



**Enhanced Care for Older People
Learning Session Number 29
Menopause and Ageing Well
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NENC ICB**

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Session Aim & Linked Competencies

Aim: To increase awareness and understanding of what menopause is , the impacts of menopause and how we can support ageing well for ourselves and older people we work with

Linked EnCOP Domains:



Domain A: Values, Attitudes and Ethical Practice

Domain B: Evidence Based Care : Supporting learning, leadership and improving care for older people

Domain C1: Partnership working and communication with older people, families and others

Domain D3 : Ageing Well : Promoting & Supporting Independence, Autonomy & Community Connectivity for Older People

Domain D4: Ageing Well: Promoting and supporting holistic physical health and wellbeing with older people

Domain D5: Ageing Well: Promoting and supporting holistic psychological health and wellbeing with older people

What is the menopause and what should I expect?

Jacqui McBurnie, NENC ICB Menopause Lead

Menopause definition

Menopause: A biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life. Usually, it is defined as having occurred when a woman has not had a period for 12 consecutive months (for women reaching menopause naturally). The changes associated with menopause occur when the ovaries stop maturing eggs and secreting oestrogen and progesterone.

Perimenopause The time in which a woman has irregular cycles of ovulation and menstruation leading up to menopause and continuing until 12 months after her final period. The perimenopause is also known as the menopausal transition or climacteric.

Postmenopause The time after menopause has occurred, starting when a woman has not had a period for 12 consecutive months.

<https://www.nice.org.uk/guidance/ng23/chapter/Recommendations#diagnosis-of-perimenopause-and-menopause>

Menopause myths

- Menopause is a natural process??
- Menopause is an issue just for women??
- HRT (in the NHS) does not usually include testosterone ??
- HRT causes cancer; this continues to create fear and concern, blocking use??
- Menopause happens in older women, usually around aged 50s??
- The average age of menopause in the UK is 51.....why are averages NOT helpful

Moving from awareness to wellbeing



Risk: breast cancer

Understanding the risks of breast cancer



A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.
Number of women developing breast cancer over the next five years.

November 2010

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week



www.womens-health-concern.org
Reg Charity No. 279631
Company Reg No. 5452221

Women's Health Concern is the patient arm of the BMS.
We provide an independent service to advise, reassure and educate women
of all ages about their health, wellbeing and lifestyle concerns.

Go to www.womens-health-concern.org



www.bms.org.uk
Reg Charity No. 101544
Company Reg No. 02704828

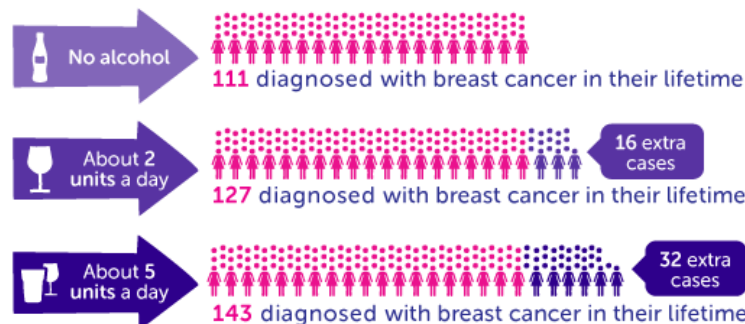
Risk: alcohol

ALCOHOL AND THE RISK OF BREAST CANCER

Of 1,000 women



Who each drink...



Of 1,000 women in England in the past week...



CRUK estimates, Nov 2014, based on Hamajima et al 2002 (cancer risk), and HSCIC 2013 Health Survey for England 2012 (alcohol consumption).
For more information follow this link: <http://bit.ly/1xt4mBc>

Let's beat cancer sooner
cruk.org



The early study from 2002 turned women away from HRT due to fear of breast cancer. However, research shows us clearly that some women who had never taken HRT would get breast cancer.

Breast cancer in UK women has:

- increased by 24% over 23 years
- increased by 5% over 10 years
- dropped by 2% over 3 years

Menopause is not age related

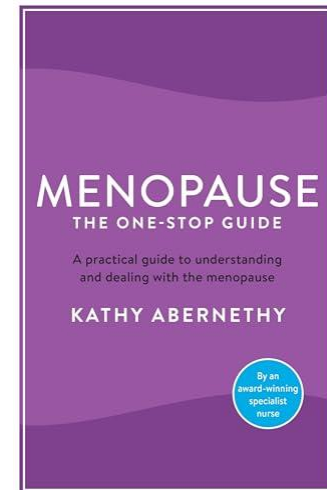
Early Menopause

Age is NOT a definitive marker for menopause; early menopause or **Premature Ovarian Insufficiency (POI)** is diagnosed on a combination of oligomenorrhoea / amenorrhoea (no periods) of more than 4 months' duration associated with elevated hormonal blood tests (gonadotropins FSH >40 iu/l) on at least two occasions measured 4-6 weeks apart in people **under the age of 40**.

<https://www.nhs.uk/conditions/early-menopause/>

[Diagnosis of premature ovarian insufficiency | Diagnosis | Menopause | CKS | NICE](#)

The Daisy Network offer specific advice and support for anyone in early menopause; [Charity for Women with POI | The Daisy Network](#)



Where are the most reliable resources?



There is a wealth of clinical and nutritional expertise; this is helpful as not everyone has physical symptoms, and some people feel that an improved diet can actually help with some aspects such as poor sleep

- Diet and lifestyle changes really can help; keeping a varied diet, exercise and stretching, relaxation therapies can all support
- The British menopause Society has a patient facing and a clinical platform, both offer leading research based advice, guidance and education in various formats; [British Menopause Society - Women's Health Concern \(womens-health-concern.org\)](https://www.womens-health-concern.org) TV: [BMS TV | British Menopause Society \(thebms.org.uk\)](https://www.bms-tv.com)
- The Balance website was established by Dr Louise Newson, a GP specialist and leading menopause campaigner; [Balance - Homepage \(balance-menopause.com\)](https://www.balance-menopause.com)
- Dietary changes or nutritional needs can be accessed here; [Menopause and diet | British Dietetic Association \(BDA\)](https://www.bda.uk.com/en/menopause)

There are a number of celebrity hosted webpages or Instagram accounts re menopause you can find easily via searches depending on your preference; Meg Matthews, Davina McCall, Gabby Logan, Lorraine Kelly, Mariella Frostrup, Lisa Snowden, Penny Lancaster

It is important that we use the medical, clinically based information for our decision making. Celebrity groups, Facebook and support groups are helpful for us to share experiences and gain support. These should ideally not guide our decision making.

