



**Coventry City Council**

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8<sup>th</sup> October, 2019

Our ref: C/EMK

Dear Member,

**Supplementary Agenda – Meeting of the Coventry Health and Well-being Board -  
Monday, 14th October, 2019**

The papers for the above meeting were circulated on 3<sup>rd</sup> October. At the time of publication, one of the documents was not available. This document has now been received and is attached to this letter. Please include it with your papers for the meeting.

**5a Draft Coventry Health and Wellbeing Strategy 2019-23 - Appendix  
(Pages 3 - 14)**

If you have any queries, please do not hesitate to contact me.

Yours sincerely

**Liz Knight**  
**Governance Services Officer**

**Membership:**

Cllr J Blundell, Cllr K Caan (Chair), G Daly, Cllr G Duggins, P Fahy, L Gaulton, S Gilby, J Grant, J Gregg, A Hardy, R Light, S Linnell, C. Meyer, Cllr M Mutton, M O'Hara, S Ogle, G Quinton, S Raistrick, Cllr P Seaman and R Stanton



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# Coventry Health and Wellbeing Strategy 2019-2023



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## Foreword

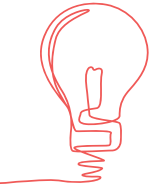


Councillor Kamran Asif Caan  
Chair of Coventry Health & Wellbeing Board

**Our new Health and Wellbeing Strategy presents a real opportunity to make a difference to the health and wellbeing of everyone in our city. We have developed our Strategy in a context of change and uncertainty which brings both challenges and opportunities. Within our communities we see the legacy of austerity, most evident in the stubborn inequalities in our city, as well as the impact of ongoing economic uncertainty. Nationally, public policy is shifting – the NHS long-term plan confirms a greater focus on prevention, whilst health and social care integration is moving at pace, with changes to organisational structures emerging as local areas move towards new ‘integrated care systems’.**

Within Coventry, the four years of our Strategy are framed by significant opportunities to promote and improve health and wellbeing in the city; the Coventry and Warwickshire Year of Wellbeing and Coventry European City of Sport in 2019, and Coventry UK City of Culture in 2021. Already the Year of Wellbeing is building momentum and commitment around health and wellbeing, and the European City of Sport is contributing to the physical activity agenda. The UK City of Culture programme is recognised as an opportunity to improve health and wellbeing outcomes for the city and accelerate efforts to address the wider determinants of health, such as jobs and economic growth, community cohesion and a sense of place, and raised aspirations and school attainment.

To address the challenges we are facing, and build on these opportunities, we are setting out a radical new approach in this Health and Wellbeing Strategy. The Strategy covers a period of four years, but we see this as an approach that could shape our work for the longer term. We have set out high level ambitions that we think will stand the test of time, but gives us the ability to adapt our specific focus and evolve our approach to reflect the rapidly changing context in which we are working.



## Introduction

**The Coventry Health and Wellbeing Strategy is the city’s high level plan for reducing health inequalities and improving health and wellbeing for Coventry residents.**

The Strategy is owned by the Coventry Health and Wellbeing Board, which brings together senior leaders from Coventry City Council, West Midlands Police, West Midlands Fire Service, voluntary sector organisations, Coventry and Rugby Clinical Commissioning Group, acute and community NHS trusts, and local universities. The Health and Wellbeing Board has a statutory responsibility to understand current and future health and social care needs and to translate these findings into clear outcomes the Board wants to achieve.

This Strategy has been developed in partnership with senior leaders from across the public and voluntary and community sectors. It is informed by data and engagement evidence from our Joint Strategic Needs Assessment and learning from our 2016-19 Joint Health and Wellbeing Strategy, as well as drawing on national research and good practice. We consulted with stakeholders, communities and the public on our proposals and have reflected the feedback in this final plan.

The Strategy sets out a four-year vision for health and wellbeing in Coventry and will be used by local health and care partners to inform plans for commissioning services and shape how we work together to meet health and social care needs and address the social determinants of health.

