

Public Health One Year On



May 2014

Background

Since April 2013 local authorities have had a key role in improving the health of their local population, working in partnership with the NHS and other organisations such as the Police, Fire Service, Healthwatch, voluntary organisations, and others, through health and wellbeing boards. This 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 advising commissioners of local NHS services. Local authorities need to ensure they have appropriate health intelligence and evidence input needed to discharge these duties effectively.¹ This public health function is a new responsibility for Local Authorities for the first time since 1974.

Responsibility for improving the health of the public sits with the Council's Director of Public Health, supported by a small team who in turn work with a wide range of staff within the council and externally who have direct responsibility for many of the services that influence people's health and well-being.

This report assesses what has changed one year on since Coventry City Council took up its new health duties.

Health and well-being in Coventry: the big picture

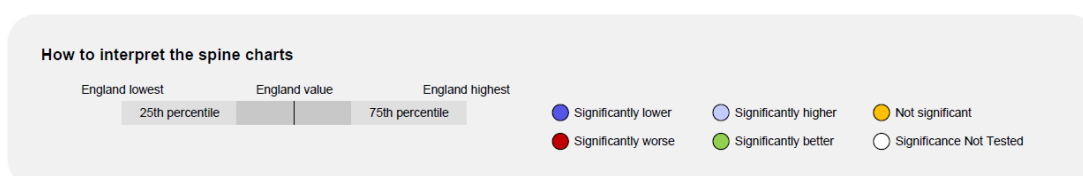
Coventry's Health and Well-being Board, chaired by the Cabinet Member for Health and Adult Services has a responsibility to set the overall direction for health and well-being in the city.

The Board use the Joint Strategic Needs Assessment (JSNA) to take a future-focussed view of what the key challenges are likely to be for Health and Wellbeing in the city, and this informs the development of the next Health and Wellbeing Strategy for the city, from 2016 onwards. This will be done by using skills in predictive modelling from existing service data and combine this with on-the-ground knowledge, from citizens and professionals in the city, to determine which areas of focus will have the most impact.

The Director of Public Health's annual report in 2013 – 'Changing for the better', looked into the risky behaviours of smoking, excessive alcohol consumption, physical inactivity and eating fewer than 5 portions of fruit and vegetables a day. There was a reduction in those people with high risk (3 or 4 risks) 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. This work is now being used to make sure that services to support people to change their lifestyle are focused on people who are most likely to benefit which will be promoted by the Council's new Single Point of Access, due to go live later this year.

Outcomes

The Public Health Outcomes framework indicators show how Coventry is performing in comparison to England. These will be used to monitor what progress the council is making in improving health.



¹ Department of Health (2012): *Local government's new public health functions*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212962/Public-health-intelligence-local-government-functions.pdf

Marmot City

In 2013, Coventry City Council was chosen to be one of seven 'Marmot' cities. 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.

Outcomes

Overarching indicators	Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
0.1i Healthy life expectancy at birth - Male	2009 - 11	60.4	63.2	55.0		70.3
0.1i Healthy life expectancy at birth - Female	2009 - 11	63.2	64.2	54.1		72.1
0.1ii Life Expectancy at birth - Male	2010 - 12	78.1	79.2	74.0		82.1
0.1ii Life Expectancy at birth - Female	2010 - 12	82.1	83.0	79.5		85.9

Marmot City Plan: table of indicators					14 May 2014	
Lead Organisation	Indicator title	Previous Data	Latest Available Data	Progress	Target 2013/14	
CCC-Public Health	Breastfeeding rates at 6-8 weeks <small>for Cov & Rugby CCG -- cannot be compared to old data</small>	43.3% 2013/14 Q2	48.7% 2013/14 Q3		72% (45.7%+)	
CCC-Public Health & CCG	Alcohol related hospital admissions (broad) <small>directly European age-standardised rate per 100k population -- revised indicator, cannot be compared to old data</small>	6,689 <small>(2,499 per 100,000) 2011/12</small>	7,243 <small>(2,680 per 100,000) 2012/13</small>			
CCC-Public Health	NHS health checks delivered <small>annual data for 2013/14 shows 9,374 completed out of 17,224 invited and 80,032 eligible - quarterly data used to match target</small>	2,780 2013/14 Q3	3,155 2013/14 Q4		3,000 per quarter	
CCC-Public Health & CCG	Mothers who smoke at time of delivery	13.6% 2012/13	12.7% Q3 2013/14			
CCC-Public Health	Smoking quitters	<i>New measure for 2013/14</i>	76.5% Q2 2013/14		75%+	
CCC-Public Health	Increasing uptake of HIV testing in primary and secondary care	588 2010/11	<i>No data available yet</i>		 10%	
CCC-Resources	Delivery of NHS health checks to Coventry City Council employees	41 2013/14 Q3	23 2013/14 Q4			
CCC-Resources	Uptake of monthly be healthy be well newsletter	1,114 Q3 2013/14	1,276 Q4 2013/14			
WM Police	Total recorded crime reduction in priority locations <small>Reduce harm caused by crime and anti social behaviour in the Priority locations</small>	16,642 2012/13	15,783 2013/14			
WM Police	Number of police response officers trained on Making Every Contact Count (MECC) and Alcohol Intervention and Brief Advice	<i>New measure for 2013/14</i>	<i>No data available yet</i>		155	
WM Fire Service	Number of other front-line staff trained to recognise fire risks in homes	<i>New measure for 2013/14</i>	<i>No data available yet</i>		N/A	
WM Fire Service	Number and average risk ratings of referrals from partner organisations to West Midlands Fire Service (WMFS) for home safety check service	<i>New measure for 2013/14</i>	2,099 referrals 4.21 average risk score 2012/13		 referrals	
WM Fire Service	Number of accidental fires	--	209 2012/13		 9% on previous three-year average	

