



Public Health
England

Protecting and improving the nation's health

A Menu of Interventions for Productive Healthy Ageing

For pharmacy teams working in
different settings

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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With thanks to the Task and Finish Group, membership of which includes Alastair Buxton, Alison Hemsworth, Graham Jones, Hayley File, Margaret MacRury, Susan Mitchell and Tess Fenn, for their active participation on the development of this document.



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Published: March 2019

PHE publications

gateway number: GW-113

PHE supports the UN

Sustainable Development Goals



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Introduction

The Menu of Interventions (MOIs) for productive health ageing is a guide that pharmacy teams working in different healthcare settings can use to support older people to improve the quality of their lives. It suggests opportunistic, evidence-based interventions that can help provide benefits for healthy ageing. For example, supporting older people and their carers to prevent or reduce falls, increasing levels of physical activity, maintaining a healthy weight, reducing the risk of social isolation and loneliness, reducing the risk of dementia, supporting people diagnosed with dementia, delaying the progress of dementia and reducing the need for medicines.

This is a menu of interventions that could be undertaken by pharmacy teams in the different sectors. It is recognised that not all pharmacy teams will undertake all of these interventions, but that they will provide some interventions opportunistically and others will be commissioned locally. Commissioners will commission services that are appropriate for local need and will specify the quality of services as well as the skill set required to deliver specified services.

The MOIs is likely to be of particular interest to teams within Healthy Living Pharmacies (HLPs) who are looking for new health promoting interventions they could undertake as part of their commitment to being an HLP. Community pharmacies are one of the most embedded healthcare settings, often in some of our most deprived communities, which provide great opportunities for them to be powerful advocates for change.

The publication of the NHS Long Term Plan and the launch of the new Primary Care Network Contract, builds on the existing commitment of 2,000 additional clinical pharmacists working in primary care, so that primary care networks can recruit many more clinical pharmacists over the next 5 years. This provides great opportunities for pharmacists to engage in discussions on productive health ageing in their daily interactions.

This document will also be of interest to Local Pharmaceutical Committees (LPCs), Local Medical Committees (LMCs), Local Professional Networks (LPNs), local authorities, clinical commissioning groups and local NHS England teams. Some of the interventions listed may prompt ideas for local public health campaigns or service development opportunities that fit with local commissioning priorities.

Hospital pharmacy teams also have an opportunity to support older people to lead healthier lives and can embed health promoting interventions in their everyday practice, in addition to their medicines optimisation role. Pharmacy teams working in the hospital sector and in care homes have a huge opportunity to support older people, for example, by reviewing their medicines to see whether they may cause falls (and consider

changing them, if appropriate) or by encouraging older people to increase their physical activity, reduce alcohol intake, maintain a healthy weight and balanced diet.

The Centre for Pharmacy Postgraduate Education (CPPE), funded by Health Education England (HEE), provides a range of e-learning resources on topics such as **Dementia** and **Older people**. Pharmacy staff may want to use these learning materials to better support older people to live healthier lives to support productive healthy ageing (see infographic).

The references highlighted in this guide provide some useful examples that could be adapted, including a **Seven-Step framework** for creating dementia friendly environments within a pharmacy, developed in Greater Manchester. Additionally, the Royal Society for Public Health (RSPH) published **Everyday interactions – measuring the public health impact of healthcare professionals** in June 2017, which supports healthcare professionals to record their interactions with individuals, and to collate and analyse the data to provide evidence of how interactions have improved patient outcomes.

Pharmacy teams are encouraged to record their interventions, as this helps to demonstrate the types of interventions that pharmacy teams are engaging in and the positive impact that pharmacy teams make to the lives of older people. It also helps to build the evidence base of public health interventions and behaviour change that pharmacy teams are engaging in and can help support service development, greater commissioning and potential future funding.

Productive healthy ageing

Our goal: To change the way people think about ageing, and for older people to have a longer, healthier life with meaning, purpose and a sense of belonging.

