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Coventry City Council

Agenda

Scrutiny Co-ordination Committee

Time and Date
10.00 am on Wednesday, 9th October, 2013

Place
Committee Rooms 2 and 3 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes** (Pages 3 - 8)

   (a) To agree the minutes of the previous meeting held on 11th September, 2013

   (b) Matters Arising

10.05 a.m.

4. **Coventry - A Marmot City** (Pages 9 - 22)

   Briefing Note of the Director of Public Health

10.50 a.m.

5. **Director of Public Health Annual Report** (Pages 23 - 36)

   Briefing Note of the Director of Public Health

11.20 a.m.

6. **Statutory Role of the Director of Public Health** (Pages 37 - 40)

   Briefing Note of the Director of Public Health

7. **Outstanding Issues**

   All outstanding issues have been included in the Work Programme

8. **Scrutiny Co-ordination Committee Work Programme 2013/2014** (Pages 41 - 44)

   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 a matter of urgency because of the special circumstances involved.

Private Business

Nil

Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 1 October 2013

Notes:1) The person to contact about the agenda and documents for this meeting is Suzanne Bennett, Democratic Services, Council House, Coventry, telephone 7683 3072, alternatively E-mail: suzanne.bennett@coventry.gov.uk

2) Council Members who are not able to attend the meeting should notify Suzanne Bennett no later than 9.00 a.m. on the day of the meeting, 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 referred to this meeting, but who are not Members of this Committee, 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 F Abbott, J Blundell, J Clifford (Deputy Chair), C Fletcher (Chair), T Khan, R Sandy, T Skipper, S Thomas and K Taylor

By invitation:- Councillor K Caan (Deputy Cabinet Member (Health and Adult Services)
Councillor Gingell (Cabinet Member (Health and Adult Services))
Councillor Mrs Lucas (Cabinet Member (Policy and Leadership))

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.

Suzanne Bennett, Governance Services - Telephone: 024 7683 3072
E-mail: suzanne.bennett@coventry.gov.uk

Minutes of the Meeting of Scrutiny Co-ordination Committee held at 2.00 p.m. on 11th September 2013

Present:

Committee Members:	Councillor Mrs Fletcher (Chair) Councillor Clifford (Deputy Chair) Councillor Blundell Councillor Sandy Councillor Skipper Councillor Taylor Councillor Thomas
Other Members:	Councillor Bigham (for item 26 below) Councillor J Mutton (for items 23 and 24 below) Councillor Ruane, Cabinet Member (Housing and Heritage)
Employees (by Directorate):	
Chief Executive's:	V Castree, G Holmes, J Venn, A West
People:	J Newton
Place:	C Hickin
Resources:	L Knight
Apologies:	Councillors Abbott, Crookes, Kelly and Sawdon

Public business

20. **Declarations of Interest**

There were no declarations of interest.

21. **Minutes**

The minutes of the meeting held on 7th August, 2013 were signed as a true record. Further to Minutes 13 and 14 headed 'Equality Strategy – Performance Report' and 'Equalities in Employment', the Committee noted that, at his meeting on 5th September, 2013 the Cabinet Member (Community Safety and Equalities) had accepted the recommendations put forward by the Committee.

22. **Report Back on Conference – Civic Visit to Volgograd**

The Committee considered a report of the former Lord Mayor, Councillor Sawdon providing details about the civic visit to Volgograd which took place from 31st January to 3rd February, 2013. The Lord Mayor had been invited to take part in a programme of commemorative events organised to mark the 70th anniversary of the victory of the Soviet people and military troops in the Battle of Stalingrad in 1943. The messages of friendship from Coventry to Stalingrad at this time resulted in the first ever twinning link between the two cities in 1944 which founded the worldwide twinning movement. The report highlighted the costs, the itinerary and the benefits associated with the visit. Reference was made to

the opportunity taken by the Lord Mayor to urge delegates to support the joint approach to the United Nations to officially recognise twinning as a way of promoting international peace and friendship (Minute 23 below also refers).

RESOLVED that the Scrutiny Co-ordination Committee endorse the report of the former Lord Mayor's civic visit to Volgograd and the positive outcomes of the visit.

23. **Report Back on Conference – Delegation to City of Volgograd**

The Committee considered a report of the former leader of the Council, Councillor J Mutton providing details about the Coventry delegation visit to Volgograd which took place between 8th and 11th May, 2013. Coventry had been invited to attend Volgograd's commemorations to mark the ending of war in Europe in the Second World War and to continue the discussions and develop proposals for the 70th anniversary of the twinning between the two cities, as started by the Lord Mayor during his visit earlier in the year (Minute 22 above refers). The particular focuses of the visit were the development of cultural and art links between the two cities and the development of Volgograd's proposals for a formal recognition by the United Nations of the importance of city twinning. The report highlighted the costs, the itinerary and the benefits associated with the visit.

The Committee questioned Councillor Mutton and the officer on a number of issues and responses were provided. Matters raised included a concern about the costs of visas; further information about the future opportunities for cultural and art links and the links between schools; and a suggestion that Coventry should provide a response to the recent homophobic murder in Volgograd.

RESOLVED that:

(i) The Scrutiny Co-ordination Committee endorse the report of the delegation to the City of Volgograd and the development of plans to commemorate the 70th anniversary of the twinning between the cities of Coventry and Volgograd (formerly Stalingrad) in 2014.

(ii) A briefing note on the future opportunities and actions arising from the visit to be circulated to the Committee.

(iii) Officers be requested to ensure that late charges for visas are not incurred when making arrangements for visits abroad.

(iv) The Committee recommend that the Cabinet Member (Policy and Leadership) use Coventry's links with Volgograd, as our twin city to express concern at the recent homophobic murder in the city. We should also use our positive relationship with the city to bring about change to the Russian state's current policies towards homosexuality.

24. **Presentation to the European Union, Strasbourg**

The Committee considered a report of the former leader of the Council, Councillor J Mutton concerning his visit to Strasbourg from 10th to 12th June, 2013 where he addressed the European Parliament to gain the support of its members to get the twinning movement officially recognised by the United Nations and for Coventry and Volgograd to

be recognised as the founders of the twinning movement. The report highlighted the costs, the itinerary and the benefits associated with the visit.

It was suggested that it would be appropriate for Coventry and Volgograd to be involved with any launch that was subsequently arranged to acknowledge the recognition.

RESOLVED that:

(i) Coventry continues to work in partnership with our twinned cities to get the twinning movement officially recognised by the United Nations.

(ii) As discussions progress on the recognition by the United Nations, officers work towards securing Coventry and Volgograd's involvement in the launch.

25. **Civic Visit to Kiel, Germany for 131st Kieler Woche**

The Committee considered a report of the Lord Mayor, Councillor Crookes, concerning his civic visit to Kiel from 21st to 24th June, 2013 to take part in the programme of events to mark the opening of Kieler Woche (Kiel Week). The report highlighted the costs, the itinerary and the benefits associated with the visit.

The Committee discussed the issues raised in the report including the wearing of the civic chains and badges of office which facilitated conversations with others; the feasibility of a 'Coventry Week' linked to other festivals in the city; and the request for support to promote more cultural exchanges with Kiel.

RESOLVED that:

(i) The Scrutiny Co-ordination Committee endorse the report of the Lord Mayor's civic visit to Kiel and the associated Kieler Woche (Kiel Week) celebrations.

(ii) The Committee support the wearing of the civic chain and badges of office, when appropriate.

(iii) The issues raised by the former Lord Mayor, Councillor Sawdon concerning 'Coventry Week' and support to promote more cultural exchanges with Kiel be referred to the Chairs of the Advisory Panel for Sports Vision and Strategy, Tourism and City Wide Events.

26. **Houses in Multiple Occupation - Recommendations from Scrutiny Co-ordination Committee**

The Committee considered a briefing note of the Scrutiny Co-ordinator informing of the outcomes of the work of the Task and Finish Group on Houses in Multiple Occupation (HiMO). A proposed report for Cabinet at their meeting on 8th October, 2013 and the report of the Task and Finish Group were set out at appendices attached to the briefing note. Councillor Bigham, Chair of the Task and Finish Group, and Councillor Ruane, Cabinet Member (Housing and Heritage) attended for the consideration of this item.