In order to deliver our ambitions, the Coventry Health and Wellbeing Board has agreed three short term priorities that will inform how we will work together, develop actions and report on our progress on improving the health and wellbeing of local people. Looking after the health and wellbeing of Coventry's residents is not just the responsibility of a single body. Statutory and voluntary and community sector partners all need to play their part, working alongside communities and individuals, if we are to meet the ambitions we've set out in our strategy. A key partnership is the Coventry and Warwickshire Health & Care Partnership, which brings together key agencies across the sub-region to improve the health and wellbeing of local people.

## 2

## Coventry and Warwickshire Health and Care Partnership

### One Health and Care Partnership, two Health and Wellbeing Boards, three Outcomes, four Places

There are a million reasons to be ambitious about living a healthy and fulfilling life in Coventry and Warwickshire. Together, as organisations working to improve health and wellbeing, we share a common vision:

**We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people at the heart of everything we do.**



We believe every single one of our one million residents deserves to:

- **LEAD** a healthy, independent and fulfilled life
- **BE PART** of a strong community
- **EXPERIENCE** effective and sustainable health and care services

Over the last three years we have been working together on this vision. We now want to use it to change the way we understand population health, prevent illnesses and design services to meet people's often increasingly complex needs over the next 5-10 years.

The NHS Long Term Plan will be a catalyst for change in Coventry and Warwickshire, but we aren't stopping there.

We will look at our health and care services and wider factors that can have an impact on living a healthy, independent and fulfilling life. We will be linking up our Five-Year Plan to both of our refreshed local Health and Wellbeing Strategies.

We have been listening to what local people and our staff have been telling us about what is important to them, and that is now driving a new way of working. Our first important step is the creation of a new Health and Care Partnership Board, which will meet in public, to oversee the transformation of health and care within Coventry and Warwickshire by building a new relationship between individuals and communities and the services they use.

The Coventry and Warwickshire Health and Care Partnership brings together health and social care services, local authorities, voluntary and community sector organisations and other partners. Our aim is to deliver life-long health and wellbeing benefits for the people of Coventry and Warwickshire.

#### In order to make this happen we are making the following commitments:

- Prevention will be at the centre of everything we do. We are committed to promoting health and wellbeing rather than treating illness. As organisations responsible for public money we will change where we spend our money to promote health and wellbeing. Through earlier intervention, we're aiming to make it easier for everyone to lead healthy lives and stay well for longer.
- Health must not be viewed in isolation. We recognise the importance of education, good work, affordable and appropriate housing, leisure opportunities and a healthy environment to the quality of life of local people. We need to work together to improve the overall health of our population and address inequalities by reducing the health and wellbeing gap that exists between our most deprived and affluent areas.







- We all need to do more to look after our own health and wellbeing so that we depend less on our local health and social care services, while knowing they are there when we need them. Voluntary organisations and community groups play an enormous role in keeping people healthy and independent and we will change how we work with communities to enable community leadership and build capacity. We will do more to support carers too, not only to improve the health of family members they care for, but also their own health and wellbeing.
- When people need support from health and social care services, we know that they want accessible, responsive and high-quality services and we will provide them. We will have a focus on making sure that services deliver the right standard of care in a consistent way across Coventry and Warwickshire that builds on best practice and evidence.
- We will be honest about the challenges we face. Demands on health care services continue to increase, alongside a shortage of key staff groups and skills to deliver care and financial pressures to deal with. While the amount of money we spend in the NHS is going up each year, the cost of services is going up more quickly, so we need to identify ways to deliver the same level of services at a lower cost – for example, through reducing waste and avoiding the duplication of services. We will work together to ensure we are always doing what's right for individuals and make it easier for people to access the right service, the first time.
- There will be times when we need to make difficult decisions, but when we do, we will listen to the views of local people and our staff, and we will have transparent processes for making those decisions.

# 3

## Our Journey

**Coventry has been tackling health inequalities as a Marmot City since 2013.**

**Our Health and Wellbeing Strategy 2016-19 galvanised commitment to work in partnership around key priorities and clear benefits were realised through new partnership structures and collaborations with organisations that may not historically have recognised their role in contributing to health and wellbeing outcomes. Partnership is now in our DNA as a city.**

However, we have recognised that although we have strong partnership working around specific priorities, we don't always join up what we do and make the connections between different areas of work and we don't always work as closely with our communities as we could. This means we miss opportunities to identify synergies and complementary activity and do not always get the best outcomes as a result.

