Coventry City Council

Briefing Report

To: **Health and Social Care Scrutiny Board (5)** **Date: 15 October 2014**

From: **Councillor Alison Gingell, Cabinet Member Health and Adult Services**

Subject: **Progress of Public Health programme from 1st April 2013**

1 Purpose

The purpose of this paper is to brief Scrutiny Board of the work on the public health programme since public health became a council responsibility in April 2013. The paper provides an outline of the main public health delivery areas under the headings of:

- Marmot/health inequalities
- Improving the health and well-being of children and older people
- Creating Healthy Places
- Protecting people's health
- Integrated health and care

This paper updates our report, One Year On, (Appendix A) of the work of public health during 2013/14 with an additional aim of illustrating how bringing public health back into Coventry Council has created more joined up approaches across the council and its partners to improving health. This is already resulting in areas of accelerated progress in improving health and well-being outcomes compared to England wide outcomes although there is still considerable room for improvement across many health and well-being outcomes.

2 Recommendations

Scrutiny Board is asked to:

- Consider the deliverables from the public health programme to date
- Identify any further areas for discussion or consideration
- Identify any recommendations for the Cabinet Member and the Health and Well-being Board.

3 Background

3.1 Since April 2013 local authorities have had a statutory responsibility to improve and protect the health of their local population. The Health and Social Care Act 2012 making clear the requirement for local authorities to work in partnership with the

NHS and other organisations such as the Police, Fire Service, Healthwatch, voluntary organisations, and others, through Health and Well-being Boards to deliver improved health and well-being outcomes for its people.

3.2 With these statutory responsibilities comes a wide ranging requirement to maintain and sustain the health of the population that includes responsibility for taking action to reduce health inequalities by tackling the wider determinants of health (such as education, employment and housing) as well as commissioning a range of public health services and working with NHS commissioners and local NHS services to improve health services. Local Authorities need to ensure they have the appropriate health intelligence and evidence input needed to discharge these duties effectively. This public health function is the responsibility for Local Authorities for the first time since 1974.

3.3 Historically Coventry has poor health and well-being outcomes compared to those of other areas across England, significant inequalities in the population and high levels of deprivation. The council recognised the imperative to improve health outcomes and reduce health inequalities at a pace that reduced the gap between Coventry and all–England health and well-being outcomes and agreed in November 2012 to become a Marmot City. This initiative is looking in the first two years to show accelerated progress on reducing health inequalities and improving health outcomes for the people of Coventry. In line with the evidence of the Marmot report all public health programmes aim to demonstrate increased impact across our most deprived and vulnerable groups, strong partnership working and effective public involvement in the development and delivery of initiatives.

4. Discussion and actions

The Health and Well-being Strategy has set public health an ambitious agenda to match the Health and Well-being indicators with the best in the country. In line with the Council Plan this requires us to reduce the gap in life expectancy between the most and least deprived people in Coventry, improving the health of our most vulnerable groups so it matches the best in the city.

As a Marmot City we want to maximise the number of years that people live free from illness and disability so we maximise the economic value and quality of life of people in this city. As part of the Health and Social Care Act 2012 we are working to ensure that the NHS delivers access to good quality health services irrespective of where people live, with an emphasis on people accessing services that stop them getting ill and prevent health problems escalating - thus reducing the demand on expensive health and social care services.

To achieve these objectives we are working across the council and with other partners on the following:

4.1 Marmot City/Reducing disparities in health

4.1.1 Progress on Marmot city

Coventry is a city with significant health inequalities. Currently the gap in male life expectancy between the best and worse in the city is 11.2 years and the gap in healthy life expectancy over 20 years. This means that men in the most deprived wards in the city will be suffering from life limiting illness as early as their 40s, thus having a major impact on the economic viability and social integration of this city.

The Marmot review made it clear that to fundamentally reduce these inequalities we need to concentrate much more on factors such as employment, education and the start in life that we give children, rather than managing the health consequences of deprivation and inequalities. The Council agreed to be a Marmot City in November 2012. This has become a much wider approach, not just involving Council activities but including a range of activities being delivered by partners in the city.

This work is led by the Marmot Steering Group, chaired by the Cabinet Member for Health and Adult Services. The Steering Group represents a partnership across a wide range of agencies such as the Council, Coventry and Rugby Clinical Commissioning Group, Fire Service, Police and the Voluntary Sector to combine efforts to maximise life opportunities for the people of Coventry and reduce health inequalities.

A Marmot Workplan has been produced which outlines partners' contributions across the life course to reduce inequalities in the city. A set of indicators supports the work plan to measure both short term and long term progress in reducing the variation in outcomes for people living in Coventry. Figure 1 below sets out some of the areas of work being undertaken across the council and partners to deliver our aspirations as a Marmot City and Appendix B sets out the indicators we and our partners are using to assess the impact of these actions.