Productive Healthy Ageing includes improved health and wellbeing, increased independence and resilience to adversity, the ability to be financially secure through work and build resources, engagement in social activities, being socially connected with enhanced friendships and support, and enjoying life in good health.¹



Falls prevention

The number of people aged 65 and over is projected to rise by over 40% in the next 17 years to more than 16 million.² 30% of people aged 65 and over will fall at least once a year.² For those aged 80 and over it is 50%.² A fall can lead to pain, distress and loss of confidence, mobility and independence. In around 5% of cases a fall leads to a fracture and hospitalisation, which is costly to the health service, as well as distressing for the patient.² There are around 255,000 falls-related emergency hospital admissions per year for older people in England and the annual cost of hip fractures to the United Kingdom (UK) is estimated at being around £2 billion.²

Pharmacy teams are in a good position to provide consistent and effective advice to reduce falls and fracture risk factors in the ageing population. These risk factors include low levels of physical activity or inactivity, low body mass index (BMI), high alcohol consumption and smoking.³ Pharmacy teams could advise older people to be active every day, encourage a healthy body weight and balanced diet, as well as advise on reducing alcohol intake and stopping smoking.

Take control of your health:

Supporting falls prevention

Thirty percent of people aged 65 and over will fall at least once a year. For those aged 80 and over it is 50%.

1 Falls are the number one reason older people are taken to the emergency department in a hospital

2 In around **5%** of cases a fall leads to a fracture and hospitalisation

3 Unaddressed fall hazards in the home are estimated to cost the NHS in England **£435 million**

All adults should undertake muscle strengthening activity, such as

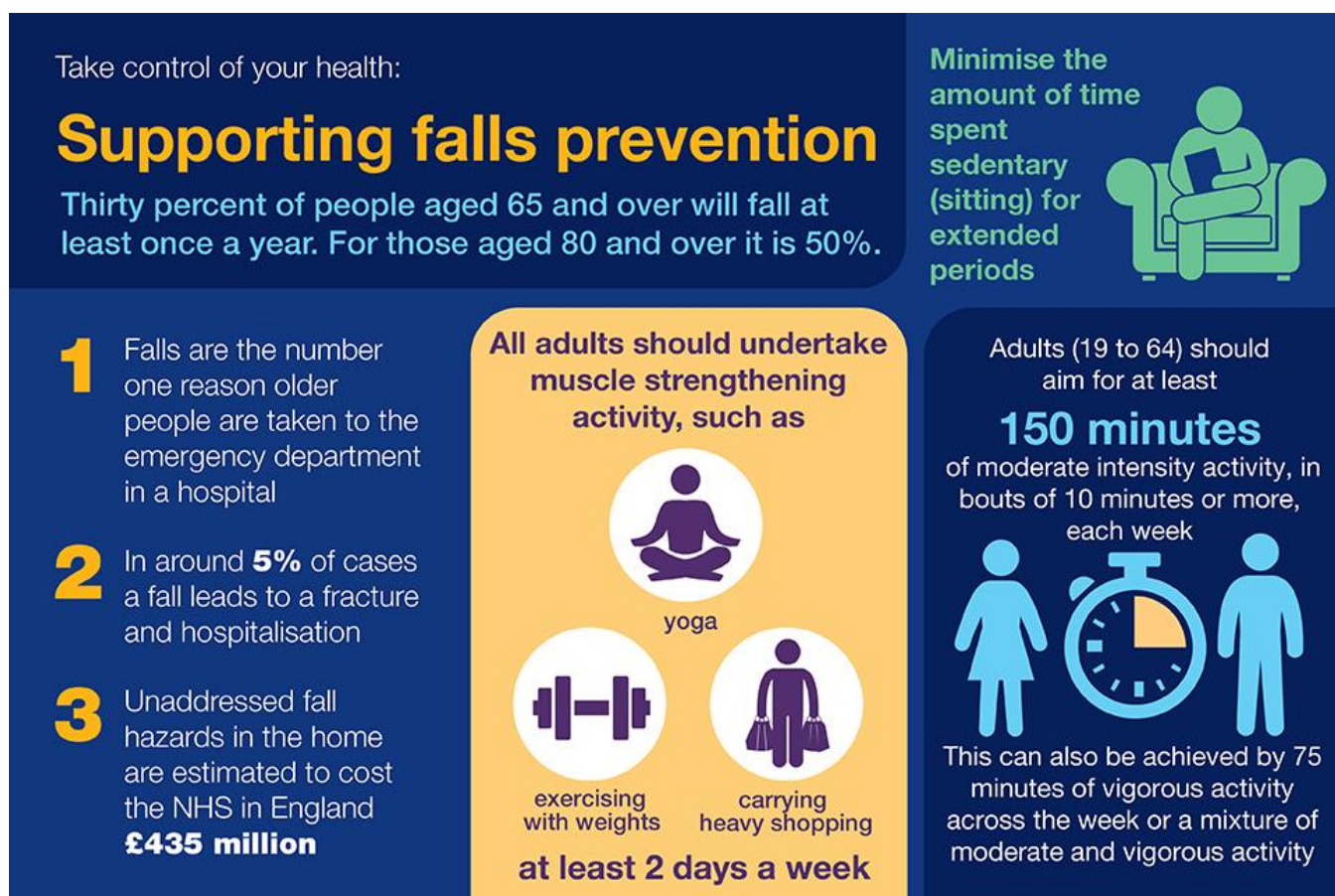
- yoga
- exercising with weights
- carrying heavy shopping

