

Healthier for Longer

Securing healthy futures for our communities



Coventry City Council

Director of Public Health's Annual Report 2017/18



Coventry
Health and Wellbeing

Introduction

by the Director of Public Health
and Wellbeing

I am pleased to present my first annual report as Director of Public Health and Wellbeing for Coventry. In this year's report we spend time with the older members of the family introduced in our last two reports. Our focus is on older people and managing the demand for health and care services.

We still have many myths about ageing and older people and it is important to dispel these myths so that we all have a shared understanding about what it means to be older in Coventry today. Our older residents are valuable assets within the community.

Health and wellbeing is a key ingredient for enjoying one's later years in life. Good health in older age is an achievable goal. As we get older we are more likely to experience ill-health and disability, but illness and loss of function is not an inevitable part of ageing. It is possible to maintain good health and independence well into older life. I believe that public health has an important role to play in helping populations remain well and independent for longer.

The determinants of health start from when we are younger, meaning people approaching their middle age are in a good position to start making

and maintaining healthy lifestyles to increase their chances of experiencing a healthy, happy and productive later life.

Although Coventry is seen as a young city, the growth of the older population is accelerating. The population of those over the age of 75 is projected to increase by almost 50% over the next 20 years. There is a worrying stall to the gains in improving life expectancy, which is replicated nationally. The cause for this reversal of gains seen since records began in the 19th century is not completely understood, but there are suggestions that prolonged austerity and cuts to public services may be contributing.

In Coventry there is a large gap between healthy life expectancy and life expectancy, representing a large window of need when people start to require more and more support from health and care services.



This gap is 16.2 years in men and 19.2 years in women on average.

In this report I champion a focus on prevention and early intervention to address the inevitable pressures on health and social care. These pressures will only get worse as the risk factors for diseases such as low physical activity, poor diet and household poverty increases.

We have made great strides over the past year to bring health and social care services closer together within Coventry and we must continue to endeavour to deliver joined up, cost effective care for the benefit of all those who need it.

Liz Gaulton

Director of Public Health and Wellbeing

Foreword

Welcome to the Director of Public Health's Annual Report for 2017/18. I am pleased we are focusing on our older generation this year. The number of people in Coventry who are aged over 65 years is growing and therefore it is vital that we make the right choices now to secure the right future for our residents.

Within Coventry, we are working together across the city to improve the impact of our services on people's lives. Enabling people to stay healthier and independent for longer requires a concerted effort across many Council functions, including public health, social care, sport and leisure and education services, as well as our many partners.

We are conscious the older population is as diverse as any other group in society. People age differently as they grow older and older residents have a wide range of interests, hobbies, social networks, as well as a wide range of health and social care needs. We are working across the city to bring services together and coordinate care so our older generation can live healthier for longer. In 2017/18 we placed a focus on building services with residents to ensure they are as adaptable, efficient and effective in delivering successful services.

Achieving this will not only help residents enjoy a healthier, longer life, but will also reduce the demand for existing services. We all know the vast difference changes in lifestyle can make to our overall health, especially in older age. Keeping active, eating well and not smoking are some of the key things we can all concentrate on in achieving a healthier, happy life for everyone.

I'd like to thank everyone who has put this report together and who has worked so hard this year. We have exciting opportunities to improve health and wellbeing ahead of us with 2019 being Year of Wellbeing across Coventry and Warwickshire; and the recent announcement of Coventry as European City of Sport 2019 and UK City of Culture 2021. Finally I'd like to thank everyone who continues to work tirelessly in delivering essential services to residents of Coventry every day of the year.

Councillor Kamran Caan

Cabinet Member for Public Health and Sport



Foreword

by the Director of
Adult Social Services

It is really encouraging to see the annual report bringing together the evidence on the health and wellbeing of adults in Coventry and express some of the challenges faced by our population in terms of its health.

It is also really interesting to read how seemingly small changes to lifestyles and the everyday decisions we make, which may seem insignificant at the time, can have a significant and long term impact on our health and quality of life.

As Director of Adult Services most of my time and that of my teams is spent working with people and their families to remain as independent as possible within the community, whether this is through support to carers to continue in their caring role, arranging support that helps people regain a level of

independence that they may have recently lost or in supporting people to make decisions in respect of ongoing care and support arrangements.

This is challenging work and although good health does have an element of good luck through the decisions we make, we can all increase our chances of living with good health and a high level of independence for a greater proportion of our lives.

In reading this report I would urge you to consider the small changes you could make and how you might be able to influence people you come into contact with to make positive changes too.

Peter Fahy

Director of Adult Social Services

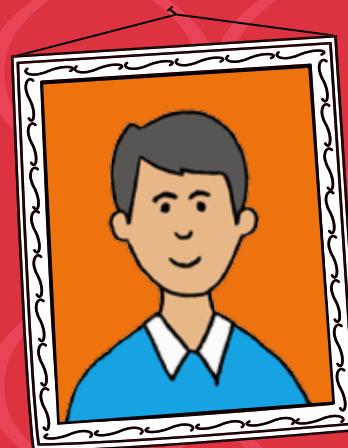


Contents

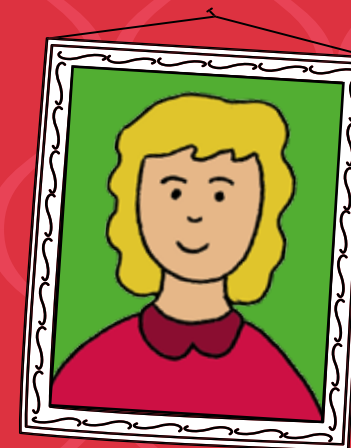
Introduction	2
Forewords	3
Meet the family	5
Chapter 1 Ageing in good health	6
1. Coventry's older population	6
2. The window of need	7
3. Health inequalities	9
Chapter 2 What influences healthy life expectancy?	11
1. Long term health conditions	11
2. Physical impairment and falls	13
3. Loneliness and isolation	14
4. Lifestyles	18
Chapter 3 Taking care of your body and mind	21
1. Healthy habits	21
2. Social isolation and loneliness	26
3. Early identification	28
Chapter 4 Health and care services for the older population of Coventry	30
1. Remaining independent	31
2. The vital role of carers	32
3. Integration of services	33
Summary and recommendations	39
Update from the last report	41
References and acknowledgements	42

Meet the family

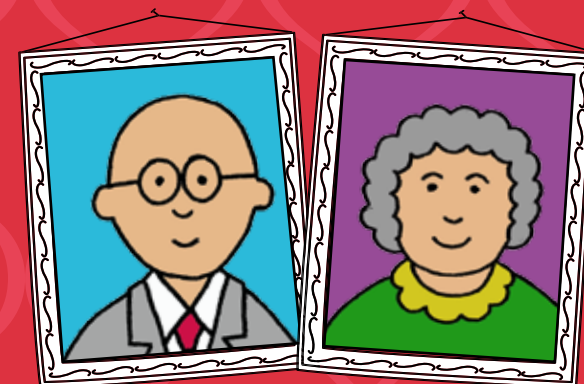
Last time, we were introduced to a family focused on 'shaping up'. This year, we are revisiting the family and other members of the community to look at living longer in good health.



Dad Alan has continued healthy eating and enjoys regular exercise.



Mum Cathy has struggled to keep up with the lifestyle changes she had begun to make. Cathy is finding it difficult to exercise, more so as of late given the time she has to dedicate to her parents, Geoffrey and Susan.



Geoffrey and Susan are both in their late 60s. Susan, Cathy's mother, requires minimum support, though Geoffrey, Cathy's father, has multiple health conditions that require Cathy and Alan to visit their home every couple of days.

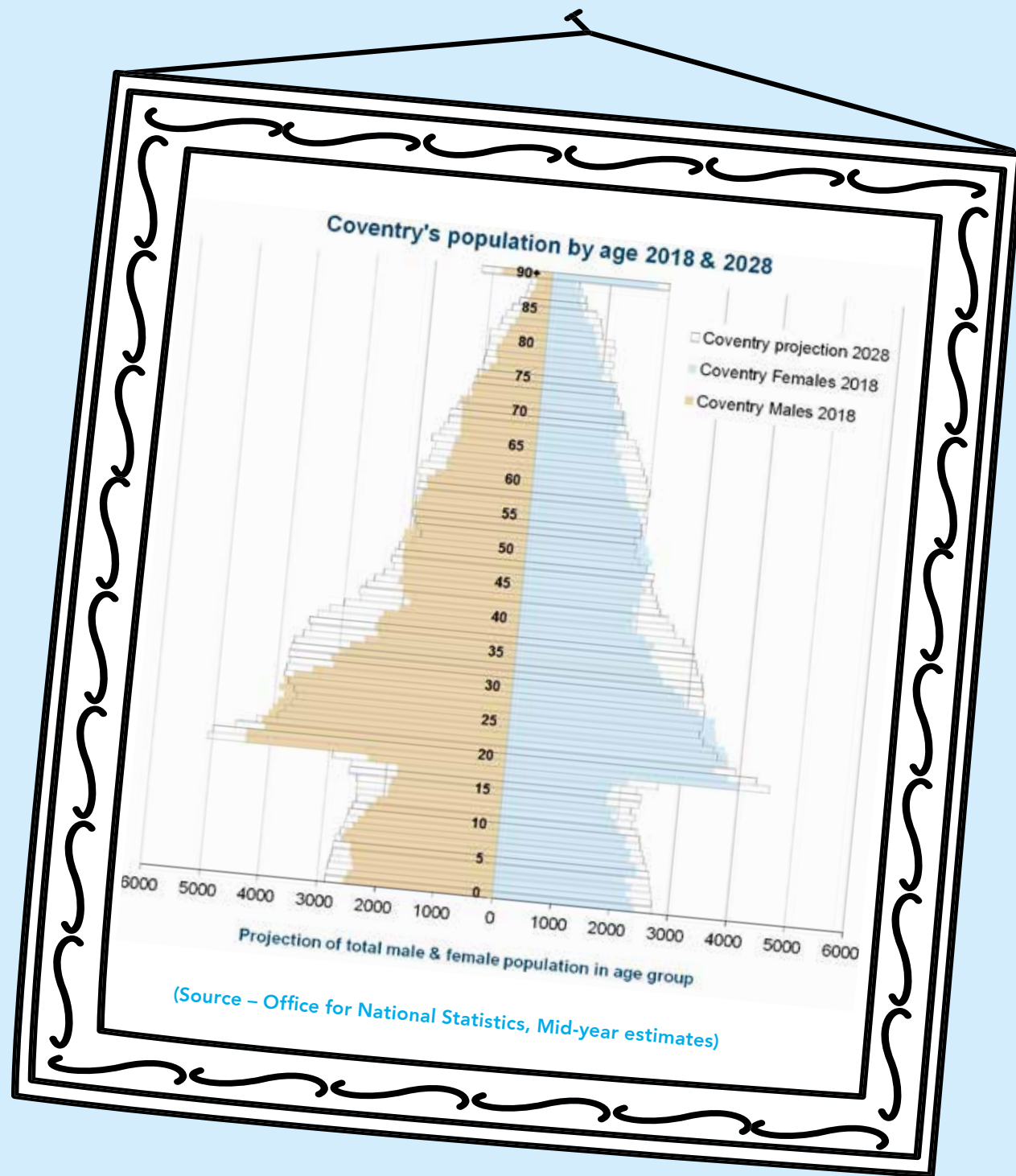
Watch out
for updates throughout the report as we join Alan and Cathy on a visit to Cathy's parents and meet other local residents along the way!

Chapter 1 Ageing in good health

1. Coventry's Older Population

Coventry is a city with a diverse population and is home to people of all ages. Although Coventry is a young city with a large population between the ages of 20 and 40, many residents are aged 65 years and over.

Coventry has an estimated 50,400 residents aged 65 and over and 7,000 residents aged 85 and over. This population has been growing in recent years and is set to increase. By 2028, there will be an estimated 58,200 residents aged over 65 and 8,600 aged over 85. The population of those over the age of 75 is projected to increase by nearly 50% over the next 20 years.



Key Definitions

Life expectancy: The average number of years a person would expect to live based on mortality rates; an estimate of the average number of years a new born baby would survive if he or she experienced the current age-specific mortality rates for their area and time period throughout his or her life.

Activities of daily living:

The tasks of everyday life. These activities include eating, dressing, getting into or out of a bed or chair, taking a bath or shower and using the toilet.

Healthy life expectancy:

The average number of years a person would expect to live in good health based on mortality rates and self-reported good health.

Window of need:

The period of time between life expectancy and healthy life expectancy. It refers to the average time a person can expect to live in poor health.

Disability-free life expectancy:

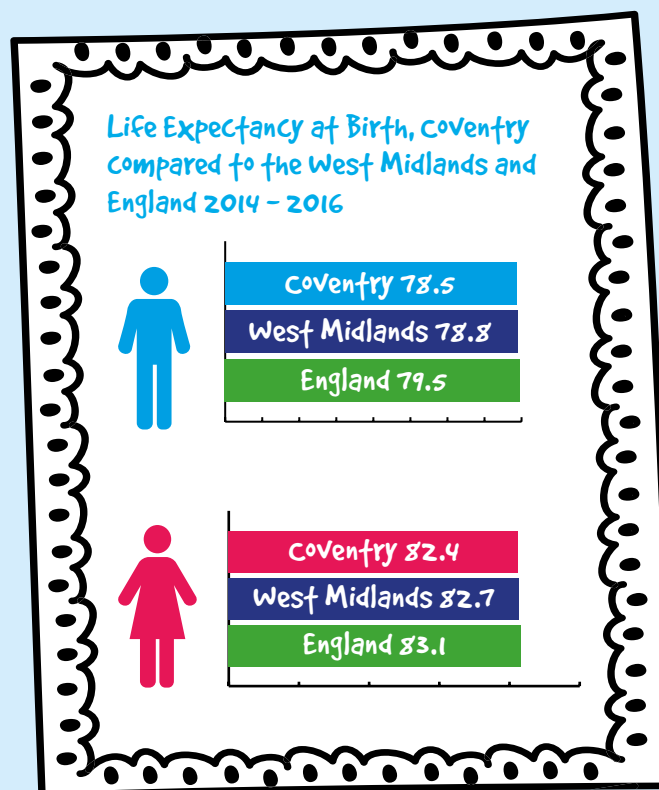
Estimates lifetime free from a limiting illness or disability; based upon a self-rated assessment of how health conditions and illnesses limit the ability to carry out day-to-day activities.

Life expectancy (LE) is a general measure of population health and gives an estimate of how long people can expect to live on average. It can be influenced by how a society attempts to reduce avoidable causes of death at all ages. Over the past 30 years, life expectancy has been increasing in the UK. This is one of the reasons why we have seen an increase in the number of older people.

Similar to the national picture, life expectancy amongst Coventry residents has stayed about the same in the last few years following this long period of improvement, although the cause of this stagnation remains unknown. Life expectancy in

Coventry has remained lower than the England and West Midlands averages for many years and is currently 82.4 for females and 78.5 for males; this suggests that on average the health of Coventry's population is poorer than the national average.

Another way of understanding the general health of older residents is to measure the life expectancy of those who have reached the age of 65 today. Life expectancy at 65 refers to the number of further years a Coventry resident can expect on average to live upon reaching the age of 65. The latest data shows this to be 18.3 for males and 20.6 for females. This means that a 65 year old male can expect to live to 83 and a 65 year old female can expect to live to 85.

