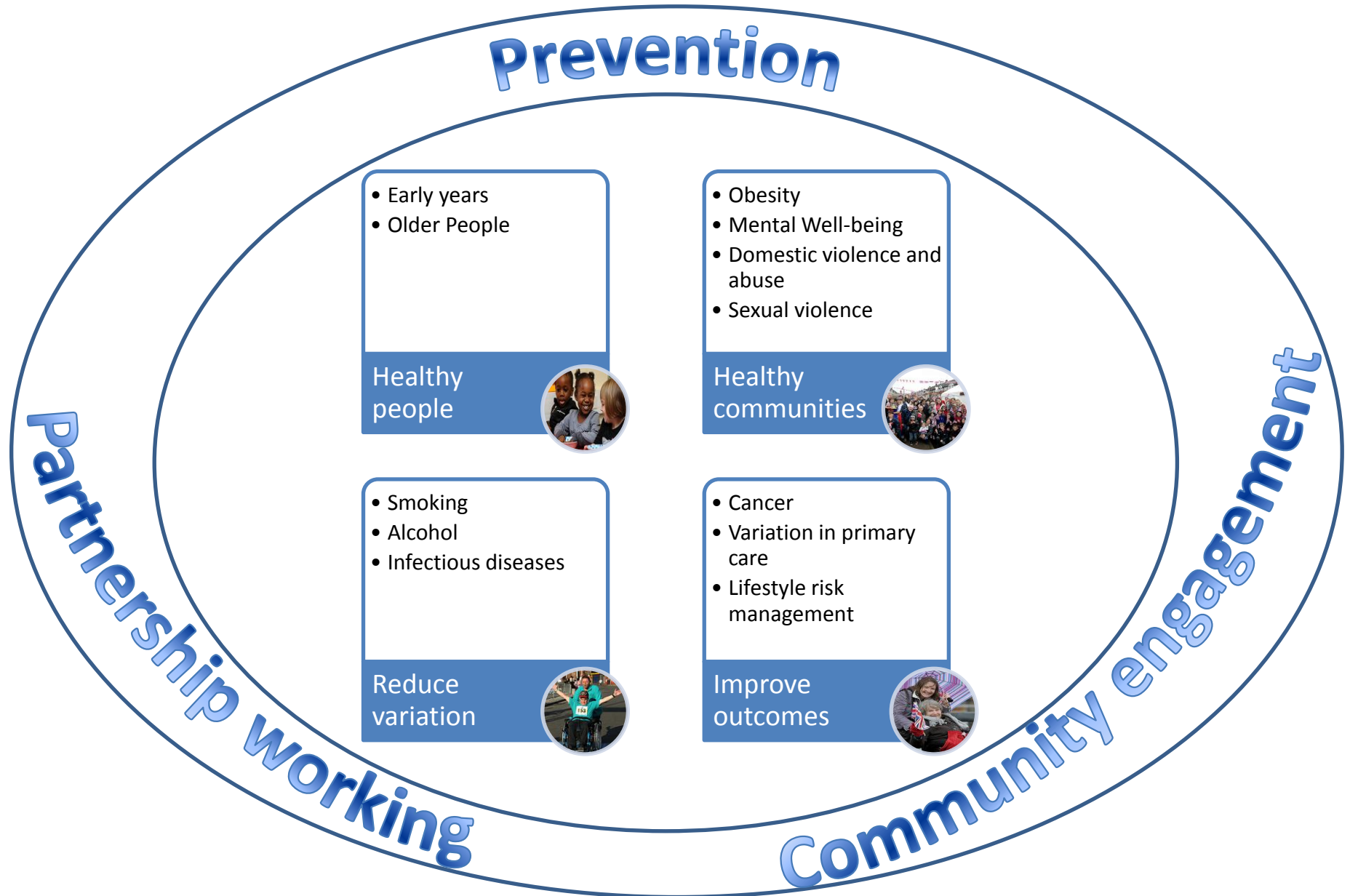


Health and Well-being Strategy 2012



- First two years of life vital – shown clearly through Marmot work
- Coventry has a higher proportion of children achieving a good level of development aged 5y than England, but the difference is not statistically significant

- Birth rate in deprived population and new migrants particularly high, this is likely to be main driver of future population growth
- Families of 0-5 year olds particularly in deprived areas