Ethnicity matters



Launched in 1994, SWAN is a pioneering multi-site longitudinal study into women's health and the menopause, examining physical, biological, psychological and social changes. This study underlines the need for clinicians to think beyond averages and consider racial heritage. Four studies explore women's brain and heart health during midlife

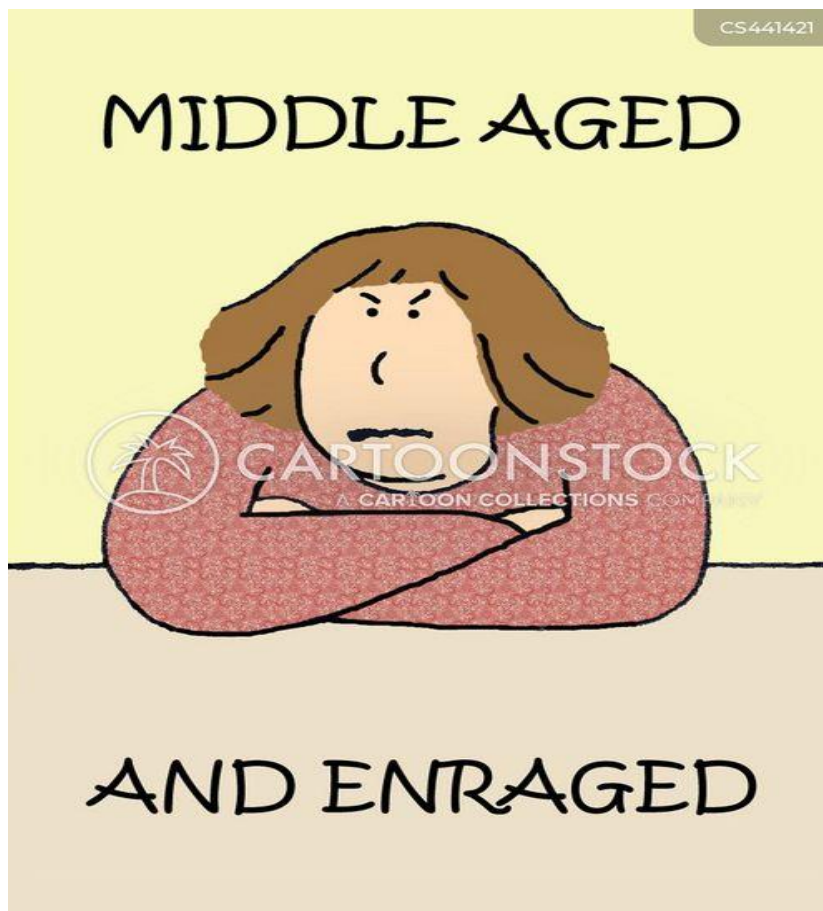
The Practitioner's Toolkit for Managing Menopause underlines that some symptoms appear to be more predominant in some countries. It is therefore critical that all practitioners have individualised discussions with women. As underlined in recent studies from the International Menopause Society's global view of vasomotor symptoms and sleep disturbance, there are variances depending on ethnicity between sleep disturbance, VMS and treatment with MHT.

This has been recently reported in a new study; Race, ethnicity, and socioeconomic status on the severity of menopause symptoms

Language should be sensitive and appropriate for all women – especially women from ethnic minorities who may have a range of words or phrases that do not easily map to English words. This could potentially challenge the ability for the patient to be fully informed.

Where English is not the first language, consider if more time is needed to ensure all points are explored.

Symptoms of menopause



What's HRT for?



There are around 34 most common symptoms related to (and recognised) the menopause, although every individual's menopause is very different.

About 8 in every 10 women will have significant symptoms for some time.

These can have a substantial impact on daily life for some. Some of the most common symptoms are outlined in the nhs website [here](#)

The top six symptoms are;

1. Fatigue
2. hot flushes
3. concentration problems
4. anxiety
5. insomnia
6. recall/memory

The safety of HRT largely depends on age. Healthy women younger than 60 years should not be concerned about the safety profile of HRT. (BMS)

Annual HRT certificate covers MOST medications for 1 year for less than £20;
[NHS Hormone Replacement Therapy Prescription Prepayment Certificate \(HRT PPC\) | NHSBSA](#)

HRT types, use



- If you have a uterus (if you have NOT had a hysterectomy) you will need BOTH estrogen and progesterone. Progesterone encourages you to have a 'breakthrough bleed' to protect the lining of your uterus or womb.
- If you HAVE had a hysterectomy, you will only need estrogen.
- There are a number of benefits too - HRT is explored by the British Menopause Society further [here](#) by Kathy Abernethy.
- This research has since been significantly clarified and the risks **much reduced**, as outlined by NICE [here](#)
- The British Menopause Society provide an info sheet covering all types of HRT here; [HRT-Guide-160516.pdf \(thebms.org.uk\)](https://www.thebms.org.uk/HRT-Guide-160516.pdf)

Estrogen

- Gel, spray, vaginal, tablet, patch – transdermal introduces no risk

Progesterone

- Coil (mirena), tablet

When do I need to stop using or come off HRT?

What does HRT look like?



