



Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Wednesday, 11th November, 2020

Place

This meeting will be held remotely. The meeting can be viewed live by pasting this link into your browser: https://youtu.be/jTZ5O0as_MQ

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 8)

(a) To agree the minutes of the meeting held on 23rd September 2020

(b) Matters Arising

4. Director of Public Health and Wellbeing Annual Report 2019-2020 (Pages 9 - 54)

Report of the Director of Public Health and Wellbeing

5. Coventry's Response to Obesity in Light of National Concerns Around Covid-19 (Pages 55 - 62)

Briefing Note of the Director of Public Health and Wellbeing

6. Work Programme 2020-21 and Outstanding Issues (Pages 63 - 66)

Report of the Scrutiny Co-ordinator

7. Any other items of Public Business

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

Julie Newman, Director of Law and Governance, Council House Coventry

Tuesday, 3 November 2020

Notes: 1) The person to contact about the agenda and documents for this meeting is

Liz Knight Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk, alternatively information about this meeting can be obtained from the following web link: <http://moderngov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 9.00 a.m. on Wednesday, 11th November, 2020 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, J Birdi, J Clifford (Chair), L Harvard, J Innes, R Lancaster, E Ruane and D Skinner and Mr D Spurgeon (Co-opted Member)

By Invitation: Councillors R Ali, K Caan and M Mutton

If you require a British Sign Language interpreter for this meeting
OR if you would like this information in another format or
language please contact us.

Liz Knight

Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00
am on Wednesday, 23 September 2020
This meeting was held remotely

Present:

Members: Councillor J Clifford (Chair)
Councillor M Ali
Councillor J Birdi
Councillor L Harvard
Councillor J Innes
Councillor R Lancaster
Councillor E Ruane
Councillor D Skinner

Co-opted Member: David Spurgeon

Employees:

I Bowering, Adult Services
S Caren, Adult Services
V Castree, Law and Governance
E Dewar, Finance and Corporate Resources
A Errington, Adult Services
P Fahy, Director, Adult Services
L Gaulton, Director of Public Health and Wellbeing
M Greenwood, Adult Services
G Holmes, Law and Governance
L Lawson, Adult Services
J Redding, Adult Services
V Sahota, Housing and Transformation
A West, Law and Governance

Other Representatives: Anna Hargrave, South Warwickshire CCG
Paul Spencer, Warwickshire County Council
Rose Uwins, Coventry and Rugby CCG

Apologies Councillor R Ali, Deputy Cabinet Member for Public Health and Sport
Councillor M Mutton, Cabinet Member for Adult Services
Councillor W Redford, Warwickshire County Council

Public Business

7. Declarations of Interest

There were no declarations of interest.

8. Minutes

The minutes of the meeting held on 22nd July 2020 were agreed as a true record.

The Chair, Councillor Clifford recognised the passing of Councillor Hazel Sweet and took the opportunity to recognise the work she had contributed to the Board.

9. **Adult Social Care Annual Report 2019-20 and Outcome of Peer Challenge**

Adrian West, Members and Elections Team Manager, read out a statement from the Cabinet Member for Adult Services, who had had to give her apologies. She commended the annual report to Members of the Board and congratulated those Officers who had brought the information in a very 'readable' format. She hoped that the Board agreed that the report showed that the Council are going in the right direction with satisfaction levels increasing and as the case studies show the Council has a lot of dedicated people around. She continued that there were no surprises with the result of the Peer Review and the Council were working towards further improvements in the Service. The issue around better housing provision was valid, but unfortunately, the Council were restricted due to funding. She welcomed any suggestions and feedback from Scrutiny Board.

The Board received a presentation from Pete Fahy, Director of Adults and Marc Greenwood, Head of Business Systems, on the Adult Social Care Annual Report 2019-20 and the Outcomes of the Peer Challenge.

The presentation covered the following areas:

- Annual Report 2019/20 – highlights, including information on expenditure, transitions from Childrens Services to Adult Social Care, requests for support, and data on carer assessments. The Annual Report also covered Safeguarding data, including information on Deprivation of Liberty Safeguards which the Board heard were due to be amended, but this would be delayed due to Covid-19 until March 2022. It was explained to the Board that an increase in reporting of safeguarding concerns was considered to be positive as this reflected a better awareness of safeguarding issues. The Annual Report also included Impact Stories using real examples, as well as findings from a survey with users of Adult Social Care.
- Performance summary and progress - The service continued to have a lower rate of people in long term support per population than that of comparator organisations. Contributing to this was a lower number of new requests for support and a higher proportion of these receiving short term support. There had been an increase in admissions into nursing/residential care and people going straight into long term support for the 18-64 age group. Activity indicators maintained the same performance as the previous year, with a positive reduction in new admissions into nursing/residential care for those aged 65+. Quality indicators were broadly comparable. There was a declining yearly trend in people feeling they have as much social contact as they like and people who use services feeling safe.
- Progress since the previous 2018/19 Annual Report -A Strength-based Practice Framework was in place and was being embedded. This had been supported through ongoing training and practice development e.g. Motivational Interviewing. A new front door model had been put in place, with greater input from Therapy rather than Social Work as a way of ensuring the "Promoting Independence" pathway as the first offer. This model had now been introduced in the Mental Health Service. The

introduction of Financial Assessment digital tool had removed the requirement for home visit assessment and offers easier access and had improved service productivity and effectiveness, including the option for 'self-service'

- Requirements of COVID-19 had led to the ceasing and alternative provision of some services. New operating models had been supported to enable infection control and prevention, and additional support has been offered via Carers Trust to ensure carers can continue to provide essential care and support
- Coventry chose 2 Key Lines of Enquiry for the Peer Challenge which took place 3rd – 5th March 2020. The Key lines of enquiry were 'What else could be done in order to reduce our levels of residential admissions and support people in their own communities?' And 'can the peer challenge team advise how we might improve promoting independence further and tell us what opportunities for improvement exist through working closer with internal and external stakeholders?'
- Areas for consideration following the Peer Challenge were:
 - Developing our commissioning approach – in conjunction with the voluntary and community market create diverse provision, utilising assets
 - Involvement, co-design, co-production – commission from this position
 - Have a holistic approach to transformation – think One Coventry
 - Connect to the council wide One Coventry ambition e.g. re-invigorate the delivery of integrated care with Health
 - Review our accommodation and support offer
 - Have a Digital Strategy aligned to corporate approach
 - Address patient/service user flow through the system to reduce residential care and increase personalised care
- Progress since the peer challenge:
 - People – demonstrated through creation of new roles at Front Door, Community Broker, closer working with health partners, e.g. Place Programme Board, data sharing
 - Process – demonstrated through the transfer of Brokerage into Commissioning
 - Structures – demonstrated through the partnership working commenced during the pandemic – data sharing and forums joining up partners more closely
 - Culture – adoption and embedding of strengths-based practice, agile and remote working
 - Technology – adapting to increased digital use e.g. ASC early organisational adopter of MS Teams (drives the transformation but requires the 4 elements above to adapt to make change happen)
- Improvement Priorities
 - Our Promoting Independence Model
 - Accommodation offering care and support
 - Locally Based Support

- Digital Technology and Innovation
- Plans for the next 12-months
 - Managing the ongoing impact of Covid-19
 - Service development including Use of technology; Delivering enhanced support to carers; Community and voluntary support; Accommodation offer; Continue the restoration and remodelling of face to face services including day opportunities
- Co-production and Engagement. The current model used an Adult Social Care Stakeholder group which had a new Let's Talk Platform to enable wider reach. There was also a real-time feedback survey as well as work with community partners and most importantly co-production at an individual level. Future plans included creating a Let's Talk Adult Social Care Future Plans platform, more accessible communication materials, to engage with wider forums, share proposals and seek feedback from carers via the Carer's Bulletin and making engagement with providers quick and easy.

The Board questioned officers and got responses on the following aspects of the presentation:

- Staff had sufficient PPE available and the city's supply was robust. Contact had switched from pre-lock down of 90:10 face to face to remotely, to 30:70 post Covid regulations.
- Staff were working closely with care homes to support tablet technology to enable the public to connect with people in care homes.
- Officers were pleased to see honest user feedback through the peer review however negative comments do not reflect the majority view.
- Work with Public Health services had been good, so there could have been some lack in clarity on the question asked by the peer review which led to a comment about working with Public Health could be improved.
- Work with Public Health in care homes has been excellent offering advice and guidance, as well as with the CCG on infection control. Care homes have been supported with access to testing and there has managed to be a low number of outbreaks in care homes.

RESOLVED that the Adult Social Care Annual Report for 2019-20 be endorsed and the Board's thanks be conveyed to the officers for their excellent work to continually improve Adult Social Care services.

10. **Neuro-rehabilitation Level 2b Bed Relocation**

The Board considered a report and received a presentation from Anna Hargrave, South Warwickshire CCG which provided an update on the potential relocation of Neuro-rehabilitation Level 2b Beds from University Hospitals of Coventry and Warwickshire (UHCW) to South Warwickshire Foundation Trust's (SWFT) Central England Rehabilitation Unit, located at Royal Leamington Spa Hospital. Anna Hargrave and Rose Uwins, Coventry and Rugby CCG attended the meeting for the consideration of this item.

Prior to the COVID-19 pandemic 12 Level 2b neuro-rehabilitation beds were located at UHCW. The Board heard that these beds were commissioned by

Coventry and Rugby CCG on behalf of the three Coventry and Warwickshire CCGs and were the only Level 2b neuro-rehabilitation facilities in Coventry or Warwickshire.

