



Health and Social Care Scrutiny Board (5)

Time and Date

2.00 pm on Tuesday, 3rd November, 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 7th October, 2015
 - (b) Matters Arising
4. **Director of Public Health Annual Report 2015** (Pages 7 - 56)

Report of the Director of Public Health

Councillor Mal Mutton, Chair of the Education and Children's Services Scrutiny Board (2) and Councillor Ruane, Cabinet Member for Children and Young People have been invited to the meeting for the consideration of this item.
5. **Improving Accommodation for Older People Consultation** (Pages 57 - 60)

Briefing Note of the Executive Director of People
6. **Deprivation of Liberty Safeguards** (Pages 61 - 64)

Briefing Note of the Director of Adult Services
7. **Outstanding Issues Report**

Outstanding issues have been picked up in the Work Programme
8. **Work Programme 2015-16** (Pages 65 - 72)

Report of the Scrutiny Co-ordinator
9. **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

Monday, 26 October 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 3rd November, 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, 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.

Liz Knight

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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, 7 October 2015

Present:

Members: Councillor D Welsh (Chair)
Councillor M Ali
Councillor J Innes
Councillor J O'Boyle
Councillor D Skinner
Councillor S Walsh

Co-Opted Members: Mr D Spugeon

Employees (by Directorate)

People P. Fahy, D. Watts
Resources V. Castree, C. Sinclair

In Attendance: M. Johnson/D. Williams (NHS England)
J. Spencer, CWPT
D. Altringham (UHCW)
S. Davis/S. Allen (NHS Coventry & Rugby CCG)

Apologies: Councillor D Galliers and K Taylor

Public Business

21. Declarations of Interest

There were no declarations of interest.

22. Minutes

The minutes of the meeting held on 9 September 2015 were signed as a true record. There were no matters arising.

23. Out of Hours Dental Services in Coventry

The Board received a briefing note and presentation by David Williams, Locality Director and Margaret Johnson, Contracts Manager, from NHS England (West Midlands).

The presentation summarised the current service provision for Out of Hours dental services provided at the Dental Practice on Coundon Road and the types of services available, focussing on the key points of difference between the service provided by the Out of Hours service and A&E.

Arising from discussion, the Board asked for further information on the numbers of patients accessing the out of hours dental services and those attending A&E for emergency dental treatment.

The Board also questioned attendees on a number of matters including promoting dental hygiene, access to Council Dental Practice and how the out of hours services was publicised.

In respect of the latter, members were informed that answerphone messages in dental practices should direct patients to calling 111 to access the service and discussion ensued as to what checks were made to ensure this was happening. The Board noted that the NHS had a number of different computer systems this added to the complexities of providing a fully integrated service; however they were looking at ways to ensure it was as effective as it could be. In noting, the Board suggested that further work be done to improve signposting for Out of Hours services.

David Williams and Margaret Johnson were thanked for their attendance and contribution.

RESOLVED that the Board:

- (a) Note the document and presentation.**
- (b) Request further information on the number of patients (i) accessing out of hours dental services and (ii) attending A&E for emergency dental treatment.**
- (c) Recommend that NHS England look at ways to improve signposting for out of hours dental services.**

24. Winter Pressures Including Delayed Discharge

The Board received an update on Winter Pressures which detailed challenges faced by the system, actions taken and proposals in respect of the current winter pressures plan.

The Board noted significant challenges within the Coventry system. A System Resilience Group brought together senior executives from the main health and social care partners and this Group was the local key forum where challenges were now monitored and actions put in place.

A two-pronged approach was planned, short term, an action plan was put in place to drive immediate improvements and a longer term system-wide transformation programme initiated to consider the key activities that needed to be delivered over the next 2 to 3 years.

One of the key pieces of work implemented to try and address 4 hour waiting targets of delayed transfers of care was a "Perfect Week" activity. This aimed to focus on engaging all departments and partner agencies to identify small improvements to make a difference, or new activities that made a difference to the patients' journey through the hospital. It was reported that the Coventry Perfect Week was considered successful with a significant improvements in 4 hour emergency department waits and improvements on delayed transfers of care, though the latter still fell short of national targets.

Having questioned attendees on aspects of the presentation and the documents tabled, the Board requested that they receive a further report on targets once data had been gathered in respect of winter pressure period.

RESOLVED that the Board note the update provided and request that a further report be circulated in due course to analyse data following the Winter pressure period.

25. **Adult Social Care Annual Report 2014-15 (Local Account)**

The Board considered a report of the Executive Director of People which set out the Adult Social Care Annual Report 2014/15 (Local Account) describes the performance of Adult Social Care and the progress made against the priorities for the year.

Although there was not a statutory requirement to produce an annual report, it was considered good practice as it provided a public record of the performance of Adult Social Care to local citizens. The report also provides an opportunity to be open and transparent about the successes and challenges of the year and to show how outcomes are improving for those supported through Adult Social Care. The production of an annual report is part of the Local Government Associations (LGA) approach to Sector Led Improvement, launched in 2011. This approach was launched following the removal of national targets and assessments with the aim of driving improvement through self-regulation, improvement and innovation.

In the completion of the 2014/15 report, engagement activity has been undertaken with Healthwatch Coventry, the independent champion for health and social care in Coventry alongside Partnership Boards across Adult Social Care in order to obtain feedback about our progress on last year's priorities and to enable discussion on key areas of activity for the coming year.

Feedback on readability and content was also noted and as a result of this the 2014/15 Annual Report is shorter than previous years.

The Board commended the report and suggested that, in order to make comparisons with data over time, future reports use the same data measures. Officers responded that as national measures change, this would present a challenge, however they would seek to find some trend lines for ease of comparison.

Resolved that the Board note the report and recommend to the Cabinet Member for Health and Adult Services that, for future Annual Reports, the same date measures are used year on year to enable comparisons of performance through trend data.

26. **Outstanding Issues Report**

The Scrutiny Board noted that all outstanding issues had been included in the Work Programme for 2015-16.

27. **Work Programme 2015-16**

The Board noted the work programme including the following updates:

- Deprivation of liberty implications to be considered at the meeting on 3 November 2015.
- Joint meeting with the Education and Children's Service Scrutiny Board (2) to consider CAMHS on 25 November 2015.

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

a) **Quality Accounts**

The Board would be working with Healthwatch and Warwickshire County Council again this year to look at Quality Accounts.

It was intended that two working groups be established to focus on two of the Trusts – UHCW and Coventry and Warwickshire Partnership Trust. Two volunteers from the Board would be sought to sit on each working group.

b) **Update on CCG Meeting**

The Board were briefed on a recent meeting the Chair had had with Clinical Commissioning Groups on the stroke service.

(Meeting closed at 3.45 pm)



Public report

Cabinet report

Health and Social Care Scrutiny Board (5)
Cabinet
Health and Well-being Board

3rd November 2015
24th November 2015
7th December 2015

Name of Cabinet Member:

Cabinet Member for Health and Adult Services – Councillor Caan
Cabinet Member for Children and Young People – Councillor Ruane

Director Approving Submission of the report:

Director of Public Health

Ward(s) affected:

All

Title: Director of Public Health Annual Report 2015

Is this a key decision?

No – This is a review of health across the city and does not directly impact on current services provided by the council, although the conclusions and recommendations of the report will be used to inform how services are delivered in the future.

Executive Summary:

The Director of Public Health Annual Report is a statutory and independent report produced each year. The Director of Public Health Annual Report informs local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed.

This year, the title of the Director of Public Health Annual Report is 'Exceeding Expectations: Tapping into the city's future aspirations, hopes and ambitions for its children and young people. The report focuses on the health needs of the 0-19 population within the city covering the life course of a child from conception through to 19 years.

The report has been developed in consultation with stakeholders who provide services for 0-19 year olds in the city. A workshop was held prior to the commencement of the report and the views of parents, school teachers, and representatives from the following services: Coventry infant feeding team, Foleshill Women's Training, Coventry Healthy Lifestyle Service, Integrated Primary Mental Health Service, regarding the topic areas and services that should feature were incorporated into the report.

Information from the reports will be shared widely with local people, partner agencies and voluntary sector organisations.

Recommendations:

1. The Health and Wellbeing Board is asked to:
 - (i) Endorse the findings of this report and review progress in implementing its findings across local partners.

2. Health and Social Care Scrutiny Board (5) is asked to:
 - (i) Make any comments or recommendations to the Health and Wellbeing Board about the report and its proposals and recommendations.
 - (ii) Make any comments or recommendations to Cabinet about the report and its proposals and recommendations.

3. Cabinet is asked to:
 - (i) Consider comments from the Health and Social Care Scrutiny Board (5)
 - (ii) Approve the publication of the report.

List of Appendices included:

Director of Public Health Annual Report – 2015

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?

Yes – Health and Social Care Scrutiny Board (5) – 3rd November 2015

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

Yes - Health and Wellbeing Board –7th December 2015

Yes – Cabinet – 24th November 2015

Will this report go to Council?

No.

Report title: Director of Public Health Annual Report 2015

1. Context (or background)

- 1.1 The NHS Act 2006 as amended by the Health and Social Care Act 2012 set out a legal duty on the Director of Public Health to produce a report each year on the health of their population and to publish the report. The content and structure of the report is determined locally and can cover any aspect of local health that is locally relevant or important.
- 1.2 The findings of the DPH Annual Report are used to:
 - 1.2.1 Raise awareness and understanding of how healthy the population is and how this is changing, with local partners and the public
 - 1.2.2 Inform the provision of local services and action plans that can affect the health of the population
 - 1.2.3 Inform the development of key priorities for the Health and Wellbeing Strategy, which the Health and Wellbeing Board has a duty to produce.

2. Options considered and recommended proposal

- 2.1 Childrens services 0-19 years is the focus of this report, one of the key Marmot Policy objectives is to give every child the best start in life. There is clear evidence that the childhood environment is closely linked to the child's outcomes, including their health outcomes and later life. Coventry's Joint Strategic Needs Assessment (JSNA) for 2012-13 highlights one of the key themes of the Health and Wellbeing Strategy for Coventry has been healthy people, In line with Marmot, there should be a focus on prevention and early intervention. In the early years, there is the most scope for prevention, particularly in the wider determinants. It should be noted that this includes working with families even before a child is conceived, and that factors such as the education and employment, income, housing and other social factors of the parents have a strong impact on the eventual outcomes for the child.
- 2.2 The Director of Public Health Annual Report draws on a range of data sources many of which are not easily available or accessible to partners and the public. The reports are produced in the format of a full report which sets out the key messages, technical data and recommendations in an accessible format. A series of video's presents a summary of the data and the views of Coventry citizens.
- 2.3 The Director of Public Health has independent statutory responsibilities of which the production of an Annual Report is one. It is considered that this gives the assurance that issues affecting the health of the population can be raised freely and objectively.

3. Results of consultation undertaken

- 3.1 The Director of Public Health Annual Report has been prepared in consultation with parent representatives, school teachers, representatives from services such as Coventry infant feeding team, Foleshill Women's Training, Coventry Healthy Lifestyle Service, Integrated Primary Mental Health Service. A workshop was held prior to the commencement of the report and the stakeholders views were used to help deliver messages in the report. The report includes many short video clips which provide case studies featuring parents, children and service providers.

4. Timetable for implementing this decision

- 4.1 Once approved, the Annual Report will be published on the Council's internet pages and shared with partners. The Early Help Board will provide strategic leadership to oversee the further development and implementation of these recommendations, driving forward an action plan in collaboration with wider stakeholders

5. Comments from Executive Director, Resources

5.1 Financial implications

There are no direct financial implications for the council arising from the report. The cost of publishing the report will be met from within existing budgets.

5.2 Legal implications

The National Health Service Act 2006 as amended stipulates that the Director of Public Health must prepare an annual report on the health of people in the area of the local authority. The local authority must publish the report.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

The Annual Report sets out key actions to improve the health of Coventry people. It contributes to the Council's Marmot City plan and to the Council's core aim of citizens living longer, healthier, independent lives and also to the priorities in the Council Plan to protect the city's most vulnerable residents.

6.2 How is risk being managed?

There are no specific risks identified in this report. However, risks associated with the delivery of relevant services are managed through the directorate and corporate risk registers, in conjunction with partners across the city. Regular reviews of each risk are undertaken, and mitigating actions put in place to ensure the overall risks are reduced as much as possible.

6.3 What is the impact on the organisation?

There is no direct impact on the organisation.

6.4 Equalities / EIA

An Equalities Impact Assessment is not appropriate for this report although the report considers health status across a range of different population groups.

6.5 Implications for (or impact on) the environment

N/A

6.6 Implications for partner organisations?

The Annual Reports raise a number of issues for consideration by partner organisations. These will be discussed and overseen by the Health and Well-being Board which includes representation from these organisations, or commissions the services provided by these organisations.

Report author(s):

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Directorate: Chief Executive's

Tel and email contact: Jane Moore on 02476 832884 or Jane.Moore@coventry.gov.uk

Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
John Forde	Consultant in Public Health	Chief Executive's	19.10.15	23.10.15
Christina Walding	Programme Manager Public Health	Chief Executive's	19.10.15	23.10.15
Harbir Nagra	Programme Officer Public Health	Chief Executive's	19.10.15	23.10.15
Andy Baker	Insight Manager (Intelligence)	Chief Executive's	19.10.15	23.10.15
Tom Evans	Insight Analyst	Chief Executive's	19.10.15	23.10.15
Lara Knight	Governance Services Co-ordinator	Resources	23.10.15	23.10.15
Other members				
Names of approvers for submission: (officers and members)				
Finance: Rachel Sugars		Resources	12.10.15	23.10.15
Legal: Julie Newman		Resources	12.10.15	14.10.15
Director: Jane Moor	Director of Public Health		19.10.15	23.10.15
Members: Councillor Caan	Cabinet Member for Health and Adult Services		16.10.15	22.10.15
Councillor Ruane	Cabinet Member for Children and Young People		16.10.15	26.10.15

This report is published on the council's website: www.coventry.gov.uk/councilmeetings

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Exceeding Expectations

Tapping into the city's future aspirations, hopes and ambitions for its children and young people

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Acknowledgments

This annual report relies on the time and talent of colleagues whose contributions and comments are acknowledged with grateful thanks:

John Forde, Christina Walding, Harbir Nagra, Samantha Nightingale, Tracy Standbridge Boyle, Andy Baker, Tom Evans, and Nicole Haigh.