Marmot City Plan: table of indicators					14 May 2014	
Lead Organisation	Indicator title	Previous Data	Latest Available Data	Progress	Target 2013/14	
CCC-People	Percentage of domestic violence incidents involving children <small>Monitoring incidents of Domestic Violence where children in the family involved - revised Force-level calculation -- cannot be compared to old data</small>	42.60% 2012/13	39.60% 2013/14			
CCC-People	Number of referrals to the Sexual Assault Referral Centre (Coventry and Warwickshire)	<i>New measure for 2013/14</i>	276 2013/14			
CCC-People	Number of households accepted as statutory homeless	545 2012/13	551 2013/14			
CCC-People	Number of homelessness cases prevented	976 2012/13	1,468 2013/14		900+	
CCC-People	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest	31.3% 2012	36.4% 2013			
CCC-People	Looked After Children rate per 10,000 population aged under 18	82.0 March 2012	87.0 March 2013			
CCC-People	Children subject to a Child Protection Plan rate per 10,000 population aged under 18	59.9 March 2012	72.9 March 2013			
CCC-People	Injuries due to falls in people aged 65 and over	1,794 2010/11	2,261 2011/12			
CCC-Place	Passport to learning and leisure scheme uptake	5,500 2012/13	4,817 2013/14		16,000 out of 70,000 eligible adults	
CCC-Place	Management plans completed for parks in deprived neighbourhoods	<i>New measure for 2013/14</i>	in progress May 2014		3 to be completed	
CCC-Place	Percentage of people receiving personalised travel planning from priority neighbourhoods	<i>New measure for 2013/14</i>	not started May 2014		12,147 Foleshill households to be contacted from May 2014	
CCC-Place	Number of adults from target groups engaged in Cycle Coventry schemes via GP referral	<i>New measure for 2013/14</i>	0 2013/14		5 2013/14	
CCG	Cervical Screening Rates - 5 year coverage of eligible population (25-64)	71.5% 2012/13	76.7% Q1 2013/14		78%+	

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

A number of new public health initiatives have been put in place to improve the health and wellbeing of Children and Older People.

The Public Health ring-fenced grant currently funds a range of services for children, including the NHS school nursing service, an infant feeding service (focused on supporting women to breast-feed) and specialist antenatal support for women from Black and Minority Ethnic Groups through MAMTA. In the future there will also be a responsibility for funding Health Visiting and the Family Nurse Partnership (which supports teenage first time parents).

Projects are focused on working with all providers of services for children. This approach brings integration, providing a joined up and more valued service to parents and families. This includes working with parents and families to find out how they want to change services and what a better service would look and feel like from their perspective.

Over the past year considerable progress has been made in developing the new model of working for the integrated teams for 0-5 year olds. Two demonstrator sites went live on the 1st April 14, with a view to rolling this out city-wide once staff are appropriately trained.

The Health and Well-being Board have also endorsed new work to support Coventry to become a World Health Organisation Age Friendly City. This exciting opportunity which is being jointly delivered with Coventry University and Age UK Coventry, will see the City Council working 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.

What impact are we having?

The impact of our services is measured by reviewing how many people access services, customer and client views of services and health and well-being outcomes in our population, including how these are changing over time:

April 13 to February 14:

- MAMTA ("Motherly Love" in many south Asian languages) have seen 870 people, Parent Craft 118; Antenatal 221; Postnatal 244; Workshops 287
- The Infant Feeding Team have seen 602 mothers for home visits postnatally and 150 antenatally

Case Studies



I heard about the parent craft course from MAMTA peers in the GP surgery and thought it would be good to join the six weeks course. MAMTA have supported me with language, a Russian interpreter was arranged by MAMTA and this encouraged me to come for the whole six weeks course, it helped me to understand all the information about healthy pregnancy.