The briefing note indicated that the Task and Finish Group was established to look

at the options for addressing residents' concerns about HiMO following an increasing number of complaints being received about these properties, particularly from certain areas of the city. Three representatives from residents associations were co-opted onto the Group to assist. Consultation took place through an on-line questionnaire as well as Neighbourhood Forums. Representatives from Coventry and Warwick Universities provided evidence along with a representative from the National Landlords Association.

During the course of their investigations, it became clear to the Group that, whilst HiMOs were an issue, they were part of a wider problem caused by an increase in the private rented sector as part of the housing solution. As a consequence the Group were recommending the establishment of a further Task and Finish Group to further investigate issues relating to the private rented sector.

The Task and Finish Group had also considered the use of Article 4 Directions which removed 'permitted development rights' to switch from houses to smaller HiMO meaning that planning permission was required. It was a way for local authorities to manage the distribution of HiMO, however there were disadvantages to this approach. Other issues considered by the Group included the introduction of 'clearaway' days to manage waste and the use of existing enforcement powers to manage issues caused by HiMO and private rented sector houses.

The Committee questioned Councillor Bigham and the officers on a number of issues and responses were provided, matters raised included a suggestion that the recommendations in the briefing note should be stronger; whether the Council's planning policy was sufficient to be able to support challenges to Article 4 Directions and whether this was the right approach for the city; the involvement of Whitefriars Housing Association; and the financial implications associated with the proposed recommendations.

RESOLVED that:

(i) A Task and Finish Group be established to further investigate issues related to the private rented sector, in particular to look at additional and selective licensing, landlords and letting agents.

(ii) The public be encouraged to report issues in their communities using Coventry Direct.

(iii) Cabinet be requested to accept the recommendations below:

That Cabinet refers the recommendations to the relevant Cabinet Members with oversight provided by the Cabinet Member (Housing and Heritage):

1) That the Cabinet Member (Business, Enterprise and Employment) obtains further detailed evidence before approving the use of an Article 4 Direction, supported by planning policy, to support sustainable, contented and healthy communities as part of the wider housing strategy.

2) That the Cabinet Member (Community Safety and Equalities) and (Public Services) investigates further establishing 'clearaway' days to manage waste in communities heavily populated by HiMO, in partnership with the Universities and third sector.

3) That the Cabinet Member (Community Safety and Equalities) use existing enforcement powers more effectively to manage issues caused by HiMO and private rented sector houses, including waste and noise issues.

27. **Outstanding Issues**

The Board noted that all outstanding issues had been included in the Work Programme for the current year.

28. **Scrutiny Co-ordination Committee Work Programme 2013/14**

The Committee considered the Work Programme for 2013-2014 and were informed that the meeting on 9th October would be a health themed meeting to include reports on the City Wide Marmot Plan and the Statutory Advisor on Health. The meeting on 11th December was to be a single item meeting on Welfare Reform. It was agreed that Scrap Metal Licensing could be removed from the list of additional items.

RESOLVED that the Work Programme be updated to take account of the issues outlined above.

29. **Any Other Items of Pubic Business**

There were no additional items of public business.

30. **Meeting Evaluation**

The Scrutiny Board discussed and evaluated the meeting. Members' comments would be used to improve the efficiency and effectiveness of the future meetings.

(Meeting closed: 11.35 a.m.)

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Coventry City Council

Briefing note

To: Scrutiny Co-ordination Committee
Date: 9th October

Subject: Coventry- A Marmot City

1 Purpose of the Note

1.1 To provide an overview of the Council's approach and progress to date as one of seven Marmot Cities working to improve life chances and reduce inequalities.

2 Recommendations

2.1 The Scrutiny Co-ordination Committee is requested to:

1) Endorse the approach taken to date to make Coventry a 'Marmot City'.
2) Continue to provide strong leadership support to this agenda.

3 Information/Background

3.1 Coventry is one of seven councils across the country that's part of the UK Marmot Network – a new initiative aimed at tackling health inequalities. The other areas are; Newcastle City Council, Gateshead, Lancashire City Council, Stoke City Council, Bristol City Council, Somerset County Council. Becoming a Marmot city means Coventry has access to the international expertise of the Marmot team, to support local efforts to increase life expectancy in the city by 2015.

3.2 Considerable inequalities in Coventry exist in relation to life expectancy and years of life spent with ill health. As a Marmot City, Coventry is committed to delivering change in health inequalities by 2015. Coventry's participation in the Marmot Network was endorsed by both Labour Group and the Joint Health and Wellbeing Board in early 2013.

4. Progress to date

4.1 Coventry's Marmot Steering Group was formed in March 2013 and has been meeting bi monthly since. This consists of senior representation from across the Council, Voluntary Action Coventry, Coventry and Rugby Clinical Commissioning Group and is chaired by the Cabinet Member for Health and Adult Services. This Steering Group will act as the central vehicle for ensuring that we maximise the life opportunities for people in Coventry. After an initial steering group meeting, a Marmot workshop was then held with all Cabinet Members.

4.2 All directorates across the Council have been working to ensure the Marmot objectives are firmly embedded within work plans for 2013-2015. An overarching indicator set has also been developed to measure progress against both Marmot and the Health and Wellbeing Strategy. This has been externally reviewed by the National Marmot Team and some minor amendments

are currently being made. Appendix A entails a briefing paper that was discussed at the Health and Wellbeing Board in June. It outlines directorates and partners' level initiatives, as well as the suggested core indicator set.

5. Next steps

5.1 Public Health England will be hosting a regional Marmot workshop in October to enable the two local Marmot Cities (Coventry and Stoke) to share early learning across the region. This is an opportunity for the Council to showcase the progress to date and the ways in which partners across the city are working to maximise the life chances for people in Coventry. A video is currently being produced to showcase this work. This video will be a helpful way to engage with a wider range of stakeholders in the future and will be tabled at the Joint Health and Wellbeing Board in October.

5.2 Given the recent structural changes to Council directorates, it is anticipated that there will be some alterations to directorate Marmot plans. Existing plans may need to be merged and leads from the new directorates will need to be identified. The video currently being filmed will reflect these revised plans.

5.3 Further engagement is planned with wider key stakeholders, such as the fire service, the police and our local hospital trust. In addition to this, further engagement with Council officers will take place to ensure that everyone is clear on their commitment to this agenda.

Dr Khadidja Bichbiche,
Consultant in Public Health,
Khadidja.Bichbiche@coventry.gov.uk

Appendix A

Briefing note

To: Joint Health and Wellbeing Board
Date: June 2013

Subject: Measuring progress against the Health and Wellbeing Board and Marmot priorities.

1 Purpose of the Note

1.1 To provide the Health and Wellbeing Board with an overview of the indicator set and work programme that has been developed to monitor and improve progress against both the HWBB priorities, as well as the Marmot work programme.

2 Recommendations

2.1 To endorse the approach that has been taken so far in identifying indicators to measure progress against the Health and Wellbeing Board and Marmot priorities.

3 Background

3.1 Coventry is now one of the seven Marmot Cities in England. This is a two year programme of work with external support from the National Marmot Team to accelerate activities to improve life chances and close the gap in inequalities for people in Coventry. The Health and Wellbeing Board priorities contribute significantly to this agenda.

3.2 A Marmot Steering Group was formed in March 2013 to act as the central vehicle for ensuring that Coventry maximises the life opportunities for the residents of Coventry. There is strong political commitment to this agenda. The steering group includes representation from all the directorates within the council, as well as Coventry and Rugby CCG (CRCCG) and Voluntary Action Coventry (VAC).

4 Measuring progress

4.1 The London Health Observatory and the UCL Institute of Health Equity have collated data for each Local Authority relating to key indicators that correspond closely to the indicators proposed in Fair Society, Healthy Lives. A copy of these indicators and Coventry's performance can be found in Appendix B. Whilst these indicators will prove helpful in measuring the shift required in health outcomes in Coventry, further work was needed to develop an indicator set that would measure the short term progress made in the city.

