HEALTHY AGEING JSNA METHODOLOGY

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Context

In September 2024, the Health and Wellbeing board agreed a new Joint Strategic Needs Assessment (JSNA) programme, setting in motion the production of three life course JSNA dashboards:

- Empowering Futures JSNA: focusing on the health needs of children and young people aged 0-18.
- Thriving Adults JSNA: focusing on the health needs of adults aged 18-64.
- Healthy Ageing JSNA: focusing on the health needs of older adults aged 65+.

The three dashboards will create an evidence base spanning the whole population. They are all developed around the same three principles:

- They are live: the data will be updated with new releases ensuring they reflect the most recent picture.
- They are iterative: they will be continually updated and developed, meaning there is opportunity to add and change content depending on local priorities.
- They are editorial: data and insight are selected to reflect specific key messages, instead of including everything that is available on a topic.

Method

An Agile project management approach was used to develop these three dashboards, as it aligned well with the dashboard's principles listed above. This is an iterative and flexible approach to managing projects, emphasising collaboration, user feedback, and small, frequent releases of work.

In April 2025, the core JSNA team carried out a rapid review of other local authorities' life course JSNA dashboards. The team made note of each local authorities' approach to structuring their dashboards, and considered frameworks already in use in Warwickshire, such as Core 20 Plus 5 and the King's Fund model. The team also considered other local activities, including the review of existing Warwickshire County Council (WCC) dashboards, and the development of the new Health and Wellbeing Strategy. It was decided that the Healthy Ageing JSNA would be set up in a way that helped to address gaps in the dashboards and could contribute to monitoring outcomes from the Health and Wellbeing Strategy.

At the same time, the core JSNA team held a series of workshops with WCC's Public Health and Commissioning colleagues to introduce them to the Agile approach, and to understand upcoming decision-making opportunities where they might benefit from the evidence gathered by the JSNA.

A list of potential JSNA topics were gathered, and the core JSNA team underwent a prioritisation exercise to decide which topics to focus on first. Factors affecting prioritisation included timeline of upcoming decision-making activities, availability of data, availability of stakeholders, availability of analysts, and alignment with national, regional, and local priorities.

Instead of following a rigid, linear plan, the Agile approach breaks down the project into manageable units called "sprints". For Healthy Ageing JSNA, each of the prioritised topic was assigned to a sprint. A sprint was roughly six weeks of commitment, where stakeholders and analysts were brought together every week to:

- Gather readily available data from national, regional, and local sources (where possible, data is for people aged 18-64, but limitations on the availability of data may mean using the closest approximate);
- Critically appraise the strengths and weaknesses of various data sources;
- Analyse the data and highlight notable areas for attention;
- Write a narrative to provide context for interpreting the data;
- Agree on key messages for a professional audience;
- Agree on the dashboard's layout and navigation; and
- Identify topic areas that would benefit from exploration in future iterations.

Key stakeholders include:

- NHS Coventry and Warwickshire Integrated Care Board (ICB);
- WCC teams;
- Commissioned services; and
- System-level partners.

At the end of each sprint, the relevant chapter or section is considered live and ready to use for internal stakeholders. A one-hour “retrospective” meeting wraps up the sprint, providing the opportunity for the sprint’s stakeholders and analysts to reflect on the past six weeks, and identify lessons learnt, so the core JSNA team could improve their processes for the next sprint.

Six sprints took place between September 2025 and August 2026, resulting in the first iteration of the Healthy Ageing JSNA. On 18th August 2026, 16 stakeholders and JSNA users attended “user testing”, providing valuable feedback on the first iteration of the dashboard.

This iteration was brought to the Health and Wellbeing Board meeting in September 2026 for approval.

VITAL SIGNS

COMPLEX HEALTH NEEDS

ITEM/INDICATOR	SOURCE
Multi-morbidity by age range, number of conditions and area.	Health Data & Intelligence Linked Dataset. Numerator - A count of individuals in Warwickshire aged 65+ with 2+ health conditions on their GP record, as calculated by 'ltc_count' column, grouped by age band, area and number of conditions. No. conditions greater >= 5 grouped as '5+'. Denominator – A count of individuals in Warwickshire aged 65+, grouped by age band and area.
Multi-morbidity – overlapping conditions, of those with one condition, who also has a different condition.	Health Data & Intelligence Linked Dataset For a set of common health conditions and frailty, the analysis calculates for the 65+ population in Warwickshire: 1. The total number of people with that condition (the denominator). 2. The number of those people who also have each of the other conditions (the numerator). 3. The percentage of people with the initial condition who also have the second condition. The percentages are not symmetrical. The percentage of people with diabetes who have hypertension will not necessarily equal the percentage of people with hypertension who have diabetes. This is because the denominator changes depending on the initial condition. Individuals can appear in multiple condition groups. The analysis measures co-occurrence (multimorbidity) rather than causation. It identifies conditions that commonly occur together within the older population but does not indicate that one condition causes another.
Limiting long-term illness/disability by district and borough	Census 2021 self-reported disability tables, filtered to 65+ population
Limiting long-term illness/disability by impact on day-to-day activities.	Census 2021 self-reported disability tables, filtered to 65+ population
% Population of 5+ medicines by age and place	Health Data and Intelligence Linked Dataset Using a medication data table that shows intervals of time for each patient and how many medicines they were on, those aged 65+ and living in Warwickshire were selected. Analysis looks at the preceding six month period and determines how many people had an active '5+ prescription' flag during that time. It

	then calculates the total number of days that the flag was active for in the period. Those who were active for at least 90 days in the last six month were calculated for the numerator. The denominator was the GP registered population by age and place at time of analysis.
Incontinence lifetime prevalence by age and place	Health Data and Intelligence Linked Dataset In conditions table, there is an incontinence flag which was used for this measure. However, there is no 'incontinence resolved' status in the system which would take it off the record. As such, this measure is a count of the older population who have ever had it flagged on their record. Some cases may have resolved but it's more likely that these are underestimates, with people having incontinence symptoms but no flag. Full article: The prevalence of urinary incontinence
Text: *"Multimorbidity is expected to rise substantially over the coming decades, driven by an ageing population, an earlier onset of long-term conditions, and people living for longer with health conditions. By 2035 around 2 in 3 people aged 65+ will be living with multimorbidity, an increase from around 1 in 2 in 2015. This is highest in those aged 85+ where 9 in 10 estimated to have multimorbidity in 2035, having increased from 7 in 10 in 2015."*	Kingston A, Robinson L, Booth H, Knapp M, Jagger C; MODEM project. Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model. Age Ageing 2018;47(3):374–80
Text *"Limiting long-term illness is more common and more severe in more deprived areas, where people are more likely to experience illness at younger ages and report being "limited a lot" in daily activities."*	Disability by age, sex and deprivation, England and Wales - Office for National Statistics
Text: *"Adopting healthy behaviours such as not smoking, being physically active, limiting alcohol use, and maintaing a healthy weight at all ages can prevent conditions developing as we age. Ensuring early diagnosis and effectively managing conditions help to slow their progression and reduce functional limitation."*	Healthy ageing: applying All Our Health - GOV.UK
Text: *"Effective medicine management helps older people to maintain independence, reduce harm, and improve quality of life. Structured medication reviews can reduce adverse drug reactions, falls, confusion, and hospital admissions, particularly for people living with frailty or multiple long-term conditions. Optimising medicines*	NHS England » Structured medication reviews and medicines optimisation Overview | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE

can support better symptom control, improve adherence, and reduce the burden of taking multiple medications, helping older people to feel more confident and involved in their care."	
Text: *"Older people living in more deprived areas are more likely to experience poor medicine management and problematic prescribing. National evidence also shows that people from ethnic minority communities, those with lower educational attainment, cognitive impairment, or poor access to services are less likely to receive regular, high-quality medication reviews and more likely to experience difficulties managing medicines."*	New insights on improving access to Structured Medication Reviews for seldom-heard communities Structured Medicines Review Overview | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE
Text: *"Mental health conditions further compound these inequalities, increasing the risk of medication-related harm because they are associated with altered cognition and capacity, reduced adherence, and medicines with higher interaction and side-effect burdens. These all make it harder to use medicines safely and increase the likelihood of adverse drug events."*	Challenge of optimising medication in people with severe mental illness | BMJ Quality & Safety MEDIcation optimisATion in severE mental illness (MEDIATE) - NIHR Funding and Awards Introduction | Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence | Guidance | NICE
Text: *"Continence issues are unequally distributed and often hidden. Older women, people living with frailty, dementia or multiple long-term conditions, and those in care homes experience the highest prevalence. People living in more deprived areas are more likely to experience untreated or poorly managed incontinence, reflecting barriers such as stigma, reduced help-seeking, and variable access to continence services. Unequal access to timely assessment and specialist support can widen health inequalities and increase avoidable harm and loss of independence."*	End of Life Care in Frailty: Continence care | British Geriatrics Society Understanding continence care in people with dementia

HEALTHY WEIGHT

ITEM/INDICATOR	SOURCE
% of population by BMI category and age	Health Data and Intelligence Linked Dataset The Body Mass Index of patients can be recorded at hospital, a GP consultation, a health check and other medical appointments. The dataset records each time a BMI is recorded. Some people may not go to the doctor as frequently, and so may not have their BMI recorded. Looking at instances of BMI measurements, there are high numbers of measurements which gives us confidence in the dataset. However, not everyone is measured recently. The measure looks at every patients most recent BMI measurement and filters out measurements not in the most recent two year period. This is then the sample by which the % of BMI category and age are calculated.
Text: *"A stable, balanced weight helps older adults reduce their risk of long-term conditions such as heart disease, stroke, type 2 diabetes, and joint problems, while also protecting muscle mass and overall physical function. It contributes to better energy levels, confidence in daily activities, and improved mental wellbeing."*	NHS: Obesity
Text: *"Underweight older adults are more likely to face issues such as poverty, loneliness, poor housing, long-term illness, and limited access to nutritious food. These inequalities can make it harder to stay well-nourished and maintain strength."*	Malnutrition signs, causes & prevention | Age UK
Text: *"Overweight older adults may be more affected by limited access to healthy food, safe walking routes, or affordable exercise options. Health conditions or medications can also disproportionately affect people in deprived areas."*	nice.org.uk/guidance/ng246/documents/equality-and-health-inequalities-5
Text: *"Obesity in older adults is linked to deprivation, poor housing, limited access to services, and lower levels of physical activity. People in more deprived communities often face greater barriers to weight management."*	nice.org.uk/guidance/ng246/documents/equality-and-health-inequalities-5
Text: *"Severe obesity is more common in deprived communities where healthy*	Health inequalities for obesity and weight management: a briefing for NICE guideline developers and committee members

food, safe environments, and exercise opportunities are limited. It also increases dependence on health and social care, which can widen existing inequalities."	

LONG-TERM CONDITIONS

This section contains several indicators relating to long-term conditions among those aged 65+. It demonstrates that the prevalence of many long-term conditions increases with age. However, many of the behaviours and circumstances that increase risk begin much earlier in life. Taking steps to support good health throughout life can help reduce the likelihood of developing long-term conditions in later years.

ITEM/INDICATOR	SOURCE
% Cancer prevalence in people aged 65+ registered with Warwickshire GPs	Health Data and Intelligence linked dataset Determined from GP records – is likely to include all those aged 65+ with a cancer diagnosis in their lifetime including before reaching age 65. Cancer incidence is not removed from an individual record and it is not possible to know when the diagnosis was made. The measure therefore gives an indication of people aged 65+ registered at Warwickshire GPs who have lived experience of cancer even if direct treatment has stopped.
% Chronic Obstructive Pulmonary Disease (COPD) prevalence aged 65+ registered with Warwickshire GPs	Health Data and Intelligence linked dataset Determined from GP records
% Cardiovascular disease (CVD) prevalence aged 65+ registered with Warwickshire GPs	Health Data and Intelligence linked dataset. Determined from GP records. For the purposes of this exercise CVD counts the following in HDI: CHD, Stroke, Transient Ischemic Attack, Peripheral Arterial Disease, Heart Failure, and Abdominal Aortic Aneurism. As set out in CVDPREVENT+Indicator+Guide+-+rounds+1+and+2+FINAL.pdf
% Diabetes prevalence aged 65+ registered with Warwickshire GPs	Health Data and Intelligence linked dataset. Determined from GP records. Data for annual diabetes checks in Warwickshire is from NHS Digital
% Hearing loss aged 65+ registered with Warwickshire GPs	Health Data and Intelligence linked dataset. Determined from GP records.
% Hypertension prevalence aged 65+ registered with Warwickshire GPs	Health Data and Intelligence linked dataset. Determined from GP records
% Sight loss prevalence aged 65+ registered with Warwickshire GPs	Health Data and Intelligence linked dataset Determined from GP records
Text: *"around 1 in 2 people will develop some form of cancer in their lifetime."*	Lifetime risk of cancer | Cancer Research UK