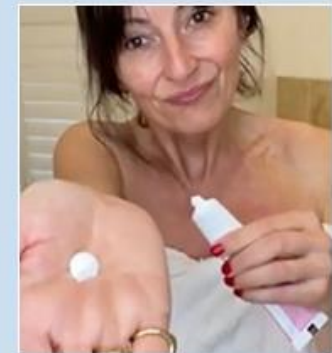
A MODERN SOLUTION TO MANAGING MENOPAUSE: Gel

- Easy to use, ready to use in a convenient, discreet package
- Local action of estradiol provides effective relief of menopausal symptoms
- Transdermal gel gives you control over your hormone therapy
- No oestrogen in the body's own estradiol
- Provides an overall sense of well-being
- Easy to use, ready to use in a convenient, discreet package
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How to Apply

1. Apply to clean, dry skin
2. Rub in gently
3. Allow to dry
4. Wash hands

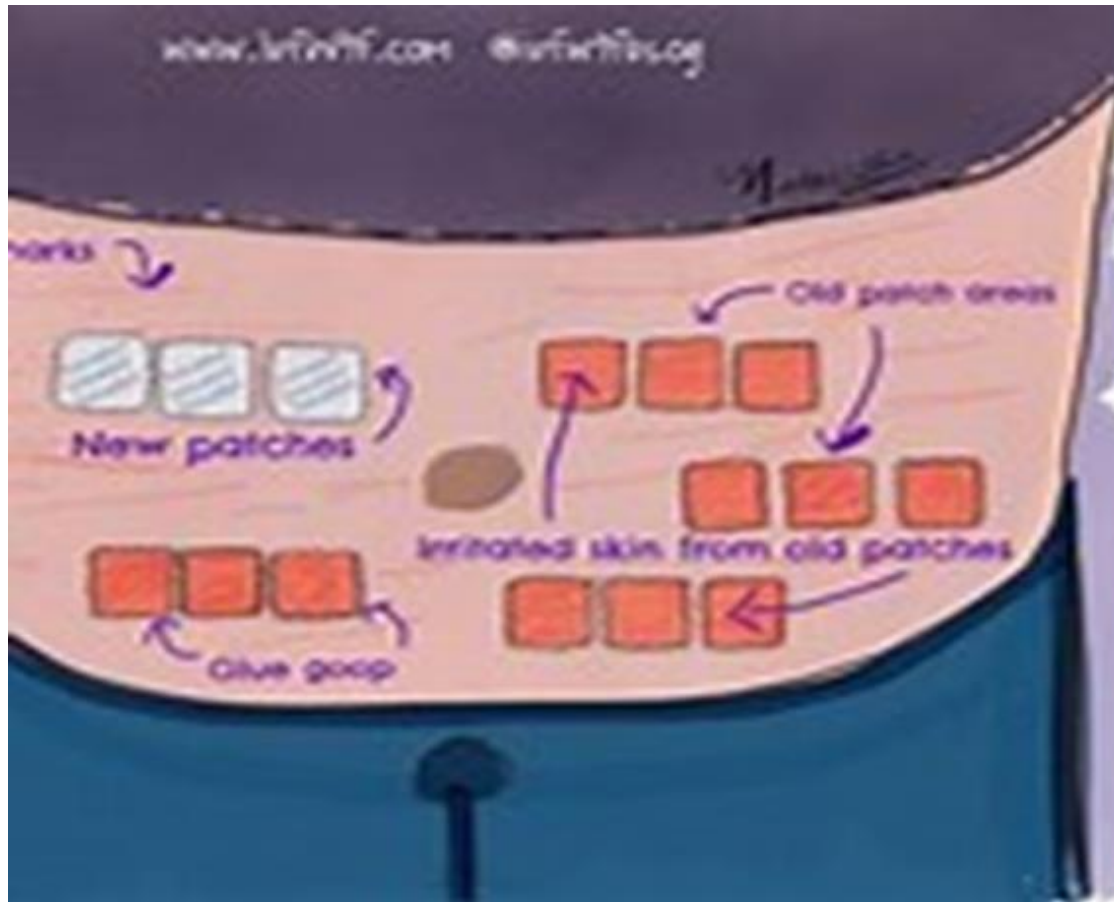
EstroGel (estradiol gel)
The Easy, The Discreet, The Effective



Estradot
Estradiol Derm 100

www.estrogel.com

Sticky patches??



Applying the patch: An Evorel Conti patch is most commonly applied to your thigh or bottom – it is always applied to a hairless area below your waist. Using the notches as a guide, tear along two edges of the pouch and remove the patch. With the protective backing facing you, bend and peel off half the backing. Patches should not be used on or around the breasts or under elasticated parts of clothing (such as waistbands). Each patch contains enough medicine for three to four days, so you will need to change patches twice a week.

Testosterone for women??



The signs and symptoms of low testosterone in woman include:

- Feeling tired or sluggish
- Weakness
- Reduced sex drive
- Decreased sexual satisfaction
- Vaginal dryness
- Disturbed Sleep
- Weight gain
- Mental fog
- Loss of bone density

There are three to four times the amount of estrogen produced by the ovaries. Approximately half of endogenous testosterone and precursors are derived from the ovaries

[Testosterone replacement in menopause | British Menopause Society \(thebms.org.uk\)](https://www.thebms.org.uk)

Testosterone

There are no testosterone products for female use licensed in the UK. The previous license for female testosterone patches was for women with HSDD following surgical menopause on concomitant estrogen; similar efficacy and safety data also exist for natural menopause and for women not using concomitant HRT. The licenses for patches and implants were both withdrawn for commercial reasons.

In the NHS, Testosterone is usually given as a gel, which you rub into your skin. It comes as a gel in a small sachet, and you only need to rub a pea- size amount of this gel into your skin. NICE Guidance on menopause states that testosterone can be considered for those that need it (NG23).

Testosterone can be prescribed on the NHS if the prescriber is familiar with it and is willing to prescribe it 'off licence'. Some prefer not to take this decision and refer to a specialist for advice before prescribing. Other GPs will have prescribing restrictions which mean they are not able to offer it.

