



Health and Social Care Scrutiny Board (5)

Time and Date

2.00 pm on Wednesday, 1st July, 2015

Place

Committee Rooms 2 and 3 - Council House

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 6)

(a) To agree the minutes of the meeting held on 22nd April, 2015

(b) Matters Arising

4. Reducing Health Inequalities in Coventry (Pages 7 - 18)

Report of the Director of Public Health

5. Outstanding Issues Report

Outstanding issues have been picked up in the Work Programme

6. Work Programme 2015-16 (Pages 19 - 24)

Report of the Scrutiny Co-ordinator

7. Any other items of Public Business

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 23 June 2015

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: <http://moderngov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 1.00 p.m. on Wednesday, 1st July, 2015 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, K Caan (By Invitation), J Clifford (By Invitation), D Galliers, A Gingell (By Invitation), J Innes, T Khan, J O'Boyle, D Skinner, D Spurgeon, K Taylor, S Walsh and D Welsh (Chair)

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting
OR if you would like this information in another format or
language please contact us.

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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 22 April 2015

Present:

Members: Councillor S Thomas (Chair)
Councillor J Clifford
Councillor P Hetherington
Councillor J Mutton
Councillor D Skinner
Councillor K Taylor

Co-Opted Member: David Spurgeon

Other Members: Councillor A Gingell

Employees:
V Castree, Resources Directorate
L Knight, Resources Directorate
J Moore, Chief Executive's Directorate
R Tennant, Chief Executives Directorate

Other Representatives: Dr Adrian Canale-Parola, Coventry and Rugby CCG
Ruth Light, Coventry Healthwatch
John Mason, Coventry Healthwatch

Public Business

65. Declarations of Interest

There were no disclosable pecuniary interests declared. Councillor Taylor reported that he was a member of the Health and Well-being Board, Minute 67 below refers.

66. Minutes

The minutes of the meeting held on 18th March, 2015 were signed as a true record.

Further to Minute 61 headed 'Coventry's Smokefree Strategy 2015-2020', the Board were provided with a verbal update on the leading causes of preventable deaths. There were approximately 700 deaths a year in Coventry which could be avoided.

RESOLVED that a briefing note setting out the details on the leading causes of preventable deaths be circulated to Board members.

67. Review of the Health and Well-being Board in 2014/15

The Scrutiny Board considered a briefing note of Ruth Tennant, Deputy Director of Public Health which informed of the work of Coventry's Health and Well-being

Board in 2014/15 and outlined the on-going priorities for the Board in 2015/16. Councillor Gingell, Chair of the Health and Well-being Board attended the meeting for the consideration of this item. Dr Adrian Cara Paronala, Coventry and Rugby Clinical Commissioning Group and Ruth Light and John Mason, Coventry Healthwatch, all Members of the Health and Well-being Board, also attended and outlined their views about the workings of the Board.

The briefing note set out the key statutory functions of the Board under the 2012 Health and Social Care Act. Following a recommendation of the Peer Review by the Local Government Association, the responsibilities of this Scrutiny Board and the Health and Well-being Board were clarified, creating a clearer separation between the scrutiny function and delivery. The partner members were highlighted.

The Board worked to an annual work programme which reflected statutory responsibilities, national requirements and key local priority areas identified in the Health and Well-being strategy. An update was provided on the following key areas of work:

- a) Health and Well-being Strategy
- b) Health and Social Care Integration
- c) Coventry's Age Friendly City Programme
- d) Female Genital Mutilation
- e) Primary Care Quality
- f) Active Citizens, Strong Communities
- g) Reducing Health Inequalities: Coventry as a 'Marmot City'
- h) Safeguarding
- i) Local Commissioning Priorities
- j) Health Protection

Additional information was provided on the Board's engagement with patients, the public and wider stakeholders. The links with other key strategic Boards were highlighted and it was noted that Coventry had hosted a joint development session with Warwickshire's Health and Well-being Board to share priorities and identify potential areas of shared interest.

It was anticipated that the following issues would be included as key priorities for 2015/16:

- i) Continued oversight of health and social care integration, including dementia and the implementation of Better Care Coventry
- ii) Oversight of the Joint Strategic Needs Assessment and the Health and Well-being Strategy including the development of the next three year strategy
- iii) Continued implementation of the current year's priorities.

The Board questioned the officers and representatives on a number of issues and responses were provided. Matters raised included:

- Details about the work to involve young people in physical exercise so reducing early cases of obesity
- The likelihood of obtaining a prosecution for FGM

- Was the Board operating in the most effective way in light of time lines for work streams and the large amount of business to be covered
- How would the Board be able to pick any new additional responsibilities
- The importance of the Board receiving all the necessary information whilst still maintaining their role to provide strategic direction
- Support for all the work undertaken relating to drugs and alcohol
- How far should the Board engage with the public and individual agencies
- How to improve communication to ensure important information reaches the public and voluntary organisations
- The potential for joint communications with the CCG
- A concern that health inequalities in the most deprived areas were not being addressed
- How could the Scrutiny Board offer more scrutiny to the Health and Well-being Board

RESOLVED that:

(1) Having reviewed the work of the Board and the initial priority areas for 2015/16, the key areas of work carried out by Coventry's Health and Well-being Board be noted.

(2) Details about the activities to promote active life styles, particularly in Willenhall and Stoke Aldermoor, be circulated to Board Members.

68. Outstanding Issues Report

The Scrutiny Board noted that all outstanding issues had been included in the Work Programme for 2014-15.

69. Review of 2014-15 Scrutiny Activity

The Scrutiny Board considered a report of the Scrutiny Co-ordinator which reviewed the work of the Board during the course of the 2014/15 municipal year and sought to identify any priorities or issues for consideration when planning the work programme for 2015/16.