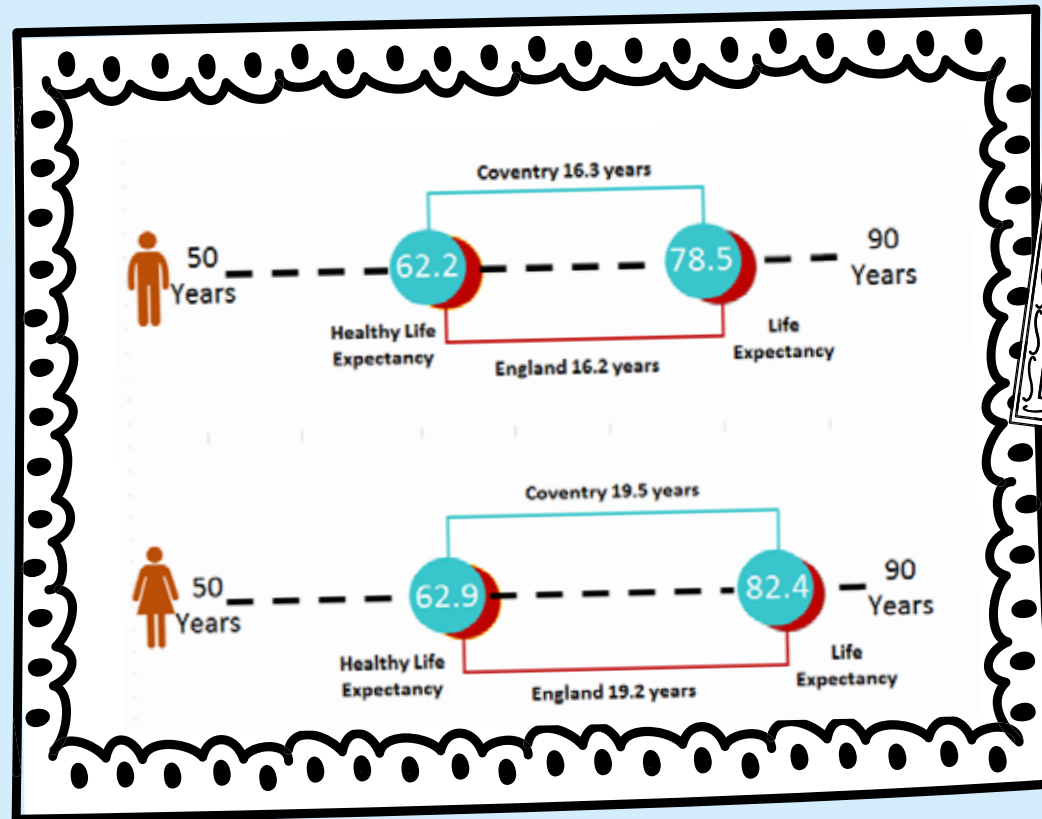
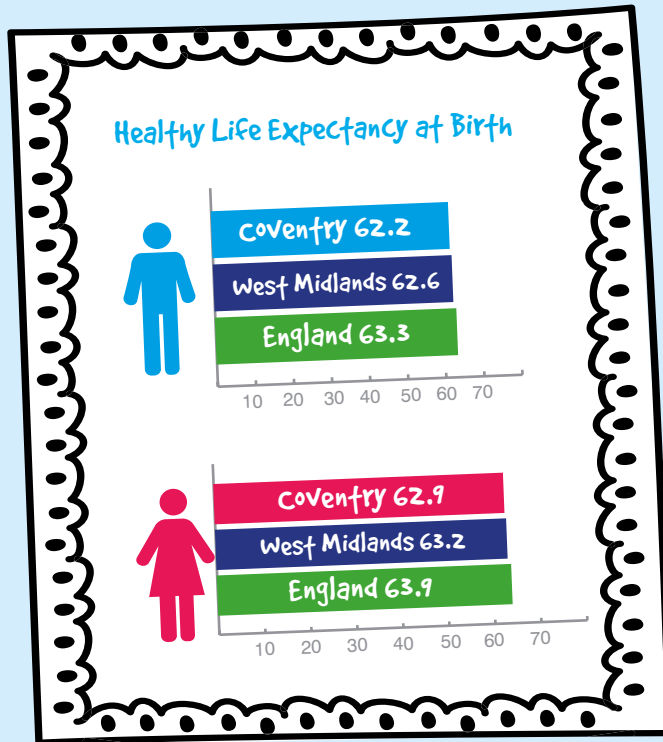


2. The Window of Need

Many older people enjoy good health. However, as people get older they experience more health conditions and require more support in the activities of daily living (ADL). In Coventry, people in older age groups report increasing levels of bad or very bad health. A fifth of people aged 75-84 report being in poor health, rising to almost a third in those aged over 85.

% of Coventry residents self-reporting to be in bad or very bad health by age

16-34	35-49	50-64	65-74	75-84	85+
2%	5%	11%	14%	20%	28%



This draws attention to the importance of healthy life expectancy (HLE). Healthy life expectancy is the number of years a Coventry resident can expect to live in good health. The latest data shows that the average healthy life expectancy in Coventry is 62.2 for males and 62.9 for females, which is just below regional and national averages.

The gap between healthy life expectancy and life expectancy is commonly referred to as the 'window of need' and tells us that individuals can expect to live significant periods of their life in poorer health.

In Coventry, men can expect to live just over a fifth of their lives in poor health (16.3 years), whilst women can expect to live almost a quarter of their lives in poor health (19.5 years). The window of need is wider within the female population due to women having a higher life expectancy, despite men and women having a similar average healthy life expectancy. These figures are comparable to the national averages and support findings from self-reported health ratings.

National figures show that disability-free life expectancy is reducing, which means that more

people are spending their later years with disability. Disability-free life expectancy is the age at which an average person in a population can live without any limiting disabilities. In Coventry it is 60.7 years for men and 61.7 years for women. This means men can expect to live 17.8 years and women can expect to live 20.7 years with a disability. For men, Coventry's figures are notably lower than the national and regional averages of 62.8 and 62.6 respectively. This too can of course contribute to living a longer period of one's life in poorer health.

3. Health Inequalities

There is a clear 'social gradient' in the variation of life expectancy and healthy life expectancy across the country, whereby residents of the most deprived areas have the lowest life expectancy and healthy life expectancy and residents of the least deprived areas have the highest life expectancy and healthy life expectancy. The link with deprivation may explain why Coventry's residents have a lower than average life expectancy and healthy life expectancy, given

Coventry's level of deprivation is higher than the national average.

Locally, differences can be seen when looking at life expectancy and healthy life expectancy along a single Coventry bus route. For example, around Alderminster Road in Eastern Green, female life expectancy is 87 compared to 78 in Spon End. Healthy life expectancy for females is 69 in Eastern Green compared to 54 around Broad Park Road in Henley Green.

Links to useful resource

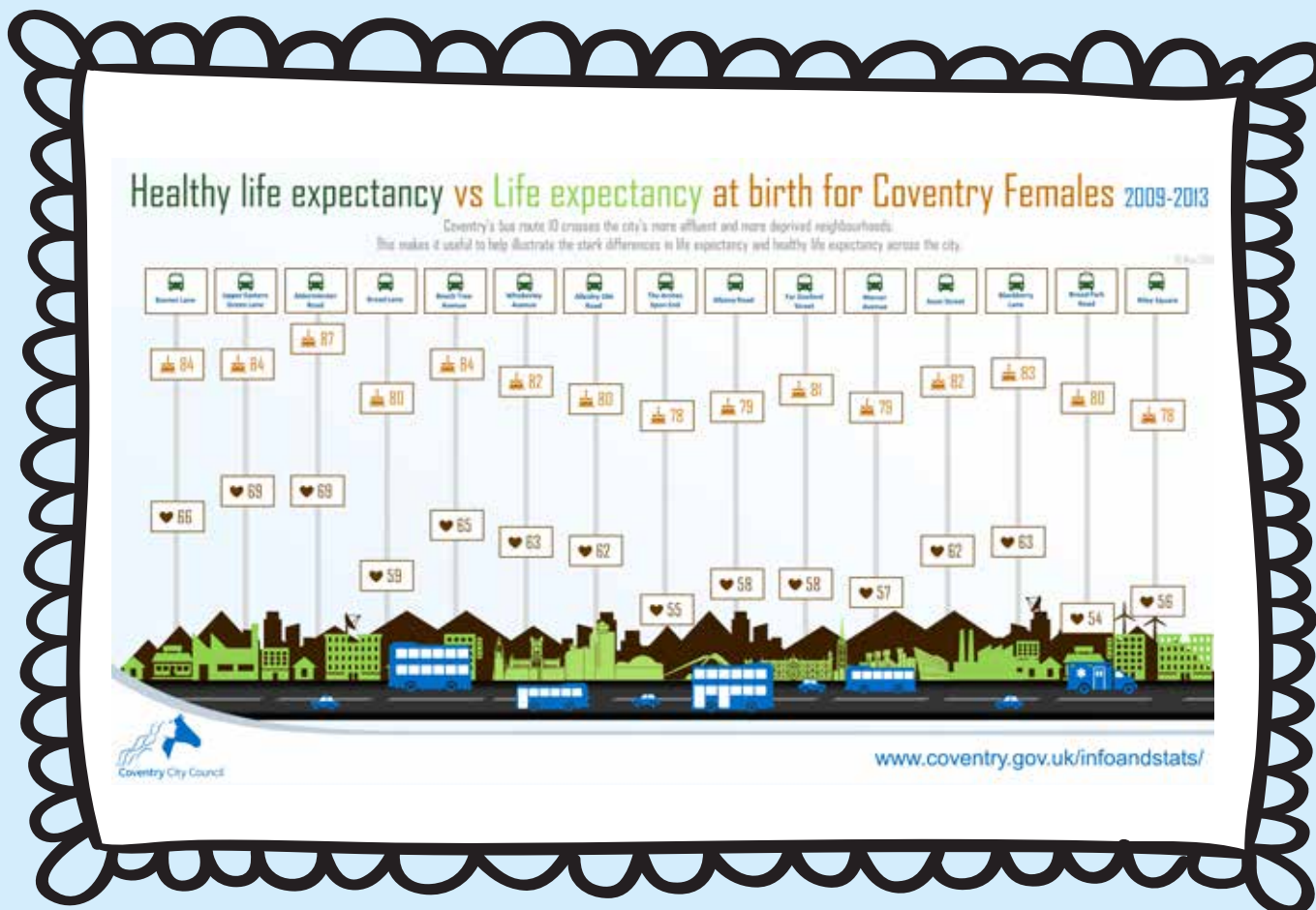
[Coventry data on Older People's Health and Wellbeing from the Public Health England Fingertips tool](#)

The life expectancy gap between the most and least deprived areas in Coventry is larger for men than it is for women. The life expectancy gap for males and females in Coventry is higher than the West Midlands and England averages. Residents in Coventry's most deprived areas also have a wider 'window of need'; meaning they are living shorter lives and more of their life in poor health.

In 2013 Coventry committed to delivering rapid change in health inequalities and was one of seven cities in the UK invited to become a Marmot City. In 2016, Professor Sir Michael Marmot and Public Health England committed to working with Coventry for a further three years to enable Coventry to build on progress made in tackling health inequalities.

As a result of the Marmot partnership work there have been improvements in the health and life chances of residents within Coventry. More health checks are being delivered in the most deprived areas and more people report they are satisfied with their lives in priority locations.

Despite this, many challenges still remain and it is therefore crucial for us to understand the issues and factors contributing to Coventry's window of need.



Family Update

Cathy went to see her parents, Susan and Geoffrey. Geoffrey was not having a great day. Geoffrey has a number of health conditions that require support from Cathy and her mother.

Geoffrey suffered a stroke two years ago. This has limited Geoffrey's overall mobility. Geoffrey is also diabetic and suffers from depression and high-blood pressure, meaning he requires daily medication. Cathy regularly worries about her father's health, as well as the impact of his condition on her mother's wellbeing.



Interesting fact

In the most deprived areas of England residents can expect to live to 74 on average. In the least deprived areas residents can expect to live in good health until they are 70 and go on to live to 83, on average.



Recommendation

Work with community partners to establish a narrative around older people as assets, which gives a rounded sense of the contributions older people give to Coventry as a city.



Chapter 2 What influences healthy life expectancy?

Life expectancy, healthy life expectancy and disability-free life expectancy are influenced by a wide range of factors. These factors include not only a person's genetics and lifestyle, but also the environment in which they live, work and socialise, known as the social determinants of health. These determinants of health are illustrated by the model developed by Goran Dahlgren and Margaret Whitehead.

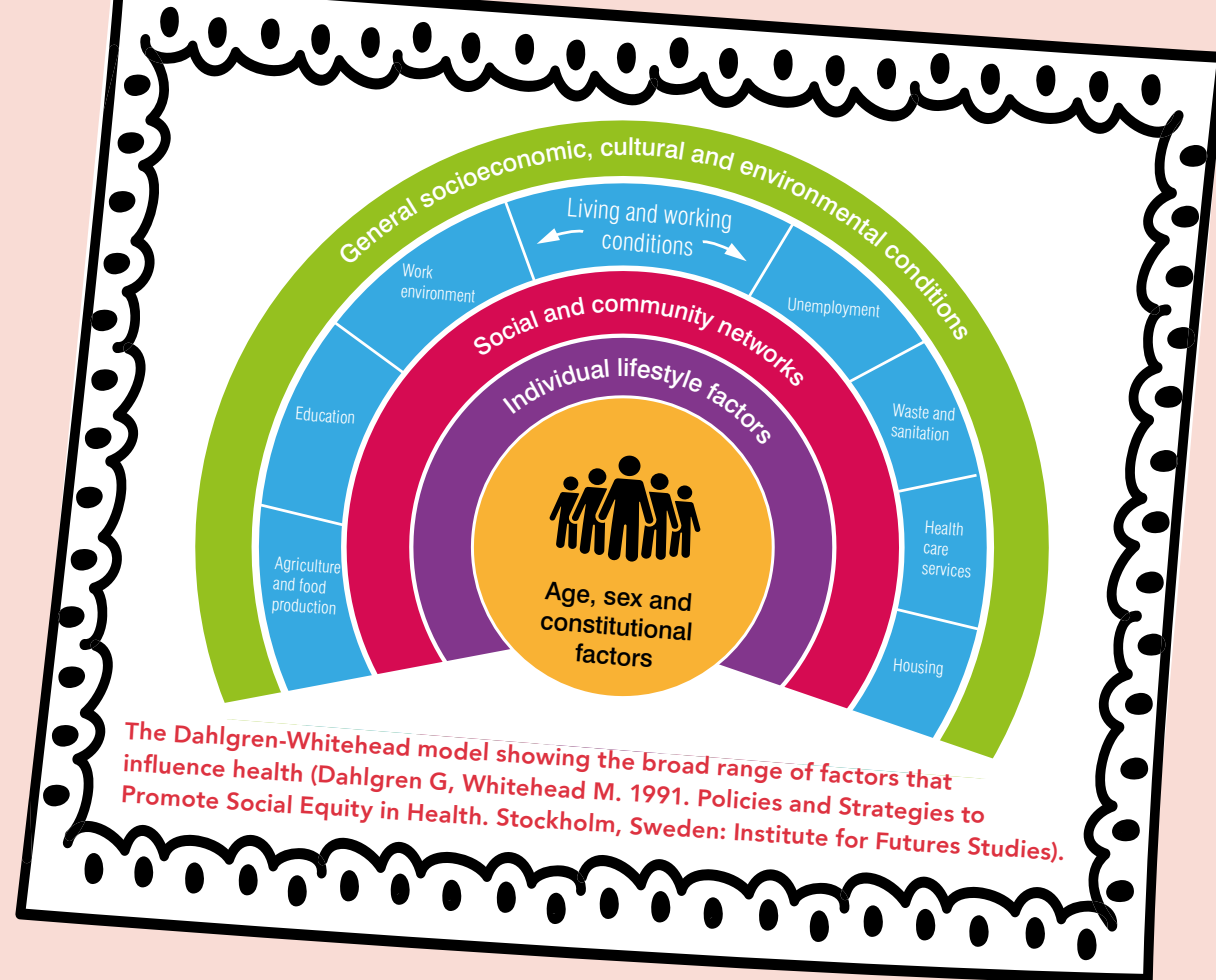
1. Long term health conditions

Long term health conditions (LTHC) are those that cannot, at present, be cured but can be controlled by medication and other therapies. They are an important cause of illness and disability in later life. Examples include heart disease, diabetes, dementia and cancer. Many people will have more than one LTHC and people are more likely to develop one or more conditions as they age.