Text: *"In the UK, cancer inequalities include differences in risk, early diagnosis, treatment access, and outcomes strongly associated with socioeconomic deprivation, geography, age, and ethnicity. Older adults are more likely to have cancers diagnosed via emergency routes and receive lower treatment rates, contributing to poorer survival and highlighting the need for improved assessment and tailored support."*	Inequalities in cancer - NDRS Health inequalities in cancer care: a literature review of pathways to diagnosis in the United Kingdom - eClinicalMedicine
Text: *"Up to 80% of premature CVD deaths are linked to preventable factors."*	How Integrated Care Systems Can Prevent Cardiovascular Disease | The King's Fund
Text: *"CVD is a major driver of health inequalities, with mortality rates far higher in deprived communities where risk factors like obesity, smoking, and hypertension are more prevalent. Older adults facing multiple overlapping inequalities are disproportionately affected, and uneven access to high-quality care across regions widens the gap in outcomes further."*	NHS England » Cardiovascular disease (CVD) Health Matters: Ambitions to tackle persisting inequalities in cardiovascular disease – UK Health Security Agency Cardiovascular inequalities in England - BHF
Text: *"1 in 8 UK hospital admissions attributed to COPD, costing the NHS £1.7 billion annually."*	Challenging Perceptions of COPD | Primary Care Respiratory Society
Text: *"COPD is largely preventable, with smoking as the largest risk factor, causing 80% of deaths from the condition."*	Smoking And COPD (chronic obstructive pulmonary disease)
Text: *"People in the most deprived communities are significantly more likely to develop COPD and experience worse outcomes, including higher mortality, due to greater smoking rates, air pollution exposure, and cold or unsafe housing. Rates are also unevenly distributed in rural areas with limited access to specialist services."*	British Lung Foundation - Lung disease and health inequalities briefing.pdf Health inequalities: Cold or damp homes - House of Commons Library Fuel Poverty, Cold Homes and Health Inequalities in the UK - IHE
Text: *"Around 1 in 3 people diagnosed with diabetes in the UK are over 65."*	Research priorities to improve care for older people with diabetes | Diabetes UK
Text: *"Older adults in deprived areas are less likely to have pre-diabetes identified early and less likely to receive recommended care processes, contributing to more severe complications and poorer outcomes. Black and Asian older adults have a*	diabetes.org.uk/sites/default/files/2022-06/Inequalities position statement - Final June.pdf Health inequalities in diabetes, 2017-18 to 2021-22 - NHS England Digital

higher prevalence and reduced access to newer treatments."	
Text: *"Hearing loss is more common and often worse in people in deprived areas, manual jobs, and those exposed to loud noise or poor long-term health. Inequalities also affect access to diagnosis and treatment. Some groups, including people from minority ethnic backgrounds, those living alone, on lower incomes, or with dementia or learning disabilities, may face barriers to getting and using hearing aids."*	NIHR Biomedical Research Centre: Manchester NIHR Biomedical Research Centre: Manchester | Case Studies | Investigating ethnic inequalities in hearing aid use in England and Wales: a cross-sectional study - UK Biobank
Text: *"Rates of hypertension are higher in those living in more deprived areas and among some ethnic minority groups, where onset may occur earlier and complications may be more severe. Older adults who are socially isolated, housebound or living with disabilities may be less likely to access routine health checks or adhere to treatment."*	Health Matters: Ambitions to tackle persisting inequalities in cardiovascular disease – UK Health Security Agency Inequities in hypertension management: observational cross-sectional study in North East London using electronic health records | British Journal of General Practice Ethnic differences in hypertension management, medication use and blood pressure control in UK primary care, 2006–2019: a retrospective cohort study - The Lancet Regional Health – Europe
Text: *"People with lower incomes and lower perceived social status are more likely to experience visual impairment. The impact of sight loss is often greater for older adults living in deprivation and for those with multiple long-term conditions. By increasing frailty, reducing independence, and affecting mental wellbeing, visual impairment can make everyday life more difficult and contribute to widening health inequalities across different population groups."*	Inequalities in well-being among people living with visual impairment - WRAP: Warwick Research Archive Portal Emotional support for sight loss | Mental Health Foundation

MOBILITY, FRAILTY, AND FALLS

ITEM/INDICATOR	SOURCE
Text: *"Older people are more likely to fall and have weakened bones which lead to fragility fractures. Fear of falling affects millions of older adults, and a fracture can deepen that anxiety, creating a cycle of reduced confidence, lower activity, and greater risk of future falls.*	GOV.UK/OHID Falls: Applying All Our Health Age UK Falls in Later Life NICE NG249 NICE NG259 BGS/NICE Impact Falls and Fragility Fractures

Hip fractures are the most common reason older people in the NHS require emergency surgery, and around half of those affected never fully regain their independence. Around 100,000 people aged 65 and over sustain a hip fracture in England each year, the vast majority as a result of a simple fall. *Falls and hip fractures are often preventable. Key risk factors include age, post-menopausal bone loss, osteoporosis, frailty, chronic conditions such as Parkinson's and dementia, polypharmacy, poor vision, and home hazards. The most effective interventions are: strength and balance exercise, home hazard assessment, medication review, osteoporosis screening, and regular vision checks.* *Not everyone is equally affected. Older adults living alone, those in deprived communities, and people living with dementia, Parkinson's, or a learning disability face significantly higher risk and greater barriers to support, including with follow-up care where delivery of bone-strengthening care can be inconsistent."*	NHS England South Falls and Fracture Consensus Statement Open Access Government — NICE Fragility Fractures Guidance
Text: *"Nearly 1 in 3 people aged 65+ living at home will experience an episode of fall at least once a year."*	OHID: Falls, applying All Our Health NICE NG249
Text: *"1 in 2 people aged 80+ living at home or in residential care will experience an episode of fall at least once a year."*	OHID: Falls, applying All Our Health NICE NG249
Text: *"1 in 20 people aged 65+ that experience a fracture need hospitalisation after a fall due to serious lasting consequences."*	OHID: Falls, applying All Our Health NICE NG249 The National Hip Fracture Database National Hip Fracture Database annual report 2025 - National Data Library

Text: *"1 in 10 people aged 65+ with a hip fracture die within a month, often due to underlying health conditions exacerbated by the fall."*	OHID: Falls, applying All Our Health NICE NG249 The National Hip Fracture Database National Hip Fracture Database annual report 2025 - National Data Library
Text: *"Physical activity contributes to the prevention of health conditions, while keeping active is one of the best ways to stay steady, mobile and independent as you get older. Some activities which will help include walking, simple home exercises such as sit-to-stand, calf raises, heel-to-toe walking, one-leg stands and step-ups, and activities such as tai chi, yoga, Pilates, climbing stairs, carrying shopping and gardening. Doing these activities can improve balance and strengthen the body reducing the risk of falls and frailty."*	OHID: Falls, applying All Our Health NICE NG249 NHS England: Supporting people living with frailty NHS England » Electronic Frailty Index
Text: *"If you feel unsteady, have had a fall, or are worried about falling, speak to a GP or health professional about a falls-prevention exercise programme that is tailored to you."*	OHID: Falls, applying All Our Health NICE NG249
Text: *"While most falls do not lead to fracture or hospitalisation, most hip fractures are caused by falls. By understanding the causes of falls and implementing preventative measures, first and particularly subsequent fractures in older people can be avoided, reducing mortality."*	OHID: Falls, applying All Our Health NICE NG249 The National Hip Fracture Database National Hip Fracture Database annual report 2025 - National Data Library
Text: *"1 in 3 people aged 65+ with a hip fracture die within a year, often due to underlying health conditions exacerbated by the fall."*	NICE NG249 The National Hip Fracture Database National Hip Fracture Database annual report 2025 - National Data Library
Text: *"1 in 5 people aged 65+ with a hip fracture enter a care home following their discharge from the hospital."*	NICE NG249 The National Hip Fracture Database National Hip Fracture Database annual report 2025 - National Data Library

Text: *"Based on national NHS cost data, costs for primary hip replacements generally fall in the range of £7,300–£11,300, which covers the surgery, hospital stay, and follow-up."*	NICE NG249 The National Hip Fracture Database National Hip Fracture Database annual report 2025 - National Data Library
Text: *"Approximately 1,500 hip and knee replacements performed each year by the NHS in Coventry and Warwickshire (~ £11 Million - £17 Million)."*	NICE NG249 The National Hip Fracture Database National Hip Fracture Database annual report 2025 - National Data Library https://fingertips.phe.org.uk/
Text: *"Mobility in older people is affected by muscle weakness, joint problems, chronic pain, disease and neurological impairment."*	NICE NG249 Social care for older adults - NHS England Digital
Text: *"Limited mobility is directly linked to increased loneliness, isolation, depression and an increased risk of falls."*	NICE NG249 Social care for older adults - NHS England Digital
Text: *"1 in 3 of 70-year-olds and the majority of those over 85 experience limitations due to issues with mobility."*	NICE NG249 Social care for older adults - NHS England Digital
Text: *"1 in 20 people aged 65+ in England have difficulty walking across a room, and even more are unable to travel to a hospital without significant difficulty."*	NICE NG249 Social care for older adults - NHS England Digital
Text: *"More than 1 in 4 adults aged 65 and over needed help with 2 or more daily activities and this rises sharply with age:* *Around 1 in 5 people aged 65 to 74, 1 in 4 aged 75 to 79, and almost 2 in 5 aged 80 and over.* *This shows that multiple functional limitations become much more common in later old age, particularly among the oldest age group."*	NICE NG249 Social care for older adults - NHS England Digital
Text: *"Mobility restrictions are associated with an increased risk of falls, with over 4 million hospital bed days in England per year attributed to falls and fractures in people aged 65+. This places a significant burden on the NHS, costing an estimated £2 billion annually."*	OHID: Falls, applying All Our Health NICE NG249 The National Hip Fracture Database

	National Hip Fracture Database annual report 2025 - National Data Library Social care for older adults - NHS England Digital
Text: *"Frailty is a long-term condition related to the ageing process in which multiple body systems gradually lose resilience and ability to recover from stressors. Individuals with frailty are at a greater risk of disability, care home admission, hospitalisation, and death.* *They have reduced physical function, impaired mobility, and difficulties in performing Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) such as going up and down stairs, using the toilet or shopping for essentials."*	OHID: Falls, applying All Our Health NICE NG249 NHS England: Supporting people living with frailty NHS England » Electronic Frailty Index Social care for older adults - NHS England Digital
Text: *"Women are more likely to experience frailty, with a prevalence of 16% compared with 12% in men."*	NICE NG249 NHS England: Supporting people living with frailty NHS England » Electronic Frailty Index
Text: *"The proportion of people living with frailty increases with age, with research suggesting a prevalence of 6.5% in those aged 60–69, rising to 65% in those aged 90 and over in England."*	OHID: Falls, applying All Our Health NICE NG249 NHS England: Supporting people living with frailty NHS England » Electronic Frailty Index
Text: *"The estimated moderate and severe frailty below are modelled from the electronic Frailty Index (eFI), which calculates the number of people registered with a GP who are living with frailty by aggregating any health conditions they have and assigning the fraitly designation once a specific health threshold is reached; it shows that of Warwickshire's 65+ population registered with a GP, 10.8% are estimated to be living with moderate frailty, while 4.2% live with severe frailty. Registered frailty is lower at 8.2% for moderate frailty and 3.7% for severe frailty, as these values are manually recorded by the GP, requiring an evaluation of the patients health before the designation can be provided."*	NICE NG249 NHS England: Supporting people living with frailty NHS England » Electronic Frailty Index

