescribing interventions, specifically in Wales, but also in other regions of the world.

WSSPR projects

Welsh speakers' perceptions about social prescribing

A small grant 'Coleg Cymraeg Cenedlaethol' project led by Dr Llinos Haf Spencer investigated Welsh speakers' perceptions about 'social prescribing' in 2024. Face-to-face and online workshops were held in Bangor and Pontypridd with volunteers who had been recruited by the main researcher. In total, five people attended the face-to-face sessions in May 2024, and nine people attended the online workshops in May and June 2024. All four workshops were recorded, and a verbatim transcript was obtained for each of the workshops.

There was a wide range of perceptions of social prescription in Wales. Some understood the process of referral by the Social Prescribing Practitioner, but some were learning about the concept of social referral for the first time during the workshop. This showed that there is a need to educate Welsh speakers in Wales about the existence and benefits of social prescribing and how it can be accessed, if they are to take advantage of opportunities for referral to community assets.

The profile of social prescription in Wales needs to be raised. This could be facilitated by helping people to understand the adjunctive and/or pre-emptive benefits engagement with social prescribing can have on health and wellbeing and how this can reduce strain on the National Health Service (NHS). The public in Wales need to know that a broad range of social prescription activities are available and that Social Prescribing Practitioners are typically employed by local authorities and the third sector, and that many are attached to many General Practitioner clinics throughout Wales.

A glossary of terms for social prescribing

A Glossary of Terms for Social Prescribing has been developed by Dr Simon Newstead along with colleagues. This Glossary of Terms [2] was launched the same time as the Framework for Social Prescribing in Wales in December 2023. There are Welsh and English versions of the Glossary available on-line.

Nature based social prescribing

In August 2023, researchers from University of South Wales published a scoping review about the benefits of nature based social prescribing. Dr Simon Newstead and colleagues investigated published and unpublished reports on nature-based interventions (NBIs) which included green and blue referrals.

Blue referral is an umbrella term used to describe the referral of individuals to groups, interventions or services that supports engagement with nature-based interventions based in natural or semi-natural 'blue' environments, to improve their health and wellbeing. The term blue gym is used to describe a water-based environment, such as a lake or coastline, in which an individual may partake in water-based or water-adjacent activities and/or exercise. Examples of blue referral activities include swimming, surfing, rowing and beach yoga. An alternative term is blue prescribing.

Green referral is used to describe nature-based interventions based in natural or semi-natural 'green' environments, to improve health and wellbeing. The term green gym is used to describe environments such as such as forests, grasslands, gardens and parks in which an individual may partake in physical activities and/or exercise. Examples of green referral activities can include walking or running in parks, or volunteering to clear and maintain woodland.

The benefits of nature-based interventions were improved mental health, improved physical health, improved social connectedness, a reduction in social isolation, and increased wellbeing. The barriers to nature-based interventions included a lack of awareness amongst healthcare professionals, funding sustainability, engagement methods, and logistical challenges (including transport).

What do the public do if they want to contact a Social Prescribing Practitioner?

Individuals can be referred to a Social Prescribing Practitioner through a General Practitioner (GP) or they can self-refer to the Social Prescribing Practitioner or to a low-level mental health counselling service. Every local authority in Wales has a Social Prescribing Practitioner who can have a 'what matters to you?' conversation with a person and refer them to a community asset which may be a service offered by a charity, the local authority or sometimes a university.

The role of the Social Prescribing Practitioner is to help people connect with something that is happening in their community. It can be exercise in a group, it can be a gardening club, it can be a reading club, a dancing or yoga group or a musical group such as a 'band' or a community choir.

Free prescription?

In Wales, we're fortunate to get our medical prescriptions for free. Social prescriptions are not always free. Many social prescribing referrals are funded by the NHS, local authorities or charities, however in some cases, the person may have to pay a certain amount from their own pocket.

Findings from the Welsh speakers' perception report (Spencer and Newstead, submitted to Gwerddon journal) suggest that generally people were willing to pay for each social prescription session. However, one contributor was of the clear opinion that people who are referred to a social activity should not pay for it. Charging the most vulnerable people in society would turn people away, said the contributor:

"I can come back on that in terms of payment. It depends who you ask. If you ask the people I'm in contact with, they're all older and with a small income, and also if we're talking about lonely people, something has to be attractive for them to try it. If we're going to charge a lot for it, they won't consider it at all. Trying to get things for free is the best thing. I understand that if someone has paid for something they are more likely to carry on, but when we are talking about people who are isolated and alone, they don't want an excuse to say no, I'm not going. Charging for it would be reason enough to stop people I think."
(Research participant)
[Quote translated from Welsh into English]

Public involvement and engagement

John Gallanders is a key member of the steering group and operational group at WSSPR. His role primarily involves providing strategic guidance and supporting research activities to maximise impact. He has contributed to several WSSPR projects. One notable project is the 'Understanding Social Prescribing in Wales: A Mixed Methods study (2021)'[3] conducted in collaboration with Public Health Wales and Data Cymru. This study provided information about social prescribing in Wales, highlighting variations in provision and the importance of sustainable resources and technology.

Preventative health care for older adults: Age Cymru Dyfed's initiatives

Caroline Davies, Head of Business Services / Deputy Chief Executive Officer, Age Cymru Dyfed

As the population ages, the importance of preventative healthcare services grows ever more critical. Avoiding crisis points through early intervention isn't only cost-effective for public systems but also profoundly improves the quality of life for individuals. At Age Cymru Dyfed, we champion preventative measures through diverse initiatives aimed at enhancing wellbeing and fostering resilience among older adults across Dyfed.

Through targeted programmes addressing mental health, social isolation, and access to essential services, we're reshaping how communities support their ageing populations. Here's a look at the preventative services Age Cymru Dyfed offers and the impact they have on local communities.

Mental health service: promoting long-term wellbeing

Mental health challenges can significantly affect older adults, particularly those transitioning out of structured care systems. Recognising this, Age Cymru Dyfed's Mental Health Service is a collaboration with the local Health Board's Community Mental Health teams.

This service provides a safety net for individuals who have been supported with low level mental ill health, are living with dementia or coping with bereavement, and additionally supports respite for their carers offering tailored support for up to 12 weeks. With two hours of assistance per week, participants engage in structured activities guided by SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals.

The service leverages PLANED's Catalysts for Care service directory across the three counties of West Wales; this is an initiative designed to empower individuals with a caring disposition to establish their own small, independent care and support services, known as 'micro-enterprises.' Through the Catalysts for Care project, these micro-enterprises provide flexible, community-based care tailored to individual needs. Age Cymru Dyfed plays a vital role in connecting individuals with the most appropriate provider from this directory, ensuring that each person receives personalised support that aligns with their unique circumstances. Our aim is to provide more choice for people to find a personal, local care / support service that works for them. The approach ensures personalised, adaptable interventions that address evolving needs and promote sustainable wellbeing.

The results speak for themselves: 95% of participants report improved mental health or wellbeing following their engagement with the programme:

"The support was brilliant; [the lady] was completely the right person for the job and gave me confidence and encouragement to do a little more each week."

The individual reported gaining confidence and self-belief. She felt more self-motivated, stronger in terms of her independence and was now fighting depression by socialising more often.

By offering continuity and targeted care, Age Cymru Dyfed empowers individuals to maintain progress and prevent regression, reducing the likelihood of future crises.

Combating isolation: the Befriending Life Links project

Loneliness and social isolation are significant challenges for people over 50, particularly those at risk of becoming disconnected from their communities. The Befriending Life Links project focuses on re-establishing social connections and fostering meaningful relationships.

What sets this initiative apart is its approach. Instead of relying on traditional venues such as day centres or church halls, the programme organises social gatherings in familiar, accessible locations such as cafés, pubs, and restaurants. These settings feel familiar and inviting, making it easier for participants to feel comfortable and re-engage with their communities.

Outdoor activities are another key component. Programmes like Shake, Rattle & Stroll provide an opportunity for older adults to enjoy gentle exercise and companionship. These strolls, typically about a mile long, are designed for individuals with limited mobility. One participant shared how the group transformed his outlook:

"Before coming to this group, I was becoming more and more cut off from everyone. My mobility has been going downhill, and everything felt like a chore. This group has been a big help – it isn't your typical walking group. I can take things slowly, and that's exactly what I need."

Regular strolls around places like Burry Port Harbour end with a cup of tea at a local café, providing both physical activity and a chance to bond with others. These simple yet effective initiatives create spaces where participants can build lifelong friendships while staying active and engaged.

Early intervention: Connecting Carmarthenshire

Sometimes, the key to preventing a crisis lies in helping individuals navigate the complexities of available support systems. The Connecting Carmarthenshire project serves as a lifeline for those struggling with various challenges, from housing issues to loneliness and access to essential services.

Friendly and approachable wellbeing officers work directly with service users to identify their needs and connect them to local resources. This early intervention approach ensures that small issues are addressed before they escalate into larger problems.

The impact of this programme is reflected in the testimonials of those it has helped:

"With the help of Age Cymru Dyfed, we now have all the support we need. More importantly, all the agencies are working together – it's all linked, thanks to you. With my wife's medication being looked into, she's more like her old self again."

"I didn't know where to turn. I was in a very dark place, but now, with the help and kindness of Age Cymru Dyfed, I have a roof over my head, and I can concentrate on my health."

"It's good to know that Age Cymru Dyfed is a place I can go to for practical support if or when I need it."

By addressing issues before they escalate, Connecting Carmarthenshire provides individuals with a sense of stability and empowerment, enabling them to regain control of their lives.

Why preventative care matters

Preventative healthcare services are more than just an alternative to crisis intervention – they are a proactive investment in the wellbeing of our communities. For older adults, these programmes offer a pathway to maintaining independence, dignity, and a high quality of life.

At Age Cymru Dyfed, our initiatives demonstrate the tangible benefits of this approach. Whether it's providing mental health support, reconnecting individuals through social activities, or offering practical assistance to navigate complex systems, our work underscores the value of early intervention.

The statistics, stories, and outcomes from our projects reflect a growing understanding that prevention isn't only compassionate but also essential for creating resilient communities. As we look to the future, Age Cymru Dyfed remains committed to expanding these initiatives and continuing to advocate for older adults across Dyfed.

By placing preventative measures at the heart of our mission, Age Cymru Dyfed ensure that individuals can access the support they need – before they reach a point of crisis. And in doing so, we contribute to a healthier, happier community – a roadmap for what's possible: a future where every individual feels supported, connected, and valued.

Further information

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Prevention and social care for older people in Wales: reflections from a research study

Dr Simon Read – Centre for Adult Social Care Research (CARE), Cardiff University; Professor Fiona Verity – Department of Health Sciences, Brunel University of London; Professor Mark Llewellyn – Welsh Institute for Health and Social Care, University of South Wales; Dr Gideon Calder – School of Social Sciences, Swansea University; and Professor Jonathan Richards – Welsh Institute for Health and Social Care, University of South Wales

Prevention has increasingly become a central principle for health and care services across the UK. Legislatively this is evident in The Care Act 2014 in England or the Social Services and Well-being (Wales) Act 2014; each making prevention a statutory obligation for governments to enact. Yet, recent research has highlighted how this legislative drive incorporates a 'definitional slipperiness'[1] that sees prevention linked to multiple agendas all at once: individual well-being; system partnership working; community development and resilience; statutory cost-saving, and financial imperatives, to name a few. Not all these agendas sit easily alongside one another, though, meaning that there is scope for multiple parallel interpretations of prevention[2] particularly in the social care context, and for older people.