4.2 An accelerated pace of change is required in Coventry to achieve the overall Marmot objective of reducing inequalities by 2015. The Marmot Steering Group has been working to collate a range of indicators to monitor inequalities in Coventry. A similar exercise has also been undertaken to develop a Health and Wellbeing Board indicator set that will measure progress against the priorities within the strategy. As there is considerable overlap between the indicators, the two indicator sets have been amalgamated to produce one inequality indicator set. Appendix A provides an overview of this combined indicator set.

4.3 The Marmot work programme is based around the concept of ensuring that what we do impacts those most in need. The ideal indicator or way of measuring this would measure the difference between the best and the worst 'performing', and we could monitor how successful our efforts were at closing the 'gap'. Unfortunately finding an indicator that measures this 'gap' can be difficult.

4.4 When we measure anything, we need a big enough 'sample' or numbers involved to make sure that any changes are a result of what we are doing, rather than simply due to chance. When we try and measure the 'gap' the sample size we have is necessarily made smaller as we have to divide it into groups. This means that when we try and measure this, what we see could be caused by chance. For example; when we try and measure numbers smoking in the city as a whole, we can be reasonably confident that the changes are actually happening. If we tried to analyse this sample to see if we had seen a change in smokers in the most socioeconomically deprived groups we would have to divide the numbers into groups. As a result of this, the numbers are much lower and any change is more likely to be down to chance. Therefore, it isn't fair to judge our efforts against this measure.

4.5 Therefore, some of the indicators within the set are not necessarily measuring the 'slope' or gap. This doesn't mean they are not useful locally though. For example, we already know that there are links between unemployment or obesity and socioeconomic deprivation. By ensuring the work programs that accompany the indicators are targeted primarily at the most disadvantaged in society, seeing wholesale reductions in these measures we should be seeing some improvements for those that really need it.

5 Programme of Work

During the development of the Marmot indicators, directorates across the City Council have been reviewing their contributions to improve life chances for the people of Coventry. The indicators have all been assigned a lead organisation or directorate. Key areas of work and ownership of indicators across the Council and CRCCG are outlined below.

6 Coventry City Council: City Services and Development Directorate (CSDD)

CSDD have identified the major opportunities for maximising the Marmot agenda as:

- Ensuring the Job Shop is utilised as much as possible in Coventry. The Job Shop provides a range of support to unemployed and under-employed people in Coventry.
- Increase access into Occupational Health for Job Shop customers and workless families with complex social problems.
- Barrier Breaking Service - support to all Employment Team customers which can include specialist training, childcare, debt advice, referral to health support, confidence building and the direct purchase of other support that enables disadvantaged people to obtain and sustain work.
- To deliver and create the Coventry Apprenticeship and Skills Hub for young people aged 18-24 years- Youth Zone.
- To provide intensive support for workless households and families with complex social barriers to work, enabling positive lifestyle changes and the development of skills for work.
- To implement the Coventry Sport Strategy in 2013.
- Promote and help businesses to attain recognised high standards in their approach to employee's health and wellbeing via the Workplace Well Being Charter.
- Reduce the number of homes where people cannot afford sufficient heating. Provide advice and practical solutions to reduce levels of fuel poverty in the city.
- Create a coherent and safe cycle network that will link together the main residential areas, employment areas, local centres, railway stations and the city centre as part of the Cycle Coventry Project.
- CSDD senior management team will take part in various initiatives during 'Men's Health Week'.

CSDD will monitor progress against:

Indicator	**Target**
Intensive support for workless families back into work	441 referrals, 41 people into sustained employment and 10 young people into positive destinations.

Number of people assisted via the Job Shop	2500
Number people supported into work via the job shop.	1000
Number of young people into positive destinations including jobs, placements, apprenticeships etc.	250
Employment support to people with severe and enduring mental ill-health and autism.	60 engaged, 15 into employment and 8 into positive destinations
Investment into the city by March 2014.	£60 million
Number of jobs created in the city by March 2014	1250

7 Coventry City Council: Finance and Legal Services

Key areas of focus for Finance and Legal Services (FLS) will be:

- To approve and launch the Business Charter and receive annual reports from businesses relating to social responsibility deliverables. This will support raising awareness of inequalities amongst businesses.
- To incorporate the key Marmot principles into the Councils approach to Public Services (Social Value) Act 2013. This will support raising awareness of inequalities across Council employees.
- To develop targeted communication to people in receipt of benefits.

FLS will monitor progress against:

Indicator	Target
Business's signed up to the business charter and providing an annual report on social responsibility deliverables.	To be determined
Incorporation of Marmot principles into the supply chain.	To be determined

8 Coventry City Council: Chief Executives Directorate

8.1 Public Health Department

The Public Health Department have committed to delivering against a number of initiatives intended to focus on reducing inequalities in Coventry.

- Enabling Coventry City Council to consider the impact on health, to ensure that any decision that is taken maximises health gain to reduce inequalities. This will be achieved by developing and implementing a health impact assessment tool across the council.
- Tackling physical activity and sedentary behaviour, utilising local leadership to encourage people to be more active.
- Producing a model to support community asset based working in Coventry.

- Stop smoking initiatives and migrant health needs assessment.
- Developing a more effective JSNA process; which will expand to include the wider determinants of health and greater use of multiple data sources, mapping and consultation processes.
- Establishing the impact of the economic downturn of health inequalities in Coventry and mitigate the effects cost neutrally.

Public health will monitor progress and work to improve performance against the following:

Indicator	**Target**
Assessment of well being via the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) from the Coventry Household Survey.	No target can be set due to the yearly variation.
Percentage of children aged 4-5 classified as overweight or obese.	To reduce obesity levels to 9.2%.
Household Survey data - smoking prevalence in the over 16s.	22.6% by 2014
People presenting with HIV at a late stage of infection 2) Re - Audit of number of HIV tests done in general practice across Coventry	Target is to see a yearly increase in the number of HIV tests done in General Practice across Coventry.
Breastfeeding rates at 6-8 weeks	To increase breastfeeding rates by 2% each year.
Making Every Contact Count- Numbers trained at UHCW and CWPT.	2013/14- 800 to be trained at UHCW, 1300 trained at CWPT
Levels of physical activity (measured via the Coventry Household Survey)	Suggested increase of 1% per annum (to be agreed).
Levels of physical activity (Active People Survey, Sport England)	Suggested increase of 1% per annum (to be agreed).
Number of women that successfully quit smoking for 4 weeks during pregnancy.	140 women annually (35 per quarter).
Number of Health Impact Assessments performed during the pilot phase	To be determined
Number of school playgrounds and gates with smoke-free signage up	April 2014- 70% of schools with signage.

8.2 Coventry City Council: Communications Department

- The Communication department will provide continued support to all directorates once plans are confirmed.
- Coordination of the Godiva Festival which will take place on 6th/7th July. Coventry City Council Staff will be trained to deliver brief interventions and advice to families in relation to health.

- Godiva Comes Home will take place on 10th August. The ring road will be closed off and people will be encouraged to utilise the space, making links with the physical activity and sedentary behaviour work programme.

Indicator	Target
% of families engaged with at Godiva	Direct engagement with 50% of visitors to family field at Godiva Festival on health/activity issues.

9 Coventry City Council: Customer and Workforce Services

- Increase recruitment to the City Council from areas in Coventry with high unemployment rates.
- Use the Occupational Health Services to deliver evidence-based health checks on men aged 40 and over working in City Services, with referral to NHS services as needed.
- To utilise the contact centre in delivering key public health messages.

Indicator	Target
Number of male employees aged <=40 receiving a health check	90% of male employees in City Services to receive a health check by occupational health or their own GP in 2013/14
Run bespoke recruitment campaigns in wards with lowest life expectancy	3 bespoke recruitment campaigns in 2013/14

10 Coventry City Council: Children, Learning and Young People's Directorate

CLYP will contribute to the Marmot agenda by working to:

- To improve educational attainment in primary schools and establish school improvement networks.
- To improve readiness for school through specific initiatives such as encouraging the take up of 2 year old nursery places and achieving good foundation stage results.
- Link the family information service to actively link with the Job Shop initiative.
- To launch a Prevention and Early Intervention Strategy for Coventry.