As part of the emergency response to COVID-19, the decision was taken on 18th March 2020 for these beds to be moved from UHCW to the Central England Rehabilitation Unit (CERU), a dedicated rehabilitation facility which is part of Royal Leamington Spa Hospital, located on Heathcote Lane in Warwick and provided by SWFT.

If there was support to progress this service change the CCGs, working together with UHCW and SWFT, would mobilise the resource and governance structures to develop a full decision-making business case.

This case for change would apply NHSE Service Change Guidance (2018) and work through the development of a robust clinical case for change, including working with patients, staff, the wider public and stakeholders to understand the impact of any changes on them.

The case for change would be subject to all statutory guidelines regarding service transformation and change.

RESOLVED that support be given to NHS Coventry and Rugby CCG, in collaboration with UHCW and SWFT, to undertake the process to develop a full Decision-Making Business Case regarding the future location of the Neuro-rehabilitation Level 2b Beds.

11. Work Programme 2020-21 and Outstanding Issues

The Board considered their work programme for the municipal year.

RESOLVED that the work programme for 2020/21 be noted.

12. Any other items of Public Business

Liz Gaulton, Director of Public Health provided information on the governance of the test trace and track oversight.

There were no further items of Any Other Business.

(Meeting closed at 11.30 am)

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To: Health and Social Care Scrutiny Board

Date: 11 November 2020

Subject: Director of Public Health's Annual Report 2019-2020

1 Purpose of the Note

- 1.1 This paper updates Scrutiny Board 5 on the Director of Public Health's (DPH) Annual Report 2019-2020, 'Resetting our Wellbeing'.

2 Recommendations

- 2.1 Scrutiny is asked to:
- Note the progress on recommendations from the 2018-2019 DPH report;
 - Note the findings from the 2019-2020 DPH report; and
 - Endorse the recommendations from the 2019-2020 DPH report.

3 Information/Background

- 3.1 The DPH report is a record of the last financial year, documenting Coventry's state of wellbeing and the city-wide efforts to improving it. This report provides a review of the progress on recommendations from last years' report, 'Bridging the Health Gap'. Having adopted the population health framework in 2019, this report also offers a reflection on the city's system-wide approach to improving wellbeing over the financial year of 2019/2020 and in our early COVID-19 response.
- 3.2 The report's findings and reflections are informed by statistical figures, performance reports and evaluations from the Council and partners, and interviews with over 20 colleagues across teams and organisations.
- 3.3 As we continue to live with, and through, COVID-19, we aim to minimise the harm of the pandemic and make use of the benefits gained from the city's projects and partnerships last year and in our early COVID-19 response. As a result, the report offers two sets of recommendations: one for individuals; one for organisations and Coventry's health and wellbeing system.

4 Progress on 2018-2019 recommendations

- 4.1 Preparing for, and responding to, COVID-19 has created a shift in priorities across the resources and capacity of the Council and our partners. The table below highlights some of the actions taken to improve health and wellbeing based on the 2018-2019 DPH report recommendations. Please see the 2019-2020 DPH report for full updates.

No	Recommendation	Action to date
1	Review and revise the Marmot Action Plan	The Marmot Partnership Group identified new priorities with input from partners and findings from 'Coventry – A Marmot City Evaluation'. Responding to COVID-19, pressing areas of focus were identified using the One Coventry approach.

1, 2, 4	Take a One Coventry approach to embed reduction of inequalities across the Council and local organisations	Health inequalities are considered in all aspects of the Council's reset and recovery programme, and in the day-to-day work across Council departments, such as public realm planning and targeted support to increase employment. The Council Plan now reports on social determinants and inequality indicators.
3	Take a community asset-based approach to improve health and wellbeing, maximising the legacy of City of Culture 2021	Community groups, place-based stakeholder groups, and family hubs work closely to provide support tailored to local needs. COVID-19 led to an increase in community support groups and residents helping their neighbours. The City of Culture Trust is working with these groups to develop local artistic and cultural projects that lift the communities' health and wellbeing.
5	Respond to barriers to accessing physical activities and healthy lifestyle choices	'Coventry on the Move framework 2019-2024', published in 2019, details the inequalities in accessing physical activities. The Year of Wellbeing and City of Sport programme were key delivery elements. New leisure facilities opened in 2019 and the GoCV scheme offered discounts to improve accessibility. The Council's equalities objectives include increasing disabled residents' participation in sports and cultural events.
6	Embed an integrated early help offer for vulnerable families	Developed through a partnership approach, the Early Help strategy launched in July 2020. The Early Help Partnership is working with Warwick University to evaluate the integration of services. Family Matters meetings bring partners together to discuss and support family cases. Family hubs host partners to deliver bespoke services for their neighbourhoods.
7	Evaluate the impact of the Year of Wellbeing and Health and Wellbeing partnerships	Risk Solutions carried out an evaluation on the impact of the Year of Wellbeing, focusing on awareness raising and participation levels. During COVID-19, fewer resources were available to promote the follow up Wellbeing for Life campaign, but the branding was still used for the virtual Wellbeing Festival.
8	Implement NHS Plan around prevention and health inequalities and the Coventry and Warwickshire Health and Care partnership	The Council plays a leading role in the Population Health and Prevention programme of the Health and Care Partnership, which shapes the Strategic Five-Year Health and Care Plan. The population health framework was adopted, and partners galvanised support for it. This will help drive a stronger focus by NHS partners on prevention and the wider determinants of health.
9	Mobilise the 2019-2023 Health and Wellbeing Strategy and utilise the population health framework to underpin change	The Health and Wellbeing Strategy was approved in October 2019. The Council adopted the population health framework to enable system-wide changes to improve health and wellbeing. Responding to COVID-19 has prompted a reconsideration of Strategy's priorities, but the framework still underpins the Council's reset and recovery programme.

5 Recommendations for individuals from the 2019-2020 DPH report

- 5.1 To bolster wellbeing and build resilience as we continue to live with, and through COVID-19, individuals are recommended to: 1) Have vaccinations; 2) Have the flu vaccination; 3) Eat healthily; 4) Travel by walking or cycling; 5) Do physical activities; and 6) Practise the Five Ways to Wellbeing.
- 5.2 These recommendations tie in with the Coventry Health Challenge campaign and the Government's Better Health campaign. Together, they encourage Coventry's residents to take action for their wellbeing, helping to reduce the harm of COVID-19.

6 Recommendations for organisations and Coventry's health and wellbeing system from the 2019-2020 DPH report

- 6.1 These recommendations are born out of 1) our reflection on the city-wide effort to improving health and wellbeing last year and in the early months of COVID-19; and 2) discussion outcomes following a virtual meeting with 18 individuals from partner organisations and across the Council. The recommendations fall under the four quadrants of Coventry's population health framework and are in line with the Council's reset and recovery exercise.

Recommendation 1 – Wider determinants of health

COVID-19 has shone a light on inequalities within our communities. Coventry City Council and partners should continue to build on this increased awareness, and consider the findings from COVID-19-related research and surveys, to mitigate the health and wellbeing impact of inequalities in Coventry.

Recommendation 2 – Our health, behaviours, and lifestyles

Coventry City Council's approach to public health communications and engagement should be guided by lessons learnt and new relationships formed, especially as we continue to live with, and through, COVID-19.

Recommendation 3 – Our health, behaviours, and lifestyles

Coventry City Council and partners should continue to encourage local employers, and lifestyle and wellbeing services, to commit to improving workplace wellbeing.

Recommendation 4 – Integration of actions from the community, public sector, and voluntary sector

Building on existing health and wellbeing infrastructure, a collaborative partnership approach, which brings together residents' experience and partners' skills and assets, should be taken to strengthen health and wellbeing in communities.

Recommendation 5 – The places and communities we live in and with

Coventry City Council and partners should set up spaces and channels to meet with residents, with the aim of inspiring them to imagine the change they wish to see in their communities, and enabling residents to lead the change.

- 6.2 Work is currently underway to support the achievement of these recommendations. Examples include:

- COVID-19 has prompted new research to better understand the changes brought by the pandemic, including a health impact assessment jointly carried out by Coventry City Council and Warwickshire County Council. The Council commissioned Coventry University to look into COVID-19's impact on mass transit, and its implications for future transport. An over-arching Equality Impact Assessment is carried out by the Council to better understand the pandemic's local impact on protected groups.
- The ongoing Coventry Health Challenge is our local campaign to tackle obesity, considering the health complications it brings to serious illnesses such as cancer, heart disease, and COVID-19. It complements the national campaign called Better Health. Shaped by lessons learnt and partnerships built from last year, our campaign is jointly designed and delivered by migrant health champions, diabetes champions, community messengers, and commissioned services.
- Following the conversations in last year's Year of Wellbeing campaign, there is still momentum for promoting workplace wellbeing. The Council and partners continue to encourage local employers to sign up to the Thrive at Work programme, helping them to improve workplace wellbeing in a structured way.

- During COVID-19, existing and new partnerships established closer communications, more effective sharing of resources, and better alignment of work. The partnerships mentioned in the report continue to progress. This approach to improving wellbeing also underpins the city's reset and recovery programme.

Name: Liz Gaulton

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Appendices: Director of Public Health's Annual Report 2019-2020 – Resetting our Wellbeing

Director of Public Health's Annual Report 2019-2020 – References

Director of Public Health's Annual Report 2019-2020 – Accompany Power BI report



**Director of Public Health
Annual Report 2019-2020**

Resetting Our Wellbeing

**A reflection on Coventry's level of
wellbeing in 2019/20 and our
approach to improving it**



Foreword

Cllr Kamran Caan

Cabinet Member for Public Health and Sport

Welcome to the Director of Public Health's Annual Report for 2020. We learnt a lot about wellbeing from our residents, partners, and colleagues in 2019 following a successful Year of Wellbeing and the adoption of a system-approach to improving wellbeing for residents. We recognise the importance of maximising opportunities to help residents enjoy healthier, longer lives, but also to help reduce the health inequalities in the city. This year we have all been affected by the COVID-19 pandemic, which has presented us with many challenges both at work and at home, and prompted us to reconsider the way we live, our health and our attitude towards wellbeing.