Figure 1

MARMOT – WHAT'S HAPPENING	
Council	- Education (early relationship and support) - Welfare Reform – fuel poverty, homelessness - Jobs – mental health training for Job Shop Staff - Green Spaces – Cycle Coventry, and active transport, play streets - Falls prevention training in care homes - Dementia friends - Social value - Workforce - Early years – early intervention, early help and improving outcomes for vulnerable children - Sexual violence - Female genital mutilation
CCG	- Cancer (Cancer screening) - Reducing smoking in pregnancy - Alcohol (A&E Nurses, City Centre Triage)

Voluntary Services	- Migrant Health (FGM, birth and early child health) - HIV/Aids (Early identification of people with HIV) - Community Engagement
Police	- Priority Neighbourhoods (crime reduction) - Shared Data - Brief Interventions (alcohol and MECC)
Fire Services	- Risk Assessments - Making Every Contact Count (MECC)

The most recent set of national Marmot indicator's show Coventry is making some progress on reducing health inequalities, with improving male and female life expectancy and good child outcomes but still needs to make progress in other areas (e.g. the gap in life expectancy for women)

Figure 2

Selected highlights from recent national Marmot indicator set
There has been an increase in **life expectancy** in Coventry, from 77.2 years (2008-10) to 78.1 years (2010-2012) for men and from 81.6 years (2008-2010) to 82.1 years (2010-2012) for women The **life expectancy gap** for men has reduced from 11.7 years (2008-10) to 11.2 years (2010-2012) The **life expectancy gap** for women has increased from 7.9 years (2008-10) to 8.6 years (2010-2012)
The number of people reporting **low life satisfaction** is significantly lower than the national average at 4.3%
More children than the national average are demonstrating a **good level of development at age 5** (55.4%, compared to 51.7% English average) **Children with free school meal status** are also doing better than other children with free school meal status in England (42.3% reaching a good level of development at age 5 compared to 36.1%)

In the light of the progress to date and recognising we are coming to the end of the 2 year Marmot City initiative, we are developing an evaluation of the implementation of this approach with the aim of developing recommendations for further action.

However, we are already working on new approaches to ensure continued progress on health inequalities. We have agreed with the Public Sector Board that inequalities will be a key priority for all organisations in the city and will be measured across these organisations. We have agreed with UCL that Coventry will co-host a national conference involving all Marmot cities in the country. Feedback from UCL indicates that

Coventry is making more progress than other cities. Nationally the Department of Health and Public Health England (PHE) have recognised our work in this area.

From the peer review of our health and well-being strategy we recognised a key area in reducing health inequalities was primary care. We are working to reduce the variation in primary care quality across the city by focusing on 3 main areas. A primary care quality dashboard, integrated neighbourhood teams delivering health and social care and improving the information provided to patients outlining what they should expect from primary care.

4.1.2 Reducing disparities in Health

Overall health outcomes across the city are poorer than those experienced by people living in areas such as Warwickshire that have the best outcomes in England. Therefore, we need to not only reduce the gap in health outcomes across the city but also improve outcomes generally across the city. Two major initiatives that public health is leading on to reduce the disparities in health in the city are drugs and alcohol and health checks for the over 40's. Appendix C sets out the recent information on areas of poor health outcomes compared to our peers.

4.1.2.1 Drugs and alcohol

Drugs and alcohol have a major impact on society in terms of working days lost, crime and violence and is one of the most common underlying factors in domestic and child abuse. Drugs and Alcohol are also a major cause of ill health.

Coventry is a significant outlier on a wide range of health outcomes related to alcohol.

In Coventry, approximately 52,000 people drink above NHS guidelines, 8,000 individuals are alcohol dependent and 5,200 school children say they have tried alcohol. The rate of alcohol-related hospital admissions per 100,000 in Coventry quadrupled between 2002/3 and 2011/12.

Coventry has approximately 2,000 opiate and crack users, and approximately 750 primary and secondary school children in Coventry say they have tried illegal drugs. While opiate use is decreasing, the use of new and emerging drugs, e.g. legal highs, is on the rise

Public Health fund a range of commissioned services that deliver advice, treatment, support, advocacy, training, communications and service user involvement in line with the city's drug and alcohol strategies.

The majority of funding supports treatment for adults. Approximately 2,000 adults a year in Coventry receive treatment and 200 professionals receive training to identify and provide interventions that have been shown to be effective in altering people's drinking habits. Non-opiate users and alcohol users in treatment have significantly increased (by 32% and 21% respectively on 2012/13 figures) and the number of alcohol users successfully completing treatment have also increased by 4%. However, successful completion of treatment for drug users decreased in 2013/14 and we are working with

our services and ex users to address this. We are monitoring outcomes against the national outcome set and currently we are performing well on these measures compared to other parts of the region, although we still have significant challenges to improve our outcomes to compete with the rest of England.