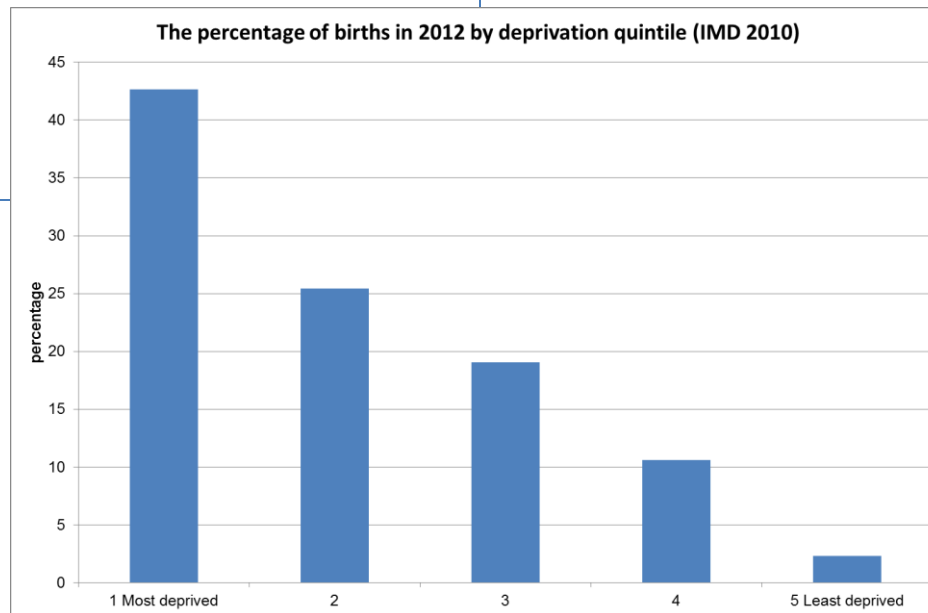
Early Years

Impacts

Who does it affect?

Possible gaps

Potential key measures



- The focus of the 0-5 intervention is to improve school readiness defined as 'a good level of development' by age 5yrs

- School readiness aged 5 (Marmot Indicator)
- This data is also available at local level within the city

- The proportion of people with physical and mental health conditions increases with age
- 1 in 6 over 80 year olds have dementia, and depression affects 1 in 5 older people living in the community and 2 in 5 living in care homes
- This has an impact on families as well as the affected individuals

- The more deprived groups are likely to experience poor health at an early age
- They are at higher risk of a range of wider determinants that impact on health and wellbeing, such as fuel poverty and social isolation

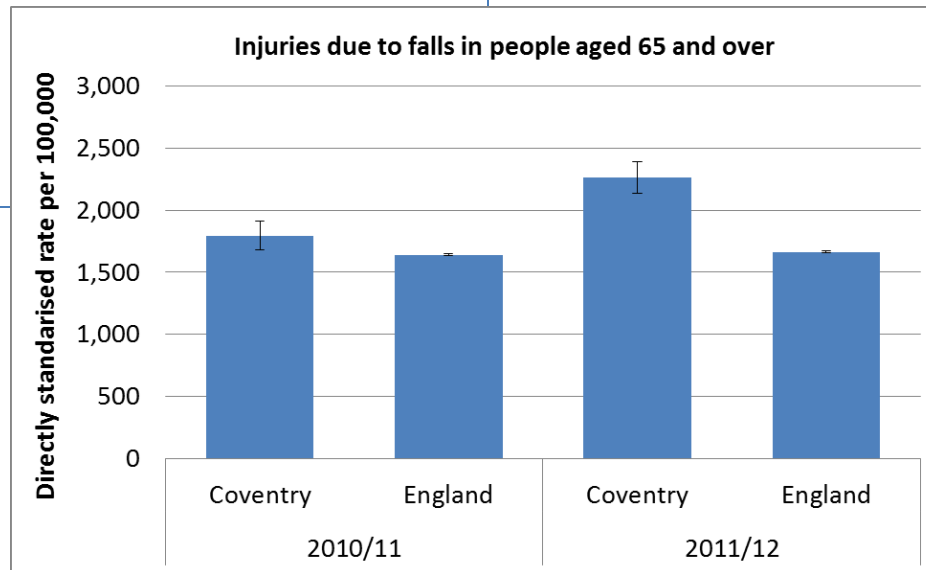
Older People

Impacts

Who does it affect?

Possible gaps

Potential key measures



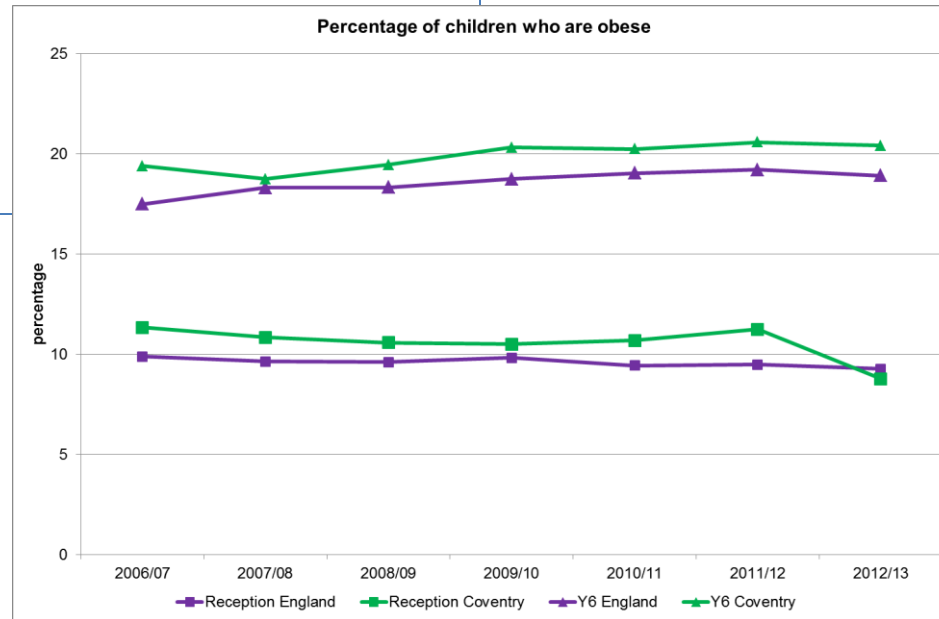
- Integration of different services that are required by elderly people to prevent emergency admissions
- Early diagnosis of dementia and links across system