at least 2 days a week

Minimise the amount of time spent sedentary (sitting) for extended periods

Adults (19 to 64) should aim for at least **150 minutes** of moderate intensity activity, in bouts of 10 minutes or more, each week

This can also be achieved by 75 minutes of vigorous activity across the week or a mixture of moderate and vigorous activity



Aim	Rationale	Suggested interventions	Impact
<p>Primary and Secondary Falls Prevention</p>	<p>Falls are associated with a significant risk to functional independence for older people. Pharmacy professionals can play an important role in optimising the use of medicines to help prevent falls, and are in a good position to provide consistent and effective advice to reduce falls and fracture risk factors for older people.³</p>	<p>Risk Prevention</p> <ul style="list-style-type: none"> • Identify older people at risk of falling and assist them to minimise their risk of falls using the principles of Making Every Contact Count (MECC). • Provide a home safety checklist to identify potential hazards for falls. The Centres for Disease Control and Prevention (CDC) and Get up and Go resource, provide exemplar checklists and suggestions on how to prevent falls. • Optimise use of medicines. • Encourage a discussion on falls prevention, for example, during relevant conversations about medicines use including Medicines Use Reviews. It may be helpful to ask the patients if: <ul style="list-style-type: none"> ○ They have had a fall in the last 12 months ○ They are frightened of having a fall ○ They want or can do anything to prevent falling – this may prompt them to find their own solutions or highlight if further support is required, such as falls prevention advice from the Get up and Go resource or NHS website. • Consider referring those identified as being at ‘high risk of falls’ to, for example, a local falls service. • Promote a healthy balanced diet. Calcium and vitamin D are important for good bone and muscle health.⁴ Government advice is that everyone should consider taking a 10 microgram vitamin D supplement in autumn and winter. Those who 	<ul style="list-style-type: none"> • Reduce the number and severity of falls • Optimise the use of medicines • Reduce hospital admissions from falls • Reduce the incidence of hip fractures • Improve mental health and reduced prevalence of depression • Increase life expectancy • Improve confidence, independence and quality of life • Improve balance and mobility