Text: *"Warwickshire has a similar rate of emergency hospital admissions due to falls as England in those aged 65+, however North Warwickshire and Nuneaton and Bedworth have a worse rate. Warwickshire's rate is primarily driven by females with the male rates being lower."*	OHID: Falls, applying All Our Health NICE NG249 OHID Fingertips Public Health Profiles
Text: *"Warwickshire has a similar rate of emergency hospital admissions due to hip fractures as England in those aged 65+, however North Warwickshire and Nuneaton and Bedworth have a worse rate. Warwickshire's rate is primarily driven by females with the male rates being lower."*	OHID: Falls, applying All Our Health NICE NG249 The National Hip Fracture Database National Hip Fracture Database annual report 2025 - National Data Library https://fingertips.phe.org.uk/
Text: *"Activities of Daily Living (ADLs) are the basic self-care tasks needed for personal functioning, such as eating, washing and dressing, whereas Instrumental Activities of Daily Living (IADLs) are the more complex tasks needed to live independently, such as managing finances, shopping, cooking and using transport.* *Some of these tasks are a good proxy for overall mobility since they cover everyday tasks that someone who was mobile would be able to do. '* *The Health Survey for England 2021 asked adults over 65 about their ability to perform these tasks."*	Social care for older adults - NHS England Digital
Text: *"Moderate frailty - People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing."*	rockwood_cfs.pdf
Text: *"Severe frailty - Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months)."*	rockwood_cfs.pdf
Emergency hospital admissions due to falls in people aged 65 and over,	https://fingertips.phe.org.uk/

directly age standardised rate per 100,000	Source: OHID, based on NHS England (NHSE), Hospital Episode Statistics (HES), Office for National Statistics (ONS), Mid-year population estimates Numerator: Emergency admissions for falls injuries classified by primary diagnosis code (ICD10 code S00 to T98) and external cause (ICD10 code W00 to W19) and an emergency admission code (episode order number equals 1, admission method starts with 2) . Age at admission 65 and over. Regular and day attenders have been excluded. Admissions are only included if they have a valid Local Authority code. Regions are the sum of the Local Authorities. England is the sum of all Local Authorities and admissions coded as U (England NOS). Denominator: ONS mid year population estimates, ages 65 and over
Emergency hospital admissions due to falls in people aged 65 to 79, directly age standardised rate per 100,000	https://fingertips.phe.org.uk/ Source: OHID, based on NHS England (NHSE), Hospital Episode Statistics (HES), Office for National Statistics (ONS), Mid-year population estimates Numerator: Emergency admissions for falls injuries classified by primary diagnosis code (ICD10 code S00 to T98) and external cause (ICD10 code W00 to W19) and an emergency admission code (episode order number equals 1, admission method starts with 2) . Age at admission 65 to 79. Regular and day attenders have been excluded. Admissions are only included if they have a valid Local Authority code. Regions are the sum of the Local Authorities. England is the sum of all Local Authorities and admissions coded as U (England NOS). Denominator: ONS mid year population estimates, ages 65 to 79 years
Emergency hospital admissions due to falls in people aged 80 plus, directly age standardised rate per 100,000	https://fingertips.phe.org.uk/ Source: OHID, based on NHS England (NHSE), Hospital Episode Statistics (HES), Office for National Statistics (ONS), Mid-year population estimates Numerator: Emergency admissions for falls injuries classified by primary diagnosis code (ICD10 code S00 to T98) and external cause (ICD10 code W00 to W19) and an emergency admission code (episode order number equals 1, admission method starts with 2) . Age at admission 80 and over. Regular and day attenders have been excluded. Admissions are only included if they have a valid Local Authority code. Regions are the

	sum of the Local Authorities. England is the sum of all Local Authorities and admissions coded as U (England NOS). Denominator: ONS mid year population estimates, ages 80 and over
Hip fractures in people aged 65 and over, directly age standardised rate per 100,000	https://fingertips.phe.org.uk/ Source: OHID, based on NHS England (NHSE), Hospital Episode Statistics (HES), Office for National Statistics (ONS), Mid-year population estimates Numerator: The number of first finished emergency admission episodes in patients aged 65 and over at the time of admission (episode order number equals 1, admission method starts with 2), with a recording of fractured neck of femur classified by primary diagnosis code (ICD10 S72.0 Fracture of neck of femur; S72.1 Pertrochanteric fracture and S72.2 Subtrochanteric fracture) in financial year in which episode ended. Regular and day attenders have been excluded. Admissions are only included if they have a valid Local Authority code. Regions are the sum of the Local Authorities. England is the sum of all Local Authorities and admissions coded as U (no fixed abode). Denominator: ONS mid year population estimates, ages 65 and over
Hip fractures in people aged 65 to 79, directly age standardised rate per 100,000	https://fingertips.phe.org.uk/ Source: OHID, based on NHS England (NHSE), Hospital Episode Statistics (HES), Office for National Statistics (ONS), Mid-year population estimates Numerator: The number of first finished emergency admission episodes in patients aged 65 to 79 at the time of admission (episode order number equals 1, admission method starts with 2), with a recording of fractured neck of femur classified by primary diagnosis code (ICD10 S72.0 Fracture of neck of femur; S72.1 Pertrochanteric fracture and S72.2 Subtrochanteric fracture) in financial year in which episode ended. Regular and day attenders have been excluded. Admissions are only included if they have a valid Local Authority code. Regions are the sum of the Local Authorities. England is the sum of all Local Authorities and admissions coded as U (no fixed abode). Denominator: ONS mid year population estimates, ages 65 to 79
Hip fractures in people aged 80 and over, directly age standardised rate per 100,000	https://fingertips.phe.org.uk/ Source: OHID, based on NHS England (NHSE), Hospital Episode Statistics (HES), Office for National Statistics (ONS), Mid-year population estimates

	Numerator: The number of first finished emergency admission episodes in patients aged 80 and over at the time of admission (episode order number equals 1, admission method starts with 2), with a recording of fractured neck of femur classified by primary diagnosis code (ICD10 S72.0 Fracture of neck of femur; S72.1 Pertrochanteric fracture and S72.2 Subtrochanteric fracture) in financial year in which episode ended. Regular and day attenders have been excluded. Admissions are only included if they have a valid Local Authority code. Regions are the sum of the Local Authorities. England is the sum of all Local Authorities and admissions coded as U (no fixed abode). Denominator: ONS mid year population estimates, ages 80 and over
Proportion of England's 65+ population that can do with difficulty/ only with help/ cannot do, Activities of Daily Living (ADLs and IADLs) in the last month (%)	Health Survey for England 2024: Data tables - NHS England Digital - Health Survey for England 2024: Social care for older adults
Breakdown of aged 65+ population registered with a Warwickshire GP, total registered and those estimated with frailty as of 2026	Hospital Episode Statistics (HES): Estimated moderate frailty Estimated severe frailty Registered moderate frailty Registered severe frailty Number of registered patients aged 65 years or over, who have a record of a diagnosis of moderate frailty on or after 1 April 2017 Number of registered patients aged 65 years or over, who have a record of a diagnosis of severe frailty on or after 1 April 2017 Percentage of patients aged 65 years or over who received a diagnosis of moderate frailty Percentage of patients aged 65 years or over who received a diagnosis of severe frailty

Reducing Risk

Alcohol use

ITEM/INDICATOR	SOURCE
Increasing/higher risk status by age and sex	Health Survey for England 2022 Estimated Warwickshire Population – ONS Mid-year Estimates 2024
Mean number of units per week by age	Health Survey for England 2022
Proportion of adults drinking 5 days a week by age	Health Survey for England 2022
Admission episodes for alcohol-related conditions (narrow, 65 years and over, persons) Directly standardised rate - per 100,000	Fingertips | Department of Health and Social Care
Text: *"While most people are aware that alcohol can harm health, the risks associated with drinking increase with age, even when consumption levels remain the same. Older adults can experience greater harm and quicker effects from alcohol at the same levels of consumption as someone 10, 20, or 30 years younger due to age-related changes in metabolism and sensitivity, interactions with medications, pre-existing health conditions, and a reduced ability for the body to recover and repair itself."*	Alcohol complicates multimorbidity in older adults | The BMJ Alcohol through the life course: Older drinkers - Institute of Alcohol Studies

Eating well

ITEM/INDICATOR	SOURCE
Anaemia incidence rate per 10,000 by age and place	Health Data and Intelligence Linked Dataset Numerator : In the condition history table, everyone with a flag in the latest fiscal year for anaemia is counted, by their anaemia type, gp-registered place and age band. Denominator – The gp-registered population split by age band and place. This is an incidence rate per type of anaemia, there will be people with both types of anaemia in the period.
Number of people flagged with anaemia in year	Health Data and Intelligence Linked Dataset

	A count of everyone aged 65+ in Warwickshire flagged with any type of anaemia in the past fiscal year.
Deficiencies in older people by type (England)	National Diet and Nutrition Survey 2019 to 2023
Constipation incidence rate	Health Data and Intelligence Linked Dataset Numerator : In the condition history table, everyone with a flag in the latest fiscal year for constipation is counted, by gp-registered place and age band. Denominator – The gp-registered population split by age band and place.
Rate of older people with medium/high malnutrition risk, per 10,000	Health Data and Intelligence Linked Dataset Numerator – In the risk factor history table, every older person with a malnutrition risk screening by their highest risk recorded for the year, grouped by place and age band. Denominator – The gp-registered population split by age band and place.
Dysphagia incidence rate	Health Data and Intelligence Linked Dataset Numerator : In the condition history table, everyone with a flag in the latest fiscal year for dysphagia is counted, by gp-registered place and age band. Denominator – The gp-registered population split by age band and place.
Digestive issues, directly standardised rate (aged 65+) per 100,000	Health Data and Intelligence Linked Dataset Directly standardised rate is produced by creating age-specific rates for each five-year age band from aged 65 and up. 90+ is its own category. These rates are then adjusted to match the European Standard Population, an overall rate is then created. The OHID Fingertips Indicators python package was used to create rates. No. people flagged with the following conditions on HDI were used as the numerator:

	Ulcerative Colitis', 'Irritable bowel syndrome', 'Crohns disease', 'Inflammatory Bowel Disease' And the denominator is ONS population estimates for each area.
Text: *"Vitamin and mineral deficiencies are common in older people and particularly include Vitamin D, B12, Folate, Protein, Calcium, Magnesium, and potassium, C and Iron. This can lead to muscle weaknesses causing higher risks of falls, frailty, fatigue, anaemia, cognitive decline, cardiovascular and hypertension risks, bone pain, poor wound healing."*	Eating, drinking and ageing well - BDA Malnutrition signs, causes & prevention | Age UK
Text: *"There are a range of factors that increase the risk of deficiencies, including:* - *Health related factors including reduced gastric acid, oral health problems, chronic illness and inflammation, medication interacting with nutrient absorption.* - *Social factors including social isolation, low income, low sunlight exposure.* - *Factors that impact our eating such as insufficient fresh food, reduced appetite, and food intake."*	Malnutrition signs, causes & prevention | Age UK
Text: *"Only 3% of older adults meet their recommended daily fibre intake."*	Exploring UK older adults' dietary fibre consumption habits and associated factors: a national diet and nutrition survey perspective - PMC
Text: *"Fewer than half of older adults meet the recommended protein intake per day, and fewer than 15% meet the higher age-specific target"*	More than half of older people don't consume enough protein to stay healthy | Healthy Lifespan Institute | The University of Sheffield
Text: *"25% of over 65s experience loss of appetite, and people with conditions like dementia, cardiac failure, and COPD are more likely to be affected."*	An overview of appetite decline in older people - PMC
Text: *"1 in 5 older people aged 66+ in the UK have cut back on food and groceries due to financial pressures, equating to 2.4 million people."*	fragile-budgets-difficult-choices--the-cost-of-living-for-pensioners-in-2026.pdf
Text: *"Irritable Bowel Syndrome (IBS) is a very common condition of the digestive system, which is thought to affect between 5 and 20% of the UK population."*	Introduction | Irritable bowel syndrome in adults: diagnosis and management | Guidance | NICE

VACCINATION & IMMUNISATIONS

ITEM/INDICATOR	SOURCE
How does vaccination work? *Vaccination is the safest way to gain immunity against a bacteria or virus that your body has yet to encounter.*	Vaccinations - NHS UKHSA: Immunisation against infectious disease (Green Book)

Vaccines contain a harmless form of the bacteria or virus that causes the disease you are being immunised against. *Your immune system will still recognise the harmless form of the bacteria or virus in the vaccine without making you sick and will produce a specific immune response to fight it off.* *The immune system then maintains a memory of the bacteria or virus, so if a vaccinated person encounters the bacteria or virus later, their immune system is already prepared to fight it off quickly and prevent an infection from developing, reducing the symptoms and severity of the illness.* *Vaccines undergo rigorous clinical trials and regulatory review by the Medicines and Healthcare products Regulatory Agency before inclusion in the UK vaccination programme, and even after approval, they are continuously monitored to ensure that their health benefits significantly outweigh the minimal risks.*	Understanding and addressing immunisation inequities: a practical toolkit for a collaborative, multi-agency approach - GOV.UK UKHSA: Vaccine uptake guidance and coverage data
• ***Vaccination*** *- the process of receiving a vaccine i.e. receiving an injection, or taking an oral or nasal dose.* *Vaccination triggers immunisation in the body.* • ***Immunity*** *- The body's ability to fight infection. This can be supported through vaccination.* • ***Immunisation*** *- The process of becoming resistant to an infectious disease, usually through vaccination.* • *Vaccines take time to work, because your immune system needs time to respond to the vaccine.* • *Some vaccines work after one dose, while others may need multiple doses to achieve the maximum amount of protection possible or to boost*	Vaccinations - NHS UKHSA: Immunisation against infectious disease (Green Book) UKHSA: Vaccine uptake guidance and coverage data

and prolong the existing protection. • *You may need a 'booster' after time has passed to restore your immunity, which can decrease over time.* ***Ageing and Immunity -*** *As people age, immune responses weaken:* • o *White blood cells react slower and less effectively.* o *Antibodies bind less efficiently to antigens.* o *Older adults face higher risks of severe infections, complications, and longer recovery times (e.g. from the flu).*	
The PPV protects against infections caused by the bacterium Streptococcus pneumoniae that cause pneumococcal disease. Pneumococcal infections can lead to serious and potentially fatal infections of the lungs (pneumonia), in the blood (septicaemia) and of the membranes covering the brain and spinal cord (meningitis). *Adults aged 65 or over are at higher risk of serious illness from pneumococcal infections.* *According to a report by the UK Health Security Agency (UKHSA) in the UK between April 2023 and March 2024 the coverage of PPV in those aged 65 and over was* ***73.1%****, an increase of* ***1.3*** *percentage points compared with the 2022/23 financial year, with coverage increasing with age from* ***34.8% in those aged 65 to 85.3% in those aged 75 and over.*** *Based on research by Public Health England (now known as UKHSA), PPV had moderate short-term effectiveness of* ***41%*** *against pneumococcal disease caused by the vaccine serotypes in adults aged 65 years and over during*	Vaccinations - NHS UKHSA: Immunisation against infectious disease (Green Book) Pneumococcal polysaccharide vaccine (PPV): vaccine coverage estimates - GOV.UK