Across the population, LTHC reduce life expectancy and healthy life expectancy. In 2012 the Department






of Health (now the Department of Health and Social Care) estimated that in England, LTHC accounted for approximately 70% of health and social care spending (**National Audit office. 2018. The health and social care interface**). In Coventry, just over a fifth of residents live with a limiting long term illness or disability, corresponding to an estimated 59,800 residents over 16 years old and 27,300 residents over the age of 65. The proportion becomes progressively higher with older age, with 13% of working age (16-64) residents reporting this outcome compared to 55% of those aged over 65.

Evidence from the UK suggests that, stroke in men and diabetes in women have the greatest impact on life expectancy. For men and women, stroke has the greatest effect on disability-free life expectancy (**The burden of diseases on disability-free life expectancy in later life. Jagger et al. 2007. 403-414**), followed by dementia and cognitive impairment (i.e. problems with thinking, communicating, understanding or memory) and diabetes (**The burden of diseases on disability-free life expectancy in later life. Jagger et al. 2007. 403-414**).



Causes of death in Coventry by type (2012-2014)

Source: PHE Segment tool

Causes of Death	Male	Female
 Circulatory	1,072	979
 Cancer	1,151	1,026
 Respiratory	549	602
 Digestive	206	244
 Mental and Behavioural	252	497

*External Causes are not shown in the table.

In men, cancer was the biggest contributor to the difference in life expectancy between Coventry and England. It was responsible for 1,151 deaths and life expectancy in the city would have increased by 0.23 years if the rate of death from cancer in Coventry was the same as that in England. This was followed by circulatory disease such as stroke and heart disease (1072 deaths, 0.20 years of life gained). In females, cancer (1026 deaths, 0.20 years of life gained) was the second biggest contributor after external causes* (i.e. those other than diseases of the circulation, digestive and respiratory systems, cancer, mental and behavioural conditions such as Alzheimer's and external causes such as poisoning and suicide. These are not shown in the table below) (PHE Segment Tool).

Mental and behavioural causes, including dementia, accounted for 252 deaths in men and 497 deaths in women. The percentage of adults in Coventry aged 65+ with a recorded diagnosis of dementia is 3.9% (2116 diagnoses) and has remained stable over the last two years (Dementia: Recorded prevalence aged 65+. PHE Fingertips).

In the UK, between 2005 and 2015, the percentage of all adults with diagnosed dementia has increased from 0.42% to 0.82% (Trends in diagnosis and treatment of people with dementia in the UK from 2005 to 2015: a longitudinal retrospective cohort study. Donegan et al. 2017. Vol 2, issue 3. PE149-E156). This is thought to be the result of the ageing population but also greater clinical awareness (Donegan et al. 2017).

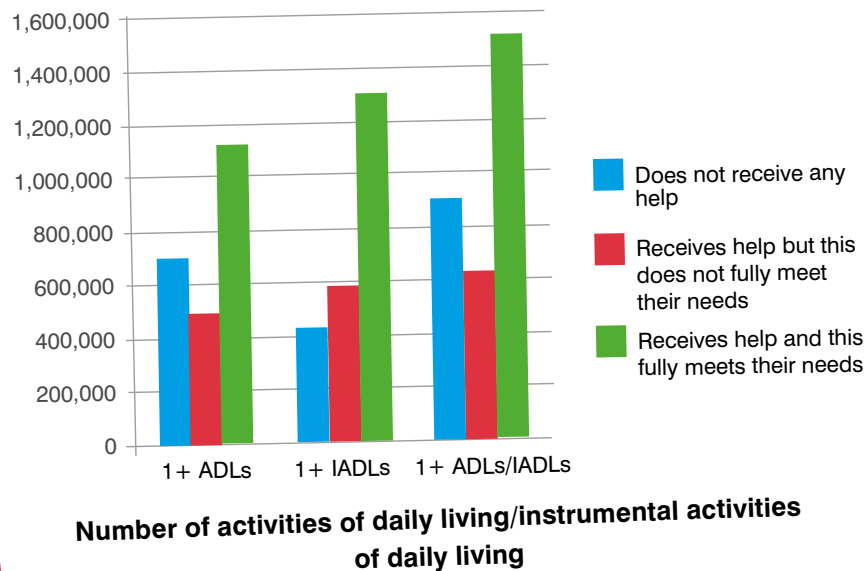
An increase in research into dementia has increased understanding of the condition. The disease process can start in middle age or earlier, though symptoms

may not be present until later life. Attempts to prevent and delay the onset of dementia will, therefore, be most effective when started as early as possible, with an increased focus on people aged 40-60. Through lifestyle improvements and reducing risk factors within a population, it is predicted that over a third of cases of dementia could be prevented (Dementia prevention, intervention, and care. 2017. Vol 3. Issue 10113. P2673-2734).

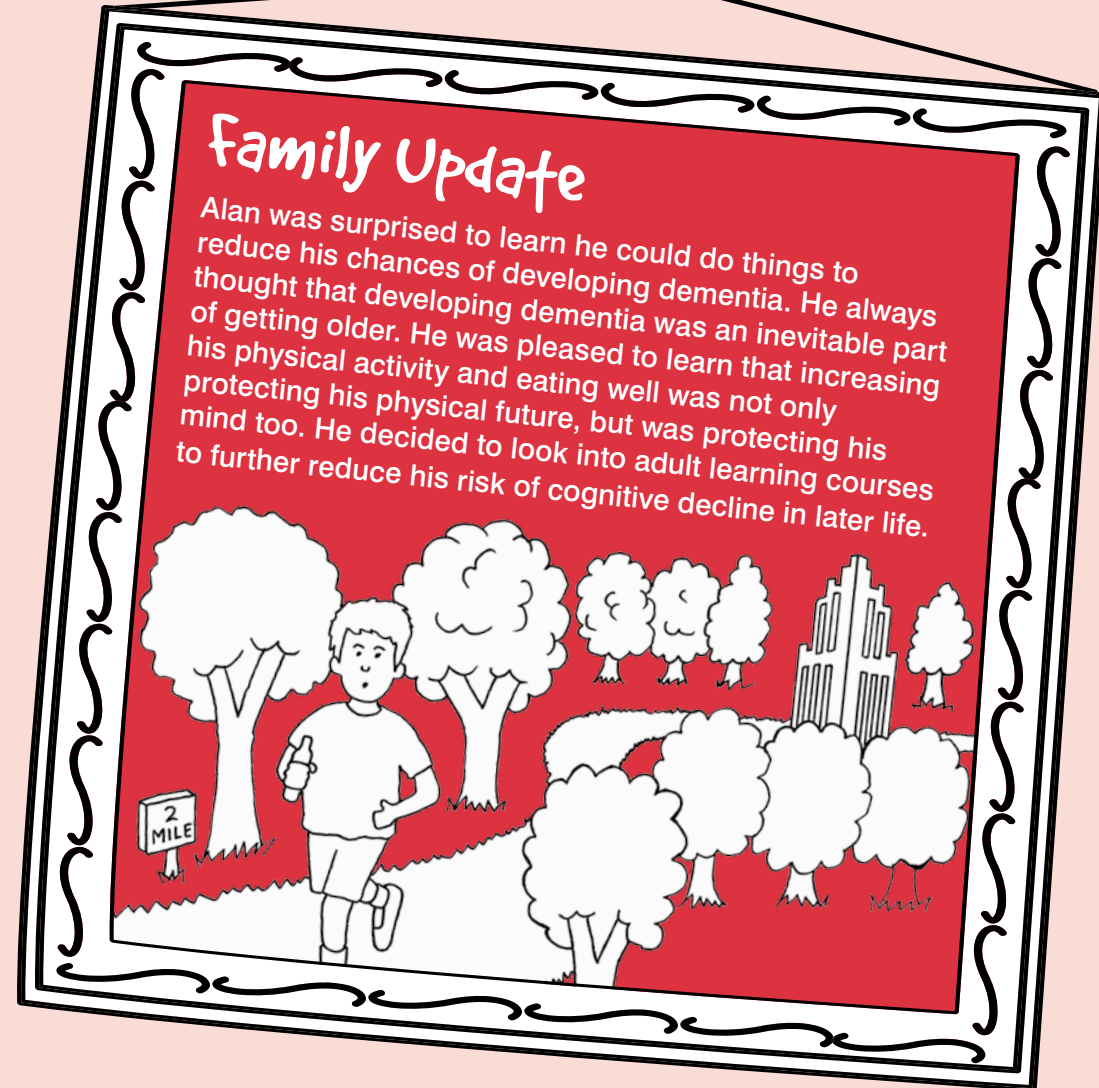
Pushing back the onset of dementia by just one year could prevent more than 9 million cases across the world and delaying by 5 years could halve the prevalence globally.

(Dementia prevention, intervention, and care. 2017. Vol 3. Issue 10113. P2673-2734).





Source: Age UK, Briefing: Health and Care of older People in England 2017, February 2017.



2. Physical impairment and falls

Physical impairments and activities of daily living

As people age, conditions that limit wellbeing and reduce the ability to live a full life are more common. Evidence shows that a decline in functional status, which is a person's ability to carry out the normal day-to-day activities needed to meet their basic needs, fulfil their usual roles and maintain their

health and wellbeing is associated with a decrease in life expectancy (Leidy, 1994; Wilson and Cleary, 1995; Keeler, 2010). For example, a study showed a 70 year old person considered independent (i.e. able to carry out day-to-day activities without help from others) had a life expectancy of 16.7 years. This fell to 15.7 for a person with specific mobility problems (i.e. unable to walk half a mile and/ or walk with no help up and down stairs to the second floor) and to

11.5 years in those who could not carry out the daily activities required for self-care without help (Keeler, 2010).

Across the country, more people are requiring support to achieve the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADLs), both of which relate to our ability to live in a dignified and independent manner.

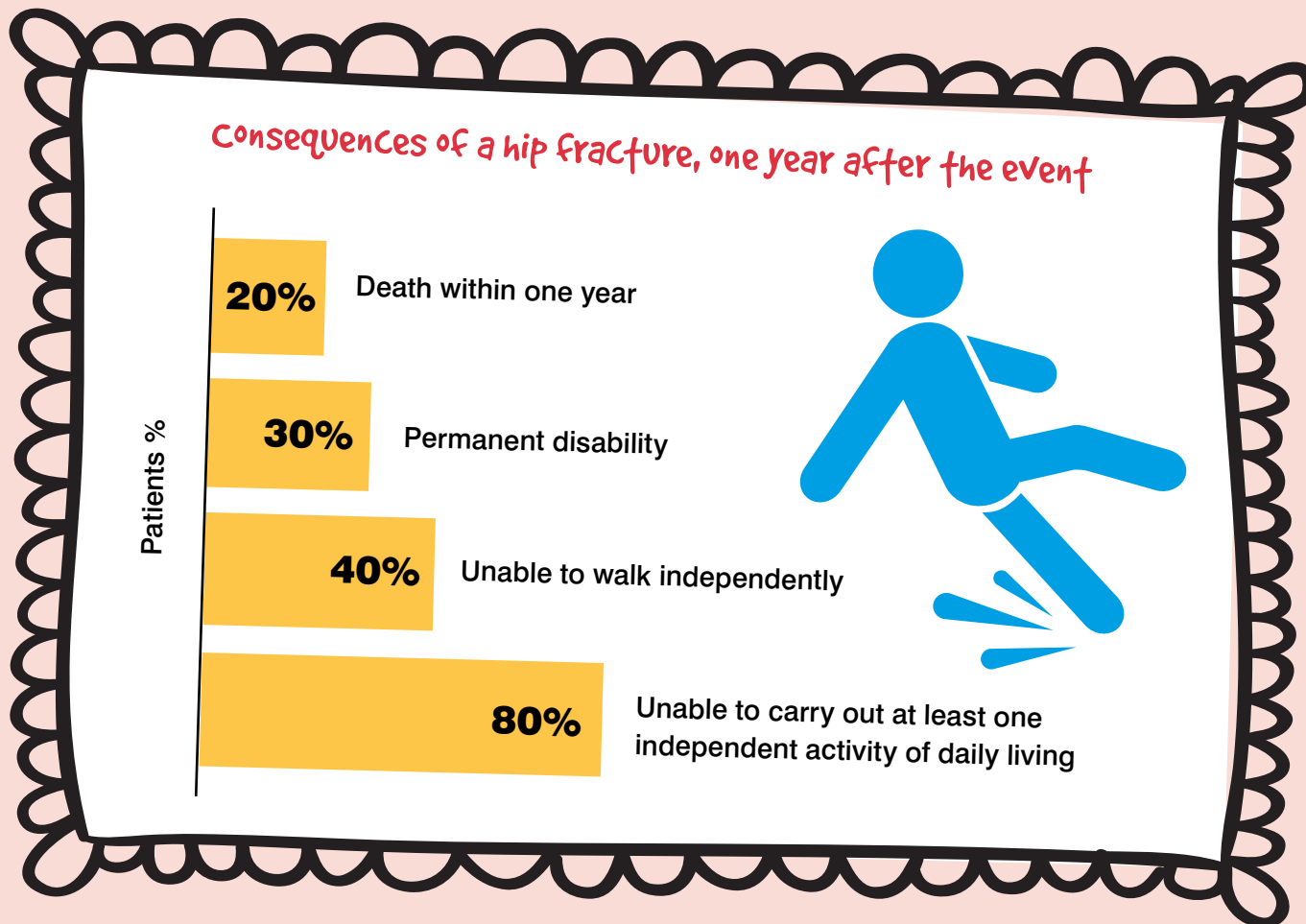
Falls

Falls are an important cause of physical disability and health care need. Almost 15% of all Coventry unplanned admissions in the over 75s are due to falls and frailty. Older people and people living in care homes are at an increased risk of falling. Those aged 65 and over who live in their own home have a 30% chance of having at least one fall in a year. This rises to 50% of those aged over 80 or those living in a care home (**Falls in older people – Assessing Risk and Prevention NICE Guidelines**).

