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| Age Friendly City |
| A report summarizing the key findings against the eight domains of an age friendly city - Coventry |
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**Age Friendly Initiative: Coventry**

**1. Context**

The phenomenon of a rapid ageing population and increasing urbanization is impacting on Coventry as much as other cities across the world. Coventry is a growing city and the share of residents over 65 years and more is increasing. The most recent population estimate indicates that nearly 15% of the population is over 65 and over 2% are over 85. Deprivation is a key marker in determining the life expectancy, premature deaths and needs of older people. Life expectancy within Coventry can vary by up to 16 years across the city and premature deaths are higher compared to England.

In recognising that an ageing population will have a significant impact on public services, social and interpersonal relations, Coventry City Council, Age UK and Coventry University have come together to fund initially for 2 years the planning and implementation of the World Health Organization (WHO) Age Friendly Cities (AFC) programme to promote active ageing.

**2. Age Friendly Cities (AFC)**

An Age Friendly City is part of a World Health Organisation international Programme that is preparing for an ageing population. It aims to create a community environment that promotes opportunities for older citizens to participate, and enables them to be stay healthy and active as they age.

There are eight aspects of city living identified by the World Health Organisation to support people as they grow older (and which impact on their health and wellbeing); outdoor spaces, transport, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community services. This areas act as tool

**3. Age Friendly Methodology**

There are three elements to the WHO AFC approach:

**Planning (Year 1-2**): This stage includes four steps:

* Establishment of mechanisms to involve older people throughout the Age-friendly City cycle.
* A baseline assessment of the age-friendliness of the city.
* Development of a 3-year city wide plan of action based on assessment findings.
* Identification of indicators to monitor progress.

**Implementation (Year 3-5)**

On completion of stage 1, and no later than two years after joining the Network, cities will submit their action plan to WHO for review and endorsement. Upon endorsement by WHO, cities will then have a three-year period of implementation.

**Progress evaluation (end of year 5)**

At the end of the first period of implementation, cities will be required to submit a progress report to WHO outlining progress against indicators developed in stage 1.

**4. Programme Development**

The initial programme stakeholders; lead partner organisations across Public Health Department of the City Council, Coventry University and Age UK Coventry have undertaken a number of steps to ensure the continued support and progress of the programme including:

* Submission to the World Health Organisation to formally sign up to becoming an Age Friendly City and to join the global network.
* Establishment of a formal governance board to oversee the programme - the Ageing Well and Mind and Body Board as part of the Health and Wellbeing Board Structure, chaired by Cllr Alison Gingell.
* Engage older people in the development and shaping of the programme, including representation on the governance board.
* Learn from other Age Friendly City in the UK ahead of Coventry and use the learning to shape Coventry’s Programme.
* Development of a age friendly action plan with a focus on key themes that are of most important to stakeholders based on the findings of an age friendly baseline assessment
* Develop themed working groups to oversee themed action plans, which formally report into the Age Well Mind and Body Board, and to measure progress and impact
* Developing a ‘Age Friendly Pot’ to fund support local innovation/co-production
* Submit relevant funding submission to funders/trust to increase funding in the city related to Age Well.

1. **Stakeholder Engagement**

Older people, local statutory and voluntary organisations have been consulted through a variety of approaches including a number of events, meetings and targeted presentations across the city. In order to complete the baseline assessment and identify areas to prioritise in the development of an age –friendly action plan the following two questions were consistently asked against the eight domains:

* What works well in the city and supports older people to age
* What does not work so well, and needs to be improved to help people to age in the city.

1. **Summary of Feedback** - **Age Friendly Baseline Assessment**.

Findings from the stakeholder engagement as well as other relevant research and consultations in the city relating to the WHO eight domains have also been reviewed. The information and feedback provided by participants (from engagement with approx. 2,000 stakeholders) has been summarised against the overarching themes described by WHO, summarised in the table below:

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| **Age Friendly Criteria** | **What older people/stakeholders said…….** |
| **Social Participation** | As the area of highest priority, loneliness and social isolation was deemed to be a serious concern for vulnerable older people, despite a fair range of activities being available. There were a number of factors deterring older people from getting involved, including confidence, mobility, transport, cost and information technology. A general loss of neighbourliness was stated and a number of common reasons for this were identified. Suggestions were offered to make improvements in social participation amongst older people. |
| **Transport** | Transport is a highly common and repetitive concern amongst older people in their feedback. Older people are reasonably pleased with the flexible bus service provided in the city, alongside the concessionary bus pass. There were mixed views in relation to the bus driver’s general courteousness and awareness of older passengers, and also accessibility of routes across the city. However an area for improvement that was commonly expressed was the location of bus stops in certain areas, as well as shelter and seating on them. In addition a consideration for alternative modes of accessible transport e.g. volunteer transport, ring and ride and taxi’s was made. |
| **Health and Community Services** | In terms of community and health services there were a great mix of views identified, around improving availability and knowledge of health services and programmes relating to primary and secondary care. Including more proactive health support, particularly with suggestions around health and social care checks/screening to stop people developing more serious health issues and preventing illnesses and accidents. |
| **Communication and Information** | Generally it was felt that there was a lot of information available; however older people reported that it was hard to find and that they would prefer it all in one place. The lack of skills in using information technology amongst older people was seen as an barrier to getting information which was becoming more of a common communication tool by organisations. A one stop shop for information including more publicly promoted activities for older people in formats that were accessible, were all suggestions for improvements. |
| **Respect and Social Inclusion** | The perception, image and skills of Coventry older people were strongly felt were needed to be publicly promoted. It was also strong felt that intergenerational opportunities and activities were required to bridge the gap between young and older people and to harness the capacity and capabilities that each offers. Older people felt they were consulted on changes in the city; however it was recognised by many that older people who were still employed or those less mobile were unable to access public meetings, where a lot of the consultations are held. The lack of use of information technology/social media by older people was recognised as a barrier, and excluded older people further. |
| **Housing** | A good range of affordable housing options and home care that supports older people’s independence was the general feedback. More affordable home care and support for those not eligible from social care funding was suggested. Future house design, adaptions and support were foreseen to be requirements to prioritise against housing for older people in Coventry. As it was recognised that they prefer, and a high number do, live in their own homes |
| **Outdoor Spaces and Buildings** | There were a mixed range of views on the theme of outdoor spaces and buildings. Generally older people felt that there were improved greens spaces, pavements and lighting in residential locations- all improving feelings of safety. However a strong and consistent message was that there is a shortage of seating and public toilets in the city centre mainly, but also in public spaces e.g. parks and residential areas. Access to public buildings into the city centre was deemed very difficult. A range of suggestions for improved pedestrian crossing were also made e.g. timings and audio cues and signage at shared spaces. Widening and improving the quality of pavements were suggested especially to accommodate cyclists, where it was recognised that separate cycle lines were not available in most parts of the city |
| **Civic participation and Employment** | It was felt that Coventry appears to have a lot of older volunteers and community groups supporting them. However more ethic minority volunteers were suggested. A number of examples of organisations that support older people were given but more was felt was needed in terms of flexible employment opportunities for older people, including vocational training support to reskill and retain older employees that had become redundant in a trade. |

A longer list of comments (but does not include every response) against each overarching themes is attached as an appendix to this report. A decision was made not to duplicate responses in the list to avoid making it too longwinded. However, duplicates were noted to allow the author to provide a representative feedback of themes deemed most important to respondents.

1. **Priority Domains**

Social Participation, Transport and Communication and Information have been identified as priority areas following the stakeholder engagement and subsequent completion of the baseline assessment which highlighted a ‘strong voice’ for prioritising these areas in the city. Not only were these areas most strongly reflective through consistent repetitive views in the engagement process but in addition these areas had the most votes when participants were asked to vote on the areas to prioritise in the engagement process. The percentage of votes against each theme is represented in appendix 2.

**Appendix 1 – Detailed responses under themes for Age Friendly Baseline Assessment**

The responses to the two questions posed as follows:

* What works well in the city and supports older people to age?
* What does not work so well, what are the challenges and where do we need to improve?

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| **Outdoor Spaces and Buildings** | |
| **Toilets** | Provide more in the City Centre and parks to increase access and footfall amongst older people. |
| **Seating** | Provide more in the City Centre/city, suitable for older people. |
| **Pavements and Pedestrian Crossings.** | Improvement to the quality of pavements and potholes in most areas but still required in some, more crossings to be considered in busy areas, concerns about timings on pedestrian crossings and limited audio cues and signage/symbols for those with hearing and visually impairment, better signage required around shared spaces. |
| **Public Buildings** | Good use of them, consider improving access for those with mobility issues. |
| **Green Spaces** | Very much valued and used, significant improvement in the city centre |
| **Public Facilities** | Limited disabled parking at parks/ some shopping parks not enough in others, good lighting in locations increased feelings of safety, not enough disabled access in lifts in some buildings, cycle paths not separate to walkways, more CCTV covering pedestrian areas to increase feelings of safety, good road networks and separate bus lanes, consideration to more effective use of bus lanes. |
| **Litter** | Inconsistently in cleanliness across the city, and green spaces to be maintained. |