The Board had met on nine occasions during the year and the work programme had been used to prioritise issues for consideration. There was an acknowledgement that some issues were not covered during the year and some areas of the Cabinet Member portfolio were not addressed. A copy of the Cabinet Member portfolio was set out at an appendix to the report.

RESOLVED that the following issues be included in the work programme for 2015/16:

- a) Mental Health pathways**
- b) Post Election changes in the NHS including the financial situation**
- c) Dementia**
- d) The revised Health and Well-being Strategy.**

70. Work Programme 2014-15

The Scrutiny Board noted the Work Programme for 2014-15.

71. **Any other items of Public Business**

The Chair, Councillor Thomas thanked Members and officers for all their hard work and support during the current municipal year.

(Meeting closed at 3.15 pm)



Report

To: Health and Social Care Scrutiny Board (5)

Date: 1 July 2015

From: Jane Moore, Director of Public Health

Subject: Reducing health inequalities in Coventry

1 Purpose

The purpose of this report is to provide Health and Social Care Scrutiny Board (5) with an overview of how the Public Health department is working in partnership with colleagues across Coventry City Council to reduce health inequalities in Coventry, and to invite Health and Social Care Scrutiny Board (5) to comment on the proposed approach for continuing to reduce health inequalities in Coventry.

The report provides information about the impact of health inequalities, the way Public Health has worked to reduce inequalities, the projects and initiatives that aim to make a difference and the outcomes of those initiatives to date, and the proposed next steps for reducing health inequalities over the next three years.

2 Recommendations

It is recommended that the Health and Social Care Scrutiny Board (5):

- (i) Endorse the suggested approach for continuing to reduce health inequalities in Coventry
- (ii) Contribute comments and suggestions to the priorities and focus of the Marmot Strategy for the next three years.

3 Introduction to health inequalities

Reducing health inequalities is a key priority in the Council Plan.¹ Tackling health inequalities will improve the health, wellbeing and life chances of the people of Coventry. Where someone is born, where they live, whether they work or not and what they do all affect how long someone will live, how healthy they will be and the quality of life they will experience.

Inequalities affect everyone. People in lower socio-economic groups are more likely to experience chronic ill health and die earlier than those who are more advantaged and there is a social gradient

¹Council Plan, Coventry City Council, 2014, http://www.coventry.gov.uk/info/11/strategies_plans_and_policies/2089/council_plan

to health: the better the conditions in which you are born, grow up and live, the more likely you are to enjoy better health and a longer life.^{2 3} Statistics from Public Health England show that health inequalities are reducing in Coventry. Men in the most affluent areas of Coventry will live, on average 9.8 years longer than men in the most deprived areas (last year's figure was 11.2 years) while for women the difference is 8.5 years (last year's figure was 8.6 years). The difference is even greater for those who are homeless or who suffer from a mental health condition.

Reducing health inequalities, targeting resources based on need and investing in prevention and early intervention can:

- Improve health outcomes, wellbeing, mental health and community and social relations
- Increase productivity and improve educational attainment, which will ensure the area is attractive to employers and develop the local economy and promote good growth
- Reduce the costs of welfare and healthcare
- Reduce future demand for council services and associated costs including social care, child protection, housing, domestic and sexual violence and substance misuse.

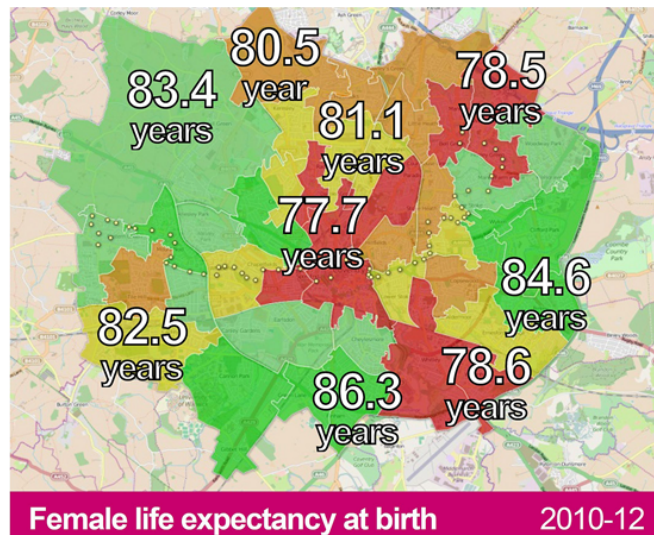
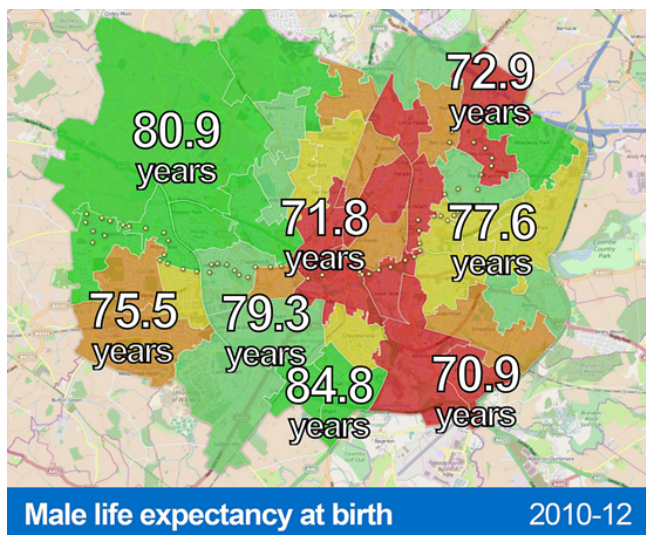
4 Where are the biggest challenges?