the first two years after vaccination, with vaccine effectiveness being higher among healthy individuals compared to those with underlying medical conditions.	
Flu - also known as influenza - is a viral infection affecting the nose, throat, and lungs, mostly during the winter months. It is far worse than an ordinary cold, which usually causes a runny nose, sneezing, watery eyes and throat irritation. Symptoms of a cold usually occur gradually without causing a fever or body aches, which usually occur with flu. Flu signs and symptoms develop very rapidly and extreme tiredness is common. Flu can lead to serious illness with older people, those with a weakened immune system, and people with certain long-term health conditions being at higher risk. *In Warwickshire, between 2010 and 2024 the Flu vaccine coverage among those aged 65 and over increased from **73.2% to 78.5%,** however it was still down from the peak of **85.3%** coverage in 2021.* *For those who took up the offer, last year's flu vaccine had a significant impact on reducing severe illness, with an almost **40% reduction in the number of those aged 65 and over being hospitalised.***	Vaccinations - NHS UKHSA: Immunisation against infectious disease (Green Book) UKHSA: Seasonal influenza vaccine uptake UKHSA: Vaccine uptake guidance and coverage data
A tingling feeling on your skin and feeling unwell is usually the first sign that you might have shingles. *There might be a burning sensation around the affected area of skin, or there might be a constant or dull pain. The affected area may also feel tender.* *If a rash then develops it will tend to follow the initial symptoms and is usually found on your chest or stomach (often on one side of your body). It can develop into itchy blisters*	Vaccinations - NHS UKHSA: Immunisation against infectious disease (Green Book) NHS: Shingles vaccine UKHSA: Vaccine uptake guidance and coverage data

which can continue to appear for up to a week. *The Shingles vaccine coverage in Warwickshire remained similar between 2018 and 2022 going from* ***51.4% to 52.5%.*** *Based on current studies the shingles vaccine currently used in the UK, Shingrix, showed to have a* ***97% efficacy in adults aged 50 years and above, and 91% in adults aged over 70 years.***	
The RSV vaccine protects those at greatest risk from Respiratory Syncytial Virus (RSV). RSV is relatively unknown among the public and is a major cause of respiratory illness. It is particularly dangerous for infants and those over 75. *The virus typically leads to mild, cold-like symptoms but can cause bronchiolitis and pneumonia and, in severe cases, can require hospitalisation and intensive care. It is estimated that RSV accounts for 9,000 hospital admissions per year in the UK for those aged over 75.* *According to the UK Health Security Agency (UKHSA), as of 31 October 2025 in the UK vaccine coverage in the catch-up cohort (adults aged 75 to 79) reached* ***66%, increasing by 0.3 percentage points from the September 2025 report (65.7%).*** *From a new UKHSA study, it showed that among adults aged 75 to 79 the RSV vaccine provided strong protection, being around* ***82% effective in preventing hospital admissions with RSV infection.*** *The study also found that the vaccine is highly effective in preventing hospitalisation for older people with a chronic respiratory condition and those living with immunosuppression.*	Vaccinations - NHS UKHSA: Immunisation against infectious disease (Green Book) Respiratory syncytial virus (RSV) vaccination programme - GOV.UK

The vaccine reduces the risk of developing serious disease and death from infection with the SARS-CoV-2 virus,
which causes COVID-19. The biggest risk of death from COVID-19 comes with age and each older generation has
approximately 10 times the risk of dying from COVID-19 than the generation below it. The vaccine has been shown
to be effective in preventing severe disease and death in older adults.
According to a report by the UK Health Security Agency (UKHSA), by the end of the COVID-19 spring 2025 vaccination campaign, ***58.1% of all people aged 75 to 79 and 61.8% of all people aged 80 and over*** *who are resident in England had been vaccinated with a spring 2025 booster dose since 1 April 2025.*
Incremental effectiveness of the spring 2025 vaccines against hospitalisation was highest in the period 5 to 9 weeks post-vaccination at ***55.3%.***
You can get the winter COVID-19 vaccine if you:
•
  ○ *are aged 75 or over (including those who will be 75 by 31 January 2026)*
  ○ *are aged 6 months to 74 years and have a weakened immune system because of a health condition or treatment*
  ○ *live in a care home for older adults*
	Vaccinations - NHS
	
	UKHSA: Immunisation against infectious disease (Green Book)
	
	UKHSA: COVID-19 vaccine surveillance reports
	
	UKHSA: Vaccine uptake guidance and coverage data

A gap in understanding of disease burden and severity and the importance of vaccination. Concerns over vaccine safety, efficacy, and potential side effects are a factor, though often less significant than practical barriers.	Understanding Vaccine Hesitancy: Insights and Improvement Strategies Drawn from a Multi-Study Review - PMC Barriers to healthcare are preventing UK children from receiving life-saving vaccinations | RCPCH Defining hard-to-reach populations for vaccination - PMC

	Moving the needle: How to increase vaccine uptake | RSPH Vaccines are harder to access than they should be. Here's what we can do about it. | RSPH
Incorrect or misleading information may be spread to discourage people from getting the vaccine, whether it is with cruel intent to purposefully cause harm to others, or with good intentions to help, but being misled and simply spreading around false information.	Understanding Vaccine Hesitancy: Insights and Improvement Strategies Drawn from a Multi-Study Review - PMC Barriers to healthcare are preventing UK children from receiving life-saving vaccinations | RCPCH Defining hard-to-reach populations for vaccination - PMC Moving the needle: How to increase vaccine uptake | RSPH Vaccines are harder to access than they should be. Here's what we can do about it. | RSPH
There is a reported lack of consistent reminders for vaccinations and limited time for GPs to promote vaccines (e.g. short appointment times).	Understanding Vaccine Hesitancy: Insights and Improvement Strategies Drawn from a Multi-Study Review - PMC Barriers to healthcare are preventing UK children from receiving life-saving vaccinations | RCPCH Defining hard-to-reach populations for vaccination - PMC Moving the needle: How to increase vaccine uptake | RSPH Vaccines are harder to access than they should be. Here's what we can do about it. | RSPH
Seeing a different healthcare provider each time can lead to a lack of trust and understanding of individual circumstances.	Understanding Vaccine Hesitancy: Insights and Improvement Strategies Drawn from a Multi-Study Review - PMC Barriers to healthcare are preventing UK children from receiving life-saving vaccinations | RCPCH Defining hard-to-reach populations for vaccination - PMC Moving the needle: How to increase vaccine uptake | RSPH Vaccines are harder to access than they should be. Here's what we can do about it. | RSPH
Certain cultural or religious views can lead to reluctance.	Understanding Vaccine Hesitancy: Insights and Improvement Strategies Drawn from a Multi-Study Review - PMC Barriers to healthcare are preventing UK children from receiving life-saving vaccinations | RCPCH Defining hard-to-reach populations for vaccination - PMC Moving the needle: How to increase vaccine uptake | RSPH Vaccines are harder to access than they should be. Here's what we can do about it. | RSPH

An assumption is made that because a person has reduced risk that they do not need to receive the vaccine, not taking into consideration how it may affect people they interact with in their daily lives, who may be at risk from the disease.	Understanding Vaccine Hesitancy: Insights and Improvement Strategies Drawn from a Multi-Study Review - PMC Barriers to healthcare are preventing UK children from receiving life-saving vaccinations | RCPCH Defining hard-to-reach populations for vaccination - PMC Moving the needle: How to increase vaccine uptake | RSPH Vaccines are harder to access than they should be. Here's what we can do about it. | RSPH
There is a growing disparity in uptake between certain ethnic minority groups and socioeconomically disadvantaged families, with some studies showing lower intentions to vaccinate in these communities.	Understanding Vaccine Hesitancy: Insights and Improvement Strategies Drawn from a Multi-Study Review - PMC Barriers to healthcare are preventing UK children from receiving life-saving vaccinations | RCPCH Defining hard-to-reach populations for vaccination - PMC Moving the needle: How to increase vaccine uptake | RSPH Vaccines are harder to access than they should be. Here's what we can do about it. | RSPH
Decisions can be shaped by the views of community leaders or the general attitude within a local community.	Understanding Vaccine Hesitancy: Insights and Improvement Strategies Drawn from a Multi-Study Review - PMC Barriers to healthcare are preventing UK children from receiving life-saving vaccinations | RCPCH Defining hard-to-reach populations for vaccination - PMC Moving the needle: How to increase vaccine uptake | RSPH Vaccines are harder to access than they should be. Here's what we can do about it. | RSPH
Inconvenient clinic locations and the cost or availability of transport.	Understanding Vaccine Hesitancy: Insights and Improvement Strategies Drawn from a Multi-Study Review - PMC Barriers to healthcare are preventing UK children from receiving life-saving vaccinations | RCPCH Defining hard-to-reach populations for vaccination - PMC Moving the needle: How to increase vaccine uptake | RSPH Vaccines are harder to access than they should be. Here's what we can do about it. | RSPH
Population vaccination coverage: Flu (aged 65 and over), Proportion %	https://fingertips.phe.org.uk/ Flu vaccine uptake (%) in adults aged 65 and over, who received the flu vaccination between the beginning of October to the end of

	February as recorded in the GP record. The February collection has been adopted for our end of season figures from 2017 to 2018. All previous data is the same definitions but until the end of January rather than February to consider data returning from outside the practice and later in practice vaccinations. Source: UKHSA https://www.gov.uk/government/collections/vaccine-uptake#seasonal-flu-vaccine-uptake:-figures Numerator: number of vaccinations administered during the influenza season between the beginning of October and the end of February. Denominator: GP registered population on the date of extraction including patients who have been offered the vaccine but refused it, as the uptake rate is measured against the overall eligible population. For more detailed information please see the user guide, available to view and download from https://www.gov.uk/government/collections/vaccine-uptake#seasonal-flu-vaccine-uptake
Population vaccination coverage: Shingles vaccination coverage (71 years), Proportion %	https://fingertips.phe.org.uk/ Shingles vaccine coverage for adults of GP registered population turning 71 between 1 April to 31 March, and vaccinated by the following end of June. Source: UK Health Security Agency (UKHSA), ImmForm Numerator: Number of patients registered with a GP practice with 71st birthday within the financial year that received a shingles vaccination by the end of the June. Denominator: Number of patients registered with a GP practice in each LA *whose 71st birthday is within the financial year.*

MOVING MORE

ITEM/INDICATOR	SOURCE
% meeting exercise guidelines	NHS Health Survey for England 2021
Inactivity rate	Actives Lives Survey, Sport England 2023/24
Multi-morbidity by age range, number of conditions and area.	Health Data & Intelligence Linked Dataset. Numerator - A count of individuals in Warwickshire aged 65+ with 2+ health conditions on their GP record, as calculated by 'ltc_count' column, grouped by age band, area and number of conditions. No. conditions greater >= 5 grouped as '5+'.