Our special thanks to the staff, parents and children who participated in the filming and workshop:

Staff and children at Aldermoor Farm Primary School

Staff and parents at Be Active Be Healthy (one body one life)

Staff at Coventry's Citizen Advice Bureau

Staff at Coventry's Infant feeding team

Staff and parents at Coventry Healthy Lifestyle Service (stop smoking in pregnancy)

Young people from C-Card SEX Factor film

Staff and children at Finham Park School

Staff and parents at Foleshill Women Training Centre

Staff and parents at iBumps

Staff from Integrated Primary Mental Health Service

Staff, parents and children at Limbrick Wood Centre

Staff and parents from Mums in mind

Staff and young people at Positive Youth Foundation

Staff from the Tile Hill Acting Early team

Parents at Tile Hill Childrens Centre

Young people at Voices Of Care

Narration by young person (Anna aged 14)

Introduction

Hello, my name is Jane Moore and I am the Director of Public Health for Coventry.

Every year we produce a report that looks at the health of Coventry people and the challenges we're tackling as we work to help Coventry residents lead better, healthier lives.

This year our report focuses on the city's most important asset - its children and young people.

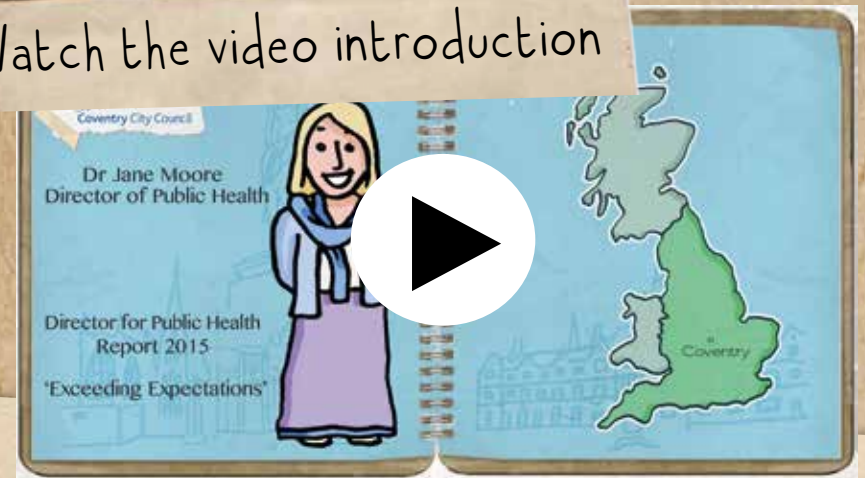
We're lucky to be a young city - a quarter of our population is under 20. So if we invest in our children and young people, everyone in Coventry benefits. But at the moment the future for our young people is not as good as for others across the West Midlands and the country as a whole - particularly for our poorest children. And if a child suffers from poor health while they're young it can last a lifetime and costs us all in the long run.

Yet despite these challenges we know there are some fantastic opportunities to give our children the best start in life. This report looks at all the issues that make a difference in a child's life - from conception to adulthood. We are a Marmot City and are committed to tackling inequalities through action on the Marmot Review's six policy objectives; the first two being:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives

This report highlights the benefits of preventing poor health and the importance of intervening early so that we can make a real difference to a

Watch the video introduction



child's life - whatever their circumstances. We know there are some key areas of our work that can make the biggest difference to a child's life.

These include making sure mums are in physical and emotional good health, that children are ready for school and that they achieve the best they can when they are at school. We need children in Coventry to be resilient, so they can cope with the challenges they might face and can get the jobs, education or the training they need as they grow up. That means improving their mental and physical health and wellbeing. And we know we have a special responsibility to support Coventry's children and young people who are looked after or have special educational needs.

Our report aims to tap into the city's future aspirations, hopes and ambitions for its children and young people. It's what our children deserve and it's what Coventry deserves.

Dr Jane Moore
Director of Public Health



1. Pre-conception and pregnancy

Areas of focus

Early booking of antenatal appointments

Smoking in pregnancy

Birth weight

Breastfeeding

Why is it important?

Much of the foundation for good physical health occurs in pregnancy and infancy. Giving every newborn child the best possible start in life begins even before conception with the lifestyle choices of the mum and dad. The kind of lifestyles people have before they conceive the baby during pregnancy and once the baby has arrived, can either have a positive or negative affect on their child. Eating well, being a healthy weight and having good mental wellbeing can all help give a child the best start to life. Babies born to parents with poor lifestyles have an increased risk of low birth weight, early illness or early death. In this report we focus on the following:

Smoking in pregnancy accounts for:

- 5 - 8%** of premature births
- 13 - 19%** of cases of low birth weight in babies carried to full term
- 5 - 7%** of preterm-related deaths
- 23 - 34%** of sudden unexpected deaths in infancy (SUDI)¹

Smoking

Smoking in pregnancy is a cause of ill-health for the mother and baby and is the single most important risk factor in pregnancy. The cost to the NHS of smoking in pregnancy for infants during the first year of life is estimated to be between £12m - £23.5 million per year, and this estimate is conservative, only looking at pregnancy and the first year of life. The care of low birth weight and preterm infants accounts for most of the costs. Savings could be generated with low-cost smoking cessation intervention: it is estimated that spending between £13.60 and £37 per pregnant smoker would lead to cost savings for the NHS.³

YOU'RE INVITED TO A
BABY SHOWER

SATURDAY
JUNE 6
... 2015 ...

TEN
(MORNING)



Children of mothers who smoked in pregnancy are at increased risk of:

- * infant mortality
- * congenital malformations
- * a number of respiratory conditions
- * attention and hyperactivity difficulties
- * learning difficulties
- * problems of the ear, nose and throat²



Low birth weight

Low birth weight (less than 2500g) can be caused by the state of the mother's health and nutrition, as well as the quality of antenatal care they receive. It can be caused by poor maternal nutrition, maternal hypertension, smoking, substance misuse or congenital infection. Low birth weight is associated with a higher rate of premature death of babies in pregnancy and the first week of life, lower educational attainment and increased risk of cardiovascular disease and diabetes.⁴

Early identification of parents with increased risks and vulnerabilities by professionals means that they can support parents early in a pregnancy and prevent or minimise any negative impact that lifestyle choices may have on their child. Booking early with a midwife, before 12 weeks of pregnancy, helps us to do this.

Breastfeeding

Breastfeeding has clear health gains for both mother and baby. Breastfeeding protects children from a range of problems including reducing the risk of ear and chest infections, asthma, obesity and diabetes, sudden unexpected death in infancy (SUDI), dermatitis, gastrointestinal disorders (coeliac and inflammatory bowel disease) and leukaemia, and may also have an impact on neurodevelopmental outcomes including intelligence.⁴

There are benefits for the mother too, such as improved breast and ovarian cancer survival. Investment in supporting women to breastfeed will improve the quality of life for women and children through reducing acute and chronic diseases.⁵

Work looking at the cost-effectiveness of breastfeeding promotion has shown that there is a rapid return on investment with fewer admissions to hospital as a result of the protection breastfeeding provides against illness.⁵

The Coventry Headlines:

90% of pregnant women in Coventry make an ante-natal booking within 12 weeks of becoming pregnant, meaning we are reaching the national target.

Smoking rates amongst pregnant women at the time of delivery are not higher than the national average, but 550 women per year in Coventry are still smoking at the time of delivery.

In Coventry in 2012, 138 babies were born at term weighing less than 2,500 grams, approximately 5 and a half pounds. This is not significantly higher than the national average.

Less than half of infants are breastfed at the age of six to eight weeks. This is lower than the national average, but these rates are improving.

"Giving every new born child the best possible start in life begins even before conception with the lifestyle choices of the mum and dad."

What would good look like?

SMOKING TARGET	480 fewer women smoking at delivery	To reach an ambitious target of being at the level of the local authority area with the lowest smoking at delivery rate, 1.9% in Westminster, we need to have around 480 fewer women smoking at delivery.
BIRTH WEIGHT TARGET	120 infants weighing less than 2,500g	For Coventry to have the lowest rate of low birth weight babies at 1.5%, we would need at least 120 fewer infants born weighing less than 2,500 grams.
BREASTFEEDING TARGET	1800 more infants breastfed	For Coventry to achieve national average rates there would need to be around 150 more infants being breastfed at six to eight weeks. To become the best performing local authority area (83%) we would need approximately 1800 more infants being breastfed at six to eight weeks.

What do Coventry people think?



How do we achieve this?

Improving maternal physical and mental wellbeing by reducing the numbers of women who smoke in pregnancy to match the best in England.

- Maternity and infant services to Make Every Contact Count with pregnant women and increase the number of referrals to smoking cessation services.

Improving mental wellbeing and reducing substance and alcohol misuse and obesity by identifying earlier those at risk and intervening early.

- Consistent use by all maternity and infant staff of common assessment tools.
- Ensure common pathways are in place for those women needing specialist support.
- Improve data collection and analysis so that we can best target our services to those at greatest risk.

Improve initiation of breastfeeding and duration rates.

- Commissioners and providers to ensure that all NHS maternity and infant providers in Coventry achieve UNICEF Baby Friendly Initiative Level 3 by 2017.
- Providers, in partnership with the voluntary sector, to continue to promote and increase the number of peer led support groups available, particularly in areas where breastfeeding rates are low.

What does the data tell us?

Early booking of ante-natal appointments

Key Statistic	Time period	Coventry	England	Significance
Early booking - % of mothers booking ante-natal appointments within 12 weeks of knowing they are pregnant	2014/15	90%	90%*	Significantly better than

*this is the national target, not an actual England average

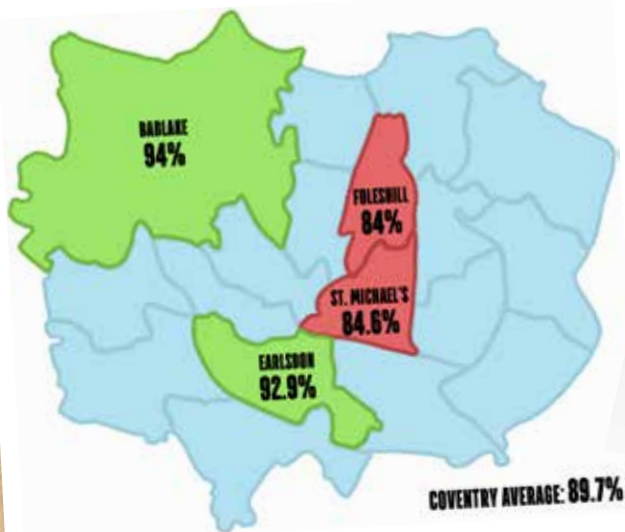
All women should access maternity services within 12 weeks of becoming pregnant so their needs, risks and choices can be assessed early and support put in place. This helps improve outcomes for the mother and baby and can help reduce health inequalities.

During 2014/15, 90% of pregnant women booked ante-natal appointments within 12 weeks of becoming pregnant – hitting the national target. This means 4,194 pregnant women booked early out of a possible 4,667. Whilst we do hit the national target, there are still 500 pregnant women who do not book before 12 weeks in pregnancy. We

need to address the variation that exists across our wards in the city.



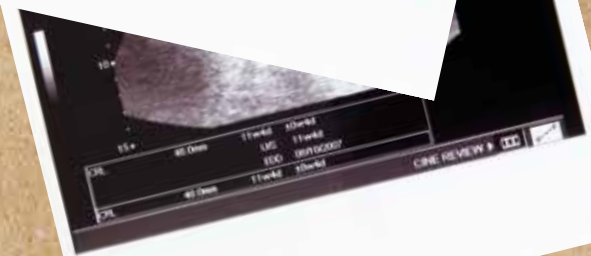
Ward differences



Residents of Foleshill and St Michael's have persistently had the lowest rates over 2011/12-2014/15 and we should strengthen our efforts to improve performance in these wards to match the rest of the city.

Key to charts:

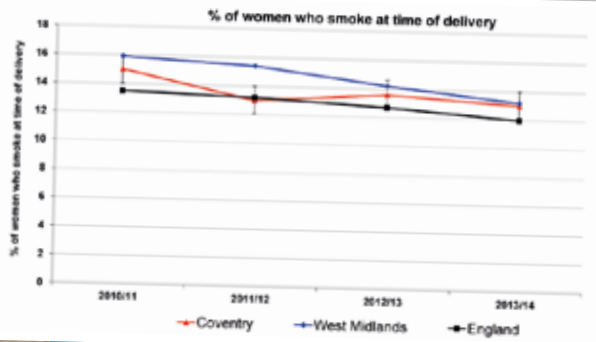
- Significantly better than
- Same as
- Significantly worse than



Smoking at time of delivery

The prevalence of smoking amongst pregnant women at the time of delivery in Coventry is not significantly higher than it is in England overall but this still amounts to about 550 women smoking at the time of delivery, about one in every eight women giving birth.

Smoking amongst pregnant women at the time of delivery in Coventry has been declining slowly since 2010/11. In 2010/11 the Coventry rate was significantly higher than the national average, the latest data shows we are closing the gap, we are no longer significantly higher, but there is still room for improvement.



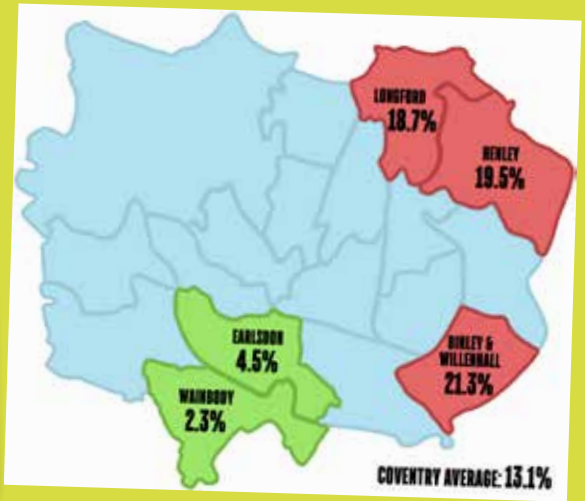
Key Statistic	% of mothers smoking at the time of delivery
Time period	2013/14
Coventry	13.0%
England	12.0%
Significance	
Areas comparable to Coventry*	15.0%
Significance	

Low birth weight

Key Statistic	Time period	Coventry	England	Significance	Areas comparable to Coventry	Significance
% of all live births at term with low birth weight	2012	3.2%	2.8%		3.1%	

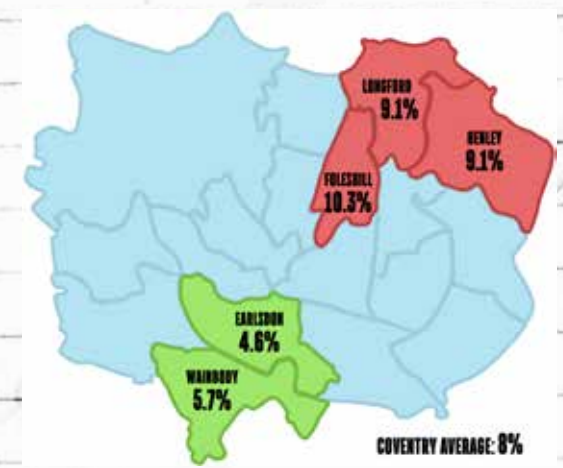
In 2012, 138 babies were born at term weighing less than 2,500 grams, approximately five and a half pounds. This is not significantly higher than the national average. The difference that we see between Coventry wards for low birth weight babies is strongly linked to deprivation. The local authority areas with higher levels of deprivation also tend to have higher prevalence of low birth weight births. Coventry's rate seems to be in line with areas with similar levels of deprivation.