- Emergency admissions in the over 75s, specifically falls
- Discharge back to usual place of residence

- Over the seven years of the National Child Measurement programme, Coventry has generally shown higher levels of obesity, when compared to England, in both Reception and Year 6

- Children born to obese mothers more likely to be obese themselves
- Higher levels of obesity in more deprived areas
- Black and Asian groups
- Boys more likely to be obese than girls

Child and maternal obesity



Impacts

Who does it affect?

Possible gaps

Potential key measures

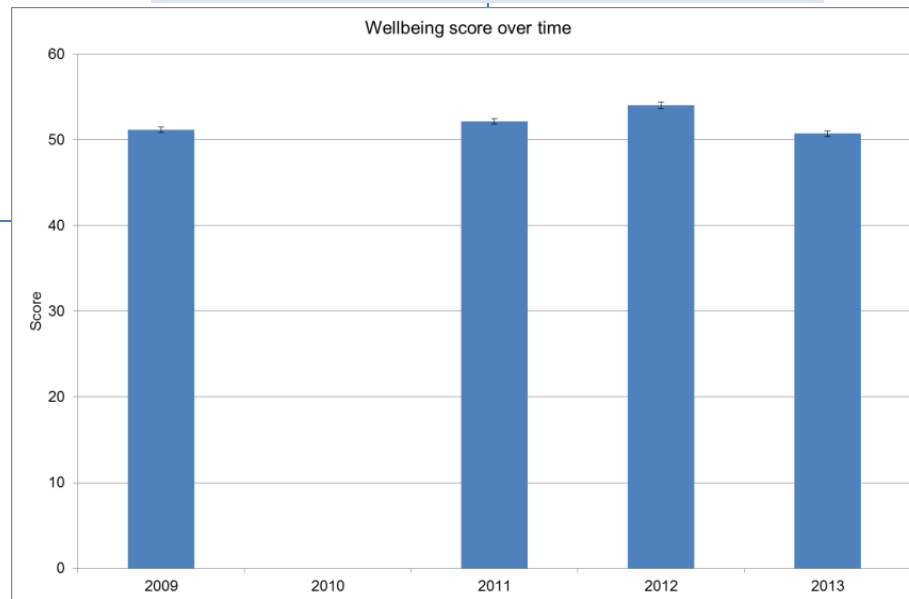
- Lack of evidence for cost-effective interventions – despite NICE guidance
- Understanding of motivations underlying sedentary behaviour
- Local data on maternal weight and complications in pregnancy

- Child obesity from National Child Measurement Programme
- Maternal obesity rates from providers

- Lack of mental wellbeing can result in physical ill health, absence from work, and unemployment. It is associated with increased drugs and alcohol use, and with homelessness.
- Unemployment, drug and alcohol use and homelessness can also cause mental ill health.

- People who are unemployed, disabled, have lower levels of education, report poor sleep, poor health and low levels of physical activity are most likely to report poor mental wellbeing

Wellbeing



Impacts

Who does it affect?

Possible gaps

Potential key measures

- Wellbeing projects will be aimed at specific geographical areas and communities of interest, knowledge of effect is not yet known