We have worked closely with the local NHS, Public Health England, universities, schools and businesses across Coventry to monitor the situation and coordinate the response across the city, especially working on how we can protect and maintain critical services to protect and support residents.

During these challenging times, it is more important than ever that we pay close attention to our own wellbeing, and the wellbeing of those around us. Based on learning from last year and our response to COVID-19, this report aims to set out 'what works' to promote and activate wellbeing as individuals and organisations.

I would like to thank everyone who has put this report together and who has worked so hard this year. Finally, I want to thank community members for their hard work, supporting each other and for keeping the delivery of essential services to residents in Coventry going, playing their part in reducing the risk of COVID-19 transmission.



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Introduction

Liz Gaulton

Director of Public Health and Wellbeing

COVID-19 has altered our lives and our attitude to wellbeing. Even with the easing of lockdown, we are unlikely to return to life exactly as we used to know it. There have been changes to what we value, to closeness with our communities, to our ways of working, to our economy, to how we choose to look after ourselves – all of which affect our wellbeing. We are calling our future thinking a 'Reset.' Resetting is a journey and we're only part way there.

The Year of Wellbeing 2019 campaign started a conversation on the importance of wellbeing. COVID-19 has furthered our appreciation of being connected to those around us, keeping ourselves healthy by enjoying physical activity, and making good use of our local outdoor spaces. As we continue to live with, and through COVID-19, this is the time for us, as individuals, to build our wellbeing and resilience.

From a system point of view, COVID-19 has drawn attention to health inequalities, where more people now understand the impact of disparities in our communities' wellbeing. The city's passion in tackling systemic inequality shone through in the numerous voices supporting the Black Lives Matter movement. There is also some evidence of people's shift in priorities, preferring the Government to pursue wellbeing ahead of

economic growth.¹ This is our chance to imagine a Coventry where improving wellbeing through addressing system-wide inequalities becomes embedded in our decisions and actions.

This report brings together statistical figures, performance reports and evaluations from the Council and partners, and interviews with over 20 colleagues across teams and organisations, to give a record of Coventry's state of wellbeing in 2019/20, and to offer a reflection on the city's approach to improving wellbeing last year and in our early COVID-19 response. These findings, and discussions from a virtual stakeholder event, shaped this report's recommendations, setting the direction on how to reset wellbeing in the city, minimise the harm of a global pandemic, and make use of the benefits we gained as part of our response.



Recommendations for individuals

There are things we can do in our everyday lives to improve our wellbeing, build our resilience and reduce the harm of COVID-19.

- Have vaccinations
- Have the flu vaccination
- Eat healthily
- Travel by walking or cycling
- Do physical activities
- Practise five ways to wellbeing – Keep learning; be active; connect; take notice; and give

Recommendations for organisations and Coventry's health and wellbeing system

Reflecting on last year's projects and partnerships – how they contributed to improving residents' wellbeing, and how they accelerated the city's response to COVID-19 – here are my recommendations for how we, as organisations and as a system, can minimise the impact and harm of COVID-19, while amplifying the benefits gleaned from the city's response to the pandemic.

1 RECOMMENDATION 1 – Wider determinants of health

COVID-19 has shone a light on inequalities within our communities. Coventry City Council and partners should continue to build on this increased awareness, and consider the findings from COVID-19-related research and surveys, to mitigate the health and wellbeing impact of inequalities in Coventry.

2 RECOMMENDATION 2 – Our health, behaviours, and lifestyles

Coventry City Council's approach to public health communications and engagement should be guided by lessons learnt and new relationships formed, especially as we continue to live with, and through, COVID-19.

3 RECOMMENDATION 3 – Our health, behaviours, and lifestyles

Coventry City Council and partners should continue to encourage local employers, and lifestyle and wellbeing services, to commit to improving workplace wellbeing.

4 RECOMMENDATION 4 – Integration of actions from the community, public sector, and voluntary sector

Building on existing health and wellbeing infrastructure, a collaborative partnership approach, which brings together residents' experience and partners' skills and assets, should be taken to strengthen health and wellbeing in communities.

5 RECOMMENDATION 5 – The places and communities we live in and with

Coventry City Council and partners should set up spaces and channels to meet with residents, with the aim of inspiring them to imagine the change they wish to see in their communities, and enabling residents to lead the change.

Section 1 Why does wellbeing matter?



What is wellbeing?

During the Year of Wellbeing campaign, when we asked residents and organisations what they considered as wellbeing, we found that it was widely understood as a concept, but it meant something different to everyone². This reflects wellbeing's multi-faceted nature, as it does not necessarily fit into a single definition. The Department of Health says it is about 'feeling good and functioning well'³, which includes a person's reflection of their life experience, as well as their basic human needs and rights. The Office for National Statistics (ONS) similarly puts it as "how we're doing" as individuals, communities and as a nation, and how sustainable that is for the future.⁴ It looks beyond what we produce, and considers our 'health, relationships, education and skills, what we do, where we live, our finances and the environment.'⁵

ONS's definition shows that our wellbeing is the sum of many parts. This closely aligns with Public Health concepts such as the principles of the Marmot Review and Population Health Management, both of which recognise that our health and wellbeing are shaped by a range of factors – some of which might be outside of our immediate control (e.g. growing up in a relatively deprived environment) and some of which we might be able to take responsibility for (e.g. choosing to do an act of kindness).

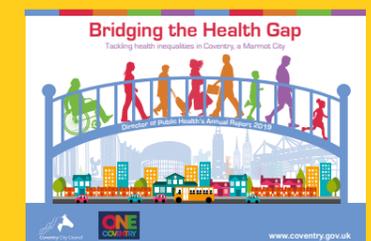
Who tends to have better wellbeing?

In general, 'the more favoured people are, socially and economically, the better their health.'⁶ Conversely, a person living in a more socio-economically deprived situation may find it more difficult to have the 'physical, social and personal

resources to identify and achieve their own goals and deal with changes in their circumstances,⁷ leading to worse health outcomes and levels of wellbeing. These are known as health inequalities.

Public Health England published evidence that 'the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them.'⁸ Amongst those diagnosed with COVID-19 (based on testing offered to those in hospital with a medical need), risk of dying was 'higher in those living in the more deprived areas than those living in the least deprived; and higher in ethnic minority groups than in White ethnic groups.'⁹ For deprivation, 'the mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females.'¹⁰ Wider inequalities have also shaped our experiences of lockdown and affected changes to our ways of life and work. For example, there are remarkable inequalities in who can work from home – the lower the income, the less likely that they are able to work from home.¹¹

The Director of Public Health report 2019 explored health inequalities and the wider determinants of health in detail.



Why do we need to take action for our wellbeing?

According to the Department of Health, wellbeing brings benefits such as adding years to life and improving recovery from illness. It is also associated with broader positive outcomes and influences the wellbeing and mental health of those close to us.¹²

As we continue to live with, and through, COVID-19, we should aim to bolster our wellbeing and to build our resilience, so we are better able to navigate the consequences of the pandemic. This requires efforts from us as individuals and as a system of organisations.

COVID-19 is expected to have a long-lasting, negative effect on our economy and our health systems. The closing of small businesses, the lack of job opportunities for fresh graduates, and the redundancies made after furlough are expected to have long-lasting effects, especially to already vulnerable groups. It is even more important that we are all equipped with the means of improving our

wellbeing and resilience, while bearing in mind the necessity of carrying out compensatory actions to provide more help to those who are most negatively impacted.

On top of the economy, COVID-19 has brought long-lasting impacts on our health system as well. When the initial wave of pressure with responding to COVID-19 is over, there will hardly be enough time for the workforce to recover before having to face another surge in needs – the lockdown is expected to have exacerbated issues such as social isolation, domestic abuse, and poor mental health. In health and care, there is also an expectation not only to restore and recover, but to improve and create the next normal at the same time, which may prove difficult to manage.¹³ As individuals, actively improving our wellbeing may 'ultimately reduce the healthcare burden.'¹⁴ As organisations, finding ways to improve our residents' and communities' wellbeing will work to the same effect. Moreover, organisations are in the unique position to implement measures to improve their workforce's wellbeing, building resilience as a result.



Section 2 How do we measure wellbeing?

Life expectancy and healthy life expectancy, as well as the Warwick-Edinburgh Mental Wellbeing Scales, are some of the measures that give an overview of our levels of wellbeing.