Ward differences



Within Coventry there is a wide variation in rates of smoking time of delivery. Over the last three years the wards with the highest rates of smoking at delivery were Binley and Willenhall, Henley and Longford. Those wards where rates of smoking at delivery was lowest were Wainbody (2.3%) and Earlsdon (4.5%), If Coventry were to match the level of the best performing local authority area these low rates would have to be replicated across the whole city.

Ward differences

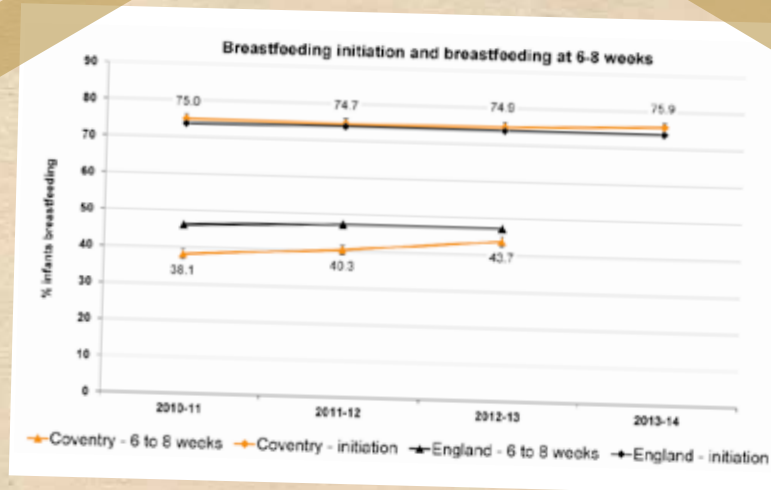


The trend over time in Coventry's prevalence of low birth weight births does not show a consistent pattern and is not reducing. The data shows us that Foleshill had significantly higher rates, at 10.3%, compared to the city average of 8.0%. Earlsdon had the lowest rate at 4.6%. [Click here](#) to view an online interactive map showing the ward data.

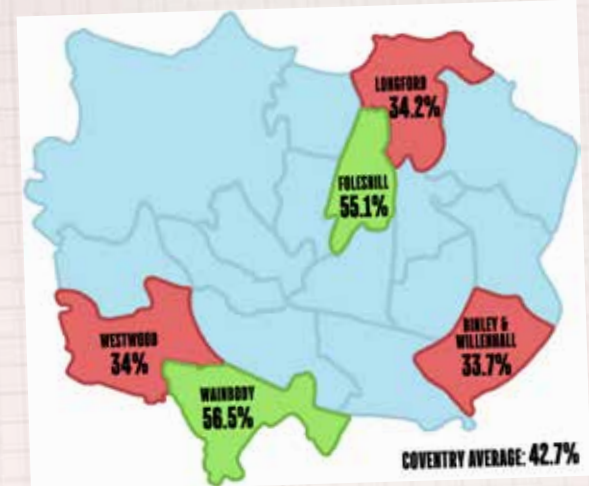
Promoting breastfeeding

Key Statistic	Time period	Coventry	England	Significance	Areas comparable to Coventry	Significance
Breastfeeding initiation - % of all mothers who breastfeed their babies in the first 48hrs after delivery	2013/14	75.9%	73.9%		69.5%	
Breastfeeding prevalence - % of all infants due to a 6-8 week check that are totally or partially breastfed	2012/13	43.7%	47.2%		41.2%	

Breastfeeding initiation at birth is significantly more common in Coventry than the average we see in England but the prevalence of breastfeeding when infants reach six to eight weeks of age is significantly lower. So, while discontinuation rates are quite high nationally and identified as an issue; the problem is greater in Coventry, with only 2,017 out of 4,614 births still being entirely or partially breastfed at the age of six to eight weeks.



Ward differences



The Coventry wards with the highest rates of breastfeeding at six to eight weeks are Wainbody and Foleshill and the wards with the lowest rates are Binley and Willenhall, Longford and Westwood. This reflects the rates of breastfeeding initiation at 48 hours of delivery that we see and is likely to relate more to ethnic diversity than deprivation, as Foleshill is one of the most ethnically diverse, yet deprived wards.

The prevalence of breastfeeding at six to eight weeks has been improving in recent years, and improving at a better rate than England as a whole. If this improvement were to continue at the same rate it seems likely that Coventry will be at the national average within two years.

Infant Feeding Team



2. Birth and Pre-school (0-4 years)

Why is it important?

The first 1001 days of a child's life will shape how they develop and the kind of people they will become in later life. If a baby is to develop properly then they need to feel bonded to their mum or dad and to know that they are in tune with what they need. People call this attachment and attunement. This is the very start of building resilience in a child so that they can deal with the challenges life throws at them.

We know that for a child to be ready for school they need to learn from their parents and family a whole range of abilities and skills. How well a child speaks, listens and understands, how well they play with their friends and basic things like being able to go to the toilet properly

Areas of focus

High quality early learning and school readiness

and get themselves dressed will determine if a child is ready for school or not.

School readiness is a measure which looks at whether a child has developed as they should have in the prime areas of learning (personal, social and emotional development, physical development and communication and language) and in the specific areas of mathematics and literacy. School readiness at age five has a strong impact on future educational attainment and life chances. Those from poorer backgrounds are at a greater risk of having delayed development.

Why Invest in School Readiness?



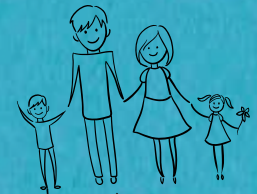
Every £1 invested in quality early care and education saves taxpayers up to £13 in future costs



For every £1 spent on early years education, £7 has to be spent to have the same impact in adolescence



The benefits associated with the introduction of the literacy hour in the UK outstrip the costs by a ratio of between 2.7:1 and 70:1



Targeted parenting programmes to prevent conduct disorders pay back £8 over six years for every £1 invested with savings to the NHS, education and criminal justice system.

What works to improve school readiness?

- good maternal mental health
- learning activities, including speaking to your baby and reading with your child
- enhancing physical activity
- parenting support programmes
- high quality early education

The Coventry Headlines:

A high proportion of three and four year olds take up early learning places in Coventry, **more than nine out of 10 in 2014** but this is a significantly lower take up rate than the average for England.

About six out of 10 children in Coventry achieved a 'good level of development' by the end of reception year in 2013/14, not significantly different to the national average.

465 pupils out of 943 eligible for free school meals achieved a good level of development at foundation stage. The proportion of children in Coventry eligible for free school meals achieving a good level of development is significantly higher than it is across England on average.

What would good look like?

EARLY EDUCATION PLACES	670 additional 4 year olds to take up places	8,880 out of a total of about 9,550 three and four year olds take up early learning education places. We want to improve the take up rate to 100%, to do this an additional 670 children would need to take up their places.
EDUCATIONAL DEVELOPMENT	670 more pupils reaching a good level of development	75% of pupils achieved a good level of development at the end of their first school year in the best performing local authority. To be at this level Coventry would need around 670 more pupils to achieve this level.
EQUALITY OF ACCESS	1800 more infants breastfed	For poorer children to achieve the same level of development as their peers we would need 130 more achieving a good level. To have the best performance in England we would need around 180 children from poorer backgrounds achieving a good level.



“School readiness at age five has a strong impact on future educational attainment and life chances.”

How do we achieve this?

Ensuring every child is ready for school:

- Engaging greater numbers of parents and children before school through delivery of the Coventry Healthy Child Programme, a strand of our Early Help offer, to ensure that 'no child is left behind'.
- Increase the uptake of high quality free early education funding for targeted two year olds as well as three and four year old funding.
- Review the availability of parenting support to ensure evidence-based parenting programmes and advice is provided in proportion to need.
- Integrating the delivery of all 0-5s services including maternity, health visiting, early help, early years education providers and services to better enable a seamless universal coverage with evidence-based targeted programmes for disadvantaged and vulnerable families to improve outcomes.
- Coventry City Council (CCC) to work in partnership with schools to encourage the Early Years Foundation Stage profile continue across all Coventry schools.



= Children ready for school success



What do Coventry people think?

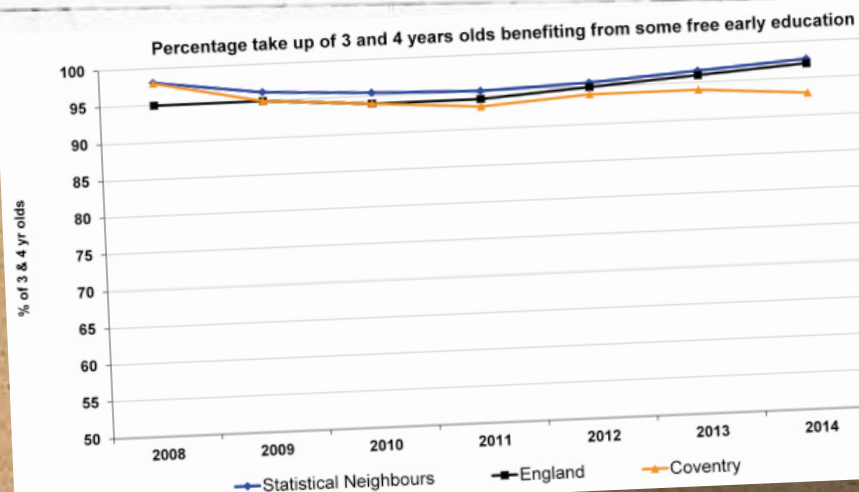


What does the data tell us?

Take up of early learning and nursery education places

Key Statistic	Time period	Coventry	England	Significance	Areas comparable to Coventry	Significance
Take up of free Early Learning/ Nursery Education places for 3 and 4 year olds (%)	2014	93%	97%		98%	

The take-up of free early learning education places helps contribute towards school readiness. In Coventry 93% of three and four year olds take up these places, but with our take up rates having fallen between 2008-2011 this is now lower than average for England. We also have the lowest take-up rate out of all the areas comparable to us. Take-up rates across all local authorities in England shows that those areas most affected by deprivation tend to also have low rates of take-up.



School readiness

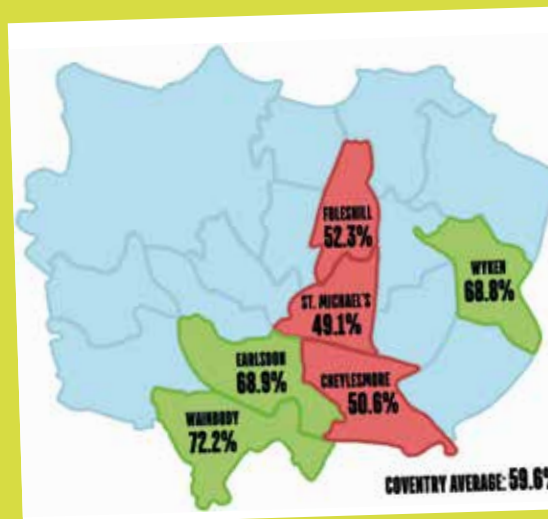
Key Statistic	Time period	Coventry	England	Significance	Areas comparable to Coventry	Significance
% of children achieving a good level of development at the end of reception	2013/14	59.6%	60.4%		57.8%	
% of children with free school meal status achieving a good level of development at the end of reception	2013/14	49.3%	44.8%		43.7%	



Approximately six out of 10 children in Coventry achieved a 'good level of development' by the end of reception year in 2013/14, not significantly different to the national average, and in the last year the proportion of five year olds achieving a good level of development increased from 55% to 60%. This means 2,559 out of 4,294 children achieved a good level of development. Both nationally and in Coventry, girls are on the whole better ready for school than boys, with 68% of girls at a good level of development compared to 52% of boys locally.

Children from poorer backgrounds in Coventry (who are eligible for free school meals) don't do as well as children from better off families in their development. 465 pupils out of 943 eligible for free school meals achieved a good level of development at age five. It is positive, however, that this difference isn't as bad in Coventry as it is in the rest of England. The proportion of children in Coventry eligible for free school meals achieving a good level of development is significantly higher than it is across England on average.

Ward differences



There are differences within the city in the achievement of a good level of development at age five. The wards of St Michael's (49%), Cheylesmore (51%) and Foleshill (52%) have the lowest rates of good development. Foleshill and St Michael's are the two wards in Coventry most affected by deprivation, and this might be a reason for the lower rates. Cheylesmore, however, isn't an area affected by deprivation, so finding out why it is an issue here is important. Click here to view an online interactive map showing the ward data.

3. The Early School Years (5-11 years)

Areas of focus

Promoting healthy weight
Persistent absences from school
Attainment

How attainment affects school career:

Of pupils who miss more than 50% of school, only 3% manage to achieve five A* to Cs including English and maths.

Of pupils who miss between 10% and 20% of school, only 35% manage to achieve five A* to C GCSEs including English and maths.

Of pupils who miss less than 5% of school, 73% achieve five A* to Cs including English and maths

Why is it important?

We know that children who learn well and achieve good grades are more likely to get a job and to lead a full and healthy life. Skills such as reading, writing and maths are crucial to a child's success as they progress through primary school. There will be groups of children who need extra support to achieve their potential and we want to make sure that their needs are identified and understood early by those best placed to help them. We also know that in order for children to become resilient teenagers and adults, and to adapt to life's challenges, work focusing on this needs to start as early as primary school.