Non Hormonal

- Diet changes and supplements;
 - Fibre
 - Omega 3
 - Magnesium
 - Vitamin D

Veozza Fezolinetant

- Available in Private Menopause Clinics, licensed for mod-severe VMS and is non hormonal. Liver function testing is required prior to initiating treatment, observe contraindications and potential side effects
- A 45mg tablet is taken daily, orally to manage VMS
- Awaiting review from NICE and any indications for wider rollout (expected early 2024)

Sleep, signposting

The IMS reports that during the menopause “women have more severe insomnia and worse quality of sleep compared to women of reproductive age”.

Alongside the many detrimental aspects of poor sleep, both functionally and cognitively, the IMS also notes the importance of managing VMS symptoms and the beneficial effects of MHT to improve sleep in this analysis of MHT and its effects on the quality of sleep

Sleep is recognised by many as a symptom of itself but also as a symptom that can exacerbate others; concentration, mood and low energy levels. Many report sleep as a major disruption of the menopause according to the National Institute on Aging. Sleep hygiene advice;

- **Follow a regular sleep schedule.** Go to sleep and get up at the same time each day.
- **Avoid napping in the late afternoon or evening** if you can. It may keep you awake at night.
- **Develop a bedtime routine.** Some people read a book, listen to soothing music, or soak in a warm bath.
- **Try not to watch television or use your computer or mobile device in the bedroom.** The light from these devices may make it difficult for you to fall asleep.
- **Keep the bedroom at a comfortable temperature**, not too hot or too cold, and as quiet as possible.
- **Exercise at regular times each day to improve Sleep** but not close to bedtime.
- **Avoid large meals close to bedtime.**
- **Caffeine** (found in many coffees, teas, and chocolate) late in the day.
- **Alcohol can disrupt sleep.** Even small amounts make it harder to stay asleep.

Mental health

Longitudinal studies (**SWAN**) and research completed by the **International Menopause Society (IMS)** recommend that **clinicians should differentiate between depression and low mood associated with hormonal changes** experienced at menopause for the first time.

As many as 3-4 women will have an exacerbation of mental health issues during the menopause. Women with moderate to severe vasomotor symptoms such as hot flushes (VMS) are up to three times more likely to have moderate–severe depressive symptoms than other women.

It is advised that doctors treat these Vaso Motor Symptoms (VMS) first and facilitate better sleep. This aims to prevent consistent sleep disruption which can impact mood and mental health.

It is therefore important that anyone with a history of mental health issues shares this when they visit the GP at the time of menopause when seeking support with symptoms. If they experience their symptoms returning, the GP may consider treatment with this in mind. Anyone experiencing low mood or mental health issues for the first time at menopause may find that hormonal treatment is more helpful as a first line treatment.

International Menopause Day 2023

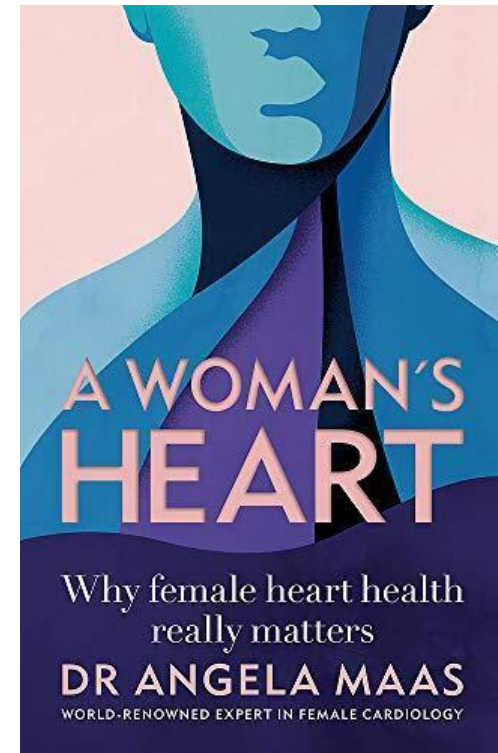
- The International Menopause Society (IMS) sets the ‘theme’ for World Menopause Day each year. In 2023 the theme was Cardiovascular disease. They pressed for this topic because
 - After 59 years women ‘catch up’ with men in incidence of CVD, then take over
 - The IMS found that postmenopausal women’s CVD more than doubled that of pre menopausal women
 - Even in hysterectomy (with BSO) before age 45, this risk is a factor
 - Women that report high levels of physical and psychological symptoms were at a higher risk of CVD
 - Despite some cardiovascular changes being related to ageing, this factor was separated and changes because of menopause were picked out
 - The IMS puts lifestyle advice as the No. 1 intervention we should do (before medication)
 - What’s worrying the IMS is that women often perceive breast cancer as a bigger risk, but we can do a lot to manage our risk and health

We aren't mini men: heart health is critical



In her book “A Woman’s Heart” Dr Angela Maas tells us;

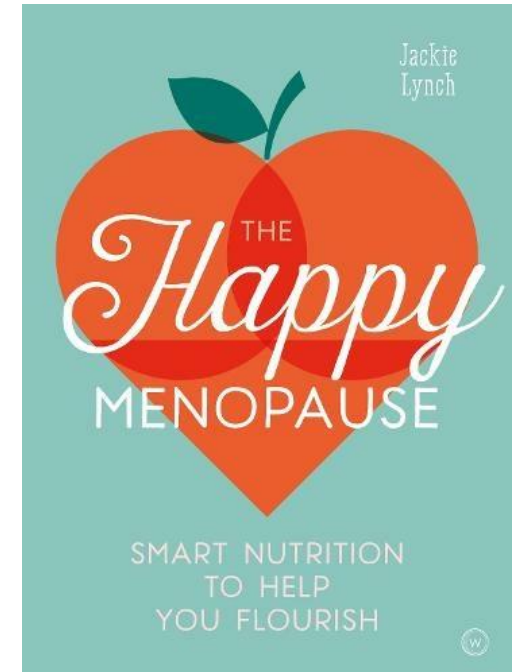
- Estrogen has a protective effect on blood vessels and the heart
- After menopause the hormonal changes (from adrenal glands) result in an increased pulse rate under exertion than before. This can increase shortness of breath, tiredness. This can also raise the blood pressure and add to fluid retention.
- Sensitivity to salt increases post menopause
- Women who suffered with migraines tend to have higher rates of high blood pressure and cholesterol; consider this as a premenstrual symptom
- Before menopause many women have a pear-shaped distribution of fat. The hips store more fat than the waist. Post menopause changes that distribution; fat starts to store around the middle creating an apple-shaped distribution.



