Why do you think this issue will be important to include in the 2016 Health and Wellbeing Strategy?

Older people with sight loss are at greater risk of social isolation than the general population. Older people with sight loss experience more difficulty getting out and about and are more likely to experience negative outcomes in relation to health, economic wellbeing and social and civic participation. Older people are also the biggest users of adult social care services in England. While local authority budget cuts have resulted in a decline within all groups in the numbers of people getting social care, blind and partially sighted people are being disproportionately affected. In England, between 2008 and 2013, 35 per cent fewer blind and partially sighted people have received council care and support. In particular the decline in community based services (such as home care, day care, meals services) is greatest for older blind and partially sighted people.

We have an ageing population, which has significant impact on the future health and wellbeing of our city. The issue is important to include as a focus in the Health and Wellbeing strategy because if we don’t prepare for our rapidly ageing population locally and adapt our structures and services to support wellbeing and productivity it will add further very costly pressure to our already stretched public services, namely health and social care services, as well as damaging the quality of life, health and wellbeing of our citizens. The Age Friendly City programme goes beyond the direct improvements in older people’s lives, and can reduce demand on public and community services.

The Age-friendly Coventry Programme is an international effort to help cities prepare for an rapid ageing of population. An Age-friendly city is an inclusive and accessible urban environment that promotes active ageing. The Age-Friendly city concept was developed in 2006/7 by the World Health Organisation (WHO) by an international research programme that involved cities in 33 countries. The research identified eight domains of the urban environment that support active and healthy ageing. These eight domains (outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion; civic participation and employment; communication and information; and community support and health services), are characterised by a set of age friendly features in a Global Age-friendly Cities Guide.

Coventry City Council, Coventry University and Age UK Coventry are committed to and leading the World Health Organisation (WHO) Age Friendly Cities programme. The Health and Wellbeing Board has recently set up a wider sub board- The Ageing Well in Mind and Body Board-, to oversee this cross cutting programme. 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. Coventry has completed the first year of the programme –which identified the age friendly friendliness of the city it now needs to develop a three year action plan and lead its implementation to ensure it achieves age friendly status.

The Age Friendly City programme can improve social and interpersonal relations by promoting neighbourhoods to become more stable and sustainable, which can be significantly impacted on from a shift in demographics. The programme supports active ageing, and also impacts on economic development of the city and older people by enabling
more older people to contribute to the economy through employment, volunteering etc. As stated in the WHO Brasilia Declaration on Ageing in 1996, "healthy older people are a resource for their families, their communities and the economy." However, this resource needs to be realised and older people need to have environments which enable them to take an active place in their cities.

The programme also further enhances the city's reputation as a place of excellence in connection with ageing policy, research and implementation which will continue to attract resources to the city. Making cities more age-friendly is a necessary and logical response to promote the wellbeing and contributions of older urban residents and keep cities thriving.

Can you tell us any data or information which you feel makes this an issue worthy of inclusion in the strategy?
The prevalence of sight loss increases with age and the UK population is ageing. One in five people aged 75 and over and one in two people aged ninety and over are living with sight loss in the UK. POPPI data provides us with the following projections on ageing and sight loss in Coventry; Age Grouping 2015 2020 2025 2030 People aged 65-74 predicted to have a moderate or severe visual impairment 1,456 1,478 1,529 1,725 People aged 75 and over predicted to have a moderate or severe visual impairment 2,914 3,236 3,695 4,005 People aged 75 and over predicted to have registrable eye conditions. 1,504 1,670 1,907 2,067 For older people, the emotional trauma and practical challenges of visual impairment mean that the transitions that old age brings are even harder to cope with. 20% struggle to leave their homes or go into their garden and have given up hobbies/interests. There is evidence that older adults with AMD experience a higher number of falls (Wood et.al, 2011). Approximately 1 in 5 visually impaired adults aged 65+ report depressive symptoms or are clinically diagnosed with sight loss, twice as many as their sighted peers. Further References; RNIB 2004: "Unseen neglect, isolation and household poverty amongst older people with sight loss". Evans, Fletcher and Wormald 2007: "Depression and anxiety in visually impaired older people". Ophthalmology Vol. 114(2), 283-288

The current population of Coventry is rapidly ageing. People aged over 85 are the fastest growing segment of the population, and are predicted to more than double, increasing by +107% from the base in 2013 to 2037, and with a 20% growth by 2022. People aged 65+ will also increase fast, up by 48% by 2037, and with a 9% growth by 2022.

Older people (that’s citizens aged 50+, and who already count for 30% of the population), can be a major resource and community asset to be embraced, but they need to be properly supported and facilitated to age healthily and actively. The Age Friendly City programme is fundamental to achieving this active ageing.

As people live longer and urbanisation rates grow, more of the elderly will need adaptations to their environments. Most cities however do not yet have a cohesive age-friendly planning strategy. An age-friendly city emphasises enablement rather than disablement.

The AFC concept builds on the city’s own long-standing citizenship approach to ageing: shifting the focus of attention away from the traditional care models around provision of
ageing services (working for older patients or ‘consumers’) to developing programmes that are shaped by older people as active citizens.