Experiencing a fall can have a significant impact on a person's quality of life. Almost one-third of people who suffer a hip fracture will die within the following year; others will experience significant loss in function, reduced mobility and increased dependency on others (**The impact of falls in the elderly. Boye, Va Lieshout, Van Beeck et al. 2102**). In addition to injury, falls can lead to a loss of confidence and fear of further falls. The loss of mobility and increased dependency can also be a cause of social isolation and depression.

Particular groups of people have a higher rate of falls and also of suffering adversely from a fall:

- Increasing age
- People who have fallen before
- People with dementia
- Sight loss
- People with learning disabilities
- People living in care homes



3. Loneliness and social isolation

Social isolation and loneliness are an often overlooked cause of poor health. Loneliness is due to the difference between the quantity and quality of social relationships (e.g. friendships) that people have and want (**About loneliness, Campaign to End Loneliness**). Social isolation on the other hand comes from being distanced from social networks, for example due to poor health or mobility (**Windle et al., 2011**). This means that an individual who is lonely

may not be socially isolated and someone who is socially isolated may not necessarily be lonely.

Social isolation and loneliness can negatively affect health and wellbeing, putting additional pressure on health and social care services. Some research suggests that loneliness is as bad for our health as smoking 15 cigarettes a day (**Holt-Lunstad 2010**). Loneliness and social isolation are associated with a number of health risks including an increased risk of depression, dementia, mental decline, raised blood

Family Update

At her parents' house, Cathy notices an elderly gentleman standing in the window of a neighbouring property. The gentleman's name is Alfred and he moved to the area around 6 months ago. Alfred rarely leaves the house and never has visitors. Susan decided to speak to Alfred. Alfred took some time to come to the door, but was more than happy for Susan to come in for a chat.

Alfred is in his late 70s. Since the passing of his wife he has felt lonely. Alfred has no children and moved to the area to downsize. Before retirement he was a local factory worker and now has little disposable income.



pressure and death (Landeiro et al. 2017; Davidson and Rossall. 2015). Individuals who are socially isolated have been found to be more likely to go to the GP and A&E, be admitted to hospital as an emergency and enter publicly funded residential care (Griffith, n.d.).

There are also financial benefits to tackling loneliness, the national Campaign to End Loneliness was launched in 2011 and found that every £1 invested in tackling loneliness saves £3 in health costs. With the launch of the Jo Cox Commission on Loneliness in 2017 and the appointment of a Minister for Loneliness by the Government in 2018, it is evident that reducing social isolation and loneliness is now a national priority.

(<https://www.gov.uk/news/pm-commits-to-government-wide-drive-to-tackle-loneliness>)

An estimated 6,380 people over the age of 60 in Coventry are lonely.

(Coventry City Council Insight, 2018).

The following are risk factors for loneliness in older people

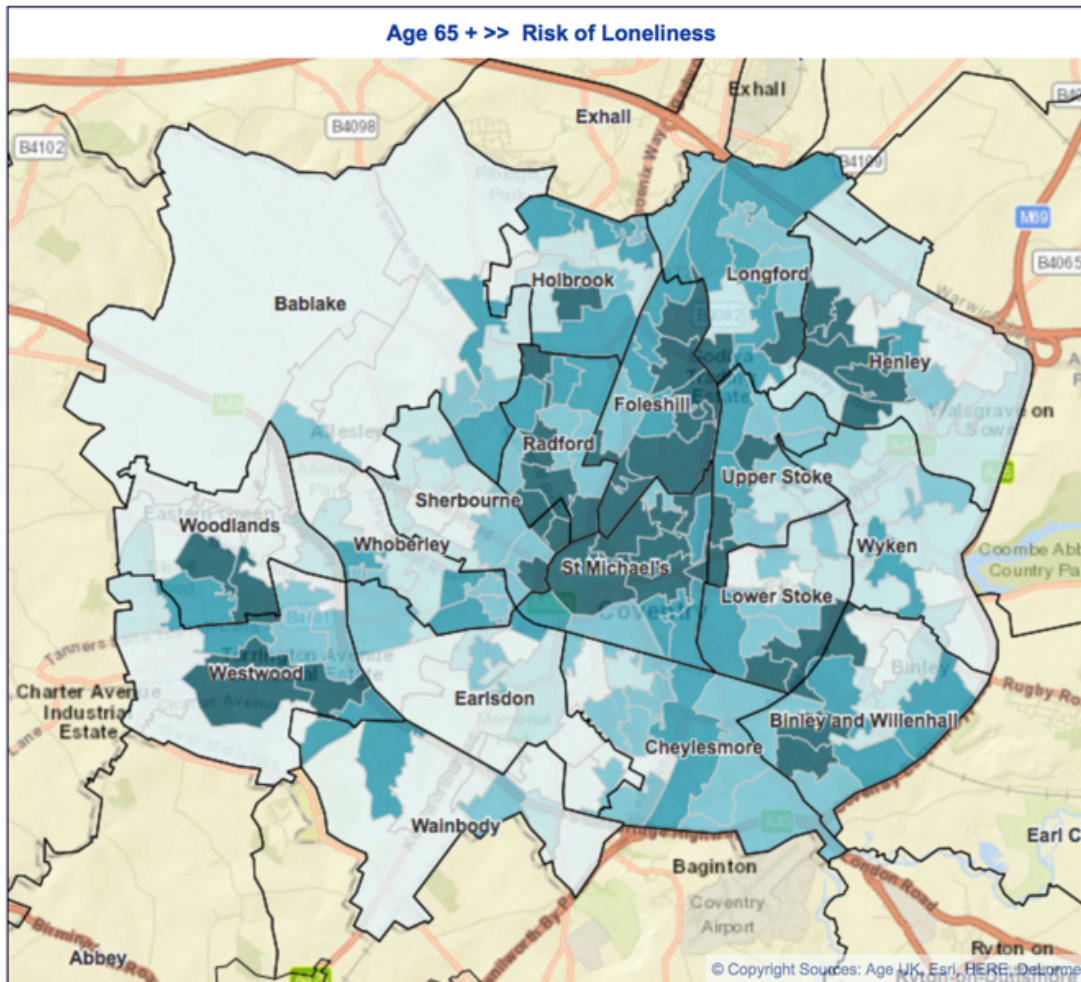
(Age UK, Campaign to end Loneliness):



According to data from the 2011 census, people aged 65 and over in Coventry are affected by a number of these risk factors (**Coventry Local Authority Local Area Report**):

- More than 15,000 people aged 65+ lived alone. This equates to 33% of all over 65s resident in Coventry. In addition, over 1000 people aged 65+ were estimated to be living in residential care homes.
- Residents aged 65 and over were more likely than others to provide some unpaid care (14% vs 10%).
- 18% of residents over the age of 65 said that they were in bad or very bad health compared with 6% of all others.

Age UK has developed a map comparing the risk of loneliness in different areas across England, based on data from the 2011 census on marital status, health (as reported by the individual), age and the size of the household.



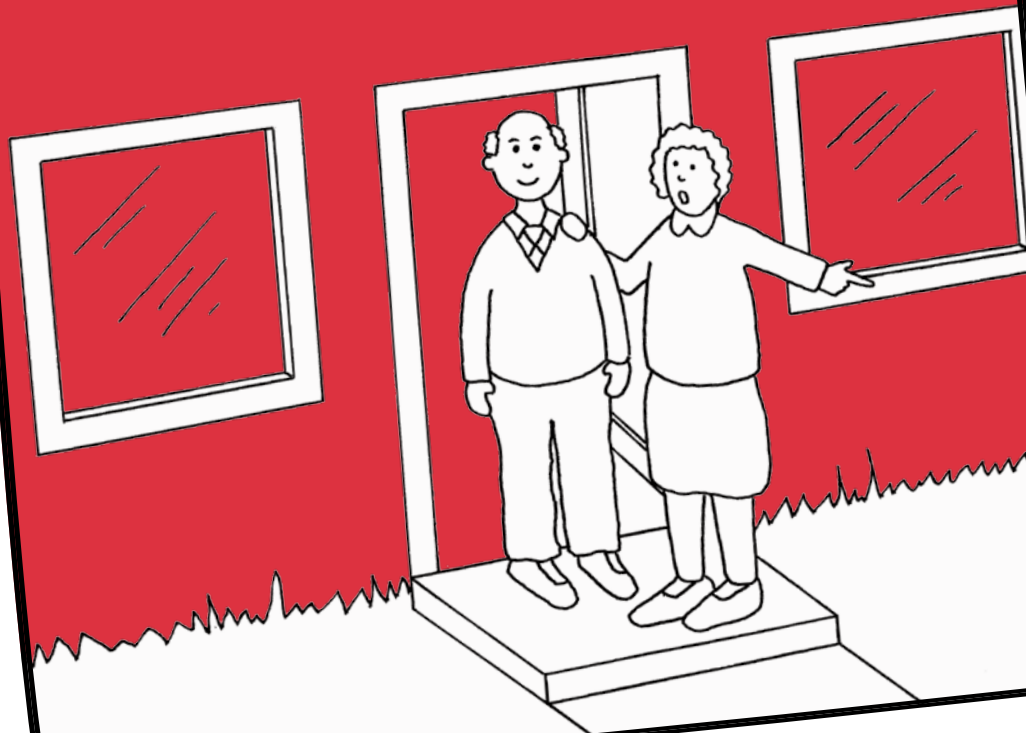
This map shows the risk of loneliness at neighbourhood level within Coventry

Source: Age UK 2016



Family Update

Just prior to leaving Alfred's house, Susan suggested he join the community group at the local care home just down the road. Susan said the group runs a wide range of activities aimed at older people and that this would give Alfred a new group of friends.



4. Lifestyles

A healthy lifestyle is essential for achieving healthy ageing. Healthy life expectancy tends to be lower in areas where there are more smokers, higher levels of harmful drinking, a lower percentage of healthy eaters and fewer people meeting the recommendations for physical activity.

A study in Canada of behavioural risk factors in adults - smoking, unhealthy alcohol intake, a lack of physical activity, poor diet and high stress - found that men and women with all five risk factors had a life expectancy more than 20 years lower than those who had none of the risk factors (68.5 vs. 88.6 years in men; 71.5 vs. 92.5 years in women). Smoking, lack of physical activity and poor diet each reduced life expectancy by 2 to 2.5 years. Reducing or removing all five of the risk factors led to gains of 7.8 years in life expectancy and 9.7 years in healthy life expectancy (**ICES Seven more years**).

Smoking

Stopping people from smoking reduces the length of time that people spend in poor health (**Jagger, c. 2015**). The Office for National Statistics has used data to show that if 10 in 100 male and female smokers quit, healthy life expectancy could increase by 6 years and 1 month in men and 7 years and 1 month in women (**What affects an area's healthy life expectancy? 2017**).

Alcohol

If there were 100 fewer hospital admissions due to alcohol in 100,000 men and women, healthy life expectancy could increase by 1 year and 6 months in men and 1 year and 3 months in women

(What affects an area's healthy life expectancy? 2017). Coventry has a higher rate of hospital admissions due to alcohol than the national average (the data is 766.7 vs 634.7 per 100,000).

Diet

If 10 in 100 men and women ate 5 portions of fruit and vegetables a day healthy life expectancy could increase by 3 years and 11 months in men and 4 years and 4 months in women **(What affects an area's healthy life expectancy? 2017).**

Coventry performs worse than England having a lower proportion of people who eat five portions of fruit and vegetables a day (46.3% vs. 52.3%).

Inactivity

If 10 in 100 men and women did the recommended amount of exercise, healthy life expectancy could increase by 4 years and 3 months in men and 4 years and 6 months in women **(What affects an area's healthy life expectancy? 2017).**



Wider determinants of health

Deprivation is known to be negatively associated with life expectancy and disability-free life expectancy at birth. The association is weaker after the age of 85. People in the most deprived areas have a lower life expectancy and healthy life expectancy than those living in the least deprived areas (ONS. *An overview of lifestyles and wider characteristics linked to Healthy Life Expectancy in England: June 2017*).

Having considered factors contributing to life expectancy and healthy life expectancy in more detail, let us now turn our attention to how we can all take better care of our body and mind.

Recommendations



- Promote community-based groups and activities to combat social isolation and loneliness
- Encourage the further reduction of health inequalities by embedding the Marmot City approach across the work of the Council and its partners



Family Update

Not too long ago, Geoffrey was having trouble maintaining his blood sugars at the correct level. One day he suffered from a dull ache in his chest, with a heavy feeling down his left hand. Susan took him to hospital where and it was found he had a heart attack. He was treated in the hospital for two weeks.

Chapter 3 Taking care of your body and mind

As the age at which people receive their state pension increases and pressures on health care resources grow, improving the healthy life expectancy of Coventry residents will become ever more important.

Thus, it is vital we explore new, sustainable and effective ways of promoting good health and preventing ill-health across all age groups to support increases in healthy life expectancy.

1. Healthy behaviours

The challenge is to balance what organisations can do to promote healthy ageing and individual responsibility to adopt healthy behaviours.

There are steps people can take throughout their life to reduce the risk of developing a LTHC. Many of these steps rely on people making proactive choices, such as taking up the opportunity to have an NHS Health Check or a flu jab, or adopting healthier behaviours, such as quitting smoking.

“Take care of your body. It’s the only place you have to live.”

Jim Rohn

Public Health England states that to achieve a reduction in LTHC, we must promote the concept of healthy life expectancy and healthy ageing. This involves:



Reduce your risk of developing a long term health condition such as diabetes and heart disease:



Get physically active
walking, cycling, dancing, gardening, sport or playing active games for 2.5 hours per week



Maintain a healthy weigh
(BMI lower than 25)



Maintain a healthy diet
high in fruit, vegetables and whole grains, low in salt, sugar and red meat



Give up smoking



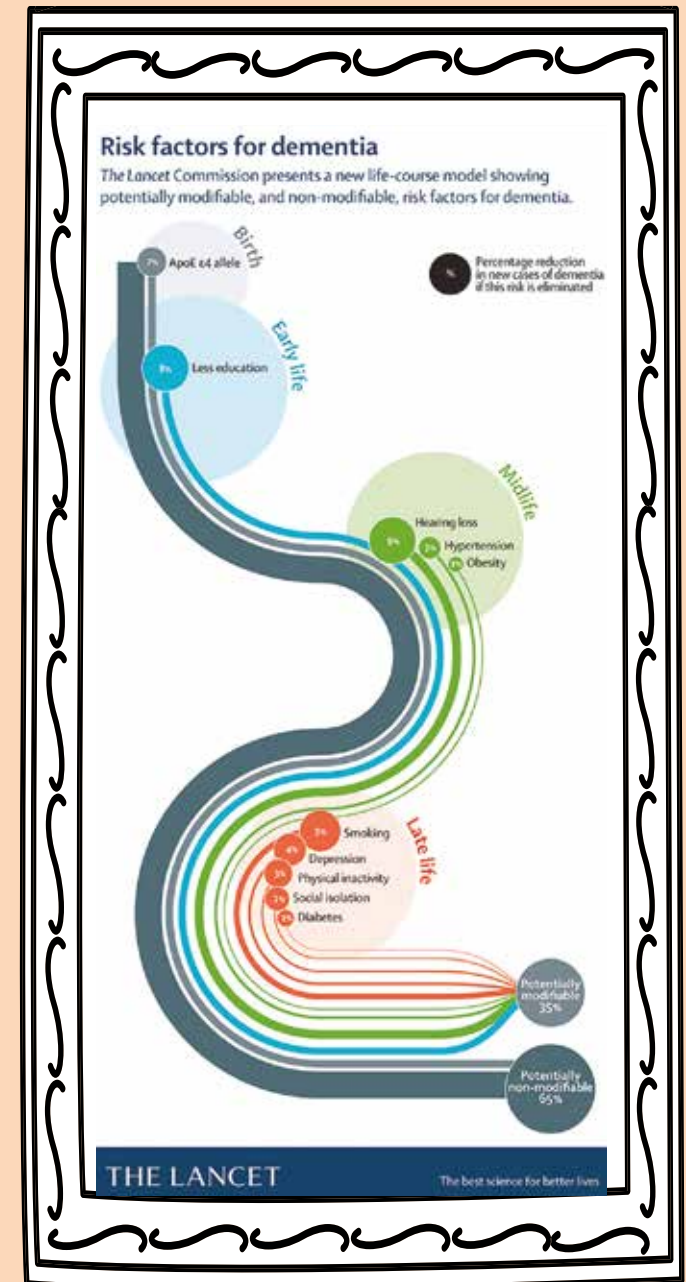
Drink responsibly
Drink no more than 14 units of alcohol per week

As stated, the good news is that adopting healthy behaviours can prevent the development of some LTHCs and may reduce the impact of those that already exist, such as Type 2 diabetes, heart disease, stroke, some cancers and dementia.