To do this better we need to move to a 'population health' approach which takes a holistic view of everything that impacts on people's health and wellbeing across the whole population, with an emphasis on reducing inequalities in health as well as improving health overall.



# 4

## Expanding our work – The case for change

We know from our analysis of evidence from data sources and from our engagement with residents and community organisations that:

- **Coventry has a growing, changing and increasingly diverse population.** Whilst population growth has been highest amongst 18-29 year olds, the growth of over-65s is expected to accelerate and outpace other groups within 10-15 years. This means there is a need to focus on preventative health amongst the working age population now to help manage future demand on health and care services. With population growth concentrated in certain parts of the city, there is an increasing imperative to take a place-based approach to service planning.
- **Overall health in the city is below average, with residents living in more deprived parts of the city not only living shorter lives but also spending a greater proportion of their lives in poor health.** Males living in some parts of the city can expect to live up to 10 years longer; and for females, the gap is eight years. This difference is linked to a number of inequalities related to poverty. Premature mortality is also higher than average in the city and there are avoidable differences in health outcomes, particularly around issues such as alcohol use, obesity / physical activity, Tuberculosis and sexual health.
- **Despite the city's comparatively good performance in the areas of education and skills and economic growth, significant pockets of deprivation limit people's opportunities to succeed in life.** 19% of Coventry neighbourhoods are amongst the 10% most deprived nationally and by the age of five, fewer children achieve a good level of development (68%) than nationally (72%) or in similar places, with the more disadvantaged even further behind. We know that social inequalities and life chances are already established from these early years of life.
- **Increasing fear of crime impacts on residents' health and wellbeing,** there is an increase in violent crime (reflecting national trends) and people in the city reporting feeling increasingly unsafe. **Most notably nearly a third of young people feel unsafe in the city,** with only 16% of the city's young people saying they felt very safe or safe in the city in 2018.



- **The city has a high level of homelessness, particularly amongst young people and families.** This is putting sustained and significant pressures on the local housing system. At any one night in 2017/18, between 190 to 250 Coventry families with dependent children spent the night living in emergency or temporary accommodation. We know that good quality housing for all leads to better health and wellbeing, as it affects early years outcomes, educational achievement, economic prosperity and community safety.

A significant part of the challenge in Coventry, as elsewhere, is to break the link between poor health and poverty.

Community organisations we spoke to told us that communities are best placed to address health challenges. This is because they have networks, understanding and legitimacy. However, their resources are limited and capacity is stretched. The public sector must, therefore, change how it works with communities, by shifting to an 'enabling' leadership style, joining forces and building capacity.

More information about the findings from our Joint Strategic Needs Assessment can be found at [www.coventry.gov.uk/jsna/](http://www.coventry.gov.uk/jsna/).



## 5

## Our long-term vision for change: what do we want to achieve over the next four years?

**We are proposing three strategic ambitions for the health and wellbeing of our residents which together encompass our long-term vision for change for health and wellbeing in Coventry.**

The outcomes we hope to achieve are:

### 1. People are healthier and independent for longer

By this we mean promoting healthy lifestyles and behaviours to help people stay healthy and well and prevent limiting long-term health conditions. This also means, where people have existing health problems, preventing these from escalating to the point where they require significant, complex and specialist health and care interventions. It means helping people to age well, with health and social care working together to prevent long term health conditions and slow the development of older people's frailty. The focus is on empowering people to take action to improve health and wellbeing for themselves and others (our Year of Wellbeing vision) and providing effective, timely and appropriate support where it is needed.

We will monitor our direction of travel against this ambition through key performance indicators, for example:

- Healthy life expectancy
- Physically active adults
- Screening and immunisations take-up
- Emergency readmissions
- Dementia diagnosis
- Premature mortality / morbidity (years lived with disease)

### 2. Children and young people fulfil their potential

By this we mean we want to work together as partners to make sure that every child in the city has the same opportunity to thrive. We want to make sure that every child has the best possible start in life because we know that getting this right is key to tackling health and social inequalities and preventing poor outcomes. This also means that all children are supported to reach their potential in school, further education and employment, and that families are supported to make healthy lifestyle choices. Improving opportunities



for children and young people will help address concerns in the city around violence and exploitation and young people's mental health and wellbeing. With a younger than average population in the city, we know that a specific focus on children and young people in Coventry is important.