Areas with higher levels of deprivation in Coventry also have poorer health outcomes. This is because the level of deprivation affects the conditions that determine the overall health of the population, such as housing, employment, income, environment and community.

Figure 1 and Figure 2 illustrate the inequality in life expectancy in Coventry,⁴ and figure 3 demonstrates life expectancy variation along Coventry's number 10 bus route.

Figure 1 – variation in male life expectancy

Figure 2 – variation in female life expectancy



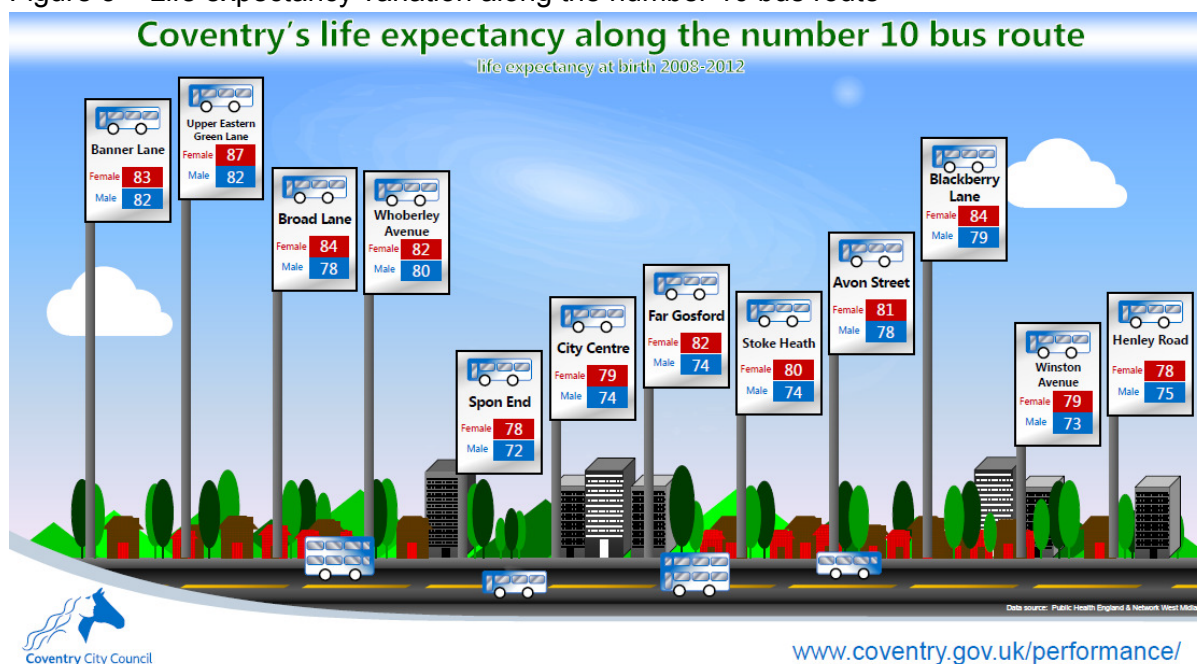
Wards with poorer outcomes than average for Coventry include Longford, Lower Stoke, Upper Stoke, Binley and Willenhall, Radford, St Michael's and Foleshill.

²Acheson, *Independent inquiry into inequalities in health report*, London: The Stationery Office, 1998

³Dahlgren, Whitehead, *Policies and strategies to promote social equity in health*, Stockholm: Institute of Futures Studies, 1991

⁴Interactive charts illustrating life expectancy for males available at <http://smarturl.it/cov-life-exp-male> and for females at <http://smarturl.it/cov-life-exp-female>.

Figure 3 – Life expectancy variation along the number 10 bus route



5 What are we doing to address these issues

Evidence demonstrates that in order to reduce health inequalities, and accelerate improvement in health outcomes in more deprived areas, it is crucial to consider the conditions which determine health – housing, employment, income, environment, and community – as well as health services and the overall health of the population.⁵ Improving these conditions requires action across the Council and its partners.

In addition, Professor Sir Michael Marmot's 2010 report *Fair Society, Healthy Lives* demonstrates that focusing solely on the most disadvantaged will not reduce health inequalities. In order to reduce inequalities, actions taken must be universal, but with a scale and intensity that is proportionate to the level of disadvantage (proportionate universalism).⁶ In commissioning services, developing programmes and working with partners across the Council, Public Health ensure that programmes and services are inclusive of all Coventry residents, but that additional resources, promotional activity, some specific services and easier access options are concentrated in areas with poorer health outcomes.

In April 2013, the transfer of Public Health to local government provided Coventry with an opportunity to broaden the ownership of the health inequalities agenda. Coventry committed to delivering rapid change in health inequalities by 2015 and was one of seven cities in the UK invited to participate in the UK Marmot Network and become a Marmot City.

Being part of the Marmot Network has provided Coventry with access to the international expertise of the Marmot Team based at University College London. Since 2013, being a Marmot City has

⁵Marmot, M, *Fair Society and Healthy Lives*, 2010

⁶Ibid

brought together partners from different parts of Coventry City Council and from other public and voluntary organisations, whose decisions and activities have an impact on health.

Over the last two years the Public Health department has worked across the Council, with the People, Place and Resources directorates as well as and with colleagues from Coventry and Rugby Clinical Commissioning Group, West Midlands Police, West Midlands Fire Service and Voluntary Action Coventry to develop a number of innovative projects and initiatives which are starting to yield positive results for the people of Coventry. These projects and initiatives are focused around the six policy objectives from The Marmot Review.