Determining Best Preventative Social Care Practice for older people

This article reflects on a Health and Care Research Wales funded study exploring how prevention was being enacted for older people in Wales. The 'Determining Best Preventative Social Care Practice' (DBPSCP) study sampled four of the seven Welsh regions, adopting a case study approach[3] to examine how each region was interpreting legislation around prevention. Over several research phases, senior regional figures, local authority and NHS representatives, and community or third sector organisation professionals were interviewed or observed, as well as older people using preventative services.*

The purpose of this was twofold: i) to understand how different Welsh regions were perceiving and implementing best preventative social care for older people, and, ii) to explore how this preventative practice was experienced by individuals engaged with it. Initial interviews with professionals gathered data on how they were interpreting the legislative call for prevention, what they deemed to be best practice in their areas, and any barriers they thought were inhibiting this work.

*The DBPSCP study was given ethical approval by London – Camberwell St. Giles NHS Research Ethics Committee in February 2022 (REF: 22/LO/0004).

Once collected, these data were presented to the study Steering Group, comprised of older individuals based in each of the sampled Welsh regions. This process helped to make sense of data, generating key themes associated with prevention for older people, as well as ultimately defining the regional case studies to be explored in depth. Within these case studies, the views of older people and, where appropriate, their carers were further incorporated, giving voice to how preventative services had made a difference to them.

How is prevention for older people being interpreted?

The idea above of prevention being a slippery concept was noted in how professionals perceived the legislative agenda in DBPSCP study data. For instance, enhancing the well-being of older people was sometimes highlighted both as a moral incentive, but also a financial necessity.

"I would say that the priority has been on the system rather than populations groups. So, when we talk about prevention, we've had much, much more involvement in trying to prevent system collapse."
Regional Professional

Similarly, there were many discussions of how to move individuals away from state services, towards supports in their communities, both because it's the right thing to do, and because growing demand requires it.

For the most part, each of the Welsh regions were interpreting the call for prevention in similar ways, with variability predominantly a matter of emphasis. Generally, local efforts towards prevention hinged on partnership working to reduce the number of older people using state services, in ways incorporating statutory structures such as local authorities and NHS health boards, as well as community and third sector organisations. Discussions of community resilience were common in professional interviews, with this predicated on strong relationships between the state and 'communities'. These relationships were often mediated via community voluntary councils in each local authority, though it was noted that some areas adopted more of a 'top-down' than 'bottom-up approach, and vice versa.

Ideas of well-being were also often discussed, particularly in terms of social isolation and loneliness in older age. There was a notable commitment towards enhancing older people's well-being, and an awareness that life events such as bereavements and relocation upon retirement could detrimentally affect them. Again, though, this was often predicated on the idea that by helping individuals experiencing such life events to improve their well-being, state services would encounter less demand.

"We don't seem to be that willing to engage in the conversation about managing demand and prevention is an inherent part of that."
Regional Professional

What does preventative social care for older people look like?

The slipperiness of prevention as a concept also meant that a range of interventions and initiatives were described under its name. In total, professional interviews provided a long list of 60 potential options for consideration. These covered a breadth of areas including 'supported employment and volunteering initiatives', 'active ageing' and 'exercise schemes', 'community transport', 'digital inclusion', 'reminiscence therapy for those living with dementia', 'extra care housing', 'housing repairs and maintenance', 'community equipment services', 'technology enabled care', and instances of enhanced partnership working between multiple state and non-state partners. These were also accompanied by ideas of good practice around measuring or evaluating prevention, either as independent initiatives, or by their contribution to other parts of the 'whole system' – though, the latter tended to be predominantly health-focussed, e.g., hospital admissions and discharges, GP appointments, waiting times, etc.

The confines of the project meant that only 11 case studies from these many examples were taken forward for the final phase of the research, these being determined in conjunction with the lived experience Steering Group (Figure 1).

Figure 1: DBPSCP case study coverage

These ultimately covered the 'front door' of social care, community connectors / social prescribing, integrated hospital discharge services, reablement services, age friendly initiatives, place-shaping community development, micro-care provision, carer-focussed organisations, and home support for individuals to remain independent. The latter of these also incorporated attempts to avoid hospital admissions by helping should an older person fall in their own home, but not necessarily require medical assistance.

Notably, most case studies tended to emphasise certain aspects of the prevention puzzle, with some exploring the contributions of communities and social networks to prevention, proffering questions around how state services can help communities do this. Likewise, other cases depicted how the support provided by unpaid carers delayed an individual's approach towards statutory services, or how the front door of social care could allocate individuals to the most appropriate part of a 'whole system' once that approach was made. Some cases were further down the chain, and looked at examples of good practice to intervene to prevent hospital admissions, safely accelerate discharges, and ensure individuals that are discharged do not immediately re-enter the system.

Key themes

The detailed specifics of each of the case studies are outside the scope of this article. Instead, the key themes emerging from the analysis will now be outlined; elements which transcended the sample of preventative initiatives being explored. These will be detailed under three headings: complexity and the life course; acknowledging different preventions; and prevention measurement.

Complexity and the life course

For professionals, complexity was mainly mentioned in relation to health and social care systems themselves. As mentioned above, they tended to speak about prevention in terms of a 'whole system' with this incorporating both statutory services such as local authorities and NHS health boards, but also community organisations and the third sector. Each of these organisations are complex systems, with some of these complexities magnified by the need for enhanced partnership working between them. The management of these partnerships was pivotal. Most localities had closely entwined networks between health, social care, third sector, and private organisations, though this obviously did vary from case to case. Even in areas where links were generally well-established, there could still be crinkles and boundaries within particular teams or departments.

"We have this 111 Option 2 system so there is that emergency mental health support. And that's where the referral came from and then you're just like... that's going to be the thing I was going to suggest, you've got problems and you're at that point, phone these people. But if that's where they're coming from it's like, there's a gap somewhere isn't there?"

Community Professional

Complexity also emerged in relation to the life course, and the lived experiences of older people. Many interviews with older individuals talked through significant life events, such as bereavements, decreased mobility, and health comorbidities, that can often accelerate in older age. With these also comes the threat of diminished social networks, and thereby a risk of social isolation and loneliness. Many of the prevention initiatives offered narratives on how they made a difference to individuals navigating such circumstances, be those carers of those living with dementia, or people who have recently lost their long-term partners.

"Where we used to go, some of the things we used to do... I get emotional about things like that. It was very, very difficult. Coming to these sessions in the hubs changed things for me a lot, because, all of a sudden, I get up in the mornings and I think, 'Right, this is what I'm going to do'."
Older person

In some instances, the trajectory of an individual's well-being could be seen to shift significantly based on their interactions with community groups. Where this appeared to be working well, positive relationships between professionals and individuals using a service were negotiated over time, with an awareness of, and sensitivity towards, the complex life stories and events that often led to people attending.

Acknowledging different preventions

There are numerous models and strategies of prevention. Predominantly, these invoke three levels, and broadly cover the public health depiction of 'upstream', 'midstream' and 'downstream'[4] activities. Within this the idea is that by ameliorating issues of people falling into the river 'upstream', there will be less people presenting 'downstream' where problems are already ingrained and difficult to solve. In other models, these three levels are named differently (e.g., universal, selective and indicated prevention, or primary, secondary and tertiary prevention) but they still largely follow a similar pattern of looking to address issues early, and the logic that doing so will ultimately mean fewer presenting issues in the future.

Elsewhere, we have argued that these models of prevention, largely stemming from the sphere of public health, may not fit the social care landscape so readily[5]. Certainly, in the DBPSCP Study professionals rarely cited these models when applying them in the context of social care for older people. It was more common for other associated strategies, such as Age Friendly Wales[6], to be guiding activities. Nevertheless, across the case studies, it was possible to see initiatives that broadly fitted the 'upstream' or 'universal' level (age friendly initiatives, community resilience and development), as well as the 'downstream' level (integrated hospital discharge and admissions prevention).

Beyond this, there were different types of prevention operating depending on where one looked. For instance, the front door of social care was largely seen as being preventative in that it allocated those approaching the service into the appropriate, specific part of the system. However, one of the case studies around the front door also incorporated a pro-active call team who would telephone older individuals subscribed to the service for regular check-ins, assessing them for any interventions that could be put in place before they approach the system. These were felt to be quite different activities – one a responsive form of prevention, and the other a pro-active one.

Aside from this, professionals often cited prevention in terms of systemic 'hotspots' where there were specific strains or issues. During our research, this was often associated with the flow of older individuals into and out of healthcare systems, particularly hospitals. While modifications to service provision in this context are undoubtedly important, it was felt that this form of crisis prevention was fundamentally separate to that of pro-active outreach work. This was because at another time, and in other places, these 'hotspots' and the work required to mitigate them could be quite different based on which parts of the system were under strain.

Prevention measurement and justification

Prevention is notoriously difficult to measure[7] and evaluate. This is partially down to the challenges of evidencing that undesirable things have been avoided because of preventative activity. But the breadth of how prevention is conceived, its 'definitional slipperiness', also contributes towards this, as do the long-term nature and complexity of social care outcomes.

Within the study data, there was a sense that prevention had the buy-in of key professionals, but that the effect of preventative interventions needed to be more fully understood. In a context of reduced budgets and financial austerity, the use of scarce resources on hard-to-prove initiatives was perceived as high-risk. Professional focus on prevention was partially driven by the desire to reduce the number of older people entering statutory systems (i.e., hospitals or local authority social services). Where systems were experiencing specific 'hotspots', generally in hospitals, there was a hope that prevention might alleviate these, and a determination to demonstrate its impact in doing so.

Based on the 'whole system' approach, this meant that a lot of social care or community-focussed initiatives were being measured through health care system metrics, e.g., GP appointments, hospital admissions. For integrated discharge teams, this would be a more appropriate a set of metrics than, for instance, a community connectors service. The latter might well influence an individual's path towards statutory services, but this will likely be tangential and long-term in its nature. Certainly, aiming for older people to avoid healthcare settings such as GPs and hospitals altogether does not necessarily align with the preventative agenda, which would ideally see people have their needs met in whatever way is best.

Pragmatically, the measurement and justification of prevention work requires a multidimensional approach. Community connector or social prescribing services intend to enhance an individual's social network and resilience which, in the longer term, may link them to help and support outside of the state, or provided by the state. In most instances, though, outcomes associated with the growth of an individual's network of supports were largely unmonitored in favour of outcomes related to the healthcare system. Long-term throughput metrics to the front door of social care or into and out of hospitals are obviously important. These, though, need to be considered alongside alternative top-level metrics that link to the preventative agenda – one such being the Healthy Days at Home[8] suite – as well as initiative-specific measures that more meaningfully evaluate the work that preventative services do.

Conclusion

This article has reflected on how preventative social care for older people has been characterised and enacted in Wales, drawing on data from the DBPSCP study. The study's aim to explore best practice in this area brought with it many stories of life-changing interactions between individuals and preventative services. Within this, finely tuned, inter-system partnership working was often in lockstep with the caring and nurturing dispositions of professionals working face-to-face with older people. That said, the study also naturally highlighted some of the contextual, systemic issues that threatened the preventative agenda. Constrained budgets and demographic pressures were limiting the resources available to system actors; this backdrop repeatedly being discussed during professional interviews. Consequently, the perceived role of prevention in alleviating systemic pressures was paramount, as was the need to evidence this and thereby justify the long-term future of preventative services.

There have been bold steps forward in thinking through how prevention can be evaluated. Maintaining this path will require systems to measure prevention not just in terms of throughput metrics from the front door of social care or emergency admissions, nor in terms of just potential cost-savings and financial efficiencies. These will need to operate alongside how preventative interventions can offer positive individual outcomes for older people – enhanced social networks where they will be beneficial, growth of informal support in communities, and an improved sense of well-being. There are many challenges ahead for prevention, particularly for older people, but understanding how it works across multiple domains is a key first step.