Diet and weight management

The Happy Menopause explains the hormonal reason for fat distribution changes;

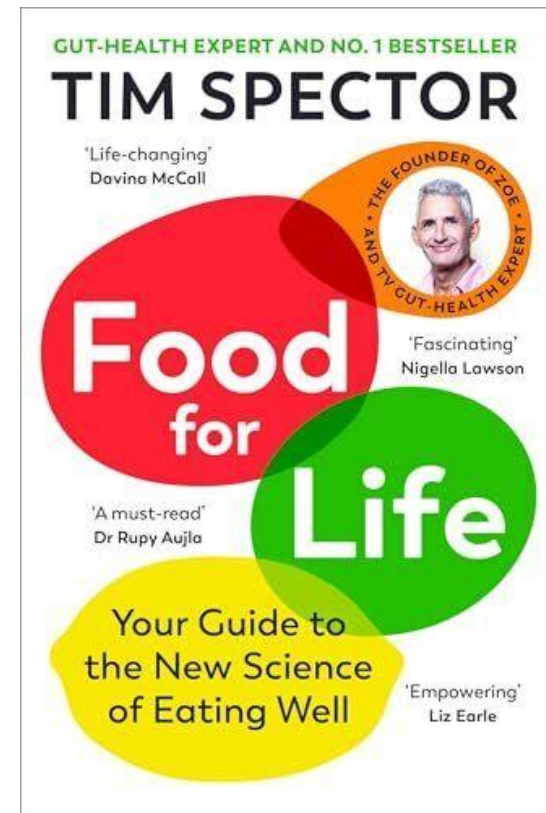
- There are 2 types of fat; subcutaneous fat and visceral (belly) fat
- When estrogen production drops, our adrenal glands step in and pick up production
- Adrenal glands also happen to produce cortisol and adrenaline, the stress hormones
- Symptoms of the menopause = physical and psychological which can prompt stress and anxiety.....switching the adrenal glands to 'overtime'
- If our blood sugar fluctuates, our stress hormones are released
- If the adrenals are busy with stress hormones, our body will store fat around the middle as a 'pantry' for the estrogen the adrenals are producing



Eating for the mood and gut

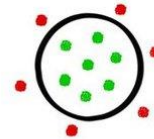
The new evidence on the connection between gut health and hormones;

- Eat a varied and colourful range of fruit and vegetables
- Aim to eat 30 plants, seeds, fruits per week
- Diversity from the diet results in a diversity in the gut microbiome. The gut is known to be closely connected to the immune system, manage blood sugar spikes, digestion of fat, **hormonal** and brain health
- Intermittent fasting can help rest, manage inflammation and our hormone response
- The four Ks: kefir, kombucha, kimchi and kraut (sauer)

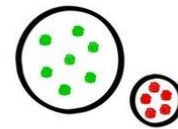


Menopause and me: visibility

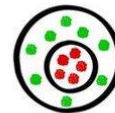
EXCLUSION



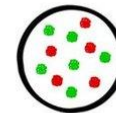
SEPARATION



INTEGRATION



INCLUSION



Black women and menopause

- [The British Menopause Society give a perspective on ethnicity and menopause](#)
 - [black women in menopause](#)
 - [Black Girl's Guide to Surviving Menopause](#)
 - [3 people share their experiences](#)
 - [sista 2 sista](#)
 - Facebook Page; **Black Women in Menopause** or via instagram @blackwomeninmenopause or twitter @blkmenopause
 - Podcast; Anita Powell Black Menopause and Beyond
 - [Karen Arthur a long term menopause champion](#)
 - [Black women in menopause](#)
- [Dr Tonye Wokoma](#) is a British Menopause Society (BMS) recognised Menopause Specialist. Dr Tonye educates and empowers women to take control of their health care and lifestyle choices.



Muslim and menopause

Muslim Women's Network; [Muslim Women Network \(mwnuk.co.uk\)](http://mwnuk.co.uk)

[balance - Managing your menopause during Ramadan \(balance-menopause.com\)](http://balance-menopause.com)

[Menopause and Islam - Menopause \(bellaonline.com\)](http://bellaonline.com)

Dr Nighat Arif;

[Videos by Dr Nighat Arif - The Menopause Directory & School](#)

https://youtu.be/xPfUn8ATKnI?si=KbJTLWGloWIh_8tC

[Your Next Episode: Menopause, organ donation & Asian communities with Dr Nighat Arif on Apple Podcasts](#)

[Nighat Arif \(@drnighatarif\) Official | TikTok](#)

[Nighat Arif, Your Guide to Female Health](#)

[Menopause & Me: Dr Shahzadi Harper - Hylda \(hyldalife.com\)](#)

Dr Newson;

[balance - Hindi Menopause Library \(balance-menopause.com\)](http://balance-menopause.com)

[Entrepreneur Shafi talks about her work raising awareness of menopause and recording the experiences in the Pakistani community in West Yorkshire. balance - Empowering women unheard during menopause \(balance-menopause.com\)](#)

LGBTQ+ and menopause

Resources;

[LGBTQ+ and the Menopause via Menopause Care website](#)

[LGBTQIA+ and menopause: a paper from The Lancet](#)
[Queermenopause.com](#)

[Queer menopause – Mental Health At Work](#)

[We need to talk about the LGBTQ+ menopause experience item from Good Housekeeping](#)

[The menopause and me – a gender neutral article](#)

[Transgender health and the impact of aging and menopause](#)

Learning disabilities

The [Mental Capacity Act](#) makes it clear that individuals must be given every opportunity to make their own informed decision with the relevant information.