Since Coventry became a Marmot City in 2013 there has been progress in outcomes across health and across society. As well as a narrowing of the life expectancy gap (from 11.2 years to 9.8 years for men and from 8.6 years to 8.5 years for women), there have been improvements in educational development, health outcomes, life satisfaction, employment and reductions in crime in priority locations.

On 26 March a national conference, 'Making a Difference in Tough Times', was held in Coventry to share the city's achievements as a Marmot City, where Professor Sir Michael Marmot congratulated Coventry on its approach and progress achieved so far. Partners also worked together to develop a case study report⁷ and film.⁸

Some examples of projects and initiatives where Public Health have worked across the Council to bring added value to ensure that services are impacting the right people in the right places to reduce health inequalities are included below. A list of further examples of Public Health working both with the Council and with other public and voluntary sector partners are included in Appendix 1.

Members of the Public Health Senior Management Team are active members of key strategic Boards across the Council, and seek to ensure that health inequalities are considered in decision making processes.

5.1 *Giving every child the best start in life – Acting Early*

Partners have worked together to improve services and outcomes for young children and to give every child the best start in life, as evidence demonstrates that what happens during the early years has lifelong effects on many aspects of health and wellbeing.⁹

Public Health has worked closely with the People Directorate and other partners to transform early years services for children 0-5 in the city through The Acting Early programme. The new model of care involves creating an integrated team of health and childcare professionals including community midwives, health visitors, children's centre services and GPs who support children and their families to access universal and targeted support as appropriate. Integration of care around the needs of children, and their families is absolutely fundamental to improving their outcomes.

This approach has been developed in two demonstrator sites in Tile Hill and Hillfields since April 2014 and early signs have been encouraging. This new model of integrated working rolled out to four additional sites in October 2014. The additional sites include Foleshill (Foleshill Children Centre)

⁷Case study report can be accessed at: http://www.coventry.gov.uk/downloads/file/16043/coventry_a_marmot_cut_-_making_a_difference_in_tough_times

⁸Film can be accessed at: http://www.coventry.gov.uk/info/176/policy/2457/coventry_a_marmot_city

⁹Sir Michael Marmot, 'Fair Society, Healthy Lives', 2010: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report>

Henley (Moat House Children Centre) Longford (Bell Green Children Centre) Binley and Willenhall (Middle Ride Children Centre). Community midwives, health visitors, children's centre services and GP's have been working together as part of integrated teams to deliver services which will have a positive impact on the lives of local children.

As a result of the programme we now have in place an information sharing agreement between Coventry City Council, University Hospital Coventry and Warks and Coventry and Warks Partnership Trust. This has enabled birth data to be shared and as a result more co-ordinated and planned care can be given.

The aims of the programme are to prevent infant mortality, improve maternal health, maximise early child development, nutrition and readiness for school and give disadvantaged and vulnerable children a better start in life. An independent evaluation of the Acting Early Programme conducted by the Office of Public Management will be available in July 2015, and there are plans to rollout and create integrated teams in Radford, Upper Stoke, Lower Stoke, Holbrooks and Westwood.

A performance dashboard is in place for each of the teams to measure the impact of their work and the indicators are across health and social care.

Figures released by Public Health England in June 2015 demonstrated improvements in breastfeeding initiation, which has increased from 74.9% to 75.9%, and is better than the national average (73.9%). Breastfeeding reduces rates of common childhood infection and is also strongly linked to lower levels of obesity. Infant mortality is also reducing the city, with rates similar to the national average

The long term impacts of these programmes will take time to measure, but the work of the People Directorate has been instrumental in their role in improving child development, with nearly 60% of reception pupils in 2014 leaving their first year of education with a 'good level of development'. This is an increase of 4% compared to 2013, and Coventry is now above the regional average and in line with the national average.

In addition, there is a gap between the development of those children with free school meal status and those without, as only 42.3% of reception pupils with free school meal status leaving their first year of education with a 'good level of development'. However, this is significantly better than the regional and England average of 36%, which demonstrates that Coventry is improving outcomes for its most deprived children, which should lead to a reduction in health inequalities in the longer term.

5.2 *Enabling all children, young people and adults to maximise their capabilities and have control over their lives – **Active Citizens, Strong Communities and supporting people with dementia***

Partners have worked together to build skills and resilience to help people take control over their lives, particularly for Coventry's most vulnerable citizens.

The Active Citizens, Strong Communities Strategy aims to encourage, enable and empower residents to be active citizens, build strong and involved communities and to reduce demand for services, through working with local communities to intervene before problems reach a crisis and finding solutions that reflect and build on local people's skills, experience and capability. There are a number of examples of where these principles are being applied in Coventry, such as:

- The Pod – a social brokerage for people with long-standing mental health issues which supports them to take control of their own lives and identify what will help them to live healthy and fulfilled lives.
- University Hospital Coventry & Warwickshire Ripple Project – connecting patients with chronic obstructive pulmonary disease to each other and their communities, recognising that patients often arrive at hospital because they are anxious and socially isolated.
- Community Wellbeing Project – supporting grass-roots community ideas to improve the wellbeing of the community such as the Men’s Shed programme in Spon End which is led by a community volunteer and supports men to develop healthy lifestyles. Using seed funding from the council, this scheme is now financially self-sufficient.
- Age Friendly City – tackling housing supplies, tackling social isolation and social exclusion, supporting cold weather planning to reduce excess winter deaths, adopting healthy lifestyles and making sure that the right support is in place to pick up minor issues that limit independence such as mobility problems, foot health, chronic pain, visual and hearing impairment, incontinence, malnutrition and oral health.