CLYP will monitor:

Indicator	Target
Key Stage 2 attainment	Target will be developed in November 2013
Narrowing the gap between the lowest achieving 20% in Foundation Stage profile and	Target will be developed in November 2013

the rest	
Inspection/review visit judgements	All good/outstanding by September 2015
Take up rates of 2 year old nursery places	2100 children in places by September 2014

11 Coventry City Council: Community Services Directorate

Key areas of focus for Community Services align both the Marmot agenda and the "A Bolder Community Services Programme" (ABCS) programme which has five key principles underpinning it:

- To protect our most vulnerable residents
- Using resources effectively
    - With much reduced resources we will need to make choices between what we are required to do and what we would like to do. This will mean stopping some areas of activity.
- Working with residents, communities and partners to get things done
    - We will expect people to use more of the resources available to them i.e. families, friends and communities and be less reliant on the City Council
    - City Council support to be as last resort.
- Being honest, fair and transparent when we make decisions
- Reviewing and improving services

Using these overarching principles whilst focusing our support on reducing health and social inequalities, it is intended that the proposed Marmot indicators be monitored over a period of 2 years to enable a judgement to be made as to the adequacy and effectiveness of our approach, whilst recognising influences external to the directorate (e.g. the Comprehensive Spending Review, Recession or Benefit Reforms).

Over the coming 3 years, Community Services has a comprehensive programme of reviewing every aspect of commissioning, provision and capacity. This programme is driven by the need to meet growing demand in terms of complexity, demographics, and average length of episode, whilst facing a significant real terms reduction in available resources. The programme has been considered and supported through the political process, and agreed as part of the Council's Medium Term Financial Plan up to and including 2015/16

There is a range of detailed work going on across the directorate, including the recommissioning of a range of aspects of social care and housing related support, the introduction of the Making Every Contact Count (MECC) methodology to the directorate, the re-commissioning of domestic violence and abuse services, rolling out "Care 4 Your Area", the delivery of the Troubled Families

Programme, and a review of neighbourhood working and developing proposals which promote the asset based approach across the whole city. Specific areas of focus include:

- MECC training to public facing staff across the directorate
- Improving the city's and the council's understanding and support for people affected by welfare reform
- Public safety promoting and piloting an asset based approach to their work
- Improving the housing offer for vulnerable adults and older people

Community services will monitor progress against the following indicators.

Indicator	**Target**
% of DV incidents (DV & Crime) involving children	To reduce levels of DV (Crime and non-crime. In 2012/13 the level was 62.6%, As this constitutes a new indicator, target to be developed by October 2013
Referrals to Sexual Assault Referral Centre	As this constitutes a new service, a multi-agency target will be developed by October 2013
Active use of books on prescription service	To increase participation year on year by 5%
The number of participants reporting physiological improvements upon completion of a 10 week One Body One Life programme.	To increase levels of improvements to 75%
% of women totally or partially breastfeeding at 6/8 weeks after delivery following intervention by the infant feeding team	To increase breastfeeding levels by 6% PA for 2 years
Involuntary Homelessness	To further reduce levels of involuntary homelessness, maintaining last year's levels by a further 6% PA
People with a learning disability having a health check	To increase health check levels by 10% over 2 year period.

12 Coventry and Rugby Clinical Commissioning Group (CRCCG)

The CCG have identified 3 priority areas for 2013/14; cervical screening, smoking cessation in pregnancy and alcohol related hospital admissions. The targets below relate to activity across both Coventry and Rugby.

Indicator	**Target**
Smoking In Pregnancy - Smoking at time of delivery (SATOD) data is collected by the acute trust and also by community midwives in Rugby and Coventry.	13.4% (Coventry and Rugby target)- Reduction in the number of women smoking at time of delivery

Hospital admissions wholly attributable to alcohol (including alcoholic liver disease).	To halt the rise on the number of hospital admissions wholly attributable to alcohol (including alcoholic liver disease). Target for 13/14 same as forecast for 12/13 at 3100 admissions.
5-year coverage for cervical screening, defined as the percentage of eligible women (aged 25 – 64) who have had an adequate test in the last 5 years.	Increase uptake to 78% by end of 2013/14 (Equates to around 17 additional women to be screened

- In relation to cervical screening, the CCG will be identifying poor performers, developing a local performance dashboard and reviewing ways to engage to improve performance.
- To halt the rise of alcohol related admissions in Coventry, the CCG will be implementing an Alcohol Liaison Nurse Pilot, as well as looking at ways of identifying and targeting repeat attenders at A&E.
- The CCG has access to 3,600 local health champions in Coventry.

13 Voluntary Action Coventry (VAC)

VAC is keen to support the Marmot agenda by taking some of the key initiatives already identified out to the local communities which the voluntary sector is working with. VAC currently has 400 voluntary members with a range of skills and assets in Coventry.

14 Next Steps

The National Marmot Team will be reviewing Coventry's contribution to the Marmot agenda and providing expertise around measuring inequalities in Coventry over the next two years. Further work will be done to establish a reporting structure and a way in which performance against the indicators can be presented in an accessible way. A communications plan is also in development to ensure that other key stakeholders are provided with the opportunity to contribute to the agenda.

Appendix A

Health and Wellbeing Board Indicator Set

Health and Wellbeing Board Priority	Indicator	Lead Organisation/ directorate	Baseline	Target
Healthy Communities	Assessment of well being via the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) from the Coventry Household Survey.	CCC- Public Health	2011- 52.2 Score 2012- 54 Score 2013- 50.7 score	No target can be set due to the yearly variation.
	Interquartile range (75th percentile – 25th percentile) of annual earnings	CCC	Coventry= 17,510 (England 20,563, West Midlands 18,048)	Less income inequality in Coventry when using the IQR. It is not possible at this stage to set a target.
	Intensive support for workless families back into work	CCC- CSDD	Not available	441 referrals, 41 people into sustained employment and 10 young people into positive destinations.
	Percentage of children aged 4-5 classified as overweight or obese	CCC- Public Health	Obesity (2011/12) - 11.2%	Reduction to 9.2% in levels of obesity.
	% of DV incidents (DV & Crime) involving children	Community Safety Partnership	Combination of data sources: Number of DVA reported incidents involving children (2012-13 62.6% involved children) DV Issues identified during Single Assessment, including new LAC and children subject to child protection plans.	Reduction in % of DV incidents (DV & Crime) involving children from range of data sources.
	Referrals to Sexual Assault Referral Centre	Community Safety Partnership	Service opened March 2013 - no baseline data available	Increase in both self referrals to the SARC, as well as overall referrals. No target set yet.
Reduce Variation	Household Survey data - smoking prevalence in the over 16s.	CCC- Public Health	2012- 23.7% 2013- 21.7%	22.6% by 2014, 20.0% by 2015. This projection is based on trend line of historical data.
	1) PHOF 3.04 - People presenting with HIV at a late stage of infection 2) Re - Audit of number of HIV tests done in general practice across Coventry	CCC- Public Health	2009-2011 Coventry= 61.48% England= 49.99%	Target is to see a yearly increase in the number of HIV tests done in General Practice across Coventry. Rationale behind this choice is due to lag time in data publication of late HIV presentations (via SOPHID)
	Smoking In Pregnancy - Smoking at time of delivery (SATOD) data is collected by the acute trust and also by community midwives in Rugby and Coventry.	CCG	Q3 2012/13 = 14.5% Q4 2012/13 = 13.1%	13.4% (Coventry and Rugby target)- Reduction in the number of women smoking at time of delivery
	Hospital admissions wholly attributable to alcohol (including alcoholic liver disease).	CCG	2011/12= 2890 admissions 2012/13= forecasted outturn 3100 admissions	To halt the rise on the number of hospital admissions wholly attributable to alcohol (including alcoholic liver disease). Target for 13/14 same as forecast for 12/13 at 3100 admissions.
Healthy People	Key Stage 2 attainment	CCC-CLYP	Baseline data will be available in July 2013	Target will be developed in November 2013
	Narrowing the gap between the lowest achieving 20% in Foundation Stage profile and the rest	CCC-CLYP	Baseline data will be available in July 2013	Target will be developed in November 2013
	Breastfeeding rates at 6-8 weeks	CCC- Public Health	Q3 2012/13 position was 44.5%. Awaiting annual total for 12/13.	Increase in breastfeeding rates 2% each year. It is possible to measure this indicator across the gradient but data not currently accessible.
Improve Outcomes	MECC- Numbers trained at UHCW & CWPT	CCC- Public Health	Not available	2013/14- 800 to be trained at UHCW, 1300 trained at CWPT (Total Staff at UHCW = 5,000, CWPT= 4,172)
	The indicator is 5-year coverage for cervical screening, defined as the percentage of eligible women (aged 25 – 64) who have had an adequate test in the last 5 years.	CCG	76.6%- 5 year coverage in 2012/13	Increase uptake to 78% by end of 2013/14 (Equates to around 17 additional women to be screened within each practice).

