

Insight

Joint Health and
Wellbeing Strategy
for Coventry 2012 –
Review

JSNA Coventry 2015



Introduction

The Joint Health and Wellbeing Strategy for Coventry 2012 – 2016 has been the driving force in improving the health and wellbeing of the people of Coventry over the past 4 years.

It challenged services to make improvements to the City's health in 12 carefully chosen topic areas grouped into 4 major themes. Each topic area contained priorities and targets and in the time since then the Health and Wellbeing Board has overseen a wide range of activities from agencies in public, private and voluntary sectors which seek to deliver against this challenge.

This report distils this work and evaluates what has taken place against the targets set in 2012. In some cases the Board has changed tack over this period and placed different emphases in the light of the changing world, including further embedding of Public Health onto local government and a greater drive towards health and social care integration. In many areas clear progress has been made, and in others progress has been more difficult.

For each topic area a summary of the activities which have been taking place is presented and where available, data and statistics are presented which seek to illustrate how well the activities are achieving the targets set.

This evaluation forms the starting point of the process to create the next Joint Health and Wellbeing Strategy for Coventry. This will be one element contributing to the process of Joint Strategic Needs Assessment (JSNA) which will take place during the Summer and Autumn of 2015. The JSNA will add detailed analysis from deep-dives in service areas as well as statistics and data on the overall needs of our changing population. It is from this evaluation and the JSNA process that the next Health and Wellbeing Strategy will be drawn.

Theme 1: Healthy People

Early years (pre-natal to 2 years)

PRIORITIES IDENTIFIED IN 2012

- Reduce the number of families living in poverty by supporting them into work and for them to access safe and affordable housing
- Join up all of the services that work with young children and their families through the Healthy Child Programme
- Helping communities to develop and flourish

TARGETS

- Reduce the percentage of children living in Poverty
- Increase the level of Child Development at age 2
- Increase the % of children ready for school - early years foundation stage profile
- Have fewer children taken into care

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

FAMILY NURSE PARTNERSHIP

The Family Nurse Partnership is an evidence-based licensed programme. The team in Coventry provides a high level of support and advice to young, first time parents, throughout pregnancy up until their child reaches two years of age.

A team of specially trained nurses deliver individual care, guidance and support to first time parents in their home, as soon as their pregnancy is confirmed. The service is not designed to replace other services provided by health professionals, such as Midwives and GPs, but to complement existing services through a high level of support that enables the mother, father and child to achieve the best health and wellbeing outcomes for themselves.

ACTING EARLY

The Acting Early Programme seeks to bring together the range of agencies who work with children aged 0-5 – Maternity services, Health Visiting, General Practice, Sure Start Children's Centres, local authority Children's teams and the voluntary sector to work as a single team in neighbourhoods across the city. The project works in 6 neighbourhoods in the City

- Tile Hill
- Hillfields
- Foleshill
- Wood End and Henley Green

- Longford
- Willenhall

INFORMATION SHARING

Paucity in information sharing has previously been recognised as a barrier to providing joined-up care and the introduction of obtaining explicit consent for sharing data from parents at their appointment booking ensures families are provided with a timely and seamless service from professionals who truly understand their needs.

We now have in place for the first time an information sharing agreement signed off by the three partner agencies (Coventry City Council, University Hospital Coventry and Warwickshire and Coventry and Warwickshire Partnership NHS Trust). The information sharing agreement will help enable integrated teams to identify those families who are vulnerable and intervene earlier.

EARLY ACTION NEIGHBOURHOOD FUND

Coventry has been successful in being awarded £1.5M by the Early Action Neighbourhood Fund to support parents and families in Bell Green and Willenhall. The Willenhall Pathfinder project focuses on making Children's services work very differently – placing child caseworkers at the forefront of multi-agency working.

DATA AND STATISTICS

REDUCE THE PERCENTAGE OF CHILDREN LIVING IN POVERTY

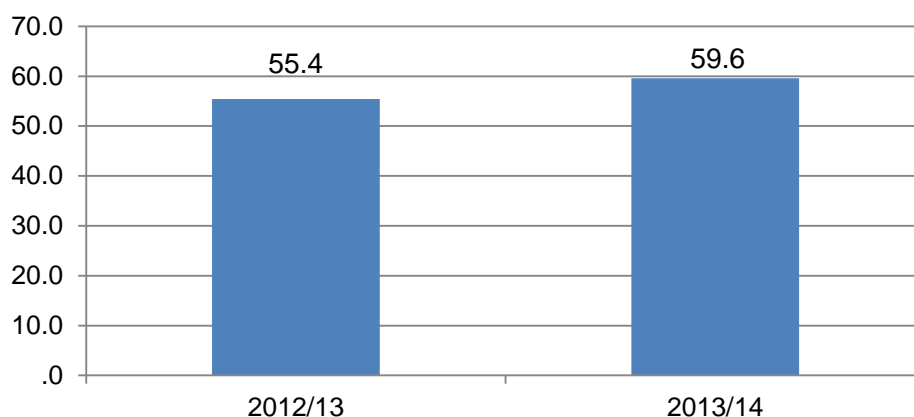
The latest available data on Child Poverty shows a reduction to 23.1% in 2012 down from 26% in 2011.

INCREASE THE LEVEL OF CHILD DEVELOPMENT AT AGE 2

The national collection of data under this heading has not been delivered.

INCREASE THE % OF CHILDREN READY FOR SCHOOL - EARLY YEARS FOUNDATION STAGE PROFILE

School Readiness: The percentage of children achieving a good level of development at the end of reception

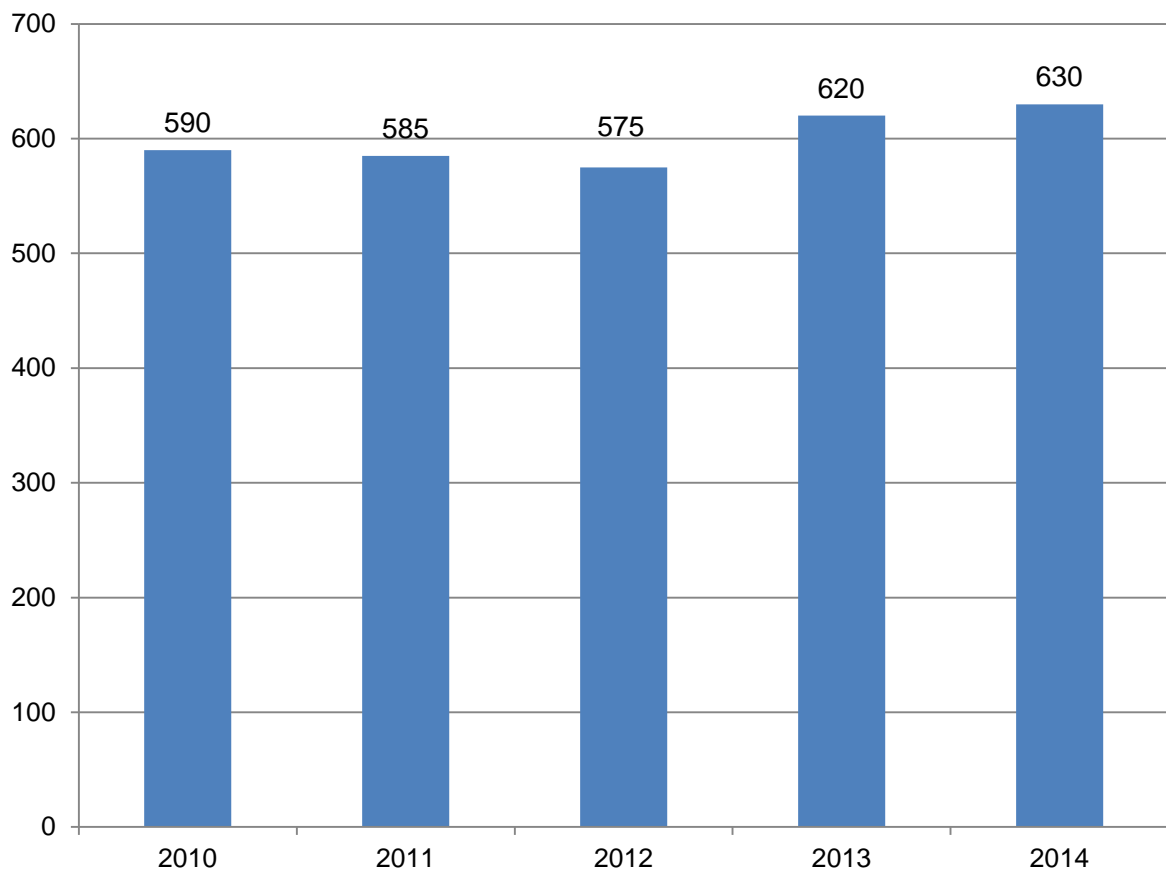


Detailed analysis of this data has been made possible since the 2013 release of the Early years foundation stage profile by the Office for National Statistics. On all of the reported areas of learning the proportion of Coventry children achieving the expected level at foundation stage has either remained constant (Physical Development and Understanding the World) or increased.

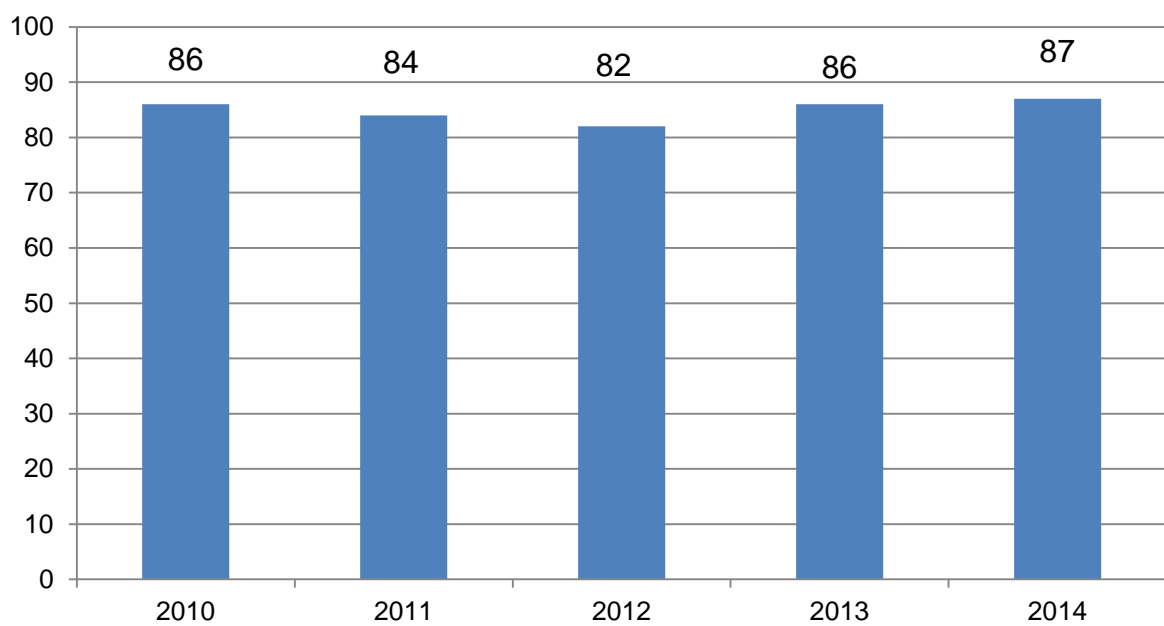
Children achieving at least the expected level in the areas of learning										
Communication and language		Physical development		Personal, social and emotional development						
Count	%	Count	%	Count	%					
2014	3,239	75%	3,643	85%	3,457	81%				
2013	3,212	73%	3,704	85%	3,497	80%				
Literacy		Mathematics		Understanding the World		Expressive arts, designing and making				
Count	%	Count	%	Count	%	Count	%			
2014	2,791	65%	3,025	70%	3,310	77%	3,474	81%		
2013	2,722	62%	2,955	68%	3,348	77%	3,483	80%		

HAVE FEWER CHILDREN TAKEN INTO CARE

Count of Children in Local Authority Care in Coventry



Rate of Children in Local Authority Care in Coventry/10,000 children aged under 18 years



Both the numbers of children taken into care and the rate per 10,000 children have increased since 2012. This follows a national pattern of a general increase in the proportion of children in care across the country. Coventry has witnessed a considerable increase in the numbers of children on Child Protection Plans since 2012 and it is suspected that this can be in part attributed to the Daniel Pelka case and associated risk aversion in all agencies. However the rise in child protection cases has not driven a similar rise in the numbers of children entering care.

Older People

PRIORITIES IDENTIFIED IN 2012

- Support older people to live independently for as long as possible
- Ensure we are better at joining up services across health, social care and the voluntary and community sector
- Improve the perception of community safety amongst older residents

TARGETS

- Increase the proportion of older people successfully supported to remain at home following hospital stay
- Improve health related quality of life for older people
- Reducing Excess Winter Deaths

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

OLDER PEOPLE'S NEEDS ASSESSMENT

A detailed Health Needs Assessment for Older People in Coventry was conducted in 2013. This process identified

- Coventry has a growing population of older people
- The numbers of over 85's in the population will grow even more quickly
- Coventry has a lower life expectancy than England in general.
- Life expectancy for females aged 65 and over in Coventry is the same as it is for England and slightly higher than those in the West Midlands
- For males, life expectancy is 6 months shorter than it is for England, but similar to that of the West Midlands.
- Disability Free Life Expectancy (DFLE) in Coventry is slightly worse than that for the West Midlands and England
- Older people in Coventry are more deprived than older people in England and West Midlands as a whole and both mortality and morbidity, Life Expectancy and Disability Free Life Expectancy are worse for more deprived older people across the City.
- With increasing numbers of older people population living alone, social exclusion will have significant impact on mental and social wellbeing of the older people in Coventry
- Need for carers and carers support will increase with increasing older people population.

An asset based community development model should be considered to empower older people and support each other. This will lead to providing multiple solutions including improving social cohesion, independence and carers support amongst older people. This can help reduce demand on health and social care

COVENTRY – AN AGE-FRIENDLY CITY

In 2014 Coventry City Council and partners through the Health and Well Being Board supported a proposal for Coventry to become an Age Friendly City. An Age Friendly City is a World Health Organisation international Programme that focuses on active ageing: ageing well and staying well.

To oversee this programme of work a sub group of the Health and Wellbeing Board has been established and its membership is made up of the major partners in the city.

The first year of the programme will focus closely on specific issues which impact on older people in Coventry

- transport,
- social participation,
- communication and information.

These three areas have been prioritised following feedback from the initial stakeholder engagement event on the 15th December 2014.

BETTER CARE COVENTRY



Coventry's Better Care Vision is "*Through integrated and improved working, people will receive personalised support that enables them to be as independent as possible for as long as possible*". Four core projects are now operating.