Other services commissioned within the alcohol and drugs programme include:

- Independent Living Service (provides 800 information and advice sessions per year, and carries a permanent caseload of approximately 50 clients who receive structured support).
- Service User Involvement Scheme (promotes community cohesion and volunteering)
- Late Night Triage Service (treats approximately 350 alcohol intoxicated patients a year, preventing 240 A&E attendances and 200 ambulance call outs), NHS funded via a S256 agreement with the Clinical Commissioning Group.
- Identification and Brief Advice in primary care (via a GP LES, national 1-in-8 success rate)
- Residential rehabilitation placements (25-40 clients learn how to maintain abstinence)

There is a growing amount of evidence that the density of off licences is linked to the following:

- An increase in direct and indirect sources of alcohol for young people
- An increase alcohol related harm.

For every 2 additional alcohol outlets per 100,000 population, there is one additional hospital admission of a person under 18 yrs. Public Health have provided evidence to support both police and environmental protection in licence review hearings where premises serving alcohol are associated with increased attendance to A&E. The Director of Public Health is now a Responsible Authority under licensing legislation, which means that she is consulted on all alcohol licensing matters across the city.

4.1.2.2 Health Checks

Vascular diseases including coronary heart disease, chronic kidney disease, diabetes and stroke account for the greatest number of preventable deaths in the UK. In 2009, one third of deaths and one fifth of hospital admissions in the UK were attributable to cardiovascular disease, and cardiovascular disease accounts for the largest element of health inequalities in the UK. This is also a major cause of disability resulting in care, benefit and wider societal costs.

The NHS Health Check Programme is a mandated service under the Health & Social Care Act 2012. Health Checks are targeted at residents aged 40-74, and assess the risk of developing health problems and conditions e.g. heart disease, diabetes, stroke and dementia. When risks are identified individuals are supported with personalised lifestyle advice and clinical action, helping to reduce the risk of developing long term conditions and the consequences of such conditions.

The take up of NHS Health Checks is rising in Coventry and exceeds the national and regional average. The number of people being invited and receiving a health check

(9,374) doubled in 2013/14 compared to the previous year. In 2013/14 3% of health checks resulted in people being identified as having a significant health problem that meant they were added to a disease register. Currently 65% of health checks are being delivered to people in the most deprived communities in the city. Currently we can demonstrate a wide range of further actions that GPs and others are supporting individuals to undertake to reduce health risks identified by health checks.

4.2. Improving the health and well-being of children and older people

In order to reduce inequalities in this city and ensure that the people of this city are able to maximise their life opportunities we need to work to improve health outcomes at both ends of the life course. We need give all our children the best start in life and ensure that older people can remain healthy, independent and important contributors to the life of this city.

4.2.1 Children and families

The health and well-being of children in Coventry is generally worse than the England average across a number of key outcome measures, from infant mortality to number of looked after children.

A number of high profile national reports (Marmot, Tickell, Field and Allen) have all highlighted the same issue: if you want to improve the life chances and health outcomes for children your need to intervene early in a child's life, before 2 years of age. If we want to improve the outcomes of every child born in the city, we need to improve on current performance and delivery across the system.

A new model of delivery, based on integrating existing teams and services on a locality basis is offering the opportunity to do better for children and their parents. This new model ensures that parents and the voluntary sector are involved in the co-design and co-production of the service. Through this approach we are aiming to improve the capacity and capability of parents to enable them to best support the health and development of their children and achieve the goal of giving every child born in the Coventry the best start in life. Integration of care around the needs of children, and their families is absolutely fundamental to improving their health outcomes. It also reduces duplication and waste and saves significant sums of public money that can be spent on service improvement.

The new model is predicated on serving the needs of a locality around a hub of a Childrens Centre and a cluster of GP surgeries. The integrated team comprises of the following:

- Midwives
- Health Visitors
- Children Centre staff
- GPs
- Childrens Social Care

The early signs have been encouraging on a number of levels:

- Improved Parental Engagement: involved from the outset in co-production of the new model and on-going evaluation.
- Improved Team development/behaviours: Formal multi-disciplinary weekly meetings focused on early intervention and joint planning for those parents identified as being vulnerable and requiring additional support.
- Improved engagement and working relations with GP practices
- There has been reported increase in staff morale

We are focusing on a small number of key outcome measures in the 0-5yrs that will inform us of whether we are achieving our overall goal. These are:

- Early Booking at 12 weeks in the ante natal period
- % women smoking at delivery
- Breastfeeding initiation and duration
- Primary immunisation coverage
- Development reviews 0-5yrs
- Uptake of 2yr nursery place
- CAFs
- Child protection plans
- LAC number
- School readiness

The 2 demonstrator sites (Tile Hill and Hillfields) went live in April 2014. This has not been achieved before in Coventry and is a truly innovative piece of work. 4 more sites in Longford, Henley, Foleshill, Binley and Willenhall went live at the start of October 2014.