First bike!

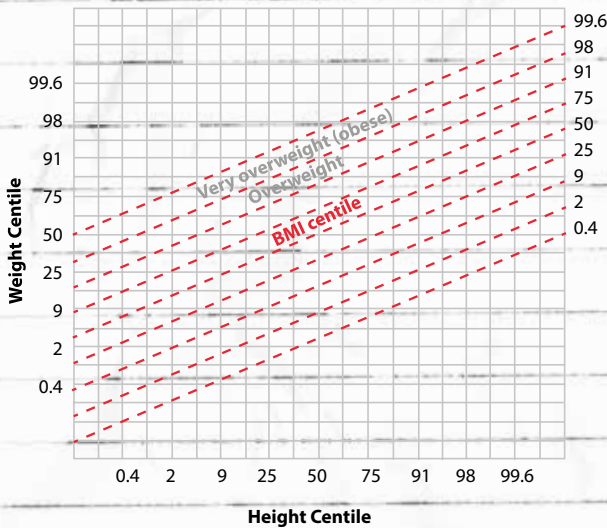
Persistent absence, defined as pupils who miss 15% of lessons a year, is an important indicator of how engaged a child is in school, but can also be an indicator of something more complex happening at home. Children who miss 15% of lessons miss the equivalent of a month of school a year. Much of the work children miss when they are off school is never made up, leaving these pupils at a considerable disadvantage for the remainder of their school career. There is also clear evidence of a link between poor attendance at school and low levels of achievement⁷:

Childhood obesity is often talked about as the most serious public health challenge of the 21st century. The rate of obesity has trebled since the 1980s and well over half of all adults are either overweight or obese.⁸ In the UK, a child is measured as obese on the basis of a growth chart and defined as a Body Mass Index (BMI) greater than or equal to the 95th percentile for their age. The foundations of obesity start in childhood so we need to ensure that children eat well and exercise to remain a healthy weight which will, as well as helping them remain healthy, enable them to learn better. Children who become overweight or obese can often be teased and go on to have low self-esteem which can negatively impact their lives. We know that once established obesity can be hard to shift.

What is BMI and why do we measure it?

Body mass index (BMI) is a good way to check if you're a healthy weight.

For children aged two and over, BMI centile is used. This is a measure of whether the child is a healthy weight for their height, age and sex. In the UK, a child is measured as obese if their BMI is greater than or equal to the 95th percentile for their age.



There are many health and psychosocial problems associated with childhood obesity, these include⁹:

Health	Psychosocial
Respiratory disorders	Low self esteem
High blood pressure	Depression
Sleep apnoea	Conduct disorders
Musculoskeletal disorders	Reduced school performance and social functioning
Elevated risk of developing type 1 or 2 diabetes	



The Coventry Headlines:

1,015 out of 4,135 children aged five are measured as either overweight or obese and over a fifth of children are measured as obese. This is significantly more than the England average and areas comparable to Coventry.

In Coventry, there is a significantly higher than average proportion of five years olds who are underweight (2.2%) – compared to England (0.9%) and with areas comparable to Coventry (0/9%).

During the 2013/14 academic year a total of 473 primary school pupils in Coventry were persistently absent (with an absence rate was 15% or worse). This is 1.9% of all primary

school pupils, the same rate as the England average and better than areas comparable to us who have a rate of 2.3%.

The proportion of Coventry pupils making the expected level of progress during primary school is at about the rate for England overall and is average for areas comparable to Coventry. In reading, writing and maths nine out of 10 pupils make the expected level of progress.

65% of Coventry children eligible for free school meals achieve the expected level at Key Stage four, about the same proportion as we see in England but significantly better than the average for areas comparable to Coventry.

A quarter of all children in Year Five and Six survey (nine, 10 and 11-year-olds) reported having tried alcohol and 3% reported having tried a cigarette at least once.

What would good look like?

EXCESS WEIGHT TARGET	80 less children with excess weight	For Coventry to be at the national average for children with excess weight, the current number of 1,015 Coventry children with excess weight would have to be cut by around 80. Kingston-upon Thames is the local authority with the lowest rates of excess weight in five-year-olds. For Coventry to match this would require around 300 fewer five-year-olds with excess weight.
OBESITY TARGET	140 less children who are overweight or obese	There were 1,280 children in Year 11 identified as either overweight or obese, more than a third of all children in that year. For Coventry to match the England average this figure would have to be reduced by 140 children. To be the best that figure would need to be around 400 fewer children.
PERSISTENT ABSENCE TARGET	300 fewer absences	To match the best performing local authority area for persistent absence, Ribble Valley at 0.7% in 2013/14, Coventry would need 300 fewer persistent absences.
PROGRESS TARGET	140 more pupils making expected progress	For Coventry to be the best performing local authority, we would need 140 more pupils making the expected progress, 210 more making the expected progress in maths and 250 more making the expected progress in reading.
ATTAINMENT TARGETS	110 more pupils achieving the level	To be at the same attainment rate for reading, writing and maths in Coventry as we see in England we would need 110 more pupils achieving the level. In 2013/14 Sutton was the best performing local authority for attainment rates with 87%. For Coventry to match this we would need 410 more pupils achieving level four or higher in reading, writing and maths
	120 more pupils achieving the level	In 2013/14 about 508 out of 781 children eligible for free school meals achieved the expected level at Key Stage two, a rate of 65%. This is much lower than their peers who are not eligible for free school meals who achieve a rate of 80%. To close this gap requires about an additional 120 children eligible for free school meals to be at the expected level.



What do Coventry people think? →



How do we achieve this?

Page 30

maximise primary school attainment:

- Coventry City Council and partners to support schools to deliver better educational outcomes, with a specific focus on raising educational attainment among the most vulnerable children and young people.
- Council and partners to develop an integrated early help offer that removes barriers to learning.
- Council and partners to work with schools to strengthen evidence-based whole school approaches that promote social emotional learning and improve resilience.
- Child and Adolescent Mental Health Services (CAMHS) to work with schools to strengthen capacity and capability in managing mental health problems early and referring appropriately.

To improve healthy weight:

- CCC and Partners to work with parents, schools and communities to ensure they develop integrated approaches to tackling childhood obesity and promoting healthy weight.
- Review the impact of family weight management programmes for overweight/obese children and their parents/carers to measure their effectiveness.

What does the data tell us?

Promoting healthy weight

The National Child Measurement Programme (NCMP) measures the weight and height of children in Reception (aged four to five years) and Year Six (aged 10-11-years) to record overweight children and obesity levels within primary schools. Obesity is defined as excess body fat accumulation that may impair health.

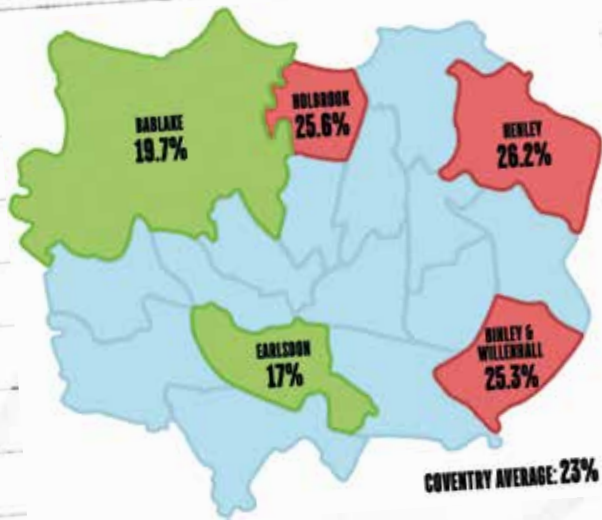
[Click here](#) to explore all the Coventry statistics from the National Child Measurement Programme using a Public Health England interactive profile.

There are more children aged five in Coventry that have excess weight or who are classed as obese, than the England average. A quarter of Reception (five-year-olds) children have 'excess weight' with 1,015 out of 4,135 measured as either overweight or obese and over a fifth of children measured as obese. Coventry's rate for excess weight in 11-year-olds is about the same in areas comparable to us but still worse than the England average. Although the problem of excess weight gets worse as children get older, this is no more the case in Coventry than it is in comparable areas. Looking at data from 2007 the number of five-year-olds measured as overweight or obese has been stable but the number of 11-year-olds has gradually increased.

Key Statistic	Time period	Coventry	England	Significance	Areas comparable to Coventry	Significance
Children with excess weight (overweight or obese) (10-11 years)%	2013/14	35.5%	33.5%		34.4%	
Underweight children (4-5 years)%	2013/14	2.2%	0.9%		0.9%	
Children with excess weight (overweight or obese) (4-5 years)%	2013/14	24.5%	22.5%		22.7%	

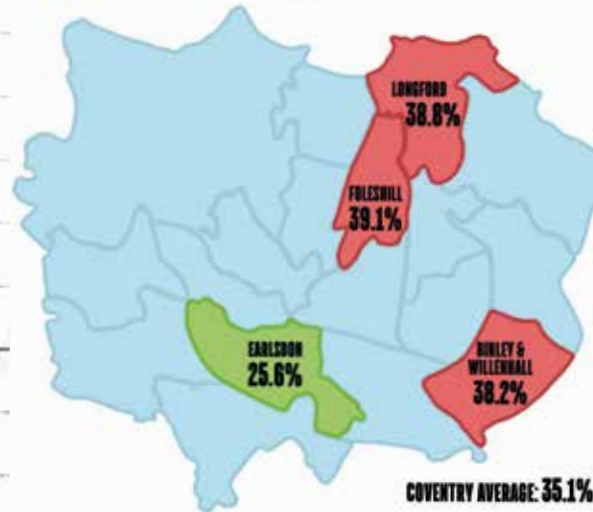


Ward differences (5 years)



Click here to view on an online interactive map showing the rate of excess weight amongst children aged five living in each of Coventry's 18 wards and Click here for the map of children aged 11. The wards with the highest rates of excess weight for five-year-olds were Henley and Holbrook - this puts both of these wards amongst the worst (top fifth) of areas for excess weight in England.

Ward differences (11 years)



The wards with the highest rates of excess weight for 11-year-olds were Foleshill, Longford and Binley and Willenhall. Higher rates of overweight and obese children at age five and 11 often go hand in hand with deprivation and we see this here in Coventry.

While the number of children with excess weight is often the headlines we see from the national child measurement programme, in Coventry there is a significantly higher than average proportion of five-year-olds who are underweight – compared to England and in areas comparable to Coventry. A total of 91 children from Coventry measured in Reception of 2013/14 were underweight, making up 2.2% of all Reception children measured in that year.

This is more than double the rate of underweight five-year-olds that is average across England. Between 2006/7 and 2011/12, the rate of underweight children at age five was lower, around 1% and was similar to the England average but in the last two years it has increased.

This increase is something we have seen in Coventry but not in England or in areas comparable to us and so is something we need to look into in more detail. Also, aside from smoking rates in pregnancy, we need to understand what other factors may be causing this increase in underweight children.

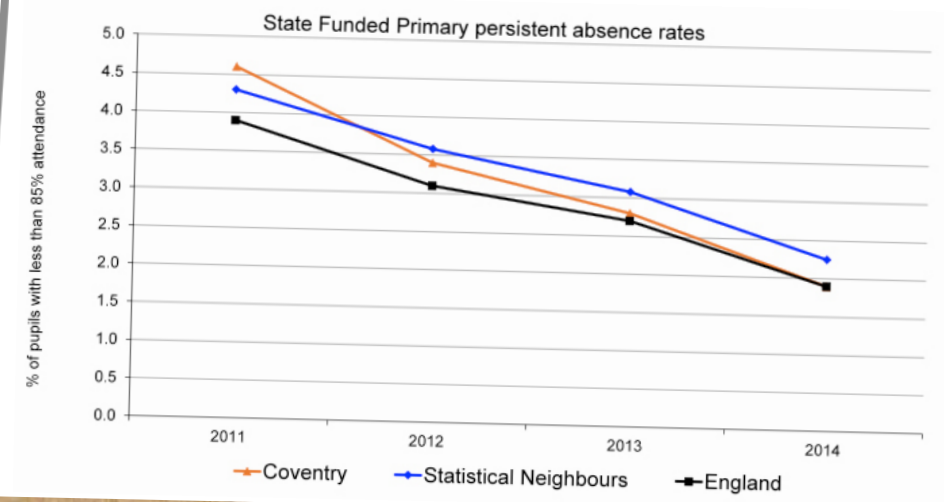
By age 11 the number of underweight children in Coventry is around the same as we see in England and areas similar to us.

Key Statistic	Time period	Coventry	England	Significance	Areas comparable to Coventry	Significance
Primary school % pupils with less than 85% attendance	2013/14	1.9%	1.9%		2.3%	

Persistent absences from school

During the 2012/13 academic year a total of 473 primary school pupils in Coventry were persistently absent (with an absence rate of 15% or worse). This is 1.9% of all primary school pupils, the same rate as the England average and better than comparable areas to us who have a rate of 2.3%. The chart below shows that Coventry's rate has reduced every year since 2010/11, more than halving since then. From being higher than the national average in 2010/11 Coventry has improved faster and has now closed the gap. Coventry has also improved faster than other comparable areas to us, from having a higher rate to being lower in 2013/14.

Certification of Completion
 is hereby granted to
Name and Family Name
 For Successfully Completing the
Learn to Swim programme



Key Statistic	Time period	Coventry	England	Significance	Areas comparable to Coventry	Significance
KS2 expected progress - Progression by 2 levels in between KS1 and KS2 % 2013/14	Reading	89%	90%		89%	
	Writing	94%	93%		93%	
	Maths	89%	90%		89%	
KS2 Attainment (% at Level 4+ Reading, Writing and Maths)	2013/14	76.0%	79.0%		76.7%	
KS2 Attainment (% of pupils eligible for free school meals at Level 4+ Reading, Writing and Maths)	2013/14	65.0%	64.0%		60.2%	

Inequalities in attainment

[Click here](#) to view an online interactive map showing the percentage of children assessed at the end of Key Stage Two living in each of Coventry's 18 wards that achieved level four or higher in reading, writing and maths in 2013/14. The wards of Foleshill and St Michael's had the lowest levels of attainment, with rates of 65.0% and 68.2% compared to the city average of 76.0%. Foleshill and St Michael's are the two wards in Coventry whose residents are most affected by deprivation.