		<p>have little or no exposure of their skin to the sun, risk vitamin D deficiency and need to take a supplement throughout the year.</p> <ul style="list-style-type: none">• Refer to local Authority reablement services (eg Meals on Wheels, carer support, etc), where necessary.	
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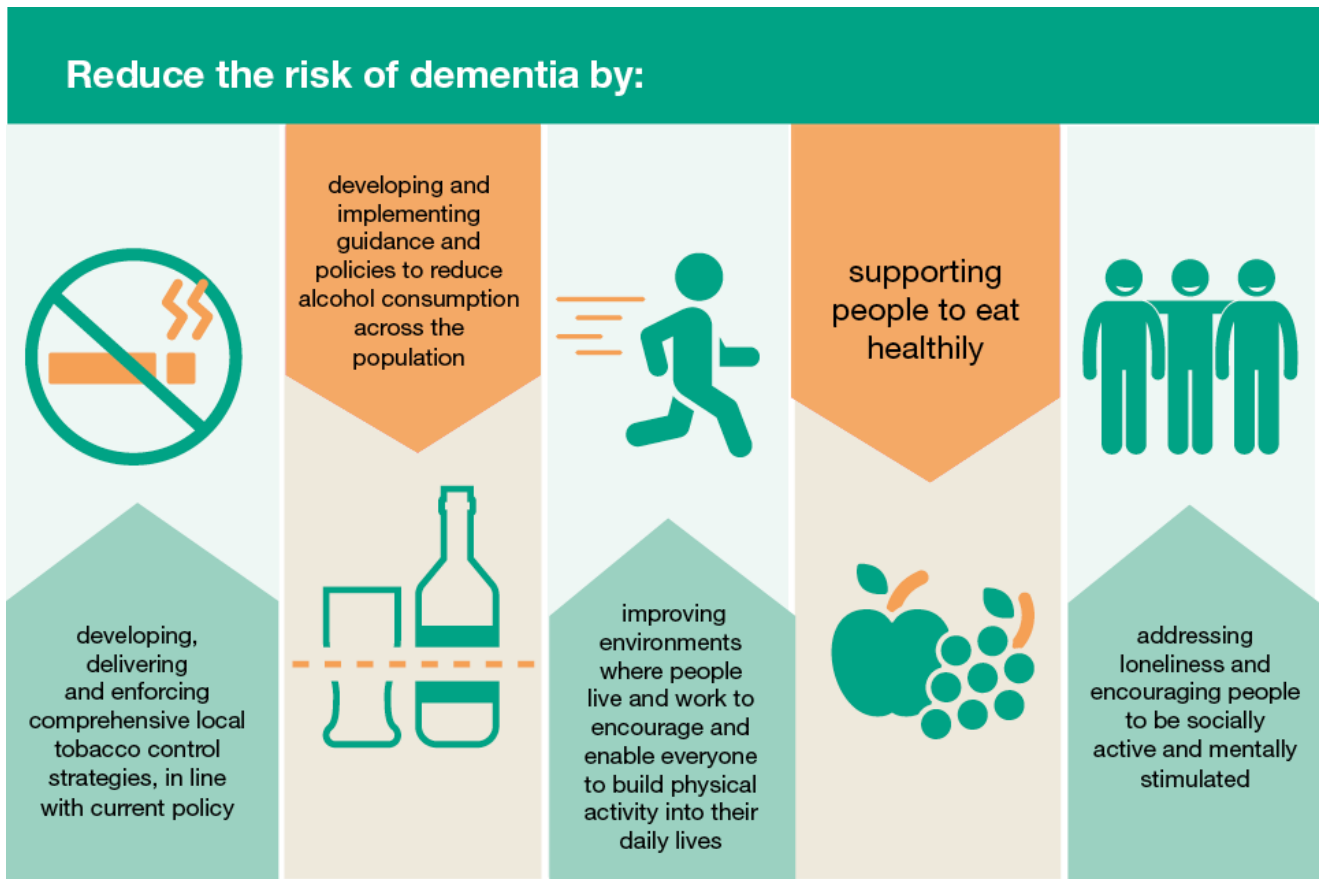
Dementia

Over 850,000 people in the UK have dementia and this number is rising.⁵ There is currently no cure for dementia.⁵ It is a progressive disease and the symptoms are likely to get worse.⁵ The Alzheimer's Society recently reported that dementia costs over £26 billion a year to the system.⁵

The Dementia Friends (DFs) initiative was launched by the Alzheimer's Society to raise awareness of dementia and how people can be supported to live well with dementia. Pharmacy teams working in all sectors are ideally positioned to become dementia friends and help patients and their carers to reduce the risk and progression of dementia by supporting them to make positive choices about their health and signposting to other forms of support.

In 2017, NHS England announced a scheme that enabled community pharmacies to qualify for quality payments, if they satisfied certain defined criteria. One of the Quality Payment criteria was that at least 80% of pharmacy staff in patient facing roles, including locum pharmacists, are Dementia Friends (DFs).⁶ Currently 10,886 patient-facing staff in community pharmacies are DFs⁷, which is a great achievement.

This provides an enormous opportunity for enhancing the contribution pharmacy teams can make to improve the lives of people with dementia and their carers. Another way forward would be to think about how pharmacy teams could create a more dementia friendly environment.