I had little experience of breast feeding even with my other children before attending, but now I have more experience, I know everything about breastfeeding. I now know more about breastfeeding and labour.

My journey with MAMTA was very beautiful, all my questions were answered about the doubts I had in pregnancy and staff were very cooperative. They reminded me every week about the 6 week course. Tracking also helped me to remember all the healthy messages.

I would like to express words of great thanks to all staff members and to the Midwife for the advice, support they gave and would recommend MAMTA to other expecting mums. Thank you very much.

Comments

I just wanted to take a moment to say thank you to Radford Children's Centre team.

Recent years have seen, in my opinion, customer service decline yet the team there are excellent. I have only been in once, for my postnatal midwife check, but every single member of staff that I passed (literally just passing) was helpful, polite, chatty and so welcoming that I came away literally smiling.

Staff (both men and women) offered me coffee, a comfy seat to feed, made talk about the baby, etc. Whilst this seems minimal, I was so pleased to visit somewhere where the staff clearly love their jobs and genuinely care. I also work with children so can really relate to this. In addition to this, the infant feeding team were exceptional. Third baby, experienced breast feeder, I thought I would have no problems, when I did need someone they returned calls promptly and visited. They were understanding and very helpful. They have since phoned to check on me several times. Fantastic service.

Outcomes

Indicator	Period	Coventry		Region England		England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
2.01 - Low birth weight of term babies	2011	121	2.7%	3.3%	2.8%	5.3%		1.6%
2.02i - Breastfeeding - Breastfeeding initiation	2012/13	3,535	74.9%	67.9%	73.9%	40.8%		94.7%
2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	2012/13	2,017	43.7%	41.0%	47.2%	17.5%		83.3%
2.03 - Smoking status at time of delivery	2012/13	642	13.6%	14.2%	12.7%	30.8%		2.3%
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	2012/13	4,404	96.7%*	94.5%	94.7%	79.0%		99.0%
3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	2012/13	4,378	96.9%*	92.7%	92.3%	77.4%		98.4%
3.03x - Population vaccination coverage - MMR for two doses (5 years old)	2012/13	3,871	95.0%*	87.9%	87.7%	68.9%		97.0%
1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception	2012/13	2,423	55.4%	50.0%	51.7%	27.7%		69.0%
1.02ii - School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception	2012/13	424	42.3%	36.1%	36.2%	17.8%		60.0%
2.24i - Injuries due to falls in people aged 65 and over (Persons)	2012/13	1,284	2,484	1,951	2,011	3,508		1,178
4.14i - Hip fractures in people aged 65 and over	2012/13	300	578.9	588.2	568.1	808.4		403.1
4.14ii - Hip fractures in people aged 65 and over - aged 65-79	2012/13	85	250.4	243.0	237.3	401.7		121.8
4.14iii - Hip fractures in people aged 65 and over - aged 80+	2012/13	215	1,532	1,589	1,528	2,150		1,108
4.15i - Excess Winter Deaths Index (Single year, all ages)	Aug 2011 - Jul 2012	112	13.1	14.1	16.1	30.7		2.1
4.15ii - Excess Winter Deaths Index (single year, ages 85+)	Aug 2011 - Jul 2012	34	11.0	18.9	22.9	53.1		-7.6

Trends

- Low birth weight babies (%) have declined from 2005 to 2011
- Breastfeeding initiation has remained stable from 2010/11 to 2012/13
- Breastfeeding prevalence at 6-8 weeks after birth has increased from 2010/11 to 2012/13
- Smoking status at time of delivery has decreased from 2010/11 to 2011/12 and increased slightly to 2012/13
- Dtap/IPV/ Hib (1 year old) vaccinations have remained fairly stable from 2010/11 to 2012/13
- MMR one dose (2 years old) and MMR two doses (5 years old) vaccinations decreased from 2010/11 to 2011/12 and increased in 2012/13
- Injuries due to falls in people aged 65 and over have increased between 2010/11 and 2011/12
- Hip fractures have increased from 2010/11 to 2011/12
- Excess winter deaths have generally declined from 2008/09 to 2011/12

Healthy Places

Improving the physical environment

New public health initiatives are being put in place working closely with the City Council's Place Directorate and other key partners to help ensure that the physical environment of Coventry is designed and maintained in ways which promote health. The built environment has a huge impact on health and lifestyle. Everything from cycle paths, active travel, access to parks and open spaces, well-designed buildings with reduced emissions and neighbourhoods which are designed and managed in ways which encourage people to know their neighbours - all lead to healthier lives.

Promoting health in the workplace

Local businesses are supported to improve the health of the local workforce and labour market. In a working year, the average full-time employee spends a fifth of their time at work; so, a healthy working environment can really boost health, as well as increase productivity. Companies are supported in various ways including commissioning the city's Workplace Wellbeing Charter which shows businesses what they can do to improve the health and wellbeing of their staff.