We will monitor our direction of travel against this ambition through key performance indicators, for example:

- Good level of development (five year olds)
- Healthy weight Year 6 (childhood obesity)
- Young people feeling safe
- Proportion of young people progressing into sustainable education, employment or training
- Child and Adolescent Mental Health Services – demand / performance
- Children living in poverty

### 3. People live in connected, safe and sustainable communities

By this we mean working together to create communities that have a healthy environment, economic prosperity and where the social needs of people are met. This includes action to address climate change and improve air quality, for example through promoting active travel. It is also about working together in local places to build community resilience and promote community cohesion. It means building communities where everyone in our diverse population has a stake and has the opportunity to thrive – where people have access to jobs, secure housing, feel safe and are connected with people around them.

We will monitor our direction of travel against this ambition through key performance indicators, for example:

- Families in temporary accommodation
- Fuel poverty
- Self-reported wellbeing
- Gross Disposable Household Income
- Air quality (NO2)
- Residents' self-reported ability to influence / improve local area





6

How we will do this -  
Our population health framework

Our health is shaped by a range of factors. These include: the wider socio-economic determinants of health, such as our education and the housing we live in; our lifestyles and health behaviours, for example our diet, whether we smoke; the health and care we receive; and the communities we live and work in, and the social networks we belong to. There is consensus nationally that to reduce health inequalities and improve health outcomes, we need a population health approach, which means working with a range of partners, as well as communities to do this.



Our population health framework, which is taken from a model developed by the King's Fund (a national health and care think tank), will underpin everything we do as a health and wellbeing system in Coventry to achieve our long-term vision for change. For us in Coventry this means taking action on:

- **The wider determinants of health** – embedding the Marmot City approach by working in partnership across different services and organisations to tackle health inequalities through addressing the social determinants of health such as income and wealth, education, housing, transport, environment and leisure; to break the link between poverty and poor health
- **Our health behaviours and lifestyles** – aligning and co-ordinating prevention programmes across the system to maximise impact and tackle barriers to healthy lifestyle, including around mental wellbeing, diet, exercise, smoking and drugs and alcohol
- **The places and communities we live in and with** – working together in our places and with our communities to mobilise solutions for improved health and wellbeing, informed by our understanding of local needs and assets from our place-based JSNAs
- **An integrated health and care system** – health and social care commissioners and providers working together in a joined-up way to commission and deliver seamless local services in Coventry

We plan to invest our energies and resources in making sure these 'enablers' are in place; that we get these right and we will make sure that all of our plans and activities consider each of these components and – most importantly – the connections between them. By focusing on the enabling components, we will be able to deliver our short-term priorities more effectively. The Health and Wellbeing Board will be the place where these connections are made at a strategic level.



## Our short-term focus

**We have identified three areas of focus that emerged through our JSNA and the conversations we had with communities and key partners.**

**These are specific areas where we want to make a tangible difference in the next 12-18 months by working together in partnership. We know that there is a wealth of great work already being done in these areas and our challenge is to add value as partners by making connections and creating energy and momentum to upscale existing activity. We will look at each area through the lens of our population health framework, identifying how each component contributes to addressing the issue and links to the others.**

**We think that these are all areas that – if we make a difference here – will impact positively on other health and wellbeing issues and priorities for the city.**

### 1. Loneliness and social isolation

The Campaign to End Loneliness cites growing research evidence about the detrimental impact of loneliness and social isolation on health and wellbeing:

**“Loneliness and social isolation are harmful to our health: research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day (Holt-Lunstad, 2015). Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill (Marmot, 2010). Loneliness increases the likelihood of mortality by 26%.”**

Tackling loneliness and social isolation can also help to reduce the burden on health and care services, building resilience that enables people to remain independent for longer and addressing social needs outside of formal settings.