	Denominator – A count of individuals in Warwickshire aged 65+, grouped by age band and area.
Rate of falling once per year by age band	Falls: applying All Our Health, Office for Health Improvement & Disparities
Rates of adults meeting recommended weekly strength training by age band	Active Lives Survey, Sport England 2023/24
Long hospital stays, directly standardised rate	Directly standardised rate is produced by creating age-specific rates for each five-year age band from aged 65 and up. 90+ is its own category. These rates are then adjusted to match the European Standard Population, an overall rate is then created. The OHID Fingertips Indicators python package was used to create rates. Numerator: The number of people in each age band who have had at least one hospital stay over 1 week in the time period. Denominator – ONS population estimates 2024.
Text: *"The Chief Medical Officer's guidelines for physical activity recommends older adults should accumulate at least 150 minutes of moderate-intensity activity and undertake strength and balance activity at least twice a week."*	UK Chief Medical Officers' physical activity guidelines - GOV.UK

SMOKING

ITEM/INDICATOR	SOURCE
Smoking prevalence by age (England)	NHS Health Survey for England (2022)
Registered smokers in Warwickshire	Health Data and Intelligence Linked Dataset. The number of people registered with a Warwickshire GP, who have had at least one smoking status recorded in the two year time period, by their most recent smoking status, sex and place.
Smoking prevalence in 1985	Adult smoking habits in Great Britain 2024, ONS. Values are for the 'person' category aged 16-24, from years 1984 and 1974, respectively. Adult smoking habits in the UK - Office for National Statistics
Text: *"Smoking is the leading cause of avoidable death. Tobacco kills up to half of its user. In 2019, smoking killed 74,600 nationally."*	Smoking Facts at a Glance - ASH
What happens when someone stops smoking over time.	https://www.nhs.uk/better-health/quit-smoking/
Impact of pack years over time.	https://www.stroke.org.uk/sites/default/files/Smoking%20and%20the%20risk%20of%20stroke.pdf

	https://www.rnib.org.uk/your-eyes/how-to-keep-your-eyes-healthy/smoking-and-sight-loss/ https://www.sign.ac.uk/assets/sign149.pdf https://www.alzheimers.org.uk/about-dementia/managing-the-risk-of-dementia/reduce-your-risk-of-dementia/smoking https://www.world-stroke.org/assets/downloads/STROKE_RISK_AND_PREVENTION_LEAFLET_SMOKING-EN.pdf https://pubmed.ncbi.nlm.nih.gov/29326298/ https://www.cdc.gov/diabetes/risk-factors/diabetes-and-smoking.html https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0137300

Mind Matters

Cognitive function

ITEM/INDICATOR	SOURCE
Estimated and recorded dementia prevalence	Estimated Prevalence: The Lancet Cognitive Function and Ageing Study II (CFAS II) prevalences by five-year age band and sex are presented as the % estimated with dementia. These rates are applied to each age group/sex pair's GP-registered population in Warwickshire, then summed to get a total estimated 65+ population with dementia. Recorded prevalence: Source: Health Data and Intelligence Numerator: patients with a flag for either dementia or Alzheimer's. Denominator: GP-registered population by age, sex, and place.
Text: *"As people age, it is common to experience slower processing speed, mild forgetfulness, reduced multitasking ability, and longer to learn new information, whilst many abilities such as vocabulary, general knowledge, and expertise remain stable."*	How your thinking skills change with age | Age UK
Text: *"Whilst it is not the same as dementia, MCI has a strong link to dementia with 1 in 10 going on to develop the condition. However, 5 in 10 may see their symptoms get better through treating underlying causes, whilst the other 4 neither improve nor progress."*	Mild cognitive impairment | UK DRI
Text: *"Although there is currently no cure, the risk of 40% of dementia cases could be prevented or delayed through addressing 14 modifiable risk factors."*	Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission - The Lancet

Common mental disorders

ITEM/INDICATOR	SOURCE
Patients recorded with anxiety/depression	Health Data and Intelligence

	In the conditions history table of the dataset, where each 'flagging' of a condition has a row and effective dates, anxiety and depression can be flagged multiple times over a patient's health record. This measure captures patients who have had either condition flagged in the respective year. For past fiscal years, age at the start of the period is estimated as the system only counts current age.
Patients recorded with anxiety depression for first time in year	Health Data and Intelligence This measure finds the minimum date associated with an anxiety or depression flag, respectively, and then flags it as the first incidence. These are then counted across fiscal years. Age is estimated at start of fiscal year.
Prevalence of common mental disorders	NHS Adult Psychiatric Morbidity Survey 2023/24
No. referrals into Talking Therapies and % reliable recovery rate	NHS Talking Therapies Annual Report 2024/25
Number of people on antidepressants	Health Data and Intelligence. The dataset has a medicine history table where every spell of prescription is stored. Some spells have an open end date, and a status, while others follow a pattern of regular prescription periods. The analysis formalises these spells, and adds estimated age at fiscal year start. It then looks for active antidepressant prescription spells in the given year.
Text: *"Whilst recorded prevalence of CHMCs is lower in those aged 65+ compared with younger age groups, there are risk factors that may impact the older population more, such as loneliness, social isolation, reduced independence, bereavement, caring responsibilities, comorbidities (such as dementia, where CHMCs are often co-occurring), and frailty. Being on certain medications may also increase the risk of CHMCs, particularly depression."*	you-are-not-alone-in-feeling-lonely---parliamentary-briefing-.pdf NHS England » Older people's mental health

HIGH MENTAL HEALTH NEED

ITEM/INDICATOR	SOURCE
Text: "*Suicide is a death caused by self-directed injurious behaviour carried out with the intent to die. Each case is tragic and unique, and is not only an individual act but is shaped by a wide range of social, economic, psychological, and*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Suicide in people with severe mental health problems

environmental factors that are preventable.	
Text: "*Suicide risk is highest in those aged 50-54, and rates decrease for older ages.*"	DHSC: Suicide prevention strategy for England 2023 to 2028 ONS: Suicides in England and Wales, 2024 registrations OHID Fingertips Public Health Profiles OHID: Suicide in people with severe mental health problems
Text: "*Warwickshire's suicide mortality rate is slightly lower than England, but older-age deaths highlight distinct vulnerabilities*"	DHSC: Suicide prevention strategy for England 2023 to 2028 ONS: Suicides in England and Wales, 2024 registrations OHID Fingertips Public Health Profiles OHID: Suicide in people with severe mental health problems
Text: "*Up to 135 people are estimated to be impacted by every single suicide*"	DHSC: Suicide prevention strategy for England 2023 to 2028 Cerel et al.: How many people are exposed to suicide? OHID: Suicide in people with severe mental health problems
Text: "*Self-harm in older adults is an urgent warning sign - episodes are less frequent but more likely to be fatal*"	DHSC: Suicide prevention strategy for England 2023 to 2028 LGA: Reducing self-harm in older people OHID: Suicide in people with severe mental health problems
Text: "*SMI and suicide are closely linked through both clinical risk and wider determinants*"	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Premature mortality in adults with severe mental illness NHS England: Improving physical health of people with SMI OHID: Suicide in people with severe mental health problems
Text: "*Under-65, national patterns show the highest rates among men in their early 50s, reflecting a concentration of risk in mid-life; however, at 65+ the risk profile changes, with later-life factors becoming more prominent—bereavement, social isolation, retirement/loss of role, chronic pain, disability and multimorbidity, and depression that may be under-recognised or under-treated in older adults.*"	DHSC: Suicide prevention strategy for England 2023 to 2028 Cerel et al.: How many people are exposed to suicide? OHID: Suicide in people with severe mental health problems

Text: "*Warwickshire has a slightly higher age-standardised 65+ mortality rate from suicide and injury of undetermined intent compared to England (8.6 per 100,000 [53 deaths] in Warwickshire compared to 8.2 [4,365 deaths] per 100,000 in England for 2020-24).* *In 2024, 12% of Warwickshire deaths due to suicide were aged over 65, with older women being slightly more likely to die by suicide than older men. Common themes from these deaths include having been bereaved, caring responsibilities, and deterioration of quality of life due to worsening health."*	DHSC: Suicide prevention strategy for England 2023 to 2028 Cerel et al.: How many people are exposed to suicide? ONS: Suicides in England and Wales, 2024 registrations OHID Fingertips Public Health Profiles
Text: "*Each suicide can affect a wide network of people, spanning immediate family and friends, as well as colleagues and wider community members, with research often highlighting a smaller group of around 15–30 people who are considered to be heavily impacted.* *For those bereaved or otherwise closely exposed, the effects can include increased mental health difficulties (such as depression, anxiety, and suicidal thoughts), a substantially higher risk of attempting suicide themselves (reported as 65% higher than people bereaved by natural causes, with an absolute risk of around 1 in 10 for friends and relatives), and disrupted day-to-day functioning that may contribute to leaving work or education.* *The impact extends beyond households to workplaces and services, affecting peers, co-workers, and professionals such as emergency responders, illustrating a broader "ripple effect" across communities.*	DHSC: Suicide prevention strategy for England 2023 to 2028 Cerel et al.: How many people are exposed to suicide? OHID: Suicide in people with severe mental health problems
Self-harm in older adults is a serious warning sign for suicide. Although fewer older people present to hospital with self-harm, these episodes are more likely to be fatal for them.	DHSC: Suicide prevention strategy for England 2023 to 2028 LGA: Reducing self-harm in older people OHID: Suicide in people with severe mental health problems

Overdose is the most common method, so careful prescribing is essential and clinicians should be made aware if an older adult has a history of self-harm, before prescribing medications that could be harmful if taken in excess. *Older people who self-harm are at a much higher risk of suicide, around 67 times higher than the general older population."*	
Text: "*People with SMI have a substantially higher risk of dying by suicide than the general population - particularly around acute episodes and transitions in care (for example, after psychiatric hospital discharge) - and co-occurring issues such as substance misuse, unstable housing, physical ill-health and social isolation can compound vulnerability."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Premature mortality in adults with severe mental illness NHS England: Improving physical health of people with SMI OHID: Suicide in people with severe mental health problems
Text: "*Older people may lose long-standing social connections following bereavement, retirement, or children moving away. Reduced mobility, being housebound, and the loss of community roles (such as through retirement) further limit regular social contact. Life transitions like giving up driving, leaving the workforce, or moving into residential care, can also significantly reduce opportunities for meaningful interaction."*	DHSC: Suicide prevention strategy for England 2023 to 2028 Cerel et al.: How many people are exposed to suicide? OHID: Suicide in people with severe mental health problems
Text: "*Many older adults live on a fixed income, and rising living costs, social care charges, or debt can cause significant stress."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Suicide in people with severe mental health problems
Text: "*Older adults may avoid using terms like "suicide" or "mental health," instead expressing distress through phrases such as "being a burden." Ageism and generational attitudes make suicidal thoughts less likely to be recognised and reduce help-seeking."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Suicide in people with severe mental health problems
Text: "*Persistent pain from long-term conditions can lead to hopelessness and has been identified as a significant contributor to suicide in older adults."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Suicide in people with severe mental health problems
Text: "*Physical deterioration can result in reduced independence, inability to*	DHSC: Suicide prevention strategy for England 2023 to 2028

carry out activities of daily living, and increased reliance on others, all of which can heighten suicide risk. Feelings of being a burden are especially common."	OHID: Suicide in people with severe mental health problems
Text: "*Sensory loss limits communication, social participation, and enjoyable activities. Combined with isolation, this can exacerbate depression and suicidal thoughts."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Suicide in people with severe mental health problems
Text: "*The death of a spouse, relatives, or close friends can lead to deep grief and the loss of support networks. Older widowers have particularly high suicide rates, with research showing older men are especially vulnerable."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Suicide in people with severe mental health problems
Text: "*Retirement can bring a sudden loss of identity, daily routine, and purpose. For some, this is compounded by financial stress or reduced social contact."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Suicide in people with severe mental health problems
Text: "*Transitioning into residential care or needing support with daily tasks may trigger feelings of shame, loss of control, and hopelessness."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Suicide in people with severe mental health problems
Text: "*These are major contributors to suicide risk, yet mental health conditions in older adults are frequently under-diagnosed. Depression may be misattributed to ageing or misclassified as dementia."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Suicide in people with severe mental health problems
Text: "*Among all age groups, personality disorder is associated with higher suicide risk, contributing to a substantial proportion of completed suicides."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Suicide in people with severe mental health problems
Text: "*Early stages of dementia can bring distress, awareness of declining abilities, and fear of the future. Cognitive impairment can also reduce problem-solving ability and coping resources."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Suicide in people with severe mental health problems
Text: "*Self-harm in older adults is a strong predictor of suicide risk. Those aged 65+ who self-harm have markedly elevated suicide risk and high levels of physical and psychiatric comorbidity."*	DHSC: Suicide prevention strategy for England 2023 to 2028 LGA: Reducing self-harm in older people OHID: Suicide in people with severe mental health problems
Text: "*Severe Mental Illness (SMI), which includes chronic conditions like*	DHSC: Suicide prevention strategy for England 2023 to 2028

schizophrenia, bipolar disorder, and other psychoses, is characterized by its severity, persistence, and the profound functional impairment it causes that substantially affect day-to-day functioning."	OHID: Premature mortality in adults with severe mental illness NHS England: Improving physical health of people with SMI NICE CG178: Psychosis and schizophrenia in adults
Text: "*Unlike common mental health conditions, SMIs are generally enduring, often lifelong conditions that can cause psychosis or extreme mood states. Someone with an SMI often needs continuous medical treatment and may struggle with basic tasks without support. There are different types of SMI, some of the key ones are explored below:"*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Premature mortality in adults with severe mental illness NHS England: Improving physical health of people with SMI NICE CG178: Psychosis and schizophrenia in adults
Text: "*All adults with SMI are entitled to a yearly physical health check, while those aged 65+ can access a range of preventative checks—such as the NHS Health Check (for those aged 65–74), national screening programmes, and routine reviews with their GP or community pharmacy—and everyone who is eligible is encouraged to take up these appointments whenever invited and attend regularly to help spot problems early and stay well for longer."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Premature mortality in adults with severe mental illness NHS England: Improving physical health of people with SMI NHS: Annual health check for severe mental health conditions
Text: "*People who are diagnosed with a SMI die 15-20 years earlier on average than those without SMI"*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Premature mortality in adults with severe mental illness NHS England: Improving physical health of people with SMI OHID: Suicide in people with severe mental health problems
Text: "*SMI is associated with substantially higher mortality"*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Premature mortality in adults with severe mental illness NHS England: Improving physical health of people with SMI OHID: Suicide in people with severe mental health problems
Text: "*If life expectancy for the general population is around 80, people with SMI often only reach around 60. A substantial portion of people with SMI will therefore never reach "older adult" status. Those who do reach 65+ have often lived through decades of health*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Premature mortality in adults with severe mental illness NHS England: Improving physical health of people with SMI