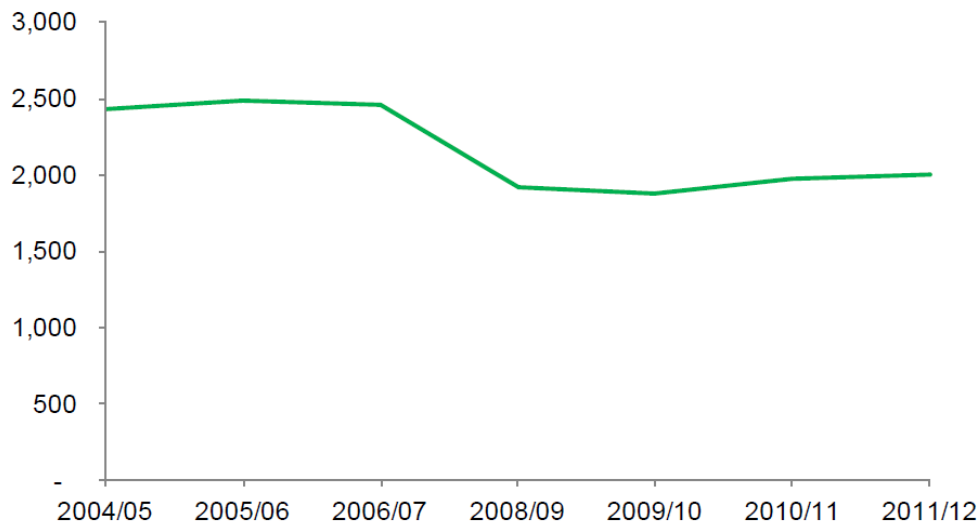
- WEMWBS is measured in the Household Survey, but this is likely to be every two years in future
- Tools to measure wellbeing will be used to measure outcomes in the Asset Based Projects
- Council and University of Warwick working on using WEMWBS to evaluate local interventions

- Coventry has the highest rate of police reported domestic violence in the West Midlands at 5.06 per 1,000 of the population.
- It causes injuries and mental health problems in the victim and can cause emotional, behavioural, developmental problems for children
- Domestic Violence is a key cause of homelessness acceptances.

- About 87% of victims are female
- The most common age is 18-34
- Black African and Caribbean are over-represented, South Asian and Chinese under-represented
- DV can occur in all groups and is not as aligned to deprivation as other crimes, however about half of all clients are living in housing association accommodation

Domestic violence and abuse

Estimated number of victims of any domestic abuse



Impacts

Who does it affect?

Possible gaps

Potential key measures

- Victims can be unclear on where to look for help and what services existed

- Take-up of support services, as Marmot indicator, as no clear intended direction of travel for rates of reporting

- People living in Coventry are more likely to be victims of rape and sexual assault than people living in the rest of the West Midlands and the UK as a whole. In 2011/12 the rate of police reported rape in females was 65.6 per 100,000 population.
- However only 11% of victims of serious sexual offences are thought to report these to the police
- People who have been assaulted can experience psychological problems such as memory loss and depression, and it is estimated that 1 in 5 rape survivors make a suicide attempt

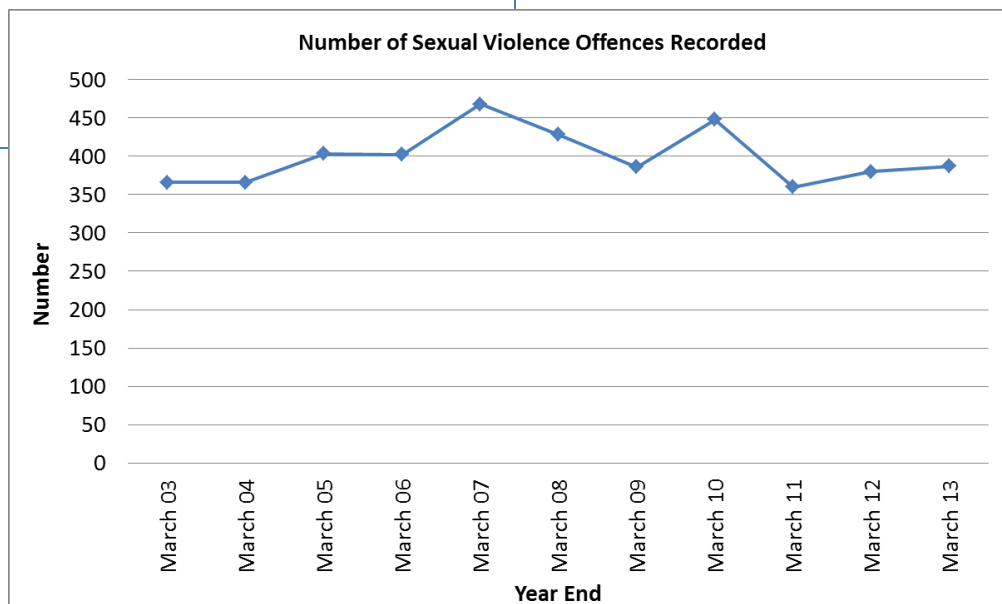
- Young white women are the largest group numerically but black women are over-represented in relation to their population
- Most occur in the city centre
- Children and young people at risk

Sexual violence

Impacts

Who does it affect?

Possible gaps



Potential key measures

- Levels of sexual violence are difficult to establish due to sensitive nature of subject and consequent levels of underreporting

- Data reported from CRASAC every 6 months and George Elliot's SARC quarterly.