Further information

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StarGarAllot

Brain health and dementia prevention

Dr Natalie Elliott, National Consultant Allied Health Professional Lead for Dementia, Cardiff & Vale University Health Board

As our societies age, the number of people living with dementia is rising. In Wales 46,800 older people (aged 65 years and over) were living with dementia in 2019. It's estimated that by 2030 the number of people living with dementia in Wales will increase to 64,200 people, and by 2040 to approximately 79,700 people. This rise is due to a growing ageing population with increased life expectancy, the largest increases expected to occur in those 80 years old and above.[1]

Dementia care costs the Welsh economy £700 million per annum. 35% of these incurred costs are attributed to social care costs [£260 million], 24% to informal care costs [£180 million] and 12% to healthcare costs [£90 million].[2]

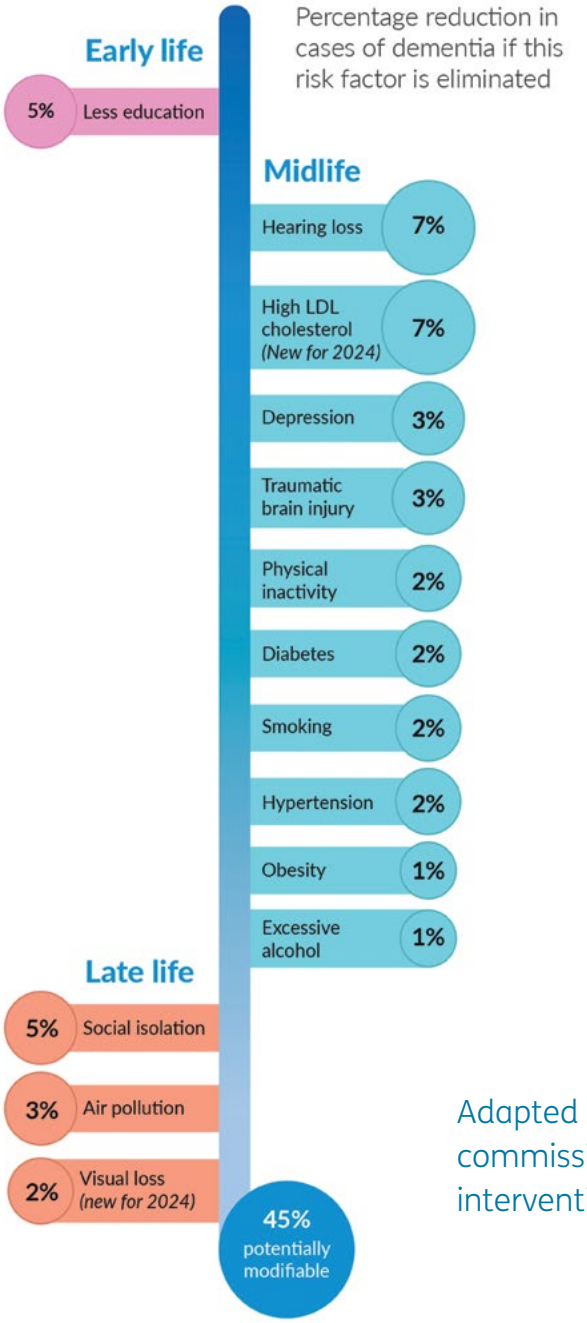
Disease-specific projections show that dementia (increase from 59,199 to 219,409 deaths/year by 2040) and cancer (increase from 143,638 to 208,636 deaths by 2040) will be the main drivers of increased need for palliative care.[3]

Whilst older age is a risk factor for dementia, it's not true that dementia is a normal part of the ageing process. Moreover, we know that, at population level, up to 45% of future dementia cases could be prevented by addressing 14 modifiable risk factors identified in The Lancet report on dementia prevention and care.[4] Some of the risk factors are not modifiable by an individual on their own, despite their best efforts, but come from society and the environment.[5] Dementia risk reduction policies could therefore have huge impacts in terms of costs of dementia care and population health and wellbeing.

There is benefit from taking action throughout life; it is never too early or too late to reduce dementia risk.[6]

The Allied Health Professionals* (AHP) Dementia Framework for Wales[7] outlines how Allied Health Professionals (AHPs) in Wales can help people living with dementia, their carers and supporters to remain as physically, cognitively and socially active for as long as possible, to live a life of quality following their dementia diagnosis. The framework also details the AHP contribution to brain health of the population, reducing risk of developing dementia, in addition to supporting people to access a differential and timely diagnosis.

* In Wales, Allied Health Professionals (AHPs) are 13 individual professions regulated by the Health and Care Professions Council (HCPC). AHPs work with people of all ages, from birth through to end of life, empowering and enabling them to manage their own wellbeing and prevent or reduce the impact of psychological and physical ill health and disability. AHPs work across health, social care, private practice and charity organisations.



Adapted from The Lancet standing commission on dementia prevention, intervention and care, 2024.

Below are examples of innovative practice from across Wales offered by Allied Health Professionals that support people with their brain health and dementia risk reduction.

Brain health optimisation clinics

The Cardiff and Vale Memory Team Brain Health Optimisation Clinic is a pioneering initiative aimed at individuals diagnosed with mild cognitive impairment (MCI). This clinic stands out as the first of its kind in the country and is being led by Allied Health Professionals (AHPs) and Nurses, emphasising a multidisciplinary approach to dementia risk reduction.

The clinic's objectives are to support education around the diagnosis of MCI and to provide personalised intervention plans based on the latest research, including the risk reduction factors outlined in The Lancet Commission report 2024 described above. These factors encompass a range of lifestyle and health modifications known to mitigate the risk of progressing to dementia.

People attending the clinic undergo comprehensive assessments to identify their specific risk factors. Based on these assessments, the clinic team collaborates with each person to set achievable, personalised goals. These goals are designed to enhance brain health and slow cognitive decline. For instance, people might receive exercise advice, dietary advice, cognitive stimulation advice, and strategies to improve sleep and mental well-being. There's also a Padlet, (an online platform where documents and links are shared), that people can access after the clinic, providing signposting to further resources and local initiatives to support them with their goals.

People have shared positive feedback about their experiences at the clinic:

"I have found it really valuable to have the time to discuss my diagnosis and ways I can help my memory."

"The team at the clinic is incredibly supportive and knowledgeable. I feel more confident making these changes."

The clinic's innovative approach not only supports people in managing their current cognitive health but also empowers them with the knowledge and tools to take proactive steps towards reducing their dementia risk. By integrating the latest scientific findings with practical, individualised care, the Cardiff and Vale Brain Health Optimisation Clinic represents a significant advancement in the field of cognitive health and dementia prevention.

Life with a mild cognitive impairment course

The Life with a Mild Cognitive Impairment (MCI) course was developed by the Older Adult Psychology Team at Cwm Taf Morgannwg University Health Board (CTMUHB) in response to the release of the All Wales Dementia Care Pathway of Standards (Public Health Wales, 2022).[8] The standards highlight the importance of early intervention approaches and advice regarding the dementia risk reduction messages to maximise wellbeing in individuals diagnosed with MCI.

The course is the first large-scale community psychoeducational course for people with MCI in Wales. Research into improving cognition in MCI, lowering a person's risk of developing dementia and improving quality of life was considered throughout the course's development. Every service user now diagnosed with MCI living within the CTMUHB region is invited to attend the six-week course, accompanied by a relative or friend, to support them to understand the diagnosis and learn ways to cope with the changes their loved one is experiencing.

The primary aims of the course are to support participants to:

- Gain certainty, knowledge and understanding of MCI, and the potential impact of this.
- Learn skills to build confidence in managing their MCI and related symptoms, as well as quality of life.
- Understand risk factors for further cognitive impairment/dementia and learn how to manage these.

Outcome measures are used to monitor changes in participant's practical and emotional concerns regarding their MCI and initial results, alongside qualitative feedback have been exceptionally positive. Feedback notably includes frequent reports of gained knowledge and learning, alongside the benefits of meeting others with the same diagnosis. Some examples in response to "what have you found most helpful about attending?" include:

"Knowing that there are things I can do to improve living with MCI."

"The delivery of the course and the explanation of the contents was very interesting and helpful for the future."

"Realising that I'm not alone."

"Seeing other similar people."

The course will continue to be the main post-diagnostic intervention for individuals with a newly diagnosed MCI in CTMUHB going forwards. The team are looking to broaden the scope into an online course, this will reduce barriers to accessing the course for some people, and may support spread of the course across Wales.

Diet related lifestyle changes and dementia risk reduction

A national leaflet has been developed by a group of dietitians working across Wales highlighting the diet related lifestyle changes that people can make to reduce their risk of developing dementia in later life. The leaflet is based on the latest research published by The Lancet (2024) identifying 14 modifiable risk factors, of which five of these are directly linked to dietary habits (high LDL cholesterol, diabetes, hypertension, obesity and excessive alcohol consumption). The leaflet provides practical advice around changes that people can make to their dietary intake to positively impact these risk factors. In 2025 the group will be developing the advice into an easy-to-read infographic that can be displayed in GP surgeries and other primary care or outpatient settings.

Additionally, a dietitian from Wales, has set up an Instagram account @the_dementia_dietitian to provide practical, evidence-based advice to support people living with dementia, or those caring for people living with dementia to meet their nutritional needs. The account was shortlisted for 2024 Complete Nutrition Award as Social Media Personality of the year.

Compassionate conversations

The compassionate conversations programme, developed in Cardiff & Vale University Health Board, aims to support Allied Health Professionals (AHPs) to meet the increasingly diverse and complex needs of modern healthcare. Built around principles of compassion, self-care and Motivational Interviewing, the programme has produced a range of resources and training packages to support healthcare professionals to raise, briefly discuss and signpost members of

the public about a variety of health and wellbeing topics. A national group of professionals and people with lived experience of dementia have co-produced a resource about brain health and dementia risk reduction that is due to be launched soon. This will raise awareness about the 14 risk factors for dementia and provide healthcare professionals with information to build confidence in discussing brain health and dementia risk reduction.

"You who are reading this have the biggest task of all: to continue helping us spread the message, to do your best to raise awareness, influence policy, make the world a better place for all of those who live with dementia and their care partners. Risk reduction strategies do not have to be complex, most of them just need to be better known."
Paola Barbarino[3]

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Improving dementia diagnosis: a social and economic imperative for Wales

Ross Saunders, National Influencing Officer, Alzheimer's Society Cymru

Dementia is the leading cause of death in Wales and England according to the Office for National Statistics.[1] It has a devastating impact on the 42,000 people that Welsh Government estimates are living with the condition, and their carers.[2] This figure is set to skyrocket over the next 15 years as our population ages, meaning that by 2040 the number of people living with dementia in Wales will have risen by 37%.[3]

Today, dementia costs the Welsh economy £2.3 billion per annum. Without action, that figure will rise to **£4.6 billion by 2040**.[4] Social care costs make up a huge proportion of the total spend on dementia: a majority of people in receipt of social care have the condition.[5]

Wales, like other nations in the UK, has not made dementia the priority it needs to be, resulting in a system which cannot cope with increasing demand. The current Dementia Action Plan was published in 2018 and was due for renewal in 2022. Three years later, we're still waiting for a new plan, with no timeline for publication from the Welsh Government.

With one in three people born today likely to develop the condition, there's an urgent need to transform the approach we take to dementia in Wales to ensure that everyone gets the help they need and is supported to maintain their independence for as long as possible.

Diagnosis rates in Wales are the lowest published in the UK

Wales has the lowest published diagnosis rate in the UK: just 56% of those who are living with dementia in Wales have a diagnosis. This figure is even lower in more rural areas. For example, Powys has the lowest diagnosis rate at 46.9%, almost 10% lower than the Wales average.[6]

Many people living with dementia never get a diagnosis, and those who do often receive it far too late. On average, **people wait 3.5 years** after the first onset of symptoms before receiving a diagnosis.[7] Not only does this delay people from accessing care and support – it also means treatments may be less beneficial, because they're most effective in the early stages of dementia.

