



Like the famous film trilogy of the '80s, this report is going Back to the Future.

The hero of the film found his future fate was directly affected by events from his past – and we look at how the same is true for the health of our city.

And, like the films, the report is visiting the past, the present and the future.

In the first part of the report we go back in time to the Coventry of 1970 to look at the health of the people of the city. This was just before Public Health left the council to become part of the NHS. Using data from the Annual Report of the Medical Officer of 1970 we compare and contrast the health of the city then and now.

The second part examines the health of Coventry today, looking at issues such as inequalities between different areas of the city.

Finally, the report will look to the future and identify the health challenges that face children born in the city in 2012 that will affect their health in the years to come. We look at what needs to be done now to avoid problems in the future.

And Back to the Future is a fitting title for a Public Health report this year.

From its birth in the 19th century until 1974, Public Health was a key element of local government and now government reforms have brought us back home.

Now, as part of the City Council we will continue our work in promoting and protecting the city's health.



The Past

The Coventry of 1970 was a very different place to the city we know today – with different health issues.

It was a time when public health was just about to leave local authority control, when the first stop-smoking campaigns were being talked about; when measles, whooping cough and TB were concerns.

Screening to identify health problems early were just starting, obesity wasn't an issue and HIV would not be heard of for over a decade.

This section compares facts and figures from 1970 to 2010, giving a taste of what issues were affecting the health of the city's population over 40 years ago.

Let us start with how long you would live back then....

In 1970 Coventry had a younger population – more children aged under 15 and fewer people living over 65 and into old age.

Overall life expectancy has improved for men and for women in Coventry over the past 40 years, but remains less than the rest of England.

The main causes of death in Coventry have stayed the same over the 40 years - circulatory (heart) disease and cancer, followed by respiratory disease – only the proportions have changed.

What were the main health problems back then?

1. In 1970 deaths from circulatory accounted for 48% and 51% of all deaths in men and women respectively. This proportion fell to 29% of all deaths by 2010 for both genders.

2. This fall is, as a result of better diets, surgical advances, new drugs and health prevention are now cutting the numbers of heart disease deaths and strokes.

3. Improvements in healthcare account for probably the biggest impact in reducing these numbers, most notably in pregnancy and childhood.

Cancer accounted for 21% and 20% of all deaths in men and women, this increased in 2010 to 29% for men and 27% for women.

Today there are more cases of prostate and breast cancer – partly due to people living longer.

What was childhood like?

In 1970 just 3 out of 10 children under 14 were surviving cancer for 5 years or more following diagnosis. Today that figure has improved to almost 8 out of 10 under 14s surviving for five years

Improved health care in pregnancy and early childhood, has dramatically cut deaths of new-borns and children in the first year of life.

In 1970 there were 3,121 reported cases of measles compared to 24 cases in 2010.

A total of 49% of children aged one-two-years had the measles jab in 1970, compared to 95% receiving the MMR jab in 2010.

Smallpox was one of the routine vaccinations in 1970, with 2,791 primary vaccinations. The disease was declared eradicated in 1980.

There were 140 cases of whooping cough reported in Coventry in 1970 – 0 in 2010.

Cases of TB (tuberculosis) have reduced from 208 to 61.

In 1970 a total of 2,486 people attended the 'special clinic' for sexually transmitted diseases. In 2010 that figure was 15,730.

Infectious disease was a big issue in 1970 and it remains one still with the appearance of new infectious like HIV which has added to a slight increase in infectious diseases deaths.

In 1970 treating the causes of ill health was starting to become more important.

The truth about the harmful effects of smoking was beginning to filter through into the public's consciousness and Coventry was launching one of its first city-wide campaigns.

Fast-forward to today and smoke-free laws have banned smoking in almost all enclosed public spaces; the age of sale for tobacco has been increased from 16 to 18 years; and there are graphic health warnings are on all cigarette packets and bans on most advertising. But still, smoking remains an issue in Coventry.

In 1970, 1,859 Coventry women took part in the cervical screening programme run by the Local Authority.

In 2010, 63,908 – three quarters of the women eligible for cervical screening - attended for their test.