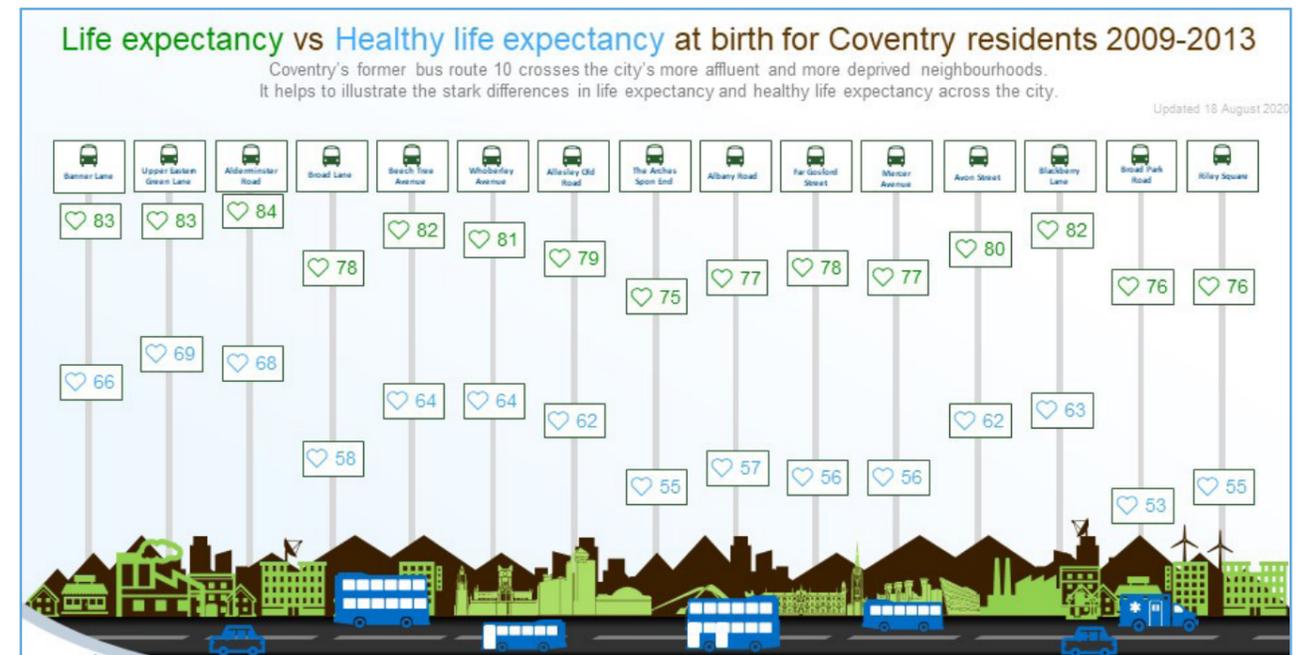
Given that wellbeing is a composite of multiple factors, another method of measuring wellbeing is to evaluate the factors that affect it.

with a small gap between the two. The difference between LE and HLE is known as the 'the window of need'¹⁶. The latest figures for Coventry are in the table below:

Life expectancy and healthy life expectancy

Life expectancy (LE) is the average number of years a person would expect to live.¹⁵ Healthy life expectancy (HLE) is the average number of years a person would be expected to self-report as living in good health. Together, they show a trend in the population's wellbeing. A population is said to enjoy good levels of wellbeing if it has high LE and HLE,

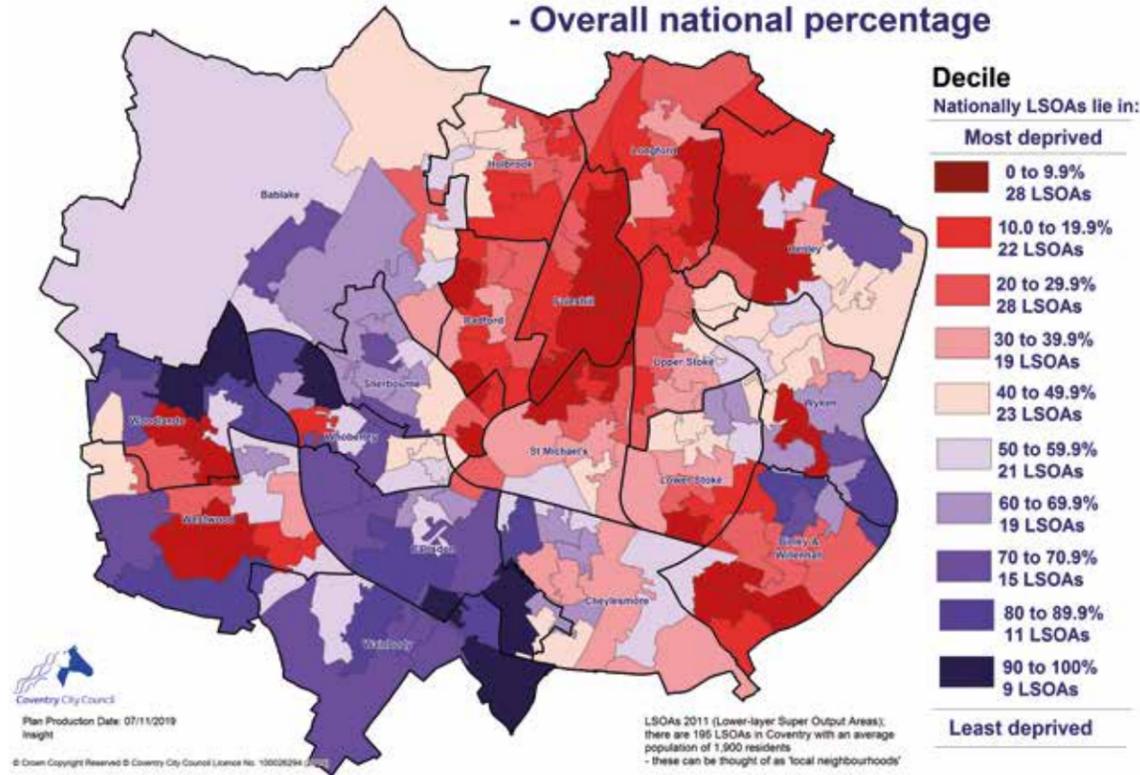
For 2016-18		
Life expectancy	78.5	82.3
Healthy life expectancy	61.9	62.5
% of life in poor health = (LE-HLE)/LE	21%	24%



For comparison, LE for Coventry's males and females is notably worse than England's average. For HLE, Coventry's males and females have similar figures to England's.

Deprivation and inequalities exacerbate these differences. People living in more deprived pockets of the city not only live shorter lives, but also have a bigger window of need which means they spend a greater proportion of their shorter lives in poor health. The Index of Multiple Deprivation (2019) combines information such as income, employment, crime and living environment, to rank England's neighbourhoods in order of deprivation. The map below shows Coventry's neighbourhoods and their relative levels of deprivation.

INDEX OF MULTIPLE DEPRIVATION 2019 - Overall national percentage



The Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS)

WEMWBS is a set of 14 questions designed to measure the mental wellbeing of a population. Each question asks how often the respondent has been experiencing a positive aspect of mental wellbeing over the last two weeks. The answers are summed to provide a score between 14 (scoring 1 for each of the 14 questions) and 70 (scoring 5 for each of the 14 questions).¹⁷ The lower the score, the lower the level of mental wellbeing. When surveyed in 2018, 11% of Coventry residents had notably low mental wellbeing.¹⁸

Some researchers noted that 'a score of 40 and below corresponded to probable depression and a score of 41- 44 to possible depression.'¹⁹ According to data from GP surgeries in 2018/19, almost 10% of Coventry adults were diagnosed with depression, compared to just under 11% for England.



Depression diagnosis

10% COVENTRY **11%** ENGLAND

What affects wellbeing?

Our wellbeing is the sum of many parts. Factors that affect our wellbeing, such as income, education, and the environment, are known as the wider determinants of health. Considering the indicators of the wider determinants of health provides us with another way of measuring wellbeing. The Office for National Statistics (ONS) organised the factors affecting wellbeing into 10 domains.

This section offers a broad look at Coventry residents' level of wellbeing based on these domains. The focus will be on latest available data collected before COVID-19. Where possible, data from the COVID-19 period will be presented too. The section also signposts to the assessments that were carried out during COVID-19.



See our interactive **Power BI** report to compare Coventry's performance to previous years.

For a more in-depth look at the city's health and wellbeing status, please see our **citywide Joint Strategic Needs Assessment (JSNA)**.

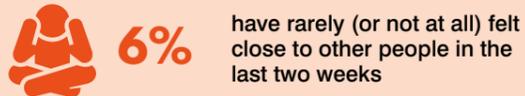
To explore Coventry's residents' level of wellbeing at a neighbourhood level, please see our **place-based JSNAs**.

1. Personal wellbeing



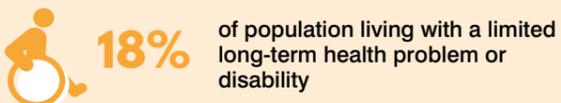
These are estimates of self-reported levels of wellbeing from a national survey. It asks about levels of life satisfaction, happiness, anxiety, and whether respondents feel things they do are worthwhile. In 2019/20, 80% of Coventry respondents reported high levels of life satisfaction (a score of 7+ out of 10), which is similar to the England average of 81%.²⁰ 20% of Coventry respondents reported high levels of anxiety (a score of 6+ out of 10), a slightly smaller percentage than the England average of 22%.²¹ During COVID-19, nationally, all four measures of personal wellbeing have worsened. The Coventry figures from the COVID-19 period are not yet available.

2. Our relationships



Feeling isolated or powerless is damaging to physical and mental health; loneliness increases our chances of dying early.²² One of the questions in WEMWBS asks respondents how often they have felt close to other people in the last two weeks. When surveyed in the 2018 Coventry Household Survey, 6% of respondents said rarely or less often, suggesting a small proportion but significant number of Coventry residents might not have people to rely on.

3. Health



Slightly more than one in every six Coventry residents reported in the 2011 Census that their daily activities were limited due to a long-term health condition or disability. Older people are more likely to feel limited.