It has been observed in other cities that age-friendly communities promote healthy ageing and therefore, reduce healthcare costs. It also encourages economic growth and sustainability by allowing older adults to age in place, and therefore creates new business opportunities. Through local partnership working through the programme it will improve the quality of life of older people, which can reduce the demand of the health and social care system. The programme will also reduce the burden on health care and social welfare systems and enable people to work for longer by compressing morbidity into fewer years late in life. It will also promote higher levels of savings for retirement. There is significant benefit to public budgets through the silver economy: If increased life expectancy is coupled with healthy ageing, and older people can continue to enjoy life to the full and contribute to the labour market and society, this will reduce pressure on health and social services, and therefore on public budgets.

There are clear links between the AFC approach and the current priority eight of the current Health and Wellbeing Strategy (HWBS), in particular the objective to reduce loneliness and social isolation. Age friendly cities provide a broad range of social networks around which healthy ageing can be built. Environments that are age-friendly can make the difference between independence and dependence for all individuals but are of particular importance for those growing older. For example, older people who live in an unsafe environment or areas with multiple physical barriers are less likely to get out and therefore more prone to isolation, depression, reduced fitness and increased mobility problems.

Research evidence describes how people who are lonely have a lower quality of life than those who are not lonely. Moreover, lonely people die earlier and those experiencing chronic loneliness poses the greatest risk of premature death and increased mortality. A recent review of the existing evidence suggests that the health risks associated with poor or inadequate social relationships are comparable to those of smoking and alcoholism, and higher than those associated with obesity and physical inactivity. Further loneliness is linked to a wide range of physical and mental health conditions. Loneliness also predicts Increased blood pressure and heightens the subsequent risk of cardiovascular disease, heart attacks and strokes: Is linked to a range of psycho-social problems, including sadness and low self-esteem, whilst, mental health conditions, such as dementia, depression, anxiety, and poor cognition are more prevalent amongst people who are lonely. Lonely people are more likely to use medications and consume alcohol than those who are not lonely. Loneliness has broader impacts that affect families, friends and neighbours, communities and society as a whole.

Can you tell us anything about your experience of working with the public which makes you feel that this is an important issue to include in the strategy?
RNIB has developed the Eye Clinic Liaison Officer/ Sight Loss Adviser (ECLO) model of service in UK eye clinics over the last 15 years as an integrated approach to improving patient health and social care outcomes at the point of diagnosis. The NHS Commissioning Board’s consultative service guidance includes ECLOs as a key part of the eye clinic delivery
specification to support an integrated eye care pathway. The UK Vision strategy recommends that CCGs and Hospital Trusts build ECLOs into service specifications for eye health as it recognises the key role which the ECLO plays in achieving integrated care. The ECLO acts as a gateway to non-clinical information about community based services for longer term sustainable independent living. This may include referrals on to community based support groups (statutory sensory teams; local third sector services; low vision clinic; falls team); retaining employment/seeking employment; equipment & resources and welfare benefits e.g. Attendance Allowance, PIP and housing options. Action for Blind People (West Midlands) has been providing an ECLO at UHCW for the past 3 years with the support of funding from Novartis. Funding ended in March 2015 and we are currently recruiting for a new ECLO using funding secured from Trusts and some pump-priming funding from the RNIB Group. From 1st April 2014 - 31st March 2015 the total number of patients supported was 468 resulting in over 2,400 outcomes including emotional support and assistance to access specific information, advice and guidance relevant to their eye condition, needs and circumstances. 69% of all clients were 60 or over. Referrals are made to statutory, local & national organisations including referrals for low vision assessments. ECLOs ensure that patients have a personally tailored support and information package that provides early and accurate referrals to statutory and voluntary sector services, registration advice, emotional support, and prevention support for those at risk of falls, stroke or further sight loss. The "Long term access to support for people with sight loss" report 2011 suggests that the process of registering remains pivotal in linking people to services and provides the key to timely access to reablement services which help people recover their skills and confidence after diagnosis. ECLOs are an invaluable link between the hospital setting and social services. They provide a dedicated point of contact for patients in the future, reducing the likelihood of their return to clinical staff to seek non-medical assistance. In a recent study conducted in Wales ("Economic Impact of ECLO on Health & Social Care Budgets"), 59% of respondents reported increased independence in the home, and 59% also reported increased emotional well-being. Advice and guidance on falls prevention are vital components of a falls prevention programme for blind and partially sighted people, most of whom are 65 and over. Falls prevention advice is a vital aspect of the ECLO role. The ECLO routinely asks patients whether they have fallen in the past year, or if they are fearful of falling, and offers information about where they can receive further advice and assistance. The ECLO will refer patients to the local falls services and falls prevention programmes and follows up with the falls team to make sure that the patient has received the advice they need. This is an area that has been identified for development. If advice from an ECLO prevented just 1 or 2 falls associated with visual impairment that result in a fractured femur, the cost of an ECLO would be cost-neutral. 88% of patients said they had more confidence in avoiding falls in their home as a result of seeing an ECLO (RNIB Group Impact Report 2014). A recent study conducted in Wales ("Economic Impact of ECLO on Health & Social Care Budgets") indicated that 11% of respondents had a reduced fear of falling as a direct result of support from an ECLO. Alongside our ECLO services, Action has also developed a programme of ‘Living with Sight Loss’ (LWSL) courses. These provide people newly diagnosed with sight loss with insight and experience of living with sight loss, knowledge of ways to deal with issues that are likely to arise including managing public transport, managing relationships, and knowledge of community networks that will help in the longer-term, and includes a day trip out to encourage participants to make new friends and learn about accessing local leisure facilities. LWSL empower VI people to gain more confidence and independence, take up new
opportunities and interests and become active, healthy and integrated members of society. Action has delivered two very successful LWSL courses in Coventry attended by 31 visually impaired people. Our ECLO dealt with over 50 enquiries per month the majority of which were interested in attending a LWSL course.