An early and accurate diagnosis improves treatment options

Dementia is progressive, but there are symptomatic treatments, care and support which can make a huge difference to a person's quality of life and reduce their need to draw on health and care services. A diagnosis enables people living with dementia and their carers to plan for the future and to access support which enables them to maintain their independence for longer. Just 1% of people surveyed by Alzheimer's Society reported that they saw no benefit to a dementia diagnosis.[8]

NICE-approved treatments like acetylcholine esterase (AChE) inhibitors, for example, are an effective way of lessening the impact of dementia symptoms. But currently, only around 6% of people living with dementia receive them. A study commissioned by Alzheimer's Society found that where effective, every prescription for AChE inhibitors could save up to £45,000 per person by reducing a person's need to draw on health and social care services.[9] AChE inhibitors are most effective when combined with non-pharmacological treatments.

There are a number of interventions or approaches to help people with dementia improve their memory and thinking skills to enable them to cope better with memory loss. One of the interventions for which there is most evidence in terms of clinical and cost-effectiveness is Cognitive Stimulation Therapy (CST), which is recommended in the NICE guideline for dementia. A number of studies have found that CST can help the memory and thinking skills of people with mild to moderate dementia, with many of those who took part in the therapy group reporting improved quality of life.[10]

CST is usually offered as a programme of themed activities over a 7-8 week period designed to stimulate cognitive function. The activities are designed to be accessible, and can include topical discussion, listening to music or singing, playing games or engaging in a practical activity. Evidence shows that CST is an effective symptomatic treatment for people with mild to moderate dementia, but only 31% of patients with a diagnosis of dementia are offered CST.[11]

Key points:

- CST has been found to help the memory and thinking skills of people with mild to moderate dementia. Studies have mainly been conducted with people with Alzheimer's disease or mixed dementia, but CST would be relevant to all
- People with dementia who took part in the therapy group reported improved quality of life
- CST was found to be a cost-effective intervention and offers value for money
- National Institute for Health and Care Excellence (NICE) and Social Care Institute for Excellence (SCIE) guidance (2006) recommend that people with mild to moderate dementia should be given the opportunity to take part in a CST programme.

Prioritising diagnosis can reduce pressures on the health and social care system

Dementia contributes substantially to the pressure on systems. Currently, one in six hospital beds in the UK are occupied by someone with dementia. Without action, that figure will rise to one in four by 2040.[12]

People with dementia can expect to save £10,100 in their lifetime if they are diagnosed early enough to take treatment at a point where it can have the maximum impact.[13] A lack of dementia diagnosis risks increasing healthcare utilisation: undiagnosed people with dementia are nearly three times more likely to go to A&E than those without dementia.[14]

Failures to invest in diagnosis are impacting profoundly on primary health care and social care services. Diagnosis and treatment make up just 1.4% of dementia healthcare spending in the UK. A full third of the costs are made up of unplanned emergency admissions.[15]

The Welsh Government must prioritise dementia diagnosis

The Welsh Government has committed to a new Dementia Action Plan, and to 'giving hope' through new targets for raising the diagnosis rate.[16]

Alzheimer's Society believes that action to raise diagnosis rates should include:

1. Bold, ambitious and achievable new diagnosis rate targets must be set by the Welsh Government in the new Dementia Action Plan. These targets should be bolstered by public awareness campaigns to encourage people to seek a diagnosis, and support must also be provided to local systems to deliver on targets set.
2. There must be long-term investment in diagnostic infrastructure and workforce to ensure that everyone living with dementia can access an early, accurate diagnosis including information on the type of dementia they have. This will help ensure that people can access the clinically effective and cost-effective treatments and interventions of today, and ensure that we're ready for the disease-modifying treatments of tomorrow.
3. Steps must be taken to tackle the regional inequalities and postcode lottery in dementia diagnosis.
4. We need regular collection and publication of national diagnosis rate data (including information on dementia type).

We need to view dementia diagnosis as a necessary, cost-effective investment, reducing the impact dementia not only has on the people of Wales, but on our economy and our health and social care system. We need a new approach to dementia care and support in Wales built on a foundation of high rates of early and accurate diagnosis, with appropriate treatment, care and support to enable people living with dementia to take control of their condition.

Further information

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Towards equity and justice: the Dewis Choice Initiative on domestic abuse in later life

Rebecca Zerk, Director, Co-Lead of Dewis Choice and Elize Freeman, Co-Lead of Dewis Choice, Centre for Age, Gender and Social Justice, Aberystwyth University

Introduction: a groundbreaking approach

Dewis Choice is a pioneering initiative co-produced with older people, offering a holistic response to domestic abuse in later life. It's the first of its kind globally to provide a dedicated service and research that addresses the unique needs of older victim-survivors. Recognised globally for its innovation and impact, Dewis Choice has received numerous accolades, including a 4* 'world-leading' rating in the Research Excellence Framework (REF2021) and a nomination for the Queen's Anniversary Prize. The initiative has also been acknowledged as an exemplar of best practice by the Higher Education Funding Council for Wales.

Uniquely co-produced by older individuals, the initiative integrates rigorous academic research, community involvement, and practical service provision. Recognised globally, Dewis Choice has helped redefine how we understand and respond to domestic abuse in later life, offering a rights-based, client-centred model that puts older victim-survivors at its core.

Background: the need for Dewis Choice

Older victims of domestic abuse are often overlooked in policy, practice, and research. Data from the Office for National Statistics (2022)[1] reveals that individuals aged 70 and over now account for the highest proportion of domestic homicide victims per head of the population in England and Wales. Despite this alarming prevalence, there remains a critical gap in service provision tailored to older adults, particularly older men, LGBTQ+ individuals, and those with disabilities.

Research by Clarke et al. (2012,[2] 2016[3]) demonstrates that older victim-survivors are often diverted from accessing criminal and civil justice responses in comparison to younger age groups. Practitioners have predominantly focused on welfare support, neglecting the complex needs of older people and, in many cases, denying them the right to make informed choices. The research found that fundamental human rights were frequently disregarded, leading to discriminatory practices and increased harm – especially in cases where victim-survivors of domestic abuse lacked capacity. The study emphasised the importance of recognising these harms as domestic abuse rather than elder abuse to ensure equality of access to justice, and an improved quality of life for individuals aged 60 and over. Dewis Choice's ethos is centred on placing the older person at the heart of decision-making, upholding their rights and entitlements.

A rights-based, co-produced approach

Dewis Choice is underpinned by a co-production ethos, where older victim-survivors are not just informants but decision-makers. Their insights shape every aspect of the initiative, from service design to research priorities. This approach ensures that interventions are not only effective but deeply resonant with the lived experiences of older people.

Since its inception in 2015, Dewis Choice has provided long-term, intensive support to over 200 older victims and their families. The initiative's training programmes have reached more than 25,000 practitioners and engaged over 1,700 older individuals in community dialogues. This multifaceted approach – spanning direct support, training, and advocacy – has set a global standard for addressing domestic abuse in later life.

The initiative leverages collective experiential knowledge from older people, volunteers, partners, and community groups to create an inclusive and effective support system.

Dewis Choice has worked to challenge societal attitudes, influence policy, and develop best practice models to address the hidden issue of domestic abuse in later life.

Service delivery: from crisis to recovery addressing diverse and complex needs

"Without your support over the last two years I don't think I'd still be here."
Female client, adult family abuse

Scoping of services across the United Kingdom has highlighted that there are significant gaps in service delivery tailored to meet the needs of older victim-survivors of domestic abuse and sexual violence (Barry and Bowen-Davies, 2021;[4] Barter et al., 2018;[5] Bows, 2020;[6] Walker, Jones and Hopkins, 2021;[7] Zerk, Freeman and Roberts, 2024[8]). Although in Wales, we're aware domestic abuse services do not discriminate against older victim-survivors based on age, the number of older victim-survivors supported is significantly low. People aged 60 years and over have told us that they do not feel that services are designed for them.

Older victim-survivors with multiple complex needs, including health conditions, physical disability, and reduced cognitive function, face increased barriers in accessing services that are equipped to respond to their needs. Welsh Government recommends that the commissioning of domestic abuse responses must meet the needs of all victims with protected characteristics under the Equality Act 2010 (VAWDASV Statutory Guidance for the Commissioning of Services in Wales, 2019).[9] However, there are currently no specialist-dedicated domestic abuse services in Wales for victim-survivors who have a physical disability, or individuals with a learning disability (Freeman, 2022).[10] In addition, the lack of comprehensive demographic data collection makes it impossible to determine the rates at which older victim-survivors with complex needs arising from multiple protected characteristics are accessing generic domestic abuse service provision.

Dewis Choice fosters a people-led holistic approach in all aspects of service delivery, ensuring that interventions are responsive to the complex needs of older individuals. The service model acknowledges the unique vulnerabilities of older victims, including disabilities, health conditions such as dementia, and social isolation. Approximately 50% of Dewis Choice clients experience intimate partner violence, while the other half experience abuse from adult family members, with a small proportion experiencing both.

Dewis Choice offers intensive, long-term support to older victim-survivors and their families, guiding them from crisis through to recovery. The Dewis Choice service model offers bespoke, bilingual support tailored to the unique needs of each client. By building strong practitioner-client relationships, the initiative has achieved an 85% client engagement rate, a testament to its tailored and co-produced approach.

Operating within a multi-agency framework, Dewis Choice collaborates with health and social care, police, and third-sector services to manage risks and safeguard victims. Its commitment to the 'do no harm' principle ensures that interventions prioritise safety without undermining the victim's agency.

Key elements of the service include:

- Holistic Support: Addressing complex vulnerabilities such as disability, health conditions (including dementia), and social isolation
- Justice-Seeking Support: Enabling older victims to access civil and criminal justice options, supporting a reduction in repeat police callouts and safeguarding referrals
- Risk Management: Employing a multi-agency coordinated response involving adult social care, police, and health services
- Whole family approach: Supporting family and friends and working closely with agencies responding to perpetrators to manage offender behaviour and reduce re-offending
- Health and Wellbeing Support: Facilitating access to medical and mental health services to improve long-term outcomes
- Housing: Working with housing providers to secure safe accessible accommodation for older victim-survivors, and civil processes to remove perpetrators.

The initiative's expertise in cases involving dementia is particularly noteworthy. By supporting victim-survivors through legal and protective measures, and professionals responsible for mental capacity assessments and making best interest decisions, Dewis Choice addresses the intersection of cognitive impairment and abuse – an area often neglected in traditional domestic abuse services (Wydall, Freeman and Zerk, 2022).[11]

The Adverse Childhood Experiences Hub, in collaboration with Public Health Wales and the World Health Organisation, identified Dewis Choice as the only trauma-informed intervention catering specifically to older victim-survivors in Wales (Walker et al., 2021).[12] The initiative has been cited as best practice by the Older People's Commissioner for Wales and other national stakeholders (Barry and Bowen-Davies, 2021).[13]

Innovation in research

Dewis Choice is the first longitudinal study globally to capture the help-seeking and justice-seeking experiences of domestic abuse survivors aged 60 and over. Research findings have uncovered critical gaps, such as the lack of referrals for older LGBTQ+ victim-survivors and those with dementia. These insights have informed training, policy recommendations, and the development of free, open-access resources, including podcasts, short films, animations and practitioner guides.

Notably, Dewis Choice has illuminated the multi-layered complexity of abuse in later life, challenging assumptions that older victims chose not to leave abusive partners. Instead, the initiative demonstrates that with sustained support, older victims can and do make choices to leave.

Influencing policy and practice development: driving systemic change

"Nobody listens to older people; everyone shuts older people down. There is a wealth of wisdom in old people, but younger generations... don't want to hear our voices."
Male older client, intimate partner abuse

People aged 60 years and over who experience from intimate partners or adult family members, or both, have told us that they feel invisible, overlooked, and ignored. Older victim-survivors are underrepresented in survivor engagement frameworks. We aim to ensure that three generations of older people are listened to, heard, and understood, as they are the drivers of change. Dewis Choice have supported older victim-survivors to have their voices heard at policy and practice levels.