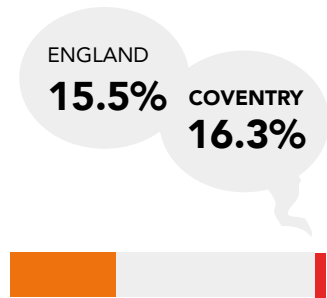
Many cases of Type 2 diabetes can be delayed or even prevented by making simple lifestyle changes such as eating well, moving more and losing weight. There are lots of resources online that can support people to make these changes - diabetes UK (<https://www.diabetes.org.uk>) or HLS Coventry (<https://hlscoventry.org>).

Some people at higher risk of diabetes may be eligible for the Healthier You Diabetes Prevention Programme which has started in Coventry and Warwickshire this year. For those who are diagnosed with diabetes (either Type 1 or 2) learning how to better manage your diabetes is a positive step to make, whether that is by attending a diabetes education session such as DESMOND, peer support or accessing online learning. There is a range of checks everyone with diabetes should receive: these are the 15 Healthcare Essentials (on the Diabetes UK site).

It is never too late to make positive lifestyle changes. Losing weight can reduce or even reverse the need for medication and quitting smoking will significantly reduce the risk of longer term complications. Making positive lifestyles changes and ensuring the 15 Healthcare Essentials are received will improve control of diabetes, reduce the risk of complications (heart, kidney, nerve, foot or eye problems and strokes) and reduce the chances of having a longer term disability.

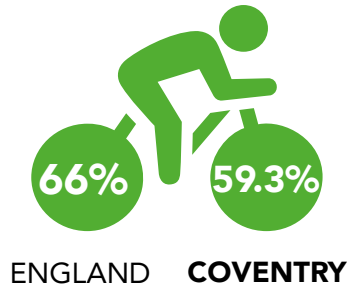


Coventry's healthy habits:



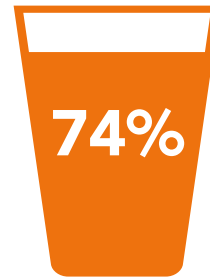
SMOKING

Percentage of adults (over 18 years) who smoke, similar to the national benchmark 2016



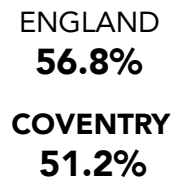
PHYSICAL ACTIVITY

% of physically active adults 2016/7, worse than national benchmark



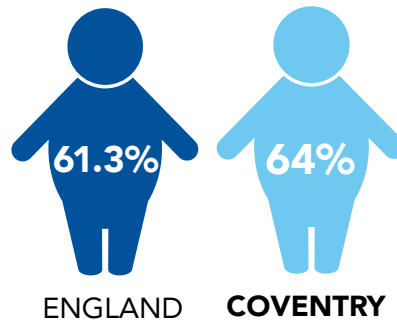
ALCOHOL

An estimated 22% of residents drink alcohol. Of those, 74% drink more than the recommended daily amount of 2-3 units at least once a week.



HEALTHY EATING

Percentage of adults (aged over 16) meeting the recommended '5 a day' on a usual day



HEALTHY WEIGHT

Percentage of adults (aged 18+) classified as overweight or obese 2015/6

An estimated 22% of residents drink alcohol, and of those who drink, 74% drink more than the recommended daily amount of 2-3 units at least once a week.

As a city we are less likely to take up behaviours proven to reduce the risk of illness and disability. We also know there is more that can be done to help Coventry residents adopt healthier behaviours.

The Public Health team commissions services to support people to adopt healthy behaviours. These services have traditionally been separate, but they are now being delivered in one place.

The new service is called Healthy Lifestyles Coventry and provides flexible and person-centred support to empower people to adopt a range of healthy behaviours.

The aim is to give people the tools they need to increase their healthy life expectancy and increase their chances of remaining independent as they age. It provides services including NHS Health Checks for eligible people aged 40-74, help to stop smoking and support to increase healthy eating and physical activity.

In recognition of the potential negative impact of social and economic factors on healthy life expectancy, Healthy Lifestyles Coventry will target and provide the most intensive support to:

- People with multiple unhealthy behaviours (e.g. people who have low levels of physical activity and smoke)
- People with mental health conditions
- People at risk of developing LTHC such as cancer, heart disease and Type 2 diabetes
- People living in areas with high levels of deprivation

The service has a new website at www.hlscoventry.org and offers an online support platform called 'Best You' (this can be accessed for free via the main website). The service has a freephone 0800 122 3780 and the email contact is info@hlscoventry.org. People wishing to access support through the service can either refer themselves or be referred by a health care professional.

and running routes. Among the first of these being developed is Stoke Heath Sports Ground (Morris Common). Each route has a series of distance marker posts so that people can check how far they have been travelling.



Coventry One Body One Life
Coventry One Body One Life is a free 10 week programme to help people make real changes to eating and exercise habits, to be fitter, healthier and more active.

What you said you did:

"Less snacking and more fruit."

"I've been doing more walking and walking faster to get my heart rate up".

"Giving up biscuits - Changing to a less sugary treat."

"...quick and easy ways to exercise which are fun with the kids."

Adult education

Learning something new can be a great way to develop a social life and broaden one's horizons. Coventry City Council has a thriving Adult Education programme, delivered from 26 venues in some of the most deprived areas of the city such as Hillfields and Bell Green. The programme offers a range of apprenticeships, traineeships, courses with qualifications such as childcare, supporting teaching and learning in schools, accounting and bookkeeping, not to mention English, Maths and ESOL.

For many, engagement with a leisure course such as dancing can lead to increased confidence and further study. Through the Passport to Leisure and Learning (PTLL) scheme, the local authority supports those in the most need of gaining qualifications to access courses and activities. The scheme also supports people to secure a new job or promotion. Residents who qualify for a Passport to Leisure can also save money as they improve their health, fitness and learning by joining the scheme.

Immunisations

Individuals with LTHC and those aged 65 and over are more likely to experience serious and long term negative health impacts as a result of infectious diseases such as flu, which is a serious illness that can be fatal, even in people who were previously fit and healthy.

Vaccination can help to protect against some infectious diseases. There are three programmes available for adults:

- Influenza for those aged 65 and over, people with LTHC such as asthma and those working with vulnerable people (e.g. health care workers, care home staff and carers)
- Pneumococcal Polysaccharide Vaccine (PPV) for those aged 65 and over
- Shingles for those aged over 65

The childhood flu vaccination programme equally aims to protect the whole population, especially the elderly and those with long term health conditions, as children are one of main ways flu is passed onto others.

Flu vaccination coverage

Just over two thirds of older people in Coventry protect themselves with a flu vaccine. Only half of eligible people who are at most risk protect themselves with the flu vaccine. Less than half of children in the eligible range are protected by a flu vaccine.

	2016/17		
	Age 65+	Clinical at risk (under 65)	Age 2-4
Coventry and Rugby CCG	69.3	51.6	33.6
England	76.5	48.6	38.1

Adult vaccination coverage

Under half of Coventry older people are protected from shingles (varicella zoster) through vaccination. Over two thirds of older people take up the vaccine for pneumococcal disease, which is similar to national rates.

	2016/17	
	Shingles	Pneumococcal (PPV) (over 65)
Coventry and Rugby CCG	44.9	69.3
England	48.9	69.8

Source: PHE Fingerfips

Cold homes

Older people and those with long term health conditions such as heart disease are at risk of health problems relating to living in a cold home. Some may have a cold home due to the costs of heating, but 'fuel poverty' is also related to the energy efficiency of housing. In 2017/18 Coventry City Council partnership programmes enabled 21 people with a long term health condition to have a new boiler or central heating system fitted. A further six people were supported because they were elderly or because there was a child living in the property. Energy efficiency measures were also fitted for 11 people with a long term health condition.



2. Social isolation and loneliness

The Age-friendly Coventry Programme is an international effort to help cities prepare for a rapidly ageing population. An Age-friendly city is an inclusive and accessible urban environment that promotes active ageing. The research identifies eight domains of the urban environment that support active and healthy ageing:

- outdoor spaces and buildings
- transportation
- housing
- social participation
- respect and social inclusion
- civic participation and employment
- communication and information
- community support and health services

The five year programme involves assessing the 'age-friendliness' of a city against the eight domains with stakeholders and development of a three year plan of action based on the assessment findings. In Coventry, Information, Social Participation, Transport and Communication have been identified as priority areas following the baseline assessment and stakeholder engagement.

Coventry City Council is supporting a call to action to end social isolation and loneliness across the city and complete further work with partners focusing on the following areas:

- Ensure our limited resources are utilised in a way which maximises the benefit to adults who are at risk or are socially isolated / lonely in Coventry

Case study

Book Lovers' Vintage Tea Parties

For Older People's Day 2017, the Coventry Library Service decided to take an approach designed to gently encourage socialisation and connectivity by encouraging conversations around reading in a welcoming and informal environment. The service held Vintage Tea Parties at Bell Green Library and Allesley Park Library. These events attracted over 65 people and proved popular with older people and their families. For many attendees, the event was a good introduction to reading clubs and other activities as a way to increase their social interaction.

- Coordinate the activities offered by all partners in the city working within this area, including voluntary organisations and statutory agencies, clearly understanding where their support fits into the overall support system
- Identify opportunities to tackle loneliness and build more integrated and resilient communities
- Use evidence based programmes to tackle social isolation and loneliness and ensure these are being accessed by the right users



Images from Older People's Day, provided by Library Services

Case study

Good Neighbours Coventry

The Good Neighbours Coventry scheme was developed by local churches in partnership with Age UK Coventry to tackle isolation and loneliness amongst older people in the city through developing local, community-based, 'neighbourly' support, both with one-to-one befriending and through new social groups such as a fortnightly cream tea. The one-to-one element of the project recruited 168 volunteers in the first eight months who were supported to engage with 228 older people living in Coventry.



Family Update

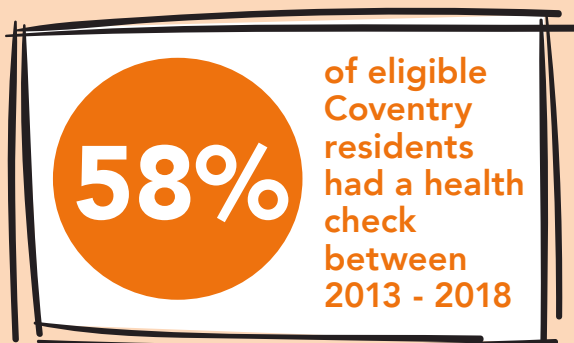
A month later, Alfred seems much brighter. Speaking of the community group, Alfred said 'it's been a fantastic experience; I wish I'd found out about it sooner.' Alfred explained he was now part of a local reading group and has been on group walks in the countryside, all organised through the home. Alfred enjoyed his time at the home. He now volunteers at the home every week to sit and speak with residents.



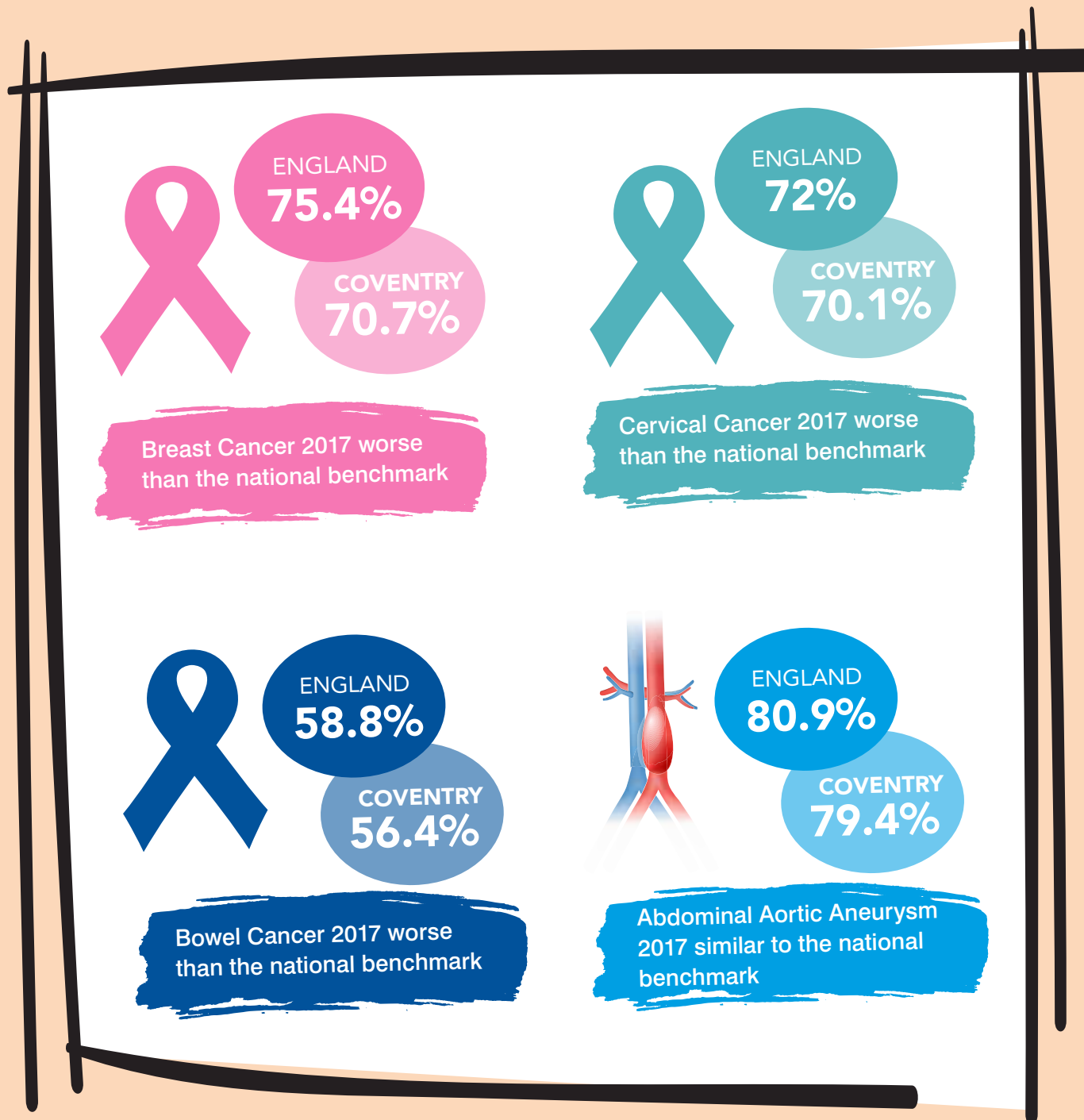
3. Early identification

Many serious diseases such as cancer and heart disease can be treated effectively if caught early enough. The identification of a disease or its constituent risk factors is an essential tool in increasing healthy life expectancy.