Reducing smoking

Tobacco control and stop smoking services, which are funded through the Public Health ring-fenced budget, aim to develop an environment that reduces the probability that people will smoke/use tobacco products, help those who do smoke to quit and protect the population from the effects of tobacco use/smoking. Smokefree school gates have been implemented and smokefree signs launched at Coventry children centres and nurseries. A tobacco control declaration has been endorsed by the Health and Well-being Board which commits the council to undertaking a range of activities designed to tackle smoking prevalence and protect local people from the harms of tobacco.



Promoting exercise

The new 'Coventry on the move!' programme is aimed at encouraging people to get up, be active and have some fun. This programme promotes the idea that exercise or activity - no matter how small - is good for you and therefore you just need to 'take the first step' towards a more active life. You don't need to become an Olympic athlete to be healthier - there are some simple changes that you can make to 'take the first step'; walk rather than drive, do some gardening, take the stairs instead of the lift or escalator or get off the bus a few stops earlier than necessary.

On Saturday 10 August 2013, Coventry city centre welcomed Godiva back from her journey to London last year for the Olympics. There were different events and performances happening all over the city throughout the day. In a historic move, Coventry's ring road was closed to vehicles to allow walkers and cyclists to join Godiva on her way in to the city centre. People were invited to walk or cycle the 2 mile ring road and had a once in a lifetime opportunity to see Coventry in a different way. The 'Coventry on the move!' team was in Broadgate between 10.00am and 2.00pm on Saturday 10 August. Passers by were encouraged to have a go at hula hooping, skipping and hopscotch and some people even got to take some goodies home with them so they could practice their new skills. The team wanted to show that being more active can be fun for the whole family.

Coventry on the move is also supporting two other new schemes: **Priming Walking** and **Happy Hour**.

The Priming walking scheme makes it easy for people to choose walking routes. This includes encouraging people to 'beat the bus' by walking between bus stops if they have time before their next bus arrives. Signage will go up shortly which will include billboards, posters, clean street graffiti and bus panels. Short walks are also being mapped out in key areas including the city centre. This links into the workplace mobilisation project by mapping 'A to B' type routes used to walk to/for work.

Happy Hour is the result of the concept of 'active socialising': that people generally are sedentary when they socialise so this is a key time to encourage being active. Talking to local people demonstrated that although many parents do not always want to think about their own health, the health of their children is really important to them. A Coventry social enterprise, Positive Youth Foundation (PYF) are now working on a pilot with one primary, one secondary to do simple physical activities and games for one hour with parents and their children. They are also training parents to carry on these activities after the 10 week programmes finish.

Reducing obesity

Obesity is one of the country's leading health problems. There is a review taking place which is looking at how Coventry promotes healthy weight – which includes everything from school meals, how we help people cook healthily, how we encourage people to move more through to services to treat people who want to lose weight. As a result of this work will take place with communities and across a range of partners to ensure that everything is being done to promote healthy weight.

Empowering communities

Enabling and empowering communities through asset based working aims to contribute to a reduction in health inequalities through building resilience among communities by focussing on the strengths, capabilities and assets that they have. Alongside strengthening communities the programme aims to support services to work with local people to design services, so that local people can identify solutions to the issues that they face.

The Ripple project, recently funded by NHS England Regional Innovation fund is being implemented this summer. The project will improve the health and wellbeing of individuals with COPD (which causes severe restrictions in breathing), by using an Asset Based Community Development Approach (ABCD). This will enable and empower individuals with COPD to be more active and involved both in society and in the self-management of their care. The project will increase and support participation in community activities that patients want to do, with local voluntary sector groups helping people to find the right group or activity for them. This project was set up by a consultant at UHCW who recognised that many of this patients were seeking help from health services because they had become socially isolated.

Time for Tea is a meaningful friendship and learning club for residents aged over 50+ in the Foleshill area. The idea came from a local resident who found that when he had retired, he felt lonely and purposeless. His idea was to engage with local residents in a social way by arranging weekly meet ups. The project runs for 8 weeks, so friendships amongst participants can be developed and consequently residents will be able to take an active role in reducing loneliness. This project was supported by the wellbeing fund, which allows people to apply for up to £500 to turn their ideas for improving the wellbeing of their neighbours and community's into action.

Promoting Healthy Lifestyles

The public health ring-fenced budget funds a national programme called Making Every Contact Counts which is focussed on ensuring that the promotion of health and well-being is embedded in service design and organisational culture. The current expectation is that all NHS organisations will commit to training their front-line staff in delivery of brief opportunistic healthy lifestyle advice – so that every contact has the potential to promote health. This has been shown to be a highly cost-effective way of supporting people to adopt healthy lifestyles. In Coventry and Warwickshire the vision has been extended beyond the NHS to all partners and public services frontline staff.