Attainment

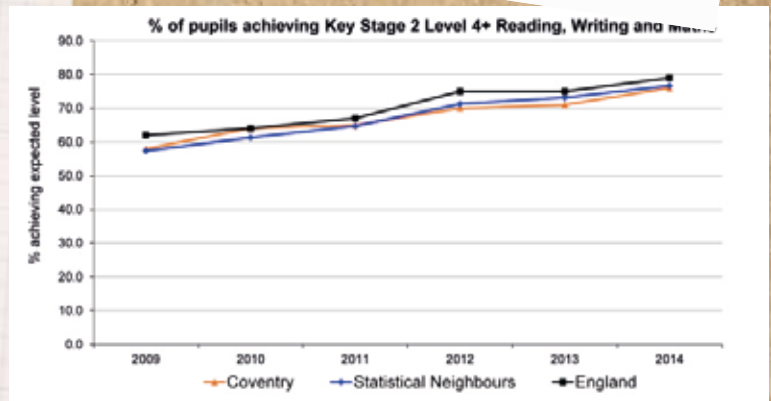
Monitoring the percentage of pupils who make the expected progress during primary school (between Key Stages One and Two) is a way of helping us assess the quality of primary education. The proportion of Coventry pupils making the expected level of progress during primary school is at about the rate for England overall and is average for comparable areas to us. In reading, writing and maths nine out of 10 pupils make the expected level of progress.

At the end of primary school, the Key Stage Two assessment informs us of the attainment level children will have going into secondary school. In 2013/14 a lower proportion of Coventry pupils reached the expected level in reading, writing and maths at Key Stage Two than England and comparable areas to Coventry despite

seeing year on year improvements in Coventry and the rest of England. This is 2,810 pupils achieving the expected level out of 3,692.

The chart below shows the trend in Key Stage Two attainment in Coventry compared to the average across England and the average for comparable areas to Coventry for the last few years. It shows that, as it has nationally, the attainment rate has been steadily improving year on year for the last five years.

Children eligible for free school meals and those from poorer backgrounds, on the whole have lower attainment levels than those who aren't eligible and this is the case in Coventry although we are doing better than comparable areas.



4. The Later School Years (11-16 years)

Why is it important?

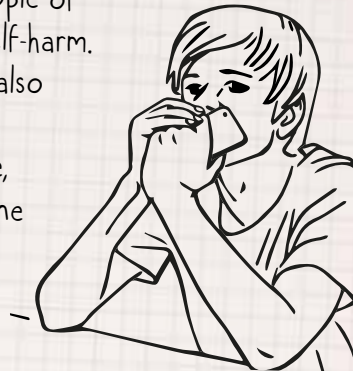
We know that the secondary school years can be an exciting and enjoyable time for young people, but it can also be a stressful time. Pupils who have the skills to manage stress and who are resilient do better academically, coping at times of change. It is often described as supporting young people's ability to 'bounce back'¹⁰.

Self-harm can be an indicator for a lack of, or low, resilience. Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with, or expressing, overwhelming emotional distress. Self-harm is more common than many people realise, especially among younger people. It's estimated around 10%

Areas of focus

Building resilience
Teenage pregnancy
Exploratory behaviours

of young people self-harm at some point, but people of all ages can self-harm. This figure is also likely to be an underestimate, as not everyone seeks help.



What does it mean to be resilient?

Many young people experience a wide range of challenges and threats to their physical and emotional wellbeing. The aim is to support successful 'bouncing back' from these challenges with no lasting negative impact. Resilience ensures young people are able to cope, and that they remain on a par with their peers despite disadvantage or adversity. For example, we know that nationally young people in care do less well in their GCSE results than their peers in the general population.¹¹ But clearly some are resilient, they do just as well. School and community-based resources, services and interventions are a critical part of promoting resilience.¹²

What skills do young people need in order to be resilient?

- Good thinking and problem-solving skills
- Relationship skills and social competence
- Ability to manage and regulate own emotions
- A sense of confidence, self-efficacy, mastery and self-esteem

Why do people self-harm?¹³

In most cases, people who self-harm do it to help them cope with overwhelming emotional issues, which may be caused by:

- **social problems** – such as being bullied, having difficulties at work or school, having difficult relationships with friends or family, coming to terms with their sexuality if they think they might be gay or bisexual, or coping with cultural expectations, such as an arranged marriage
- **trauma** – such as physical or sexual abuse, the death of a close family member or friend, or having a miscarriage.
- **psychological causes** – such as having repeated thoughts or voices telling them to self-harm, disassociating (losing touch with who they are and with their surroundings), or borderline personality disorder.

To date, there has been considerable success in addressing behaviours that can increase harm to health, such as smoking and drug use. Evidence suggests that resilience, feeling connected and having strong communication with their parents, have a positive effect in stopping young people trying these types of things.

Having healthy, informed attitudes and behaviours towards sexual health can protect a young person against a range

of negative things, like having sex too young, picking up a sexually transmitted infection, or accidentally falling pregnant. We know that some young parents do a great job of raising their children but that overall children born to teenagers are more likely to have a low birth weight, poor health as adults and are more likely to become a teen parent themselves. Reducing unplanned teenage pregnancies requires integrated action across several sectors including sexual health services for young people as well as maternity services for teenagers who decide to continue with a pregnancy and the provision of termination services for those who do not.

Our teenage years are characterised by exploring, experimenting and learning for better or ill. Overall there has been a significant reduction in the prevalence of exploratory behaviours during the past decade across England. The number of young people drinking and smoking regularly has fallen dramatically, however, this is less so amongst girls, and for some behaviours there has been a rise, for example in girls using cannabis. The picture is more mixed in England for sexual health, with the number of 15 year olds reporting having had sexual intercourse falling, but worryingly so has the number reporting using condoms.



The Coventry Headlines:

Between 2010 and 2013 there were **1,051 admissions** (not including Accident and Emergency) **to hospital by young people (aged 10-24) for self-harm in Coventry**. This is significantly higher than the average in England.

For children aged under 18 the number admitted for an alcohol-related condition (as the primary or secondary diagnosis) **has decreased more dramatically in Coventry** than the rest of England and the West Midlands.

Teenage conception rate for under 18s per 1,000 females aged 15-17 is higher in Coventry at 39.5% per 1000 females compared to the England average 24.3 per 1000 females.

What would good look like?

SELF HARM TARGET	70 fewer admissions	To be the same as the England average for self-harm, Coventry would need about 70 fewer admissions per year. For Coventry to have the lowest rate out of all local authority areas, it would need about 265 fewer admissions per year.
MENTAL HEALTH TARGET	0 admissions	For Coventry to reduce its level of admissions for mental health disorders down to the lowest of all local authority areas, it would require a reduction down to very few admissions, as close to zero as we could get.
TEENAGE PREGNANCY TARGET	90 fewer conceptions	To match the England average for under 18 conceptions, Coventry would need around 90 fewer conceptions per year. To be at the same level as the local authority with the lowest rate in England, Coventry would need around 170 fewer teenage conceptions, taking our rate to around 50 conceptions per year.
ALCOHOL and SUBSTANCE MISUSE TARGET	30 fewer alcohol related admissions 20 substance misuse admissions	For Coventry to reduce its level of admissions for alcohol-related conditions down to the lowest of all local authority areas, we would need a reduction of at least 30 and for substance misuse a reduction of at least 20 admissions.
TEENAGE PREGNANCY		Teenage conception rate for under 18 per 1,000 females aged 15-17 is higher in Coventry at 39.5 per 1000 females compared to the England average 24.3 per 1000 females.

How do we achieve this?

To build resilience in our children and young people:

- Coventry City Council and partners to work with schools to strengthen evidence-based whole school approaches that promote social emotional learning and improve resilience.
- CAMHS to work with schools to strengthen capacity and capability in managing mental health problems early and referring appropriately.
- Review the impact of the new CAMHS Transformation plan once it is fully implemented.

To improve sexual health and reduce teenage pregnancies:

- Review the work of other local authorities who have shown sustained decreases in teenage pregnancies in order to influence our local action.
- Schools to strengthen their delivery of PSHE. Looking at potential improvements to RSE delivery and development (as part of a wider system offer for children and young people) and delivery of a sexual health promotion plan for the city.
- Strengthen the focus on contraception (particularly long-acting methods) and teenage pregnancy as a priority.
- Ensuring ongoing access (including on an outreach basis) to contraceptive services and promotion of those services.

What do Coventry people think?



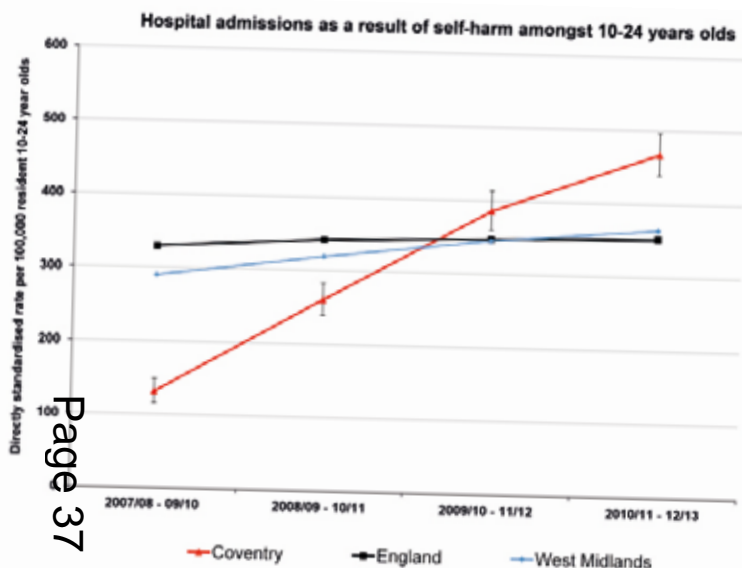
What does the data tell us?

Hospital admissions as a result of self-harm amongst 10-24 year olds

Key Statistic	Time period	Coventry	England	Significance	Areas comparable to Coventry	Significance
Hospital admissions as a result of self-harm amongst 10-24 years olds - directly standardised rate per 100,000	2010/11-2012/13	467.5	352.3		417.8	
Hospital admissions for mental health conditions amongst 0-17s - directly standardised rate per 100,000	2013/14	72.4	87.2		108.8	

The Public Health Outcomes Framework states:

"Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders.... Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations."¹⁴



Between 2010 and 2013 there were 1,051 admissions (not including Accident and Emergency) to hospital by young people (aged 10-24) for self-harm in Coventry. This is around one a day and is significantly higher than the average in England, around a third higher. What is worrying is that whilst the number of young people self-harming has increased across England and in the West Midlands, Coventry's increase has been much higher. Part of the difference between Coventry and England could be in referral and admissions practices at hospital, although it seems unlikely that all of the difference is because of this so we need to look at what is causing this big increase.

Coventry's rate for children admitted to hospital due to a mental health disorder is not significantly different from the national average rate with 53 young people being admitted in 2013/14. Like with the self-harm hospital admission information the differences we see could be related to different referral and admission practices of hospitals and the way they code the diagnosis.

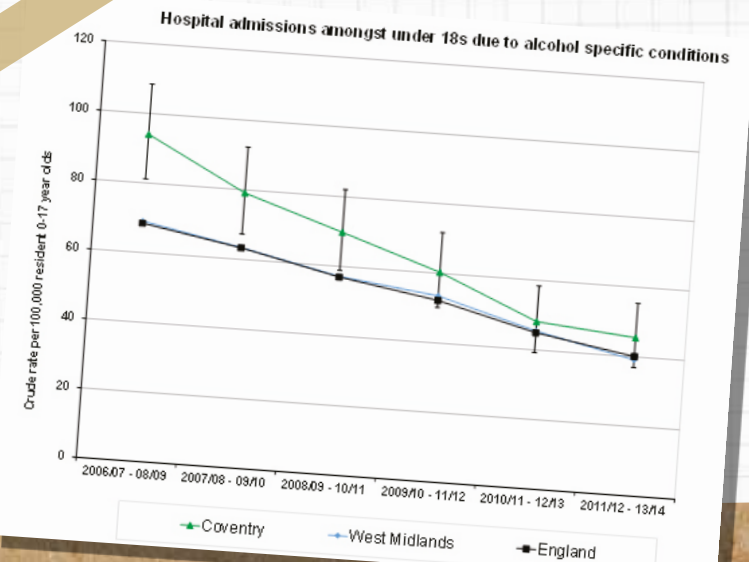
Exploratory Behaviours

Looking at responses from the Coventry Children and Young People Survey 2013 with a similar survey conducted in 2008 we can also see that there have been reductions in the number of children reporting to have smoked, drank alcohol or taken drugs in 2013 compared to 2008. The wards of Westwood, Henley and Upper Stoke consistently have the highest number of young people with exploratory behaviours.

In Coventry we have also seen a reduction in the number of admissions where a substance misuse-related condition was the primary diagnosis, even though this has been increasing nationally. Also, for children aged under 18 the number admitted for an alcohol-related condition (as the primary or secondary diagnosis) has decreased more dramatically in Coventry than the rest of England and the West Midlands.