inequalities, meaning by older age they will have experienced a heavier physical and emotional load. As a result, someone aged 65+ with SMI may require more complex and coordinated care for both mental and physical ailments, and may experience accelerated functional decline. *Major diseases that impact older adults such as liver disease, respiratory illness, cardiovascular disease, cancer, diabetes, and hypertension are significantly more prevalent in those with SMI.* *Contributing factors to these include lifestyle risks (such as smoking, substance misuse, and obesity rates), side effects of psychiatric medications (such as weight gain from antipsychotics leading to diabetes), and challenges in accessing healthcare."*	OHID: Suicide in people with severe mental health problems
Text: "*In the period between 2021-23, Warwickshire's age standardised premature mortality rate (deaths before 75) in adults with SMI was lower at 97.9 per 100,000 (1,275 deaths) compared to England's 110.8 per 100,000 (130,106 deaths).* *In Warwickshire, premature mortality is considerably higher in people with SMI, with a 4-5 times higher likelihood of dying before the age of 75 compared to someone without SMI. In 2021-23 approximately 1,000 more people with SMI died prematurely compared to people without.* *It is estimated that 2 in 3 deaths among people with SMI are due to preventable physical illnesses. This indicates that much of the mortality gap comes from poor physical health outcomes in this group.* *People with SMI experience health risks earlier and more severely than*	DHSC: Suicide prevention strategy for England 2023 to 2028 ONS: Suicides in England and Wales, 2024 registrations OHID Fingertips Public Health Profiles OHID: Premature mortality in adults with severe mental illness

others. In younger years, high rates of smoking, obesity, and sedentary lifestyle (partly due to illness and medication side effects) contribute to a range of physical health conditions."	
Text: "*Schizophrenia is a psychotic disorder characterised by hallucinations (such as hearing voices) and delusions, disorganised thinking, and social withdrawal. It often begins in young adulthood and can become a lifelong condition."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Premature mortality in adults with severe mental illness NHS England: Improving physical health of people with SMI NICE CG178: Psychosis and schizophrenia in adults
Text: "*Many older people with schizophrenia will have lived with the illness for decades. They may experience cognitive decline on top of longstanding symptoms, leading to heightened care needs. The cumulative effects of years of antipsychotic medication can contribute to physical health issues (like tardive dyskinesia or metabolic syndrome), further complicating care in old age."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Premature mortality in adults with severe mental illness NHS England: Improving physical health of people with SMI NICE CG178: Psychosis and schizophrenia in adults
Text: "*Bipolar disorder is marked by episodes of mania (elevated or irritable mood, over-activity, grandiose ideas) and depression."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Premature mortality in adults with severe mental illness NHS England: Improving physical health of people with SMI NICE CG185: Bipolar disorder
Text: "*Bipolar disorder often requires ongoing medication throughout life. As these people reach 65+ they might have more medical comorbidities that interact with their psychiatric medications. Support needs may increase due to complex medical needs, medication management, social vulnerability and severe changes in mood. Older bipolar patients might experience shorter or milder manic episodes but more prolonged depressions, and are at elevated risk of dementia."*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Premature mortality in adults with severe mental illness NHS England: Improving physical health of people with SMI NICE CG185: Bipolar disorder
Text: "*Schizoaffective disorder involves symptoms of both schizophrenia and mood disorder (mania or depression). Other chronic psychotic illnesses (such*	DHSC: Suicide prevention strategy for England 2023 to 2028 OHID: Premature mortality in adults with severe mental illness

as delusional disorder) also fall under SMI."	NHS England: Improving physical health of people with SMI NICE CG178: Psychosis and schizophrenia in adults
Text: "*If untreated or undertreated earlier in life, these disorders can result in an older adult who is quite isolated with long-term delusional beliefs or residual hallucinations. Ageing can amplify challenges, for example an older patient with schizoaffective disorder might have mobility issues that limit access to care while also dealing with persistent paranoia."*	DHSC: Suicide prevention strategy for England 2023 to 2028 NICE CG178: Psychosis and schizophrenia in adults OHID: Suicide in people with severe mental health problems

SUPPORTING GOOD MENTAL HEALTH

ITEM/INDICATOR	SOURCE
Connect: % of households that are lone 66+ year olds.	ONS Census 2021 This measure is the % of households in Warwickshire LSOAs that are lone 66+ year olds. It then displays this as a count of LSOA per district and % band. For example, there are x LSOAs in Rugby that have a % of households lone 66+ year olds between 25-32. When users hover over the table, they see the values of the LSOAs that are summarised.
Connect: Self-reported loneliness	NHS Health Survey for England 2024. This is an England figure with % applied to age and sex structures of Warwickshire for an estimated no. of people affected. For which, ONS mid-year population estimates for year 2024 were used.
Get active: Trips out of the house by reason and age band	DfT National Travel Survey 2024
Take notice: Accessible green space by district	Defra Access to green space dataset 2024. Each LSOA in England has a value for % households with access to green space. Defra publish different green space scenarios, and for this analysis scenario 7 was selected as it was a balanced look at accessible green space. It's defined as access to green spaces of at least 10 ha within 15 minutes' walk AND Either: Access to green spaces of at least 0.5 ha within 200m OR Access to green spaces of at least 2 ha within 300 metres LSOAs in England were ranked on this value, and assigned quintiles. Warwickshire's LSOAs were then summarised by district and which

	quintile they fell in nationally, i.e. the top 20% of LSOAs in England is high access. Due to the large number of LSOAs with no access, this was assigned as the lowest quintile.
Keep learning: Internet use	Ofcom technology tracker 2019 and 2025
Text: *"Others may choose to volunteer, with 23% of people aged 65 to 74 and 20% of those aged 75 and over taking part in volunteering activities."*	Volunteering rates rise to 17% but trail pre-pandemic levels

Age Friendly places

Employment

ITEM/INDICATOR	SOURCE
Population projections	ONS population projections
Economic inactivity by gender and reason for in activity for those aged 50-65	Economic labour market status of individuals aged 50 and over, trends over time, September 2025 (England) DWP
Average age of exit from labour market by gender over time	Labour force survey 2025
Employment rates by age over time	Labour force survey 2025
Text: *"There are clear inequalities in how people experience work and retirement. People with higher levels of wealth are more likely to choose when they retire, often doing so earlier to enjoy life more, whereas early retirement among poorer groups is more likely to be driven by poor health or other constraints."*	Lifetime inequalities and retirement outcomes | Centre for Ageing Better
Text: *"Wealth also influences who remains in work into older age. 15% of people in England aged 70-74 in the richest 20% are employed compared to 6% for those in the poorest 20%."*	Understanding retirement in the UK | Institute for Fiscal Studies
Text: *"In the last 20 years there has been an increase in working into mid-60s by people on average levels of wealth. This is not solely driven by changes in State Pension age, but also by financial pressures such as outstanding mortgages."*	Early retirement increasingly concentrated amongst the wealthy | Institute for Fiscal Studies

Housing

ITEM/INDICATOR	SOURCE
% households that are made up on only those aged 66 and over, by district.	Census 2021
% households that are made up on only those aged 66 and over, by LSOA.	Census 2021
66+ households by housing type	Census 2021
% of households renting privately by age band over time	Census 2001 and 2021

Text: *"Housing and health are very closely linked. Having a home that is affordable, safe, and warm is fundamental to both our physical and mental health. There are many ways housing impacts on health, and this can be particularly impactful on older people with them on average spending 80% of their time at home and over 75% of deaths due to falls occurring at home."*	Housing and health in local strategic health planning - GOV.UK Housing | The Health Foundation HAAllianceTopic_Statements_Health.pdf
Text: *"Unaddressed fall hazards in the home cost the NHS in England £435 million per year."*	Cost of Falls to NHS and Social Care - Therapies on Thames
Text: *"60% of homes nationally defined as excessively cold are currently occupied by at least one person over the age of 55."*	Counting-the-cost-report.pdf

TRANSPORT

ITEM/INDICATOR	SOURCE
Households with all inhabitants aged 66 and over by access to a car or van by area and household type.	Census 2021
Proportion of trips by driving car and other forms of transport by age and sex.	National Travel Survey 2024
Proportion of older adults holding a driving licence by age and sex over time.	National Travel Survey 2024
Text: *"Reduced walking can accelerate cognitive decline, cardiometabolic disease, social isolation, and falls serious enough to cause disability or hospitalisation. For those who wheel rather than walk, barriers are greater still."*	The Age UK Walking Programme | Age UK auk--- guide_to_good_practice_for_falls_prevention_and_physical_activity.pdf
Text: *"Driving remains the dominant mode of transport. Nationally 68% of households with someone aged 70+ own a car, but health is the primary reason people stop."*	Only 1% aged 60 or over would give up driving because of age | News | Age UK

AGE FRIENDLY IN PRACTICE

ITEM/INDICATOR	SOURCE
Text: *"Access to outdoor spaces and public buildings is a fundamental part of healthy ageing, shaping people's ability to remain active, independent and socially connected. Well-designed environments support everyday activities such as walking, shopping and meeting others, all of which contribute to physical health, mental wellbeing and quality of life.* *In contrast, barriers in the built environment, such as poor pavement conditions, lack of seating, or inaccessible buildings, can limit mobility and confidence, leading to reduced physical activity, increased isolation and poorer health outcomes.* *Creating age-friendly environments is therefore an important preventative approach, enabling older people to continue participating in community life and maintain their independence for longer.* *This section uses the Age-friendly Built Environment quick guides to structure key areas for action, focusing on the practical features that can make places more accessible, inclusive and supportive."*	Age-friendly Built Environment Quick Guides | Centre for Ageing Better Centre for Ageing Better: Eight domains of age-friendly communities Age UK: The future of transport in an ageing society
Text: *"29% of adults with long-term impairments nationally experience difficulty accessing public buildings. This is highest in shops (54%), hospitals (34%), and pubs, bars, or restaurants (23%).* *Making community buildings age-friendly involves ensuring step-free access, lifts, clear signage, good lighting and accessible toilets, alongside welcoming and inclusive environments. Co-locating services and designing flexible spaces for social, cultural and health activities can further increase use.* *This enables older people to remain active in their communities, maintain social networks*	LOS Factsheet: Accessibility outside the home Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Centre for Ageing Better: State of Ageing 2025, Work

and access support, helping reduce loneliness and support independence."	
Text: *"1 in 5 people of all ages are deterred from leaving their homes as often as they would like due to concerns about accessing a toilet. This rises to 2 in 5 for those with health conditions.* *Providing clean, accessible and well-signposted public toilets in convenient locations helps in creating age-friendly places. Features such as level access, handrails, adequate space and good maintenance are essential.* *Ensuring toilets are open when people need them and located near town centres, parks and transport hubs can significantly increase confidence to travel, supporting dignity, independence and participation."*	https://www.rsph.org.uk/media/filer_public/0a/f7/0af7df7c-2fd8-4ca7-a81a-1e4fecd226d1/taking_the_p.pdf https://www.rsph.org.uk/our-work/publications/taking-the-p-improving-public-toilets-in-the-uk/ Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Making Older People's Homes Safe | Centre for Ageing Better Homes | Centre for Ageing Better Housing LIN: HAPPI design principles
Text: *"60% of older people nationally are concerned about the limited seating that is provided in shopping areas, including inside shops.* *Providing frequent, well-placed seating is a simple but highly effective way to make neighbourhoods more age-friendly. Benches with armrests and back support, placed at regular intervals along walking routes and near key destinations, can make it possible for people to rest when needed.* *This enables older people to walk further, feel more confident leaving home, and continue engaging in everyday activities."*	High-street Considerations For Elderly Shoppers - 365 Retail - Retail News And Events Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Making Older People's Homes Safe | Centre for Ageing Better Homes | Centre for Ageing Better Housing LIN: HAPPI design principles
Text: *"The top three concerns for why adults don't visit green spaces are anti-social behaviour, a lack of facilities (such as toilets and benches), and visiting after dark.* *Age-friendly green spaces can be created by ensuring entrances are accessible, paths are even and well-maintained, and facilities such as seating, toilets and lighting are provided. Incorporating sheltered areas, safe walking routes and inclusive design (e.g. for people*	Adults' Year 5 Annual Report (April 2024 - March 2025) - GOV.UK Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities

with sensory or mobility impairments) helps ensure everyone can benefit. *These improvements encourage regular use, supporting physical activity, mental wellbeing and social connection in later life."*	
Text: *"As someone gets older, they may find navigating outdoor spaces more difficult. This can become more common with certain health conditions, for example 6 in 10 people living with dementia may get confused about their location and wander at least once, which can be dangerous and even life-threatening. To support navigation, places can invest in clear, consistent and well-placed signage using large fonts, high contrast colours and simple language. Maps and directional signs should be easy to understand and positioned at key decision points, with consideration for people with cognitive or visual impairments. Good wayfinding helps older people navigate independently, increasing confidence, accessibility and inclusion."*	Wandering | Alzheimer's Association Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities
Text: *"31% of adults aged 65+ nationally say they are prevented from walking more or at all on their local streets because of cracked and uneven pavements.* *Improving streets and pavements includes maintaining smooth, non-slip surfaces, removing obstructions, widening walkways where possible, and installing dropped kerbs and safe crossing points. Adequate lighting and traffic calming measures can also improve safety.* *These changes reduce the risk of falls and make it easier for older people to walk or use mobility aids, supporting active travel, independence and access to the community."*	pedestrian-slips-trips-and-falls.pdf Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Age UK: The future of transport in an ageing society
Text: *"Age-friendly streets for older walkers and wheelers means clutter-free, well-maintained pavements wide enough for mobility aids; adequate crossing times for slower walking speeds; good lighting; seating on key routes; and reduced vehicle speeds in pedestrian areas.*	Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Age UK: The future of transport in an ageing society