Other work currently underway includes support for parents from vulnerable and ethnic groups (see table in Appendix D), support to improve breastfeeding (via the infant feeding team in the people directorate), improving the safeguarding roles of GPs, improving school nursing and working with the NHS to maintain high childhood immunisation rates especially around the introduction of flu vaccination of children.

4.2.2 Older people

The Health and Well-being Board and council have also endorsed work to support Coventry to become a World Health Organisation Age Friendly City. This initiative is being jointly delivered with Coventry University and Age UK Coventry. The aim is that we will work with a wide range of people across the City to put together a plan of how, together, they would make the City of Coventry a place where older people can remain healthy, independent and happy long into their old age.

4.3 Healthy Places

Placing the public health function within Coventry council has allowed PH and the place directorate to work collaboratively on a range of initiatives that include:

- Ensuring the physical environment is designed and maintained to promote health
- The use of the built environment to change health and lifestyle (cycle tracks)
- Promoting health in the workplace (workplace well-being charter)

Furthermore the ability to work collaboratively across the council and with other partners has allowed us to look in very different ways at how we address major public health lifestyle risk behaviours where changing these behaviours requires us not only look at individual behaviour change but an understanding of the influence of the environment that surrounds that individual and the community and peer influences that affect those behaviours. This can best be illustrated by the innovative approaches being taken to address the lifestyle issue of physical inactivity by Coventry on the Move.

4.3.1 Coventry on the Move

Physical inactivity is estimated to cost the England economy £8.2bn. The impact of physical inactivity is around 10% of the social costs incurred by major public health concerns. Inactive people spend 38% more days in hospital than active people and visit the doctor almost 6% more often. Physically active people are less likely to develop diabetes, heart disease and other conditions that ultimately drive up social care costs. With 37% of the population inactive (UKActive, 2014), Coventry has one of the least active populations in the country.

Coventry on the Move is taking an innovative approach that is attracting attention across the country. It recognises that people do not respond well to messages that link being active to reducing health problems. Instead it is taking an approach that builds on the ability of physical activity to be fun and a way of bringing people together. Coventry is one of 8 Department of Health systems leadership pilots and this work is part of this pilot.

The main programme we are commissioning focuses on parents and children being active together and is being tested in school and community settings.

4.3.1.1 Working with Parents and Children – Active Socialising

This work is based on the concept of parents and children having fun and being active together that came out of some behavioural insight work that took place in 2013. We are now piloting this concept with a few different organisations to see which is more effective:

i. Happy Hour:

Happy Hour is being run by the Positive Youth Foundation. 34 parents and children attended the programme at Stanton Bridge primary school between April and July this year. Follow-ups are now taking place to see if the families have continued being active together.

They will also be going into Sidney Stringer Secondary School in November to pilot the programme in a secondary school

ii. Using your outdoor spaces:

Warwickshire Wildlife Trust delivered programmes in children's centres over the summer holidays, to encourage parents of younger children to use the outdoor space in their local area. These centres were Middle Ride, Bell Green and Canley and have had over 60 unique participants attend, with an average attendance of 17. Staff at the centres are being trained so that they can deliver these session independently of WWT. They will be delivering follow ups in October to assess the impact this has had.

iii. Streetgames:

Streetgames is a national organisation who are sub-commissioning Coventry Sports Foundation to deliver a series of activities in the Tile Hill area. They will be delivering six week activity sessions in six schools in Tile Hill, targeted at less active children. These will be supported by two community sessions where parents also attend. Parents will be trained to be volunteers so these sessions can continue without further funding. All six schools will have started delivering by end 2014.

4.3.1.2 Working with communities

The Tile Hill festival took place on the 28th September 2014 where over 150 residents came along to get active, and have fun in their local area. However, this was not the result of major public health input and resources. Most of the activities were provided by volunteers or local services free of charge. These included a variety of cycle activities (organised by Cycle Coventry) such as Spin Art, cycling assault course, and free cycle checks; relay races; table tennis; swing ball and stop smoking information. The event also could not have happened without partnership with the library and Youth Centre. They are now planning for this to be a twice-yearly event. This event was the culmination of work Coventry on the Move has been supporting in the area over the last 9 months.

Tile Hill's Got Talent took place for the second time, the day before Tile Hill Festival. Other work has resulted in a Youth Café being launched, who were given the Wellbeing Grant to get started, and now have up to 30 children attending, playing games they make up themselves, and making smoothies.

4.3.1.3 Active workplaces

On average people spend almost 6 hours each day seated at work and as such there is an opportunity to reduce this figure and create a healthier workforce. The benefits of physical activity to both employee and employer are well documented and yet massively under exploited. It is hoped that all public bodies will embrace this opportunity to enhance the health of their workforce and contribute to tackling a much bigger population-wide challenge.