- Urgent care - delivering a reduction in emergency admissions to hospital
- Home First (short-term support to maximise independence) - providing a single point of access to short-term support at home
- Long-term care - integrated working that ensures people receive personalised support that enables them to be as independent as possible for as long as possible within their local community
- Dementia - enabling people and their carers to live as independently as possible, and to 'live well'

In addition to these specific work streams, other shared priorities were included such as information sharing, support for the implementation of the Care Act 2014 and protecting adult social care services.

HOME FIRST: SUPPORTED DISCHARGE PROJECT

The Home First: Supported Discharge Project, based at University Hospitals Coventry and Warwickshire Trust seeks to improve the process of patient discharge through working in a more collaborative and integrated way between hospital and social care staff.

The project, initially a pilot and now rolled out to 21 Wards, has focused on

- Developing a single, integrated Supported Discharge Team to plan for discharge from the day of admission and to attend all Board Rounds
- Removing the issue of transfers of responsibility between agencies involved in care after discharge
- Providing proactive advice to ward staff to maximise the opportunity for patients to be discharged Home First
- Implementing the use of telecare to support Home First discharge
- Delivering integrated discharge assessment on a trusted assessor model

INTEGRATED NEIGHBOURHOOD TEAMS

Two GP Practices in Coventry have been piloting Integrated Neighbourhood Teams (INT) since July 2014. At the heart of this model was the establishment of multi-disciplinary teams.

The teams consist of a GP, Community Matron, Community Nurse, Social Worker, Community Development Worker, Occupational Therapist, Mental Health Worker, along with some support from the voluntary sector (Age UK). While detailed evidence is currently being collated, initial feedback shows benefits from working in this way have been

- People are benefiting from having to tell their story only once, as staff from different agencies share information between them
- People are benefitting from having joined-up resources working on their behalf.
- GPs have reported that they spend less time dealing with people with complex needs, as work is undertaken by the INT, and have also made less home visits to this group of people

Work is now being undertaken to scope the scale-up of this model, and how the concept of INTs can be implemented across the city.

COVENTRY'S LIVING WELL WITH DEMENTIA STRATEGY 2014-17

This strategy has been developed following a detailed Dementia Needs Assessment in 2012 identifying current and future prevalence of dementia, current service provision for people with dementia, and possible gaps.

The strategy seeks to enable people with dementia and their carers to be as independent as possible, for as long as possible, and for people with dementia to 'live well' with the condition. The aim is to fully engage people with dementia and their carers in the design and evaluation of services and support. The needs and wishes of people with dementia and their carers will be at the heart of action planning and delivery of this Strategy.

Actions taking place under the strategy include:

- Discharge to Asses – a pilot designed to support people with dementia / suspected dementia to return home from being in hospital, enabling them to be as independent as possible and avoiding admission to a care home
- Increased capacity in the memory assessment clinic which has reduced waiting times
- Dementia friendly communities and dementia friends – delivered through the independent Coventry and Warwickshire Dementia Action Alliance
- New technology - innovative pieces of technology have been trialled with people with dementia, in order to support them to maintain their independence, including GPS trackers to support safer walking, apps to aid memory, an app to identify dementia as early as possible, and Canary Care, a system that tracks movement and activity around a person's home.
- Dementia CQUIN- in reach. Coventry and Warwickshire Partnership trust have been commissioned by Coventry and Rugby CCG to provide an in-reach service to a number of care homes across Coventry and Warwickshire. They offer support to individuals displaying behaviour that challenges, and also, providing learning and development opportunities for staff members.
- Dementia-friendly Hospital - University Hospital Coventry and Warwickshire has signed up to work to become a 'dementia friendly' hospital. At the fifth National Dementia Care Awards, held in November 2014, the Trust's Frail and Older People's Team came out on top in the 'Best Dementia-Friendly Hospital' category

There are thought to be around 3,600 people living with dementia in Coventry, and by 2016, this is set to rise to approximately 3,900.

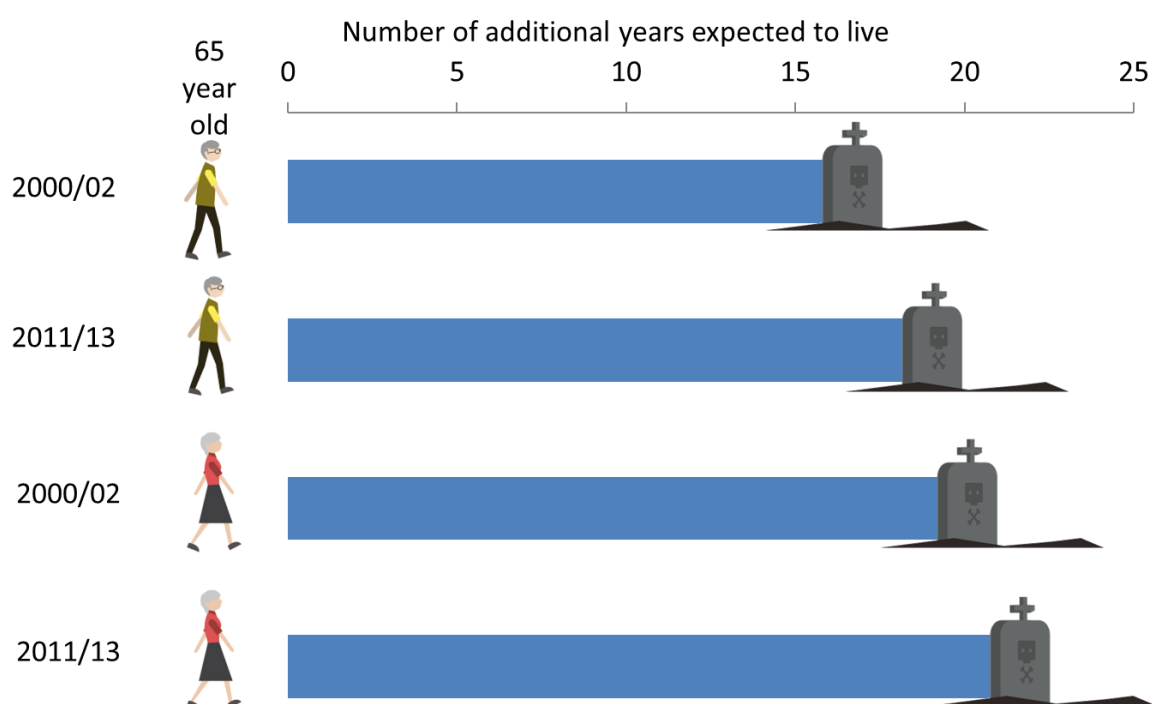
DATA AND STATISTICS

LIFE EXPECTANCY CONTINUES TO INCREASE

During the twentieth century, life expectancy rose dramatically amongst the world's wealthiest populations from around 50 to over 75 years. This increase can be attributed to a number of factors including improvements in public health, nutrition and medicine. Vaccinations and antibiotics greatly reduced deaths in childhood, health and safety in manual workplaces improved and fewer people smoked.

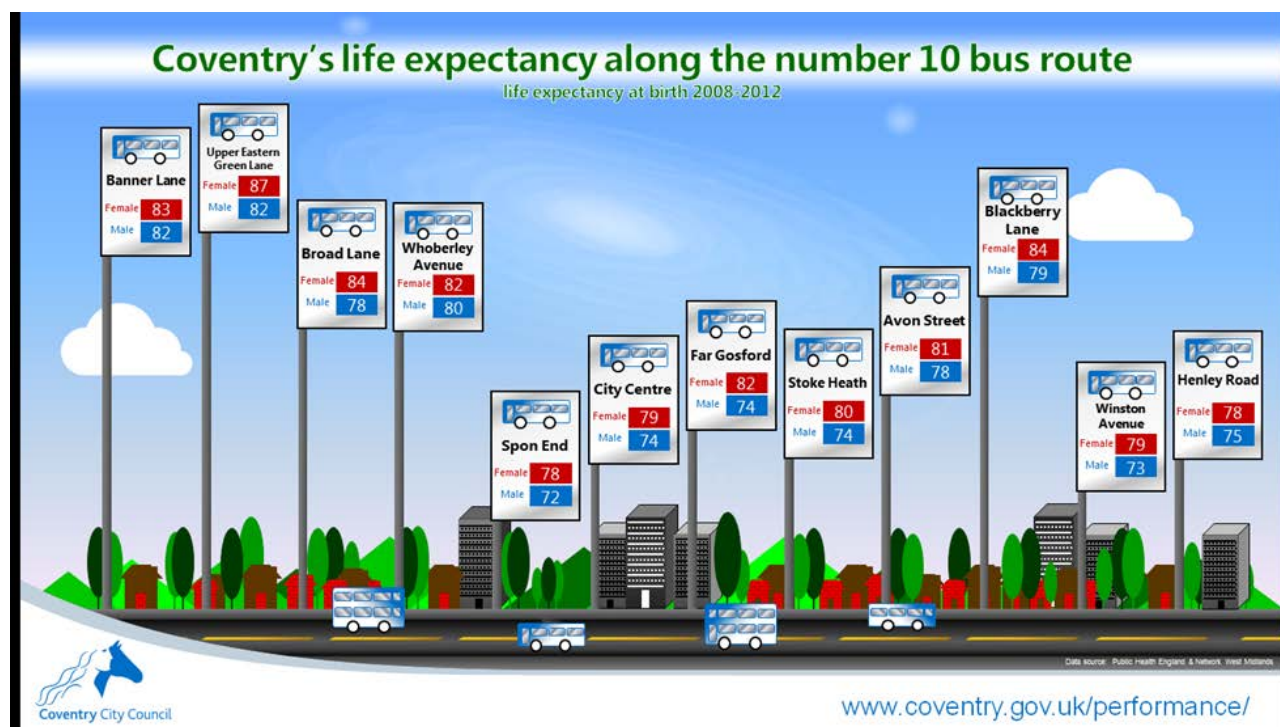
In Coventry since 2000, this effect has continued to raise life expectancy at age 65 for both men and women.

- In 2000/02 a 65 year old Male could expect to live another 15.8 years = 80.8 years
- In 2011/13 a 65 year old Male could expect to live another 18.2 years = 83.2 years
- In 2000/02 a 65 year old Female could expect to live another 19.3 years = 84.3 years
- In 2011/13 a 65 year old Female could expect to live another 20.8 years = 85.8 years



HEALTH INEQUALITIES IMPACT ON LIFE EXPECTANCY ACROSS THE CITY

While there have been improvements in the overall life expectancy for men and women in Coventry as whole, considerable differences appear when we look at where people live. In parts of the City where deprivation is lowest, we see longer life expectancy than in places where deprivation is high. This has been illustrated (overleaf) using a cross-City bus route as an illustration showing the variation in life expectancy as it travels through areas with higher and lower deprivation



The variation is even more apparent if we consider areas with the highest and lowest life expectancy across the City.

- Lowest Male Life Expectancy at birth by MSOA (Willenhall) 70.9 years
- Lowest Female Expectancy at birth by MSOA (Radford and Canal Basin) 77.7 years
- Highest Male Life Expectancy at birth by MSOA (Finham, South Cheylesmore) 84.8 years
- Highest Female Life Expectancy at birth by MSOA (Hipswell Highway and Ansty Road) 86.7 years

ADDING LIFE TO ADDED YEARS

As well as the variation in life expectancy across the City, we are able to gain further insights into the headline figures by considering Disability-free Life Expectancy. This indicator shows us how many of the years we are adding to life are lived without significant disability. These are of course different for men and women. The latest figures for this data from before the launch of the Health and Wellbeing Strategy and whilst life expectancy had been increasing for males across this period, Disability-free life expectancy had been decreasing, increasing the number of years and proportion of life lived with disability. A similar but less extreme effect for women in Coventry was evident. It will be important moving forward to monitor whether this widening gap continues to widen.

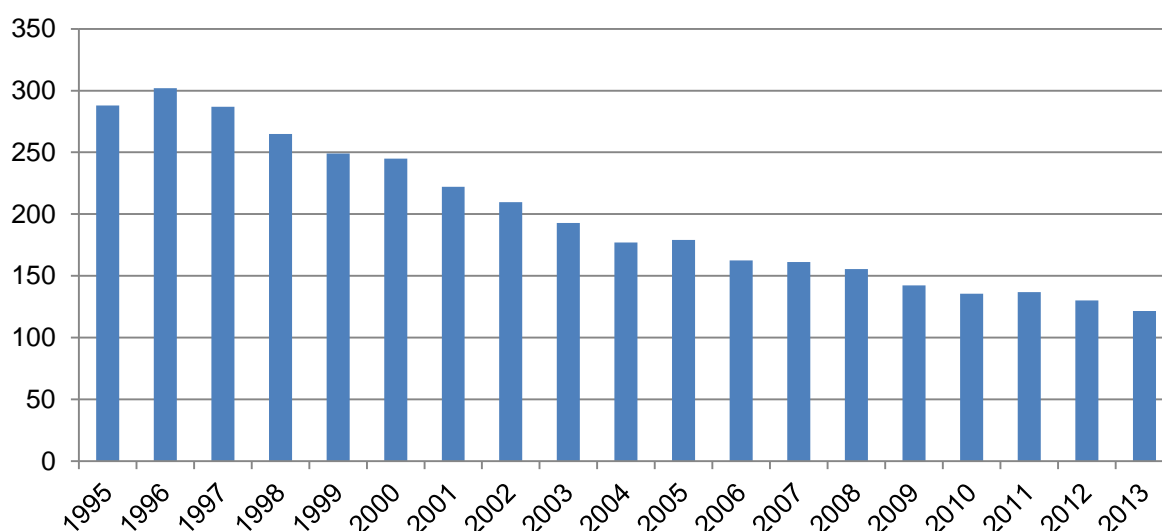
Males in Coventry	2006-08	2007-09	2008-10	2009-11
Life expectancy	76.3	76.7	77.1	77.6
Disability-free life expectancy	62.6	63.1	61.0	59.4
DFLE lower 95 % confidence interval	61.0	61.6	59.4	57.7
DFLE upper 95 % confidence interval	64.2	64.6	62.6	61.1
Expected years with a disability	13.7	13.5	16.0	18.2
Proportion of life disability-free %	82.1	82.3	79.2	76.6
Proportion of life with a disability %	17.9	17.7	20.8	23.4
Females in Coventry	2006-08	2007-09	2008-10	2009-11
Life expectancy	80.9	81.2	81.4	81.9
Disability-free life expectancy	62.1	61.8	63.4	61.0
DFLE lower 95 % confidence interval	60.4	60.1	61.8	59.2
DFLE upper 95 % confidence interval	63.9	63.5	65.1	62.8
Expected years with a disability	18.8	19.4	18.0	20.9
Proportion of life disability-free %	76.8	76.1	77.9	74.5
Proportion of life with a disability %	23.2	23.9	22.1	25.5

AVOIDABLE MORTALITY

Mortality from causes considered amenable to health care is an internationally accepted indicator of the overall quality of healthcare in a particular place and is now part of the Public Health Outcome Framework here in the UK.