4. What we do



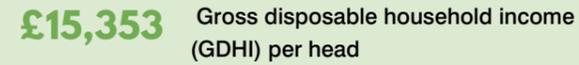
Our work and leisure activities affect our wellbeing. A systematic review shows that unemployment is damaging to wellbeing, permanently reducing life satisfaction, mental health levels, and self-esteem.²³ Coventry's unemployment rate in 2019 was at 5.3%, which was higher than the national average.²⁴ This is roughly 10,300 residents who are seeking employment but cannot secure it. During COVID-19, recent benefit claimant count statistics suggest that the number of unemployed residents in Coventry has increased significantly since 2019. For leisure activities, 78% of the 2018 Coventry Household Survey respondents attended local cultural events²⁵ at least three times in a year. 61% of Coventry adults are considered physically active, doing at least 150 minutes of moderate intensity physical activity per week. A smaller percentage of Coventry adults are physically active than the national average (67%).²⁶

5. Where we live



Living in a safe environment and being part of a cohesive community positively affect our wellbeing. 74% of Coventry residents reported feeling safe at night in their neighbourhood in the 2018 Household survey, a decrease from 2016. This suggests most people feel safe, but a quarter of residents don't feel the same, which could undermine their levels of wellbeing. From the same survey, 77% of residents felt 'very' or 'fairly strongly' that they belonged to their immediate neighbourhood. Our satisfaction with our accommodation and the quality of our dwelling affect our wellbeing. Fuel poverty data gives an indication of the number of households with high fuel costs and low income. High fuel costs are driven by energy prices and the energy efficiency of the property. In 2018, 12% of Coventry households were regarded as fuel poor, compared to 10% overall in England.²⁷

6. Personal finance



GDHI broadly measures the amount of Coventry's Gross Value Added (GVA) that becomes incomes for households, directly benefitting people. Coventry's figure is notably (about £6,250) less than that of England, meaning Coventry's residents might have significantly less to spend or save.²⁸

7. Economy



GVA is a measure of how much Coventry's businesses produce. It is one of the indicators that reflect the health and make-up of the local economy. GVA per head is a measure used to put the GVA of the city in context given its population size. Coventry's GVA per head in 2018 was £25,972, which was notably lower than England overall at £29,356.²⁹

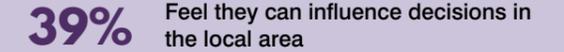
8. Education and skills



Not having formal qualifications may limit an individual's work opportunities. In 2019, just under one in ten working age Coventry residents had no formal qualifications.³⁰ Older residents are more likely to have no qualifications. In recent years, more residents have been gaining qualifications, however, Coventry still falls short of the England average.³¹

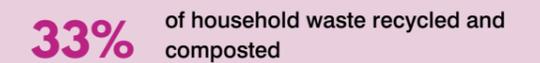
In 2019, about one in 20 (5%) of Coventry's residents aged 16 and 17 were not in education, employment, or training (NEET), or their activity was unknown.³² This is equivalent to 390 young people.

9. Governance



According to Public Health England, 'Community life, having social connections and having a voice in decisions that affect you are all vital to your wellbeing. They provide you with feelings of control, provide a buffer against illness or help you manage existing health conditions better.'³³ In the 2018 Coventry Household Survey, 39% of residents agreed that they could influence decisions affecting their local area.

10. Environment



This domain looks at areas such as climate change and the effects of our activities on the global environment. The [air quality map](#) shows Nitrogen Dioxide (NO₂) levels in different parts of the city. The figure for household recycling and compost helps to reflect Coventry's residents' interest in bettering the environment. The provisional data for 2019/20 shows that 33% of Coventry household waste was recycled and composted.³⁴

COVID-19 has prompted new research to better understand the changes brought by the pandemic. In Coventry, the Council commissioned Coventry University to undertake research into the impact of COVID-19 and its implications for future transport, especially mass transit. A Health Impact Assessment was also jointly carried out by Coventry City Council and Warwickshire County Council. The analysis shows that the wider impacts from the pandemic and lockdown will fall more heavily on communities most directly affected by the disease itself.³⁵ An over-arching Equality Impact Assessment will also be carried out by the Council, drawing on the findings of other local and national research and assessments, to better understand what the local impact of the pandemic has been on protected groups. This will inform the city's reset and recovery work in the medium to longer term. Surveys were also conducted with residents and voluntary and community organisations to understand their concerns and the impact COVID-19 has had on their lives.

Section 3 What can we, as individuals, do to improve our wellbeing?



As part of our responsibilities to keep ourselves healthy, it is important to understand how to look after our wellbeing as individuals.

Speaking to residents and partner organisations during the Year of Wellbeing 2019 campaign, we learnt that, while wellbeing was widely known as a concept, it was not always understood how our actions could affect our wellbeing.³⁶ This section aims to highlight some of the connections between our actions and wellbeing.

Vaccinations play an important role in protecting our health and wellbeing. They prevent the spread of infectious and communicable diseases (diseases that can be spread from one person to another). Before the introduction of widespread immunisation and vaccinations, these diseases were a major cause of death and permanent disability, especially for children. Building the population's immunity helps with limiting the spread of vaccine-preventable diseases.³⁷

To achieve population immunity for measles, for example, 95% of five-year olds must have received both doses of measles, mumps, and rubella (MMR) vaccines.³⁸ England unfortunately lost its measles elimination immunisation status,³⁹ with only 86% (nine percentage points lower than 95%) of five-year olds having had both doses in 2018/19.⁴⁰ Coventry rates have been similarly disappointing. In 2018/19, only 82% of Coventry five-year olds had had both doses of MMR vaccination in 2018/19.⁴¹ Coventry GPs and partners have set up a task force to increase the uptake of vaccines.

The **flu vaccine** (commonly known as the flu jab) is currently the best protection against the risk of flu and its complications.⁴² The level of protection may vary, but it is likely to make the flu milder and shorter-lived. As the flu strains often change, and as protection from the injected flu vaccine decreases over time, it is recommended that the flu vaccine is taken every year. While the flu may clear up within one week for some, for vulnerable people such as pregnant women or those with underlying health conditions, it is more likely to develop serious complications such as pneumonia. There is a chance that the flu season of 2020 will collide with the next peak of COVID-19.⁴³ The Government has expanded the eligibility for free flu vaccination in 2020 in preparation. Having the flu vaccine not only protects against flu, it also protects the NHS from being overwhelmed at a critical time.

Follow up: The flu vaccine can be obtained at GPs and local pharmacies from September 2020. See **The Flu Vaccination Winter 2020/21 – Who should have it and why**.

Our lifestyles have a profound impact on our wellbeing. Healthy eating, active travel, and regularly taking part in physical activity all contribute to lowering the chance of obesity. In 2018/19, 63% of Coventry adults were classified as overweight or obese, similar to England's average of 62%.⁴⁴ Evidence suggests 'people with COVID-19 who are overweight or living with obesity, compared with those of a healthy weight, are at an increased risk of serious COVID-19 complications and death.'⁴⁵

Healthy eating refers to having a balanced diet, paying attention to areas such as good nutrition, low salt intake, and good hydration. In Coventry in 2018, while 91% of surveyed adults agreed it was important to them to eat healthy foods, only 25% of adults self-reported to have at least five portions of fruits or vegetables in a typical day.⁴⁶ Meanwhile, 10% said they had about one or less than one portion.⁴⁷ In the same survey, 35% of residents said they ate takeaways at least once or twice a week.

Active travel refers to walking or cycling as a form of transport. 'Switching more journeys to active travel will improve health, quality of life, [the] environment, and local productivity'.⁴⁸ A survey in 2018 shows that 12% of Coventry residents walk to work, while 3% cycle.⁴⁹

There are plenty of benefits brought by regular **physical activity**. It is reported that 'people who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle'.⁵⁰ The image below illustrates its impact on wellbeing for children, adults, the elderly, and people with disabilities.



61% of Coventry adults are considered physically active, doing at least 150 minutes of moderate intensity physical activity per week.⁵¹ This is a smaller proportion than the national average of 67%.⁵² During COVID-19, Sport England reported that, nationally, while 'a third of adults [in England did] 30 minutes

or more of physical activity (at a level that raised their breathing rate) on five or more days a week,⁵³ inequalities were still replicated or even exacerbated. Groups who found it harder to be active before the pandemic, such as women, older adults, people of BAME background, and people from lower socio-economic groups, still found it more difficult than others to be active.

Follow up:

- ▶ **Better Health** provides further information on how individuals can prevent obesity from becoming a risk to their health.
- ▶ **Coventry Health Challenge** complements Better Health to provide support for Coventry residents, focusing on physical activity, nutrition, giving up smoking, and vaccinations.
- ▶ **Healthy Lifestyles Coventry** provides support with weight management, healthy diet, giving up smoking, getting more active, cutting down on alcohol or just improving overall wellbeing.
- ▶ **Free NHS Health checks** are provided for eligible people aged 40-74.
- ▶ **Best You** is an app that provides personalised health and wellbeing recommendations regarding healthy eating, healthy weight, and physical activity.
- ▶ **NHS's Eat Well page** provides information on having a healthy diet.
- ▶ All Coventry residents can benefit from membership incentives and options with **Go CV**. See page 22 for details.
- ▶ During COVID-19, the **NHS Diabetes Prevention Programme** delivered by Weight Watchers accepts self-referrals from residents of BAME background.⁵⁴
- ▶ The Council is using Government funding to reallocate road space in some parts of the city to pedestrians and cyclists. This is done by creating new pedestrian and cycle zones and by installing pop-up cycle lanes and 'modal filters', such as bus gates, to remove through traffic from some roads.⁵⁵

In recent years, health and care professionals have taken up the practice of **social prescribing**. Under social prescribing, patients can be referred to activities such as 'volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports',⁵⁶ that are usually provided by local organisations. Social prescribing reflects a recognition that sometimes, solutions to improving wellbeing lie outside of clinical services, and can be sought in our everyday behaviours.