There are now national programmes in place for Breast, Cervical and Bowel Cancer; Diabetic Eye and Abdominal Aortic Aneurysm and six antenatal and newborn screening programmes.

The Present

Coventry is a healthier place now than 1970, but still the city has a lot of work to do to match national and regional standards.

Work is already underway in many areas and has seen great improvements, but action is still needed to help reduce deaths from major causes such as heart attacks and cancers, as well as from infectious diseases and other causes.

Many of the city's health problems are made worse by inequalities across the city – caused by the circumstance in which people are born, grow, live, work, and age.

The fact that in Coventry today people in different social circumstances experience avoidable differences in health, well-being and length of life is, quite simply, unfair.

For a man in Coventry the life expectancy is 77.2 (UK average 78.6) and for a woman 82.6 (UK average 82.6).

But a man born in the Banner Lane area can expect to live 12.1 years longer than one born in the city centre - 82.7 years compared to 70.6. While a woman born in the Hipswell area lives 11.3 years longer than one born in the Willenhall area - 87.4 years compared to 76.1.

In the city those inequalities contribute to figures such as:

- 19,000 children and young people (26.9%) are living in poverty
- 680 16-19-year-olds are Not in Employment, Education or Training

Taking action to reduce inequalities in health needs action across the whole of society including: fair employment and good work for all, improved access to good jobs and reduced long-term unemployment as well as a healthy standard of living.

Other issues affecting the health of the city and the action being taken include:

Fuel poverty

16.2% of Coventry households are in fuel poverty (40% of households in some parts of the city) – spending more than 10% of their income on heating. The national average is 14.6%.

Coventry's "winter warmth campaigns" include a Helping Hands Service by Age UK and extra heaters, food and clothing as well as free loft and cavity wall insulation for vulnerable people.

Obesity

25.7% of Coventry people are obese compared to 24.2% in England. Nearly a quarter of 4-5 year olds start school overweight or obese, rising to over a third of 10-11 years olds leaving primary school. A 10-11 year old in the most deprived area of Coventry is almost twice as likely to be obese as a child in the least deprived area.

Excess weight can lead to Type 2 diabetes, cancer and heart disease and can reduce life expectancy by 9 years.

The Healthy Weight Programme and Coventry Health Improvement Project (CHIP) have already introduced

cooking clubs, school meals programmes, walking to school campaigns and many other initiatives. More work is needed to encourage healthy eating and increased exercise.

Alcohol

In the period since 1970 Liver disease has quadrupled in the city – linked to an increase in alcohol consumption.

More men and women in Coventry die earlier from alcohol related issues than the UK average and the city has high numbers of alcohol-related hospital admissions – in 2011, 2,408 adults per 100,000 population.

Action includes trialling treatment as part of a sentence for offenders. There has also been work to reduce drinking at home, a triage in the city centre and nurses in A&E targeting alcohol related admissions.

What are the key issues for childhood now?

Breastfeeding can prevent many childhood illnesses. Coventry's infant feeding team offers one-to-one support to mums in their own home, or at one of 14 groups city-wide. Around 200 mums attend the support groups each month and over 1,000 women have been supported by the team. More work is needed with midwives, health visitors, Children's Centres, GPs, the voluntary sector and parents.

A childhood immunisation programme offers protection against Diphtheria, Polio, Pertussis, Tetanus, Meningitis (C, Hib, Pneumococcal), Measles, Mumps, Rubella and Human Papilloma Virus (HPV) – Cervical Cancer. Coventry has moved from being one of the worst performers outside London to one of the best. We need to continue this excellent work and target areas where children are still at risk.

However new challenges have emerged....HIV

Coventry has the second highest rate of HIV in the West Midlands with around with 2.7 per 1000 people living with HIV in the city. The city also has a larger percentage of women with HIV than nationally.

HIV testing is available in sexual health services and at some GPs. All women are screened on an 'opt-out' basis at antenatal services. Funding has been made available to develop screening in community venues and community groups are promoting HIV testing. There is also an extensive and successful C-Card scheme promoting the use of condoms.

The Future

Looking back into our past we can see that the health of future generations will be helped by work now to reduce smoking, excessive drinking, poor diet and low levels of physical activity.