Key Statistic	Time period	Coventry	England	Significance	Areas comparable to Coventry	Significance
Hospital admissions due to substance misuse amongst 15-24 years olds - directly standardised rate per 100,000	2011/12 - 2013/14	64.9	81.3		90.4	
Hospital admissions due to alcohol specific conditions amongst 0-17s - crude rate per 100,000	2011/12 - 2013/14	45.5	40.1		45.7	
% of secondary school pupils who have ever smoked a cigarette*	2013	19%				
% of secondary school pupils who smoke regularly / every day*	2013	4%				
% of secondary school pupils who have tried alcohol*	2013	49%				
% of secondary school pupils who have ever tried illegal drugs*	2013	9%				

*Coventry Children and Young People Survey 2013

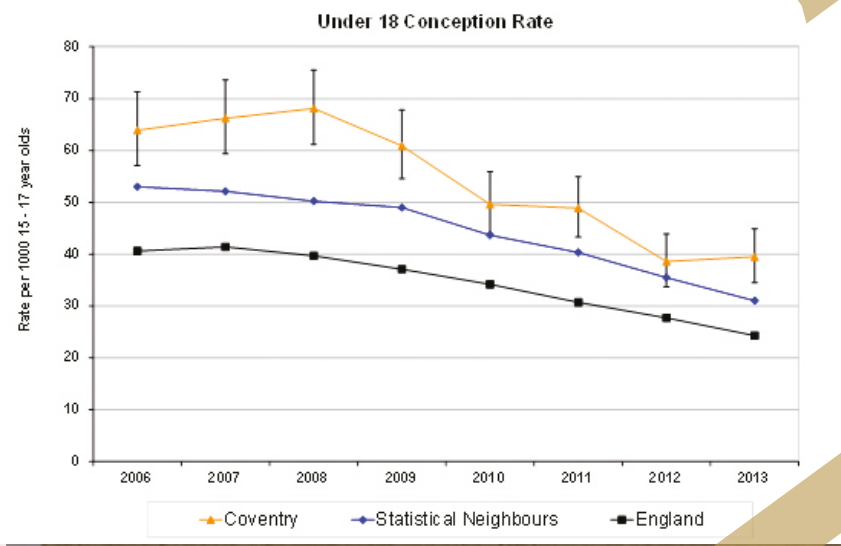


Teenage pregnancy

Key Statistic	Time period	Coventry	England	Significance	Areas comparable to Coventry	Significance
Teenage conception rate - conceptions in women aged under 18 per 1,000 females aged 15-17	2013	39.5	24.3		31.0	
Teenage conception rate - conceptions in women aged under 16 per 1,000 females aged 13-15	2013	7.3	4.8		Data unavailable	



The rate of conceptions amongst young women aged under 18 in Coventry, including pregnancies that end in a live or still birth or a termination, is significantly higher in Coventry than we see in England and other areas similar to Coventry. In 2013 there were 227 conceptions to under 18s. The under 18 conception rate has been reducing since 2008, as it has nationally and in areas similar to us. The graph suggests that as our rates are falling more rapidly, we need to continue on this trajectory.



Inequalities across the city

Across 2011 - 2013 there have been big differences in teenage conception rates between the different areas of Coventry; the areas of Binley and Willenhall (87 per 1,000) and Longford (71 per 1,000) had the highest rates. The lowest rates were found in Earlsdon (15 per 1,000) and Wainbody (16 per 1,000). These variations appear to be partly explained by levels of deprivation and the demographic make-up - age, gender, ethnicity of those living there.

5. The Later Teenage Years (16-19+)



Areas of focus

Educational attainment
and raising aspirations

NEETs

Why is it important?

The later teenage years, from 16 to 19, is a hugely important time, where many years of education will come to a head and young people will sit their GCSEs and make big decisions about their future. Young people need to be supported to make sure that there is nothing, for example health or emotional wellbeing problems or problems at home, that prevent them from doing their best at this time. We know that when there is poor school attendance and poor achievement, the risk of ill health is also higher in later life¹⁶.

From this year in England, young people leaving school at 16 are expected to carry on with some form of education, training or employment until they are 18. This is because we know that this offers young people the best opportunity to get the

qualifications and experience they need to get a good job and succeed in life. Supporting young people to make the right choices for what comes next, picking the right training course or studying the right A Levels, is critical.

Moving from school to further education or employment can be a difficult time for children with disabilities or who have been in care. We also know that young people from poorer backgrounds or who achieve the poorest GCSE grades, are less likely to go into further education, training or employment. By failing to move into work or education young people will find that opportunities for achieving a prosperous and healthy life will become more difficult. In Coventry we need to reduce the number of young people not in employment, education or training referred to as NEETs, in the city, by ensuring young people who are at risk are identified early, long before their final years at school, and are provided with support to fulfil their potential.

THE LONGITUDINAL STUDY OF YOUNG PEOPLE IN ENGLAND GIVES SOME MORE DETAILED INFORMATION ON CHARACTERISTICS OF YOUNG PEOPLE AGED 19 WHO WERE NEET IN 2010¹⁷

- Young people who have achieved five or more GCSEs grade A-C are less likely to be NEET than those who have not.
- Those eligible for free school meals are more likely to be NEET than those not eligible.
- Those who have been excluded or suspended from school are more likely to be NEET than those who have not.
- Those with their own child are more likely to be NEET than those without.
- Those who have a disability are more likely to be NEET than those who do not.

The Coventry Headlines:

In Coventry there is a significantly lower number of children, 1,797 pupils out of an eligible 3,436 achieving five GCSEs A* to C including English and maths than the national average, however this is the same as areas comparable to Coventry.

Girls in Coventry perform on the whole better than boys, with 56.9% achieving five GCSEs graded A*-C including English and maths compared to 47.9% of boys.

33.4% of children eligible for free school meals achieved five GCSEs graded A*-C including English and maths, which is much lower than those not entitled to free school meals who achieved a rate of 56.5%, but pupils from poorer backgrounds in Coventry perform better on average than comparable areas to Coventry.

770 (6.8%) 16 – 18-year-olds in Coventry are not in education, employment or training ('NEET') this is higher than the average across England.

The percentage of 19-year-olds from Coventry who have achieved qualifications to at least NVQ level two standard is lower than the national average.

What would good look like?

GCSE RESULTS TARGET	150 MORE PUPILS ACHIEVING 5 OR MORE GCSEs	For Coventry to meet the national average, 150 more pupils would need to achieve five or more GCSEs (or equivalent) graded A*-C including English and maths. To be at the level of the best performing local authority area, which is Kensington and Chelsea at 74%, we need 740 more pupils to achieve this level.
FREE SCHOOL MEALS TARGET	140 MORE PUPILS ELIGIBLE FOR FREE SCHOOL MEALS	To close the gap between poorer children in Coventry and their peers we need 140 more children eligible for free school meals achieving five A-C GCSE grades.
A-LEVEL RESULTS TARGET	100 MORE PUPILS ACHIEVING THREE A/A* GRADES	To reach the national average, Coventry would require 100 more pupils getting three A/A* grades at A-level. To be the best performing out of all local authorities we would need 330 more pupils achieving this level.
NEETS TARGET	REDUCE LEVELS TO 4%	The true number of young people who are NEET is not known, based on estimates we'd want to reduce our levels from 6.8% to 4.7% and this may bring us close to national levels.



How do we achieve this?

Improving attainment and progression to employment, education or training in Coventry:

Coventry City Council with schools and academies should review the impact of the Coventry Education Improvement Strategy 2013-15 with a focus on the two clear targets that were set at that time:

- Raise standards in schools and academies so attainment and progress measures at all Key Stages are in line with or exceed national averages.
- Improve the quality of provision in schools and academies so that all schools and academies are good or outstanding.
- Coventry City Council is co-constructing a new school improvement model in partnership with secondary schools, this should be reviewed once fully implemented to measure impact.
- Renew focus on closing the attainment gap between the most vulnerable children and young people and their peers.
- The Council and partners need to strengthen their tracking and data quality systems to ascertain the 'true' number of children and young people who are NEET in the city.
- Coventry City Council and partners to fully implement the current Jobs and Growth Strategy for Coventry by 2017 specifically the elements focusing on NEETs:
 - Strengthen coordination and commissioning of services for NEET
 - Focus on prevention - targeting the most at risk of becoming NEET

What do Coventry people think?



LE

What do we know at city and ward level?

Educational attainment and raising aspirations

Key Statistic	Time period	Coventry	England	Significance	Areas comparable to Coventry	Significance
% of pupils achieving A* at A Levels	2014/15	8.3%	8.0%			
% in KS4 achieving 5+ GCSEs graded A*-C including English and Maths	2013/14	52.3%	56.8%		52.5%	
% of children eligible for free school meals in KS4 achieving 5+ GCSEs graded A*-C including English and Maths	2013/14	33.4%	33.7%		29.5%	
% of pupils achieving 3+ A grades at A-level	2013/14	4.0%	12.0%		7.2%	



In 2013/14 1,797 pupils out of 3,436 achieved five GCSEs graded A* -C including English and maths, this is lower than the England average but the same as areas comparable to Coventry and it has improved significantly since 2006, as it has done across the UK.

As they do nationally, girls in Coventry perform on the whole better than boys, with 56.9% achieving five GCSEs graded A*-C including English and maths compared to 47.9% of boys.

Page 43
There is wide variation in educational attainment at 16 years within Coventry, with pupils from lower income backgrounds achieving lower results.

33.4% of children eligible for free school meals achieved five GCSEs graded A*-C including English and maths compared to 56.5% for those not receiving free school meals, but we are doing better than areas comparable to us.

There are wide variations between Coventry's wards in terms of how their pupils perform at GCSE level with the most deprived areas having the lowest rates. Pupils from Radford (37.4%), Longford (41.1%), Henley (42.6%) and Foleshill (44.4%) had the lowest rates and Earlsdon (73.1%) had the best. Click here to view an interactive map illustrating GCSE attainment rates by ward.

ACHIEVEMENTS AT A LEVELS

Looking at the achievement of the highest academic standards, a much lower number of Coventry pupils in further education achieved the highest grades in A-levels compared to the national average in 2013/14. A total of 49 out of 1,216 eligible pupils from Coventry achieved the highest standard of three A or A* grades. This year however, Coventry students have beaten the national A* rate (8.3% in Coventry compared to 8.0% in England) which will affect how many pupils from Coventry go on to attend the best universities.

Young people not in education, employment or training

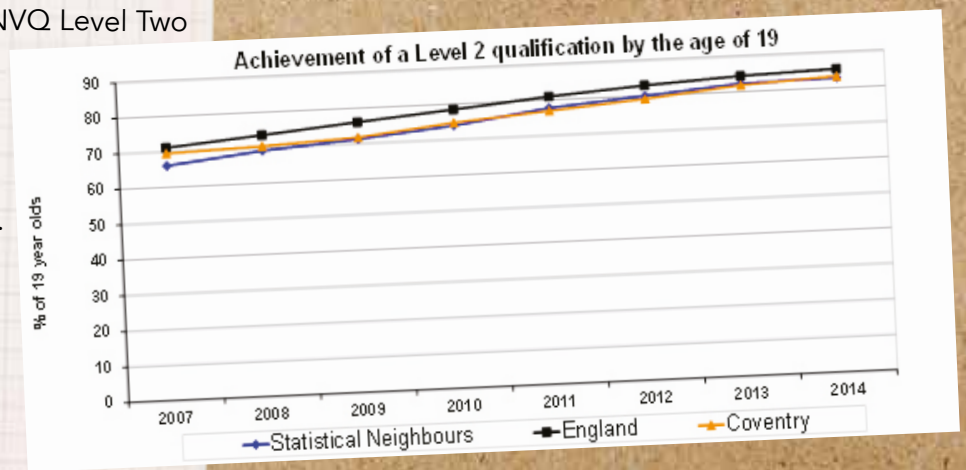
Key Statistic	Time period	Coventry	England	Significance
% of 16 - 18 year olds not in education, employment or training	2014	6.8%	4.7%	
% achieving a level 2 qualification by the age of 19	2013/14	83.3%	85.4%	
Number of Apprenticeship Programme starts	2013/14	2,940		

There were 2,940 starts on the Apprenticeship Programme amongst Coventry residents in 2013/14. This was increasing for a number of years, reaching a peak of 3,800 in 2011/12; since then the number of starts have been falling slowly.

Ward differences

A higher number, 770 (6.8%) of 16 - 18 year olds in Coventry are NEET than we see on average across England. The status of 10.7% of all 16-18-year-olds in Coventry is not known. This includes those who we cannot be contacted because we are not clear if they still live in Coventry those who do not wish to disclose what they are doing or those who we know were in education, employment or training but we haven't yet confirmed what they are doing now. Some of these will be NEET, but more data quality work is required to fully understand the true number. The wards with the highest NEETs rate are Binley and Willenhall, Henley and Longford; Click here to view an interactive map illustrating NEETs rates by ward.

The percentage of 19-year-olds from Coventry who have achieved qualifications to at least NVQ Level Two standard is lower than the national average but is around the same as areas similar to us. This has been improving year on year but remains lower than the national average. Children from poorer backgrounds also don't achieve as well, although they are doing no worse than others in England. Achieving NVQ Level Two does not automatically qualify you to progress to NVQ Level Three, you still need maths and English at C grade or above to do this. Therefore, we need to strengthen our efforts of supporting more children to achieve this benchmark.



6. Vulnerable Groups



Areas of focus

- Looked after children
- Children with special educational needs and disability
- Children from migrant, refugee and asylum-seeking families

Why is it important?

There are groups of children in Coventry who are vulnerable and as a result of this will need extra support throughout their childhood to achieve their full potential. Child vulnerability refers to a child's capacity for self-protection. A range of children can be deemed vulnerable,¹⁸ below are the most common:

- * Looked after Children (LAC)
- * Children with special educational needs and disability (SEND)
- * Asylum seekers and refugees
- * Children and young people with long term illness' (both physical and mental).
- * New communities
- * Young Carers
- * Child Sexual Exploitation
- * Female Genital Mutilation

Looked after children have often experienced trauma and because of this the health and mental health issues they experience can be greater, for example, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional wellbeing and mental health needs can impact their chances of reaching their potential and leading happy and healthy lives as adults¹⁹. For those acting as corporate parents to looked after children the need to ensure these children thrive, have a sense of belonging and have high aspirations for their future is essential²⁰.

The term 'special educational needs and disabilities' covers a whole range of circumstances, from a child who has complex ongoing medical needs from birth, to a child who is falling behind at school. We know that children with disabilities or those with special educational needs will need extra support if they are to fully benefit from

education and if they are to go on to become independent adults and succeed in life.

Currently 21% of the Coventry population was not born in this country, not all of these will be children, but a large number will. This is a diverse group made up of economic migrants, refugees, asylum seekers and students, mainly from eastern Europe, Nigeria and a growing Roma community. Issues such as poor health behaviours, poor uptake of immunisations and antenatal checks, as well as mental health problems, including drugs and alcohol abuse, can be more common amongst migrants, refugees and asylum seekers. Not accessing healthcare can be a big problem and this can be due to limited understanding of the UK health system, having different expectations of healthcare services and when it is best to access services, language and cultural differences and changing entitlement to healthcare.

Migrants

A diverse group of people who move to our country for work or education, because of family or socio-political reasons, persecution and war. The health needs of the migrant population are wide-ranging due to the great diversity of where people come from, the reasons for their migration and the environment in which they live after they migrate.