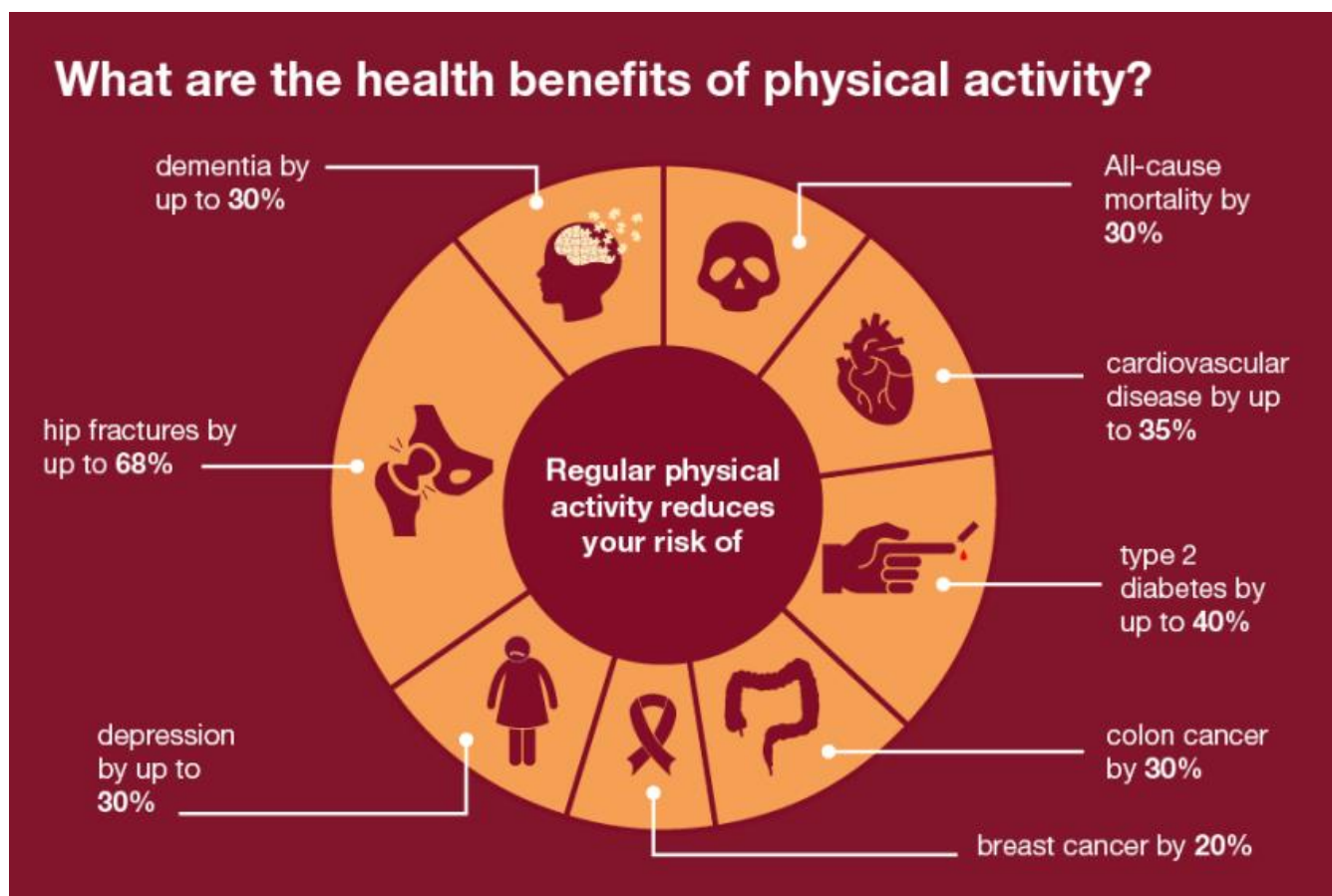
Aim	Rationale	Suggested interventions	Impact
Dementia Friendly Pharmacy	Over 850,000 people in the UK have dementia and this number is rising. ⁵ As the majority of people with dementia live in the community, there is an increasing awareness of the need to ensure that communities and professionals are appropriately equipped to support people living with dementia.	<p>Environment⁸</p> <ul style="list-style-type: none"> • Explore whether external and internal signage within the pharmacy is clear or whether destinations (eg entry, exit, pharmacist, cash register) could be made more visible. • Assess whether the number of objects that can ‘clutter’ the view and distract or confuse could be reduced. • Assess whether a place for people to sit could be offered in a part of the pharmacy where the staff can easily be seen. • An assessment could be made on whether the pharmacy environment has appropriate lighting. <p>Communication with people diagnosed with dementia and their carers⁹</p> <ul style="list-style-type: none"> • Training staff in how best to communicate with people with dementia and their carers is encouraged for all patient-facing staff. Health Education England (HEE) provides Tier 1 dementia awareness training and the Dementia Core Skills Education and Training Framework. 	<ul style="list-style-type: none"> • Improves the environment for those with early signs of dementia, people with diagnosed dementia and their carers
Dementia Risk Reduction	Smoking, high blood pressure, high cholesterol, type 2 diabetes, obesity and heart problems are all risk	<p>Lifestyle¹²</p> <ul style="list-style-type: none"> • Using ‘MECC principles’, staff could consider offering brief advice to ‘at risk groups’ in mid and later life to support lifestyle changes, eg support to stop 	<ul style="list-style-type: none"> • Reduce risk of dementia • Slow the onset and progression of