Studies have found that if a person is a non-smoker, physically active, only has a moderate alcohol intake and eats their five portions of fruit and veg a day, they have the same chance of dying as someone 12-14 years younger.

• People with just one unhealthy behaviour are 39% more likely to die early than those with no unhealthy behaviours whilst those with all four unhealthy behaviours are four times as likely to die early as those with none.

The situation is getting better - with more people changing to a healthy lifestyle - but those with no qualifications or in unskilled jobs are still more likely to slip into a poor lifestyle. Therefore, the other major focus going forward needs to be how we ensure people have the best opportunities in life. So....

We need to:

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

We need to ensure that any child born today in Coventry has an equal chance of a long and healthy life whichever part of the city they live in.

The city's future health needs action now in all areas of a person's life – from before birth by giving advice to mums-to-be, to encouraging breastfeeding, creating high-performing schools and attracting quality sustainable jobs, through to care in later life.

Three major areas that can affect lifestyle opportunities and choices and lead to problems such as smoking, heavy drinking and obesity at

- Education
- Employment
- Transport

Coventry is already tackling these issues – but more needs to be done.

Education:

Working with parents in getting their children ready for school lays the foundation stone to giving every child born in Coventry the best possible start in life and for their future life chances.

In education, children need good quality primary and secondary schools. A good education is linked with healthy lifestyle and low mortality rates.

The Council is working with primary schools to bring in improvements and make sure schools achieve good Ofsted levels, with schools working together to spread good ways of working.

And the city's secondary schools are performing well, with 78% of secondary schools, 75% of special

schools and 63% of post-16 provision are good or outstanding. There has been a great improvement in academic results in the city.

Employment

Unemployment is a major cause of ill-health, as are jobs with long hours and low levels of support. It is estimated that 13,900 Coventry residents were unemployed between October 2010 to September 2011 – higher than the national average.

The Council's Jobs Strategy has three aims to help everyone in the city into a secure job:

- Bringing in high profile projects and marketing Coventry as the right place to invest and grow
- 'Helping people to get jobs' by targeting help to jobseekers to match their skills
- helping people to improve their skills and become more attractive to employers

The Council is also running a successful apprenticeship programme to help 16-24-year-olds into work and encouraging businesses across the city to follow their lead.

And the Local Enterprise Partnership (LEP) will have a key strategic role in supporting the right developments and attracting organisations to Coventry and the sub region that will provide sustainable quality jobs.

Transport:

Greener ways of travelling are being promoted through initiatives such as the new cycling and walking route from Coventry station to the city centre and the Cycle Coventry project has been awarded a government grant of over £6 million to improve cycle routes so Coventry is on the right road to a healthier future.

And Coventry has already made the entire city centre within the Ring Road a 20mph zone and created shared-space junctions to encourage more active travel.

However, we need to be more ambitious in future and build on the strengths and capabilities of the people of Coventry, so that we can be a more active, capable and positive city and one they can fulfil their potential life chances.

e.g. Over the next year we want to work with the people of Coventry on how we can create a more active friendly city. We will be doing this under the banner of

'Coventry on the move' and what we want is your ideas and involvement in how we do this.

A healthy future?

In this look back over the past 42 years, we have seen how the health of the city has improved.

Life expectancy has increased for both men and women, infant mortality has been greatly reduced and many previous infectious diseases have been contained. Overall the health of people in Coventry has not improved and remains poor compared to other parts of the West Midlands and the rest of England.

But there are now different threats and different priorities and more work is needed to make the city healthier and give the children of today a better future.

But if we take the action needed to tackle issues such as obesity and high level of smoking and drinking and introduce the social changes needed to bring in health equality for all, no matter what part of the city they live in, the health of the city of

the future will be much improved. As importantly, peoples' well-being and the sense of Coventry as a good city in which to live will be enhanced.

We should focus on what we can change and what is within the city's gift to change.

This report has made it clear that there is much that is being done, but there is still more to be done, if we want to improve the health, wellbeing and overall quality of life of everyone in the city – from birth through to later life.

There is work ahead for public bodies in areas such as education, transport and employment, but communities need to be given the power and the ability to help make choices and take action for themselves.

We need to work together as a city to allow us to look towards a healthier future for ourselves, our children and our children's children.