Dewis Choice's research has directly influenced national and local strategies and policies, providing evidence to government committees, informing safeguarding guidelines, and shaping public awareness campaigns. By highlighting systemic ageism and advocating for rights-based approaches, the initiative has become a catalyst for broader societal change.

Training and dissemination: building capacity nationwide

"I wanted someone to ask me [about the abuse], and if they had, I would have told them."
Female client, intimate partner abuse

Dewis Choice is committed to equipping practitioners with the skills and knowledge needed to effectively support older victim-survivors. Its research-led training has enriched the practices of over 25,000 professionals, equipping them to challenge discriminatory practices and adopt a trauma-informed approach. These efforts have been endorsed by Public Health Wales and the World Health Organisation, among others.

The Initiative's free to access resources have been adopted across the UK. The practitioner guidance book is available in English and Welsh, ensuring accessibility for diverse audiences. Dewis Choice's training has also been integrated into statutory safeguarding frameworks, enhancing the capacity of organisations to support older victims effectively.

The success of Dewis Choice has resonated far beyond Wales, inspiring stakeholders worldwide. In Scotland, Northern Ireland and Ireland, the Initiative has trained adult protection teams and explored creative solutions to domestic abuse in later life. Internationally, Dewis Choice has shared its expertise with organisations in Malaysia, Australia, and Canada, showcasing its relevance across cultural and geographical contexts.

Community engagement

Community engagement is a cornerstone of Dewis Choice. The initiative fosters intergenerational volunteerism, engaging individuals across all age groups to contribute to awareness-raising and peer support. The intergenerational approach not only enhances the initiative's reach but also promotes societal awareness of domestic abuse in later life.

Selected highlights of community engagement include:

- Collaboration with over 50 community groups, including carers' networks and health support groups
- Delivery of workshops on healthy relationships in later life
- Empowering volunteers to drive awareness campaigns and policy advocacy (Senedd, 2020).[14]

Conclusion

"The work and research the project is producing has and will continue to have, a profound and ground-breaking impact on the understanding and awareness of the abuse experienced by older people, as well as the development and improvement of the responses and support available to the older people and their families."
Mid and West Wales Lead, Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

The Dewis Choice Initiative exemplifies how co-produced, research-led interventions can transform lives and systems. Dewis Choice is committed to ensuring that older victim-survivors are not only heard but actively involved in shaping the solutions that affect their lives. By prioritising the voices of older victim-survivors, it has not only addressed a critical gap in domestic abuse services but also set a global standard for best practices. For practitioners, policymakers, and academics, Dewis Choice offers a compelling model of how to tackle one of society's most hidden and complex issues with compassion, innovation, and rigour.

Further information

https://dewischoice.org.uk/

YouTube Channel: https://www.youtube.com/@dewischoice7000

Healthy Ageing with Age Cymru: promoting active lives and building resilience

Amy Lloyd, Health Programmes Manager and Angharad Phillips, Health Initiatives Officer, Age Cymru

At Age Cymru, we believe that staying active and preventing avoidable injury or illness is essential for maintaining independence, wellbeing, and quality of life as we age. Through the Healthy Ageing Programme, delivered on behalf of the Welsh Government, we empower older people to live healthier, more fulfilling lives.

Our programme focuses on two key areas: Health Promotion and Physical Activity. Together, these initiatives address the risks of falling, muscle deterioration, and social isolation while encouraging strength, balance, and community connections.

Health promotions: preventing falls and building resilience

Falls are one of the most significant risks to older people, leading to injuries that can cause loss of independence. However, falls are not an inevitable part of ageing. By focusing on primary prevention and early intervention, we aim to reduce the risks through education, training, and community engagement.

Steady On Stay Safe awareness campaign

This campaign highlights three critical pillars of falls prevention:

1. Telling someone if you have a fall: falls often go unreported, but sharing the experience can help address underlying risks.
2. Creating a safe home environment: removing trip and slip hazards is crucial for prevention.
3. Undertaking strength and balance exercises: regular exercise reduces the risk of falls by improving stability and coordination.

Preventing falls and maintaining good health also requires everyday attention to our wellbeing. Here are some tips:

- Eat well: maintain energy levels by eating small, nutritious meals throughout the day.
- Stay hydrated: drink six to eight glasses of water daily to avoid dizziness.
- Check your vision and hearing: regular check-ups can detect problems that affect balance.
- Support bone health: include calcium-rich foods, vitamin D, and weight-bearing exercises in your routine.
- Choose the right shoes: ensure footwear fits well and supports stability.

Guidance on physical activity for falls prevention

Through our published resources, we guide professionals and carers in recommending appropriate strength and balance exercises for older people. By focusing on activities that improve core strength and mobility, these exercises play a vital role in reducing falls.

Spread the Warmth: staying safe in winter

Our Spread the Warmth campaign highlights the importance of staying warm during colder months. By raising awareness of risks associated with cold weather, we help older people manage long-term health conditions, prevent illness, and improve their overall resilience.

A key element of this campaign is promoting the importance of vaccinations in partnership with Public Health Wales and the Vaccine Preventable Disease Programme through their Beat Winter Viruses campaign. We raise awareness of NHS vaccination programmes for Winter Respiratory Diseases, including Influenza (flu), Covid-19 boosters and Respiratory Syncytial Virus (RSV).

2024 marked the first introduction of the RSV vaccination, and through our engagement work, we ensured that many eligible older people became aware of their eligibility and accessed this vital protection. Alongside this, we emphasise the importance of simple but effective hygiene practices, such as regular handwashing, to reduce the spread of winter viruses.

Through partnerships with local communities and media, we ensure older people have access to reliable, evidence-based information about vaccinations, home safety, and winter health tips. By empowering people to make informed decisions, we help them better protect their health during challenging winter months.

Keeping warm safely: burns awareness and prevention

Keeping warm is essential for health, but it's also important to do so safely. In collaboration with The Welsh Network for Burns and Plastic Surgery, we're working to educate older adults on the risks of sustaining burns within the home and to encourage safer behaviours. This work, grounded in population-specific data, highlights common causes of burn injuries in older adults and provides practical advice on reducing these risks.

While burns prevention is particularly important in colder months due to the increased use of heating devices, this work is also relevant during the summer months. With longer hours of

strong UV exposure due to climate change, older adults face an increased risk of sunburn, which can cause pain, skin damage, and other complications. Raising awareness of the importance of sun protection, including wearing hats, appropriate clothing, and using sunscreen, is crucial to safeguarding skin health and preventing harm.

This initiative demonstrates the importance of tailored, evidence-based approaches in preventing injuries and fostering safer home and outdoor environments for older people, all year round.

Physical activities: strengthening bodies and minds

Physical activity is a cornerstone of healthy ageing. It slows muscle deterioration, improves balance, and helps maintain independence. Beyond the physical benefits, exercise also fosters social connections, which are crucial for mental health and emotional wellbeing.

We deliver a range of low-impact, inclusive physical activity programmes for people aged 50 and above. From Tai Chi Qigong and Nordic Walking to LIFT (Low Impact Functional Training) sessions, our classes offer safe and enjoyable opportunities for older people to stay active.

Tai Chi Qigong Shibashi

This gentle practice improves balance, coordination, and mental focus. Participants report benefits such as:

- Improved mobility and reduced risk of falls
- Relief from pain associated with arthritis and fibromyalgia
- Enhanced mood and lower stress levels
- Better heart health and cognitive function.

One participant shared how Tai Chi Qigong created unexpected friendships:

"Most of us didn't know each other before starting the class, but now we've been on several trips together. It's more than just a Tai Chi class – it's a community."

Low Impact Functional Training (LIFT)

LIFT combines fun activities with strength and balance exercises to improve overall fitness. Comments from participants highlight the benefits:

"LIFT is excellent for anyone new to the area. It's a community of like-minded people who have become like family."

Nordic Walking

Using specially designed poles, Nordic Walking works 90% of the body's muscles and provides additional support for those with mobility challenges. It's less tiring than regular walking and offers cardiovascular benefits.

Social inclusion: building community connections

Social interaction is as vital as physical activity for overall wellbeing. Many of our activities double as opportunities for older people to connect, share experiences, and form lasting friendships.

Sonia's steps to strength and independence

This story is about Sonia, an inspiring 80-year-old lady from Llanharan. She reminded our Healthy Ageing team why small steps can lead to big changes.

The story starts at the Royal Glamorgan Hospital, during National Falls Awareness Week in September.

Sonia wasn't there for herself but to support her husband, who's undergoing cancer treatment. Whilst at the hospital waiting for her husband, Sonia noticed our Falls Prevention stand where Angharad was raising awareness of falls alongside the Pharmacy Department at the hospital.

Sonia's had a tough time when it comes to falls. Over the years, she's suffered two fractured wrists and even a broken femur. Despite all that, she's determined to walk unaided and isn't on any medication.

But she was understandably worried – what if another fall took away her independence?

So, when she spotted our Health Initiatives Officer, Angharad, she stopped for a chat.

Sonia shared her concerns about staying steady on her feet and asked about gentle exercises that might help. It wasn't just about avoiding falls; she wanted to feel stronger and more confident.

Angharad listened to Sonia's story and asked questions about her life to assess her risk of falling again.

Angharad talked Sonia through some information and shared some resources.

Sonia was intrigued and motivated, especially when she realised how improving her grip strength could make a real difference.

Angharad suggested a couple of our local Physical Activity classes close to where Sonia lives: Tai Chi Qigong Shibashi and Low Impact Functional Training.

Angharad also informed Sonia about a local community hub for the over 50s, called Café 50 in Pontyclun. It's not just a place for exercise but a hub which focuses on socialisation and somewhere where Sonia could meet people and try out other activities.

Sonia was introduced to the Royal Osteoporosis Society checklist, which could help her keep an eye on her bone health. On top of all that, Angharad told Sonia about a new Falls Assessment Service that had just started up, offering a grip strength test – which was a big concern for Sonia. To make life easier, internal referrals were arranged so she could access everything smoothly.

Fast forward a little, and Sonia now has a plan she's excited about. She's got the tools and support to work on her strength and balance through local exercise classes, and she's finding new ways to stay socially connected. The Falls Assessment Service will be checking in, giving her the confidence to see her progress and know she's reducing her risk of falling.

Sonia's story is a great reminder of how a person-centred approach can make a massive difference. By listening, tailoring support, and connecting her with the right services, we've helped Sonia take control of her health. She's not just staying active; she's staying independent – and that's what it's all about.

Get involved with Age Cymru

The Healthy Ageing Programme offers something for everyone, whether through exercise, awareness campaigns, or community activities. Our work wouldn't be possible without the contributions of volunteers, participants, and partners across Wales.

Together, we can ensure that ageing isn't just about adding years to life but adding life to years.

For more information or to find activities near you, visit physicalactivity@agecymru.org.uk or contact Rebecca Phillips at Age Cymru 07899 697889.

Falls – a community health emergency: a community education approach to improve the experience of fallers, reduce emergency calls and delayed discharges due to falls in our communities

Richard Lee CStJ QAM FIMC FCPara, Chief Executive, St John Ambulance Cymru

Introduction

St John Ambulance Cymru provides first aid in communities across Wales every day. We are the largest first aid training organisation in Wales. This year we will train 15,000 people in first aid and other workplace safety courses. In addition to this our 80 local divisions, made up of around 2,000 volunteers will provide thousands of hours of training to both our St John People and their community at local events.

It is not a new finding that falls are a significant public health challenge which leads to increased 999 activity – often associated with the longest waits, frequent attendances at hospital and delayed discharges, often with poor outcomes. Any one of these challenges individually emphasises the need for an effective care model for fallers. Combined, these system issues and the experience and outcome for the patients and their families make providing effective and safe care for this group one of the most significant challenges facing our communities and health system for 2025 and beyond.