People with learning disabilities will experience a menopause but may have less understanding or have less preparedness for it. [Learning Disabilities research](#) is growing and underlines that people with a learning disability may experience an earlier menopause. It is therefore important for family, friends and health professionals to be aware of information/symptoms disclosed and be open to the potential that hormonal changes appear earlier than expected.

Individuals may struggle to recognise any symptoms or find it difficult to describe their symptoms, how 'bothersome' they are and when symptoms are most difficult through the day. They may be less aware of psychological changes.

Individual conversations are important to facilitate understanding and choice. Easy read information is available via the [Balance website](#), established by Dr Louise Newson [here](#)

Information to empower, equip and inform the individual is important to facilitate understanding, to maximise their wellbeing and encourage joint decision making. Individuals with a learning disability have equal rights to access menopause services and access information. They may have specific views on treatments (e.g. MHT) and should be supported to explore those.

Your GP appt

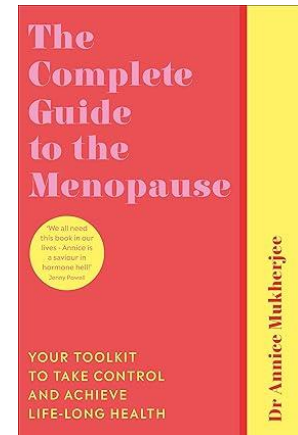
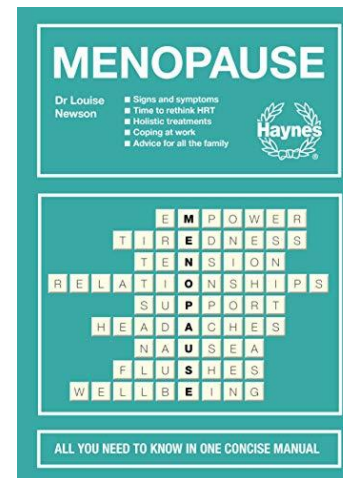
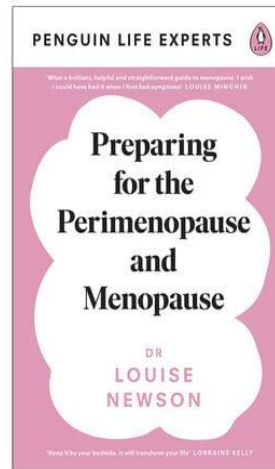
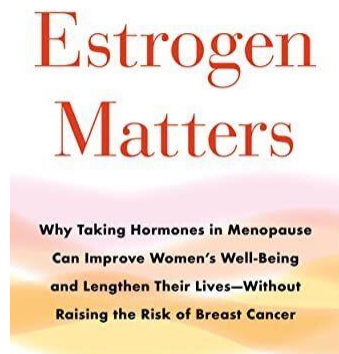
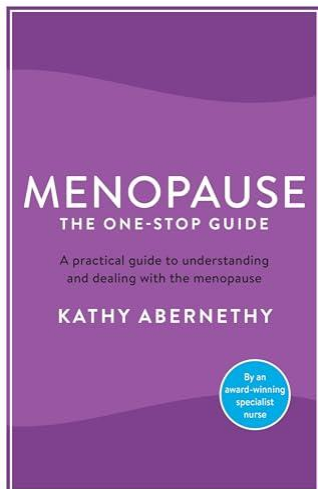
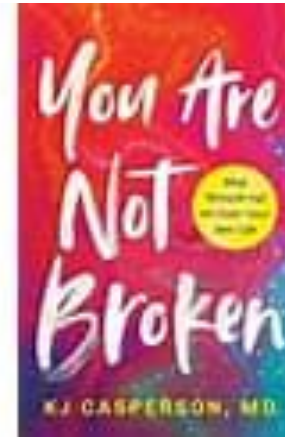
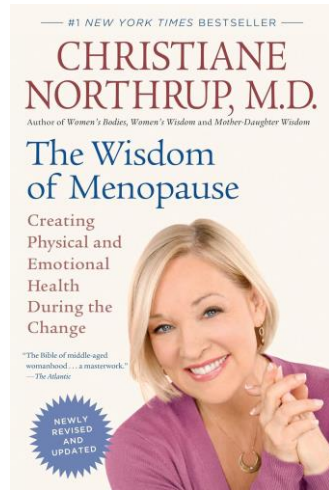
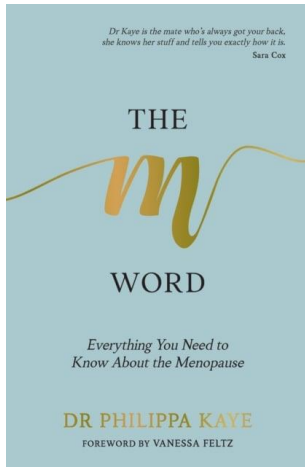
If you decide that you would like support to manage your symptoms of the menopause, then you can ensure you are fully prepared;

- Ensure you have asked for a menopause Specialist or GP with a special interest
- If you need, make a note of your top 3 or so symptoms; these are the ones that disturb you most, have most impact and the ones YOU will monitor if/when you commence HRT so that you can tell the impact of your treatment and inform your review of the treatment you are given
- If needed, book a double appt
- Note down your specific questions
- Do your homework, research and be clear about YOUR decision. The appt should be a joint, informed decision-making process for you
- Think beforehand about what works for you; do you think daily gel/spray is easier, or a twice-weekly patch?
- Make sure you consider contraception if needed
- Make sure you have a planned review after starting HRT; its YOUR dose