We know from our engagement that loneliness and social isolation affects people of all ages and there is a real opportunity for partners to work together differently to empower communities and individuals to become better connected and more resilient in combating loneliness and isolation.

We will:

- tackle the social, economic and environmental barriers to connectedness throughout the life course, including poverty
- facilitate, empower and work with existing networks and social activities that promote healthy lifestyles
- understand, mobilise and strengthen local community assets to prevent loneliness and social isolation
- build on community-based integrated care models such as Out of Hospital care models (including care navigators) and social prescribing

### 2. Young people’s mental health and wellbeing

Nationally the latest evidence suggests that one in 10 young people have some form of diagnosable mental health condition and that children with a mental health problem face unequal chances in their lives. According to Coventry and Warwickshire Children and Young People’s Child and Adolescent Mental Health Services (CAMHS) Transformation Plan 2015 – 2020, children’s mental health problems are four times more common in the poorest income households than the highest, especially among boys. The city-wide Joint Strategic Needs Assessment highlights mental health issues amongst the complex needs facing many young people known to youth offending services.

Long waiting lists and a lack of access to specialist and urgent care are key concerns locally, especially when crossing the barrier between adolescent mental health and adult mental health, and there are known pressures on acute child and adolescent mental health services at University Hospital. The CAMHS Transformation Plan also reports that, in Coventry, mental health problems are presenting at younger ages, offering opportunities for intervention, resilience building and practical support which will have lifelong impact.





There are real opportunities for partners to work together differently to develop preventative strategies to tackle the causes of mental ill health amongst children and young people, as well as provide more effective support to young people at risk of, or experiencing, mental ill health.

We will take a whole system approach to children’s mental health and wellbeing, by:

- Developing a comprehensive approach to early intervention across all partners
- Developing a collective and system-wide understanding of children and young people at risk
- Developing an overarching system-wide plan, with partners working together to target early intervention resources in a more co-ordinated way; and to prevent crisis by providing timely and appropriate support for children’s mental health.

3. Working differently with our communities

Our engagement with communities and community organisations during the JSNA and Health and Wellbeing Strategy development has revealed an appetite for a change in approach to how we work together in our places and with our communities. This means working together, with communities, to improve people’s lives and the city for the better. Communities want to be part of the change and want to work with statutory partners, not to be “done to”, which means changing traditional relationships. This is in line with the Council’s One Coventry approach, whereby the Council will be working with partners and the public, sharing resources and looking for opportunities to work together and do things differently.

There is a real opportunity to mobilise health and wellbeing solutions through assets that already exist in our communities, and to work together collaboratively to make the biggest positive impact that we can on the lives of local people. We want to see a shift in culture and behaviours amongst statutory partners which will include:

- Empowering and enabling community solutions by valuing the community leaders who have trust, networks, understanding and legitimacy; and getting behind existing partnerships

- Facilitating forums and networks to enable better collaboration and communication between public and third sector partners and within the third sector, by helping partners and communities share what they do and learn from, and build partnerships with, each other
- Taking forward work to change the way we commission services to better recognise social value
- Providing practical support to strengthen the community sector, including by pooling resources to build capacity and connections and enable communities to maximise social action

Central to this area of focus will be ensuring more effective engagement with, and involvement of, groups and populations that may be under-represented and more difficult to engage with within our diverse communities. A renewed focus on working with our communities to mobilise solutions will cause us to talk to, and work more closely with, representative groups and organisations.

What difference can partners make?

Place-based Joint Strategic Needs Assessments

In 2018, Coventry Health and Wellbeing Board agreed to take a place-based approach to the JSNA, based around the eight family hub geographies, reflecting both national policy direction towards population-based health and care systems (based on populations of 30-50k) and a sub-regional move in Warwickshire towards a place-based approach. The JSNA is also being used as a vehicle for engaging and involving local partners and stakeholders, to give more in-depth understanding of the assets and needs of geographical areas within the city and support programmes and strategies which are founded on community resilience and service delivery at locality level.

Over the next two years locality profiles will be developed, based on the collection of ‘hard’ evidence from data sources, as well as consultation with local stakeholders - organisations and individuals - to understand the key issues facing local communities. The first two locality profiles – for the ‘Moat’ and ‘Families for All’ Family Hub areas – will be published summer 2019.