	<p>factors for dementia.¹⁰ Up to 30% of cases of dementia may be avoidable through modifiable lifestyle and health factors.¹¹ Broadly, 'What is good for your heart is good for your brain'. However, most people are not aware of this potential. Opportunities to raise awareness and understanding of dementia risk reduction at mid-life are critical.</p>	<p>smoking, increasing physical activity, maintain a healthy weight and balanced diet (as depicted by the Eatwell Guide), and/or alcohol consumption.</p> <ul style="list-style-type: none"> • If an individual is aged 40-74 without pre-existing clinical conditions and has not had an NHS Health Check in the last 5 years, pharmacy staff could refer the person to their local NHS Health Check service, for example at another local pharmacy or GP practice, if the pharmacy does not provide the service themselves. The NHS Health Check dementia leaflet has been developed to support people with dementia aged 65-74 years of age, during their appointment. • Staff could provide information about dementia, dementia risk reduction and/or national and local support groups. A range of resources can be ordered and accessed from Alzheimer's Research UK and the Alzheimer's Society websites. The NHS Health Check provides training resources on dementia and a 30-minute dementia awareness training tool for practitioners and NHS Health Check providers. • Local Authorities can be another source of advice and information for people with dementia and their carers. 	<p>dementia</p>
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Physical activity

Physical inactivity not only has consequences for health, it also places a substantial cost burden on health services, through the treatment of long-term conditions and associated acute events such as heart attacks, strokes, falls and fractures, as well as the costs of social care arising from the loss of functional capacity.¹³ As more of us live longer, there will be huge potential to derive benefits to health and social care services from increasing physical activity. Older adults at risk of falls should be advised to incorporate physical activity to improve balance and co-ordination on at least 2 days per week.¹⁴

Examples include walking, Tai Chi, yoga, dance, tennis, gardening and flexibility training, if possible. A review of research suggests that strength and balance exercise programmes reduced the rate of falls by around 30%.¹⁵ Those who are frail or have very low physical or cognitive function, perhaps as a result of chronic diseases such as arthritis, dementia or very old age itself can also benefit from increased physical activity.¹³ This group requires a therapeutic approach, eg falls prevention programmes.¹³ There is good evidence that physical activity programmes which emphasise balance training, limb co-ordination and muscle strengthening activity are safe and effective in reducing the risk of falls.¹³



Aim	Rationale	Suggested interventions	Impact
<p>Increasing Physical Activity</p>	<p>As adults age, their contact with and trust of GPs increases, but one study has shown 70–80% of professionals do not speak to patients about physical activity.¹⁶ We know that older people do visit pharmacies to collect their repeat prescriptions and seek advice for the management of common conditions. This provides an opportunity to use these interactions to talk about the health benefits of physical activity. These discussions will of course not be appropriate for every discussion with an older person, but where appropriate, the discussion on improving their physical activity could bring many benefits to their health and wellbeing.</p>	<ul style="list-style-type: none"> • Through conversations, staff could raise the health harms associated with physical inactivity with individuals, the health benefits of increasing physical activity and the risks of sedentary behaviour. • The NHS Choices factsheet, could be used to identify inactive individuals, who could then be provided with advice about increasing physical activity. • Pharmacy teams could consider linking with local leisure centres and swimming pools, who can offer free or paid for sessions, aimed at all ages. • A discussion with the older person about what simple interventions they may want to engage in everyday to boost their activity levels. • Pharmacies could consider hosting a walking programme, which could over time become self- supported. Some pharmacies already do this eg Greenlight Pharmacy in Euston • Pharmacy teams could consider recommending people to search on local authority websites for information on local walking and cycling opportunities, local leisure facilities, etc. The Ramblers, a charity promoting the benefits of walking, provides information on local walking opportunities across the country. 	<ul style="list-style-type: none"> • Increase number of people meeting physical activity guidelines • Reduce the number of inactive adults • Improve sleep quality • Improve strength and mobility • Improve weight • Improve physical, mental and emotional health

Social isolation and loneliness

One million older people in the UK can go for a whole month without speaking to a friend, neighbour or family member.¹⁷ Social isolation is associated with an increased risk of coronary heart disease, in part, because social isolation and feelings of loneliness can be a physical or psychosocial stressor resulting in an increased risk of stress related chronic inflammatory response and behaviour that is damaging to health, such as smoking. Social isolation is common amongst older men, particularly those who live alone.