The activities relating to social prescribing closely align with the **Five Ways to Wellbeing**. Developed by **New Economics Foundation** and endorsed by the NHS, they are actions that, if built into our day-to-day lives, will have an impact on our wellbeing. Specifically, Take notice and Give have been shown to influence wellbeing in a positive way, while the other three are 'important influencers of both wellbeing and ill-being'.⁵⁷

The actions mentioned above are general in nature. Quitting smoking or addressing substance misuse, paying attention to mental health levels, seeking support in a domestic abuse situation, for example, all contribute to better wellbeing. See the Council's COVID-19 response webpages for advice and services that can support your wellbeing, especially during the pandemic.

A person living in a more socio-economically deprived situation may find it more difficult to have the resources to identify and achieve wellbeing goals.⁵⁸ This is where, as organisations, we can act as a system to address health inequalities, so their barriers to wellbeing may be lifted.

5 ways to WELLBEING in Coventry and Warwickshire

- 

Keep Learning
Learning new skills can build your sense of achievement, confidence and self esteem - and will keep your mind active.
- 

Be Active
You can walk, run, dance or stretch your way to wellbeing - whatever works for you.
- 

Connect
Spending time building positive relationships and social connections with family, friends, neighbours and colleagues is great for your sense of happiness and wellbeing.
- 

Take Notice
Bring your attention and interest to your surroundings and look for things that bring you happiness. This is sometimes called mindfulness.
- 

Give
Giving time freely to help others builds your sense of community and belonging.

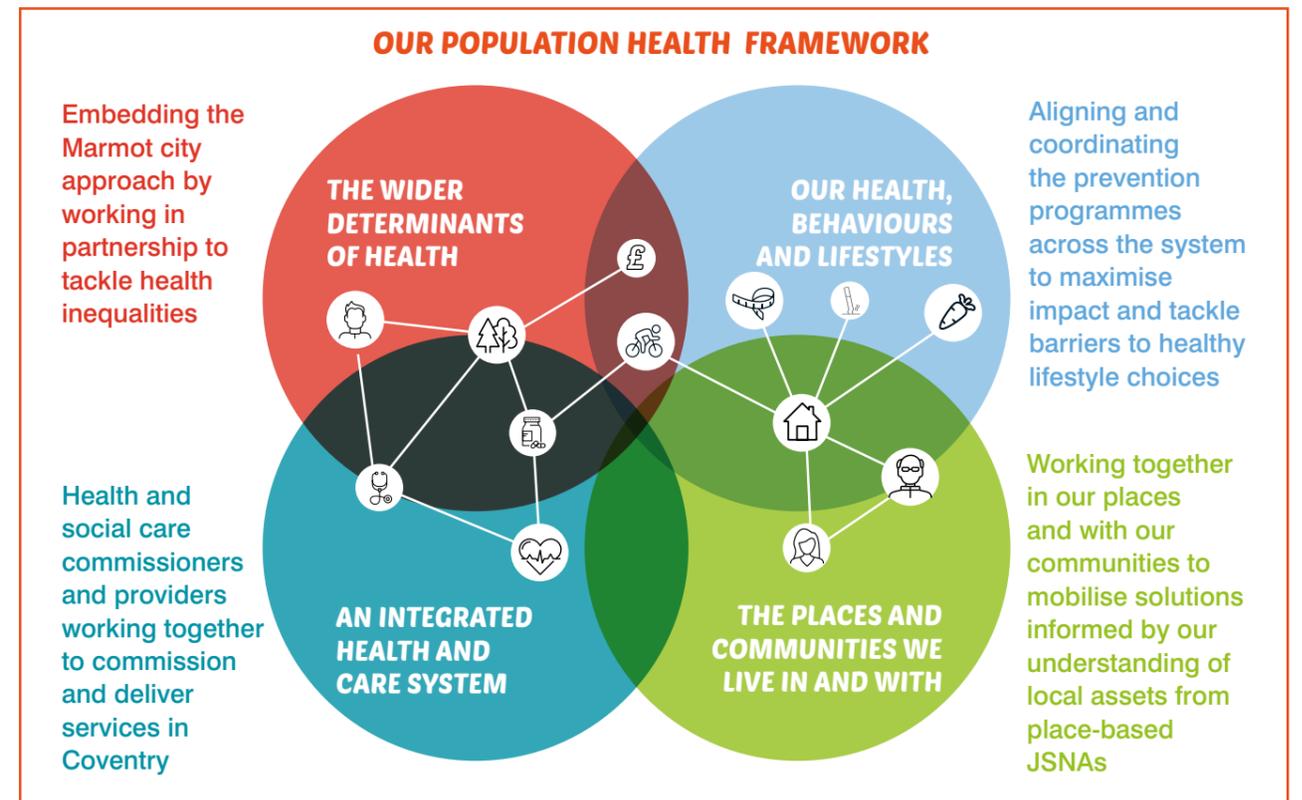
Section 4 What did we, as organisations and as a system, learn about Coventry's approach to improving wellbeing?



There are many social factors that affect our wellbeing, such as income, education, and the environment. They are known as the wider determinants of health. By addressing the avoidable inequalities in these factors, the population's wellbeing can be lifted. Furthermore, some groups that are more vulnerable will require compensatory actions and extra support to overcome barriers.

Since the social factors affecting our wellbeing stretch across a range of expertise, it is essential that a partnership approach is adopted. Coventry has been a Marmot city since 2013, championing the approach of working with partners to address health inequalities and carry out compensatory action.⁵⁹ Furthermore, the Council introduced the One Coventry approach in 2018, bringing renewed emphasis on working with organisations across the system and within the community.

How does Coventry's system look from a Public Health perspective? The population health framework provides an overview of how we can work together as organisations and as a system. The framework is developed by the **King's Fund**, a national health and care think tank, with the aim of reducing health inequalities and improving health and wellbeing in a population. The Council adopted the approach, making it the heart of the **Health and Wellbeing Strategy 2019-2023**.



Through the lens of the four quadrants of the population health framework, this section is a reflection on the projects and partnerships from last year and the early months of COVID-19. This section is informed by performance reports and evaluations from the Council and partners, as well as semi-structured and unstructured interviews conducted with over 20 colleagues across teams and organisations. Together, they gave a view of what worked well in Coventry's approach to improving residents' wellbeing (as defined by ONS's 10 domains) and how these characteristics played a part in the city's response to COVID-19.

QUADRANT: Wider determinants of health

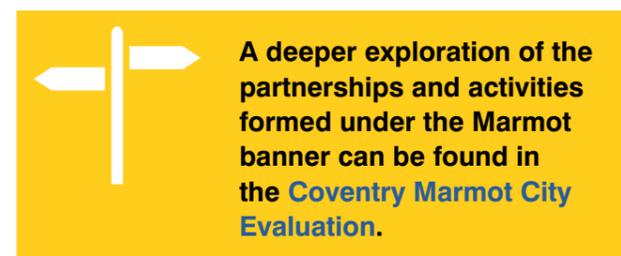
This quadrant reflects Coventry's ambition to work in partnership with services and organisations to address health inequalities within the wider determinants of health. Here are some things we learnt about Coventry in the last year:

More organisations in the system now understand the concept of wider determinants of health and consider tackling health inequalities as part of their work.⁶⁰ The number of partners in the Marmot Partnership Group increased between 2013 and 2020, with membership from local charities, emergency services, universities, and Government bodies. The diversity of partners allows considerations of health inequalities to shape a range of works across the system. The Police's Youth Violence Reduction Strategy and the Fire Service's Safe and Well Checks, for example, both acknowledge the influence of social factors on the risk of crime and fire.

During COVID-19, at a strategic level, the Marmot Partnership Group responded to the city's shifting needs by highlighting four areas of focus – 1) BAME communities; 2) Families with 0-5-year olds; 3) Economy and regeneration including employment and young people; 4) Income inequality. The COVID-19 needs and impact assessments inform the actions for the four priorities.⁶¹ At an operational level, a high level of willingness to collaborate helped to deliver a speedy response to the city's food needs.

Within the Council, there was a similar embracement of cross-team working and awareness of the wider determinants of

health.⁶² A deeper integration developed between Public Health and teams across the Council, leading to the continual application of the Marmot principles in the Planning, Parks, Licensing, and Transport teams at a strategic and operational level. Public Health concepts and highlights from the JSNA now form part of the Council's mandatory training for new staff members.



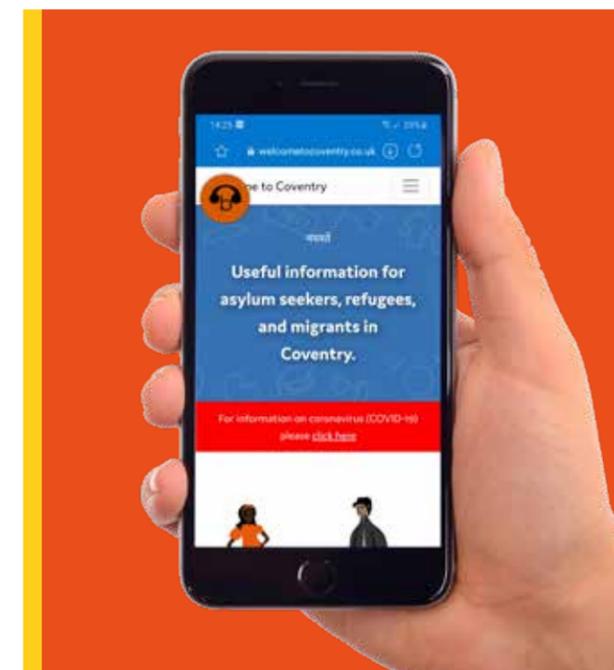
Employment inequality was addressed through influencing employers and providing rounded training for refugees.⁶³ This relates to **What we do in ONS's 10 domains for wellbeing.** Given that 'unemployment is damaging to people's wellbeing,'⁶⁴ the What Works Centre for Wellbeing identifies raising employment levels as an effective method of improving the population's wellbeing. In Coventry, employment inequality was addressed by delivering specialist employment support services via a city centre hub, the Job Shop; influencing employers with their recruitment practice; and providing specialist support for residents who were most excluded from the labour market.