The data below shows that the numbers of Coventrians dying from conditions they shouldn't normally die from is reducing year-on-year and is now half the than in 1995 having fallen to 121 deaths per 100,000 population in 2013.

Mortality from causes considered amenable to health care: directly standardised rate/100,000



POPULATION PROJECTION

The Office for National Statistics calculates projections of population for Coventry and this clearly shows that by 2022 the overall population, and the population of over 65s and over 85s continues to increase.

Population Projection (Count)	2012	2022
All Persons	323,100	365,200
65-84 year olds	40,500	44,300
85+	6,800	8,200

Population Estimate and Projection	1981	2013	2037
Over 65's	43,100	48,200	71,300
Over 85's	2,700	6,900	14,300

Taking a broader view over a longer period and by combining population estimates from 1981 and projections to 2037, in 1981 there were 43,100 people aged over 65 in Coventry. This had risen to 48,200 by 2013. ONS project that this number will have risen to 71,300 by 2037 an increase of 28,200 or 65% over this period.

For over 85's the baseline figure is 2,700 in 1981, rising to 6,900 by 2013 and reaching 14,300 in 2037. This is an increase of 11,600 or 429% over this period.

OLDER PEOPLE FEELING SAFE AT HOME

Coventry's Household Survey asks respondents how safe they feel at home – and we can examine how older people specifically feel. The data shows an encouraging increase in the percentage of older people who feel safe – from 69% in 2010 to 79% in 2013

Coventry Household Survey Feel Safe or Very Safe at Night - Over 65's

	2010	2011	2012	2013
%	69%	72%	78%	79%

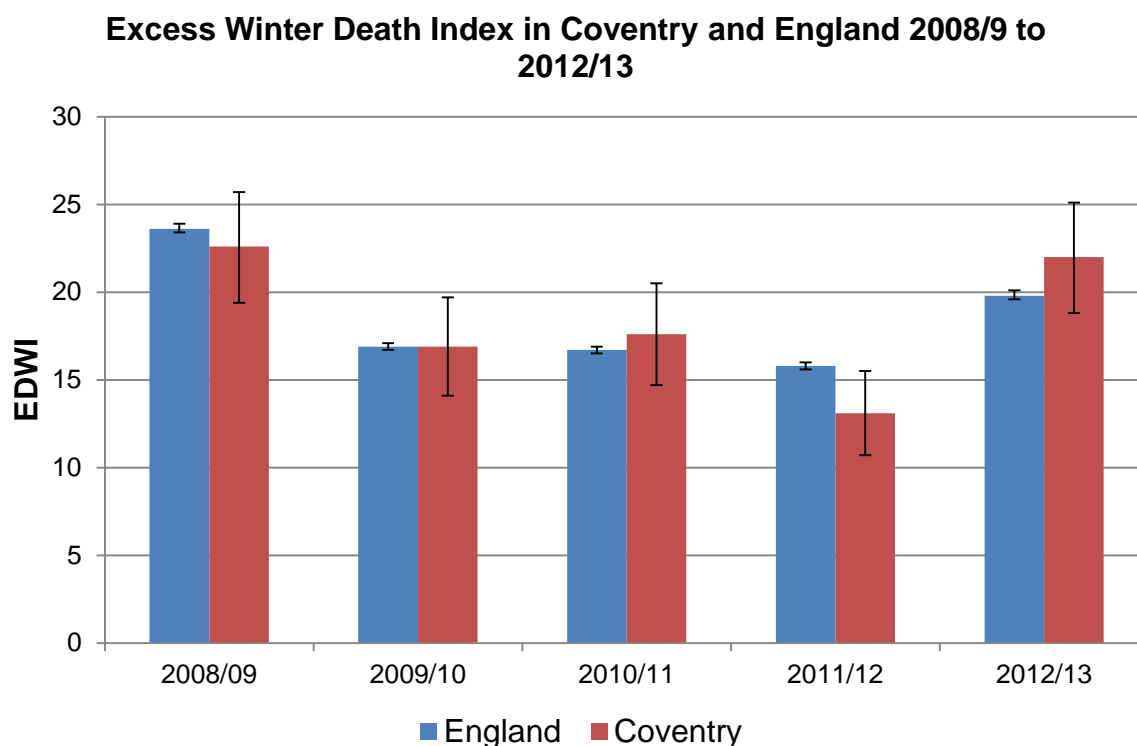
SUCCESSFUL HOSPITAL DISCHARGE FOR OLDER PEOPLE

Supporting older people to live independently for as long as possible and increasing the proportion of older people successfully supported to remain at home following hospital stay are key elements of the Health and Wellbeing Strategy 2012. This is measured through the calculation of the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. In the 3 years from 2011/12 until 2013/14, this has improved from 70% to 81%.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

	11/12	12/13	13/14
%	70%	76%	81%

EXCESS WINTER DEATHS



The graph above shows the pattern of Excess Winter Deaths over time using the ONS Excess Winter Deaths Index. This takes the excess of deaths in winter compared with non-winter expressed as a percentage. The graph shows that in 2012/13 22% more people (190 persons) in Coventry died in winter compared to those who die in summer. In 2011/2012 the index was 13.1% showing a statistically significant increase for Coventry between 2011/12 and 2012/13.

However the 2012/13 figure is not statistically any better or worse than the figure for England as a whole.

HEALTH RELATED QUALITY OF LIFE FOR OLDER PEOPLE

The Public Health Outcome Framework contains an indicator of overall health-related quality of life for older people. This is an average health status score for adults aged 65 and over as measured using the EQ-5D scale in the range zero to one.

Two years of figures are available and these show an increase from 0.69 in 2011/12 to 0.71 in 2012/13. However, as this is derived from survey data there is sampling error in these numbers and they are not statistically significant for Coventry.

Theme Two - Healthy Communities

Obesity (maternal and childhood)

PRIORITIES IDENTIFIED IN 2012

- Reduce numbers becoming overweight
- Targeting Pregnant Women
- Encourage breast feeding and give dietary advice on weaning
- Help families to encourage children to eat healthily
- Encourage Schools to offer healthy meals and promote healthy eating and physical activity
- Train people in how to raise the issue of healthy weight and how to support those wanting to change
- Improve access to healthy food options
- Promotion of sustainable travel
- Promotion of physical exercise in Communities

TARGETS

- Increase the % who are a healthy weight
- Increase the % who maintain a healthy diet
- Increase the % who participate in physical activity
- Reduce count of children obese at age 6
- Reduce count of children obese at age 11

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

JUST4MUMS

Just4mums is a unique six week free ante- natal healthy lifestyle programme. It helps mums-to-be to safely manage their weight during their pregnancy. Each session includes a healthy eating workshop and some gentle ante-natal exercise to finish. During the course we also help mums to set realistic goals for during and post pregnancy. Classes take place at Coventry Sports Centre and Sidney Stringer School

ONE BODY ONE LIFE (OBOL)



One Body One Life (OBOL) is a community based weight management programme for families and individuals who want to lead a healthier lifestyle. The programme meets the NICE recommendations. It's a FREE 8 - 10 week programme across Coventry aimed at helping people to make real changes to their lives by looking at their eating and exercise habits.

Specialist psychological support has been introduced to the OBOL team to ensure staff have the skills and knowledge to deal with the complex issues presented by clients.

Specialist sessions for young children and parents include

- Family OBOL
- OBOL for 2-4's
- OBOL for 0-2's

BUGGY WORKOUTS

The buggy workout is a fitness class for new mums wanting to get back in shape after their new arrival. It is a fun and enjoyable post natal outdoor circuit class where mum and baby can enjoy the fresh air. A small fee is charged for this service.

FOOD DUDES

Food Dudes is an evidence-based programme designed to improve children's consumption of fruit and vegetables. It has been shown to be consistently effective at changing the eating habits of 4- to 11-year-olds. The programme comprises three key elements:

- DVD adventures featuring hero figures, "Food Dudes", who like fruit/vegetables and provide social models for children to imitate
- Small rewards to ensure children begin to taste new foods
- Repeated tasting of fruit and vegetables so that children develop a liking for these foods

Food Dudes letters and home packs provide on-going home support to ensure the behaviour change transfers from school to family and is maintained over time.

EATING OUT COVENTRY

One in six meals are eaten out of the home – making it more difficult for people to control their food intake. Eating Out Coventry is a new Public Health project being run by Coventry University to work with independent takeaways in the city and introduce either healthier options or change cooking practices to make meals more healthy. The project will also introduce tools to help businesses provide nutritional information to staff and demonstrate the commercial advantage of providing healthier foods.

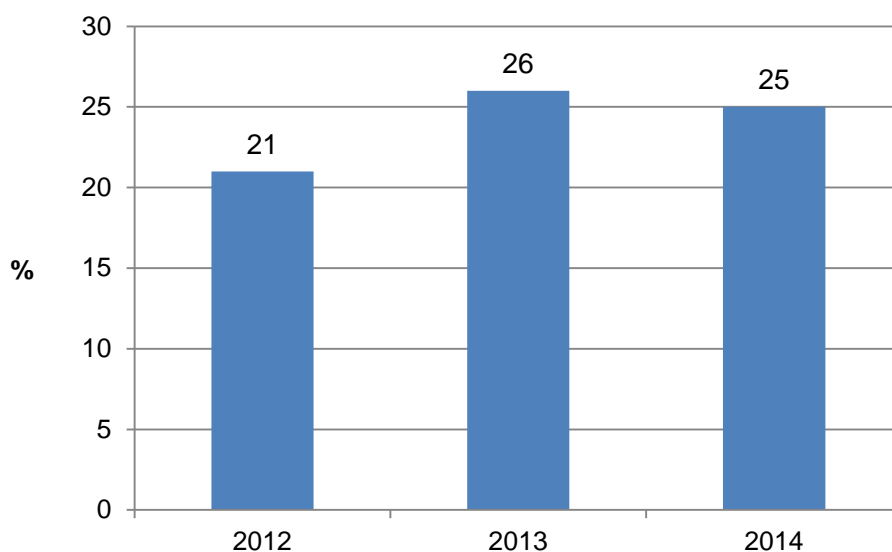
WORKFORCE DEVELOPMENT

Eating habits are established at a young age, so we have been training Acting Early site (combined teams of midwives, health visitors and childrens' centre staff) in core obesity messages to ensure parents are given consistent advice right from the birth of their child.

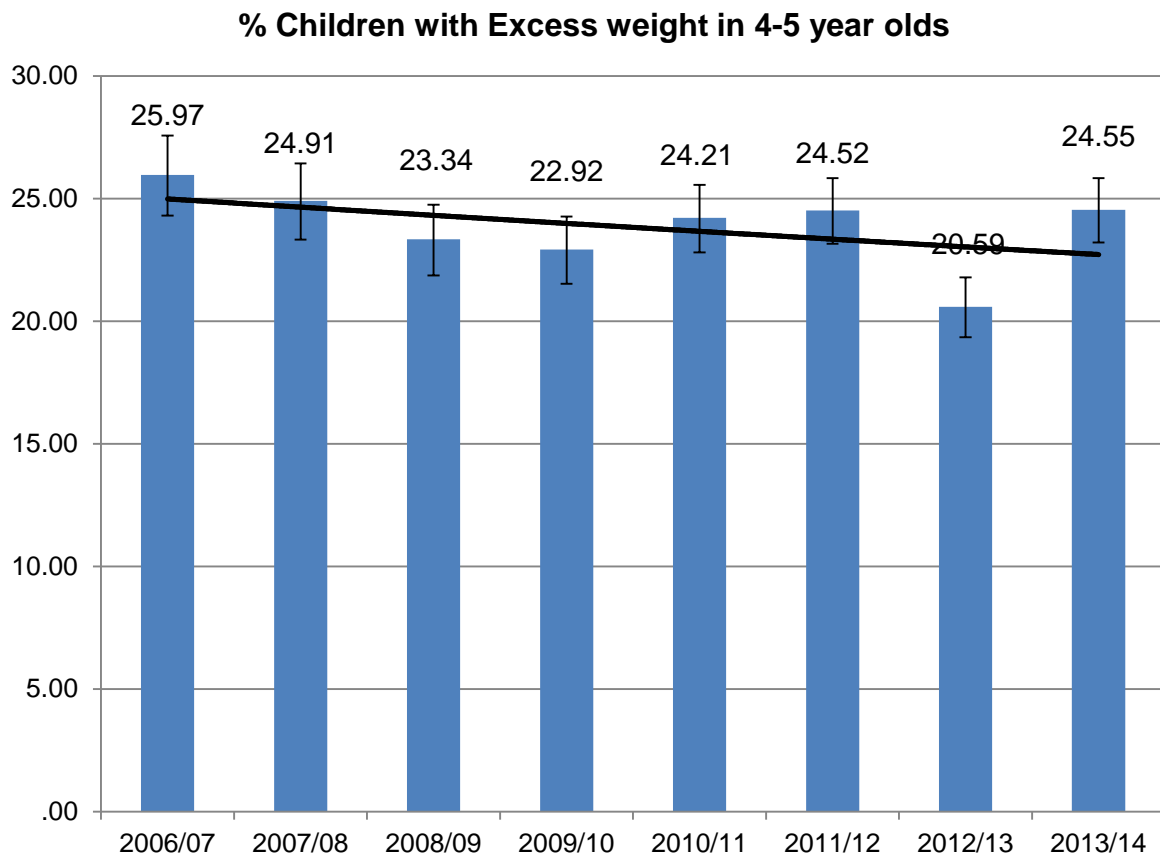
DATA AND STATISTICS

INCREASE THE % WHO PARTICIPATE IN PHYSICAL ACTIVITY

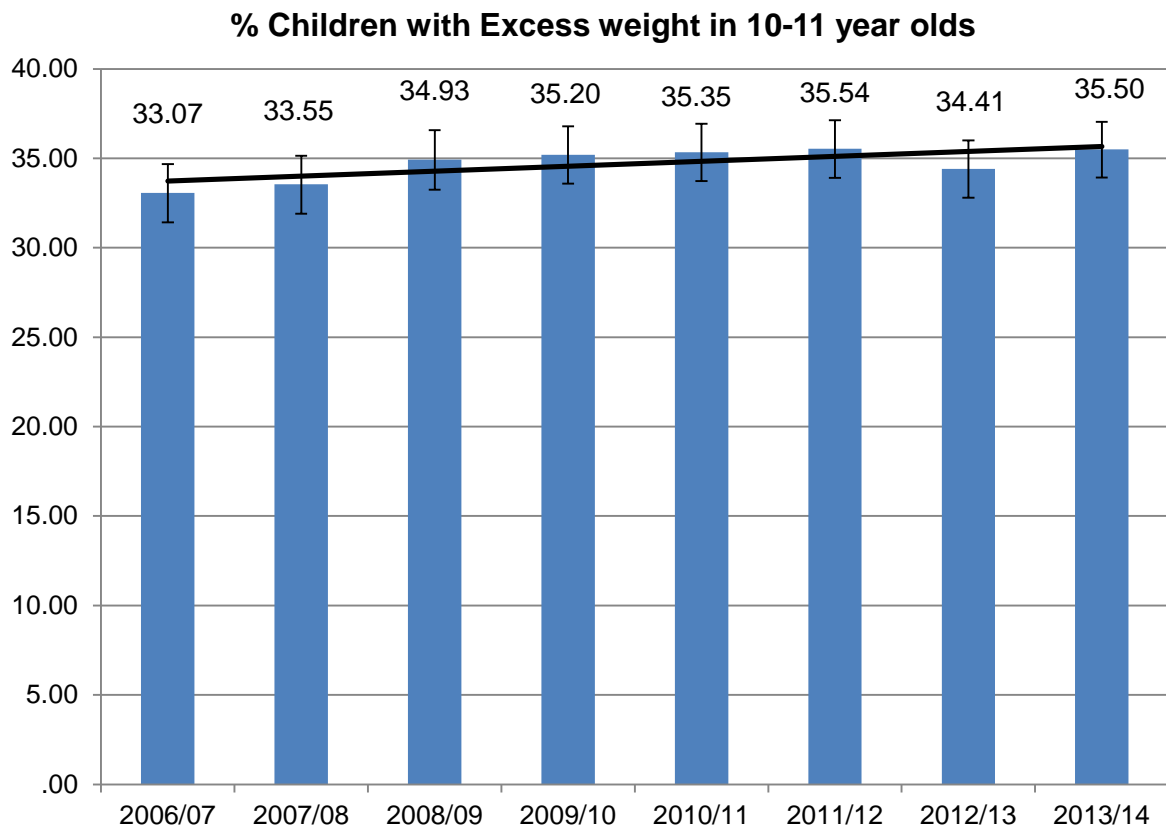
**% Persons aged 16+ in Coventry participating in Sport and active recreation
Three (or more) times a week**