Certain life events (sometimes called trigger points) seem to increase the risk of feeling lonely. They change a person's relationships or their need for them, creating a mismatch between the two. Loneliness can affect carers, many of whom are women and are older. More than 8 in 10 unpaid carers described themselves as lonely or socially isolated due to their caring responsibilities.¹⁷

Pharmacy teams have the opportunity to recognise people's social wellbeing, and explore how they can identify, refer and better support those at risk of feeling lonely. They can play a pivotal role in recognising people who may be at risk of feeling lonely and have a supportive conversation to promote social connections, thus promoting good mental health across the population.



Aim	Rationale	Suggested interventions	Impact
<p>Reduce social isolation and loneliness</p>	<p>Loneliness and social isolation are known risk factors for various health related problems among older people, including risk of premature death.¹⁸ Pharmacy teams could play an important role by identifying ways in which older adults can avoid becoming socially isolated, along with identifying and supporting older adults to look after their mental health and social wellbeing.</p>	<ul style="list-style-type: none"> • Identify older adults most at risk, by either using the list of indicators on the “Campaign to end loneliness” website or from individual conversations with older people and signpost them into local community activities and support (such as the Jo Cox Foundation and “Campaign to End Loneliness” or local village agent projects, e.g. Somerset). Age UK also has a number of resources and support available to individuals (such as Age Champions). • Look for risk factors such as those who live alone, have a low income, have poor health, have been recently bereaved or are carers, and consider signposting them to local interventions such as group interventions involving some form of educational training, arts or social activity. Details will be available from the local Age UK and/or Local Authority Public Health teams. 	<ul style="list-style-type: none"> • Improve mental health and wellbeing • Improve confidence, independence and quality of life

Malnutrition

Malnutrition impacts on every system of the body. It reduces the ability to fight infections, increasing the risk of pneumonia and septicaemia. Muscle density reduces, decreasing mobility and increasing the risk of falls. Wounds heal more slowly and there is an increased risk of pressure sores/ulcers. Finally, malnutrition can impact on the body's ability to regulate temperature, leading to an increased risk of hypothermia.¹⁹

Government advice on a healthy, balanced diet is encapsulated in the UK's national food guide, **the Eatwell Guide**. The Eatwell Guide shows the proportions in which different types of foods are needed to have a well-balanced and healthy diet. Most older adults should follow a diet in line with the Eatwell Guide, but those who are underweight may need more energy/nutrient-dense foods and drinks. Even where individuals may be at risk of malnutrition, it is prudent to avoid relying too heavily on food and drinks that are high in saturated fat and free sugars to meet increased requirements for energy and other nutrients.²⁰



Aim	Rationale	Suggested interventions	Impact
<p>Malnutrition and Undernutrition Reduction</p>	<p>Both physiological and psychosocial factors can affect the nutritional status of older adults, leading to high rates of undernutrition and malnutrition.²¹ Identifying and treating malnutrition is an important prevention programme which will, in the long term, reduce the need for both health and social care. Pharmacy teams can help to identify older people at risk of malnutrition and can provide them with the appropriate knowledge and resources.</p>	<ul style="list-style-type: none"> • Identify older people at risk of malnutrition – including those with limited income, poor appetite, poor dentition, mobility issues or disabilities that make it difficult to buy and/or prepare food, mental health issues, dysphagia, as well as people who are socially isolated, have a chronic illness, have experienced unintentional weight loss or changes in appetite, or are experiencing physiological changes (such as decreased bone mass, immune dysfunction, anaemia and poor wound healing).²¹ • Undernutrition can lead to nutrient insufficiencies. Pharmacy teams can remind people of government advice on vitamin D supplementation. • Raise awareness with older people of the complications of malnutrition or being underweight, and signpost them to information sources or guides on eating well and having a healthy balanced diet (eg The British Dietetic Association factsheet on malnutrition and the NHS Choices website). 	<ul style="list-style-type: none"> • Improve weight • Improve physical, mental and emotional health

		<ul style="list-style-type: none">• If you think a person may be malnourished:<ul style="list-style-type: none">○ Encourage a balanced diet, including frequent meals and snacks.○ Encourage them to make an appointment with an appropriate health care professional, such as a registered dietitian.○ Talk to them about their eating habits and weight/recent weight loss - ask them questions to open up the conversation, eg “Tell me what you had to eat yesterday”.○ Encourage them to attend social events which include meals, such as lunch clubs. Some examples are hosted by The Royal Voluntary Service and Salvation Army.	
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Improving public mental health

Mental health is more than the absence of mental illness. It is described as a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community²². Mental health is therefore of universal benefit to all and underpins our health and functioning throughout life.