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| **Transport** | |
| **Buses** | Improved routes (including to the hospital and city centre) and accessibility suggested (including frequency during off peak times). Increase number and location of bus stops /shelters and access to information regarding bus schedules/routes encouraged. Free passes appreciated alongside the reasonable bus service and provision for wheel chair access. Courteous drivers praised, although some drive off before passengers sit down. Time restrictions on buses cause issues for medical appointments and social participation. Electronic signage praised on some bus tops, with further encouragement to be expanded. Modern and well maintained fleet of buses appreciated, whilst some consideration suggested to reviewing the bus design - to ensure that it is user friendly. |
| **Ring and Ride** | Good door to door service in the city, but need to increase accessibility and service provision which is limited. |
| **Taxis** | Too expensive and wheelchair provision insufficient, lots of taxis available should consider discount scheme for older people. |
| **Volunteer Transport scheme** | Not available, should be encouraged. |
| **Older Drivers** | Need a refreshers driver’s course to increase confidence, and assessment for older people including those with dementia to see if they are able to drive safely. |
| **Park and Ride** | Good service in the south. |
| **Cycle Lanes** | Improving but limited needs further development |
| **Public Transport** | Consider new innovative modes of public transport in and around the city centre, to make it more accessible for those with limited mobility. |

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| **Housing** | |
| **Housing Options** | Appreciated, some concerns around suitable accommodation for independent living. |
| **Adaptations** | More provision would be appreciated as people age. |
| **Housing improvements and maintenance** | More financial management service options for maintenance of homes to be considered |
| **Housing Support and care** | Home care appreciated supporting older people to remain in their homes, some concerns around eligibility of home care, more timely support from Occupational Therapists and better community neighbourliness to be encouraged to support independent living, |
| **Fuel Poverty** | Improve education and awareness of fuel poverty support. |
| **Housing Design** | Consider the needs of older people in future housing design. |

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| **Social Participation** | |
| **Social activities and groups** | Variety of social activities and groups are valued, including those led by volunteers and faith groups, |
| **Meeting Venues** | Deemed appropriate for access to most activities available. More identifiable community facilitators that can be utilised by older people were encouraged. A dedicated older people’s centre would also be encouraged. |
| **Free/Low Cost Activities** | Broadly affordable, with concessions valued, although finance and affordability impacts greatly on individuals ability to participate. More concessions/free activities would be valued. Activities after 9.30am, is important due to buses passes accepted after this time. |
| **Technology** | Concerns with digital divide and older people not using technology, more provision if felt is needed to support the use of technology amongst older people. It was also recognised that there are courses/support available for the use of information technology in the city. |
| **Lifelong Learning** | People welcomed an opportunity to educate older workers about planning retirement and thinking more about social contacts and to have a sense of purpose in retirement.Concern about the limited availability of recreational or for older people, and courses promoting active ageing. |
| **Good Neighbours** | The value of neighbourliness is highly appreciated and the loss or diminishing of it is a cause for concern. Promoting good neighbour’s schemes were encouraged. |
| **Networks** | Individual and or groups could and should increase social participation between people and across the area e.g. through volunteer transport scheme. Encouraging supermarkets and local business to host social events, older people to host other older people on a rotational basis with the elders in their street. |
| **Community Events** | Community groups and events are greatly appreciated and appear to support with accessibility, and neighbourliness (e.g. helping a neighbour with mobility difficulties by picking them up and escorting them in their transport). |
| **Engagement with marginalised groups** | The development of target support for and proactive schemes for this group is welcomed e.g. gay/lesbian/widows and older men. |
| **Isolation** | There is a concern around the perceived level of loneliness and social isolation. A number of barriers to participate have been identified including, lack of courage and confidence, poor emotional wellbeing and mental health, physical and mobility issues, hearing impairments, language barriers, caring commitments, fear of trying new things and safety going out, lack of public toilets, limited or accessibility of public transport, lack of information about what’s on. |