Asylum seeker

Someone who has applied for protection through the legal process of claiming asylum because they have experienced persecution in their country of origin. Asylum seekers tend to be young and because of this have low rates of chronic conditions such as high blood pressure and diabetes, but have higher rates of communicable diseases, mental and sexual health problems. Evidence tells us that in the first two to three years following arrival in the UK their health can rapidly deteriorate.

The Coventry Headlines:

The percentage of children in looked after care reaching the expected level for reading, writing and maths in Key Stage Level Two was on par with England in 2012 and in recent years has overtaken the England average. **Coventry is now ranked 10th best in England for this indicator.**

The percentage of children in looked after care achieving five or more A-C grade GCSEs has been increasing in recent years, although it is still lower than the England average.

A lower proportion of Looked After Children in Coventry were deemed to have caused a criminal 'offence' in 2014 than the England average and areas similar to us.

The percentage of children with special educational needs (without a statement of need) achieving five or more A to C grade GCSEs is considerably better in Coventry than the rest of England. Looking at those with a statement of special educational need, the percentage achieving five or more A to C grades is lower than England and comparable areas to us.

In Coventry and in the rest of England we know very little about the health needs of migrants, refugees and asylum seekers.

Childhood memories last a lifetime

ADOPT AND FOSTER FOR COVENTRY

Whether we can give children a childhood, Coventry urgently needs more foster carers and adopters for our children.

Meet the team and find out more:

September 7pm

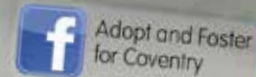
Centre,
CV4 8DY

October 10am
Baptist Church,
CV1 3EG

083 2828

www.coventry.gov.uk/adoptionandfostering

Make a difference



What would good look like?

LOOKED AFTER CHILDREN TARGET		About 15 out of 25 eligible Looked After Children achieved the benchmark level at Key Stage Two in 2014 it is difficult to know how many more achieving this level would have been required to be the best performing local authority area because the numbers are so small, but we can do better.
LOOKED AFTER CHILDREN EDUCATION TARGET	65 LOOKED AFTER CHILDREN ACHIEVING FIVE GCSEs A*-C	At Key Stage Four, approximately six out of 45 eligible Looked After Children achieved five GCSEs graded A*-C. For Coventry to be the best performing local authority area in 2014 would require about 20 achieving the benchmark level.
LOOKED AFTER CHILDREN BEHAVIOUR TARGET	10 LESS LOOKED AFTER CHILDREN RECEIVING CONVICTION, FINAL WARNING OR REPRIMAND	A low proportion of all Coventry Looked After Children were subject to a conviction, final warning or reprimand during 2014, to have the lowest rate of all local authorities we would need to reduce our figure of 12 to around two.
SEN EDUCATION TARGETS	30 PUPILS WITH A STATEMENT ACHIEVING LEVEL 4 OR HIGHER	In 2014 about 10 out of 95 eligible pupils with a statement of special educational needs achieved Level Four or higher for reading writing and maths, to be the best performing local authority in this measure we need about 20 more to achieve this level.
	340 PUPILS WITHOUT A STATEMENT ACHIEVING LEVEL 4 OR HIGHER	Out of about 820 Coventry pupils eligible for assessment at Key Stage Two with special educational needs but without a statement, about 320 achieved Level Four in reading, writing and maths. To have a national average rate we would need about 20 more achieving this level; to be the best performing area we need about 210 more.
	10 MORE PUPILS WITH A STATEMENT GETTING FIVE OR MORE GCSEs A-C	To be at the national average rate for GCSE attainment (five or more A-C grades) for pupils with a statemented need, Coventry would have to increase this number by at least another 10 and by 40 to be the best performing local authority area.
	210 MORE PUPILS WITHOUT A STATEMENT ACHIEVING FIVE GCSEs A*-C	In 2014, of the 850 pupils with special educational needs without a statement about 320 achieved 5+ GCSEs graded A*-C, a rate significantly higher than the national average. To be the best performing local authority would require about 210 more achieving this level.

How do we achieve this?

The City Council, Coventry and Rugby CCG and NHS England have a shared responsibility and duty (under the Children Act) to co-operate and promote the health and welfare of Looked After Children. These three organisations need to reflect the high level of mental health needs amongst Looked After Children in their strategic planning of CAMHS services. They should also plan for effective transition and consider the needs of care leavers.

Improve the health and wellbeing of Looked After Children:

- All agencies in Coventry to continue to work together to support Looked After Children in their aspirations to fulfil their potential and to improve local outcomes that not only meet the national average but exceed them.
- The Council and the CCG to review progress against the priorities identified in 'Care, Health and Wellbeing of Coventry's Looked After Children and Young People 2014' Annual Report.

Improve the health and wellbeing of Children with special educational needs and disabilities (SEND):

- All agencies and partners in Coventry to work together to support children with SEND in achieving their aspirations and fulfilling their potential and to improve outcomes through implementation of the 'Lifting the cloud of Limitation' programme that not only meet the national average but exceed them.

Improve the health and wellbeing of migrant, asylum seeking and refugee children and families.

- Coventry City Council and other partners to commission work through the Marmot Steering Group to fully understand the local needs of these groups.

What do Coventry people think?



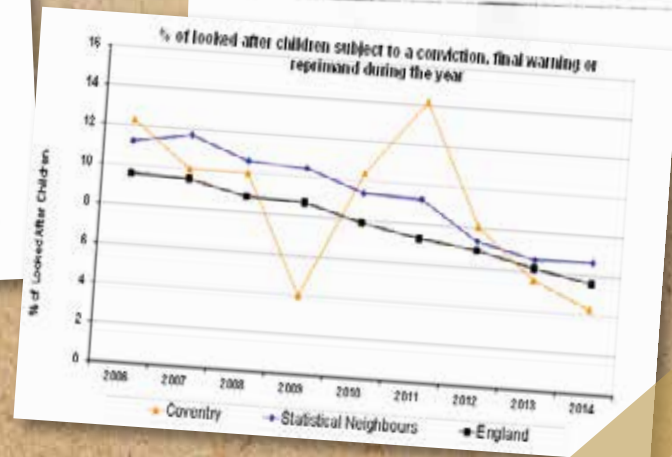
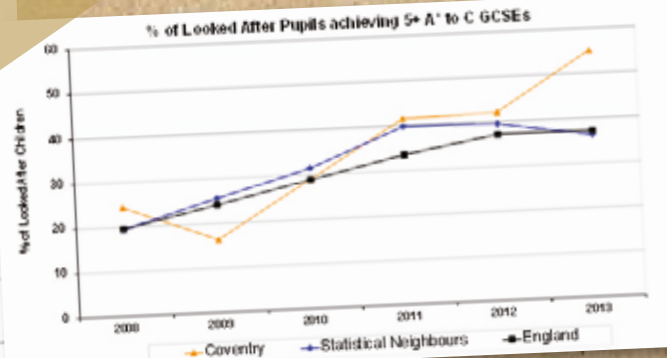
What does the data tell us?

Looked After Children

Key Statistic	Time period	Coventry	England	Significance	Areas comparable to Coventry	Significance
Looked after children reaching expected level in reading, writing and maths at Key Stage 2 (%)	2014	61%	48%	Green	43%	Green
Looked after children achieving 5 or more a-c grade GCSEs	2014	13.0%	16.3%	Red	17.9%	Red
Looked After Children subject to a conviction, final warning or reprimand during the year	2014	4.3%	5.6%	Green	6.7%	Green

The percentage of children in looked after care reaching the expected level for reading, writing and maths in Key Stage Level Two was on par with England in 2012 and in recent years has overtaken the England average. Coventry is now ranked 10th best in England for this indicator.

The percentage of Looked After Children in care achieving five or more A-C grade GCSEs has been increasing in recent years, although it is still lower than the England average. In 2011 the percentage achieving five or more A-C grade GCSEs was 41.5% compared to 55% in 2013 which shows an improving trend. Due to changes resulting from the Wolfe review, data for 2014 is not comparable to previous years.



A lower proportion of Looked After Children in Coventry were deemed to have caused an 'offence' in 2014 than the England average and areas similar to us, with the rate overall falling between 2006 and 2014, although the changes during this time have been erratic.

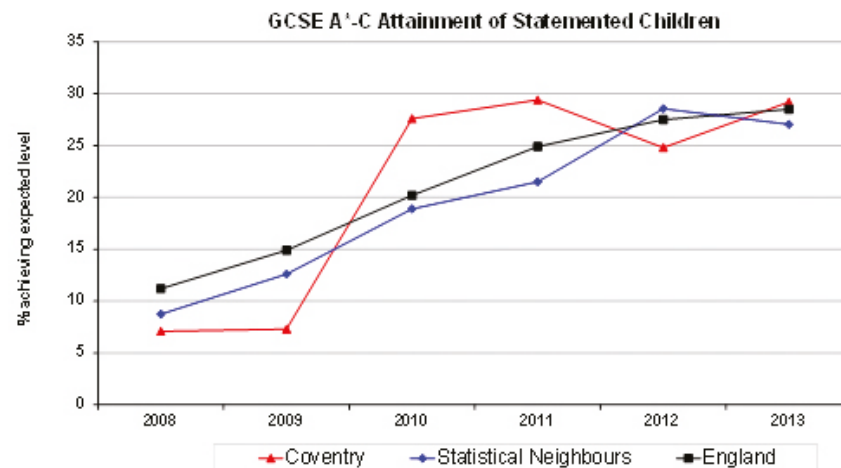
Page 5 Children with special educational needs and disability

Key Statistic	Time period	Coventry	England	Significance	Areas comparable to Coventry	Significance
SEN children with a statement achieving 5 or more a to c grade GCSEs	2014	6.3%	11.3%		9.8%	
SEN children without a statement achieving 5 or more a to c grade GCSEs	2014	37.6%	32.0%		25.7%	
KS2 with a statement (% at Level 4+ for Reading, Writing and Maths) 2014	2014	11.0%	15.0%		12.5%	
KS2 without a statement (% at Level 4+ for Reading, Writing and Maths) 2014	2014	39.0%	42.0%		38.9%	

Nationally it is estimated that black African women who are asylum seekers have a mortality rate seven times higher than white women²⁰. Also, asylum seeker women often access antenatal services later, with black African women, including asylum seekers and newly arrived refugees, having a maternal mortality rate nearly six times higher than white women. With Coventry having the second largest migration since 2001 (only second to London) we can be fairly sure these will also be issues for Coventry too.

Children from migrant, refugee and asylum-seeking families

The data that is available to us at both a national level and local level on migrants' health in the UK, is limited. Apart from birth and death registrations, the data we do have about health and access to healthcare is currently reported by ethnicity so we can't look at the health of these groups separately. Also, we aren't able to look at those migrants who are economically better or worse off, something which will have a significant impact on their health. When health care providers record information about people they don't often include 'migration variables' such as country of birth and date of arrival in the UK and this is something we need to do more work on locally.



In 2014, which isn't included in the chart the method they use to measure this changed (so isn't comparable).

Summary

Across the life course of a Coventry child and young person this report has highlighted the many challenges they will face. At the moment the future for our young people is not as good as others across the West Midlands and the country as a whole, particularly for our poorest children. It doesn't have to be this way.

Despite the challenges, we have seen tangible improvements, such as increasing numbers of children who are deemed ready for school and reduced numbers of hospital admissions for alcohol and drugs and we now have an understanding of what needs to be done to narrow the inequalities gap and exceed expectations. Some of our poorest children are exceeding educational attainment compared to areas similar to Coventry.

The importance of building resilience has been a key theme; whether it is supporting parents' own capacity and capability to create a safe and nurturing home, through to being ready for school, doing well in school and equipping children with skills and knowledge to be independent adults. This is true for all our children and young people but especially our most vulnerable.



The city has ambitions for its future growth and prosperity, its children and young people remain its most important asset. Investing in them is an investment for our future.

In order to secure the future we want for our children, we must strengthen our efforts to work with partners, communities, schools, parents, children and young people, tapping into the city's future aspirations, hopes and ambitions for its children and young people. It's what our children deserve and it's what Coventry deserves.

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20. SCIE/NICE recommendations on looked after children: Promoting the quality of life of looked-after children and young people (2010)
20. Eyre ELJ, Duncan MJ, Smith EC, Matyka KA (2013). Objectively measured patterns of physical activity in primary school children in Coventry: the influence of ethnicity. Diabet. Med. 30, 939-945.

Glossary

A and E	Accident and Emergency (also known as emergency department or casualty) deals with genuine life-threatening emergencies
Antenatal care	The care received from healthcare professionals during a pregnancy
Benchmark	A measure or standard that can be used to compare an activity, performance, service or result. 'Benchmarking' is the process of measuring the performance of people organisations with broadly similar characteristics.
BMI	Body Mass index is a measure that adults can use to see if they are a healthy weight for their height.
CAMHS	Child and Adolescent Mental Health Services is a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing
CCC	Coventry City Council
CCG	Clinical Commissioning Group commission most of the hospital and community NHS services in the local areas for which they are responsible
Conduct disorder	A range of antisocial types of behaviour displayed in childhood or adolescence.
Congenital malformations	Conditions or defects that affect a baby from birth

Data	Information collected through research
Deprivation	The damaging lack of material benefits considered to be basic necessities in a society
Diagnosis	The process of identifying a disease or condition by carrying out tests or by studying the symptoms.
Healthy Child Programme	A universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, accompanied by advice around health, wellbeing and parenting.
Health inequalities	Differences in health status or in the distribution of health determinants between different population groups
Infant mortality	Death of a child under the age of one
Integrated approaches	Method where various aspects work together
KS2	Key Stage 2 is the part of the national curriculum covering Year 3, 4, 5 and 6
Marmot city	Coventry was one of seven cities in the UK invited to participate in the UK Marmot Network. This is based on the work that is carried out by Professor Sir Michael Marmot and his team to reduce health inequalities.