Recently, UHCW, Coventry University, Severn Trent and IKEA have signed up to being involved with this. We have developed a workplace challenge that is creating league tables of activity in organisations and potentially in future between organisations.

Within the City Council this has resulted in a monthly 'Challenge Martin' session where any staff can quiz the chief executive while playing him at table tennis. The Leader of the Council is due to join this activity from October 2014. Meeting rooms have been issued with pop up table tennis kits and 'standing' meetings will shortly be encouraged with specific tables for the purpose. In the summer a Top Gear-style staff challenge was held to see what mode of transport (walking, running, cycling, driving and even skateboarding) would get people across the city fastest.

Companies have also shown an interest in taking part in the '2 minute skipping challenge'. So far IKEA have taken part in this but there has been a lot of interest from UHCW, the Police, and Coventry and Warwickshire Partnership Trust.

4.3.1.4 Creating social opportunities to be active

We have used a number of events such as the two closures of the ring road, the Godiva festival and events in Broadgate to give people the opportunity to be active in fun ways. This has included getting groups such as the police and GPs to take part in activity challenges. This is part of our approach to get a much wider range of organisations and individuals acting to mobilise physical activity in the city.

To extend the reach of these events and to encourage people to continue to be active after the events we have been using social media to keep in contact with people who sign up at these events and to broadcast to a wide audience. We are engaging a large number of people on an ongoing basis in taking part in activity and using social media to communicate how much activity they are taking part in. We are working with Free Radio and social media forums to get wider recognition and take up of messages on being active in the city.

Twitter was started in February this year, Facebook in July. Twitter has over 600 followers; Facebook has over 550 'likes'. On Twitter, 52 of our followers are 'influential' which means that have a lot more followers than numbers they are following. These include Coventry Telegraph, NHS midlands, Touch FM and JD (from free radio).

At the last event Coventry on the Move was involved in (Tile Hill Festival), there were re-tweets from Radio Warwickshire, Horace Panter (The Specials), Tom Wood (England

Rugby, used to play for Barker Butts) and JD & Roisin. Collectively, these people have almost 50 thousand followers.

At Godiva Festival 2014, we worked in partnership with Decathlon to encourage people to keep active, and talk about it on social media. For every person who got a piece of equipment to take away (a hula hoop, squidgy Frisbee disk or skipping rope), they also got a £5 off every £25 or more spent at Decathlon. Furthermore, they would have a chance to win £50 at Decathlon if they Facebook-ed or Tweeted a photo of them using the equipment with other people. The person who won got 6 people playing Frisbee in the back garden.

4.3.1.5 Increasing activity in vulnerable groups

In 2014/15 we are focusing on four different models aimed at getting different population groups active, including those with Mental health problems, learning disability or with a physical or sensory impairment. This should reinforce these group's independence and well-being.

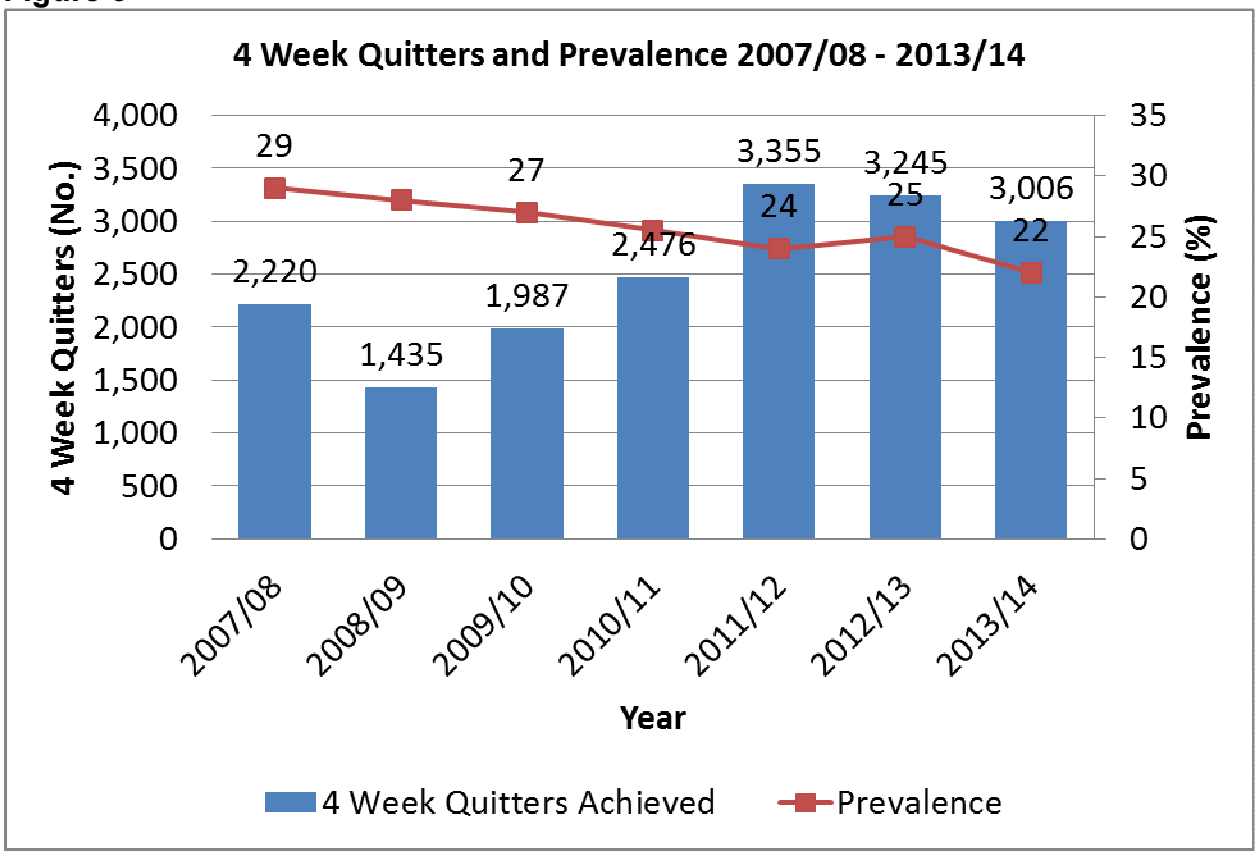
Overall our ambition is to get a substantial proportion of the City active. Future national activity surveys should see Coventry move to top quartile activity levels over 5 years.