Appendix B

National Marmot Indicators

National Marmot Indicators			
Indicator	Coventry	West Midlands	England
Male life expectancy at birth (2008-2010 in years)	77.2	77.9	78.58
Inequality (slope index of inequality) in male life expectancy at birth (2006-2010 in years)	11.7	9	8.9
Inequality in male disability free life expectancy at birth (1999-2003)	16.6	11.3	10.9
Female life expectancy at birth (2008-2010 in years)	81.6	82.2	82.57
Inequality (Slope index of inequality) in female life expectancy at birth (2006-2010 in years)	7.9	5.8	5.9
Inequality in female disability free life expectancy at birth (1993-2003)	14.5	9.2	9.2
Children achieving a good level of development at age 5 (%) 2011	59.1%	59.9%	58.8%
% 16-19 year olds not in employment, education or training (NEET) Nov 2010-Jan 2011	7.0%	7.0%	6.7%
People in households in receipt of means-tested benefits (2008)	18.9	17	14.6
Inequality in percentage receiving means-tested benefits (2008 %points)	40	35.3	29

Accessed via:

http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/marmotindicators.aspx

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Coventry City Council

Briefing note

To: Scrutiny Co-ordination Committee **Date:** 9th October, 2013

Subject: Director of Public Health Annual Report

1 Purpose of the Note

1.1 Provide the Scrutiny Co-ordination Committee with an overview of the Director of Public Health Annual Reports for 2012 and 2013.

1.2 Outline key findings from annual reports for the last two years.

2 Recommendations

2.1 Scrutiny Co-ordination Committee to endorse the findings of the Director of Public Health annual report.

3 Background

3.1 The Health and Social Care Act 2012 states the requirement for the Director of Public Health to produce an annual report on the health of the people in the area of the local authority. The local authority must publish the report.

4 Progress on Director of Public Health annual report

4.1 The 2013 annual report is currently in draft format and is included with this note, as Attachment 1. It is expected that this will be finalised ready to be approved by the Health and Well-being Board on 21st October 2013.

4.2 The 2013 report looks at four key lifestyle behaviours: diet, smoking, alcohol consumption and physical activity. The report looks at how these have changed in the city, over a five year period, and identifies groups that exhibit both healthy and unhealthy behaviours across these four themes.

4.3 The 2012 report looked back over changes in the previous 40 years and identified priorities for future work, which have been integrated into the Health and Well-being Strategy and the Marmot work programme for the city. One of the key future challenges outlined, in the 2012 report, was to support behavioural change that empowers individuals and communities to make positive choices about their health. The 2013 report complements the 2012 report, in that it provides a greater insight into people's healthy and unhealthy behaviours.

Dr Jane Moore, Director of Public Health. Jane.moore@coventry.gov.uk

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Changing for the better:

healthy lifestyles in Coventry 2007-12

Report of the Director of Public Health

Coventry City Council

Forward

This is my first report as Director of Public Health for Coventry City Council. It is a national requirement for me to report each year on the major health issues facing the city. This year, I have looked at healthy behaviours in the city and how these have changed over time.

We know more and more about the impact of how we live our lives, on how healthy we are, and how long we can expect to live for. Advances in medical science and technology, improved access to health care and better overall living standards mean that life expectancy is rising in the UK, as in most other Western countries. But we are now facing a situation in which the biggest threat to health comes from the day to day decisions about how we live our life and the environment in which we live.

We now know that four factors: a poor diet, smoking, excessive alcohol consumption and low levels of exercise globally account for nearly a third of the disease burden, preventable deaths and years spent in poor health. In the UK, more than 100,000 smokers die from smoking related causes every year. Nearly 7,000 people die as a result of liver disease caused by alcohol abuse and around 34,000 people die each year as a result of illness due to obesity, caused by a poor diet and physical inactivity.

Coventry is no exception. Over the three years from 2009-11, 2,904 people died prematurely from diseases which could have been prevented. As a city, we rank 126th out of 150 councils and 10th out of 15 cities with similar populations. As a city, we do particularly badly for cancer, lung disease and liver disease, all of which are heavily affected by lifestyle factors such as smoking, diet, exercise and alcohol.

We know that someone who exhibits all four of these unhealthy behaviours has the same chance of dying as someone 12 to 14 years older, who exhibits none of these unhealthy behaviours.

In the past, it was assumed that if you gave people information about the impact that smoking or a poor diet would have on their health, this would be enough to make them change. Although we need to understand what impact our choices are having on our health, we know that this is not enough. Our own experience tells us that making changes is not easy. For example, the environment in which we live does not help. It is often easier and cheaper to buy poor quality food than it is to buy healthy food and, in a throw-back to times when food was scarce, we are genetically pre-disposed to prefer high-calorie, high carbohydrate food to healthier options.

But collectively we can make a change. Smoking rates have fallen across the UK and in Coventry. This is down to a combination of national action (such as the ban on smoking in public places and increases in duty on cigarettes), local action (such as including increasing access to stop smoking services,

local campaigns such as Coventry's Smokefree Playgrounds) and most importantly, the will-power and determination of smokers themselves who have made a tough decision to quit and stuck with it.

And it's not just about what each individual does; the action of one person can have a huge ripple-effect. We know that we're all influenced by what our friends, family and peers do. Each person that makes a change, whether it's stopping smoking, taking up exercise or cutting down on fizzy drinks acts as a role model for the people around them, helping to make healthy choices the norm across society.

There is much more to be done but this example shows that the right collective action can have a massive impact on health. The proof is there; across the UK we now have lower rates of lung cancer and heart disease than we did when smoking was at its peak, all of which is contributing to the rise in life expectancy that we are seeing. European countries, which have not taken the sort of action to tackle smoking we have seen in the UK, are not seeing the same improvements in these diseases.

My report shows that collective effort may be starting to have an impact in Coventry. Smoking rates are falling, fewer people are drinking excessively, and there are early signs that more people may be taking more exercise and eating healthier diets. Big changes to the face of the city,
including new investment in cycle lanes and the new Friargate scheme are all helping to build a healthier environment, making it easier for us all to do the right thing, without having to make difficult decisions.

This is good news. But there is a lot more to be done, and as a city we have a long way to go. We are now in a similar position to where the rest of the UK was five years ago and the positive changes we have seen have not affected some of the people in the city with the worst health status.

My report sets out what we have done to tackle this and what we need to do next. With the leadership of the Health and Well-being Board and working with the people of Coventry, we need to redouble our efforts to make Coventry a healthy place to live and to support people who have the most to gain, to make the most of their health.

Finally, I would like to thank the thousands of people across the city who, over the last five years, have shown that it can be done. To all those people who have quit smoking, who got on their bicycles and joined us on the ring-road to welcome Lady Godiva back to the city earlier this year or who have taken one small step to improve their health, you are the people who are making this happen.