- Smoking claims the lives of 1 in 6 Coventry residents and it remains the greatest cause of preventable death in the city and a major factor behind health inequalities. In 2010, there were 460 smoking-attributable deaths in the city
- Coventry has a higher rate of smoking than England and consequently higher prevalence of associated conditions
- The number of 4 week quitters has risen recently
- Smoking during pregnancy is the single biggest modifiable risk factor for infant mortality

- Most deprived
- Males
- White population more so than BME
- Unemployed but economically active
- Those in social housing

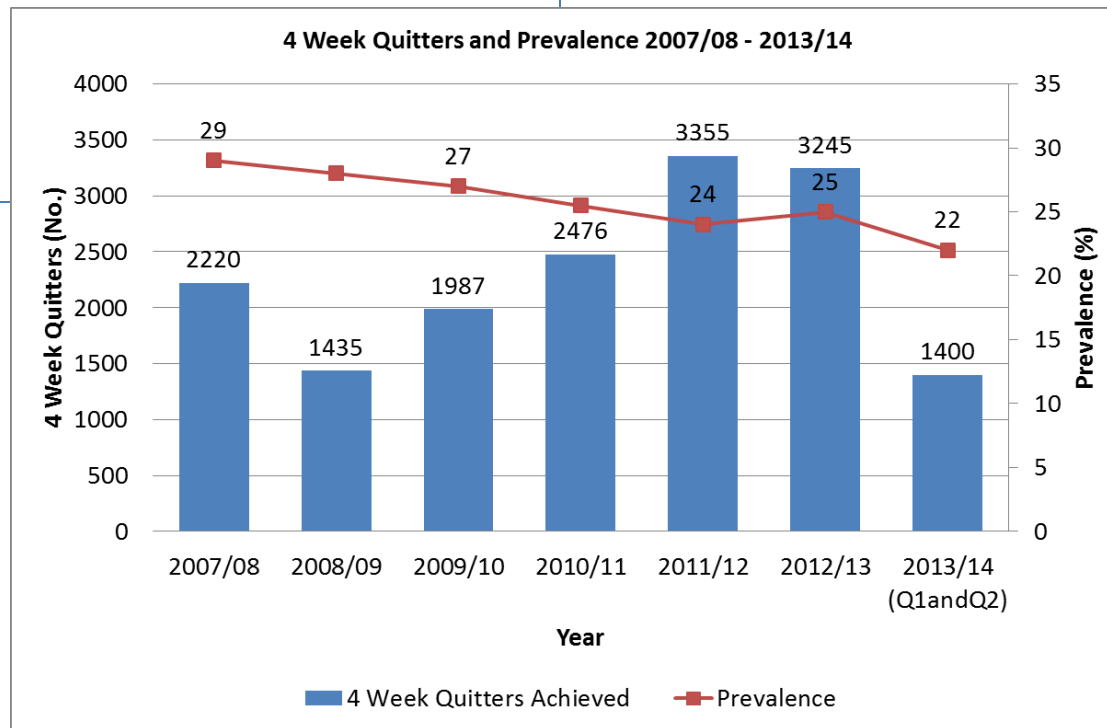
Smoking

Impacts

Who does it affect?

Possible gaps

Potential key measures



- Understanding of motivations and behaviours for those with multiple unhealthy lifestyles

- Smoking prevalence in various groups
- 4 week quitters

- 4,503 male deaths and 2,272 female deaths from alcohol-related causes in 2011
- Hospital admissions and deaths specifically caused by alcohol are significantly higher than England in males
- Links to increased crime, disorder and anti-social behaviour

- Deaths mostly in deprived groups, this inequality is most apparent in the 25-44 age group
- Young people disproportionately affected with a quarter of all deaths in 16-24 year old males being attributable to alcohol
- Males are more likely to exceed the guidance units 2 or more times per week (29%), as are those aged 45-54 (36%), the full time employed (32%), and 34% of current smokers