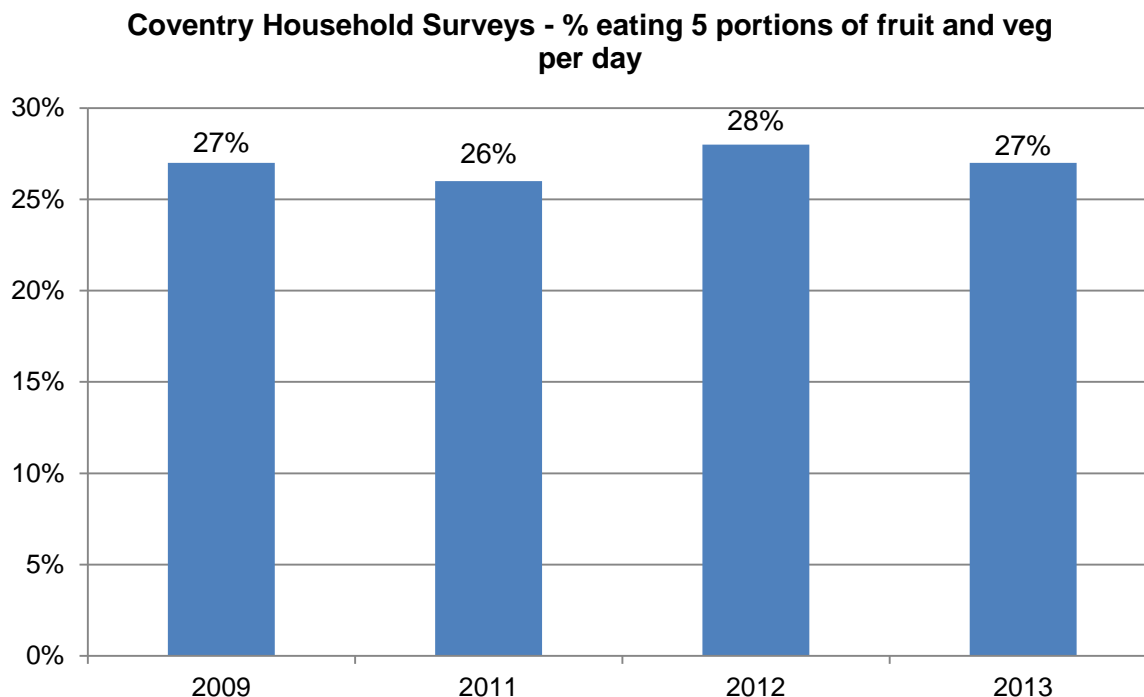
REDUCE COUNT OF CHILDREN OBESE AT AGE 6



REDUCE COUNT OF CHILDREN OBESE AT AGE 11



The preceding two charts illustrate how progress in being made reducing obesity in younger children – but less in older children. However the confidence limits set for this data are very wide and these trends could be due to statistical anomaly.



The chart above uses Coventry Household Survey data and shows a consistent pattern over time of the proportion of persons eating 5 or more portions of fruit and veg per day.

INCREASE THE % WHO ARE A HEALTHY WEIGHT

The Public Health Outcome Framework shows no data across the years covered by the Health and Wellbeing Strategy – only a single figure excess weight in adults for 2012. 56.5% of Coventrians were considered of excess weight compared to 63.8% for England – a statistically valid difference.

Mental Wellbeing

TARGETS

- Improvements in Wellbeing

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

ASSET BASED WORKING

Coventry's Asset Based Working Strategy for 2015-16 sets out ways to improve health and quality of life for local citizens, while making the city globally connected and attractive to businesses and investors. It recognises the limitations of public services that encourage dependency, and promotes a working culture that supports and enables people to find solutions to their problems.

In communities, there is a focus on promoting social engagement and cohesion, celebrating diverse achievements and successes, and improving wellbeing and resilience. In services, the emphasis is on reducing demand through implementing real change, supporting prevention and early intervention, and co-producing services with local people. Examples of current initiatives to improve wellbeing and promote asset based working are described below.

10 WAYS TO WELLBEING

The Wellbeing Project in Coventry identified '10 Ways to Wellbeing' based on the two themes of feeling good (i.e. happiness and life satisfaction) and functioning well. These expand on the New Economics Foundation's Five Ways to Wellbeing by suggesting ways that individuals can improve their wellbeing.

The 10 Ways to Wellbeing are as follows:

1. Connect with family, friends, colleagues and neighbours
2. Be active
3. Take notice - be aware of the world around you and what you are feeling
4. Keep learning
5. Give. Try something new
6. Have rewarding work
7. Feel safe and good about where I live
8. Feel good physically
9. Eat and drink healthily
10. Sleep well

THE WARWICK-EDINBURGH MENTAL WELLBEING SCALE (WEMWBS)

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a validated tool for measuring self-reported mental wellbeing that focuses on the positive aspects of mental health and wellbeing.

Coventry City Council has commissioned the University of Warwick to provide training for local professionals and practitioners on the use of WEMWBS to evaluate interventions which might have an impact on wellbeing. The training was delivered as workshops that included a mix of presentations and group work, and were accompanied by a workbook containing examples and exercises.

WORKPLACE WELLBEING CHARTER

NICE guidelines have been set out to promote mental wellbeing through productive and healthy working conditions. The Workplace Well-being Charter is a framework of standards that define healthy business practice.

The Charter covers a broad range of dimensions relating to workplace health and well-being, including a distinct Mental Health and Wellbeing standard which asks employers to provide information to reduce stigma around mental health, and raise awareness of mental health, including work-related stress.

At present, 14 local organisations have been awarded Charter status with an additional organisation working towards an award.

BUILDING A BETTER WORKFORCE

Mental Health First Aid is a nationally recognised training programme, providing a first aid approach to mental illness. A programme of training has been commissioned for front line staff across the council, equipping them with the knowledge and confidence to recognise signs of mental health problems, encourage someone to seek the right help and reduce the stigma around mental illness. Following MHFA training with staff from the Job Shop, a mental health professional was embedded into the team to mentor staff – helping them put their training into practice – while also reviewing how working practices could be adapted to make the Job Shop more welcoming for people experiencing mental health issues.

COVENTRY ON THE MOVE!

Coventry on the Move! is a local initiative that encourages people to take the first steps towards a more active lifestyle, focusing on activities that are enjoyable and easily incorporated into daily routines. The Coventry on the Move! team has been present at a number of local events including the Godiva Homecoming parade in August 2013, where passers-by were encouraged to try hula-hooping, skipping and hopscotch, and the Godiva Festival in July 2014, where over 1,500 people took part in skipping, hula-hooping or frisbee-ing. Participants were able to take their kit away with them so they could continue their activities at home.

The recently established Magic Mile event, held on the third Sunday of every month at Longford Park, is a 1-mile route where people of all ages and abilities are invited to get around the course in any way they can – walking, jogging, running, cycling or even on mobility scooters. The emphasis is on being outdoors and having fun with friends and family. Over 60 people took part in the first event. To encourage local residents to do more walking, route maps in printed and electronic formats have been produced for the city centre, Foleshill, Tile Hill & Canley, and Willenhall.

Employees in Coventry are being encouraged to be more active at work through Coventry Workplaces on the Move, which has included promoting active travel through the Rush Hour Challenge and encouraging people to compete against other local organisations by signing up to the Workplace Challenge.

COVENTRY TIME UNION

Coventry Time Union is a 'time bank' initiative that enables local people to support each other by exchanging time and skills. Members can offer one hour of whatever they wish to share with other members, and gain an hour of something in return. For example, a person could offer an hour of gardening and gain one Time Credit, which could then be used to get an hour of music tuition from another member. It is not an alternative to professional services, so personal care and childcare are not accepted, and participating does not affect taxes or benefits. Instead, it offers Coventry residents the opportunity to develop their existing skills, learn new ones and build social networks.

COMMUNITY WELLBEING PROJECT

Public Health commissions Valley House to deliver a project promoting wellbeing. In particular, this project works with grassroots community groups to encourage activity which promotes and uses the '10 Ways to Wellbeing' and to facilitate connections between them. To achieve this, the project helps grassroots groups understand the 10 ways to wellbeing and supports the development of new ideas to promote their use among the community; to help make this happen, Valley House also offer small 'seed' funding grants.

- **CANLEY DADS KITCHEN GARDEN**

This is a new group involving Malaysian Muslim men who were meeting informally for coffee and a chat before the project but, with funding and support, now meet 2-3 times a week on a theme of growing food and cooking. The Dads have set up a WhatsApp group called 'The Farmers' to talk about the project and share photos of their progress.

- **KNITTING NEEDLES**

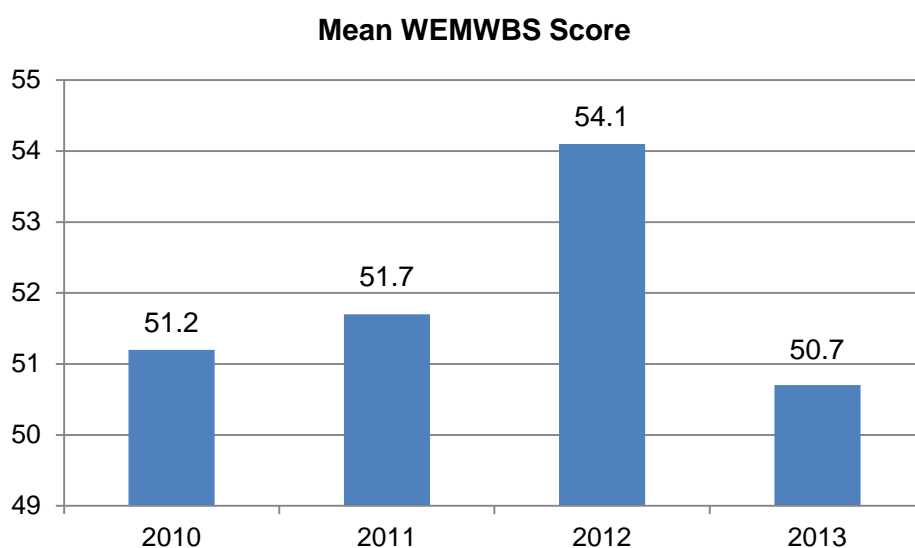
This was an existing community based craft group which receiving funding for a lockable cupboard, patterns and wool, which has enabled the group to expand and take on new members unable to afford the equipment and have also run sessions on wellbeing. The sessions have led to 2 members joining a slimming class, one

member volunteering at a older people's home and improved wellbeing / informal care among themselves.

- **TILE HILL YOUTH CAFÉ**

This is a new project which received support in initiating and shaping the group around wellbeing themes and also receiving funding for basic sports equipment and a juicer. The group has expanded to be running two sessions weekly for local children.

DATA AND STATISTICS



The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a 14-question, validated scale used to measure levels of mental wellbeing and the Coventry Household Survey has measured this in its last 4 surveys. The average WEMWBS score in 2013 (50.7) indicates worse mental wellbeing compared to 2010 (51.2), 2011 (51.9) and 2012 (54). However the academics from Warwick University who analyse and interpret the survey data suggest that the result in 2012 is presumed to be higher due to “a systematic measurement bias” rather than being a “real” change in mental wellbeing.

Joint Health and Wellbeing Strategy for Coventry 2012 – Review

WEMWBS item	Proportion of respondents (%)			Mean item score
	None of the time/ rarely	Some of the time	All of the time/ often	
I've been feeling optimistic about the future	21	41	38	3.2
I've been feeling useful	12	30	57	3.6
I've been feeling relaxed	18	38	44	3.3
I've been feeling interested in other people	16	33	51	3.5
I've had energy to spare	33	38	29	3.0
I've been dealing with problems well	8	33	59	3.7
I've been thinking clearly	5	23	72	3.9
I've been feeling good about myself	8	29	63	3.8
I've been feeling close to other people	9	27	64	3.8
I've been feeling confident	8	26	67	3.8
I've been able to make up my own mind about things	4	19	77	4.1
I've been feeling loved	7	21	72	4.0
I've been interested in new things	13	31	56	3.6
I've been feeling cheerful	6	28	66	3.8

The table above shows how Coventry residents responded to individual items on the WEMWBS scale in the 2013 Household Survey. Overall a relatively high proportion responded positively to most items, and a relatively low proportion responded negatively. However, there was less of a clear divide on some of the items. There was a more even mix of responses regarding feelings of energy and optimism, and items that described feeling relaxed, useful and interested in other people or new things also had a higher proportion of negative responses than other items. While this may indicate a tendency towards positive or neutral wellbeing states among the Coventry population, it also highlights possible areas of concern where additional support may be needed.