In Warwickshire's road safety survey, every respondent aged 75+ reported always looking both ways before crossing, even at designated crossings; older adults were least likely to use phones while walking or jaywalk, and among the most likely to wear reflective clothing at night. This best practice pedestrian behaviour should be acknowledged and promoted. *The assumed walking speed of 1.2 metres per second built into UK pedestrian crossing timings is inappropriate for older adults. Walk audits co-designed with older people have directly produced improvements including repositioned dropped kerbs and extended crossing times, demonstrating that involving older people in planning delivers practical results. The age-friendly environment must reciprocate the care older people already give to their own safety, through infrastructure that meets them where they are, rather than where designers assume them to be."*	
Text: *"1 in 5 older people nationally are less likely to use public transport due to worrying over lack of seating.* *Ensuring that transport stops are step-free, well-lit, located close to key services, and have shelter, seating, and clear easy-to-read timetable information can make them age-friendly. Designing stops with high-contrast signage and space for mobility aids can further improve usability.* *These improvements make public transport more accessible and appealing for older people, supporting independence, access to services, and social participation."*	Standing Up 4 Sitting Down | SU4SD | Anchor Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Age UK: The future of transport in an ageing society
Text: *"Public transport as a usable, accessible alternative to private car use requires age-friendly training for transport staff. Low-floor vehicles with level boarding, ramps, priority seating, clear audio-visual announcements, and staff who understand passengers' needs, including waiting until people are seated before moving, are essential for older adults to feel comfortable using buses.*	https://ageing-better.org.uk/resources/age-friendly-policy-handbook https://www.ageuk.org.uk/siteassets/documents/reports-and-publications/reports-and-briefings/active-communities/rb_june15_the_future_of_transport_in_an_ageing_society.pdf Centre for Ageing Better: Age-friendly Built Environment Quick Guides

Rural areas particularly, require demand responsive services, community transport options, and reliability and availability particularly at off-peak times, so that essential trips (including healthcare appointments, grocery shopping, and going to social activities) are feasible without reliance on a car. *Concessionary fares and companion passes are other important considerations to enable public transport to be a favourable option."*	Centre for Ageing Better: Eight domains of age-friendly communities
Text: *"Promoting age friendliness to older adults driving, requires reducing stigma and ageism regarding older adults' abilities to drive.* *Older adults are more commonly calmer, safer drivers with less self reporting of annoyance to other road drivers, more reporting of involvement in road user education and community road safety initiatives, and are credible voices and role models for other drivers. As private transport is often the best option, promoting older adults' to take ownership of their driving behaviours and judgment of when they are unfit to drive ensures safe practices of driving, particularly at night or on fast roads.* *DVLA tests for driving ability may reduce the strain currently placed on GPs, who report older adults as unfit to drive, and often put a strain on the patient-GP relationship. Schemes such as the Blue Badge help older people remain mobile and independent, including those with hidden disabilities such as dementia. Barriers to application (digital exclusion, inconsistent local authority practice) must be reduced to minimise the risk of excluding vulnerable older adults."*	Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Age UK: The future of transport in an ageing society GOV.UK: Blue Badge scheme guidance
Text: *"Housing and health are very closely linked. Having a home that is affordable, safe and warm is fundamental to both our physical and mental health.* *There is a UK-wide housing shortage for all ages. Many older people will struggle to afford homes specifically for older people. Currently 90% of over-65s live in mainstream*	building-for-an-ageing-population-november-2024.pdf Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities

housing, with only 12% having level access at the entrance and fewer than 50% having a bathroom on the ground floor. *Older people living in homes which are not designed for people with reduced mobility are at greater risk of falls, which can lead to a loss in confidence and independence, as well as deteriorating health and death. Older people spend an average of 80% of their time at home and over 75% of deaths due to falls occur at home. It is thought that unaddressed fall hazards in the home cost the NHS in England £435 million per year and so making adaptations to pre-existing housing is crucial."*	Making Older People's Homes Safe | Centre for Ageing Better Homes | Centre for Ageing Better Housing LIN: HAPPI design principles
Text: *"Dementia-friendly housing needs to have a clear and logical layout that compensates for impairments in memory, vision, hearing and mobility. It needs to express the individual's personality, maximise their independence and allow for the control of sensory stimuli. Crucially it needs to be welcoming and accommodating to friends, family and carers.* *For some people, it will be most appropriate to stay in the property they have lived in for many years and know so well. This will reduce confusion, disorientation and falls risk, but will require appropriate adaptations."*	Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Making Older People's Homes Safe | Centre for Ageing Better Homes | Centre for Ageing Better Housing LIN: HAPPI design principles
Text: *"Both more properties and a wider range of property-types are needed, that are adaptable to suit people from the age of 55 to 100+.* *These properties need to be built at the heart of the communities that people love, near the people they love.* *They need to be the right size, promote independence and be appealing.* *For some people, staying in their existing home will be the best option. This requires affordable adaptations."*	Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Making Older People's Homes Safe | Centre for Ageing Better Homes | Centre for Ageing Better Housing LIN: HAPPI design principles
Text: *"Many cost-effective adaptations can be made, from installing ramps and grab rails to*	Centre for Ageing Better: Age-friendly Built Environment Quick Guides

ensuring storage space for specialist equipment such as walking frames and mobility scooters. *Ground-floor living can be advantageous, particularly if bathroom and bedroom facilities can be located downstairs.* *Interiors should be spacious to reduce trip hazards and occupational therapists should be involved in design and adaptation.* *Technological adaptations such as smart home technologies and video conferencing facilities should be considered."*	Centre for Ageing Better: Eight domains of age-friendly communities Making Older People's Homes Safe | Centre for Ageing Better Homes | Centre for Ageing Better Housing LIN: HAPPI design principles
Text: *"Homes need to be affordable in order to address the health inequalities faced by those living in poor housing. Support for energy, operating and caring costs also need to be considered.* *Homes can be made more energy efficient through considering adequate ventilation to keep people cool in summer, avoid mould and prevent the spread of airborne pathogens. Adequate insulation can keep heating costs down and keep people warm in winter."*	Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Making Older People's Homes Safe | Centre for Ageing Better Homes | Centre for Ageing Better Housing LIN: HAPPI design principles
Text: *"Housing for older age people needs to be varied and ambitious in design. This should include enabling multi-generational living and co-design with older people. It might include modular housing, where annexes can easily be added to accommodate older relatives. Housing with shared facilities can also help to build new friendships and communities.* *Housing is needed in a wide range of locations, both urban and rural, to enable people to remain a part of the community they know and love. This will require a strengthening of transport routes to ensure easy access to shops, community buildings and other facilities.* *A key point here is to value the contribution that older people make to our communities, to allow them to maintain their independence*	Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Making Older People's Homes Safe | Centre for Ageing Better Homes | Centre for Ageing Better Housing LIN: HAPPI design principles

and to ensure they do not feel excluded from society."	
Text: *"Older people should have access to the information, advice, financial support and housing options they need to make informed decisions about where they live. This may include support with planning, housing navigation, moving costs, decluttering, adaptations and practical aspects of moving home. Age-friendly places support people to move, if and when they choose, in ways that help them maintain their independence, wellbeing and community connections."*	Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Making Older People's Homes Safe | Centre for Ageing Better Homes | Centre for Ageing Better Housing LIN: HAPPI design principles
Text: *"The Agudas Israel Housing Association in North London provides accommodation for older members of the Orthodox Jewish community, including worship facilities, kosher kitchens and sukkah-ready balconies. There are many communities in the UK which might benefit from such culturally-adapted living opportunities."*	Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Making Older People's Homes Safe | Centre for Ageing Better Homes | Centre for Ageing Better Housing LIN: HAPPI design principles
Text: *"The Happi design principles (https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/) stress the importance of ensuring accommodation is spacious, with a view and adequate daylight. Access to balconies and outdoor space (which must be easy to maintain) are also beneficial to mental wellbeing."*	Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Making Older People's Homes Safe | Centre for Ageing Better Homes | Centre for Ageing Better Housing LIN: HAPPI design principles
Text: *"Safety and security can be ensured in a number of ways. Firstly, burglar alarms and video door entry systems can be installed. Secondly, emergency call systems can be put in place, e.g. an emergency cord to pull in event of a fall. Finally, the risks of fires and floods need to be considered, with detectors and age-suitable escape routes put in place."*	Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities

Text: *"As well as workforce planning, this will require property developers to consider how they will ensure adequate, appealing accommodation is available nearby for professional and family carers. Parking and transport routes also need to be taken into consideration."*	Centre for Ageing Better: Age-friendly Built Environment Quick Guides Centre for Ageing Better: Eight domains of age-friendly communities Making Older People's Homes Safe | Centre for Ageing Better Homes | Centre for Ageing Better Housing LIN: HAPPI design principles
Text: *"Employment is an important component of healthy ageing, offering opportunities for purpose, social connection and financial security. As the population ages, workplaces have a significant opportunity to benefit from the experience, skills and reliability that older workers bring, helping to address workforce shortages and retain organisational knowledge. However, without supportive practices, many older people face barriers to entering, remaining in, or progressing in work.* *The Age-friendly Employer Pledge developed by the Centre for Ageing Better, provides a practical framework for employers to improve recruitment, retention and development of workers aged 50 and over. Structured around five key areas this approach highlights how relatively small, evidence-based changes can make a meaningful difference.* *For older people, workplaces that adopt these principles can improve access to employment opportunities, support continued participation in the labour market, and enable people to work in ways that protect their health and wellbeing as they age."*	https://ageing-better.org.uk/employer-pledge?gad_source=1&gad_campaignid=22103009724 Centre for Ageing Better: Age-friendly Employer Pledge
Text: *"Over 1 million people in the UK have experienced age discrimination at work.* *Creating an age-friendly culture means actively valuing the experience and contributions of older workers while challenging stereotypes about ageing. This includes visible leadership messages about inclusion, intergenerational team working, and policies that explicitly address age discrimination.*	The Platinum Pound | Anchor Centre for Ageing Better: Age-friendly Employer Pledge

For older workers, this can lead to more opportunities to contribute their expertise, greater confidence to speak up, and fairer access to workplace decisions such as task allocation or promotion, reducing the risk of being overlooked or marginalised because of age."	
Text: *"Around 1 in 3 people aged 50-69 in the UK feel at a disadvantage applying for jobs due to their age.* *Hiring age-positively involves recruitment processes that are designed to be inclusive of older applicants and those returning to work. This might include removing age-biased language from job adverts, valuing experience alongside formal qualifications, offering returner programmes, and simplifying digital application processes.* *For older people, this can directly increase their chances of securing employment by recognising skills gained over a lifetime, enabling career changes later in life, and supporting re-entry after retirement, caring responsibilities or ill health rather than being excluded due to gaps in employment or assumptions about capability.*	https://ageing-better.org.uk/tackling-ageism-recruitment Centre for Ageing Better: Age-friendly Employer Pledge
330,000 older workers in the UK have stopped working because they couldn't get the flexibility they needed. *Being flexible about flexible working means offering a range of working patterns to suit different needs. This includes options such as reduced hours, remote or hybrid working, flexible start and finish times, and phased retirement approaches.* *For older workers, this can make it easier to remain in employment while managing specific circumstances such as fluctuating health conditions, recovery from illness, or caring for a partner. It can also support a gradual transition into retirement, allowing individuals to maintain income, routine and social connection without the strain of full-time work."*	https://www.anchor.org.uk/media/campaigns/platinum-pound Centre for Ageing Better: Age-friendly Employer Pledge
Text: *"24% of workers aged 55+ said their job offers good prospects for career*	New 'reskilling era' need for older workers, says CIPD - Empower Up

advancement, compared to 39% of workers overall. *Encouraging career development at all ages means ensuring access to learning, training and progression opportunities throughout working life. This can include offering digital skills training, mid-career reviews, mentoring (both giving and receiving), and pathways into new or adapted roles.* *For older workers, this supports continued employability in a changing labour market, for example, gaining confidence with new technologies, moving into less physically demanding roles, or taking on mentoring positions that recognise their experience, helping to reduce the risk of skills becoming outdated or roles becoming unsuitable."*	Centre for Ageing Better: Age-friendly Employer Pledge
Text: *"Nearly 500,000 people aged 50 to 65 nationally with long-term health conditions would return to the workforce if the right support were in place.* *Ensuring everyone has the health support they need means creating workplaces that proactively support physical and mental health. This includes access to occupational health services, reasonable adjustments (e.g. adapted workstations or amended duties), support for managing long-term conditions, and promoting preventative health measures.* *For older workers, this can enable them to stay in work despite specific health challenges, for example, adjusting roles to accommodate musculoskeletal conditions, providing flexibility for medical appointments, or supporting mental wellbeing during life transitions. This reduces absence due to sickness and helps sustain work ability over time."*	Work | The State of Ageing 2025 | Centre for Ageing Better Centre for Ageing Better: Age-friendly Employer Pledge