The challenge

Falls are prevalent among adults over 65, with significant impacts, including prolonged periods on the floor and a dependency on emergency services. In 2023 The Welsh Ambulance Service University NHS Trust (WASUT) received over 51,000 calls for falls, around 140 incidents per day. Whilst initiatives such as hear and treat (providing advice over the phone rather than dispatching an ambulance) and falls response schemes are in place, falls are associated with the longest waits for assistance and a cohort of these patients with co-morbidities (more than one underlying medical condition) do come to harm during their 'long lie'. For others the effect of a fall and a long wait for help is a loss of dignity and can be the start of a subsequent loss of confidence and independence.

Projections show a significant rise in the population aged 70 by 2043, and as our communities live longer more resources will be needed for healthcare and support services.

The current response to falls in Wales

St John Ambulance Cymru partnered with WASUT in 2015 to develop a service to attend to fallers more quickly than could be managed by an ambulance response, because of the need to send ambulances to the most serious life-threatening emergencies first.

The St John Ambulance Cymru falls cars are single crewed vehicles equipped with first aid and assessment equipment as well as a lifting cushion. They are dispatched by WASUT to 999 calls reported as a fall. Once the faller has been assessed, they are lifted off the floor and made comfortable. The St John Ambulance Cymru Falls Assistant contacts the Ambulance Service clinical team, who undertake a phone assessment and arrange any further referrals for the faller.

This partnership has reduced the number of falls related calls attended by ambulance crews by around 50%. St John has been dispatched to help more than 50,000 fallers reducing the total falls calls attended by ambulance crews by around 25,000.

What more could we do?

In many cases, where the faller is uninjured or has a first aid suitable minor injury, the faller could be assisted off the floor by those present. But too often a fear of causing further injury to an older frail person or poor manual handling knowledge leads to a lack of confidence and means those present default to waiting for emergency responders to arrive. This then incurs a long period on the floor with the associated temperature, dignity, comfort and experience, as well as responder availability consequences.

If the faller could be assisted off the floor quickly, then any appropriate wait for further assessment by a professional (and this may well be a scheduled attendance sometime later) could be spent waiting in a more comfortable setting, such as an armchair or bed rather than lying on the floor.

Our St John Ambulance Cymru proposal

To augment the response initiatives in place we proposed a **community education programme**. The aim was to give the people who are there when someone falls the confidence and skills to know how to help and how to avoid a 999 call. This would mirror the mass community training over the last decades in cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use which has made the public much more confident to act in these much higher stress situations.

Our community education programme was launched in January 2025 following some funding from the NHS Wales Six Goals programme. It has delivered community education designed to equip individuals in Wales with the skills to confidently and safely handle non-injury or minor injury falls without calling 999. The individual will be supported to do this through training and access to the iStumble app.

The programme is available to three cohorts:

- Two-hour session aimed at 'friends of family' or carers or neighbours of those at risk of falls. This would include the relatives/support network of patients in hospital ready for discharge but with a risk of falling.
- Three-hour session for **nursing and residential care staff** which includes focused training, incorporating practical modules on the use of lifting aids and the assessment of a non/minor injury faller.
- Two-hour 'open' **community session** aimed at local **community residents** who are keen to learn the skills to help someone who has fallen and make their community safer and more resilient.

As of March 2025, this Falls Confidence training has been delivered to more than 550 students across Wales.

Feedback from some attendees:

"The training was timely, useful and interactive. It was a rewarding session. The trainer was fantastic!"

"Good and practical training session very useful"

"This is amazing training that has really helped to develop and increase skill."

Feedback directly form one of the health boards involved:

"Working with St John Ambulance Cymru has been an exceptionally smooth and positive experience. They have taken the lead on much of the booking and coordination, ensuring accessibility for those wanting to attend.

"Their flexibility and willingness to adapt have been instrumental in making the training as inclusive as possible, including the addition of online sessions for individuals and families unable to attend in person. Their professionalism and dedication have made this collaboration a success."

Further information

For more information on St John Ambulance Cymru Falls Training or to book a session for your organisation or community, please contact 03456 785 646
or email training@stjohnwales.org.uk

Better homes for better health

Faye Patton, Head of Policy and Insights, Care & Repair Cymru

As we get older, we make little changes to ourselves and our habits to make life easier – but what about making changes to our home environment instead?

Housing can be an often-overlooked tool to support healthy ageing, independent living, and prevent hospital admissions. As we adapt to age, our homes must age and adapt with us.

Born in Ferndale in 1979 in response to acute problems faced by older homeowners living in unfit housing lacking basic amenities, Care & Repair has been linking health and housing for 45 years in Wales. Nearly 40 years later, the most recent Housing Conditions Survey in Wales was published in 2018, showing that older people are more likely to be living in homes that are damaging to their health than any other age group.[1]

Today, Care & Repair supports around 50,000 older households each year by offering advice and carrying out home adaptations and repairs.[2] We help owner-occupiers and private-rent tenants who are 60+ or 50+ if living with sensory loss. The average age of a client we support is 77, and four out of five people we support tell us they have a disability. Every day we come across older people living in unfit housing that is harming their health but have no resource to maintain or improve the condition of their property. Disrepair and a lack of accessibility can be devastating to live with and take a toll financially, emotionally and physically.

The impact of poor housing on health has been spotlighted in recent years thanks to increasing energy prices that have pushed more older people into fuel poverty in Wales. The cold can be fatal for older people. Over three quarters of excess winter deaths in Wales each year are people aged 75 and over.[3] Through our fuel poverty service, we regularly see older people who are under heating their home and favouring cold meals to save money on their energy bills. Alongside the worry that comes with higher energy costs, self-rationing energy has also resulted in more calls to our services for damp and mould. On top of the practical support we provide to older people, it is essential that we communicate to policymakers not just the short-term impact of cold homes over winter, but the longer-term ramifications of energy rationing on property condition and health. Homes that are cold and damp due to fuel poverty exacerbate health conditions from respiratory infections to cardiovascular diseases to poor mental health. Amongst the older population we support, cold homes can also worsen arthritis and increase falls risks.

Left unresolved, small issues of wear and tear in the home become larger issues of disrepair.[4] We're increasingly seeing older people living in more complex situations of disrepair that are harder to resolve, especially in the current economic climate where multiple organisations compete for dwindling benevolent funding. In 2023-24, we completed just over 60,000 home improvements to the value of £21.5 million.[5] Increasingly we're seeing the impact on the cost-of-living crisis on older people's ability to maintain their homes.

The last Housing Conditions Survey from 2018 showed that 18% of homes in Wales have a

health hazard present.[6] From our experience every day in Welsh homes, we believe this is now much higher for our older population. Care & Repair have been calling for a safety-net grant for repairs to make sure no older person is left living in a home that is hazardous to their health.[7] This would help us support more people more quickly by freeing up the huge amount of time that caseworkers spend applying for piecemeal pots of money to support works. It's increasingly difficult to source benevolent funding for repairs, often resulting in a shortfall that means works go partially or entirely incomplete.

Mrs Williams in Powys shows why a national safety-net grant for housing disrepair would help keep older people across Wales well in safe, warm, accessible homes:

Mrs Williams first came to Care & Repair for roof repairs for her 1970s former Local Authority home. She explained that she had recently been widowed and was struggling to manage things that her husband had previously taken care of, such a house and garden maintenance.

One of Care & Repair's caseworkers based in Powys visited Mrs Williams, where it was clear she was feeling very overwhelmed. Mrs Williams had noticed a damp patch on the ceiling in her bedroom and was worried about the cost and practicalities of arranging a repair.

Mrs Williams was on a low income and received a small works pension on top of her state pension. Her husband's funeral had cost more that she thought, and after the caseworker gained Mrs Williams' trust she confided that she now had less than £4,000 in savings. The caseworker obtained a quote to replace the lead flashing on the affected area of the roof.

Care & Repair sourced a contractor to carry out the repairs from our Trusted Contractor list. However, whilst undertaking the repair to the ceiling, the contractor discovered that the existing row of bottom felt on the roof did not have any waterproof membrane, and rainwater was getting in and running straight down through the felt and onto the ceiling. The caseworker sourced some additional quotes for this work.

The caseworker also helped Mrs Williams to maximise her income by applying for Attendance Allowance and Pension Credit. These applications were successful and increased Mrs Williams' income by £100 a week – over £5,200 per year.

The caseworker was able to raise the benevolent funding required to replace the lead flashing. Funding to cover the cost of the additional damage found took additional a long time to source. The work was quoted for just over £2,000. The caseworker made applications to several benevolent charities, including niche examples specifically for women and trade charities. This took additional time as the caseworker had to work with Mrs Williams to obtain proof of her previous employments.

The second works were completed three years after Mrs Williams first contacted Care & Repair. Mrs Williams lived with a hole in her bedroom ceiling for two years, instead sleeping in the spare room.

Whilst it's clear to see the links between disrepair like damp and mouldy homes on physical health, Mrs Williams' case also shows the impact on disrepair on emotional wellbeing and quality of life – everyone in Wales should have the support they need to make repairs to their home.

Disrepair can also increase the risk of a fall at home. Uneven, bouncy or slippery flooring is a significant hazard for older people, especially for people living with frailty. For this reason, falls prevention is a huge part of the work Care & Repair undertake. Around 77% of all interventions completed last year were to support falls prevention at home. Whilst we can assess and install adaptations to provide physical support around the home, disrepair must often be addressed first to make the home fit for an adaptation – this might mean fixing damp walls where the plaster cannot support a handrail, through to rewiring or installing additional electrical circuits to support a stairlift.

Older people are at a higher risk of having a fall that leads to major health problems, injuries, and loss of independence. Every older person who comes to Care & Repair is offered a Healthy Home Check, a thorough check of the home for hazards such as damp and mould, gas and fire safety, and – crucially – a falls risk assessment.[8] Over the years, we've developed national expertise on how to prevent a fall at home. We bring together this expertise to share good practice amongst other third sector organisations and health partners through the National Falls Prevention Taskforce, chaired by Age Cymru with Care & Repair as Vice Chair.[9] Our caseworkers have a sixth sense for spotting a ruckled rug or a trailing wire, and are adept at making small, practical suggestions like better lighting in the hallway for making your way to the bathroom at night.

Care & Repair also fits around 20,000 home adaptations across Wales each year to prevent accidents at home via our Rapid Response Adaptations Programme.[10] We worked with Swansea University to link Care & Repair data and national GP data to track the impact of having and not having a Care & Repair adaptation over a period of eight years. The research found that Care & Repair adaptations reduced hospital admissions for older people with injurious falls by 17% – this equates to around 35,000 Welsh NHS bed days saved each year.[11] When we followed up with people we had supported to have adaptations in their home, 91% said they felt their independence and wellbeing had improved.

We believe every older person should live in a home that is in good condition and meets their needs. As well as reducing worry at home, there is a strong health prevention argument to invest in improving housing accessibility and quality – we're calling on a safety-net grant to tackle hazardous disrepair in Welsh homes so that every older person in Wales can live in a warm, safe and accessible home.

Further information

To find out more about Care & Repair's services, please visit: How We Can Help | Care & Repair

To learn about the history of Care & Repair, please visit: 45 Years of Improving Homes and Changing Lives | Care & Repair

To read about our research with Swansea University, please visit: Do-home-adaptation-interventions-help-to-reduce-emergency-fall-admissions.pdf

To learn more about Care & Repair's work to highlight poor housing in Wales, please visit: Policy and Research: Housing Conditions | Care & Repair

Holding governments to account: the Healthy Ageing and Prevention Index

Arun Himawan, Senior Health Policy and Research Manager, International Longevity Centre-UK (ILC-UK)

Across the globe people are living longer, but not necessarily healthier, lives. Left unchecked, the situation will get worse. Poor health leads to significant economic costs: the G20 alone faces $1.02 trillion in yearly productivity loss among those aged 50-64 due to conditions which are largely preventable like musculoskeletal disorders, cardiovascular disease, chronic obstructive pulmonary disease and type 2 diabetes.[1] But investing in healthy ageing and preventative interventions work, and is cost effective: every $1 spent on adult immunisation generates a socioeconomic return of $19 that goes beyond healthcare spend, including productivity gains by individuals and their caregivers.[2]

Despite repeated commitments to prioritise prevention and healthy ageing, including the World Health Organisation's (WHO) Decade of Healthy Ageing and the global targets to achieve Universal Health Coverage, action at the global level and by national governments, action continues to lag.