What impact are we having?

Physical Activity and Healthy Weight - 2013/14	Number Accessing	Completers
One Body One Life	Referrals 1165 New Starters 632	345 (Q1-Q3)
Active 4 Health	Referrals 739 New Starters 323	89
Slimming World Programme	697	359
Counterweight through Health Trainers (up to Feb 14)	522	

Stop Smoking Services (Q1 to Q3 13/14)	Number
Setting a Quit Date	4015
Quitting at 4 Weeks	2086
Quit Rate (%)	52%

Staff Trained in MECC (Apr 13 to Feb 14)	Number
Coventry City Council, Voluntary and other Public Services	166
NHS staff – UHCW	1295
NHS staff – CWPT	782
NHS staff – Primary Care	139

Case Studies

During 2013 Coventry became one of the first cities to make all its children's playgrounds and primary school gates completely smokefree. Child designed, smokefree signage now encourages adults and parents to choose not to smoke in locations that are primarily used by children - in order to:

- Create clean, smokefree areas for children to play;
- Reduce the amount of smoking related litter;
- Support the 'no smoking' lessons children are taught in the classroom;
- Make smoking less of a social norm in the eyes of young children.



This project follows on from the success of making Millennium Place smokefree for the 2012 Olympics – and has created an 'Olympic smokefree legacy' for the city. A crucial part of this project was to try and change social norms around smoking. Smoking remains the single greatest cause of preventable death in the city and evidence shows us that the more people that children see smoking when they're young, the more likely it is that they'll see it as a normal part of everyday life rather than a deadly and addictive drug.

If we are to cut our smoking prevalence in Coventry it's vital that we look to create an environment when young people are more likely to choose not to start smoking in the first place. The outdoor smokefree initiative is set to be expanded to include local nurseries and children's centres by the end of April 2014.



A female 30-40 years old was referred to Active for Health. She had the knowledge and just needed to do it, but it was more complicated than just motivation as she had struggled with depressive moods in the past. The gym based exercise was very basic. This was because although she remembered doing a lot more, her body wasn't quite ready for it yet. So although her mind was ready, her body needed to catch up. She also did Aqua Aerobics, which she found hard work hard, compared to what she was expecting. Also, 'Zumba was a good laugh'. She also started running outside. Over the 12 week programme she increased the number of 30 minute walking sessions and days of moderate activity per week from 1 to 5+ and improved her lung function.

She has just been able to run 5K continuously for the first time ever. She said "I thought it was only super skinny people who did it so was really pleased when I managed it". Furthermore, she's started Yoga again which she is really proud of doing and it makes her feel good.

How did you feel before commencing onto the AFH programme?

"I was coming out of a particularly depressive phase, so not good. I was very apprehensive of AfH, and wasn't sure how helpful/appropriate it would be. The sports centre staff made me feel a lot less apprehensive and handled session really well and sensitively. The accountability of having to come back made me keep going was very motivational. Health improved if weight didn't, and that's more important to me."

Her goals now are to make activity even more of a routine in the future and make them firm habits. She'd also like to reduce the medication she's on for depression. Finally, she wants to share what she's learnt and achieved with people around her.

One Body One Life (OBOL) is a community based healthy lifestyles programme, specific to the needs of the participants. The programme was run in a school for 7 adults and 13 children. We completed health checks in sessions 1 and 2 for 20 clients. We encouraged and supported families to make positive changes to their lifestyle through healthy eating advice and motivational techniques. We also increased their physical activity levels through appropriate group exercise activities.

Activity sessions were run which included team games, relays, skills circuits and target games all of which the clients enjoyed. Our healthy eating sessions followed the standard OBOL format including topics such as, importance of breakfast, the eat well plate, portion sizes and food label reading. We used group discussions, quizzes and games to get over the information.

All 7 adults replied that they were satisfied or very satisfied with the programme and all 7 said they were Very Satisfied with the staff on the programme:

- “I did this programme for my son but we have all enjoyed taking part and learning new things”
- “We loved coming to the programme, the staff were really nice and friendly and very informative”
- “It has helped us a lot giving us healthy eating plans and ideas”
- “I would definitely recommend this programme to a friend”
- “I’m more conscious of what I’m eating, we’re eating more veg as a family at meal time”
- “I feel more energetic and healthier”

Outcomes

	Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
1.09i Sickness absence - The percentage of employees who had at least one day off in the previous week	2009 - 11	2.7	2.2	3.5		0.6
1.09ii Sickness absence - The percent of working days lost due to sickness absence	2009 - 11	2.1	1.5	2.7		0.3
2.14 Smoking Prevalence	2012	17.9	19.5	29.8		12.1
2.14 Smoking prevalence - routine & manual	2012	24.7	29.7	44.3		14.2
2.06i Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2012/13	20.6	22.2	32.2		16.1
2.06ii Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2012/13	34.4	33.3	44.2		24.1
2.12 Excess Weight in Adults	2012	56.5	63.8	74.4		45.9
2.13i Percentage of physically active and inactive adults - active adults	2012	49.4	56.0	43.8		68.5
2.13ii Percentage of active and inactive adults - inactive adults	2012	36.8	28.5	40.2		18.2