Age Friendly Communities

Extra assistance

ITEM/INDICATOR	SOURCE
% people aged 65+ requiring no help with activities of daily living.	NHS Health Survey for England 2024
% people aged 65+ that require help with one activity of daily living.	NHS Health Survey for England 2024
Estimated moderate and severe frailty by age band and place	Health Data Intelligence Linked Dataset The Electronic Frailty Index is an automated tool used in primary care to identify older adults living with frailty. It checks a patient's GP health record for 36 deficits like diseases, disabilities, symptoms like vision issues and abnormal test results. The number of present deficits increases the score of the patient, and thresholds are set for fit, mild, moderate and severe frailty. The limitations are that patients without contact with the medical system will not have the data needed to trigger a deficit, and so it won't include everyone.
Number of people aged over 65 receiving local authority arranged community care in Warwickshire.	Department of Health and Social Care Adult social care activity report
Residents in CQC-registered care home in Warwickshire.	Department of Health and Social Care Adult social care provider statistics
Text: "*55% of those with a limiting long-standing illness reported needing help with activities of daily living, compared with just 8% of those with either no long-standing illness or a non-limiting long-standing illness.*"	NHS Health Survey for England 2024
Text: *"However, people living in more deprived communities are more likely to experience poorer health and long-term conditions earlier in life, increasing the likelihood that they may need additional support as they age."*	Multiple conditions and health inequalities: addressing the challenge with research

LOW-INCOME HOUSEHOLDS

ITEM/INDICATOR	SOURCE
% older people experiencing income deprivation by LSOA in Warwickshire	Ministry of Housing, Communities and Local Government IMD 2025 supplementary index – Income deprivation affecting older people.
Prevalence of fuel poverty (all-age) by area in Warwickshire	Department for Energy Security & Net Zero Sub-regional fuel poverty 2023
Excess fuel poverty risk in Warwickshire	In the absence of official statistics that cross-tabulate fuel poverty with age at a local level, to identify the factors most likely to influence fuel poverty among older households in Warwickshire, national fuel poverty statistics were combined with local demographic and housing data. Selected household characteristics and their respective fuel poverty rates were paired defined reference groups (for example, electricity-heated homes compared with gas-heated homes, or single-person households aged 66+ compared with older couples). These rates were sourced from the 2025 Fuel Poverty Detailed Statistics from Department of Energy Security & Net Zero. These comparisons were expressed as relative risks, indicating how much more likely households with a given characteristic are to experience fuel poverty than the reference group. Census 2021 data were used to estimate the prevalence of these characteristics among households aged 65 and over in Warwickshire. Where data wasn't available locally, for example dwelling age, an England figure was used. An indicative impact score was then calculated by combining the local prevalence of each characteristic with its national relative risk. This approach allows factors to be assessed not only on how strongly they are associated with fuel poverty, but also on how common they are among older households locally. Factors with both elevated risk and high prevalence are therefore identified as having greater potential influence at population level. The resulting impact scores are intended as a comparative measure rather than an estimate of causation or attributable fuel poverty. They should be interpreted as indicating which characteristics are likely to exert a greater population-level influence on fuel poverty among older people, recognising that many characteristics overlap and interact. Therefore, the analysis is suitable for prioritising areas for further investigation and intervention but should not be interpreted as quantifying the proportion of fuel poverty directly attributable to any individual factor.
Text: *"The Index of Multiple Deprivation 2025 release included a supplementary index called Income Deprivation*	English indices of deprivation 2025: statistical release - GOV.UK

Affecting Older People. In this index, Warwickshire overall ranks 128 out of 153 upper-tier local authorities, where 1 is the most deprived, but there is variation within the county as shown by '% of older people experiencing income deprivation by LSOA' on this page.	
Text: "*Deprivation is strongly associated with earlier functional decline, greater dependency, and higher levels of disability. People from more disadvantaged backgrounds are more likely to experience earlier onset of long-term conditions such as cardiovascular disease, reduced cognitive function."*	Multiple conditions and health inequalities: addressing the challenge with research
Text: *"Lower socioeconomic status also intensifies exposure to health risks, including poorer housing, unhealthy behaviours, and barriers to services, reinforcing existing inequalities."*	Multiple conditions and health inequalities: addressing the challenge with research
Text: *"Financial hardship worsens long-term conditions through poorer diet, reduced access to preventative support, and difficulties managing chronic illness, while the ongoing stress of financial insecurity raises the risk of anxiety, depression, and social isolation."*	Multiple conditions and health inequalities: addressing the challenge with research

SOCIAL INCLUSION AND CONNECTIONS

In 2024, a Healthy Ageing survey was undertaken to better understand the experiences, priorities, and views of older people in Warwickshire. The information on this page explores the themes relating to social inclusion and connection that emerged from the survey findings. The full survey report can be found here: Healthy Ageing JSNA (2024) - Publications - Warwickshire County Council.

ITEM/INDICATOR	SOURCE
Text: *"More than 50% of the public believes UK society is ageist. 1 in 3 people think older age is characterised by frailty, vulnerability, and dependency. This perception leads the public thinking that 25% of older people live in care homes, compared to the reality of 2.5%."*	https://www.agewithoutlimits.org/sites/default/files/2026-02/260210%20AWL-Y3%20Ageism%20Facts%20and%20Stats.pdf https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667%2819%2930035-0/fulltext

Text: *"Ageism is especially visible in the media and public discourse, where older people are often underrepresented or portrayed in narrow, stereotypical ways. Studies of the use of language related to older age in web-based magazines and newspapers found that out of 20 countries, the UK was the most ageist of all."*	https://www.agewithoutlimits.org/about-ageism/ageism-key-stats-facts
Text: *"Ageism has measurable impacts on health and wellbeing. Those experiencing age discrimination are more likely to have poor self-rated health, chronic conditions, and depression. It is also associated with worsening health over time, including higher risk of stroke and diabetes."*	https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667%2819%2930035-0/fulltext
Text: *"Ageist attitudes are not only external, older people may internalise them, affecting choices, engagement, and leading to self exclusion. 1/4 of people aged 65+ in England who don't volunteer say it's because they're not the right age."*	https://ageing-better.org.uk/society-state-ageing-2025
Text: *"Failing to value older people leads to missed social and economic opportunities. Older adults account for around half of UK household spending, yet 4 in 5 people aged 55+ feel brands do not understand their needs."*	https://www.agewithoutlimits.org/about-ageism/ageism-key-stats-facts
Text: *"Having control over decisions and feeling listened to are fundamental to wellbeing, independence, and quality of life in later life. 61.6% of GP patients said they were definitely involved as much as they wanted to be in decisions about their care and treatment. For inpatient care, only 36.8% of patients said they were involved a great deal in their care and treatment."*	https://www.england.nhs.uk/ourwork/patient-participation/ https://www.nuffieldtrust.org.uk/resource/do-patients-feel-involved-in-decisions-about-their-care
Text: *"Autonomy extends beyond services. Having a voice in communities, relationships, and civic life is equally important. UK Parliament has previously highlighted that some groups of older people lack a "strong independent voice" in policy and decision making."*	The rights of older people – House of Commons report

Text: *"Social connections and community participation are central to wellbeing, happiness, and resilience in later life. Older people who feel connected to their communities are more likely to report higher wellbeing and satisfaction with where they live."*	https://pmc.ncbi.nlm.nih.gov/articles/PMC9636805/ https://www.agewithoutlimits.org/sites/default/files/2026-02/260210%20AWL-Y3%20Ageism%20Facts%20and%20Stats.pdf
Text: *"Older people are active contributors through volunteering, caring, and civic participation. Adults aged 65 to 74 and aged 75 and over are more likely to participate in formal volunteering at least once a month compared to younger age groups."*	Volunteering rates rise to 17% but trail pre-pandemic levels
Text: *"Not all older people benefit equally from strong relationships and communities. Older people in more deprived areas are less likely to feel satisfied with their area and have access to support networks, and certain groups (disabled people, minority ethnic groups, LGBTQ+ older adults) are less likely to report having someone to rely on."*	https://pmc.ncbi.nlm.nih.gov/articles/PMC9636805/
Text: *"Connections between generations benefit both older and younger people and strengthen communities. Research highlights that intergenerational contact can reduce prejudice and improve social cohesion."*	https://www.cambridge.org/core/journals/ageing-and-society/article/involvement-of-older-adults-in-shared-decisionmaking-on-care-transitions-in-the-uk-an-interpretative-qualitative-systematic-review/D7A4B134B44CD6E00415DF3F3D4D379D

UNPAID CARERS

ITEM/INDICATOR	SOURCE
Number of unpaid carers, % of population that are carers by age and area	Census 2021
No. hours unpaid care a week by age and gender	Census 2021
% reporting 'not good health' by no. hours care provided a week and age.	Census 2021
Text: *"There are 2.1 million carers aged 65+ in the UK, of which 420,000 are aged over 80. The economic value of unpaid care to the UK economy has*	1.6 million older carers worry whether they'll be able to keep caring or providing support to their loved one, says new Age UK analysis Valuing carers | Carers UK

been estimated at more than £180 billion per year, about the same as the entire NHS budget."	
Text: *"Caring at any age can impact our health, but this impact is magnified for those who are ageing themselves. Older carers often say their caring impacts their physical and mental health, they lose sleep due to worry, they feel under strain, and they have felt unhappy or depressed."*	1.5 million older unpaid carers (aged 65+) admit to feeling under strain
Text: *"Many older carers do not recognise themselves as carers, which can lead to them not getting the support they need and are entitled to."*	Identification | Carers UK

VETERANS

ITEM/INDICATOR	SOURCE
No. veterans by age and area	Census 2021
% of 65+ population that are veterans by are	Census 2021
No. veterans by category of service	Census 2021
Text: *"Veterans are more likely than the general population to experience some long-term physical and mental health conditions, disability, chronic pain, musculoskeletal problems, and social isolation."*	Health and wellbeing of UK armed forces veterans: Veterans' Survey 2022, UK - GOV.UK Three in four veterans we support live with chronic pain | Help For Heroes Mental health support for veterans, service leavers and reservists - NHS
Text: *"Some veterans face barriers accessing healthcare, including difficulty navigating civilian services after leaving the armed forces, limited awareness of veteran-specific support, and reluctance to seek help. Older veterans may be particularly affected if they are socially isolated, have mobility issues, or are unaware of available services"*	Veterans: Access to health services - House of Commons Library Pathways into mental health care for UK veterans: a qualitative study - PMC Health and wellbeing of UK armed forces veterans: Veterans' Survey 2022, UK - GOV.UK
Text: *"Veteran status is not always recorded or disclosed, meaning specific needs can go unrecognised. Recording veteran status in healthcare settings helps professionals understand an*	armedforcescovenant.gov.uk/organizations/nhs/

individual's background, identify service-related health needs, and connect people with specialist support. This supports delivery of the Armed Forces Covenant, which seeks to ensure veterans are not disadvantaged in accessing healthcare."	
Text: *"Warwickshire's primary care veteran health check project demonstrated the value of proactive identification and engagement with veterans. The programme led to a number of positive outcomes, including spotting undiagnosed hypertension, picking up cancer early via blood tests, and spotting when people needed medication reviews."*	Warwickshire Primary Care veteran health check project, information provided by Warwickshire County Council Community Partnerships team.

Later Life

Life expectancy

ITEM/INDICATOR	SOURCE
Life expectancy and healthy life expectancy at age 65-69 by gender in Warwickshire	ONS Life expectancy tables
Life expectancy by years in good and bad health by gender and IMD decile in England	ONS Life expectancy tables
Life expectancy at age 65-69 over time by sex and area	ONS Life expectancy tables
Text: *"Women generally live longer than men, reflecting a combination of biological, behavioural, and social factors. However, women often spend more of their later years living with ill health or disability, meaning the gap between life expectancy and healthy life expectancy tends to be larger for women than for men. Significant inequalities are also seen between people living in the most and least deprived communities, with those living in more deprived areas typically experiencing shorter lives and spending fewer years in good health."*	Public Health Outcomes Framework: commentary, May 2026 - GOV.UK Healthy life expectancy by national area deprivation, England and Wales - Office for National Statistics

Mortality

ITEM/INDICATOR	SOURCE
Average number of deaths per year (5-year period) by area, age and sex.	Primary Care Mortality Database A five-year average was used to smooth out yearly fluctuations in deaths.
65+ age-standardised annual mortality rate per 100,000 by area.	The average annual number of deaths were grouped by 5-year age band and area. Population figures for the same period were averaged and grouped by 5-year age band. These were the inputs to the OHID Fingertips python package for common public health calculations. A custom reference population was used, the European Standard Population for those aged 65 and over.

Average number of deaths by cause of death.	Primary Care Mortality Database
% of total deaths by place of death, age, sex and area	Primary Care Mortality Database
% of deaths in over 65s by month of death	Primary Care Mortality Database
Deaths projections in those 65+ by area	ONS Death Projections