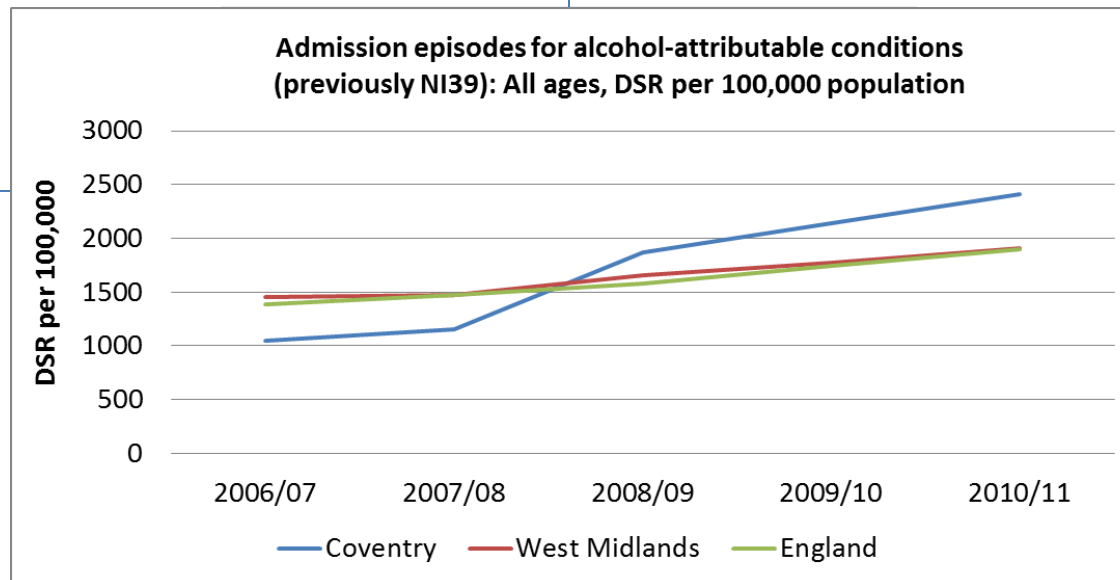
Alcohol

Impacts

Who does it affect?

Possible gaps

Potential key measures



- Improvement in coding and recording in secondary care needed to highlight issues
- Knowledge of alcohol misuse across all sectors and how greater support can be given in partnership

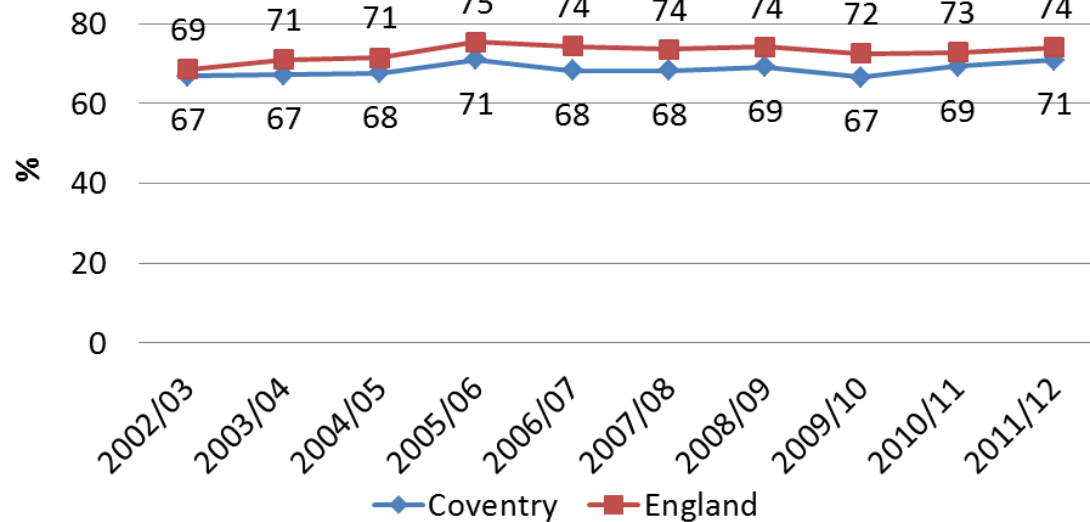
- Alcohol related admissions to hospital
- Mortality from liver disease

- Target of 75% vaccine uptake in over 65s and 60% uptake in clinical risk groups was not met in 2011/12, however these rates have increased slightly

- People aged 65+
- Pregnant women
- People in long-stay residential care homes
- Carers
- Frontline health and social care workers
- Large variation across city

Seasonal Flu

Percentage of people over 65 immunised against influenza



Impacts

Who does it affect?

Possible gaps

Potential key measures

- Understanding of reasons for low take-up of vaccines

- Vaccine uptake in primary care

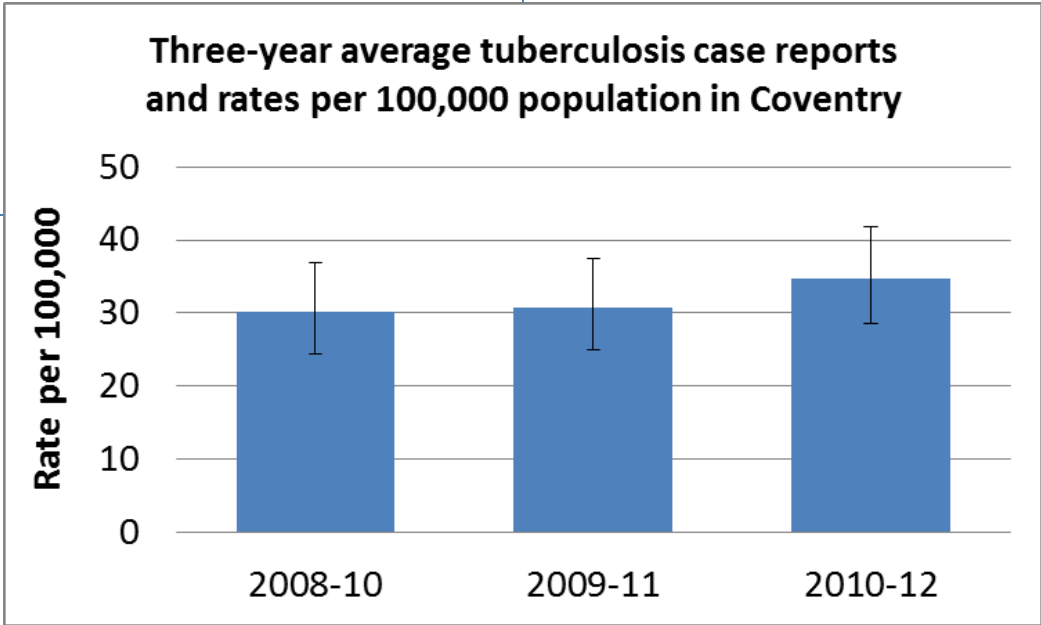
- Rates of active TB are remaining roughly constant but this needs to be monitored
- 96 cases in 2010 in Coventry