4.3.2 Tackling lifestyle issues

Lifestyles make a significant contribution to both life expectancy and to quality of life. The major lifestyle issues of smoking, diet and being active have a bigger impact on health outcomes than a whole range of genetic and disease treatment factors. Overall individuals that have 3 or more lifestyle risk factors will see a reduction of 12 years in their life expectancy – Appendix E. Therefore we continue to need to focus on reducing levels of smoking, improving the number of people who are at a healthy weight as well as further developing the work above on physical activity.

We have made significant progress on reducing the number of people who smoke in the city to the extent that from having above national levels of smoking in the city we are now in line with the national average (the prevalence of smoking has fallen from 29% in 2007 to 22% in 2013. This has been done by a Tobacco Control Alliance which was commended in a recent peer review for "a strong Tobacco Control Alliance with a broad membership which supports a comprehensive approach to tobacco control" and improving the uptake and effectiveness of our stop smoking services (see Figure 3) with 53% of people using Coventry stop smoking services quitting at 4 week follow up.

Figure 3



Although smoking levels are reducing in the city we know there is still a significant challenge especially in some of our deprived communities and among groups such as pregnant women. Therefore we are looking to build on the smoke-free school gates and children's play area initiatives by designating other public areas as smoke free. We are supporting UHCW and CWPT to become totally smoke free environments. If successful, Coventry could be one of the first cities nationally to achieve smoke-free NHS premises, in line with recent NICE guidance. We are also supporting a national research trial aimed at encouraging more pregnant smokers to quit and to promote smokefree homes (for example where a partner smokes).

However, perhaps the biggest emerging public health challenge across the world is the impact on health of excess weight. It is also a challenge that is proving difficult to address effectively.

A 2012 survey reported that between 51.6% and 61.5% of Coventry's adult population were an unhealthy weight - that is between 134,160 and 159,900 adults being overweight or obese. Coventry has an obesity rate of 26.2% which compares unfavourably with the national average of 23%. High levels of obesity are highly linked to high levels of deprivation. Some ethnic groups in Coventry will see significant health issues with lower levels of obesity e.g. Asian.

We know that people find it difficult to change their weight and maintain weight loss. A growing level of evidence suggests that because of this the approach to weight

management activities need to be more tailored to the individual. We want to apply our learning from Coventry on the Move to develop innovative approaches to do this. In addition, it is clear that family and peer lifestyles and the food environment can have a big impact on people's weight e.g. food deserts.

Therefore although our healthy weight programmes are delivering results in our communities (see Figure 4) we have reviewed the evidence and current outcomes for healthy weight in Coventry and as a result intend to focus in 3 areas. This will require significant partnership working to deliver work both across the council and with external partners. The 3 areas are:

i. Food environment; looking at food deserts, food outlets, and role of businesses, communities and others around food behaviours.
ii. Families with children; working with schools, pregnant women and recognising that healthy weight in children is often a challenging issue for families that requires change across the family; and
iii. Deprived communities; working with food banks, community groups to develop activities that enable them to make lifestyle changes.

We are currently in the process of identifying the key actions we want to take forward in these 3 areas.