Trends

- According to local data, smoking prevalence has decreased from 29% in 2007 to 22% in 2013
- Excess weight in 4-5 year olds has statistically significantly decreased from 2011/12 to 2012/13
- Excess weight in 10-11 year olds has decreased from 2011/12 to 2012/13 for the first time in at least 6 years

Reducing disparities in health

A number of projects have been initiated to help reduce the differences in how long people live between different parts of the city and different population groups. As an initial step, work has been undertaken to understand the needs of the most vulnerable in the city. These include projects such as an analysis of the health of migrants in the Coventry and commissioning a piece of research to review and predict the health impacts of the welfare reform. The Marmot Steering Group is now overseeing the delivery of the recommendations from these pieces of work.

Drug and alcohol services

The public health ring-fenced budget supports drug and alcohol treatment services locally. A number of organisations to deliver preventative interventions, treatment, advocacy and service user involvement. Alongside this, the public health team oversee drug and alcohol strategy development and delivery. In 2013 Coventry's Alcohol Strategy was launched and is currently being implemented with a range of partner organisations. The vision is to reduce the harms caused by alcohol misuse and make Coventry a safer and healthier place where less alcohol is consumed and where professionals are confident and well-equipped to challenge behaviour and support change. In 2013, a Local Councillor was appointed as Coventry's first alcohol champion. The purpose of this role is to provide a credible voice to communicate with the general public about the risks of drinking over the recommended limits.



NHS Health Check programme

As part of their new responsibilities around health, councils have a duty to provide the NHS Health Check Programme. The NHS Health Check programme is targeted at those aged 40-74 and assesses someone's risk of developing health problems and conditions such as heart disease, diabetes, stroke and dementia. Once the risk has been assessed, the individual will be provided with personalised advice and lifestyle support. The number of checks that have been undertaken in the city has doubled from 4,142 in 2012/13 to 9,236 in 2013/14, as a result of strong communications a campaigns and the recruitment of a GP champion. Since having a health check 263 people have been added to disease registers.

Healthy Living Pharmacies

The Healthy Living Pharmacy programme was launched in Coventry in March 2014. This is a partnership between public health and the Local Pharmaceutical Committee to improve access to the local population to good quality services through pharmacies.

What impact are we having?

Drugs and Alcohol Headline Data – 2013-14 compared to 2012-13	Direction of numbers in treatment	Direction of successful completions
Opiate	Down 3% (893)	Down -1%
Non-opiate	Up 32% (243)	Down -9%
Alcohol	Up 21% (847)	Up 4%

NHS Health Check Invites and Completed Data, Q1-Q4 2013/14	Q1	Q2	Q3	Q4
Invited	2,829	3,507	4,239	4,696
Completed	1,187	2,243	2,739	3,155

Case Studies

A female in her mid 20s had a 10 year history of heroin use when she came into treatment. She was in services for three years and spent most of her childhood in and out of care and was the subject of sexual abuse. When she got involved with drug users in her teens, it wasn't long before she began sex working to fund her drug use.

In addition to her drug use, she also had a diagnosis of post-traumatic stress disorder (as a result of her abuse), depression and anxiety. With the support of a drug worker and her then GP, she was referred for a psychiatric assessment and was allocated a psychiatrist.

The psychiatrist saw her on a regular basis (every 8 weeks) and was incredibly understanding and supportive. He saw past the drug use (which can often not be the case) and worked with her until she was ready to go into residential treatment for her drug use. The psychiatrist in question also took into account the drug worker's views in the treatment. She did incredibly well in residential treatment and successfully completed her placement. As far as the drugs worker is aware she remains drug free.

A male in his mid 50s with a 30 year history of alcohol misuse had been in and out of treatment services for some years (in different areas of the country). He was already working with a psychiatrist and a mental health social worker when he came into treatment. They had advised him to attend.

His alcohol use had contributed to a failed marriage, loss of contact with his children and family and him not being able to live where he was born. Eleven years ago, he was charged with manslaughter as he killed someone whilst under the influence of alcohol – he maintains he can't remember the incident at all but knowing what he has done has ruined his life. He has a diagnosis of depression, anxiety and mild obsessional disorder.