This is where the International Longevity Centre's (ILC) Healthy Ageing and Prevention Index, comes in.[3]

About the International Longevity Centre

ILC is the UK's leading authority on the impact of longevity on society. We combine evidence, solutions and networks to make change happen.

We help governments, policy makers, businesses and employers develop and implement solutions to ensure we all live happier, healthier and more fulfilling lives. We want a society where tomorrow is better than today and where future generations are better off.

It ranks 153 countries against six indicators: **life span, health span, work span, income, environmental performance,** and **happiness**. This allows us to compare how sustainable different countries are, both in terms of longer lives and the extent to which their governments are investing in efforts to prevent ill health and support healthy ageing. With two published sets of data, now we can also track progress over time to ensure we're having meaningful conversations about what must happen to keep people well for longer.

In addition to measuring countries against these six metrics, the ILC has also studied the relationship between investment in specific interventions and the impact it has on global rankings. This allows us to better understand what specific interventions result in countries that are better prepared for longevity. The Index also ranks 12 political and economic blocs to hold governments to account at the global and regional level.

This year ILC is also developing a UK version of the Index at local authority level. Please reach out to the author if you would like to be involved.

How the Index was created

We want the Index to sit at the heart of global policy and political engagement on prevention and healthy ageing, and to use it as a tool to:

1. Hold governments to account by tracking progress on prevention and healthy ageing.
2. Engage leading global health leaders, including at the G7 and G20 level, to move from commitment to action on preventative health.
3. Support the Healthy Ageing and Prevention Coalition's calls to action (see below).

Healthy ageing isn't just about the number of additional years people live, but: how many of those years are spent in good health; the opportunities for individuals to work and have an income that helps them meet their needs; the opportunity to live in an environment where they can live dignified and healthy lives; and the opportunity to do the things they value and to live fulfilled and enriched lives. This broad view of healthy ageing is based on evidence from wider literature and global policy developments that include the UN Decade of Healthy Ageing.

We sought a simple way of combining information on living standards, health and life span, working lives, the quality of the environment, and life satisfaction. We found that simply ranking countries against the individual indicators from 'best' to 'worst' performing and then ranking their performance against all the indicators combined was the most straightforward and fair way to compare countries' performance.

In deriving the Index we chose not to weight each indicator for importance, as there's no 'right' way to do this. Some will argue that income is the most important, while others happiness or health. Instead we give all indicators equal weight as contributors to global health and well-being. When developing the political and economic bloc rankings, we apply population weights.

The six indicators:

1. Life span: The number of years an individual can expect to live. This is measured at birth in years, using life expectancy measures obtained from the United Nations.

2. Health span: The number of years an individual can expect to spend in good health. This is measured at birth in years, using health expectancy measures obtained from WHO.

3. Work span: The expected number of years spent being economically active between ages 15-65. Data are obtained from the World Bank and the International Labour Organisation.

4. Income: The measure of GDP per capita, constant prices, using purchasing power parity (ppp) ($000s), with data obtained from the World Bank.

5. Environmental performance: This is measured using the Yale Environmental Performance Index (EPI) which positions countries on a scale of 0 to 100 (100=best). The EPI ranks countries against 40 performance indicators across 11 issue categories and three themes: climate change performance, environmental health and ecosystem vitality.

6. Happiness: Taken from the annual Gallup World Poll, happiness positions countries on a scale of 0-10. Scores of 0-4 are interpreted as 'suffering', 5-7 as 'struggling', and 8-10 as 'thriving'.

The findings: what's happened since 2019?

ILC has published two waves of data from 2019 and 2022, which enables us to track progress over time.

Our global health systems have been put through unprecedented strain. Since 2019, while globally we're richer and our economic activity has remained stable, we're also living in a post-Covid world which is unhealthier, more unequal and less sustainable.

There is a **27-year gap in life span** (life expectancy) **between the top and bottom 10 countries: one year more than in 2019.**

There is a **24-year gap in health span** (healthy life expectancy) **between the top and bottom 10 countries: one year more than in 2019.**

We work the same number of years and we're richer

We spent the **same number of years working** (30.6 years) **in 2022** as we did **in 2019.**

and, we are richer: making $500/year more than we did in 2019.

We are less environmentally sustainable

Environmental performance has dropped by

10%

mainly due to deteriorating air quality and rapidly rising greenhouse gas emissions.

Income inequalities between the top and bottom 25% of countries have widened by 6.5% or $1,000 per person

In 2022, the top performing country on our Index was Iceland, who replaced Switzerland in 2019. Japan held the top spot for life span and health span. Qatar ranked 1st for work span, while Luxembourg ranked 1st for income. The most environmentally sustainable country is Denmark, and the happiest country is Finland. The top performers for each six metrics remained unchanged since 2019 however on average, we see countries performing less well across most metrics.

While some of these rankings might not come as a surprise to readers, with high income countries dominating the top of the Index. But when we look at countries who have improved the most, we can see a much more mixed picture. Botswana climbed the most on our Index moving 24 spots since 2019, ranking 85th out of 153 countries in 2022. Nepal saw a 0.9 year increase in life span and Bangladesh saw a 1.8 year increase in health span. Serbia's work span improved by 2.2 years and Ireland saw the biggest increase in income – improving by $22,000. India saw the biggest improvement in happiness (a ranking out of 10) which increased by 1.4 points, while Afghanistan's environmental performance (a ranking out of 100) increased by 18.1 points.

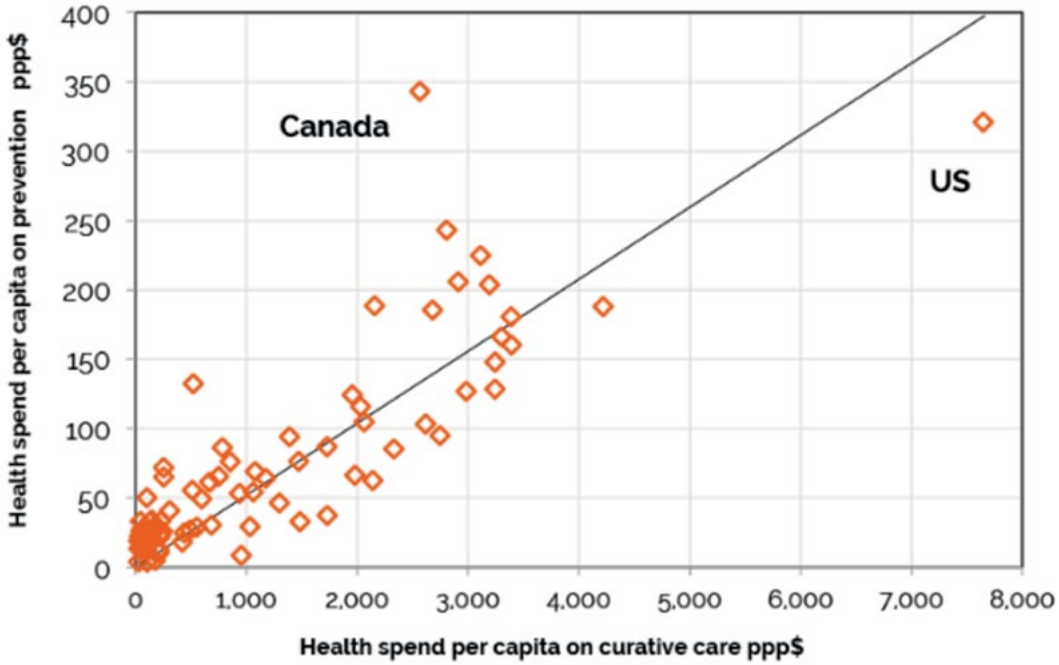
In addition to ranking 153 countries ILC also ranked 12 political and economic blocs. The table below shows you each bloc's performance against the six indicators, along with their global rank and any changes in global standing since 2019.

Political and economic blocs	Life span (years)	Health span (years)	Work span (years)	Income GDP/head, constant prices, ppp ($000s)	Environmental performance (0-100)	Happiness	Global Rank	Change in Global Rank 2019-2022
Nordic co-operation	82.9	71.9	32.2	59.7	71.8	7.4	1	0
G7	81.0	69.3	30.2	50.0	57.0	6.5	2	0
European Union	81.1	70.5	28.8	33.9	59.5	6.6	3	0
United States-Mexico-Canada Agreement	77.7	66.1	30.8	48.1	49.6	6.7	4	-1
Organisation for Economic Co-operation and Development	80.1	69.2	30.2	39.0	53.2	6.5	5	0
Asia-Pacific Economic Cooperation	77.0	67.3	32.7	18.4	34.7	6.2	6	0
Community of Latin American and Caribbean States	73.7	64.7	31.3	8.3	42.8	6.3	7	0
G20	74.3	64.4	30.2	15.0	32.3	5.7	8	0
Association of Southeast Asian Nations	71.5	63.2	32.9	4.8	28.1	5.8	9	0
BRICS	72.6	63.0	29.9	6.9	26.6	5.4	10	0
African Union	62.5	55.7	31.6	2.0	31.8	4.2	11	0
Commonwealth	67.1	57.9	28.3	4.8	25.7	4.7	12	0

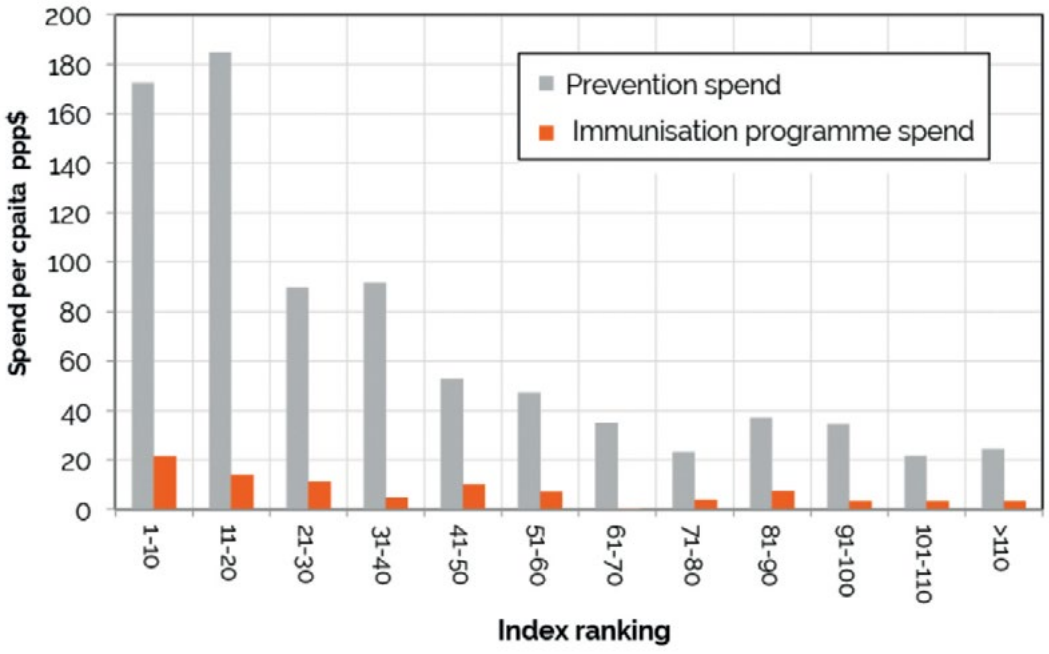
The findings: what drives healthy ageing?