Sexual Violence

PRIORITIES IDENTIFIED IN 2012

- Improve quality of data collected
- Share aggregate data across partner organisations

TARGETS

- Reduce the number of sexual crimes

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

COVENTRY SEXUAL VIOLENCE NEEDS ASSESSMENT 2014

Coventry is experiencing significant sexual violence issues which results in longer term issues on child protection, mental health and vulnerable adults. A detailed health needs assessment was conducted in 2014 to examine the issue of sexual violence in Coventry and the effects on victims, determine what the gaps in service provision are and make recommendations to improve services through any future commissioning processes and to make recommendations to improve support and reduce sexual violence.

SEXUAL VIOLENCE SUPPORT SERVICE

The Sexual Violence Needs Assessment undertaken in 2014 informed the commissioning of the Sexual Violence Support service in 2015. The service is delivered by a specialist third sector organisations and provides a range of interventions to support victims of sexual violence, including:

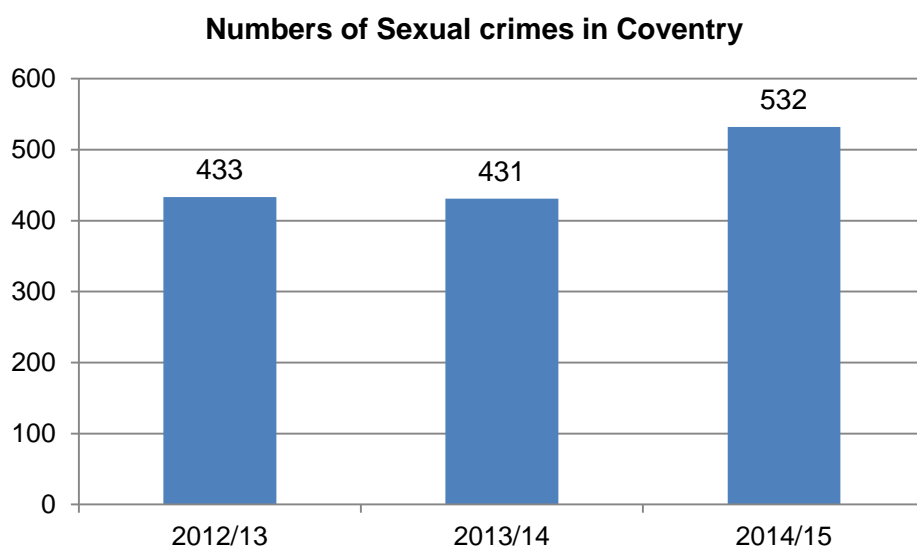
- Telephone helpline
- Website
- Counselling
- Therapy including Creative art therapy & play therapy
- Separate provision for Male support
- Specialist children's support
- Family support
- Independent Sexual Violence Advisors (ISVAs)
- Specialist support for vulnerable people including those with a Learning Disability and Mental Health condition
- Awareness raising of Sexual Violence & how to get support
- Sexual Violence prevention through education
- Targeted awareness raising at specific populations / communities such as non-English speaking and Black and Minority Ethnic and Refugees (BAMER)
- Support and signposting to other key agencies for additional, on-going, long term support such as mental health, substance misuse & therapy

Specific outcomes from this service include:

- Improved mental health outcomes for victims of sexual violence due to the provision and access of timely, appropriate long term support
- Prevention of sexual violence through education and awareness raising amongst young people and vulnerable people as to what is sexual violence and what is acceptable behaviour

DATA AND STATISTICS

REDUCE THE NUMBER OF SEXUAL CRIMES



The chart above shows an increase in reported and recorded sexual crimes. This is due to a range of potential factors, including the younger age profile of Coventry residents, as national evidence shows that younger people are at the greatest risk of sexual violence. In Coventry, 58.3% of people are under 40 compared to 50.1% in the West Midlands, which is partly due to the presence of two local Universities.

In addition, rising reports of sexual offences may be partly due to the 'Jimmy Saville' effect, with the revelations about high profile figures encouraging victims to come forward with crimes that previously went unreported.

Current provider data shows that there has been an increase in disclosures of historic abuse and this continued significant increase in calls to their helpline and counselling service as being correlated with post-Saville and the Police Operation Yewtree investigation.

Consequently, an increase in numbers can be seen as an improving situation and, it is not appropriate to conclude that actual abuse is increasing because the reported numbers are increasing.

Domestic Violence and Abuse

PRIORITIES IDENTIFIED IN 2012

- Raising awareness of domestic violence and abuse
- Providing services to support victims and children
- Supporting those who leave an abusive relationship
- Working with perpetrators to change behaviour
- One call to connect to all services

TARGETS

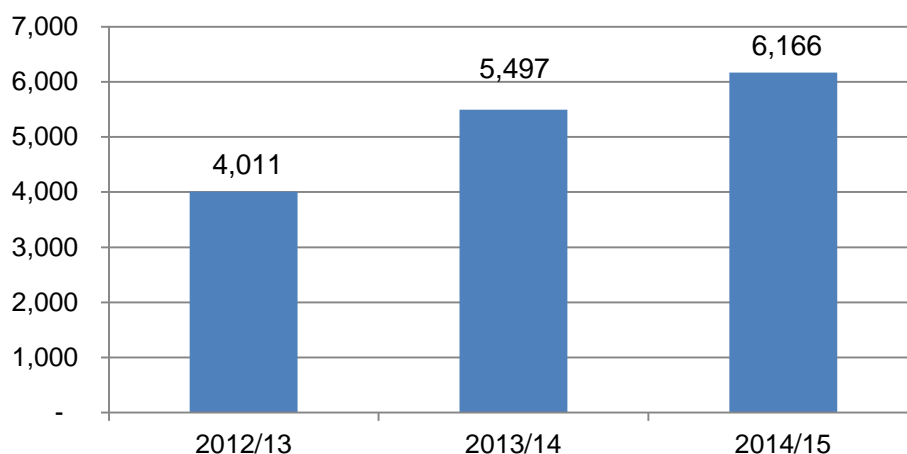
- Reductions in domestic abuse
- Improving child readiness for school

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

- Helpline, single point of access and victim community based support
- Victim supported accommodation
- Perpetrator services
- Children's services

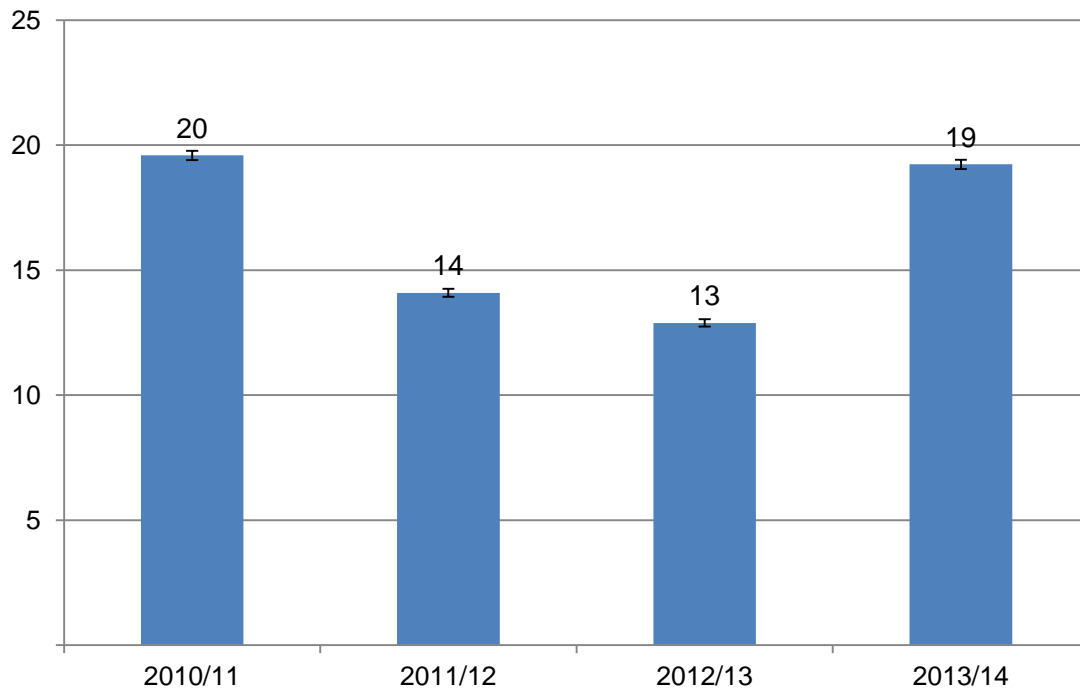
DATA AND STATISTICS

Numbers of Domestic Violence Abuse (crime & non crime) in Coventry



The chart above shows a year on year increase in domestic violence abuse incidents (crime & non-crime) reported to Coventry Police. Increases are a result of improvements in identification and recording of incidents logs as well as a drive to encourage victims to report domestic violence abuse to the Police. It is acknowledged that domestic violence abuse is greatly under reported therefore increases are considered positive. Domestic violence abuse is a priority for the Police & Crime Board.

Domestic abuse incidents recorded by the police, crude rate per 1,000 population.



The chart above expresses this increase as a rate per 1,000 adult population sourced from the Public Health Outcome Framework.

Theme Three - Reduce variation

Smoking

PRIORITIES IDENTIFIED IN 2012

- Enforcement of tobacco control legislation
- Work with pregnant women and parents of young children who smoke
- Reduce the number of children who start smoking
- Identify smokers, make them aware of dangers, offer support in stopping
- Work with communities to identify opportunities to stop smoking

TARGETS

- Reduce smoking prevalence in 15 year olds
- Reduce smoking prevalence in over 18 year olds
- Increase numbers of 4 week quitters
- Increase numbers of 12 week quitters

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

COVENTRY SMOKEFREE STRATEGY



Coventry's Smokefree Alliance, a partnership of public, voluntary and private organisations, has produced a Smokefree strategy for the city with a renewed vision, a clear direction and the mandate to move forward ensure the people of Coventry make informed decisions about using tobacco products. We cannot afford to be complacent; we must continue to build upon the successes of the last 10 years and work together to reduce the number of people who smoke in Coventry

STOP SMOKING SERVICES

Stop Smoking services for the general population are widely available across the city, and can be accessed at more than 100 delivery points, including GPs, pharmacists and other settings.

Stop Smoking Services are commissioned in Coventry on a tariff system - rewarding providers for each smoker they help achieve a 4-week quit. Nationally and locally, around half of smokers who set a quit date go on to be abstinent at 4 weeks, and around half of those progress to be Smokefree three months after their quit date. We recognise that recovery from any addiction represents a journey punctuated by steps forward and relapse and we will commission Stop Smoking Services to improve longer term quit rates. Our current providers are:

- Coventry and Warwickshire Partnership NHS Trust – provides a stop smoking service for the general population mainly via GPs and community pharmacists
- Stop4Life – provides a stop smoking service for the general population which predominantly delivers via workplaces and community outreach
- University Hospitals Coventry and Warwickshire NHS Trust – provides a stop smoking services for the general population and predominantly delivers within the hospital
- Coventry and Warwickshire Partnership NHS Trust – provides a specialist stop smoking service for pregnant women
- A pilot scheme providing a harm reduction and stop smoking service for people with mental health conditions is currently being developed by Coventry and Warwickshire Mind
- To further support BME communities in the city to access these services, Foleshill Women's Training were commissioned to run a project from September 2012 – March 2013. The Health Support Workers raised awareness of the dangers of smoking (Paan and Shisha) and passive smoking during their outreach and reinforced key health messages. The providers also developed a BME-specific stop smoking resource booklet which includes information on all these tobacco related behaviours.

A new approach to target parents who smoke by working closely with primary schools and other services had recently been commissioned. The service will design and pilot approaches in a minimum of 10 schools to effectively engage with parents, deliver key smoking messages and support parents who smoke to access a cessation service. This service will:

- Promote smokefree parenting
- Identify effective ways of engaging with parents who smoke via schools to promote smoking cessation via effective self-help or connecting parents with stop smoking services
- Inform parents of the smoking-related messages provided in school to children

Services in Coventry are among the most effective in the country – in 2013/14, one in 16 smokers kicked the habit with the help of local services, compared to a national average of one in 28 smokers.

ILLCIT TOBACCO AND SMOKEFREE ENFORCEMENT

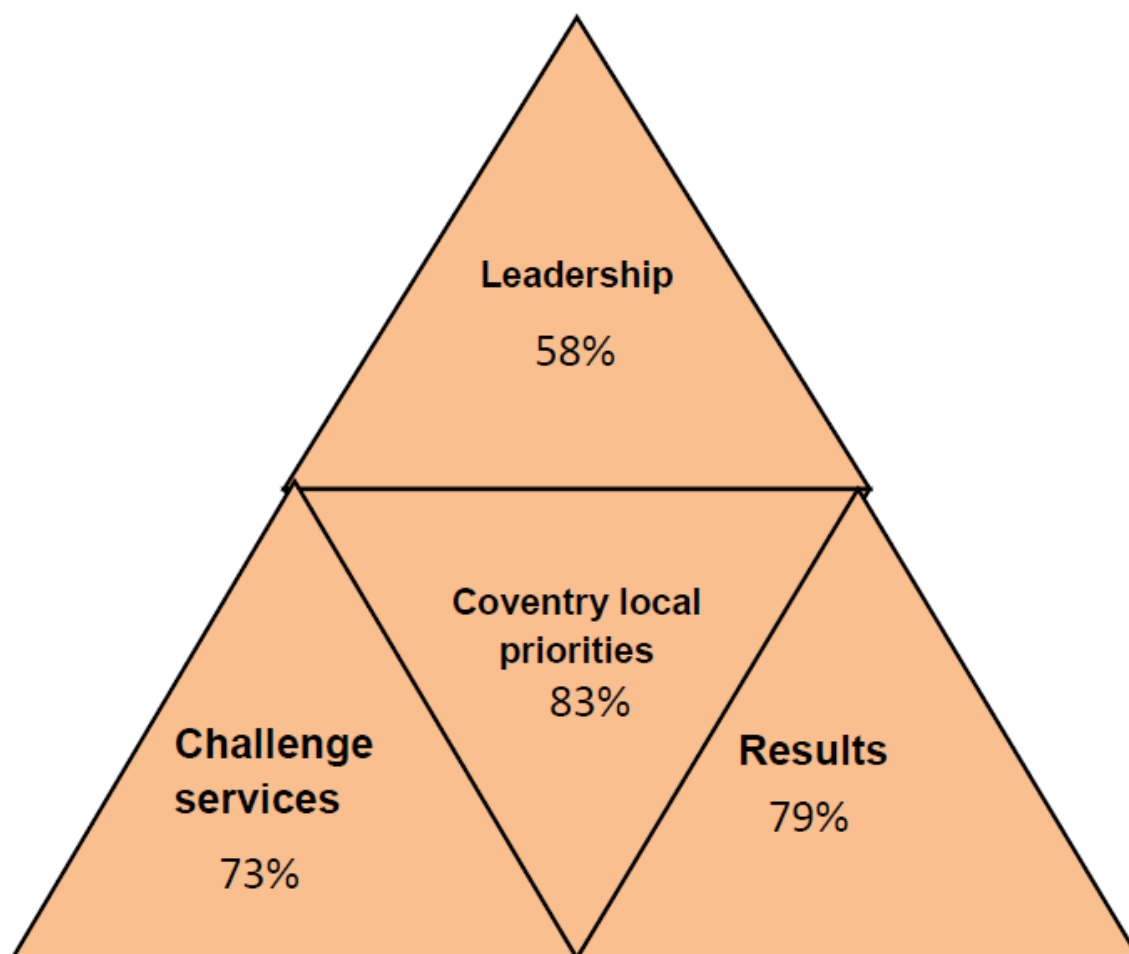
The Council's regulatory service is active in enforcement action against traders selling illicit tobacco, often smuggled into the UK without duty being paid, and maintains a high level of compliance of the indoor smoking ban across the city. Several traders selling illicit tobacco have been prosecuted and hundreds of thousands of pounds of smoking products have been seized.