Figure 4

HEALTHY WEIGHT	
Programme	**Outcome**
Be Active Be Healthy	- 69% completion rate - 70% reported change after 1 year in eating linked to physical and mental health
Cook and Eat Well	- Support to most vulnerable communities - Working with food banks on how clients can cook healthy meals.
Weight Management on Prescription	- Average weight loss per client is ½ stone

4.4 Protecting the people of Coventry's health

There are 3 key areas that public health in Coventry focus on to ensure that we reduce the risk of harm and serious health consequences:

- Reducing the level of communicable disease in the population
- Reducing the impact of sexually transmitted infections and unwanted pregnancy
- Managing population health outbreaks

The consequences for the city of failures in these programmes are significant. The Council is responsible for delivering statutory services around health protection and specific mandated services around sexual health. Sexual health is a significant issue in Coventry because of a younger than average population, a significant student population and a high migrant population.

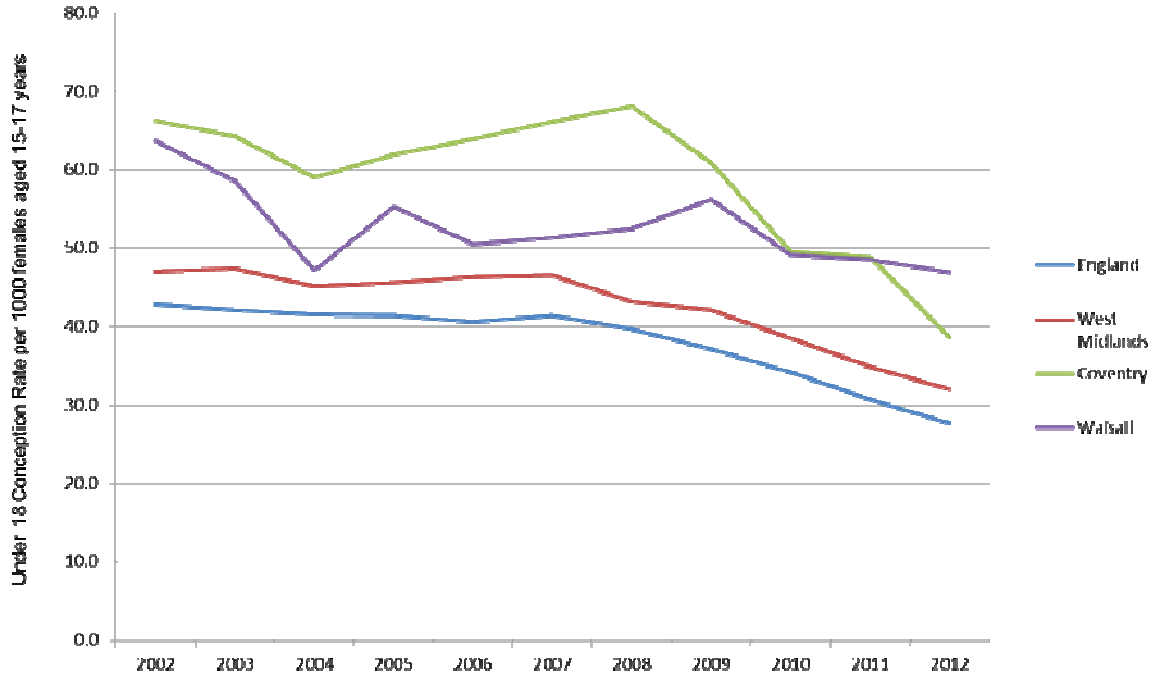
4.4.1 Sexual health

Sexual Health covers a range of issues including contraception and unwanted pregnancy, sexually transmitted infections (STIs), and relationships. Good sexual health is important to individuals but it is a key health protection issue as well.

Teenage pregnancy rates are decreasing nationally. In Coventry rates are decreasing rapidly compared to national projections meaning that Coventry is on track to come in line with the national average for teenage pregnancy. See Figure 5. This is a result of the improvements made to our sexual health services and the introduction of services such as Family Nurse Practitioners that support young people that have already become parents.

Figure 5

·Teenage Pregnancies in Coventry



While there is no cure for HIV, the improvements in treatment of people with HIV means that if diagnosed early people can expect to live nearly as long as someone without.

Integrated Sexual health services are currently out to tender in Coventry, jointly with Warwickshire and NHS England. The effect of our current programmes are set out in Appendix F.

However, significant challenges still remain. Coventry has:

- the third highest rate of Chlamydia in the West Midlands (2291 per 100,000 15-24 year olds), which is increasing over time.
- 12th highest HIV prevalence of all local authorities in the UK outside of London and levels of late diagnoses of HIV.
- relatively low use of long acting reversible contraception (LARC) which are important in reducing unwanted pregnancies.