In any given year, one in 6 adults experience at least one diagnosable mental health problem. Mental health problems are the second leading cause of morbidity in England. Half of all mental health problems have been established by the age of 14, rising to 75% by age 24. Mental health problems are unevenly distributed across society with disproportionate impacts on people living in poverty, those who are unemployed and those experiencing discrimination.²³ Providing the right training and building the capacity of the workforce to promote mental health and wellbeing and prevent mental illness is essential if we are to reduce health inequalities and increase skills in enabling people to recognise and manage their health and wellbeing.



Aim	Rationale	Suggested interventions	Impact
<p>Improving public mental health</p>	<p>Pharmacies are good settings for improving population mental health and for addressing local priorities in public mental health (PMH).²⁴ PMH includes the 3 strands of promoting good mental health across the population, preventing mental illness and suicide and improving the lives of people with mental illness.²⁵ Pharmacy teams can play a key role in identifying and supporting older adults to look after their mental health and wellbeing.</p>	<p>Risk Prevention</p> <ul style="list-style-type: none"> Pharmacy teams could undertake training in mental wellbeing brief intervention (eg Connect 5, mental health first aid) and become mental health champions, so that every contact with a healthcare professional is a mental health enhancing opportunity (MECC for mental wellbeing and MECC plus to address the social determinants). Provide information on, signpost to, or even provide a venue for community psycho-social or psycho-educational interventions. These might be part of a local community referral or social prescribing scheme whereby people with low levels of mental wellbeing/sub-clinical threshold for common mental health disorders/ or recovering from mental illness, drug or alcohol issues can access psycho-social support eg mindfulness, anger management, arts, exercise, debt advice, housing advice. These also help to address a common factor of loneliness or social isolation through establishing connections with local assets and online resources eg Every Mind Matters. See also NICE guidance and HEE’s resource on social prescribing. 	<ul style="list-style-type: none"> Promote good mental health and wellbeing Prevent the development and escalation of mental health problems Improve the lives of people struggling with and recovering from mental health problems Prevent suicide

Further information, tools and resources

Royal Pharmaceutical Society. Medicines Optimisation. Depression: How can you encourage medicines optimisation for patients with depression?

www.rpharms.com/resources/ultimate-guides-and-hubs/medicines-optimisation-hub

Public Health England (PHE), 2017. Health Matters on Productive healthy Ageing and Musculoskeletal health (MSK). Retrieved from:

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Dementia Friendly Businesses – Alzheimer’s Society UK:

www.alzheimers.org.uk/info/20079/dementia_friendly_communities/361/dementia_friendly_businesses

Public Health England (PHE), 2017. Falls and fracture consensus statement:

Supporting commissioning for prevention. Retrieved from:

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Greater Manchester Combined Authority (GMCA,) 2016. Seven Steps to becoming a Dementia Friendly Pharmacy Practice. Retrieved from:

psnc.org.uk/bolton-lpc/wp-content/uploads/sites/67/2016/07/GM-Dementia-Pharmacy-Framework-Oct-16.pdf

The Royal Society for Public Health (RSPH), 2017. Everyday interactions: Measuring the public health impact of healthcare professionals. Retrieved from:

www.rsph.org.uk/uploads/assets/uploaded/2c2132ff-cdac-4864-b1f1ebf3899fce43.pdf

Centre for Pharmacy Postgraduate Education (CPPE) range of e-learning on dementia and older people, eg Dementia Friends and focal point:

www.cppe.ac.uk/programmes/l/dementiafr-w-03/

A Guide to Promoting Physical Activity in Primary Care – NHS Scotland, P.25 – Older Adults:

www.kingsmillsmmedicalpractice.co.uk/website/S55817/files/ScotPASQ-EnergisingLives.pdf

Campaign to End Loneliness - Guidance for Local Authorities and Commissioners:

campaigntoendloneliness.org/guidance/

Malnutrition Task Force: Malnutrition Factsheet:

www.malnutritiontaskforce.org.uk/resources/malnutrition-factsheet/

Dorset's Nutritional Care Strategy for Adults:

www.malnutritiontaskforce.org.uk/prevention-programme/purbeck-in-dorset/the-dorset-nutritional-care-partnership/

Reablement services:

www.scie.org.uk/socialcaretv/video-player.asp?guid=7f99fdd1-0e82-47c9-adb9-b939284397fc

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