The takeaways

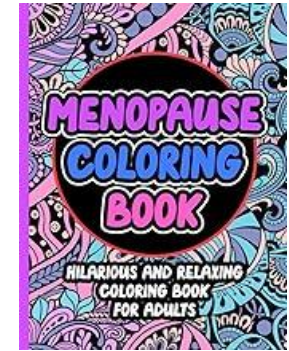
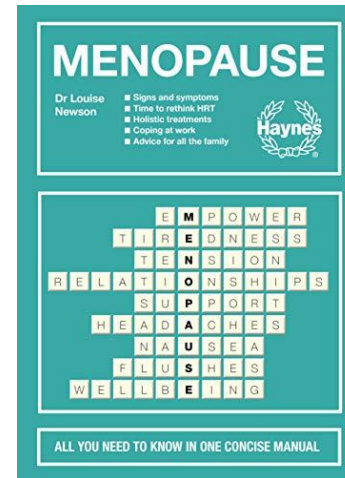
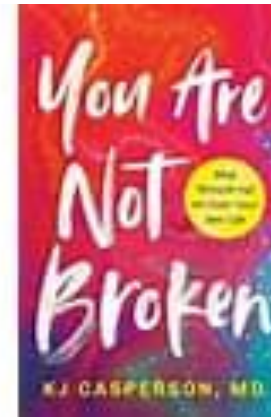
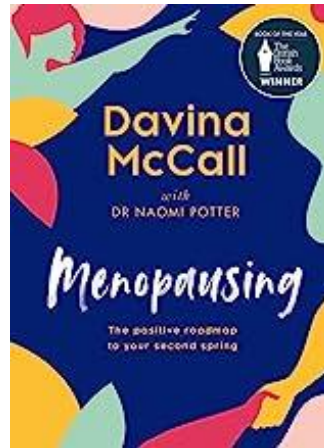
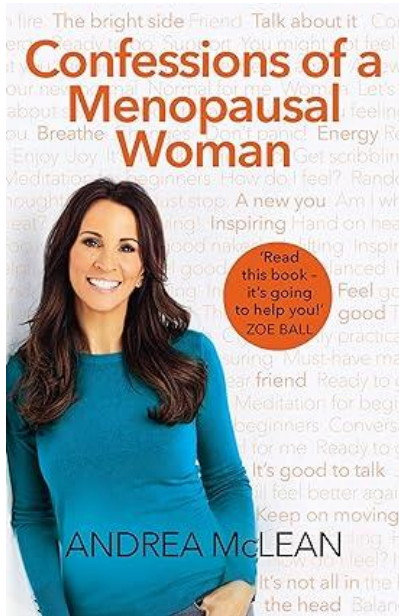
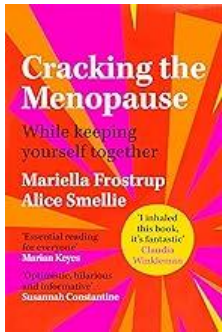
- Move your body and mix it up
- Fibre
- Magnesium
- Vitamin D
- Omega 3
- General; Lean protein, complex carbs, low sugar

Books; there are many clinically based



Avrum Bluming, MD, and Carol Tavris, PhD

Books; chatty



Mapping symptoms: Passport



Menopause Passports are helpful to map the symptoms of menopause and can help identify when symptoms are experienced and how 'bothersome' they appear. They can also be used to support a conversation with line managers (if the individual feels able) about wellbeing at work. Passports can remove the need to repeat conversations when changing roles.

Symptoms of menopause are very individual and can be embarrassing. Sensitive, confidential conversations are needed to explore what support may be helpful to maximise wellbeing.

If the passport is used as part of a confidential, sensitive discussion in the workplace it should also indicate what mechanisms or routes to support there are. (such as Occ Health specific support).

Managers should be aware and reiterate to colleagues that support and/or flexibilities can be kept under review as symptoms change.

Passport 1



Symptom	Location you have the symptom (if both tick both)		Severity of the symptom				How frequently do you experience the symptom						Adjustments you feel may assist (Examples included)	
	Home	Work	Mild	Moderate	Intense	Severe	Less than monthly	Monthly	Weekly	Daily	Hourly	Constant		
Hot flushes														Fan/ extra uniform/ close to a window/ access to showers if applicable
Night Sweats														Flexible shift times
Irregular Periods														Procedures allowing for flexibility without drawing attention (Panel meetings etc.)
Loss of Libido														
Vaginal Dryness														
Mood Swings														Inform the team/colleagues to be mindful. Quiet/ Private breakout room.
Fatigue														Flexible shift times.
Hair Loss														Flexibility and sensitivity
Sleep Disorders														
Difficulty Concentrating														Flexibility in breaks.
Memory Lapses														Aide memoirs
Dizziness														Access to fresh drinking water and quiet areas
Weight Gain														Access to food preparation facilities to allow healthy eating options
Incontinence														Procedures allowing for flexibility without drawing attention (Panel meetings etc.) Access to showers/extra uniform if applicable
Bloating														
Allergies														
Brittle Nails														
Changes in Odour														Access to showers/lockers to store toiletries/extra uniform if applicable

Passport 2



Symptom	Location you have the symptom (if both tick both)		Severity of the symptom				How frequently do you experience the symptom						Adjustments you feel may assist. (Examples included)
	Home	Work	Mild	Moderate	Intense	Severe	Less than monthly	Monthly	weekly	Daily	Hourly	Constant	
Irregular Heartbeat													
Depression													
Anxiety													
Irritability													
Panic Disorder / Attacks													
Breast Pain													
Headache													Access to a private room
Joint Pain													
Burning Tongue													
Electric Shocks													
Digestive Problems													
Gum Problems													
Muscle Tension													
Itchy Skin													
Tingling Extremities													
Osteoporosis													

Resources

[Davina McCall shares her exact HRT hormone replacement therapy regime \(getthegloss.com\)](#)

- Menopause Matters (menopausematters.co.uk)
- Women's Health concern (womens-health-concern.org)
- Manage my menopause (managemymenopause.co.uk)
- The British Menopause Society (thebms.org.uk)
- Menopause: RCN Guidance for Nurse, Midwives and Health Visitors (Bit.ly/RCNMenopause)
- RCN Women's Health Forum Menopause page (rcn.org.uk/clinical-topics/womens-health/menopause)

Thanks





Ideas for Learning Consolidation & Competency Conclusion

Consolidating Learning:

**Reflection on the session & considering application to practice
& what this means 'your people'**

Think about this session in relation to your own role

How much of this was revision?