In addition, Coventry City Council’s People Directorate are supporting people with dementia as part of a city-wide drive to make Coventry a dementia-friendly city. Research shows that one in three people over the age of 65 in the UK will develop dementia, with hundreds of thousands more being affected by the condition through a family member or friend. In Coventry, there are thought to be approximately 3,600 people living with dementia and this is set to rise to almost 4,000 by 2016.

The dementia strategy is a partnership document which sets out actions for improving support to people living with dementia and their carers. Partners have worked together to initiate whole-scale change to ensure that people with dementia and their carers can access information, advice and support and are enabled to ‘live well’ with dementia. The People Directorate are also supporting people with dementia to live more independently in their own homes through the Discharge to Access pilot scheme. People living with dementia admitted to hospital are assessed to enable them to be discharged home rather than into a residential care home setting wherever this is possible. An intensive time-limited package of support is provided in the familiarity of the person’s home environment and this period of support provides time to assess their longer term support needs with the objective of helping them to stay independent for as long as possible.

Other initiatives include Dementia Friends sessions, which raise awareness about dementia and provide tips on how to effectively support and communicate with people with dementia. There are library resources such as ‘pictures to share’ books, history books and audio books which assist in supporting carers. Improvements to make physical environments ‘dementia friendly’ have been made in some settings. A £370,000 capital grant from the Department of Health was secured by Coventry City Council, which was allocated to five locations across the city: Eric Williams House, Amber House, Barras Court, the Maymorn Resource Centre, and Sovereign House. Improvements were in line with dementia friendly principles, such as use of colour contrast to enable people to see things clearly, clear signage and way-finding objects to help people find their way and themed areas to support people to engage in activities. These design principles support improvements in the lifestyles of residents with dementia, such as reduced numbers of falls, improved appetite, reduced violent and aggressive outbursts, better sleep patterns and reduced staff sickness. The changes also promote independence for residents. Work has also been taking place to increase the take-up of telecare and new technologies which help people with dementia to live more safely in their home environments.

5.3 *Creating fair employment and good work for all – Job Shop*

To reduce health inequalities, getting people into work is vital, but it is also important for jobs to be high quality and sustainable. Coventry City Council's Job Shop along with its partners have worked with businesses to improve employment opportunities for Coventry people and get people into work.

Coventry City Council's Employment Team based at the Job Shop offers a bespoke service to help each customer to get a high quality, sustainable jobs. Public Health have worked with the City Council's Place Directorate to base a mental health worker in the Job Shop for six months. This has enabled existing staff to extend their knowledge and develop new skills to help those with mental health difficulties to find suitable work. So far 40 staff have attended mental health awareness training.

The Council is also working with the Job Shop to attract people looking for employment to the council's vacancies. Through open days at the Job Shop and in-house events, 30 relief supervisors, 12 cleaners and 63 general assistants have been appointed to roles within the council.

5.4 *Ensuring a healthy standard of living for all – Strategic Commissioning for Social Value*

Public Health have worked with the Council's Resources Directorate to ensure that the commissioning of Public Health services and other services across the Council support a reduction in health inequalities. The Social Value Policy, agreed by the Council in March 2014 enables the Council to ensure that services across the city are improving the economic, social and environmental wellbeing of the city, for example through providing good quality jobs for local people, paying employees the living wage, and encouraging active travel, as well as providing value for money for the City Council.

Public Health have worked with the Resources Directorate to develop and implement the Social Value Policy across the council, and ensure that it is used to reduce health inequalities wherever possible. For example, bespoke public health terms and conditions have been introduced which include responding to health protection incidents, clinical governance and Making Every Contact Count.

Public Health and the Resources directorate have worked in partnership to launch the Business Charter for Social Responsibility and Coventry's Wellbeing Charter, updated procurement documents to remove barriers for SME's and microbusinesses and embed social value and trained procurement and commissioning staff to deliver social value through contracting. This work has led to a reduction in the Coventry's carbon footprint through encouraging the Council and suppliers to work with their employees in planning travel and use of cars, the Shared Apprenticeship Scheme has been used to employ apprentices on the Council's major works contracts, careers talks have been given to local schools by businesses to raise careers awareness and the Council has been awarded the "small business friendly" procurement policy at the Federation of Small Business' annual Local Authority awards.

The Council is awarding longer term contracts, which provide more stable employment and volunteering opportunities, has improved the consultation processes on service specifications resulting in services being easier to access, and recruitment is working with the Job Shop to ensure that Council job opportunities are seen by the most vulnerable people.

5.5 *Creating and developing healthy and sustainable places and communities – Cycle Coventry and Fuel Poverty*

Health is also affected by the physical environment in which a person lives. Poor housing, living in a more deprived neighbourhood and a lack of access to green spaces has a negative impact on both physical and mental health. In Coventry, the Place directorate have worked closely with the Public Health department to develop healthy and sustainable places and communities.

Cross-working between public health and the planning department has ensured that health and wellbeing are embedded across all aspects of the planning process. As a result, the Coventry Local Plan will promote active travel, access to healthy food, improved housing quality, adequate provision of green spaces and improvements to air quality. Together these factors will help reduce health inequalities and improve life expectancy.

Coventry City Council has also improved facilities for cyclists and pedestrians in the city, focusing on the southwest and northeast of the city covering the residential areas of Canley, Tile Hill, Henley, Foleshill and the city centre, and has provided cycle training, route planning and travel planning to adults and children. The Cycle Coventry project is a three year project which aims to reduce health inequalities by improving facilities for cyclists and pedestrians. Additional funding from Public Health has enabled over 1,100 children to access cycle training and bike maintenance sessions. These include free Bikeability courses in areas of higher deprivation and greatest health need. For some of these children, these sessions have been the first time they have ridden a bike.