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| **Respect and Social Inclusion** | |
| **Intergenerational Work** | To provide people of all ages opportunities to interact, connect, build understanding, and share experiences. A buddy scheme is encouraged, so knowledge and experience can add value. |
| **School Education** | To bridge the gap and cultural diversity between young and older people and through sharing of experiences. |
| **Community Cohesion** | Recognition that there are asocial activities for families. There is a view that the diversity of wards/sub wards is an issue. In addition that students/university is taking over the city centre. Appreciation that the Age Friendly Coventry and dementia friendly are both developing to improve inclusivity of older people in the city. |
| **Perception and Media** | Changing attitudes and perceptions of older people from one as a burden in society to being an asset. Older people’s stories and images seen in a more positive light. B&Q and Asda are held up in high regard for valuing their older workers. |
| **Consultation** | Better involve older people on local public services in a more joined up and accessible way, rather than as a token gesture. |
| **Innovation and services** | Misfit between perception of older age and what services they want, more creativity through joined up working is encouraged. Recognition that good partnership exist across statutory, voluntary and community groups for older people. |
| **Participative budgetary** | Running libraries in local communities was seen as an opportunity for older people. |

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| **Civic Participation and Employment** | |
| **Volunteering** | Recognition of many older volunteers and community organisations supporting them. More volunteers from Black Minority Ethic (backgrounds are encouraged. |
| **Employment** | Utilise and promote the skills of older people, providing support to reskill/upskill those whom have become redundant in the trade. Work places to targeted older workers from BME backgrounds encouraged. Support for workers with disabilities and with CV writing was positively recognised. |
| **Vocational/ Courses** | More encouraged targeted for older people, whilst training for ex older workers was recognised. |
| **Corporate Responsibility** | Private sector is encouraged to engage with older people as part of their social responsibility and to promote the skills of older workers, similar to B&Q. The statutory and voluntary sector was perceived to have good levels of civic participation, |
| **Retirement Planning** | At an earlier age was encouraged. |

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| **Communication and Information** | |
| **Local Media** | Valued as a good medium to disseminate information and events to a wide audience. More opportunities for older people to have information sessions on the radio were encouraged. |
| **Communication Formats** | Different formats of communication encouraged, including digital and print, face to face and in different languages/fonts and also in approaches that support those with visual impairments. |
| **Information Technology** | CCC website is not easy to navigate, and not there is a concern that those not information technology literate are missing out information. Recognition that not a lot of older people have access to computer and combined with high access to computers in the library; the use of computers in schools and intergenerational learning between older people and pupils. |
| **Increased Awareness** | Improved awareness about events, services, opportunities available that is current. Coventry Direct number was not widely known, and promotion of passport to leisure was encouraged. Age UK guide was encouraged to be widely available in community locations. The use of information champions in neighbourhoods with local knowledge was promoted. |
| **One Stop Shop/point and drop in for accessing information.** | A central point for accessing information better, with help points relevant to older people in one place is encouraged rather than fragmented in several places. Face to face information in the city centre was not seen as so easily accessible. The Council enquiries telephone service, libraries, GP surgeries. Pharmacists and Age UK and travel centre in Pool Meadow were deemed as useful sources for accessing information. |
| **Feedback** | More regular and consistent feedback from older people is encouraged to help improve services, activities and events in the city. |
| **Customer Service** | Call centres with automated services, too many options, and hanging on for long periods were not seen as age friendly. |

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| **Community and Health Services** | |
| **Services** | Health and social to care services to better meet the needs of older people. Some concerns with the lack of communication between services, whilst ins some places it was seen to be positive. Accessibility of Health Centres, Walk in Centres and statutory and voluntary support services for older people recognised. |
| **GPS** | GP appointments were encouraged to be more accessible including longer opening hours during the week and weekends and home visits. Translation services for BME groups in GP surgeries encouraged. GP surgeries were seen as a useful point for accessing information. |
| **Education** | More up to date information on when it is appropriate to use A&E, 111 and Primary care services, and on community health services available. Provide better education and awareness of services and conditions, and an increase in expert patient programmes and hope courses encouraged for people with long term conditions. Advanced directive/delivery on health care seen to be working well and promotes choice of care/treatment in ill health and encouraged to be more widely promoted. |
| **Acute Care** | Concerns regarding discharge planning from hospital, and rehabilitation service for after care particular those who live alone. Increasing the use of Immediate services to help people move on to be as independent as possible after an episode in hospital was encouraged. |
| **Health Promotion/Checks** | Moe widely available health screening/checks to prevent illness and accidents through health promotion encouraged. More regular health and social care checks for people with disability encouraged. |
| **Pharmacists** | Use of pharmacist for advice recognised. More support from pharmacists encouraged in monitoring people with long term conditions and for medication checks and for phlebotomy services. |
| **Proactive intervention** | Is encouraged for those people at risk before a health crisis occurs, and prevents more serious illnesses. |
| **Transport** | Some health services were not accessible due to transport, and accessing medicals appointments at the hospital in the morning were difficult due to restricted travel times with passes. |
| **General Support** | More support for carers undertaking a caring role, vulnerable older people who cannot use online services and to read medical information |