- Predominantly Black African and Asian, most likely those born in these areas or often visiting
- Poor housing conditions may trigger development of active TB

Tuberculosis

Impacts

Who does it affect?



Possible gaps

Potential key measures

- Early screening for new migrants

- Treatment completion for TB (PHOF)

- Screening uptake below national targets in 2011/12 but emergency presentations not significantly different
- Mortality in under 75s is falling but over the last 20 years has moved from being similar to England to higher with a widening gap

- Screening uptake is particularly low in more deprived areas and ethnic minority groups
- Awareness of the signs and symptoms of cancer is lower in men, those with a lower socioeconomic status and ethnic minority groups

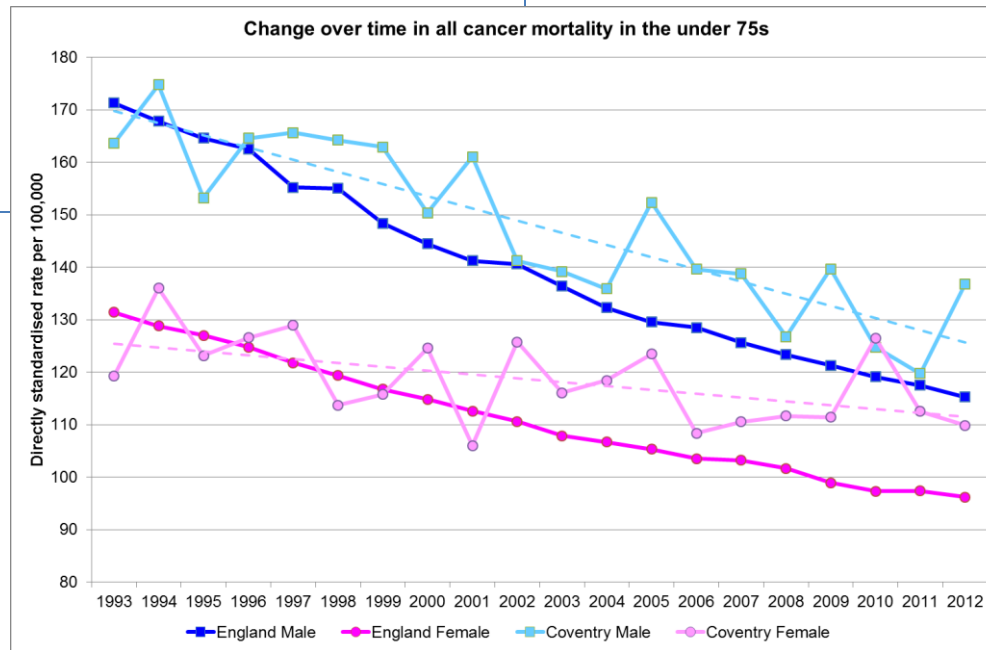
Cancer

Impacts

Who does it affect?