This local community focus and understanding provides a valuable basis through which to mobilise community solutions by building networks and increasing the visibility and connections between existing activities.

# 8

## Making it happen - leadership and accountability

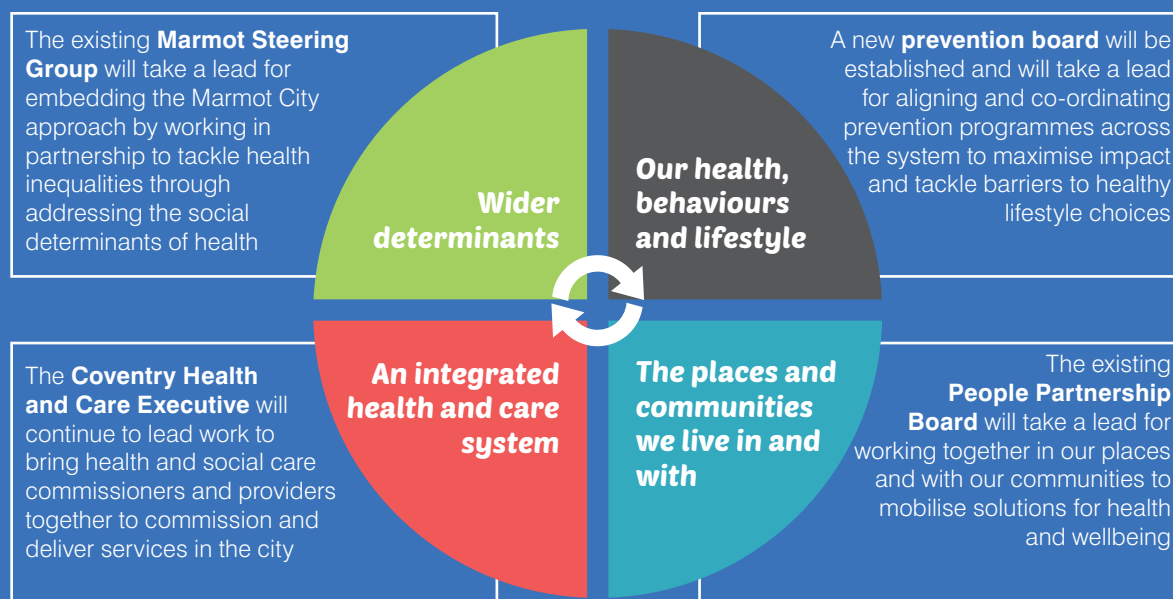
**We are putting in place clear leadership and accountability for turning the Strategy into reality.**

### • Our strategic ambitions

The Health and Wellbeing Board will have oversight of progress against our strategic ambitions. The direction of travel indicators will be developed into a performance dashboard for the Board and the Board will receive an annual performance report on progress.

### • Our population health framework

To ensure we get the foundations right, we have identified groups and boards to lead on each of the four enabling components of our population health framework:



These groups and Boards will report to the Health and Wellbeing Board on work in relation to each component of the population health framework, and on the extent to which each component is being considered and reflected in the plans and activities of health and wellbeing partners.

In addition, we will require that it is clear how every item brought to the Health and Wellbeing Board relates to our population health framework.



### Our short-term priorities

For each area of focus, a senior sponsor/champion is identified from the Health and Wellbeing Board, and they will work with partners, using existing mechanisms where appropriate, to progress activity. For each priority area, clear action plans will be developed, setting out performance measures, based around the four components of our population health framework.

In developing the plans, we will engage with partners and communities on their specific area of focus and explore further any related ideas and suggestions put forward through the Health and Wellbeing Strategy consultation. The approach will be to build on, and make connections between, existing activity and mobilise resource across the health and wellbeing system.

We will routinely monitor and report progress against the plans to the Health and Wellbeing Board. The intention is to evaluate the overall impact made and review these areas of focus after 12-18 months.