More areas are becoming 'smokefree' - all city primary schools have signed up to the Alliance's smokefree school gates scheme and UHCW went smokefree in 2015, with CWPT scheduled to adopt a similar smokefree policy in summer 2015.

PEER ASSESSMENT FOR EXCELLENCE IN LOCAL TOBACCO CONTROL

A CLear peer assessment is an improvement tool which provides local government and its partners with a structured, evidence-based approach to achieving excellence in local tobacco control.

The model comprises a self-assessment questionnaire, backed by challenge and assessment process from a team of expert and peer assessors. The purpose of the assessment is to provide objective feedback on performance and local strategies and suggest ways for further improvement.



Coventry scored well in 3 of the 4 areas of the evaluation. In the area of leadership the evaluation noted

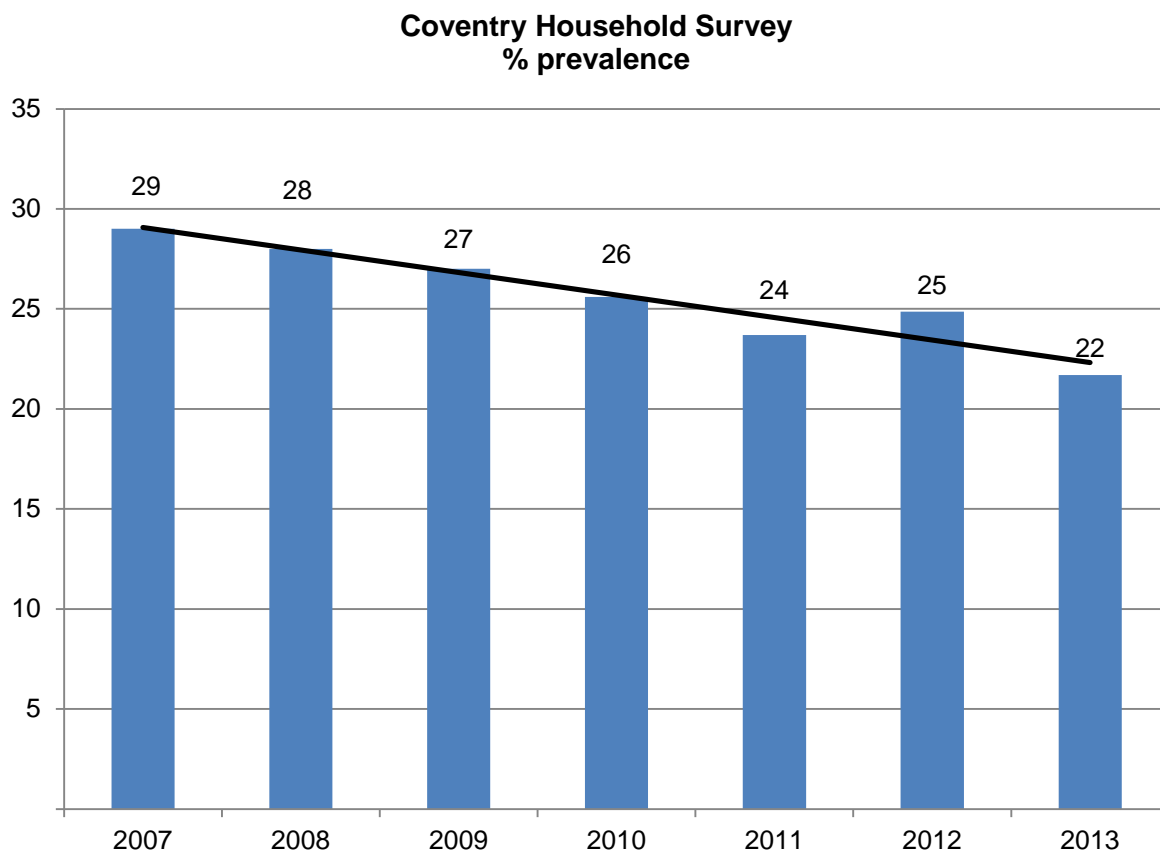
- The reduction in the hours of the Tobacco Control Co-ordinator from full-time to part-time
- The former Tobacco Control Strategy had now expired
- No formal Tobacco Control Communications Plan for Coventry
- Smoking prevalence in Coventry has fallen substantially over the last decade; however smoking rates remains high amongst the more deprived socio-economic groups. Specific interventions targeting this group will be needed in order to reduce smoking prevalence amongst routine and manual smokers
- A stronger relationship could be developed with clinical leaders in Coventry, including the CCG including the identification of Smokefree Clinical Champions
- It is evident that there is some excellent work being done across a variety of areas. However, it is difficult to assess the quality and impact of some of the work due to a lack of evaluation

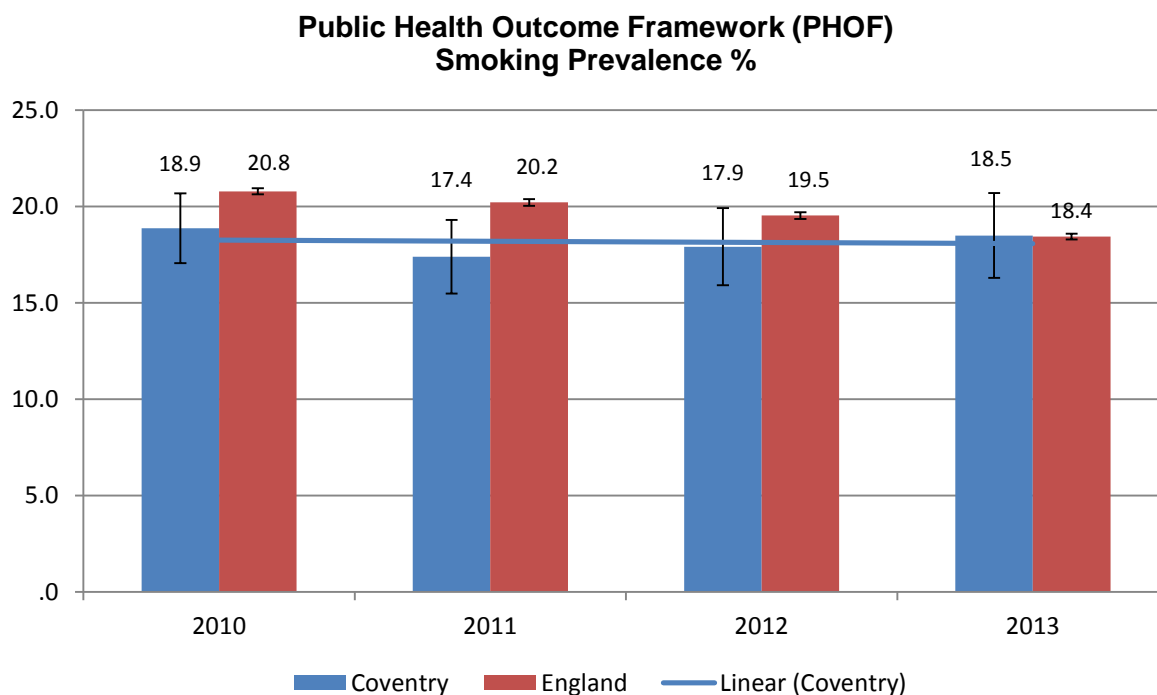
DATA AND STATISTICS

REDUCE SMOKING PREVALENCE IN 15 YEAR OLDS

Coventry Children and Young People's Survey	% Ever smoked a cigarette	% Smoke Regularly
2013	19	1
2008	25	3

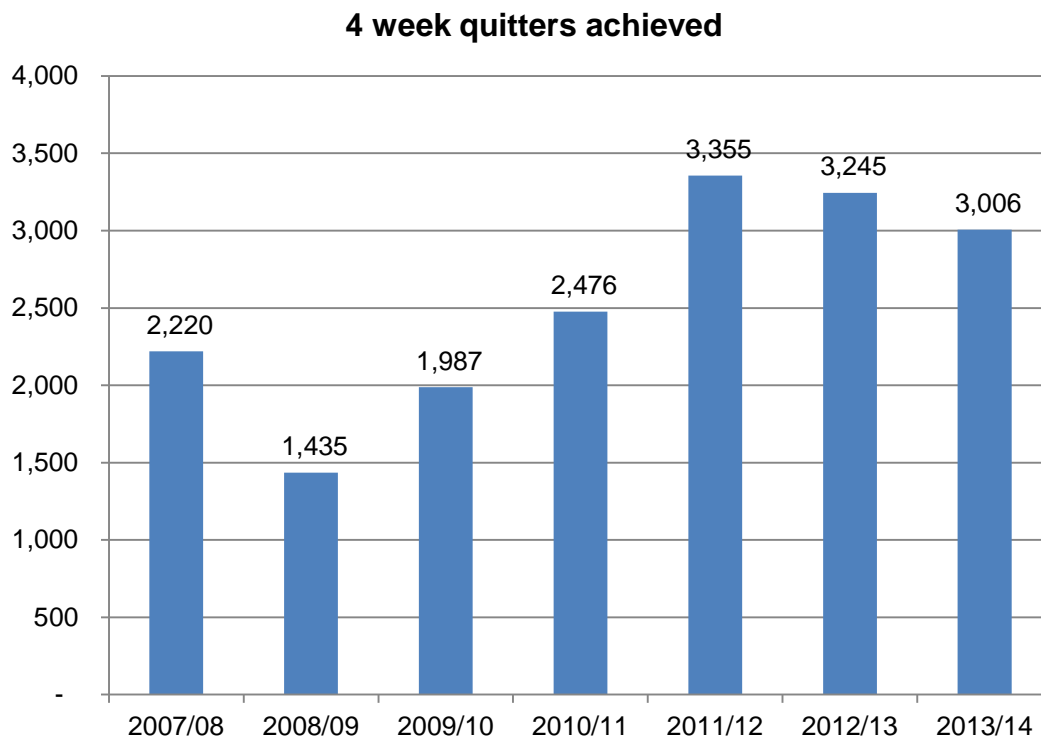
REDUCE SMOKING PREVALENCE IN OVER 18 YEAR OLDS





The two charts above show differing pictures of smoking prevalence in Coventry. The Coventry Household Survey (HSS) shows higher overall reported prevalence than that from the Public Health Outcomes Framework (PHOF) – but it is thought that all surveys of smoking behaviour underestimate smoking prevalence – so possibly the Coventry HHS is more accurate. The HHS data shows a decrease in prevalence over time – although this is right at the edge of being statistically significant from 2012 to 2013. This means that while the probability of this **not** being a real decrease is high, it might still be a statistical error. The PHOF data shows no significant decrease either – but the probability of it not being real is greater.

INCREASE NUMBERS OF 4 WEEK QUITTERS



The main reason for the falling numbers of 4 week quitters is that the marketplace has significantly changed in the last few years with the emergence of e-cigarettes; nationally there is also a reduction of smokers engaging with stop smoking services for the same reason.

INCREASE NUMBERS OF 12 WEEK QUITTERS

The numbers for 12 week quitters are not published in the Public Health Outcome Framework. This is because they have been seen to largely duplicate the pattern of 4 week quitters. There are fewer 12 week quitters than 4 week quitters but when used to compare place to place and compare over time as above, the overall pattern remains the same.

Alcohol

PRIORITIES IDENTIFIED IN 2012

- Develop an alcohol harm reduction strategy and supporting action plan
- Raise awareness of the harms of alcohol, help people know safe limits and stick to them
- Work with licensees and the alcohol industry to promote a culture of safe drinking

TARGETS

- Reduce alcohol related crime and anti-social behaviour
- Reductions in alcohol related admissions to hospital
- Reductions in mortality from liver disease
- Reductions in crime and domestic abuse

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

COVENTRY ALCOHOL STRATEGY 2013

The Coventry Drug and Alcohol Steering Group is responsible for the development of the Coventry Alcohol Strategy 2013 which brings together the activity which seeks to deliver the priorities for alcohol set by both the Health and Wellbeing Board and the Police and Crime Board.