National child measurement programme	Programme measuring the weight and height of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to record overweight children and obese levels within primary schools
NEET	Young people aged 16 to 24 who are not considered to be undertaking a form of education, employment or training.
Obesity	Excess body fat accumulation that may impair health
Outcomes	The impact that a test, treatment, policy, programme or other intervention has on a person, group or population.
Partners	Organisations that work together
Persistent absence	Pupils who miss 15 per cent of lessons a year
Prevalence	Gives a figure for a factor at a single point in time
Public Health	Refers to all organised measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole.
Public Health England	An executive agency that delivers services to protect the public health through a nationwide integrated health protection service, provides information and intelligence to support local public health services, and supports the public in making healthier choices.
Risk factor	Any aspect of a person's lifestyle, environment or pre-existing health condition that may increase their risk of developing a specific disease or condition

SUDI	Sudden unexpected deaths in infancy describes any infant death that is unexpected and initially unexplained.
Significance	The extent to which a result deviates from that expected to arise from random variation or errors in sampling.
SEND	Children and young people with special educational needs and disability
UNICEF Baby Friendly Initiative	The UK Baby Friendly Initiative is based on a global accreditation programme of UNICEF (United Nations Children's Fund) and the World Health Organization. It is designed to support breastfeeding and parent infant relationships.
Wards	Spatial units used to elect local government councillors in metropolitan and non-metropolitan districts, unitary authorities and the London boroughs in England; unitary authorities in Wales; council areas in Scotland; and district council areas in Northern Ireland.

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 3 November 2015

Subject: Improving Accommodation for Older People Consultation

1 Purpose of the Note

- 1.1 This Note provides Health and Social Care Scrutiny Board (5) with an overview of the consultation underway, outlining the approach taken and highlighting feedback to the consultation to date.

2 Recommendations

- 2.1 Health and Social Care Scrutiny Board (5) are recommended to:
- Note the work completed on the consultation to date
 - Provide comment that can be considered as part of the consultation

3 Information/Background

- 3.1 On 11th August 2015, Cabinet approved a consultation on the ceasing of care services from four Housing with Care schemes in the city. The four schemes are owned by Whitefriars Housing and the care services are provided by the City Council.
- 3.2 The overall objective of the proposal was to support the long term improvement in accommodation for older people within the City. It was proposed this would be achieved through ceasing care and support within some of the older schemes that provide a standard of accommodation below that which would be expected from a modern facility. In addition to this the proposal seeks to ensure the resources of the local authority are used in the most efficient way possible. Currently there are in the region of 40-50 vacancies within the existing Housing with Care stock in the city. This increase in vacancies is driven by more people being supported to remain in their own homes alongside some schemes proving difficult to attract tenants to.
- 3.3 The four schemes identified, and currently being consulted upon, are:
- a. Frank Walsh House, Hillfields
 - b. Skipton Lodge, Upper Stoke
 - c. Halford Lodge, Keresley
 - d. Farmcote Lodge, Aldermans Green
- 3.4 On the site at Frank Walsh House there are also two learning disability day services, Jenner8 and The Community Zone. The current proposal is to hand back the whole site to Whitefriars Housing. Therefore the consultation includes those service users and family carers affected by the proposed closure of the two day centres.

- 3.5 For the proposals, an Equality Consultation Analysis (ECA) has been completed to assess the potential impact. The outcome of the consultation will be used to further inform the Equality Consultation Analysis (ECA).
- 3.6 Prior to the formal consultation commencing a series of engagement meetings were held with service users, and their family carers, that would be directly affected by the proposals. These meetings provided an opportunity to explain the reason behind why the proposals were being put forward.
- 3.7 During the formal consultation to date, which commenced on 17 August 2015, service users and family carers have had an opportunity to share their views on the proposals. A series of group meetings have already taken place across the four Housing with Care schemes and the two day centres and sessions have been arranged for people to talk individually to City Council staff regarding the proposals being consulted on. In addition Grapevine has been commissioned to undertake meetings with service users of the day centres to ensure they are able to share their views on the proposals.
- 3.8 As well as consulting with directly affected groups the consultation is being shared with a range of stakeholders including:
- NHS Community Health event
 - Partnership Boards
 - Coventry Older Voices
 - Voluntary Action Coventry's Health and Social Care Provider Forum
- 3.9 The sessions held to date have ensured in the region of 180 people have been directly consulted with and a further 37 consultation responses have been received either online or via the post.
- 3.10 The consultation work undertaken to date has identified:
- Concerns about the potential upheaval of a move to a new Housing with Care scheme or day service and opposition to the notion of having to move when people are generally happy in the existing schemes
 - Requests for financial support should tenants need to move to an alternative Housing with Care scheme
 - Requests to close less than four of the Housing with Care schemes
 - Clarification as to why the Council has decided to support the building of a new Housing with Care scheme (specifically Earlsdon Retirement Village) when there are existing vacancies in older schemes
 - Concern that day centre service users may not get the same amount of support they currently receive and that this may impact on family carers ability to continue caring
 - A number of specific considerations to be taken into account should the proposals proceed including supporting people with sensory impairments and those where English is not the primary language spoken
- 3.11 The consultation runs until the 17 November 2015. During this time further opportunities will exist for people directly affected by the proposals and other stakeholder groups to input into the consultation. The feedback from the consultation will be presented to Cabinet in January 2015 along with recommendations following the consultation.

4. List of appendices included

None

5. Other useful background papers

Cabinet Report, Improving Accommodation for Older People, August 11th 2015

<http://moderngov.coventry.gov.uk/documents/s24882/Improving%20Accommodation%20for%20Older%20People.pdf>

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Coventry City Council

Briefing Note

To
Health and Social Care Scrutiny Board (5)

Date
03 November 2015

From
Pete Fahy – Director of Adult Services

Subject
Deprivation of Liberty Safeguards

Contributors

David Watts, Assistant Director – Adult Social Care
Ewan Dewar, Finance Manager
Katrina Reynolds, Legal Executive

Purpose of briefing note

To provide information on the current challenges facing the City Council regarding Deprivation of Liberty Safeguards (DoLS) in order to enable onward briefing to MPs as this is an area of significant additional pressure and risk to local authorities following a Supreme Court ruling in 2014.

Recommendations

Scrutiny Board 5 are recommended to:

1. Note the issues facing the City Council regarding Deprivation of Liberty Safeguards

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

If all alternatives have been explored and a hospital or care home believes it is necessary to deprive a person of their liberty in order to care for them safely, then they must get permission to do this by following strict processes. These processes are the Deprivation of Liberty Safeguards, and they have been designed to ensure that a person's loss of liberty is lawful and that they are protected.

Why this has become an issue for Local Authorities

On 19 March 2014, the Supreme Court handed down a judgement in the case of “P vs Cheshire West and Chester Council and another” and “P vs Q V Surrey County Council”. It said that if a person is subject both to continuous supervision and control, and not free to leave, they are deprived of their liberty.

What changed as a result of this is that the ruling said that even if people were not openly trying to leave or were showing no signs of this that this no longer mattered – an assessment against Deprivation of Liberty Safeguards still had to happen. Essentially ‘a gilded cage is still a cage’.

A test known as the “acid test” was introduced which is as follows:

- A person is deemed to lack capacity to agree to care, treatment and residency
- They are not free to leave their residency
- They are under continuous care and control of people engaged to care for them

The purpose of the “acid test” is used to determine if a person is potentially being deprived of their liberty. If the acid test is met then a DoLS application has to be made.

The national position

The Health and Social Care Information Centre (HSCIC) have reported that in the first nine months since March 2014 there had been a ten-fold increase on previous national activity levels relating to DoLS following the judgement.

In recognition of the very significant increases in activity, on 27 March 2015 the Department of Health announced one off funding of £25m towards the cost of DoLS in 2015/16 (Coventry received £165k of this funding). In contrast, the Law Commission published a report in August 2015 that calculated the cost of fully implementing the judgement is likely to be £1.59bn compared to current costs of £118m.

The local position

Coventry has experienced a significant increase in referrals as demonstrated below during the last year, which is continuing into 2015/16. The huge increase following the ruling in 2014 equated to a 458% increase in comparison to the prior 2 years for Coventry. The expected demand in 2015/2016 is expected to be circa 1200 applications, ten times that experienced in either 2012/2013 or 2013/2014. Once a case has been assessed and authorised if a deprivation remains in place there is a requirement to review within a year.

	2012/2013	2013/2014	2014/2015
Number of DoLS applications received in year	121	122	681
Percentage (%) increase in comparison to prior year	-	1%	458%

To manage the situation caused following the Supreme Court ruling Coventry has undertaken a range of actions to manage activity including the creation of a small team to focus on this work, commissioning an external organisation to undertake assessments on behalf of the City Council and training a number of existing staff in the skills required.

Aside from the £165k Coventry received as one-off national funding announced no additional resources have been provided to manage the impact of the judgement. Internally, resources have been diverted from other areas of Adult Social Care to support the situation which is simply not sustainable considering the significant financial pressures on the City Council.

Based on expected levels of activity Coventry is likely to have an unfunded budget pressure of between £300k and £400k for 2016/17 and subsequent years.

Law commission review and consultation

The Law Commission were commissioned to undertake a review of current Mental Capacity and Deprivation of Liberty legislation. Originally the Law Commission was expecting to report on the outcome of the review in 2017, however because of the challenges presented by the 2014 ruling have brought this forward to 2016.

The proposal following this review is that current DoLS be replaced by a system of 'protective care', applicable to anyone aged 16 and over and designed to cover all care settings, such as care homes, hospitals, supportive living and domestic arrangements. The nature and extent of the safeguards required will vary according to the care setting and the level of restrictions imposed, and will only apply if the person lacks capacity to consent to the proposals for their care and treatment.

The proposals would create a new, bespoke system for hospital settings essentially enabling a registered medical practitioner to authorise a deprivation of liberty for up to 28 days when care and treatment is being provided for physical disorders.

There is no specific date or timescales for the implementation of these proposals to the current DoLS requirements remain in place for the time being. There is also uncertainty regarding the demand and costs that would materialise should the Law Commission review be implemented.

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Agenda Item 8

3rd November, 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
7 October 2015
Emergency Dentistry Winter pressures including delayed discharge Adult Social Care Annual Report (Local Account) 14/15 *Nominations for Members to sit on Quality Account Groups to be taken*
Tuesday 3 November 2015
Improving Accommodation for Older People Director of Public Health Annual Report Deprivation of Liberty Implications
18 November 2015
Serious Case Review Adult Safeguarding Annual Report
6 January 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
3 February 2015
Independent Living Fund Care Act – Impacts following implementation Health and Wellbeing Strategy Update including update on reducing health inequalities with a focus on the environment (JNSA)
2 March 2015
Review of Winter Pressure Performance Date to be Determined
Clinical Management of Large Scale Chronic Diseases – Progress reports on pilots Section 117 Policy Better Care Programme and Health Integration 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 Social Care Finance

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		Update to be added to the work programme.
9 September 2015	Serious Case Reviews	To consider the outcome of serious case review	Joan Beck (Independent Chair)		
7 October 2015	Emergency Dentistry	For the Board to review the provision of out of hours emergency dentistry across the City including how other NHS services can assist with dental issues out of hours.	David Williams (NHS England)		
7 October 2015	Winter pressures including delayed discharge	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 To look at the challenges around 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.	UHCW/ Cllr Caan/ David Watts		
7 October 2015	Adult Social Care Annual Report (Local Account) 14/15 – Report to be circulated	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance,	Pete Fahy/ David Watts/ Gemma Tate		

Date	Title	Detail	Cabinet Member/ Lead Officer	Source	Outcomes
		provides commentaries from key partners and representatives of users and sets strategic service objectives for the future. The report will be circulated with the agenda and Members given the opportunity to ask questions briefly on it at the end of the meeting.			
7 October 2015	*Nominations for Members to sit on Quality Account Groups to be taken*	Looking for nominations by Members to sit on Quality Account task and Finish with WCC and Coventry and Warwickshire Health Watch colleagues. There are two groups; UHCW CWPT There is also a task and finish group due to run to look at West Midlands Ambulance Service, jointly with Warwickshire.	Ruth Light – Coventry Healthwatch		
Tuesday 3 November 2015	Improving Accommodation for Older People	The Council are looking at changing the housing options for Older People to bring the accommodation offered up to a higher standard. SB5 will have an opportunity to feed their views into the consultation at this meeting.	Pete Fahy		
Tuesday 3 November 2015	Director of Public Health's Annual Report – Children and Young People	The DPH has a statutory opportunity to issue Annual Reports which provide a commentary of local public health profiles and priorities.	Dr Jane Moore		
Tuesday 3 November 2015	Deprivation of Liberty Implications	To inform the Board of the current position with regards to Deprivation of Liberty assessments.	David Watts		
18 November	Serious Case Review	To consider the SCR for Mrs F.	Joan Beck		

Date	Title	Detail	Cabinet Member/ Lead Officer	Source	Outcomes
2015			(Independent Chair)/ Cat Parker		
18 November 2015	Adult Safeguarding Annual Report	The Board are 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.	Joan Beck (Independent Chair)/ Cat Parker		
6 January 2016	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		
6 January 2016	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	
3 February 2016	Health and Wellbeing Strategy Update including update on reducing health inequalities with a focus on the	To review the Health and Wellbeing Strategy (which is based on the data collected through the JNSA). Report to include a progress report on the work being done to reduce health inequalities, with particular reference	Dr Jane Moore	SB5 01/07/15	

Date	Title	Detail	Cabinet Member/ Lead Officer	Source	Outcomes
	environment (JNSA)	to the environmental aspect, as discussed by the Board in July.			
3 February 2016	Care Act – Impacts following implementation	To look at the Care Act and understand the possible implications for the Council and Residents.	Pete Fahy	Date requested by PF	
3 February 2016	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 requested by Pete Fahy August 2015.	Pete Fahy		
2 March 2016	Review of Winter Pressure Performance				
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	Section 117 Policy	To be taken in 2015/16 – Check	Lavern Newell	Forward Plan	
TBC	Better Care Programme and Health Integration	Regular updates to look at progress		Referred from health and wellbeing board April 15	
TBC	Serious Case Reviews	To consider any serious case reviews at an appropriate time.	Joan Beck/ Isabel Merrifield		
TBC	Adult Social Care Complaints and	To review levels of complaints, the way they are managed and how they	John Teahan		

Date	Title	Detail	Cabinet Member/ Lead Officer	Source	Outcomes
	Representations Annual Report 2013-14	are used to learn lessons and deliver improvements.			
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 Health Services/ Mental Health Pathways	To provide information to the Board on the services provided through the shared budget of the Better Care Fund in relation to community mental health services and integrated team working.	Josie Spencer	SB5 10/9/14	
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	Pete Fahy		

Date	Title	Detail	Cabinet Member/ Lead Officer	Source	Outcomes
		happens if a home is judged inadequate by Ofsted.			
TBC	Social Care Finance	With the pressures on finance increasing, the Board will look at the pressures and what actions are being under taken to address these.	Pete Fahy	SCRUCO	

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