Health checks



Health checks aim to help people manage their risk factors for disease. Everyone aged 45 to 74 should be invited for a health check by their GP. The results may indicate if someone has or is at risk of developing certain health conditions such as heart disease, Type 2 diabetes and stroke. The health professional will provide advice on issues such as increasing the level of physical activity or medication to lower the risk of developing a long term health condition. The health check now includes supporting people aged over 65 to recognise the signs and symptoms of dementia. Over half (58%) the eligible Coventry population had a health check in the period 2013/14 to 2017/18, which is better than the national average. Coventry ranks 18th nationally out of 152 local authorities for the uptake of health checks. (Source: PHE *Fingertips*).



Screening

Screening aims to identify health conditions at an earlier stage than when a person would have sought help for any presenting symptoms. Early identification of these health issues improves the likelihood of a good long term outcome.

There are four screening programmes available to identify people at risk of breast, bowel, cervical cancer and abdominal aortic aneurysms:

- **Breast screening:** for women aged between 50 and 70 who have not had a breast cancer screen for three years or more. Those aged over 70 can arrange a screen through their GP.
- **Bowel screening:** all men and women aged 60 to 74 registered with a GP in England are automatically sent a bowel cancer screening kit every two years. Those aged over 70 can arrange a screen through their GP.
- **Cervical screening:** for women who have not had a cervical screen as detailed below:
 - aged 25 - 49 and not had a screen for three years or more
 - aged 50 - 64 and not had a screen for five years or more
 - over 65 and not been screened since they turned 50
- **Abdominal Aortic Aneurysm:** screening for men aged 65 to 74 who have not had a previous screen.



On average, people in Coventry do not take up the offer of screening as much as across England as a whole. Screening rates for Coventry are below the national average for breast, bowel and cervical cancer. The rate for abdominal aortic aneurysm screening is similar to the national average.

Clearly, there is much that we as individuals and community groups can do to increase the likelihood of living healthier for longer. However, there are times where further support and intervention will be required and it is important to recognise this, as well as the wider challenges facing health and care services.

Links to useful resources

www.uhcw.nhs.uk/our-services-and-people/our-departments/bowel-cancer-screening/

www.uhcw.nhs.uk/our-services-and-people/our-departments/abdominal-aortic-aneurysm-aaa-screening/

www.uhcw.nhs.uk/our-services-and-people/our-specialities/breast-screening-specialty-imaging/

Recommendations



- Increase the profile of ill health prevention through innovative opportunities to promote health and wellbeing across the work of the Council and its partners
- Further develop partnership working across primary care, Public Health, secondary care and social care to improve immunisation rates, particularly for at risk groups

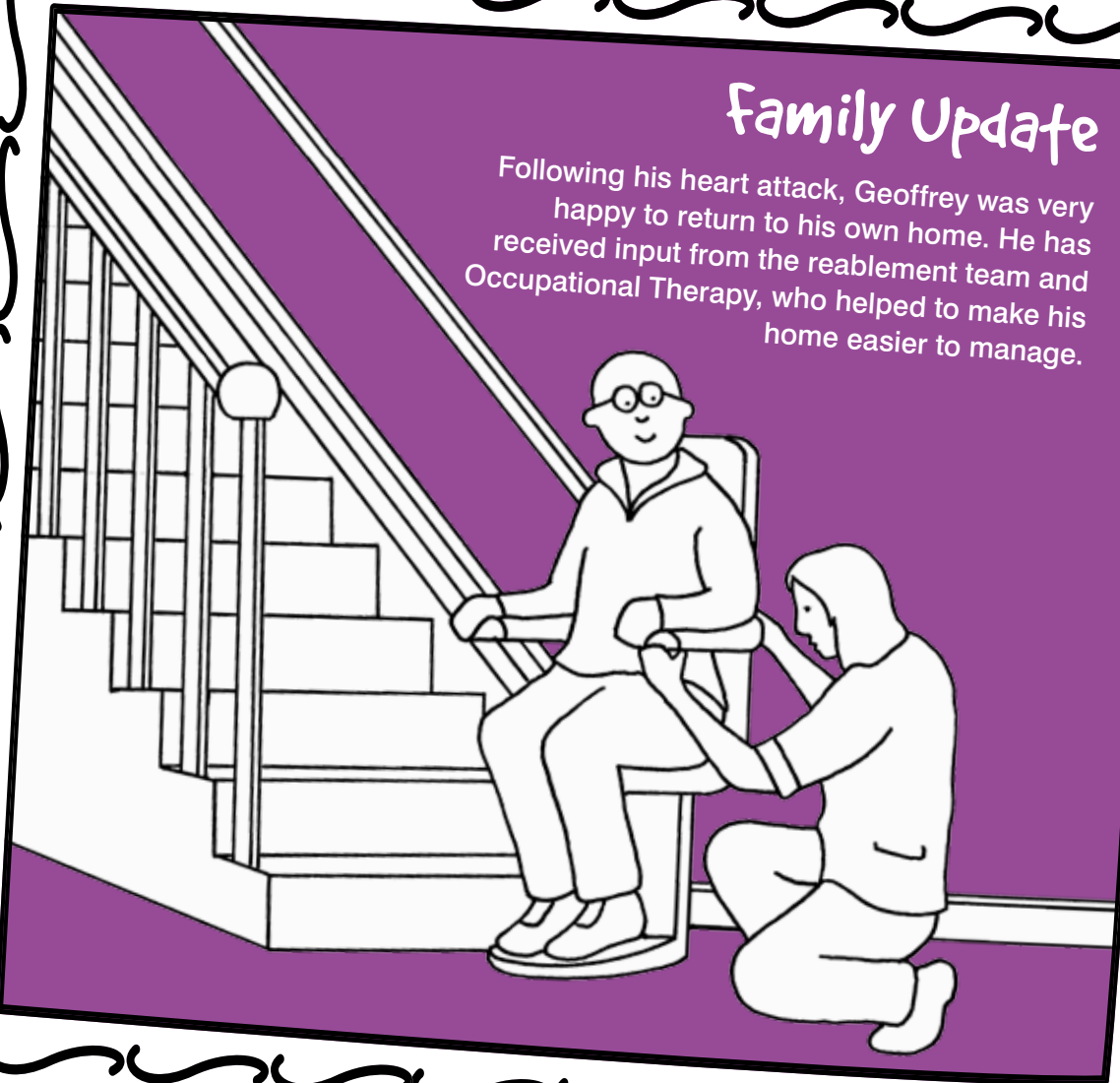
Chapter 4 Health and Care Services for the older Population of Coventry

Health and Care services in Coventry are close to full capacity, with pressures on the system growing every year. Keeping Coventry residents as independent as possible for as long as possible is the cornerstone of the Council's strategy to reduce demand on services. The vision for Adult Social Care in Coventry is to enable those people most in need to live independent and fulfilled lives with stronger networks and personalised support.



Family Update

Following his heart attack, Geoffrey was very happy to return to his own home. He has received input from the reablement team and Occupational Therapy, who helped to make his home easier to manage.



1. Remaining independent

Health and social care providers in Coventry are committed to making sure that people receive the right care when they need it and in a way that meets their needs and achieves their outcomes.

Across Coventry, organisations have come together to design services that work better, are more aligned with the needs of individuals and communities and provides a high standard of support.

Supporting people to retain their independence at home allows people to keep their existing social and support networks. It contributes to a sense of wellbeing and helps people feel in control of their choices and outcomes. Evidence tells us that people who are independent and can stay in their own home maintain their physical and psychological health for longer. The provision of early support and advice can play an important part in this.

An example of how people are supported to live independently is through the community Promoting Independence service (PI), whose main objective is to promote independence and prevent or delay the need for ongoing services. Our approach to promoting independence works through enabling the person to continue carrying out essential activities independently or with minimal support. Similarly, after a period in hospital the Discharge to Assess service in place, funded by both the CCG and Coventry City Council, helps to ensure that people are reabled to maximise their independence.

When a person starts to experience difficulties and it appears there is a need for support, it can be counter-productive to provide a lot of care support at this stage, even if this is what the person is



asking for. Too much care and support can have a detrimental effect on the person's health and wellbeing, as they become less functionally active. It is, therefore, essential to appropriately target support where it can have the greatest benefit.

The PI service starts with an assessment by an Occupational Therapist with a promoting independence focus. This ensures the person has access to therapy at an early stage which could include advice on different techniques to carry out tasks, provision of equipment or more significant household applications, for example, a stair lift or level access shower. Through our PI service people may be supported for up to six weeks to help them regain the skills needed to live independently or to practice new ways of carrying out a daily living task, it also allows for a period of assessment to gain a clear picture of any ongoing care needs.

If it is identified that there is ongoing care support

Data on Promoting Independence from January to June 2018:

- 108 people referred to the service
- 66 people (67%) referred to the service, did not go on to receive a long term service

required, the Social Worker can use the evidence gathered during the PI service to ensure an appropriate level of support is in place to support the individual to achieve their outcomes and promote their health and wellbeing.

The kitchen facilities at Gilbert Richards Centre, a Coventry City Council facility, have recently been modified to enable the Occupational Therapists to carry out kitchen assessments where appropriate. The City Council and health partners also work with the voluntary and third sector to support people in ways that reduce the need for formal care and support and which improves their health and wellbeing.

2. The vital role of carers

The contribution of carers is hugely important to the health and care system. The overall number of carers is rising, but the proportion is shrinking because the number of people who need care is growing faster than the number of people who can provide informal care. It is estimated that in Coventry alone, those providing informal care and support save the Social and Health Care Economy £680 million (**Valuing care 2015**).

Key Definition

Carer: A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction, cannot cope without their support.

For many people, being a carer is an important part of their life, with some not even realising they are a carer. The average age when people start to become carers is between 50 and 60 years old, although for many people their caring experience starts when they are much older or far younger. Caring is usually incremental, meaning carers are more likely to increase their responsibilities over time.

Caring for a loved one can be very rewarding, but carers can face lots of challenges and struggle to receive the right amount of support themselves. They dedicate a huge amount of time to meet their caring responsibilities and often experience increased personal challenges as a result of this, such as remaining in employment and financial hardship. Carers are also at increased risk of social isolation and their own health may suffer.



According to the last census in 2011, 32,102 people in Coventry self-identified as a carer.

Caring is getting complex. As our population ages, more people are taking on informal caring roles with sandwich caring being more prevalent, where people care for their children as well as their parents. There are also more people in mutual caring relationships where both partners have care needs themselves.

Coventry launched its Carers Strategy in 2016. This multi-disciplinary strategy was developed with key partners. The strategy seeks to improve the overall experience of carers within Coventry.



Early identification and recognition of carers (even at the point of contemplation of being a carer) is essential to the delivery of effective carer support. Getting support from the outset or early on is likely to sustain a caring relationship and have better outcomes for the person they are caring for. Crucial to this within Coventry is the role of awareness-raising and engagement activities with wider organisations and carers.



Information and Advice

Within Coventry, the Carers Trust Heart of England is key to the delivery of carer support services, delivering the Coventry Carers' Wellbeing Service, which offers information and advice, carers peer support groups, primary care support, hospital outreach, social activities, awareness raising courses and training. The Carers Trust Heart of England also holds a delegated responsibility from the local authority to undertake Carers Assessments under the Care Act 2014.



Carers Assessments

A Carers Assessment is a good way for a carer to talk to someone about their caring role, the impact this has on their wellbeing, their strengths and aspirations. It will identify areas of support where a carer may be experiencing difficulties and how these needs might be met, whether it is through effective signposting, knowing their rights, support with contingency planning or support services arranged through the Council, which could include replacement care so that the carer can take a break.

3. Integrating Health and Care Services

The health and social care system is made up of services to treat illness, support people with long term conditions and to provide care and support for people who need help with their activities of daily living. All health and care organisations in Coventry strive to improve the quality of the service they provide in order to make sure people are given the care and support they need when they need it.

Coventry's Health and Social Care System

Like the rest of the country, health and care services are facing more pressure than ever before to deal with increasing demands. There is an increase in the amount of chronic conditions people face and more and more people are living with more than one serious illness. As people get older, they are more likely to have a long term condition, more likely to have more than one condition at a time and also more likely to experience complications as a result of their conditions.

Meeting increasing demand is a challenge across health and care. This is compounded by challenges in recruiting and retaining staff, with some care and support providers choosing to exit the market for a range of sustainability issues. Access to A&E by older people is increasing and in older people A&E attendances are more likely to result in inpatient admissions.

Using technology to improve care



Coventry Adult Social Care has an ambition to increase the availability and use of technology to improve the care offered to residents and their carers. They are exploring how different technologies can more proactively be introduced into the care and support planning process. Examples of how the Council is currently utilising technology to support people include:

'Brain in Hand' pilot - Living with autism, a mental health condition, a learning difficulty or a brain

During the 2017/18 financial year, hospitals within the Coventry and Rugby CCG handled:

- 60,903 planned admissions
- 51,594 unplanned admissions
- 211,103 attendances in A&E
- 556,105 outpatient appointments

In addition:

- 3,043 people over 65 years old received ongoing long term services from Adult Social Care, 1,980 people received short term services in their own home and 1,063 people received nursing or residential support funded by Adult Social Care

injury can lead to difficulties in making decisions, controlling emotions and choosing appropriate behaviour. Brain in Hand compensates for the impairment in executive function that goes alongside these conditions. The APP for mobile devices provides people with personalised activities and coping strategies which they can access anywhere at any time and also monitors their anxiety levels. The system also provides data about use of the APP and the person's status (OK/Coping/High Anxiety) and operates a 'traffic light' system linked to Responders who have been identified as being able to support the user.

'Just Checking' activity monitoring – The Council is working with a company called Just Checking to introduce a system that gives greater insight into an individual's behaviour and their changing care and support needs. This information helps care professionals understand how a person naturally behaves in their own home in the most objective and unobtrusive way possible.