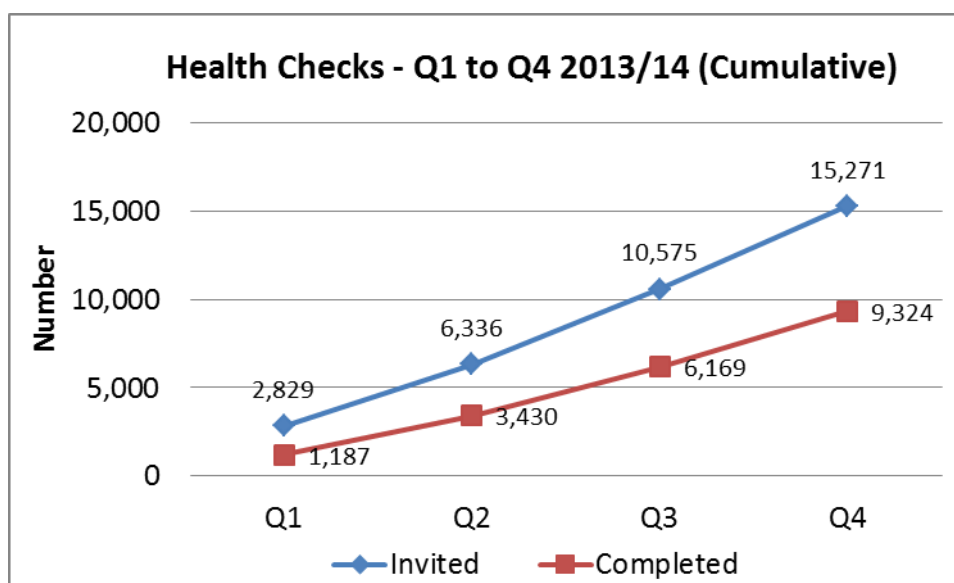
The psychiatrist and social worker have also seen past the alcohol use and take into account that he needs to drink as a form of self-medication. They are non-judgemental and have never blamed his mental health on his alcohol use. The alcohol worker has attended meetings with the psychiatrist / social worker and their views were taken into account. The psychiatrist also refers to the important work that has been done with him in correspondence with his GP. The psychiatrist is very supportive of the work the alcohol worker has done with him and as a result, he is now at the point where he too is ready to go into residential treatment.

A number of initiatives have been delivered to drive NHS health check performance in the city. Coventry's first GP health check champion was recruited to provide peer leadership to other GPs and share best practice. The GP champion has delivered a number of tailored workshops for practices requiring additional support. The Occupational Health Department within the Council have been trained to deliver NHS health checks and are now delivering health checks to all eligible employees. A community outreach service has been delivering NHS health checks in a variety of venues across Coventry to ensure that the most vulnerable in the city have access to the service. A large communication campaign has been delivered to raise awareness amongst the eligible population, as well as a pilot to explore how the voluntary sector can support with awareness raising and booking people in for NHS health checks. This combination of initiatives has helped to increase the number of people invited for health checks and who have had health checks.



Outcomes

	Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
2.15i	Successful completion of drug treatment - opiate users	2012	6.7	8.2	3.8	17.6
2.15ii	Successful completion of drug treatment - non-opiate users	2012	34.9	40.2	17.4	68.4
2.22i	Take up of NHS Health Check Programme by those eligible - health check offered	2012/13	5.8	16.5	0.7	42.5
2.22ii	Take up of NHS Health Check programme by those eligible - health check take up	2012/13	79.2	49.1	7.7	100.0
1.11	Domestic Abuse	2011/12	14.6	18.2	5.2	34.4
1.12i	Violent crime (including sexual violence) - hospital admissions for violence	2010/11 - 12/13	90.8	57.6	167.8	9.3
1.12ii	Violent crime (including sexual violence) - violence offences per 1,000 population	2012/13	12.5	10.6	4.1	27.1
1.12iii	1.12iii- Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population	2012/13	1.08	0.83	0.34	2.01



Trends

- The percentage of successful completion of drug treatment for opiate uses increased from 2010 to 2011 and decreased to 2012, whilst completion of drug treatment for non-opiate uses decreased from 2010 to 2012
- The take up of NHS health checks has increased from 2011/12 to 2012/13 for those offered and take up
- Domestic abuse has statistically significantly decreased from 2010/11 to 2011/12
- Hospital admissions for violence have remained fairly static from 2009/10-11/12 to 2010/11-12/13
- Violence offences has decreased from 2010/11 to 2011/12 and remained static to 2012/13
- Rate of sexual offences have remained fairly stable from 2010/11 to 2012/13

Protecting the health of the public

The Health Protection team shares its function with Warwickshire County Council and works with colleagues within the local authority and partner agencies to support emergency preparedness and response, and to support strategic work related to the control of communicable diseases, such as Hepatitis B/C and Tuberculosis, and immunisation and screening programmes. The team administers part of this role through a the Arden Health Protection Committee, which exercises the local authority function to ensure there are plans in place to protect the health of the population.