4.4.2 Communicable Diseases

The reduction in communicable diseases is a priority for Coventry. Coventry has the highest prevalence of HIV in the West Midlands, is one of four local authorities with a high incidence of TB in the West Midlands, as well as having a large burden of disease due to other blood borne viruses, such as Hepatitis B and C.

The rise in TB levels has been highlighted by PHE as one of the greatest health protection challenges for the UK. In Coventry the Arden TB Strategic Board has been set up and will be chaired by the Director of Public Health for Coventry. The 1st meeting was held on 28th July 2014, in line with the national TB strategy. This Board will oversee TB prevention and control activities in Coventry and Warwickshire. In addition we are working with the CCG to improve infectious disease services commissioned by the NHS and are working with PHE on improving the identification and management of people with Hepatitis in Coventry.

4.4.3 Outbreaks

A multiagency agreement regarding service delivery in the context of a public health outbreak/incident has been developed (led by CSW Resilience and Public Health) for Coventry, Warwickshire and Solihull and signed off by all relevant partners. A recent test of the agreement in response to a care home outbreak has shown that the partnerships required for the response have worked effectively.

The Health Protection team is involved in a rolling programme of communication campaigns including cold weather and heatwave campaigns (including sending alerts across health and social care system), and seasonal flu vaccination campaigns. The recent 'Feel Well, Choose Well' Winter campaign has been put forward as a finalist at the e-Health Insider awards for the 'Best use of Social Media to deliver a health campaign' category. Furthermore, Public Health are currently taking the lead on Keeping Coventry Warm (fuel poverty) initiatives (in collaboration with colleagues from Place Directorate).

4.5 Improving outcomes from health and social care

One important element that contributes to the lower life expectancy in Coventry is that Coventry is doing significantly worse at mortality (deaths) from causes considered preventable by effective health and social care interventions. See Figure 6.

Figure 6

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
4.03 - Mortality rate from causes considered preventable (Persons)	2010 - 12	226.1	187.8	340.5		136.2
4.03 - Mortality rate from causes considered preventable (Male)	2010 - 12	290.4	238.4	430.9		164.9
4.03 - Mortality rate from causes considered preventable (Female)	2010 - 12	166.1	140.6	253.9		94.7
4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons)	2010 - 12	89.6	81.1	144.7		55.7

Public health is working with the NHS, and other partners to reduce preventable deaths and ill health. This involves the use of public health expertise; to provide an understanding of the health and social care needs in Coventry, the evidence for effective ways to meet these needs, support the commissioning of services against outcomes and ensure effective evaluation of new approaches to meet health and social care needs. For example of the range of input this can include is the area of reducing emerging admissions and re-admissions to hospital. Work has included:

- working with GPs on different models of primary care
- working with health & social care on new models of care for children and the elderly
- working with CCG and people directorate to understand the reason for the high levels of emergency admission and re-admission
- supporting the development of quality services in primary and secondary care

An important initiative to improve the integration of health and social care is the Better Care Fund.

The £3.8 billion Better Care Fund (BCF) was announced by the Government in the June 2013 Spending Round, to support transformation and integration of health and social care services to ensure local people receive better care. The BCF is a pooled budget that shifts resources into social care and community services for the benefit of the NHS and local government.

In Coventry Our Better Care focus is on significantly improving pathways and interventions across the following:	
Prevention Support and Short Term Care that covers:	• Older People particularly people aged 75+ with complex needs, • People with Dementia • Their Carers
Long Term Care and Support for the following people:	• Those with Learning Disabilities & Mental Health (all ages) • Older People (75+) • Younger People with Physical Disabilities • People with Dementia • Their Carers

Following agreement by Ministers in June 2014, £1 billion of the NHS additional contribution to the BCF will now either be commissioned by the NHS on out of hospital services or be linked to a corresponding reduction in total emergency admissions.

Protection of social care remains a top priority, and the revised plans must reflect this clear policy intention.

Public health has been working with colleagues in the NHS and people directorate to provide data and evidence to support the development of Better Care plans and develop performance indicators and evaluations of effectiveness to underpin the implementation of these plans. This has included:

- co-ordination of the health and social care intelligence group
- evaluation of integrated neighbourhood teams pilot (see service model in Appendix G)
- evidence reviews to support service design

In addition to the BCF there is cross council working to ensure that we have the data and evidence we need to understand and plan for the implications on services of major population issues. This includes work on the Joint Strategic Needs Assessment that underpins Coventry's Health and Well-being Strategy, mapping the impact of welfare reforms, community engagement and empowerment work and behavioural insight work to support the customer journey work that is part of the Kickstart initiative. In all instances the aim is to ensure we have the right intelligence and public engagement to effectively deliver services that deliver real benefit to the people of Coventry.

5. References

Department of Health Fair Society of Healthy Lives (The Marmot Review) 2010
Department of Health, Health and social Care Act 2012

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