A personal travel planning project has targeted over 12,000 households in the most deprived area of Coventry to promote cycle training, bus rides and offer other information and support to encourage cycling, walking and bus use. This method proves effective at reaching those most in need of improving their lifestyle. These initiatives are enabling more people to get to work, education and training using the 32km of new and improved cycle routes that have been created as part of the project.

36% of households in Coventry where at least one resident has a disability are in fuel poverty. These residents can't afford to keep their homes warm enough, and their health and wellbeing can be adversely affected by the cold and damp. The City Council's Sustainability and Low Carbon Team won funding from the Department of Energy and Climate Change and from British Gas to provide insulation and heating improvements for disabled householders likely to be fuel poor. Over 80 homes have now had insulation and heating improvements carried out, saving householders £460 each year on fuel bills, keeping them warmer and healthier.

Between mid-January and the end of April 2015, 450 vulnerable households were provided with advice through Keeping Coventry Warm services, commissioned by Public Health alongside Place Directorate colleagues, and over 50 households were identified for support with boiler replacements/repairs, loft and cavity wall insulation etc. It is planned to undertake a "Boiler on prescription" pilot, based on a successful scheme run in Sunderland over the course of the winter 2015/16, targeted at those households dependent on benefits and in which at least one individual has a long term condition. A national bid is also being prepared for NEA funding that has been made available, which will allow us to extend the pilot to include more households.

5.6 *Strengthening the role and impact of ill health prevention – HIV and lifestyle services*

In recent years the numbers of people in the city known to have a sexually transmitted infection has increased. This may be due to the younger population in Coventry and higher number of people accessing services, but Coventry has the highest HIV diagnosis rate in the West Midlands and there are 660 adults living with HIV in Coventry, two-thirds of whom are of Black-African Ethnic origin. It is important to detect HIV early to reduce complications and infection transmission, 56% of people are diagnosed late, and whilst this figure is coming down, it is still a large challenge.

Coventry City Council is participating in a pilot project to increase the number of HIV tests performed in GP practices in St Michael's, Stoke, Foleshill and Willenhall, which all have a high prevalence of HIV. Furthermore, five community organisations were provided with small grants in 2014/15 to increase the number of HIV tests taken by people from Black African ethnic groups who are at risk of HIV infection. The organisations engaged with 3,471 people in total. Of the 28 nationalities represented among those engaged with, 23 have a high prevalence of HIV. Further work with community organisations is proposed.

Public Health also commissions and delivers a number of lifestyle services to prevent ill health, including NHS Health Checks, Stop Smoking Services and Healthy weight and physical activity programmes. These services are designed based on an assessment of levels of need in the city, with particular contracts specifying the need to work with particular deprived areas of the city or with particular vulnerable groups. Many of these services are available for all Coventry residents but prioritise areas including Willenhall, Aldemoor, Wood End, Bell Green, Foleshill, Edgwick, Hillfields, Radford, Longford, Stoke, Holbrooks, Tile Hill and Coventry City Centre.

The key impacts of these programmes include:

- 5.5% of those who completed an NHS Health Check were identified as having a long term condition and placed on a disease risk register with their GP, and over 58% of health checks have been delivered in GP practices in Quintiles 1 and 2 (the most deprived areas of the city). The service also encompasses an Outreach Delivery Team who deliver the checks in deprived neighbourhoods to hard to reach and vulnerable groups in community venues such as temples, mosques, libraries etc. In addition to improve access to the service a grants process was set up and administered through Voluntary Action Coventry (VAC) to promote Health Checks to organisations and groups that work with some of the hardest to reach and most vulnerable groups in the City for them to facilitate, encourage and support their users to attend Health Checks on their premises. In 2014/15 grants were awarded to 16 organisations yielding 130 Health Checks successfully delivering Health Checks to groups such as people with mental health issues, BME groups such as Bangladeshi and Somalian women's groups, the Congolese and Burmese community.
- In 2014/15 3,000 smokers were supported to achieve a 4-week quit and Coventry is in the top 5 authorities nationally in terms of the proportion of smokers that it reaches through these services. The rates of smoking prevalence and smoking related deaths in Coventry are similar to the national average, but both figures are significantly better than in other areas with similar deprivation to Coventry. Out of 15 local authorities with similar deprivation, smoking prevalence is lowest in Coventry.
- There has been an increase in the number of physically active adults (from 49.4 to 52%), and the number of physically active adults in Coventry is now similar to the national average. The percentage of adults with excess weight is significantly better than the national average (56.5% in Coventry, compared to 63.8% nationally). However, while the increase is in line with the national average, the rates of obesity in children remain high. Public health runs programmes such as Food Dudes in the city to encourage children to eat more healthily in schools.

6 Next Steps

In March 2015, Professor Sir Michael Marmot committed to continue to work with Coventry for a further three years, in partnership with colleagues from Public Health England. Working together as a Marmot City with partners at Public Health England and the Institute of Health Equity will:

- Facilitate partnership working between the Council's Place, People, Resources and Chief Executive's Directorates as well as wider public and voluntary sector partners and businesses.
- Provide Coventry with expertise to develop Coventry's capability to reduce health inequalities through:
 - Ensuring health and social value are reflected in council policies and decision making
 - Ensuring services and interventions are evidence based and commissioned for outcomes
 - Ensuring resources are targeted based on need and that proportionate universalism is embedded throughout the council and its partners so that interventions and projects are targeted at the right people and in the right places to have maximum impact on health inequalities in Coventry
- Provide Coventry with access to learning from other areas and raise the profile of Coventry as an exemplar city for reducing health inequalities.
- Enable Coventry to measure progress against local and national indicators.