Activities commissioned under the strategy include

- Alcohol Liaison Nurse Service at University Hospital Coventry and Warwickshire (UHCW)
- Creation of alternatives to structured treatment, including self-help and computer assisted therapies, e.g. Breaking Free, and access to mutual aid
- Review pathways between mental health and alcohol treatment services and other alcohol-support services
- Develop linkages between treatment services, criminal justice services and others with the aim of improving Coventry's response to domestic abuse and violence
- Late night, city centre Alcohol Triage Service to prevent ambulance call outs and A&E attendances for minor injuries on a Friday and Saturday night
- Involvement and Advocacy Service for service users, ex-service users and recovery champions so they can continue to work with clients, staff and the public in changing attitudes and behaviour
- Promote the use of Identification and Brief Advice (IBA) in a range of primary care settings, e.g. by working with the Police, Fire Service, nurses, healthcare assistants, pharmacists
- Targeted work with pregnant females to promote message of abstinence or low risk drinking during pregnancy

- Work with street drinkers and homeless people to try and motivate them to engage with treatment and support services
- Review the number and type of alcohol licences in key locations to identify if further licencing control is needed in line with the licensing objectives
- Trading Standards to undertake intelligence led, underage test purchasing exercises for alcohol and take appropriate action where necessary

TREATMENT SERVICES

Public Health also commission a number of evidence based services that deliver prevention, advice, treatment, support, advocacy, training, communications / marketing and service user involvement, including:

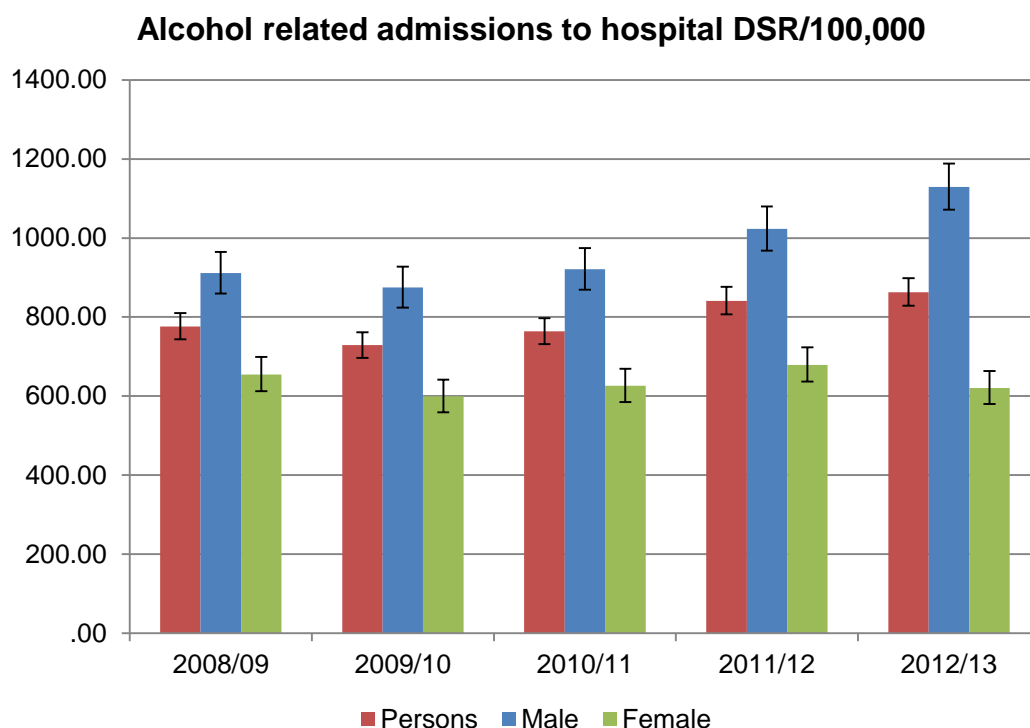
- Drug and alcohol treatment service commissioned with Warwickshire County Council
- Independent living service
- Service user involvement scheme
- Late night triage service
- Identification and brief advice in primary care
- Residential rehabilitation placements

DATA AND STATISTICS

REDUCTIONS IN DRINKING IN COVENTRY

- Coventry Household Survey - all persons drinking 5+ days down from 8.4% in 2009 to 4.7% 2013
- Coventry Household Survey - all persons drinking more than recommended amounts on 4+ days down from 7.4% in 2009 to 5.6% in 2013

ALCOHOL RELATED ADMISSIONS TO HOSPITAL



The chart above shows that in Coventry whilst the rate of alcohol related hospital admissions for women has remained constant since 2008/09, the position for men and a result for persons is significantly worse in 2012/13 than it was in 2010/11 – latest available figures.

MORTALITY FROM LIVER DISEASE

Mortality from liver disease overall and from liver disease considered preventable show an absolute reduction for men from the period 2010-2012 to 2011-2013 for women the position is reversed showing a small increase. However, the small numbers of actual cases in Coventry and the statistical methods of compiling these numbers mean that this pattern is not statistically significant and may be due to statistical error.

DOMESTIC VIOLENCE

This is a cross-cutting theme and has been considered in its own section above.

ALCOHOL RELATED CRIME AND ANTI-SOCIAL BEHAVIOUR

The British Crime Survey (2013/14) states that 53% of violent incidents involving adults were alcohol-related. However, local recording of whether Police Officers consider alcohol to have been involved in a reported crime is inconsistent and thought to be under-reported – locally as few as 8% are recorded as such. Consequently, while this indicator is recorded locally it is not felt to be a reliable reflection of the amount of crimes where alcohol has been involved.

Infectious Diseases

PRIORITIES IDENTIFIED IN 2012

- Flu – Vaccination each year is successful in reducing deaths from flu and the aim is to increase this for those at risk of complications from flu and those who work with them
- Tuberculosis – increase awareness of TB in communities most at risk and offer early screening to detect illness and reduce infection
- HIV – promote safe sex through education and easy access to services. Increase early detection through increasing HIV testing in the general population.

TARGETS

- Fewer deaths caused by flu through increased immunisation
- Earlier detection of TB, HIV and other infectious diseases, leading to improved health for those who live with the disease
- Reduced number of new cases of HIV and TB through reducing transmission

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

LOCAL SEASONAL FLU CAMPAIGNS

Local seasonal flu campaigns have been run every year, making a wide range of promotional resources available to partners across Coventry and Warwickshire. A detailed review and evaluation of the campaign run in 2013/14 was conducted by Coventry University (commissioned by Public Health) which included interviewing practice managers and GPs from practices with both highest uptake and lowest uptake, as well as midwives and heads of midwifery across Coventry and Warwickshire. Recommendations from this are being implemented.

A Coventry University PhD student will be working with Public Health to examine interventions seeking to increase uptake of seasonal flu vaccination in pregnant women.

TUBERCULOSIS

A multi-agency local TB programme board has been established, in line with the national TB strategy published in January 2015, which is focusing on 10 evidence-based areas for action identified in the national strategy. As part of this, a rolling programme of TB awareness-raising (related specifically to the recognition of symptoms of active TB) is being put together.

Coventry Rugby CCG has been identified as an area of high incidence of TB and eligible for new NHS England funding to establish a new entrant latent TB screening programme from 2015/16 onwards.

HIV

A point of care HIV testing pilot in primary care started on 1st May 2015 (to run for a year), involving 10 GP practice sites in high prevalence areas in Coventry

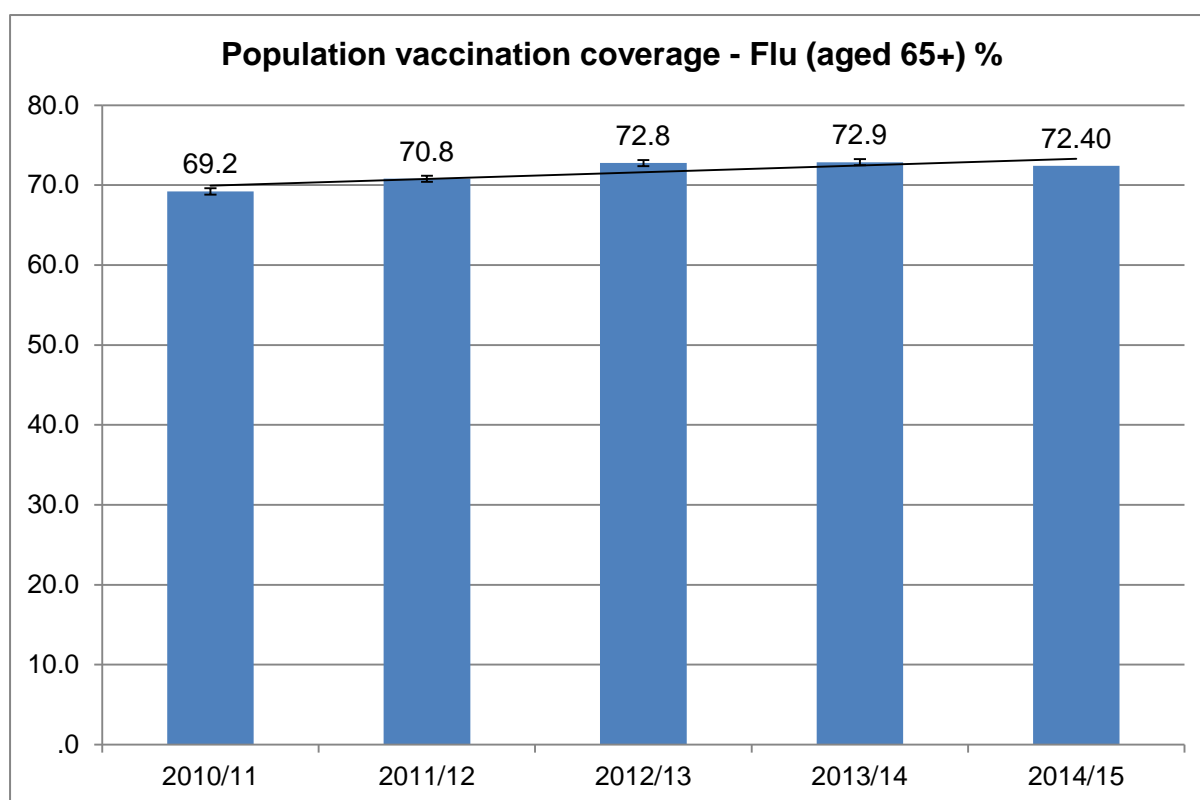
A community organisation grant scheme was established in 2014/15, which involved raising awareness, busting myths and reducing the stigma associated with HIV and the facilitation of access to HIV testing.

91 volunteers were recruited as part of this grant programme and 9 condom distribution schemes were set up in African Barber shop settings, where on-going promotional work is taking place.

A new sexual health programme board has been convened to oversee the above work as part of the wider sexual health agenda.

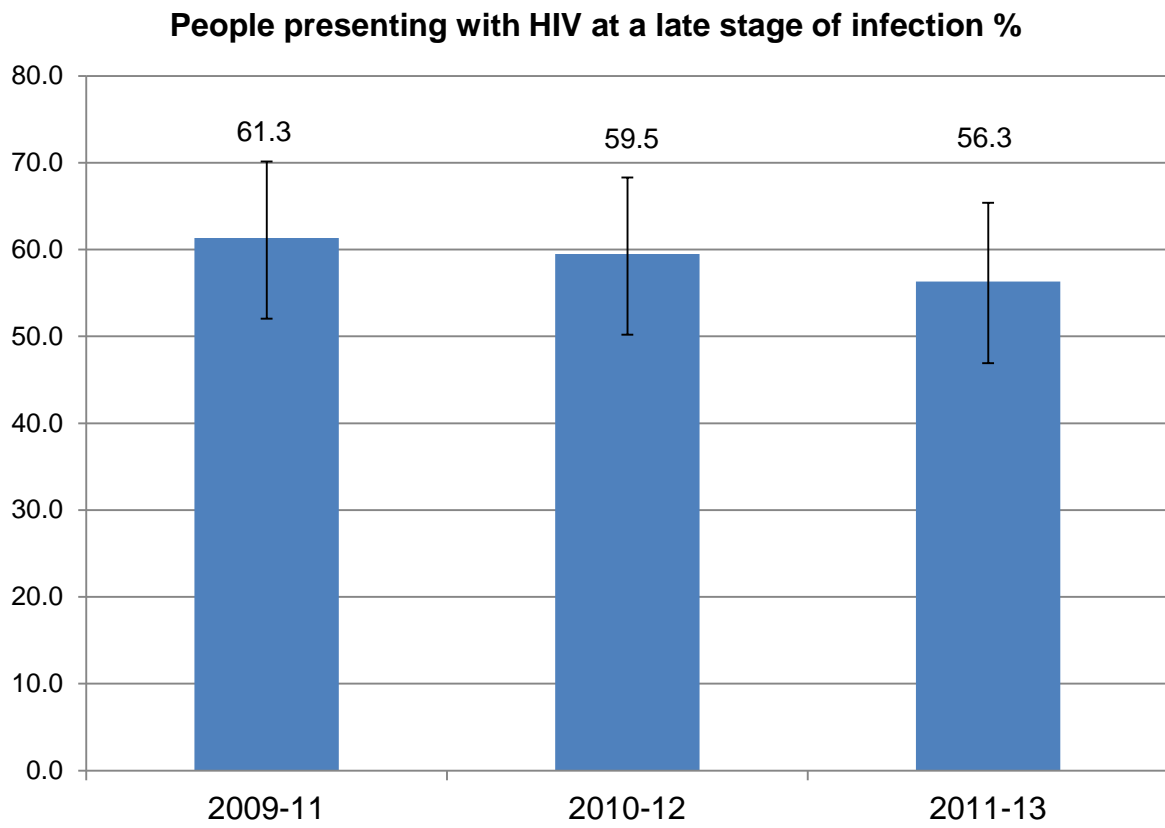
DATA AND STATISTICS

FLU VACCINATION



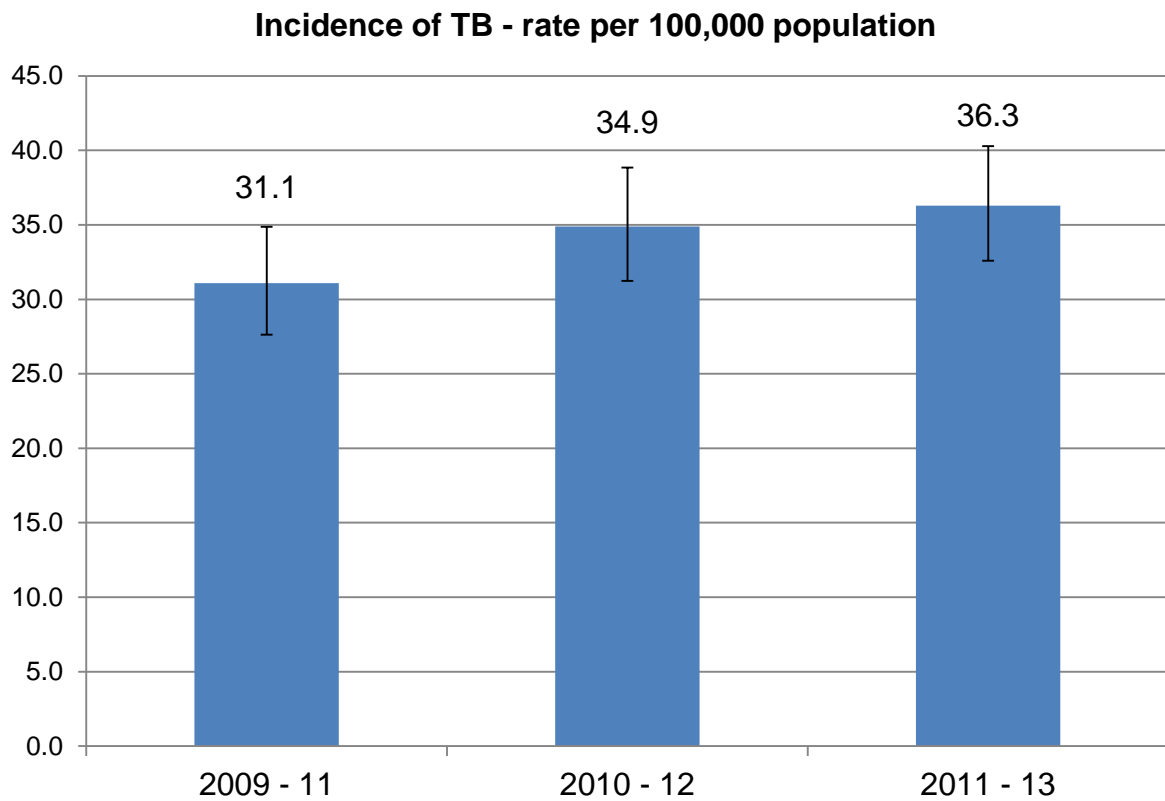
Although there have been increases in vaccination uptake in people aged 65 and over, this has now plateaued. In 2014/15 54% of GP registered patients in clinical risk groups under the age of 65 were vaccinated compared to 57% in the same period in 2013/14. For pregnant women, 47.5% were vaccinated in 2014/15 compared to 44.2% in the same period in 2013/14 in the CCG area.