By comparing our Index with various preventative measures, we can learn what is driving better performance what countries need to invest in to improve their global and individual rankings. This section outlines some of our findings. All our examples can be found here: What drives healthy ageing? - ILCUK

Countries that spend a higher proportion of their health budgets on prevention perform better on the Index

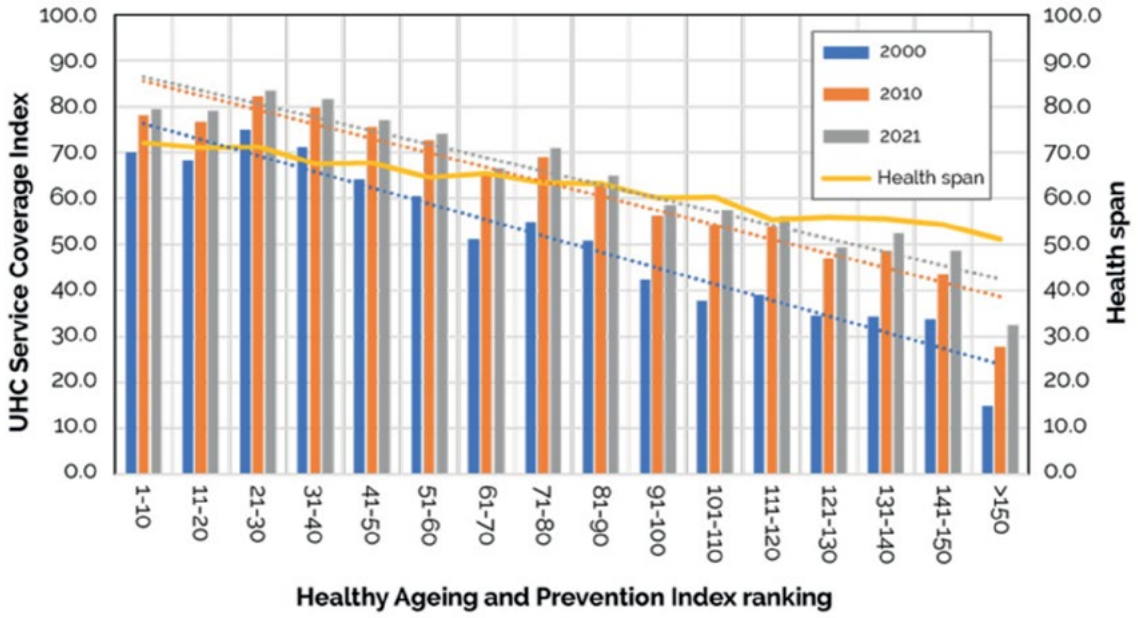


Countries that spend more on preventative healthcare and immunisation perform better on the Index



- Higher ranked countries spend significantly more on prevention than lower ranked countries.*
- While higher ranked countries still spend more on immunisation than lower ranked countries, comparatively, immunisation programmes make up a very small proportion of overall prevention spend.
- For instance, for countries ranked 1-10 on the Index, per capita immunisation spend is only $21.30 compared with $174.48 for prevention. For those ranked 11-20, it is $13.91 and $184.85 respectively.

Countries that invest in Universal Health Coverage perform better on our Index and live well for longer



Universal Health Coverage (UHC) means that everyone has access to the full range of quality healthcare services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

UHC is one of the targets under the UN Sustainable Development Goal (SDG) 3: Good Health and Wellbeing: it is designated target SDG 3.8. Progress is jointly tracked by WHO and the World Bank using two indicators, 3.8.1 (coverage of essential health services is made up of four categories: reproductive, maternal, newborn and child health; infectious diseases; non-communicable diseases; and catastrophic health spending and 3.8.2).[4]

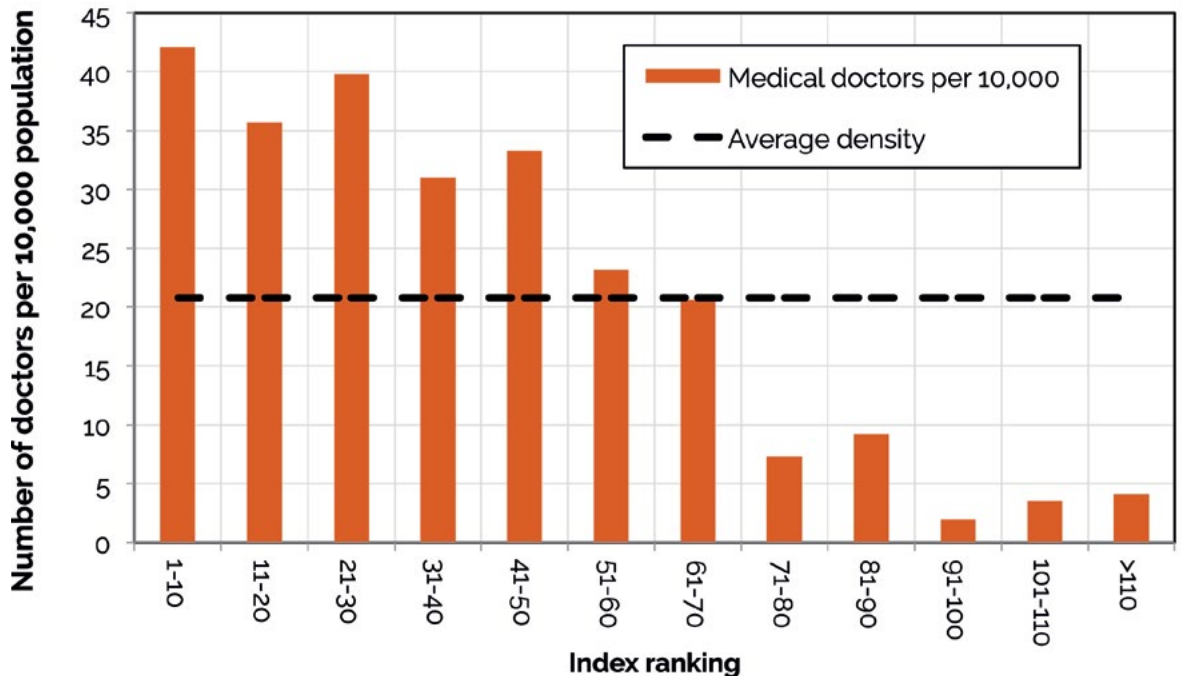
The WHO has set a target for all countries to achieve UHC by 2030 but this goal is unlikely to be met.

Our analysis not only finds that countries which invest in UHC perform better on our Index, but that there's a strong correlation between UHC scores and health span, meaning countries that invest in UHC also have healthier populations. Countries in the top 30 of our Index have an

*This graph uses 2019 data from wave 1 which ranked 121 countries

average UHC score of 81.6 and an average health span of 71 while those in the bottom 30 have an average UHC score of 50.1 and their health span is only 55.[5]

On average, countries that rank in the bottom half of the Index have four times worse access to qualified medical doctors than those that rank in the top half of the Index



- High ranked countries have the most medical doctors with over 40 per 10,000 population. Countries ranked between 11 and 40 have around 35 per 10,000.
- Countries ranked 70 or worse fall to an average of only five per 10,000.**
- According to the WHO and World Bank, at least half of the world's population cannot obtain essential health services.

What happens next?

Over the last five years, ILC has engaged world leaders and policy makers at over 20 global events, including the G20, G7, World Health Assembly, World Congress on Public Health, the United Nations General Assembly, and World Health Summit. We want to move the needle on preventative health and healthy ageing. Following our work:

- We've had health ministers endorse our Index
- We helped convince G20 Ministers in Japan to commit to a joint focus on the prevention of ill health across the life course in 2019.
- We informed the WHO's and UN's joint Decade of Healthy Ageing (2020-2030), as well as the WHO Immunisation Agenda 2030, which led to a new chapter on life course and adult immunisation being added.

**This graph uses 2019 data from wave 1 which ranked 121 countries

But we need to see faster progress. As a starting point, we call for all governments to **spend at least 6% of their health budgets on preventative health**. Once this is achieved, continue to align prevention spending to the preventable disease burden.

We also urge governments to invest in four areas:

Systems designed for prevention

Making this happen will first require a step change in commitment to prevention. We need more investment, and better, more integrated strategies and structures to support the prioritisation of and access to prevention and drive efficiency in healthcare delivery. To help make a prevention-based approach easier to implement, we should address perverse incentives that deprioritise prevention and modernise payment models to support it.

Inspiring and engaging key actors

We need to inspire and engage key actors in the prevention agenda. This includes policymakers, healthcare professionals (HCPs) and individuals. Policymakers decide how health budgets are spent, and whether and how to prioritise prevention. HCPs deliver vital preventative interventions and play a key role in encouraging people to take them up. Individuals make decisions every day that impact their health – whether to access services, take up healthy behaviours, or use medication.

However, at the moment we lack appropriate accountability and incentives for governments to invest in prevention. And advocates for prevention do not speak with a united voice, which makes the message easier to ignore. We aren't using the extended healthcare workforce effectively to support the prevention agenda, and a shortage of HCPs, along with a lack of interprofessional collaboration and poor working conditions, is contributing to lower quality and equity of care, and poorer health outcomes. At the same time, individuals who need preventative services, particularly those from marginalised groups, may distrust public health bodies and the healthcare system. There's also a lack of clear communication around prevention due to capacity constraints across the healthcare workforce, and, in many cases, government reluctance to intervene in people's health. In addition, people face a range of barriers and disincentives to making and keeping up healthy choices.

Democratising access to prevention

We must remove the barriers to preventative interventions, allowing those who need them to access them. Delivering prevention in people's communities, workplaces and homes is one way of breaking down barriers that relate to poverty, geography, and disability and ill health. Implementing person-centred approaches and targeting tailored services to populations at particular risk, such as social minorities, are also critical. The high cost of health care interventions can be a barrier to individuals. Also, lack of integration across different health and care services can leave people falling through the cracks. And in some cases, older adults are locked out of preventative health interventions by ageist assumptions and/or explicit age barriers.

Using technology effectively

There are a huge range of ways in which technology can support the prevention agenda and

democratise access to preventative interventions. We can use big data to support targeted interventions; help HCPs to deliver support; and connect individuals directly to preventative healthcare. However, there are currently a number of barriers to realising the potential of technology. A lack of data privacy standards and interoperability between systems; a lack of trust in the sharing of personal data; and the costs incurred by healthcare providers mean we're failing to realise the potential of data sharing. Poor infrastructure and poor digital literacy means that digital exclusion prevents many from using technologies. Failure to include users when designing technology also means take up is low, particularly among those who most need access to support. Financial and other incentives are also poorly aligned within healthcare systems, and HCPs don't always have the skills they need to support the use of digital technology. There's also a lack of transparent, systematic health technology assessment (HTA) frameworks for digital solutions to provide a clear route from business innovation to widespread adoption by healthcare providers.

To further urge governments to prioritise healthy ageing and prevention, we've established the Healthy Ageing and Prevention Coalition bringing together over 30 individuals and organisations at the forefront of the healthy ageing debate. The Coalition wants all global citizens to have the equal opportunity to age healthily and for individuals, society and decision makers to realise the benefits that come with longevity.

The Coalition's purpose is to:

- Drive forward and communicate key messages from the Healthy Ageing and Prevention Index and other global health publications, including continuing to demonstrate the health and economic case for investing in preventive health measures.
- Elevate the importance of prevention among global policy and decision makers, respond to key policy developments and calls to action and hold governments to account.
- Influence change to ensure prevention is at the heart of global health policy.

More information can be found here: Join the Coalition - ILCUK

Poor health isn't an inevitable consequence of an ageing population – but we will see a growing burden of preventable disease if governments continue to stand by. And while we've seen significant improvements in fundamental health measures like life expectancy and healthy life expectancy, our Index demonstrates, that the world is facing a downward trajectory. Without swift action, we won't be able to reverse it.

Further information

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We would welcome comments or articles for future editions. These should be addressed to **policy@agecymru.org.uk**

Editorial Board for this issue of EnvisAGE

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