What have you learned today ?

How will this help you in your role ?

Think about your EnCOP self-assessment; consider which performance indicators this session may relate to and how this can be used as part of your own development / competency achievement.

Domain A: Values, Attitudes and Ethical Practice

Domain B: Evidence Based Care : Supporting learning, leadership and improving care for older people

Domain C1: Partnership working and communication with older people, families and others

Domain D3 : Ageing Well : Promoting & Supporting Independence, Autonomy & Community Connectivity for Older People

Domain D4: Ageing Well: Promoting and supporting holistic physical health and wellbeing with older people

Domain D5: Ageing Well: Promoting and supporting holistic psychological health and wellbeing with older people



**Enhanced Care for Older People
Learning Session Number 30**

Ageing Well:

Dementia : Lies and Untruths

**Dr Jane Murray , Assistant Professor of Nursing , Northumbria
University**



EnCOP

Enhanced Care for Older People

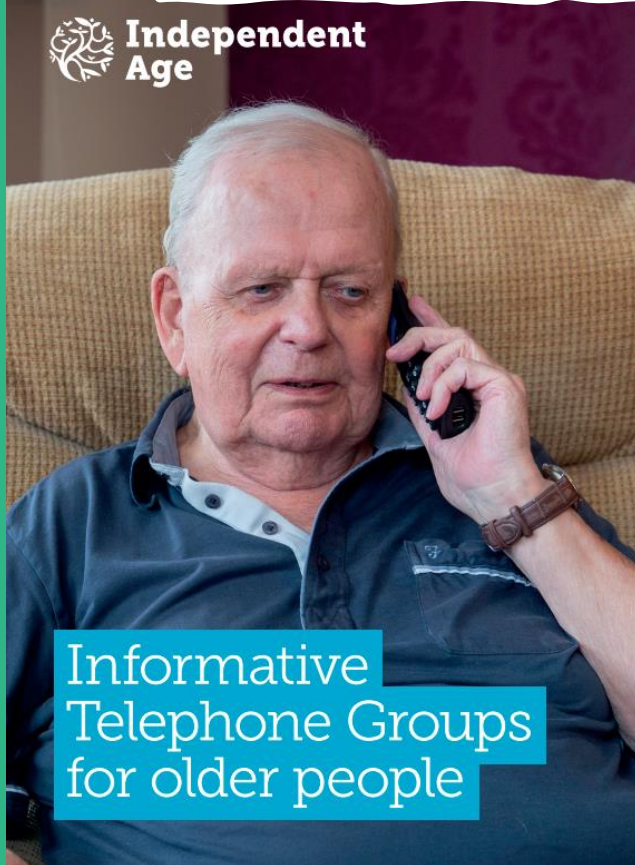
**SAVE
THE DATE**

Tuesday 17th September 2024 1.30pm – 3pm

'Good to Know' Telephone Groups



 Independent Age



Informative
Telephone Groups
for older people

- Free social and learning opportunities for people 65+
- Great for those who may struggle to get out
- We've had guest speakers from:
 - ✓ Mind
 - ✓ Turn2Us
 - ✓ DeafBlind UK
 - ✓ Re-engage
 - ✓ Parkinson's UK
 - ✓ Versus Arthritis – to name a few!
- Join via mobile or landline – no tech needed

Telephone information groups for people aged 65+

- Socialise with peers and learn from subject experts in our telephone Good to Know groups.
- There are many ways you can learn about things affecting people over 65 – our Good to Know groups are free, expert and designed to give older people what they need to know.
- You can think of these groups as a cup of tea and a chat at a community centre, but over the phone in the comfort of your home. Over 200 people have joined so far.
- We've heard from specialists from organisations like Deafblind UK, AbilityNet, StepChange, Versus Arthritis and Parkinson's UK.
- Do you know someone who might be interested? Download or order a printed copy of our free leaflet to tell people about our Good to Know groups.
- Alongside our telephone groups, we also run webinar sessions. Our webinars, led by a trained advisor, offer a deep dive into our information guides and provide the opportunity to ask questions. They are suitable for those over 65, family, friends, carers or anyone supporting an older person. Read more about our webinar sessions.
- Call our Helpline on 0800 319 6789 or email telephone.services@independentage.org.

Weblink - <https://www.independentage.org/get-support/telephone-groups/good-to-know-groups>

Leaflet for download or order - <https://www.independentage.org/get-advice/good-to-know-groups-leaflet>



Northumbria Police launched Safe and Found online on Monday 29th July 2024. I am down to speak at a future forum but for now I would really appreciate it if you could start to promote it and encourage your service users to register using the below link below:

[Safe and Found Online – The Digital Information Bank committed to Safeguarding Vulnerable People](#)

Please don't hesitate to contact me if you have any questions:

Our Team mailboxes are :

Sunderland CEO Mailbox sunderlandceomailbox@northumbria.pnn.police.uk

South Tyneside CEO Mailbox southtynesideceomailbox@northumbria.pnn.police.uk

Many thanks and kind regards

Michelle George 9819
Community Engagement Officer
Sunderland

M: 07856280686 | **W:** www.northumbria.police.uk



Feedback about today's session and any future sessions you may like to see included in our webinar series....

All feedback welcomed; You may want to consider the following –

Was it easy to book onto the session?

Did you find the session went well in this online format ?

Was the content of the session relevant to your area of practice / job role?

Did you enjoy the session?

Thinking about future webinar's, which topics linked to older person's care would you be most interested in?

Please put any suggestions in the chat.

Please comment in the chat today or feel free to email us: ghnt.encop@nhs.net





**More information can be found within
the Frailty icare website**

www.frailtyicare.org

Our EnCOP pages are located in the
workforce section

**EnCOP Library of Learning &
Development Resources can be found
at:**

<http://frailtyicare.org.uk/making-it-happen/workforce/enhanced-care-of-older-people-with-complex-needs-encop-competency-framework/encop-learning-resources/learning-resources/>