Dr Jane Moore
Director of Public Health for Coventry

Key findings

Changing behaviours

We know that the more healthy and less unhealthy behaviours someone has, the healthier they are likely to be. We also know that if people smoke, have a poor diet, do not exercise and drink excessively, they are more likely to have particularly poor health, with the same chance of dying as someone 12 years older. We also know that these factors do not work in isolation. A smoker may worry that, if they quit, they will snack more and might gain weight and this may be a significant disincentive to them in making a change. But we also know that some people have developed successful strategies for dealing with this, for example by making sure that they have healthy snacks so that they can actually improve their diet, while they stop smoking. We know that making a change can be a powerful incentive to do more, someone who has just done their first ever 5k Race for Life or parkrun may feel empowered to improve their diet.

In order to target services at the right people and create the right environment to help people make the change, we need to understand whether people are actually making several changes – and which ones.

Smoking

During the five years we looked at, smoking rates in the city fell by 3.6%, from 28.1% of adults in the city to 24.5%, around 4,400 less smokers. We estimate that 17 lives each year will be saved as a result of this improvement. This is similar to the national picture but may be slightly better than the rest of the West Midlands which saw a 2% fall from 2006 to 2011. This fall has been particularly significant in men, where smoking fell from 31% in 2007 to 26% in 2012, with particularly large falls in younger men and middle-aged men but there may have been a rise in the 55-64 age group.

More worryingly though, levels in women have showed fewer signs of improvement, falling by just 1%. Historically, more men have smoked than women; what we are now seeing is a levelling off of this difference. There was a decrease in smoking in men aged 16-24 between 2007 and 2012, but levels remained fairly stable for women. This is of concern and needs urgent action to understand the reasons why health messages and campaigns do not appear to be working with this group.

A note on the data

We have used data from Coventry's Household Survey to look at changes over five years from 2007 to 2012 and we compare these to the national position. We look at which parts of the city and which people have made the most progress and where we still have more work to do. We then describe what has been done to try and improve health in the city and what more needs to be done.

Because we cannot speak to everyone, we use data from a sample of people from across the city to estimate the actual picture in Coventry. Although this is the only sensible way to collect data it means that we cannot always be 100% sure that what we have found is true. Once we start looking at specific groups or areas of the city it becomes harder to be sure that the picture we have found is accurate. And sometimes statistical flukes can throw up findings one year, which are not there the next. We use statistical techniques to make sure the conclusions we draw from the data are as robust as possible but in the real world we are not always able to act on the basis of perfect information. We need to draw conclusions based on the best-available data, combined with sensible judgements and this is what we attempt to do in this report.

Are we closing the health inequality gap?

As a city which faces significant health inequalities and large gaps in life expectancy between different parts of the city, we need to understand not just whether healthy behaviours are changing across the city but also whether these changes are affecting groups with the worst health outcomes.

We have therefore looked at how changes have affected different people across the city.

We found that:

- Men are currently twice as likely to have several unhealthy behaviours as women
- There have been significant improvements in the number of people with three or more unhealthy behaviours in all age groups, except in older age groups, particularly the 55-64 age group
- The level of unhealthy behaviours in those of White ethnic background is higher than for other groups. There have been particularly large improvements across a range of other ethnicities.
- Improvements in healthy behaviours have not been seen in people who are unemployed or economically inactive
- Improvements in healthy behaviours across all socio-economic groups (or deprivation quintiles). However, the biggest changes have been in the least deprived section of society and the smallest changes in the most deprived. So although health may be improving across the city, more progress will be needed to close the inequality gap
- There is an association between unhealthy behaviours and the most deprived parts of the city (measured by Middle Super Output Areas) with a clustering of deprivation and unhealthy behaviours in Wood End, Henley and Manor Farm and Willenhall in particular
- However, some of the greatest areas of deprivation in the city do not have a very high level of unhealthy behaviours, including Upper Foleshill. This may be because of the high proportion of certain ethnic minority communities who do not drink for religious and cultural reasons

How many people have several unhealthy behaviours?

We looked at how many people had several unhealthy behaviours (out of smoking, poor diet, low levels of exercise and excessive drinking) and how this has changed over time. We looked at the number of unhealthy behaviours people had and those who were high risk (3 or 4 unhealthy behaviours). We found that the proportion of people with four unhealthy behaviours had fallen from 10% to 5% from 2007 to 2012. The biggest decrease was in men, from 12% to 6%. By 2012, the number of people reporting just one unhealthy behaviour had increased from 19% to 27%.

Overall, there was a reduction in those people with high risk from 38% to 24% between 2007 and 2012. Additionally, the proportion of people reporting none of the unhealthy behaviours more than doubled from 3.1% to 6.9%. In the long term, this is likely to translate into significant health benefits.

There are early, and welcome, signs that we are improving quicker than the rest of England, but we still have a long way to go. The improvements we have seen to date put us where England, as a whole, was five years ago. We know that there is a strong link between deprivation and healthy behaviours and the picture in Coventry is similar to other deprived areas but we need to make sure that the accelerated change we have seen continues.

Excessive drinking

Low and moderate levels of drinking are known to be associated with some health benefits. However, drinking more than three units of alcohol for women or four for men, on at least one day per week is associated with worsening health and this risk increases as the overall weekly consumption goes up. Coventry has historically had high levels of excessive drinking, above the average for the West Midlands and for England.

Over the last five years, the city has seen big improvements in the percentage of people drinking within healthy limits, with a drop in excessive drinking from 46.8% in 2007 to 30.5% in 2012. In 2007, 55% of men were drinking too much: by 2012 this had fallen to 38%. Women have always had lower levels of excessive drinking but have also seen a big fall, from 38% to 23%. Although there have been falls in the rest of England, Coventry has seen a more rapid change than England or the West Midlands where alcohol consumption has fallen by 7%. The biggest improvement has been in men and women aged between 25 and 44, but all ages have seen a fall in excessive drinking.

This is good news and overall translates into an estimated 16 fewer deaths each year in Coventry. However, we still have a long way to go as, despite making rapid progress, drinking levels for both men and women appear to still be higher than in England as a whole.

Healthy weight: diet and physical activity in Coventry

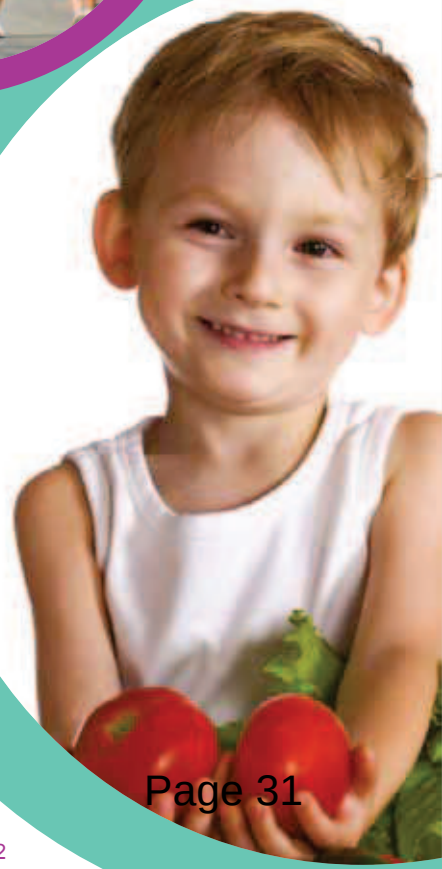
There is increasing evidence of the impact of a healthy diet on health. Five portions of fruit and vegetables is the key measure for assessing a healthy diet, although other factors such as low meat consumption (particularly processed meat), low salt and a diet low in saturated fat are all important. Poor diet, coupled with low levels of physical activity, is associated with a range of health conditions, including certain cancers and cardiovascular disease. Physical activity (30 minutes of physical activity which raises your heartbeat five times a week) is associated with a range of health benefits, including improvements in mental well-being. We estimate that the improvements we have seen in diet and physical activity over the last five years will save around 14 lives each year.

Are we getting our five a day?