# 9

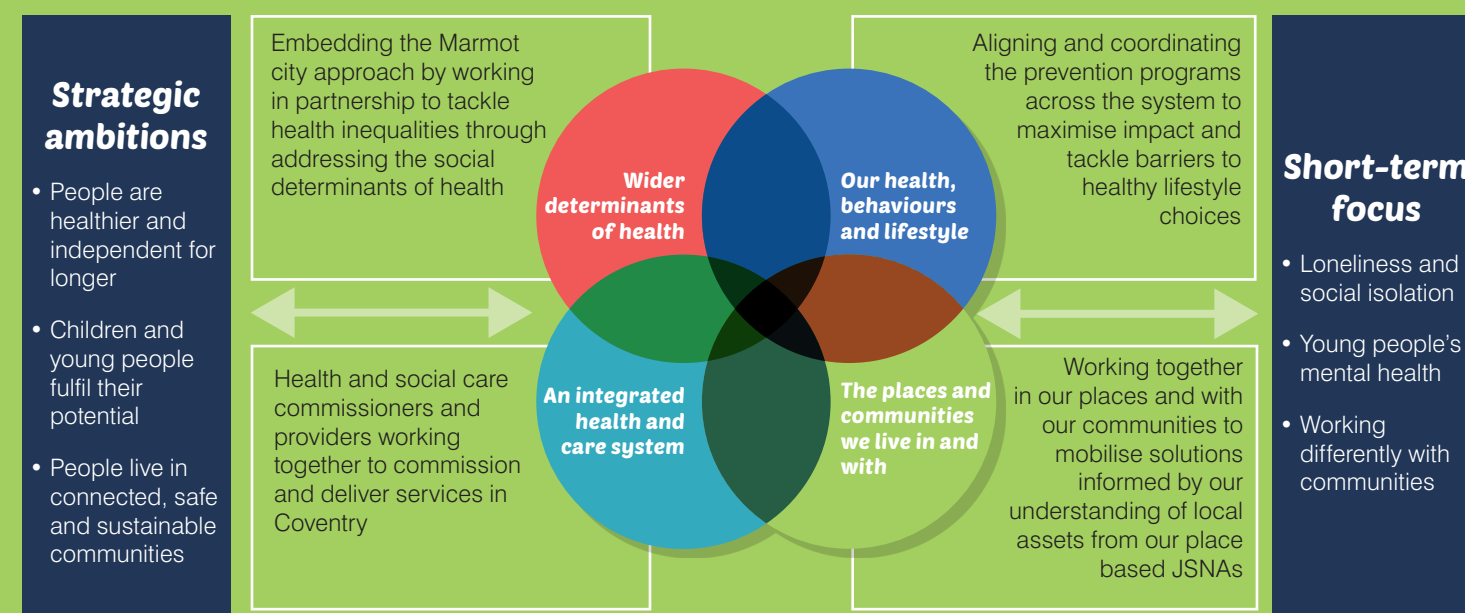
## Our ways of working

The following principles, which form part of the Coventry and Warwickshire Health and Wellbeing Concordat, will underpin the way we work as Health and Wellbeing Board partners:

- **Prioritising prevention:** we will tackle the causes of health-related problems to reduce the impact of ill-health on people's lives, their families and communities. We will seek to address the root causes of problems, listening to local people's priorities and acting on their concerns.
- **Strengthening communities:** we will support strong and stable communities. We will listen to residents to understand what they want from the services we provide and encourage them, to lead change themselves where possible.
- **Co-ordinating services:** we will work together to design services which take account of the complexity of people's lives and their overlapping health and social needs. We will focus on the best way to achieve good outcomes for people, reducing the number of interactions people have with our services and avoiding multiple interventions from different providers.
- **Sharing responsibility:** we value the distinct contributions of all organisations that are represented on the Health and Wellbeing Board. We will maintain partnerships between the public sector, voluntary and community sector, local businesses and residents, recognising that we share a responsibility to transform the health and wellbeing of our communities. We will pool resources, budgets and accountabilities where it will improve services for the public.

# Coventry Health and Wellbeing Strategy 2019-2023

## Our population health framework



### Our shared values and behaviours

prioritising prevention • listening and strengthening communities • coordinating services • sharing responsibility



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