Public Health will be working with partners to develop a Marmot Strategy and further indicators for the next three years based on the Marmot policy objectives outlined in 'Fair Society, Healthy Lives'. This will be developed and consulted on alongside Coventry's Health & Wellbeing Strategy refresh.

One of the key areas of work is likely to be working with businesses to ensure 'good growth' for Coventry. Coventry's business and jobs growth has been strong in recent years, with a 22% increase in the number of businesses in the city and an 8% increase in the number of jobs since 2005. However, the number of residents in employment has fallen, an estimated 19% of Coventry workers earn below the Living Wage and increases in pay for the lowest and highest (but not middle) earners, combined with reductions in benefits suggests a widening of economic inequality in Coventry.¹⁰

Economic inequalities affect the lives people are able to lead, and insecure and poor quality employment is associated with poor physical and mental health. Further planned spending cuts to services and welfare reforms will create more challenges for Coventry's most vulnerable residents, and so it is crucial that the Council continues to work with the NHS, police, fire service, voluntary sector, private sector and Local Enterprise Partnership over the next three years to provide high quality, sustainable jobs for Coventry people, support Coventry residents into employment, develop healthy workplaces and ensure that any devolved powers granted as Coventry moves towards becoming part of a Combined Authority are used to ensure a healthy standard of living for Coventry residents, for example through raising the minimum wage.

Other key areas of work for Coventry's three year Marmot Strategy include:

¹⁰Centre For Cities, 'Unequal Opportunity', <http://www.centreforcities.org/wp-content/uploads/2014/09/14-09-01-Unequal-Opportunity.pdf>

- Continuing to roll out the 0-5 Acting Early programme to give every child the best start in life, and to widen support for 5-19 year olds.
- Continuing to improve the wellbeing and resilience of Coventry people through enabling and empowering communities through the Active Citizens, Strong Communities work, and to concentrate on how the Council supports the most vulnerable to maximise their capability and control.
- Working with homeless and housing services to ensure homes are suitable, safe and warm, as well as establishing a Health Impact Assessment Framework to ensure council decisions deliver maximum health benefits for Coventry people.
- Continuing to empower frontline professionals to prevent ill health, and widening this to include health professionals.

While there has been progress in tackling health inequalities in Coventry, there remains a life expectancy gap of 9.8 years for men and 8.5 years for women between the most affluent and most deprived residents. In addition, further planned spending cuts to services and welfare reforms will create challenges for Coventry's most vulnerable residents, and while the number of jobs and businesses in Coventry is growing, economic inequality is widening. The Council must continue to work with the NHS, police, fire service, voluntary sector, and private sector over the next three years to continue to accelerate progress made to date and improve the health, wellbeing and life chances of the people of Coventry.

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Appendix 1 – Additional Marmot projects and initiatives: Council and wider partners

3.1 Giving every child the best start in life

Public Health: School Nursing Service, Stop Smoking Services, Breastfeeding Support and Advice Services, Antenatal groups for BME communities

3.2 Enabling all children, young people and adults to maximise their capabilities and have control over their lives

People Directorate: Winter Night Shelter, Salvation Army Housing Service

West Midlands Police: Mental Health Street Triage, Liaison and Diversion Scheme

Public Health: Mental health assets and needs assessment, Drug and alcohol treatment services, Sexual violence support service, Female Genital Mutilation programme

3.3 Creating fair employment and good work for all

Place Directorate and Resources Directorate: Shared Apprenticeship Scheme, Workplace Charter for Health and Wellbeing

3.4 Ensuring a healthy standard of living for all

West Midlands Fire Service: Home Safety Checks, Dementia and Safeguarding Training

3.5 Creating healthy and sustainable places and communities

Place Directorate: Parks and green spaces

3.6 Strengthening the role and impact of ill health prevention

Public Health: Integrated sexual health services, Early intervention service, working with health services to improve primary care in Coventry

West Midlands Fire Service: Making Every Contact Count

Coventry and Rugby CCG: Cervical Screening, Better Care Fund, Urgent Care Board

Voluntary Action Coventry: Innovation and Development Fund

Health Protection: TB Nursing Service, Seasonal Flu campaigns, Keeping Coventry Warm

1st July, 2015

Health and Social Care Scrutiny Board (5) Work Programme 2015/16

1 July 2015
Addressing Health Inequalities across Coventry
9 September 2015
Serious Case Reviews
14 October 2015
Progress on developing the Primary Care agenda and update on the Prime Ministers Challenge Fund Implementation of the Director of Public Health Annual Report recommendations regarding primary care
18 November 2015
Serious Case Review Adult Safeguarding Annual Report
6 January 2015
3 February 2015
2 March 2015
Date to be Determined
Clinical Management of Large Scale Chronic Diseases – Progress reports on pilots Director of Health Annual Report 2015 Care Act – Implications following April 2015 Care Act – Managing the Introduction of the Care Cap (Implementation April 2016) Section 117 Policy Deprivation of Liberty Implications Better Care Programme and Health Integration Independent Living Fund The revised Health and Well-being Strategy Coventry Safeguarding Adults Board Annual Report 2015 Serious Case Reviews Adult Social Care Local Account Adult Social Care Complaints and Representations Annual Report 2013-14 Coventry and Warwickshire Partnership Trust – progress following CQC Inspection Community Mental Health Services/ Mental Health Pathways Patient Transport PALS Service at UHCW Adults' Homes Performance Review A&E 4 Hour Wait Performance Review Preparation for Winter Pressures (deferred from 9 th Sept) Delayed Discharge (deferred from 9 th Sept)