Caring for people with dementia

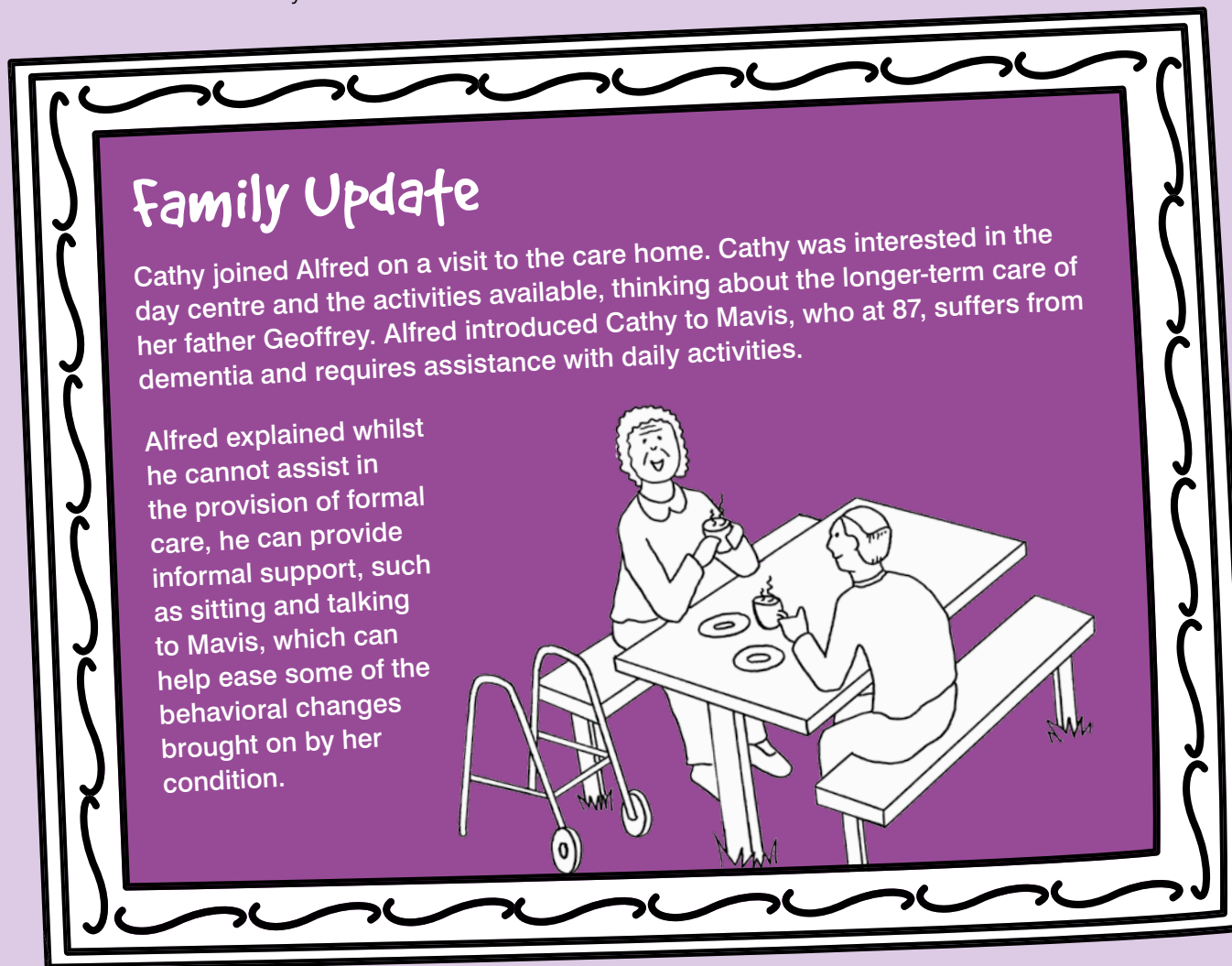
There are an estimated 4,885 people living with dementia in Coventry and Rugby in 2017 of which 2912 have a formal diagnosis (**Dementia Partnerships Dementia Prevalence Tool**). As described in Chapter Two, the number of people living with dementia is expected to rise as the number of older people living in Coventry increases and the risk factors associated with dementia also increase. It should, however, be noted that dementia is not confined to older people.

Coventry City Council and Coventry and Rugby Clinical Commissioning Group launched its

first dementia strategy in 2014 (**Living Well With Dementia Strategy, 2014-2017**), in partnership with the Coventry and Warwickshire Dementia Alliance. The strategy sets out Coventry's commitment to supporting people to live well with dementia.

The lives of people with dementia and their carers can be improved by approaches that put the individual and their family at the heart of their care

and support. Planning for the future, particularly in the earlier stages of the condition can significantly help families navigate future challenges and obstacles. Maintaining autonomy and independence whilst ensuring risks are managed can be a difficult balance to achieve, but one that can be made easier through open communication with families and the support of relevant organisations.



Progress on actions from the 2014 strategy has improved key outcomes for people living with dementia in Coventry:

- Waiting times for a Memory Assessment Service (MAS) memory assessment have reduced significantly, with 95% of patients receiving an assessment within the 12 week target
- Diagnosis rates for Coventry and Rugby have increased from 48% in 2013 to 60% in 2017
- There is more support available for people living with dementia and their carers
- Community Promoting Independence (formerly D2A) offers intensive reablement for people with dementia coming out of hospital, enabling 73% of service users to return home
- Arden Grove is a new 33 bed specialist Housing with Care Scheme which offers an innovative model of person-centred care and promotes the use of meaningful engagement activities based on the Eden Alternative Care Model
- The 630 residential dementia beds across 21 care homes are regularly visited by CCG nurses who offer support in making care homes more dementia friendly, including OT student placements to develop individual activity programmes

Responding to falls and fractures

The Coventry and Warwickshire Clinical Commissioning Group population has a higher rate

of admissions for fractures compared to similar CCGs. The CCG also has a higher rate of elective and non-spend on osteoporosis and fragility

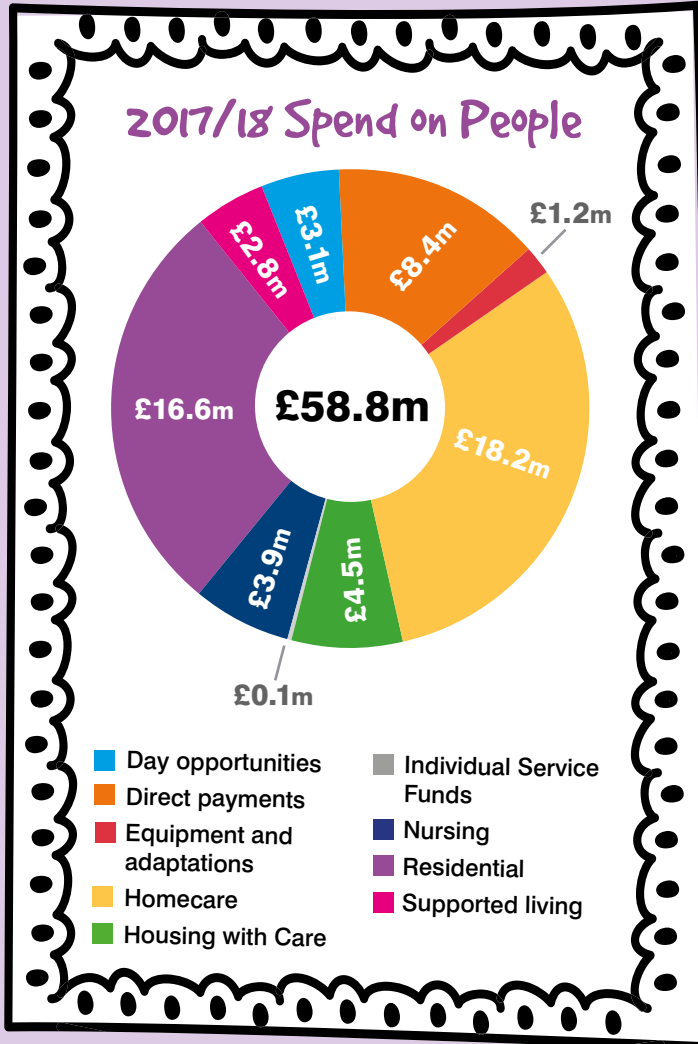
fractures. Collective action across health services in Coventry could contribute to a reduction on hospital admissions in older people due to falls and fractures.

Presenting to health services following a fall presents an opportunity for preventing future falls. In 2010 The Royal College of Physicians national audit of falls and bone health in older people found that healthcare professionals often miss the best, or only opportunity to identify the falls and fracture risk for high-risk patients (whether they attend A&E or are admitted as inpatients); and most primary care organisations lack adequate services for preventing secondary falls and fractures. (**Royal College of Physicians. Falling Standards Broken Promises: Report of the National Audit of Falls and Bone Health in older People 2010. 2011**) In addition, establishing links between services that see patients with risk factors for falls may help identify those who would benefit most from early intervention.



Adult Social Care

Adult Social Care is the single biggest area of spend for Coventry City Council, with a budget of £81.8 million in 2017/18, compared to £78.1 million in 2016/17. Of this, £58.8 million is spent directly on people to provide support (**Coventry City Council Adult Social Care Local Account 2017/18**).

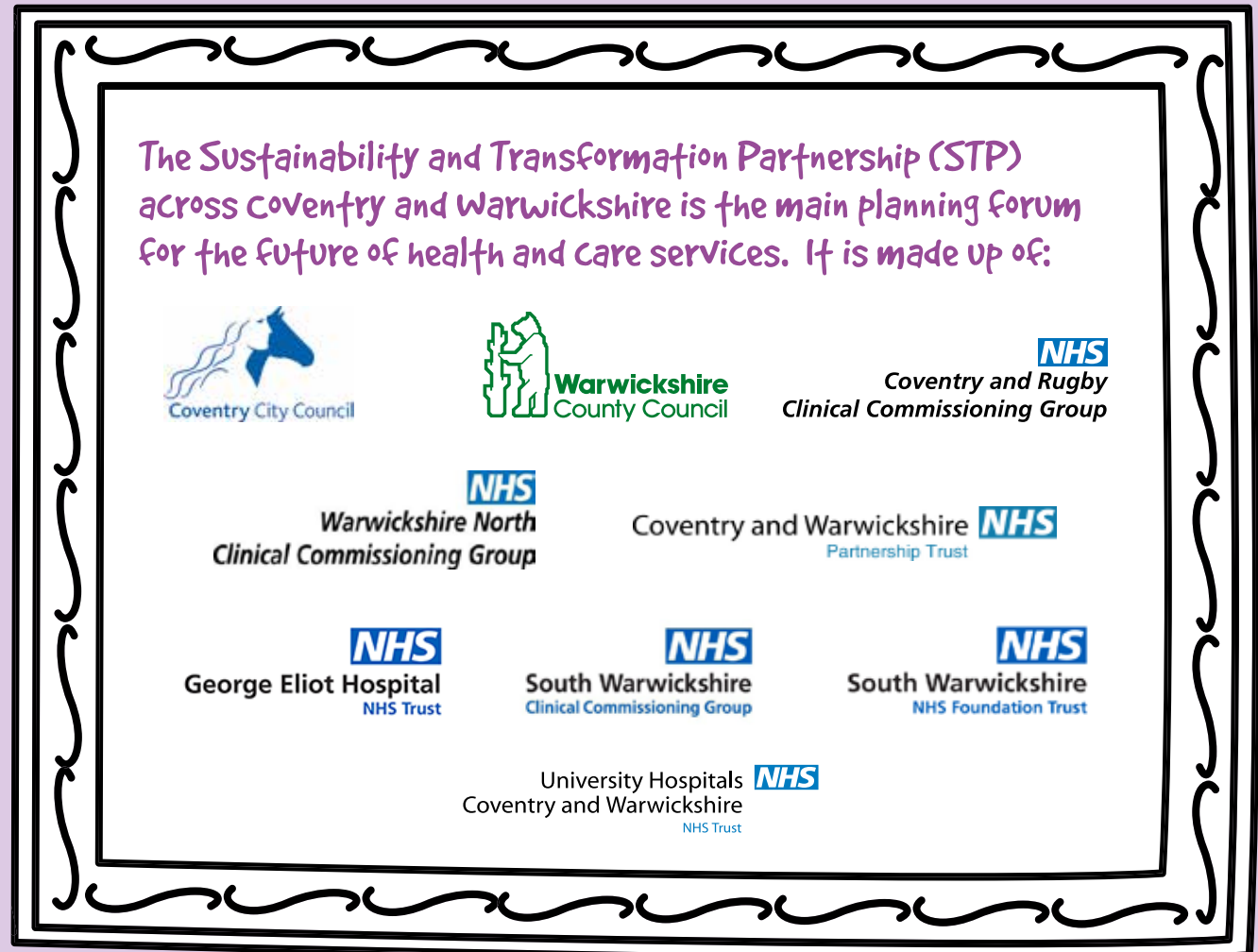


Integrating Health and Care services

A key priority for Coventry and Warwickshire is to increase the integration of health and care services. Integration is not a means in and of itself and integration activity will be pursued with the intention of people receiving more seamless care and support. This means residents will find it easier to access the care they need and that

this care is delivered in a joined up way. Current research suggests this makes the use of health care resources more efficient.

Engagement with Coventry residents tells us that people who use health and care services want to see services that are more joined up, work well together and meet expectations.



Over the past two years, the Better Health, Better Care, Better Value (formerly the Sustainable Transformation Partnership) has been working to improve population health and health and care services across Coventry and Warwickshire.

Case study

Male suicide

Suicide continues to be three times more common in men than in women and is the single most common cause of death in men under 45. The STP made a successful bid for additional funding aimed at reducing suicides in this cohort, from which a number of initiatives came into being or were expanded, such as increasing effort to tackle stigma and isolation, improved support services, ensuring effective access to services for those with mental health problems predisposing them to thoughts of suicide and developing the 'It Takes Balls to Talk' campaign, amongst other things.

**IT TAKES
BALLS
TO TALK**

Improving the transfer of care

Coventry is taking a system-wide approach to improving the transfer of care from hospital to community settings. The Council and its health partners have taken a specific focus on reducing the delay of discharges from hospital.

Data shows significant improvements in patient delays and the number of days patients are delayed between April 2017 and May 2018. Locally, the ranking for Delayed Transfers of Care has improved to 91 nationally out of 152 in March 2018, which was an improvement on the previous year. For Adult Social Care delays only, Coventry was ranked 29th lowest as of May 2018, putting us into the top quartile for national performance.

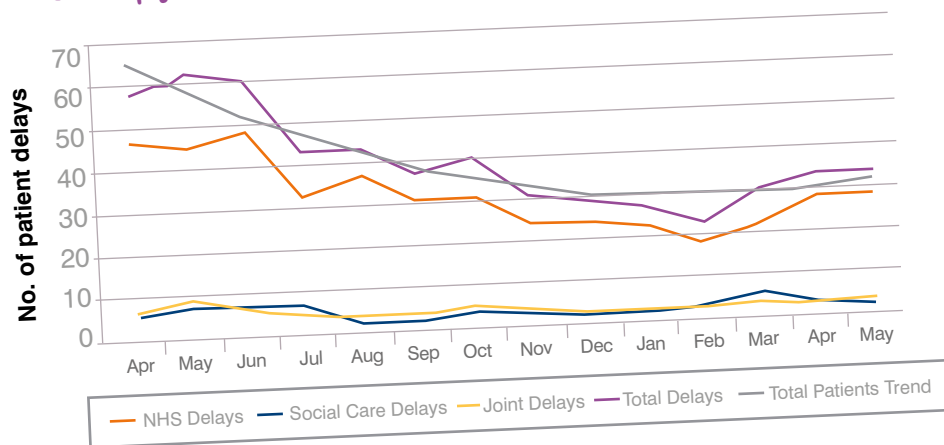


Case study

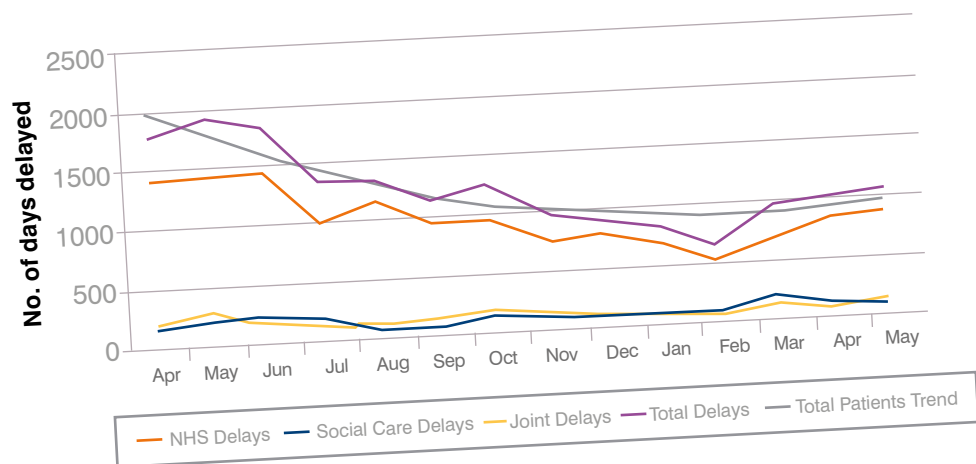
React to Red

React to Red Skin is a campaign across health and social care that trains carers to recognise people at risk and to take steps to prevent pressure ulcers developing. The programme recognises care homes, nursing homes and domiciliary care agencies that have demonstrated they have all the necessary steps in place to care effectively for residents and minimise the risk of pressure ulcers developing.