The Age Friendly Baseline Assessment which evolved from consultation with approximately 2,000 older people identified a number of barriers to promote an inclusive and accessible urban environment to promoting active ageing. These barriers and challenges need to be removed to improve the health and wellbeing of older people, and the opportunities grasped. Social Participation, which includes tackling Isolation and Loneliness, better Transport and better Communication and information were chosen as the three top priorities for action over the next two years.

**In what way do you feel tackling this issue will help the City achieve its objectives to reduce health inequalities as a Marmot Pilot City?**

Early intervention services at the point of diagnosis as described in section 3, clearly supports the integrated approach and 'holistic' direction of health and social care services. The service demonstrates how health and social care can work together effectively and supports DoH ambitions of more closely integrated Health and Social Care services. Improves access to services and resilience - the ECLO increases patient’s capacity to self-manage their condition by providing appropriate information and referrals to other agencies. The ECLO enables the best possible chance of medical interventions being successful by reinforcing the importance of treatment compliance in the community and by encouraging attendance at future appointments.

The AFC programme can have city wide benefits, and there is also the real potential for long term reduction in health inequalities by introducing effective early intervention and prevention actions that will reduce health inequalities by helping to tackle the root causes at source.

Through the AFC programme it will improve the health and wellbeing of older people and will contribute to increase life expectancy and reduce the numbers of years where older people suffer poor health.

There are a wide range of factors wider social determinants that have the biggest impact on health inequalities. The age friendly programme focuses on environmental, social and economic factors that influence the health and well-being of older adults including employment, housing, transport etc, which are themes that are addressed through the programme.

**How do you think the unique role of the Health and Wellbeing Board can be best used to tackle this issue?**

Raise awareness of the needs of the visually impaired community, the links between sight loss and other health determinants including smoking, obesity, stroke, blood pressure/hypertension, dementia, depression and falls, and the extent to which sight loss may impact on Coventry’s communities, both now and in the future. In particular those communities with
high ethnic minority populations, deprived communities with higher prevalence of smoking and obesity (see response to ‘Smoking’), and large elderly populations (see response to ‘Dementia’ and ‘Age Friendly City’). Suggested outcomes that should be considered for inclusion as part of the JSNA actions; 1. Inclusion of eye health and sight loss in the Health & Well-Being Strategy. Coventry HWB complete a JSNA assessment of the eye health needs of the local population which maps assets and identifies gaps in knowledge or service provision. The process should involve Health, Social Care and Public Health Commissioners to ensure the JSNA gives them the information they need to make decisions and that recommendations are taken forward through an action plan and against relevant priorities in the HWBS. RNIB have a number of resources that support this process - https://www.rnib.org.uk/campaigning-current-campaigns-save-our-sight/public-health-dont-lose-sight). 2. Better integration of "Early Intervention Services" which provide support at the time of sight loss including rehabilitation support, counselling services or ECLO services to help people adjust to sight loss. Having ECLOs covering the Coventry area would ensure that people receive essential support and advice at the time of sight loss and potentially reduce the demand on other social care and health services. 3. Incorporating eye health messages into health campaigns concerning obesity, smoking cessation and the management of diabetes and glaucoma. 4. Development of a targeted Public Health campaign to raise awareness of the importance of regular eye tests, particularly around t risk groups such as older people or BME communities. BME communities such as Indian, Pakistani and African are likely to have a higher prevalence level for condition such as glaucoma and diabetic retinopathy. Targeting public health messages to these groups will help reduce avoidable sight loss. 5. A multi-disciplinary falls strategy is produced which clearly sets out a plan for both preventing falls in people with sight loss and supporting those who experience a fall.

The Health and Wellbeing Board, (and its Ageing Well in Mind and Body sub board) is the best body/vehicle to provide the local system leadership, commitment and oversight required to secure the strategic decision making needed to make successful multi agency joined up delivery possible.

Board level commitment and focused attention from all partners is required to successfully implement this ambitious cross cutting programme. The theme working groups cannot achieve this without the Boards full and active support.

Demonstrate political and executive leadership to support this work.

Agreement to collaborate in partnership to support this agenda with other departments e.g. planning in design of public spaces.

Provide the capacity and capability to deliver asset based approaches; agreeing and identifying resources to support this work.

Engagement with the corporate sector.