Our analysis shows that from 2007 to 2012, the proportion of people having a healthy diet (which we measured by assessing how many people ate five or more portions of fruit and vegetables a day) increased from 21% in 2007 to 28% in 2012. We do not have up-to-date comparative data for England or the West Midlands but this suggests that Coventry is now at a similar level to the rest of England. Women tend to have a better diet than men, suggesting that more needs to be done to encourage healthy eating in men. Locally, we have seen particular improvements in people in middle-age with a 15% increase in the number of men aged 45-54 who are eating five a day and a 24% improvement in women. This is the group which had the lowest levels of healthy eating in 2007, so this improvement is encouraging.

Physical activity

There are signs that there has been an increase in the number of people in the city taking regular exercise. In 2007, 31% of people were reaching recommended levels, compared to 39% in 2012. Women tend to have higher levels of exercise than men, although there has been an increase in both men and women. There is evidence of particular improvements in women aged 25-44 and men aged 16-24. There are some signs of slight improvements in men and women aged 65 and over, although this group has the lowest levels of exercise overall. Older people should continue to be a priority, as this is likely to have benefits for older people's physical and mental health, help reduce social isolation and help older people maintain an independent life for as long as possible.



What are we doing to tackle these issues?

The issues outlined in this report are not new and there has been a lot of work carried out across the city to drive change.

This includes:

- **Smoking:** from 2009 to 2012, the city's smoking services have supported more than 11,000 people to stop smoking. Coventry's Smokefree Alliance have led the way in promoting local services, running campaigns and developing smokefree spaces, including smokefree playgrounds.

- **Alcohol:** around 1,650 people have been treated through the alcohol service during 2011 and 2012. There have also been a number of campaigns promoting healthy drinking, the harms of drinking in pregnancy. Coventry and Rugby Clinical Commissioning Group have set up a dedicated team in A&E, to identify problem drinkers and sign-post them to appropriate support. Local GPs also provided alcohol screening to their patients.

- **Healthy Weight:** through the Coventry Health Improvement Programme, the NHS and City Council have run a series of programmes to promote physical activity and healthy eating, including the 'One Body One Life' programme, 'Food Dudes' schools programme and local cooking clubs. Other schemes, such as the National Child Measurement Programme and school nursing service help support weight management in children and the local breastfeeding team support new mothers to get the best nutritional start in life.

- **NHS Health Checks:** A new responsibility for local councils, the NHS Health Checks programme, provided by GPs and an outreach team, screen people aged 40 and over for early signs of cardiovascular disease and diabetes and also offer general lifestyle advice.

- **Health trainers:** Coventry's Health Trainer service provides outreach support to communities to improve their health and well-being. During 2012/13 around 570 people were supported.

- **Coventry as a Marmot City:** Since health and well-being became a responsibility for the City Council and partners, through the development of the Health and Well-being Board, a new programme of work has been developed to identify practical steps that can be taken to reduce health inequalities across the city.

Five key challenges for the City

Recommendations

This report provides a snapshot of what progress we are making as a city to improve healthy behaviours. Although we are making progress, much more remains to be done. In particular, we need to understand why some parts of our city, and some groups, have not been affected by the changes we have seen across the city as a whole. We need to make sure that the services we provide locally, to support people to make a change, are fit for purpose for the people who need them most. We need to use the Coventry Household Survey to measure future progress.

There are five key challenges for the city. I set out 10 key actions to address these challenges which, if implemented, with the support of the Health and Well-being Board will drive progress over the next five years.

1. **Focus on closing the health gap**. Although healthy behaviours have improved across the board, they have improved most in the most affluent parts of the city. If this pattern continues, the health inequality gap will continue to widen. We know that healthy behaviours are closely linked to people's life chances and that factors such as whether children get a good start in life and go on to meaningful employment set the preconditions for their healthy behaviours. The city's Marmot programme, which is overseen by our Health and Well-being Board, contains a detailed action plan to improve life chances and reduce health inequalities. Implementing this is a key priority.

2. **Target the areas of the city and the people where we have seen the least improvement**. Local services, such as stop smoking services, must be open to everyone but should be incentivised to particularly target the eight areas of the city and in the specific groups where we have seen the least improvement. The eight areas are Longford Village, Wood End, Henley and Manor Farm, Stoke and Stoke Heath, Upper Stoke, Wyken Sowe Valley, Torrington and Canley and Lime Tree Park.

3. **Work with local communities to understand what would motivate them to make a change.** We need to talk to local people and local community and voluntary groups to understand their behaviours, what would help them to make a change and how local services can be reconfigured to support this.

4. **Use social marketing, social media & technology to support behaviour change**. We need to make better use of social marketing and social media to target specific health messages at our key audiences. Drawing on the large number of people across the city who have made a change over the last five years, we also need to identify local champions who can act as advocates in their local communities.

5. **Make it easier for people to make the change.** We need to make sure that when people want to make a change, it is easy for them to do so, that services are easy and convenient to access either face-to-face or on-line, and that front-line staff from across the city are trained and able to support people into the right services at the right time.

Top 10 actions to improve health behaviours

Challenge 1	Challenge 2	Challenge 3	Challenge 4	Challenge 5
Closing the health gap	Target areas of the city and groups where there has been least improvement	Working with local communities to understand their needs	Using social media to drive behaviour change	Making it easier for people to make a change
1. Work across the City Council and with partners to tackle the broader determinants of health by implementing the local 'Marmot' Plan.	**2.** Work with local lifestyle services to incentivise the uptake of services in priority parts of the city and in priority groups.	**3.** Carry out engagement work with people in the following groups to understand the barriers to improving health: • Young female smokers • Physically inactive older people • People who are unemployed **4.** Use social mobilisation techniques to galvanise communities to increase physical activity	**5.** Identify people who have successfully made changes to their health and use social media to promote their stories. **6.** Develop bespoke local campaigns to target priority communities.	**7.** Develop a 'single point of access' for lifestyle services which is integrated with council customer contact points, including the call centre. **8.** Roll out the 'Making Every Contact Count' training programme to support front line staff to promote healthy behaviours. **9.** Roll out the NHS Health Checks programme to support people age 40 or over to change their behaviour and identify preventable disease early. **10.** Use Health Impact Assessment to make sure that the health impacts of council policies and decisions are maximised.

If you need this information in another format or language please contact:

Andrew Baker
Tel: 024 7683 2175
e-mail Andrew.baker@coventry.gov.uk

Coventry City Council

Briefing note

To: Scrutiny Co-ordination Committee
Date: 9th October 2013

Subject: Statutory Role of the Director of Public Health

1 Purpose of the Note

1.1 The purpose of this note is to outline the Statutory role of the Director of Public Health for the City Council.

2 Recommendations

Members are asked to note the content of this report and to receive a verbal update from the Director of Public Health

3 Information/Background

The role of the Director of Public Health (DPH) is set out nationally by the Department of Health (*Directors of Public Health in local authorities: roles and responsibilities, Department of Health, 2012*).

This states that the DPH is a statutory chief officer of every council with public health responsibilities (upper tier authorities), appointed jointly with the Secretary of State for Health. The DPH is the principle advisor on all health matters to both elected members and officers.

National guidance states that the DPH should:

- Be the person who elected members look to for leadership, expertise and advice on a range of issues from outbreaks of disease, emergency preparedness and improving local people's health.
- Provide the public with expert and objective advice on health matters
- Promote action to improve health across all ages, working with council colleagues including those with responsibility for children and adult social care/
- Work with other partners to make sure there are tested plans in place for the wider health sector to protect the local population from risks to public health
- Be an active member of the Health and Well-being Board
- Take responsibility for the management of the council's public health services, which include sexual health services, drugs and alcohol services, smoking cessation services and school nursing
- Play a full role in their authority's action to meet the needs of vulnerable children
- Contribute to and influence the work of local NHS commissioners

Directors of Public Health have corporate accountability to the local authority chief executive. They also have professional accountability to their professional body. This is either the General Medical Council (for medically qualified DsPH) or the UK Public Health Register. Local authorities

are expected to make sure that their DPH is professionally qualified and keeps up to date with professional practice, as defined by their professional body.

There are a number of statutory requirements that the Director of Public Health must carry out by law (2012 Health and Social Care Act).These are set out in appendix 1

The Director of Public Health also has a responsibility to write an Annual Report each year, setting out key health issues in their area.