The team also commissions community sexual health services in Coventry and Warwickshire, and is responsible for working towards reducing the rate of sexually transmitted infection diagnoses, and the rate of late diagnoses of HIV. Sexually transmitted infections, contraception and pregnancy

services are offered by a variety of providers, including an integrated sexual health service, pharmacies and GP practices. They are currently being retendered with public consultation taking place. In addition to this, the team supports the commissioning of the Arden Community TB Nursing Service and the Infectious Disease service.

A number of service reviews and needs assessments have been carried out this year, related to Sexual Health, TB and Infectious Diseases. Recommendations are currently being implemented. A seasonal flu vaccination campaign was delivered alongside NHS England, as well as a care home and nursery/school Norovirus campaign, and the “Feel Well” cold weather campaign, which was led by the CCGs across Coventry and Warwickshire.

What impact are we having?

- During the period 1st of December 2012 to the end of November 2013 there were 12,013 unique users who attended Genito Urinary Medicine (GUM) clinics
- There have been 3149 sexual health consultations have taken place in pharmacies, of which 2669 were for emergency hormonal contraception and 271 for pregnancy testing
- There were 143 people with infectious TB seen by the Arden Community TB Nursing Service in 2012/13, compared with 119 in 2011/12

Outcomes

- There were a total of 2,864 new (non-HIV) infections diagnosed in Genitourinary Medicine (GUM) clinics in 2012, significantly higher than the average for the West Midlands
- HIV prevalence is amongst the highest in the West Midlands at 3/1000 population, with a significant proportion of individuals being diagnosed late (60.5% in 2010-2012, compared with an England average of 48.3%)
- The uptake of seasonal flu vaccination in Coventry and Rugby (CCG area) for 2012/13 was 73% in over 65s, 57% in clinical risk groups and 44.2% in pregnant women

Indicator	Period	Coventry		Region		England		England		Best/ Highest
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest		
2.04 - Under 18 conceptions	2012	226	38.6	32.0	27.7	52.0		14.2		
2.04 - Under 18 conceptions: conceptions in those aged under 16	2012	52	9.6	6.6	5.6	15.8		2.0		
3.02ii - Chlamydia diagnoses (15-24 year olds) - CTAD (Persons)	2012	1,127	2,082	-	1,979	703		6,132		
3.04 - People presenting with HIV at a late stage of infection	2010 - 12	75	60.5%	54.4%	48.3%	0.0%		80.0%		
3.05i - Treatment completion for TB	2012	-	80.8%	82.9%	82.8%	-	-	-		
3.05ii - Incidence of TB	2010 - 12	111	34.7	17.6	15.1	0.0		112.3		

Trends

- There is an increasing rate of sexually transmitted infection diagnoses in Coventry.
- Under 18 conception rates have declined from 60.5 per 1000 from 1998 to 38.6 per 1000 in 2012
- Treatment completion rates for TB (2011 to 2012) and the incidence of TB (2009-11 to 2010-12) have increased
- There is a trend of increased uptake of seasonal flu vaccination in people over the age of 65 years, from an uptake of 69.2% in 2010/11 to 73% in 2013/14 (note final figure is for Coventry and Rugby CCG area, as opposed to Coventry alone).

Summary

Although there have been some key successes over the last year, which are summarised below, there are still significant challenges which will need to continue to be addressed over the next year. Improving life expectancy and reducing health inequalities is a long-term challenge but the intermediate steps that are being put in place are likely to pay dividends in the long-term. Recently issued data shows that Coventry has shown improvements in life expectancy, rising from 126 out of 150 council to 122 this year. We will need to maintain the momentum we have built up over the last year to make sure that this upward trend continues.

Successes

- Health checks – 9,324 NHS Health Checks were completed in 2013/14, which is more than double the total for 2012/13 (4,538). As a result, 263 additional people have been added to the relevant practice disease registers, which is five times more than the 2012/13 figure.
- Smoking cessation - the smoking prevalence is continuing to drop, whilst the number of 4 week quitters has risen over recent years and remains high.
- Multiple lifestyle risk factors - over recent years, the number of people considered to be at high risk, due to multiple unhealthy behaviours has dropped significantly. From 2007 to 2012 the proportion of people in the city, who are considered high risk, dropped from 38% to 24%.
- Healthy weight - Coventry is showing slightly better progress in addressing excess weight in children than England as a whole but this still remains a major challenge in the city. The effects of changes in lifestyle should help to address this in future.

Challenges

- Physical activity - Despite progress for some lifestyle risk factors, Coventry still has fewer active adults and more inactive adults than the national average.
- HIV - Coventry has the highest prevalence of HIV in the West Midlands, and this number will be expected to rise as people live longer with the disease. Additionally, a much larger proportion of people present at a late stage of infection than the national average.
- Falls - The city has a large number of elderly people who suffer injuries due to falls and the number is rising and moving further from the national average.