Possible gaps

Potential key measures



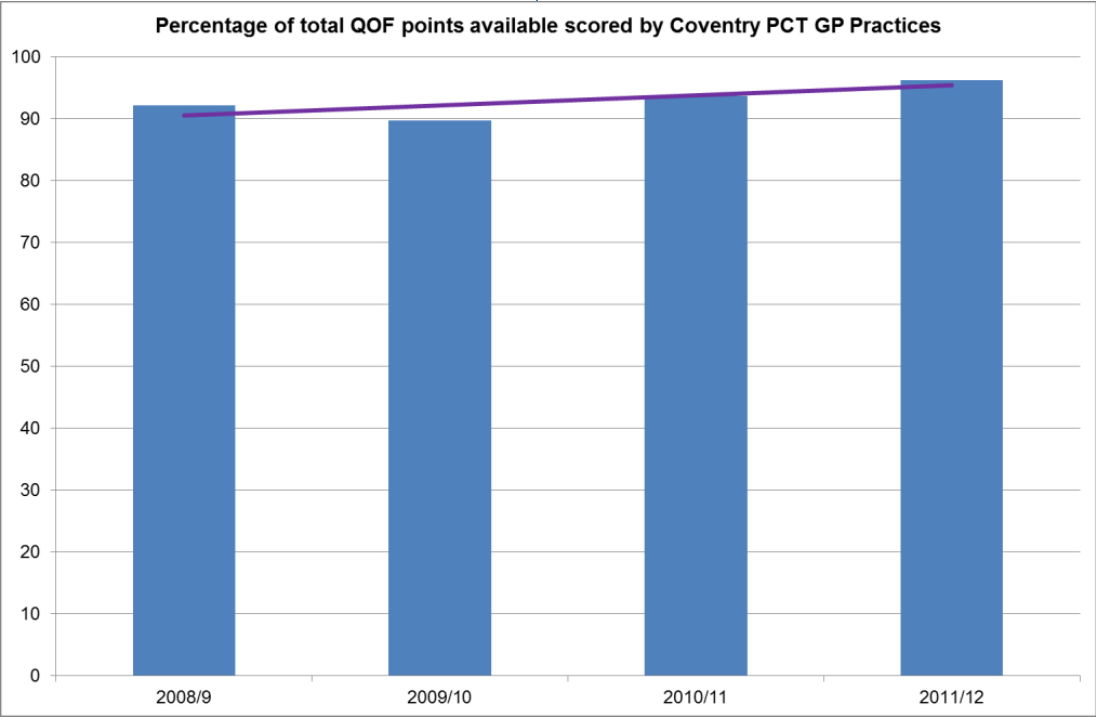
- Detailed knowledge of stage of presentation

- Under 75 mortality rate
- Proportion of emergency presentations
- 1 year and 5 year survival
- Screening

- The early identification, timely treatment, regular monitoring and early detection of complications for long term conditions may have a considerable impact on patients.
- Good quality recording of patient information, such as disease registers, allows patients to be monitored and to be called in for specific tests or screening as required

- Poorer performing practices tend to be located in more deprived areas of the city, however these areas are also likely to have higher prevalence of many conditions

Variation in primary care



Impacts

Who does it affect?

Possible gaps

Potential key measures

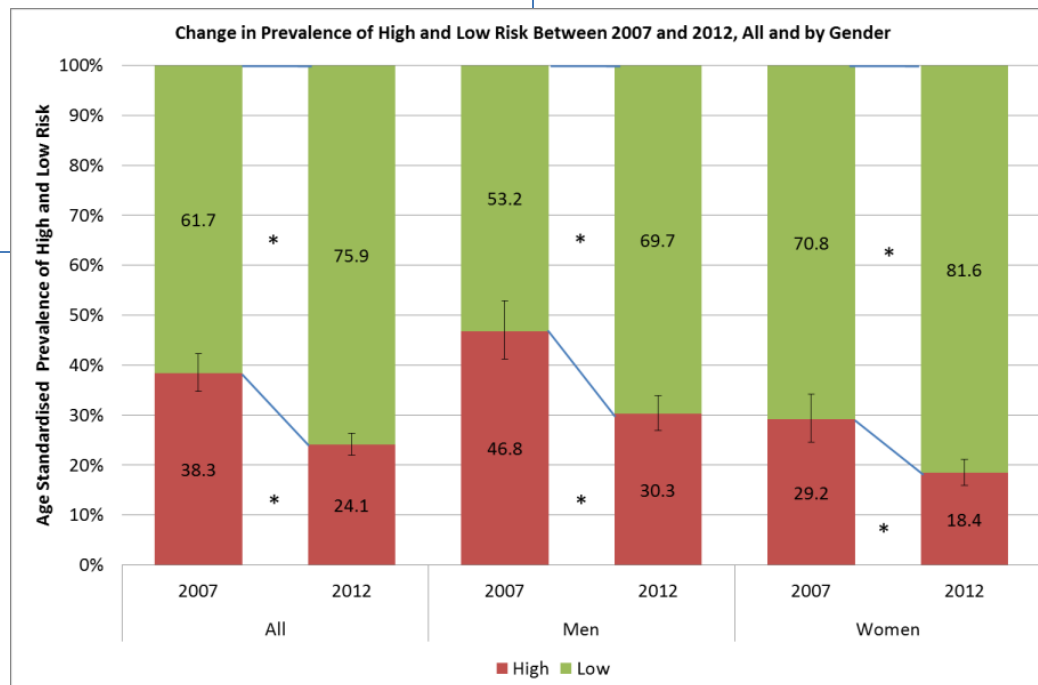
- Systematic monitoring across the city

- To be determined through Primary Care Quality Group

- 66% of people have 2 or more risky behaviours (smoking, excessive alcohol consumption, physical inactivity, eating less than 5 portions of fruit and veg a day)

- Those who have a higher % of high risk (3 or 4 risks) are males, under 65 year olds, white ethnicity, those in the most deprived quintile, and those with no qualifications (compared to higher education)

Lifestyle risk management



Impacts

Who does it affect?

Possible gaps

Potential key measures

- Detailed knowledge of barriers and support to overcome these for some groups that are at highest risk

- NHS Health Checks take-up
- Roll-out of Making Every Contact Count