Date	Title	Detail	Cabinet Member/ Lead Officer	Source	Outcomes
1 July 2015	Addressing Health inequalities across Coventry	To identify the work taking place, and impact of that work, to address the health inequalities across Coventry, as highlighted by the 'Coventry's Life Expectancy along the number 10 bus route' diagram in the Director of Public Health's Annual Report 2014.	Jane Moore		
9 September 2015	Serious Case Reviews	To consider the outcome of serious case review	Joan Beck (Independent Chair)		
14 October 2015	Progress on developing the Primary Care agenda and update on the Prime Ministers Challenge Fund	Review of what good primary care looks like and whether different models of provision produce better outcomes. Invite 2 or 3 GP practices and patient panel representatives and Healthwatch in relation to patient engagement. Needs to include information on the recruitment and retention of GPs, access and out of hours provision. (Needs to link with any Health and Well-being Board work)	Simon Brake		
14 October 2015	Implementation of the Director of Public Health Annual Report recommendations regarding primary care	The Board would like an update of the implantation of the recommendations contained within the DofPH annual report 2014.	Dr Jane Moore	SB5 19/11/14	
TBC	Clinical Management of Large Scale Chronic Diseases – Progress reports on pilots	Future progress reports on the pilot projects are brought for consideration by the Scrutiny Board as and when appropriate.	Dr Jane Moore	SB5 11/02/15	
TBC	Director of Health	The DPH has a statutory opportunity	Dr Jane Moore	Annual Report	

Date	Title	Detail	Cabinet Member/ Lead Officer	Source	Outcomes
	Annual Report 2015	to issue Annual Reports which provide a commentary of local public health profiles and priorities. (Depending on focus of the report, this could be considered by Scrutiny Co-ordination Committee instead).			
TBC	Care Act – Implications following April 2015	To look at the Care Act and understand the possible implications for the Council and Residents.	Mark Godfrey		
TBC	Care Act – Managing the Introduction of the Care Cap (Implementation April 2016)	To look in early 2016 at the preparations for the introduction of the Care Cap			
TBC	Section 117 Policy	To be taken in 2015/16 – Check	Lavern Newell	Forward Plan	
TBC	Deprivation of Liberty Implications	To inform the Board of the current position with regards to Deprivation of Liberty assessments.	David Watts	Forward Plan Jan 15	
TBC	Better Care Programme and Health Integration	Regular updates to look at progress		Referred from health and wellbeing board April 15	
TBC	Independent Living Fund	The Independent Living Fund is ending and a grant being transferred to the Local Authority for 12 months aid the transition. After the 12 months, it is possible that those supported by ILA will need social care services to fill the void left by the fund ending. In 2014, this fund was accessed by 127 people in Coventry.			

Date	Title	Detail	Cabinet Member/ Lead Officer	Source	Outcomes
TBC	The revised Health and Well-being Strategy			SB5 22/4/15	
TBC	Coventry Safeguarding Adults Board Annual Report 2015	This multi-agency Board is responsible for co-ordinating arrangements to safeguard vulnerable adults in the City. The Annual Report sets out progress over the 2014/15 municipal year and provides members with some data to monitor activity. Representatives of the Safeguarding Board to be invited.	Brian Walsh / Isabel Merrifield		
TBC	Serious Case Reviews	To consider any serious case reviews at an appropriate time.	Isabel Merrifield		
TBC	Adult Social Care Local Account	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future.	Brian Walsh / Mark Godfrey/ Pete Fahy/ David Watts/ Gemma Tate		
TBC	Adult Social Care Complaints and Representations Annual Report 2013-14	To review levels of complaints, the way they are managed and how they are used to learn lessons and deliver improvements.	John Teahan		
TBC	Coventry and Warwickshire Partnership Trust – progress following CQC Inspection	To review progress against the action plan put in place following the Care Quality Commission's review of the Trust, particularly in relation to the enforcement notice and issues relating to Quinton Ward.	CWPT	SB5 30/04/14	
TBC	Community Mental	To provide information to the Board on	Josie Spencer	SB5 10/9/14	

Date	Title	Detail	Cabinet Member/ Lead Officer	Source	Outcomes
	Health Services/ Mental Health Pathways	the services provided through the shared budget of the Better Care Fund in relation to community mental health services and integrated team working.			
TBC	Patient Transport	To look at the patient transport service, with specific reference to renal dialysis, and how well the new contract is serving Coventry residents visiting UHCW. The new contracted started in April so review Oct/ Nov time to enable it to bed in.		SB5 19/11/14	
TBC	PALS Service at UHCW	To look at the PALS Service at UHCW following feedback from the Quality Accounts meeting		Quality Accounts March 2015	
TBC	A&E 4 Hour Wait Performance Review	To review performance against the A&E waiting targets which are nationally set. Where issues have arised, to understand the remedial action which is being put into place.		Informal Meeting June 2015	
TBC	Adults' Homes Performance Review	To review performance of Adults' Homes that Coventry adults are placed in and procedures for what happens if a home is judged inadequate by Ofsted.	Pete Fahy		
TBC	Preparation for winter pressures	To include review of effectiveness of 2014/15 winter arrangements and preparations for 2015/16. To include CCG, provider organisations and social care. To include A&E targets and performance. The Chair will meet with UHCW to decide whether this needs a full review by the Board.	UHCW		
TBC	Delayed Discharge	To look at the challenges around	Cllr Caan/ David		

Date	Title	Detail	Cabinet Member/ Lead Officer	Source	Outcomes
		delayed discharge across health and social care. The Chair will meet with UHCW and Social Care to decide whether this needs a full review by the Board.	Watts/ UHCW		