Employability support for residents is delivered directly at the Job Shop and in partnership with specialist community organisations such as WATCH, Foleshill Women's Training, and the Coventry Refugee and Migrant Centre. The Employer Hub has encouraged local employers to employ Coventry residents who were experiencing deprivation. There were instances when partners and the Council successfully influenced employers to offer work trial periods, training, and higher pay for prospective employees. A partner reflected, 'There are very few organisations that try to influence the quality of the job on offer. I think we've made a big difference with the employers we've worked with, and I think there's loads more that could be done on that side'. Other examples of Coventry partners seeking to influence employers include strategic work with the West Midlands Combined Authority and the Coventry and

Warwickshire Local Enterprise Partnership. It has also included the direct management of specialist interventions with employers including, the NHS, the City Council itself and a wide range of small and medium size local businesses.

The Ignite programme, for example, which was delivered in conjunction with the Council's Migration Team and ACH, merged integration and employability support for refugees. The Resettlement Induction Programme enrolled refugees in Coventry to learn about the UK's laws, policies, and employment procedures.⁶⁵ There were additional sessions to help them gain an understanding of the UK job market. The employability classes also offered the opportunity for socialising and building ambitions for life in the UK. Recognising the trauma that they had experienced, confidence building was a key part of the programme too. The Council partnered with Stand and Be Counted theatre company to deliver confidence-building workshops.

Collaboration with community health champions and multi-lingual technology enabled increased communication with migrant groups and residents from BAME backgrounds.⁶⁶ This relates to **Health in ONS's 10 domains for wellbeing.** Some migrants struggle with the English language or with literacy, putting them at a disadvantage. Fifteen volunteers of refugee and migrant backgrounds were trained as **Community Health Champions** to disseminate public health messages to their communities. Some of them were medical professionals in their home countries. They represent 15 nationalities and are fluent in English and 19 languages between them. They led on new initiatives such as a regular health-focused podcast and virtual art therapy sessions. On the technology side, a culturally-sensitive app and multi-lingual social media campaigns were developed. The Council worked with a focus group of 30 residents to develop the **Welcome to Coventry app** to overcome the language barrier. The app provided key information on education, employment, and health in multiple languages. Its built-in 'BrowseAloud' technology allowed users to select a language and listen to its translation.

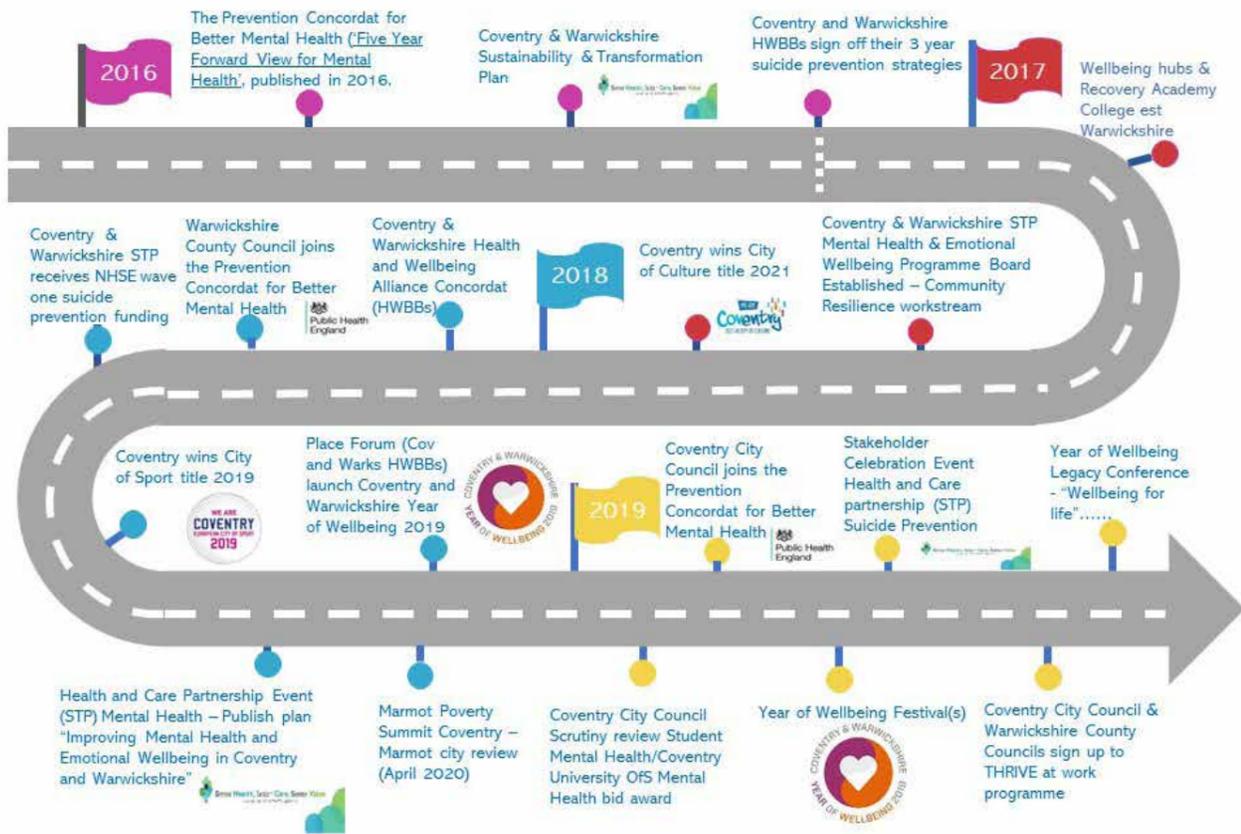


These ties proved especially impactful during COVID-19. The health champions helped to disseminate messages to their communities in over 60 languages. The Director of Public Health, health champions, and faith leaders co-hosted webinars to inform communities of the COVID-19 situation. The app disseminated COVID-19-related advice, employment rights, and avenues of accessing mental health support. Similarly, when childhood vaccination rates decreased during COVID-19, a social media campaign was published in seven languages. By helping to clear misconceptions of GP surgeries being unsafe or closed, residents were encouraged to return to GP surgeries to complete their vaccinations.

The Routes to Ambition (RtA) project provided education and employment support for young people who were disengaged, or at risk of exclusion, or facing major barriers to employment due to health and disability.⁶⁷

This relates to **Education and skills in ONS's 10 domains for wellbeing.** Under the project, the Work Related Learning Team offered learning programmes for young people who were at risk of becoming not in education, employment, or training (NEET). RtA coaches were attentive to the young people's needs, which was reflected in the range of support provided, including confidence-building exercises and guidance on routes to the young person's dream career.⁶⁸

Coventry & Warwickshire Road Map to Better Mental Health



An RtA coach noticed a young person's talents in sport and music, brought him to a live production at Belgrade Theatre, and arranged for him to meet with the show's directors and actors. This gave the young person the confidence to be open about his dreams of working in the music scene and to share with staff and peers the music he had made. He later reflected, 'I'm glad I got to go and see the show at the theatre with the RtA coaches because I have never seen a show like that before and would love to do more stuff like that in the future. I have lived through a lot of shady (bad) things in my past, but if you keep looking back, then you won't see what is in front of you.'

For a seamless transition from education into employment, RtA has referral routes into Ambition Coventry, a project where 20 organisations collaborate to support marginalised young people⁶⁹ with further education, employment training and opportunities, vocational qualifications, and paid placements.⁷⁰

An increase in staffing and accommodation resources brought about significant changes for people who are homeless.⁷¹ This relates to *Where we live* in ONS's 10 domains for wellbeing. The Homeless Team expanded to become the Housing and Homelessness Team. In particular, funding from the Ministry of Housing increased the Council's capacity to work with street homeless people, expanding from five hours of outreach per week to having nine full-time members of staff. The increase in staffing has enabled the team to build relationships with more partners. The Homelessness Forum now has over 50 members, with representation from charities and specialist service providers. The Housing and Homelessness Team reflects that they now 'have better understanding of who is street homeless and the issues they are facing. We can also quickly pick up when new people are on the streets.' The procurement of alternative temporary accommodation options, such as self-contained flats designed for family living, led to the elimination of bed and breakfast usage for homeless families in September 2019.

Public Health led on the commissioning of the Housing First project and embedded a housing-led approach to tackle homelessness. As part of the COVID-19 response, over 180 individuals have been accommodated. Users were given time to emotionally adjust to being in accommodation – in 'a space they feel in control of' – and to build trust with services. All accommodated individuals have since drawn up bespoke move-on plans, detailing available housing options that would best meet their longer term need so they did not return to the streets. 'It is difficult to engage people on the street. When they were given a space, we saw people who we did not think would change their behaviours, suddenly start looking after themselves,' reflected the Housing and Homelessness Team. After they were accommodated, services were able to deliver the necessary drug and alcohol support and Hepatitis C treatment. Between May and July 2020, more than 20 recovering drug users commenced Hepatitis C treatments, putting Coventry on track to eliminating the disease among drug users accessing addiction support by 2021.