Coventry - Patient delays by type over last 12 months



Coventry - Number of days delayed by type over last 12 months



Work to improve the robustness of the system includes increasing GP coverage of care homes and strengthening the input of pharmacies.

Link to useful resource

Valuing Carers 2015 – Carers UK

<https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

Recommendations



- Encourage co-design of services, particularly during re-commissioning, by incorporating what good would look like to older people
- Work with established and emerging organisers of services within the region to design integrated health and care pathways to deliver high quality care for older people that make best use of available resources

Summary and Recommendations

Life expectancy and Healthy life expectancy

- As seen nationally, life expectancy in Coventry is stalling and showing a reversal of a previously unbroken trend of continued improvement.
- Men and women in Coventry can expect to live for almost a year less when compared to the average in England. Life expectancy in Coventry is 82.4 for women and 78.5 for men, compared to the England figures of 83.1 for women and 79.5 for men.



- This slowing down of the gains adding years to life is not inevitable. Of more concern, is the slowing down and reversal of gains made to healthy life expectancy.
- As people get older, they are more likely to have a long term health condition, have more than one health condition at a time and experience complications as a result of their illnesses.
- In Coventry the gap between life expectancy and healthy life expectancy is 16.3 years for men and 19.5 years for women, meaning the average person in Coventry can expect to live many of their later years in poor health.

Prevention

- There is more that can be done to promote positive lifestyles and measures to prevent poor health in later life.
- Coventry lags behind national outcomes for uptake of breast, bowel and cervical cancer screening. The uptake of abdominal aortic screening is similar to national rates, limiting opportunities for early identification.
- Coventry does worse in protecting older people and high risk groups with vaccination against influenza.

Maintaining independence

- Coventry City Council provides social care services to help people remain independent for as long as possible.
- A key aim of the city is to ensure that people who receive support get the right information they need at the right time.



- Care pathways are designed so that the appropriate amount of support is given to residents in response to their needs.

Delivering high quality care for older residents

- There is an increase in demand for services.
- Coventry has specialist services for helping people improve their lifestyles, reduce admissions to hospital, regain independence after a period of illness, support those living with dementia and to support those with caring responsibilities.

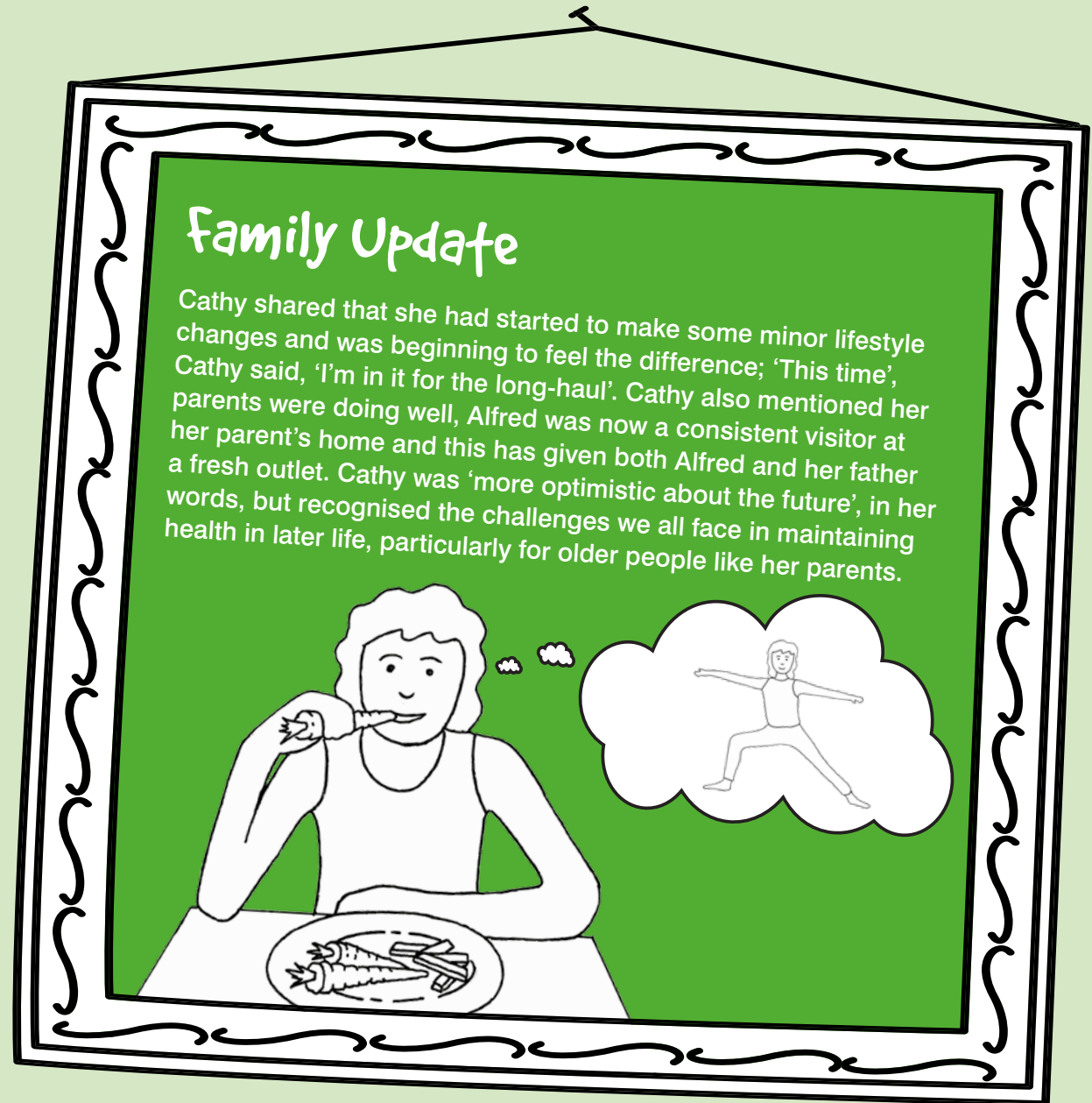
Integrating services for better health and care outcomes

- A key priority for Coventry and its neighbouring areas is to increase integration of health and social care services.
- This means residents will find it easier to access the care they need and that care is delivered in a joined up way.

Recommendations



1. Work with community partners to establish a narrative around older people as assets, which gives a rounded sense of the contributions older people give to Coventry as a city
2. Promote community-based groups and activities to combat social isolation and loneliness
3. Encourage the further reduction of health inequalities by embedding the Marmot City approach across the work of the Council and partners
4. Increase the profile of ill health prevention through innovative opportunities to promote health and wellbeing across the work of the Council and its partners
5. Develop partnership working across primary care, Public Health, secondary care and social care to improve immunisation rates, particularly for at risk groups
6. Encourage co-design of services, particularly during re-commissioning, by incorporating what good would look like to older people
7. Work with established and emerging organisers of services within the region to design integrated health and care pathways, to deliver high quality care for older people that maximises the use of available resources



Update from last annual report

The Childhood Obesity Alliance was established to support development of the last annual report and continues to meet following report publication. The Alliance brought together a range of partners and generated two key subgroups to progress actions from the report focussing on Early Years and schools. The DPH Annual Report was presented to a range of audiences and championed by Alliance members across their networks. It has also influenced the approach of a wider range of programmes in support of a whole systems approach to childhood obesity. It is only through whole systems approaches, long term actions and sustained focus that we will see a shift in childhood obesity rates.

Some key activities and achievements since publication and ongoing opportunities include:

Early Years and schools

- Creation of Family Hubs across the city transforming how we support children, young people and families
- Redesign and commissioning of an Integrated Family Health and Lifestyles Service from September 2018, bringing together a range

of services and aligning our Family Hubs – including antenatal lifestyles support and advice, breast feeding and infant feeding support, the National Childhood Measurement Programme and family healthy lifestyles programmes.

- Local schools pilot between school nurses and Food 4 Life on whole school approaches to food
- Working with primary schools to promote the Daily Mile initiative and establish childhood obesity champions

Families and communities

- Alliance partnership for a bid to the Sport England Families Fund
- Redesign and commissioning of adult lifestyles services through Healthy Lifestyles Service Coventry launched April 2018
- Working through the Place Forum to promote the Year of Wellbeing 2019 supporting workplace wellbeing, promoting simple wellbeing messages to our population including the Daily Mile and embedding Making Every Contact Count approaches across our workforce

Physical activity environment

- Collaboration through Leading Places pilot and the Coventry Sports Network to develop a Local Delivery Pilot Sport England bid
- Creation of physical activity routes in a range of parks across the city – launched in January 2018 in partnership with Stoke Heath Primary School

- Renewal of our partnership with British Cycling and local Bikeability programmes
- Launch of Choose How you Move active travel planning resource across Coventry and Warwickshire
- Wider planning and place collaborations to support active travel and improvements in air quality

Food environment

- Collaboration with Severn Trent to support availability of free drinking water in the city 'Refill'
- Ongoing development of a Hot Food Takeaway Supplementary Planning Document to support planning policy to limit and apply restrictions to new hot food takeaways

There are significant opportunities in the near future to further strengthen our whole system approach to childhood obesity, particularly through the Year of Wellbeing 2019, European City of Sport 2019 and City of Culture 2021. The Childhood Obesity Alliance is keen to capitalise on these opportunities to ensure they support healthy lifestyles and healthy weight.





References

2011 Census

<https://www.ons.gov.uk/census/2011census>

Age UK, Briefing: Health and Care of Older People in England 2017, February 2017

An overview of lifestyles and wider characteristics linked to Healthy Life Expectancy in England: June 2017

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/articles/healthrelatedlifestylesandwidercharacteristicsofpeoplelivinginareaswiththehighestorlowesthealthylife/june2017>

Boye, N., et al., The impact of falls in the elderly, Sage Journals, October 2012

Campaign to End Loneliness

<https://campaigntoendloneliness.org/about-loneliness>

Chapter 1: Life expectancy and healthy life expectancy, Public Health England, 2017

<https://www.gov.uk/government/publications/health-profile-for-england/chapter-1-life-expectancy-and-healthy-life-expectancy>

Coventry City Council Adult Social Care Local Account 2017/18, pending publication

Coventry data on Older People's Health and Wellbeing from the Public Health England Fingertips Tool

<https://fingertips.phe.org.uk/profile/older-people-health/data>

Coventry Local Authority Local Area Report

https://www.nomisweb.co.uk/reports/localarea?compare=1946157187#section_8_4

Dahlgren, G., Whitehead, M., Policies and Strategies to Promote Social Equity in Health, Stockholm, Sweden, Institute for Future Studies, 1991

Davidson, S. & Rossall, P., Evidence Review Loneliness in Later Life, Age UK, 2015

Dementia Partnerships Dementia Prevalence Tool

<https://dementiapartnerships.com/diagnosis/dementia-prevalence-calculator/>

Dementia prevention, intervention, and care, 2017, The Lancet Public Health, Volume 3, Issue 10113, P2073-2734

Diabetes UK

<https://www.diabetes.org.uk>

Donegan, K., et al., Trends in diagnosis and treatment for people with dementia in the UK from 2005 to 2015: a longitudinal retrospective cohort study, The Lancet Public Health, Volume 2, Issue 3, PE149-E156, 1 March 2017

Falls in older people: assessing risk and prevention

<https://www.nice.org.uk/guidance/cg161>

Griffith, H., Social Isolation and Loneliness in the UK: with a focus on the use of technology to tackle these conditions, Internet of Things UK, 2017

HLS Coventry

<https://hlsc Coventry.org>

Holt-Lunstad, J., et al., Social Relationships and Mortality Risk: A Meta-analytic Review, Public Library of Science, July 2010

Jagger, C., Trends in life expectancy and healthy life expectancy: Future of an ageing population: evidence review. Foresight, Government Office for Science, 2015

Jagger et al., The Burden of Diseases on Disability-Free Life Expectancy in Later Life, The Journals of Gerontology: Series A, Volume 62, Issue 4, April 2007, pp. 408-414

Keeler et al., The impact of functional status on life expectancy in older persons, The journals of gerontology. Series A, Biological sciences and medical sciences, 65(7), 727-733, 2010

Landeiro, F., et al., Reducing social isolation and loneliness in older people: a systematic review protocol, British Medical Journal Open, 2017

Leidy, NK., Functional status and the forward progress merry-go-rounds: Towards a coherent analytical framework, National Centre for Biotechnology Information, Nursing Research, 43, 196-202, 1994

Living Well with Dementia Strategy, 2014-2017

National Audit Office 2018: The health and social care interface
<https://www.nao.org.uk/report/the-health-and-social-care-interface>

PHE Segment Tool
<https://fingertips.phe.org.uk/profile/segment>

Royal College of Physicians, Falling Standards Broken Promises: Report of the National Audit of Falls and Bone Health in Older People 2010

Seven more years: the impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario

<https://www.ices.on.ca/flip-publication/seven-years/files/assets/basic-html/index.html#29>

What affects an area's healthy life expectancy?
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/articles/whataffectsanareashealthylifeexpectancy/2017-06-28>

Wilson, IB., Cleary, PD., Linking clinical variables with health-related quality of life, Journal of the American Medical Association, 9, 59-65, 1995

Windle, K., et al., Preventing loneliness and social isolation: interventions and outcomes, Social Care Institute for Excellence, 39, October 2011

Acknowledgements

I would like to thank the following in their help in producing this annual report:

Project Officers:

Stella Botchway

Jane Craig

Natalie Daley

Thomas Evans

Nicole Haigh

Ross Hughes

Kamaljit Kaur

Contributors:

Gabrielle Borro

Ian Bowering

Neil Byrne

Peter Camm

Peter Fahy

Jane Fowles

Emily Garratley

Chris Green

Marc Greenwood

Jade Mckenna

Si Chun Lam

Richard Limb

Jon Reading

John West

Natalie Wright

Good Neighbours Coventry

Independent Age

Library Services



For more information, contact us:

Email: PublicHealth@coventry.gov.uk

www.coventry.gov.uk/publichealth