What does this mean in practice?

The post of DPH has now been a formal responsibility of the council for just over six months. Key areas of work which have been carried out in this time include:

- Putting in place a cross-programme of work to reduce health inequalities (Coventry as a 'Marmot' city)
- Developing a programme of work to support community asset based working
- Expanding the NHS Healthchecks programme
- Working with key partners to protect vulnerable groups during this summer's heatwave, and evaluating what difference this made
- Producing the Annual Report for 2013
- Implementing plans to reviewing key public health services to make sure these are effective and meeting local people's needs
- Developing new ways to support healthy behaviours and mobilise people to take more physical activity
- Supporting the Health and Well-being Board

Dr Jane Moore, Director of Public Health, jane.moore@coventry.gov.uk

Appendix 1: Statutory Responsibilities of the Director of Public Health

Section 73A(1) of the 2006 Act, inserted by section 30 of the 2012 Act, gives the Director of Public Health responsibility for:
• all of their local authority's duties to take steps to improve public health;
• any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations
• their local authority's role in planning for, and responding to, emergencies that present a risk to public health;
• their local authority's role in co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders; and
• such other public health functions that the Secretary of State specifies in regulations.

As well as these core functions, the Acts and regulations give the Director of Public Health more specific responsibilities from April 2013:

- Director of Public Health is a mandated member of the local health and wellbeing board (section 194(2)(d) 0f the 2012 Act);
- the Director will be responsible for their local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications (a function given to local authorities by sections 5(3), 13(4), 69(4) and 172B(4) of the Licensing Act, as amended by Schedule 5 of the 2012 Act).

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Last updated 25th September 2013

Scrutiny Co-ordination Committee

Work Programme 2013/14

For more details on items, please see pages 2 onwards

10th July 13

Alcohol Strategy
Olympic Legacy Scrutiny Panel
Outside Bodies reports back
Review of Coventry Community Safety Partnership (CSP)

7th Aug 13

Equalities
Equalities in Employment
Changes to the Constitution

11th Sept 13

Houses in Multiple Occupation Task and Finish group
Conference Reports –
- Civic Visit to Volgograd
- Delegation to City of Volgograd
- Presentation to the European Union
- Civic Visit to Kiel

9th Oct 13

Council Wide Marmot Plan
Statutory Advisor on Health

6th Nov 13

Built Environment Enforcement

11th Dec 13

Welfare Reform

22nd Jan 14

Public Safety Services

19th Feb 14

19th March 14

16th April 14

Date to be identified

Review of Coventry Partnership
Update on DVA multi-agency model
Community Safety Partnership Annual Report
Monitoring of new Neighbourhood working model
Transition between Children's and Adult's Social Care
Immigrant communities – access to healthcare and support services, promoting values
Asset Based Working
Organisational Change

Meeting Date	Work programme item	Lead Officer	Brief Summary of the issue	Source
10th July 13	Alcohol Strategy	Jane Moore/ Olivia Taylor	Alcohol has wide ranging impacts on people and communities particularly in relation to health and community safety. A draft Alcohol Strategy has been prepared for consideration by the Community Safety Partnership and Cabinet Member (Health and Adult Services) setting out the position in Coventry and proposals for action and the Scrutiny Co-ordination Committee will contribute to this.	Informal Scruco meeting 10/06/13
	Olympic Legacy Scrutiny Panel	Gennie Holmes	To feedback and report on progress on the work of the task and finish group established following the Cabinet Member (Policy, Leadership and Governance) meeting on 30th November 2012. A progress report was presented to Scruco at their meeting on 17th April 2013.	Scruco 17/4/13
	Outside Bodies reports back	Scrutiny Officer	To identify which outside bodies appointed to by the Council at their annual general meeting report to Scrutiny Co-ordination Committee and other Scrutiny Boards.	Annual review
	Review of Coventry Community Safety Partnership (CSP)	Sara Roach	To present to the Board the proposed changes to the CSP requested by the Police and Crime Commissioner	Informal Scruco meeting 10/06/13
7th Aug 13	Equalities	Jenni Venn/ Surindar Nagra	To review the Council's annual equalities report and identify any priorities or concerns for future action or review.	Informal Scruco meeting 10/06/13
	Equalities in Employment	Shokat Lal	This item will look at the diversity of the Council's workforce and how the Council is encouraging a more diverse workforce. Referred to Scruco for monitoring from CM(Equalities and Community Safety)	CM(Equalities and Community Safety)
	Changes to the Constitution	Christine Forde/ Carol Bradford	For the Board to discuss and comment on proposed changes to the Constitution	
11th Sept 13	Houses in Multiple Occupation Task and Finish group	Gennie Holmes/ Vicky Castree	To feedback and report on progress on the work of the task and finish group established following the Scruco meeting on 20th March 2013	Scruco 20/3/13

Meeting Date	Work programme item	Lead Officer	Brief Summary of the issue	Source
	Conference Reports – - Civic Visit to Volgograd - Delegation to City of Volgograd - Presentation to the European Union - Civic Visit to Kiel	Cllr Sawdon, Cllr Crookes, Cllr J Mutton	Conference reports for several civic visits.	
9th Oct 13	Council Wide Marmot Plan	Jane Moore	To review the Council's work as one of the Marmot Cities to improve life chances and reduce health inequalities	Informal Scruco meeting 10/06/13
	Statutory Advisor on Health	Jane Moore	To review the role and impact of the Director of Public Health's responsibilities as the Council's Statutory Advisor on Health	Informal Scruco meeting 10/06/13
6th Nov 13	Built Environment Enforcement	Sara Roach	To review the effectiveness of initiatives to ensure that enforcement activity (across housing, planning, environment and community safety) is effectively joined up to deliver the best outcomes for local people and the environment, including the work of the Strategic Built Environment Group. This could include information on how the issue of empty properties is being addressed.	Informal Scruco meeting 10/06/13
11th Dec 13	Welfare Reform	Simon Brake	To consider the approach the Council is taking to co-ordinate services for those people affected by Welfare Reform, particularly Credit Unions, Making Every Contact Count and links to Marmot, as well as the financial impact on the Council of Discretionary Housing Payments and the Community Support Grant.	
22nd Jan 14	Public Safety Services	Sara Roach	To contribute to a review of risk levels and thresholds for intervention as part of review of how the service operates and engages with local people.	Informal Scruco meeting 10/06/13
19th Feb 14				
19th March 14				
16th April 14				

Meeting Date	Work programme item	Lead Officer	Brief Summary of the issue	Source
Date to be identified	Review of Coventry Partnership	Jenni Venn	To review the current priorities and working model of the Coventry Partnership in the context of new national and local initiatives including the LEP	Scruco 17/4/13
	Update on DVA multi-agency model	Sara Roach/ Mandie Watson	An update on progress following the meeting on 21st November 2012, to include an update on progress on actions and any further actions from the recent SCR's.	SB4 Meeting 21/11/12
	Community Safety Partnership Annual Report	Mandie Watson	The Annual Report of the Community Safety Partnership as well as the strategic assessment informing priorities for working	
	Monitoring of new Neighbourhood working model	Sara Roach/ Jane Moore	To look at the development and monitoring of performance measures for the new service, following the changes to neighbourhood working towards an asset based approach. Referred for monitoring by Cabinet at their meeting on 9/7/13	Cabinet 9/7/13
	Transition between Children's and Adult's Social Care			SB2 2012/13
	Immigrant communities – access to healthcare and support services, promoting values		Prompted by Referral and Assessment Service visit by Scrutiny Board 2 during 2012/13	Prompted by RAS visit SB2 2012/13
	Asset Based Working	Jane Moore	To contribute to the development of asset based working to create more resilient communities.	Informal Scruco meeting 10/06/13
	Organisational Change		To scrutinise the impact of the significant organisational change being planned with the creation of the People and Resources Directorates.	All Scrutiny Members meeting 26/6/13

In addition the following dates are "if required" 23rd October, 20th November, 8th January 2014, 5th February, 5th March, 2nd April