EARLY DETECTION OF HIV



Despite showing a downward trend, which is encouraging, the change over time in late presentation of HIV cannot be said to be statistically significant due to relatively small numbers of cases. Coventry remains to have the highest prevalence of HIV in the West Midlands.

INCIDENCE OF TB



Despite showing an upward trend over time this cannot be said to be statistically significant due to relatively small numbers of cases. Coventry has the 3rd highest incidence of TB in the West Midlands behind Birmingham and Sandwell.

Theme Four - Improve Outcomes

Cancer (for year 1)

PRIORITIES IDENTIFIED IN 2012

- Help people to understand the causes of cancer –particularly those which can be altered such as smoking, alcohol and bad diet – and help them to find support to change their lifestyle.
- Help people to recognise early signs and symptoms of common cancers
- Faster access to cancer screening, diagnosis, referral and treatment
- Change services to make sure they meet the needs of the patient
- Targeting communities where cancer outcomes or the use of screening services are particularly poor.

TARGETS

- Increase 1 year survival rate for all Cancers over the next 3 years to the level of the best in England
- Reduce variation in uptake of all cancer screening programmes across the City and ensure uptake matches the best in England
- Reduce prevalence of smoking in the City to no more than the England average

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

COVENTRY CITY COUNCIL/MACMILLAN PARTNERSHIP

The Partnership agreed 4 aims at the outset:

- To improve the accessibility and coordination of services
- To remove barriers between services
- To fill in gaps in provision
- To inspire and empower people

In order to achieve these aims a range of activities have been set in train.

- City-wide audit of information and advice provision
- Boots Macmillan Information Pharmacists (BMIP) - volunteer Pharmacists who undertake bespoke Macmillan training to help support and signpost customers affected by cancer. Now 12 BMIPs across the City with the ambition being to have one in every Boots store.
- Library Information - work within the Library service to develop 4 information access points within the city's libraries. Macmillan is funding a temporary (18 months) project manager to develop this service.

CITY COUNCIL SUPPORT TO EMPLOYEES AFFECTED BY CANCER

- Macmillan learning and development activities for line managers, Occupational Health, Human Resources and Trade Union representatives
- Re-branding and re-launching the Cancer Buddy Scheme
- Bite-size e-learning for line managers
- Research into employee experience in the workplace funded my Macmillan

LEARNING AND NETWORKING EVENTS

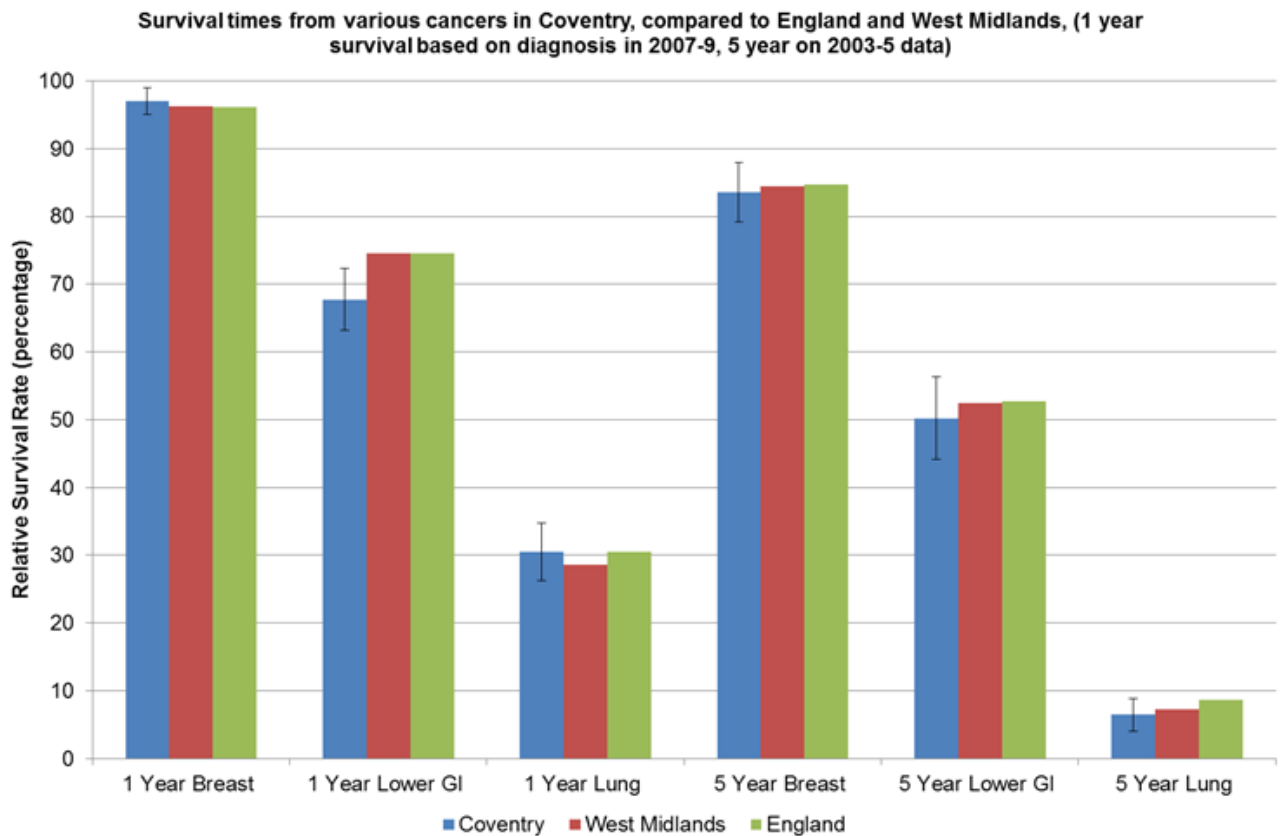
Macmillan has delivered a rolling programme of learning and networking events across the NHS, Social Care and third sector to improve individual and organisational understanding of roles, remits and referral pathways.

DATA AND STATISTICS

SURVIVAL RATES FOR CANCER

Data for survival at 1 year and 5 year post diagnosis for Cancer has not been updated since 2012 so it is not possible to determine progress on this target. The table and chart below show the latest data to 2012.

		One-year relative survival			Five-year relative survival		
		Diagnosed 2007-2011, followed up to end 2012			Diagnosed 2003-2007, followed up to end 2012		
		Rate	LCI	UCI	Rate	LCI	UCI
Males	Colorectal	72%	68%	76%	48%	43%	53%
	Lung	29%	25%	33%	5%	3%	7%
	Prostate	97%	96%	99%	90%	86%	93%
Females	Colorectal	71%	67%	76%	55%	49%	61%
	Lung	31%	26%	35%	9%	6%	13%
	Breast	97%	95%	98%	83%	80%	86%



REDUCE SMOKING PREVALENCE IN OVER 18 YEAR OLDS

As this is a cross cutting issue the topic of smoking reduction is covered in the smoking section above.

CERVICAL CANCER SCREENING

The percentage of women in the target age group who have been screened in the last five years has increased from 71.5% in 2012/13 to 76.6% in 2013/14

Variation in Primary Care

PRIORITIES IDENTIFIED IN 2012

- Setting and monitoring Primary Care Standards
- Establishing robust medical appraisal systems
- Informing patients about practice performance
- Managing long –term conditions more at home and with self-management

TARGETS

- Reduce unnecessary A&E Visits, inpatient admissions and hospital based outpatient appointments
- Increase uptake of specialist care and activity in the community and support patient self-management through promoting access to disease-specific education and exercise programmes
- Increase uptake of Primary Care based screening and immunisation programmes
- Reduce deaths at an early age where prevention, early detection and treatment can be effective.

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

PRIMARY CARE QUALITY GROUP

The Primary Care Quality Group was established in 2014 at the request of the Health and Wellbeing Board to work in partnership to develop and implement an action plan to improve the quality of primary care and reduce inequalities in primary care. Members of the Primary Care Quality Group include Public Health, Coventry and Rugby Clinical Commissioning Group, the NHS England Area Team, Healthwatch Coventry, the Local Medical Committee, the GP Alliance and the Local Pharmaceutical Committee. The work of the group and its wider partners to date has included:

- The collaborative production of the 2014 Director of Public Health's Annual Report 'Primary care at the heart of our health', which aimed to celebrate the progress and achievements of primary care in Coventry, as well as to ensure that primary care can adapt to the challenges of the future.
- The development of an NHS England Area Team dashboard to set and monitor primary care standards, provide feedback to GP practices, to identify and manage performance, to learn from others and identify good practice.
- The development of a Coventry and Rugby CCG dashboard to show where practices sit on a range of indicators relative to others. This will be available for both practices and the public to view, to enable patients to make informed choices about the practice they belong to and to encourage improvement in practices.

- The development of an online directory to provide an overview of community initiatives and lifestyle services within Coventry.
- Organisation of workshops and development of a Coventry and Rugby CCG primary care strategy to ensure the primary care system that is fit for the future.
- Support to the Coventry GP Alliance to protect, improve and enhance primary care in the city. In 2015, the GP Alliance was successful in securing funding from the Prime Minister's Challenge Fund for their bid 'Best Care, Anywhere: Integrating Primary care in Coventry'.
- Engagement with patients and recording of patient views to influence the future vision of primary care in Coventry and to help define a bench mark for good quality GP services in the city.
- The exploration of asset-based development approaches to encourage and empower people to have a greater role in managing their own health.
- Taking forward the recommendations from the Pharmaceutical Needs Assessment as approved by the Health and Wellbeing Board in February 2015. To ensure pharmacy provision is adequate in the city and to ensure people are enabled to access the appropriate service for their needs.
- Research into the issues affecting recruitment and retention in general practice and recommendations for further action.

URGENT CARE BOARD

The Urgent Care Board (which reports to the Health and Wellbeing Board) has placed a focus on unnecessary A&E Visits, inpatient admissions and hospital based outpatient appointments. To this, the NHS Coventry and Rugby CCG produce and distribute a detailed weekly monitoring dashboard and the Board has been analysing data on frequent attenders at Accident and Emergency Departments who are self-referrals who are subsequently discharged with GP follow up treatment or no follow up treatment.

IMMUNISATION

In 2008/2009 Coventry Primary Care Trust was one of the poorest performing PCTs for the uptake of childhood immunisations outside of London. A shared vision was embedded with NHS Coventry's Primary Care Strategy to improve immunisation uptake rates. A number of initiatives were undertaken in partnership with key stakeholders, including:

- commissioning a data cleansing exercise with GP practices and the Child Health Information System,
- workshops for practice nurses highlighting best practice,
- the development of a 'Top Tips' sheet for all practices with information on what works in improving immunisation uptake,
- a review of the needs of the workforce in relation to capacity, roles, responsibility and training, and
- the development of a database system.

Coventry GPs are now amongst the best performing in the country for immunisation uptake. The immunisation rates have continued to improve since December 2009 and should be sustainable given the development work that has been undertaken and embedded.

DATA AND STATISTICS

In 2014, the Primary Care Quality Group contributed to and commented on the Director of Public Health's 2014 Annual Report, Primary Care at the heart of our health. The recommendations from the report have effectively superseded the targets and objectives set by the Health and Wellbeing Strategy 2012.

- supported approximately 3,000 smokers to quit within 4 weeks in 2014/15
- In 2014/15, approximately 11,000 people completed a health check and of these, 5.5% were subsequently placed on disease risk registers and 16% referred to an appropriate lifestyle service.
- This was an increase of 15% compared to 13/14, which in itself was an increase of 100% compared to 12/13.
- 91 community pharmacies offer a good level of provision of pharmaceutical services across Coventry
- Cervical screening: the percentage of women in the target age group who have been screened in the last five years has increased from 71.5% (2012/13) to 76.6% in 2013/14
- MMR: the percentage of children receiving their second dose by age 5 has increased from 74% (2012/13) to 93% (2014/15)
- DPT (diphtheria, pertussis (whooping cough), and tetanus) The percentage of children receiving DPT booster aged 5 has increased from 76% (2008/9) to 95% (2014/15).

Lifestyle Risk Management (Making every contact count)

PRIORITIES IDENTIFIED IN 2012

- Large number of staff in a range of areas having received MECC - starting with NHS, CC and V&CS

TARGETS

- Increase in persons accessing services which support lifestyle change

WHAT IS BEING DONE TO ADDRESS THIS ISSUE?

MAKING EVERY CONTACT COUNT (MECC)

The aim of MECC training is to provide all frontline staff with the skills and relevant information to raise the discussion around a healthy lifestyle, signposting towards information to change behaviour or referring to services when required.

The training encourages staff to have a short conversation about healthy lifestyles which should

- Take 30 seconds or longer
- Follow a simple structure
- Be supportive
- be encouraging
- Provide information including signposting to other services when appropriate

The focus is on help with

- stopping smoking
- alcohol intake
- being active and
- eating well

In addition the programme has been adjusted to include The 10 Ways to Wellbeing

The programme has been delivered to a wide range of partners in the City including

- Coventry and Warwickshire Partnership Trust – with a focus on Mental Health and Learning Disabilities – and rolled out to other providers
- University Hospitals Coventry and Warwickshire NHS Trust
- MECC in the Community – training champions to cascade
- Coventry City Council – working with front line services e.g. contact centre, job shop, park wardens
- Other public services – PCSO's, HA's Fire Services

SINGLE POINT OF ACCESS

A new website www.coventry.gov.uk/healthylifestyles has been developed to provide easy access to the resources which can support the delivery of MECC – and putting all of the information anyone needs who might wish to make a difference to their own health. It provides links to

- A Healthy Lifestyle Checker
- Heart Age Checker
- A directory of Healthy Lifestyle services
- A list of NHS recommended mobile apps

The site also links to a range of information about specific services such as

- Alcohol, drugs and substance misuse
- Health advice, screening and vaccinations.
- Healthy weight
- Physical activity
- Local activities you can take part in.
- Mental wellbeing
- NHS Health Checks
- Stop smoking
- Sexual health and contraception and
- Pregnancy

DATA AND STATISTICS

MAKING EVERY CONTACT COUNT (MECC)

Face-to-face training					
Year	NHS	City Council	Other Public Services	Voluntary Sector/Other	TOTAL
2012/13	536	82	210	975	1,803
2013/14	1,749	242	17	33	2,041
2014/15	8,137	341	33	88	8,599
TOTALS	10,422	665	260	1,096	12,443
Online training					
2010 to date	65	97	0	1	163