The Coventry and Warwickshire Health and Care Partnership (HCP) has led on our COVID-19 mental health responses. Through collaboration between the statutory and voluntary and community sector partners a 'Working Together Partnership' was formed prior to COVID-19 to support and engage mental health organisations to develop and improve commissioning, communications, and pathways. This relates to *Health and Personal wellbeing* in ONS's 10 domains for wellbeing. The Working Together Partnership also enabled organisations to collaboratively bid for funding and access training opportunities. The graphic on page 18 illustrates the HCP's journey to improve mental health and emotional wellbeing for our population which received national attention. Partnership members were asked to present on their approach to mental health and wellbeing at two national events. As part of the response to COVID-19, the Partnership has developed and provided virtual training on suicide awareness to help services to identify at risk populations. Mental health resource packs were produced and distributed to partners and residents, as well as a bereavement pack which was developed to provide people with help, ranging from emotional to financial support.

Volunteering opportunities in nature have helped to improve the wellbeing of people with mental ill health.⁷² This relates to *Health and Personal wellbeing* in ONS's ten domains for wellbeing. What Works Centre for Wellbeing cites existing evidence that doing outdoor activities 'can make us feel happier, and more satisfied with life, or less anxious and depressed.'⁷³ The Council collaborated with Warwickshire Wildlife Trust, and Coventry MIND, a mental health charity, to deliver a project called The Environment and Me. For the third year running, the project offered Coventry residents with mental ill health the opportunity to socialise while making a visually-evident, positive impact on the environment. Together, they worked across allotments, nature reserves, parks, rivers, and woodlands, to create new wildlife ponds and meadows, plant trees, install otter holts, and grow organic fruits and vegetables. The project has engaged over 600 people, working closely with 200, including individuals who are suicidal. Some participants in the project successfully minimised hospital admissions, or progressed back into employment and education, while some branched into other social and volunteering activities. The project received the Countryside Management Association (CMA) Award. [Learn more about the project.](#)

The City Council developed alternative solutions to improving air quality, protecting the economic and social interests of people living in relatively deprived areas of Coventry.⁷⁴ This relates to *Environment* in ONS's 10 domains for wellbeing. In 2017, it was forecasted that Coventry would be non-compliant with Nitrogen Dioxide (NO₂) levels in



the future. The Government advised on introducing a Clean Air Zone (CAZ), where more polluting vehicles would be charged for entering a large part of the city.⁷⁵ Noting that the charging zone would have mainly affected residents living in deprived areas, such as people who could not afford a new electric vehicle or the daily zone charges, the Council rejected the CAZ, consulted widely, and submitted alternatives to achieve compliance with legal limits for NO₂ in the shortest possible time. The new Local Air Quality Action Plan was approved in February 2020, with a focus on improving the city's infrastructure, encouraging behaviour change, and making cleaner vehicles more accessible. Infrastructure changes include building the city's first segregated, two-way cycle route along Coundon Road; remodelling junctions to change the flow of traffic; and introducing a Dynamic Traffic Management system to monitor air pollution in real-time and redirect traffic to another route when pollution levels are high. Under COVID-19, the Council has secured Government funding to reallocate road space in some parts of the city to pedestrians and cyclists.

Quadrant: Our health, behaviours and lifestyle

As individuals, we understand that having a healthy lifestyle will improve our wellbeing. However, some may find that they face more barriers than others when it comes to adopting healthy behaviours. It is our role as organisations and as a system to help minimise these barriers.

Coventry and Warwickshire designated 2019 as the Year of Wellbeing, resulting in a campaign to raise awareness for wellbeing; activities ranged from encouraging employers to promote workforce wellbeing, to empowering residents to share their experiences in overcoming mental and physical adversities.⁷⁶

The Year of Wellbeing led to an increase in the number of organisations across Coventry and Warwickshire assessing and improving their staff wellbeing offers. This relates to Personal wellbeing and What we do in ONS's 10 domains for wellbeing. The Year of Wellbeing campaign found that 'there was a high level of interest in workplace-driven wellbeing offers, with many staff feeling this



should be a focus for organisations to improve performance, retention, and staff satisfaction.⁷⁷ Considering 19% of the working age population of Coventry and Warwickshire worked in the public sector,⁷⁸ this was judged to be a measurable starting point for awareness-raising and introducing cultural and behavioural change.

In 2019, Coventry City Council joined dozens of Coventry and Warwickshire organisations in adopting the Thrive At Work scheme, a workplace commitment with criteria and guidelines on creating a workplace that promoted employee health and wellbeing, through organisational enablers such as line manager support, attendance management, policies and procedures.⁷⁹ Before and during lockdown, Warwickshire County Council and Coventry City Council respectively carried out surveys to better understand the workforces' needs and their priorities around health and work, informing the City Council's wellbeing offer. The Council also started to provide Mental Health First Aid training in 2019 to help managers to spot signs of poor mental wellbeing amongst colleagues and to signpost them to appropriate support.

The Year of Wellbeing campaign evidenced effective awareness-raising for wellbeing. This relates to Personal wellbeing and What we do in ONS's 10 domains for wellbeing. The campaign reframed public health messages, putting the inspirational voices and stories of real people at the heart of its communications. Seventy three residents were empowered to share their wellbeing stories on BBC radio, in meetings, and on social media. Feedback suggested that people responded well to real life stories and could connect with them.⁸⁰ Amongst many examples, trustees and senior leaders in South Warwickshire NHS Foundation Trust (SWFT) acted as independent advocates for the campaign by talking about their personal wellbeing pledges on camera on the first day of the year, setting an example for colleagues across the system. When the Council wanted to raise awareness of the 'One Coventry' way of working, a similar approach of filming senior leaders was adopted.

The city hosted events to promote sports and wellbeing.⁸¹ The city was UK European City of Sport during 2019, holding over 180 events around the



city. Summer saw Coventry host Europe's largest corporate multi-sports festival. The four-day event had over 3,000 people participate in 23 sports. Summer 2019 also saw the annual event, Sports Fest, getting over 14,000 people active for free in 10 days, along with 21 Vodafone Gigafast Broadband Community Festivals around the city. Sport and wellbeing activities were hosted in the Go CV Sports Zone at Godiva Festival, getting a further 7,000 active.

Amongst many other sport and wellbeing events, the sport sector collaborated with Free Radio's Cash for Kids charity where £36,000 was raised to help disadvantaged children in the city get moving. Coventry Smashes Sport Week was hosted in January 2020, focused on taking physical activity with wellbeing messaging around the city for free, also celebrating the end of Coventry's Year of Sport. There was also investment via Sport England as a priority place to develop work in our local communities.



Cash for Kids

Coventry will be hosting the 2021 Rugby League World Cup, rugby 7s, judo and wrestling for the Birmingham 2022 Commonwealth Games and will be host city for the International Children's Games in 2022. The Festival of Wellbeing was hosted in Coventry City Centre in 2019. There were organisations for physical and mental health, arts, and food, forming 30 stalls to promote wellbeing.

There was investment in new sports and leisure facilities in the city. A discount scheme and card were set up to ensure residents, especially families on low incomes, could enjoy the city's attractions.⁸² The was over £100m of investment in new sports and leisure facilities in Coventry, including new facilities at The Alan Higgs Centre, an established leisure centre, along with The Wave, a new waterpark and fitness destination. The Wave is designed as one of the most accessible water parks in the UK. The Go CV scheme was set up to offer discounts to Coventry residents for the city's arts and sports venues (currently over 45,000 people registered). with additional discounts for families with low income and qualifying benefits, helping to remove some of the financial barriers of taking part in sports and cultural activities. New partners are always joining the Go CV scheme, bringing offers from discounted tickets to The Wave waterpark and fitness memberships, to free tennis and tickets to see professional Champion of Champions snooker matches.



The Foleshill Partnership Group set an example of partnership working in delivering a healthy lifestyles programme to local families. The successful summer programme in Edgwick Park led to increased usage and a reduction of anti-social behaviour in the area.⁸³ This relates to **What we do** and **Where we live** in ONS's 10 domains for wellbeing. To bring the local community together and to encourage lifestyle improvements in physical activity and healthy eating, 10 local communities collaborated to form the Foleshill Partnership Group. The group met regularly to review and plan future delivery, allowing for better alignment of, and referrals to, timetabling, projects and funding opportunities. Together, they delivered a programme of summer activities at Edgwick Primary School and Edgwick Park. Having the school as a base helped to build confidence amongst parents about the programme as the school was a trusted organisation in the community. Edgwick Park had been known as an area that struggled with anti-social behaviour; hosting activities in the park helped to increase park usage by residents, subsequently reducing police reports in the area. The summer 'Sport in the Park' programme was attended by over 200 children. Throughout the summer, 14 families became regular attendees. To ensure sustainability, the partners created a delivery calendar for 2020. The success of this group was recognised as it was named winner of Partnership award at the 2020 Coventry Health and Wellbeing Awards.

The City of Culture Trust built engagement across the city through targeted programming and geographically dispersed consultations, workshops and other events.⁸⁴ This relates to **What we do** in ONS's 10 domains for wellbeing. 46,000 attended cultural events in the city in 2019. In response to the 2018 Coventry Household Survey finding that 2% of Upper Foleshill residents participated in publicly invested cultural events (compared to 77% in Earlsdon), the Trust undertook a programme of targeted work in Upper Foleshill to encourage cultural engagement and participation. The next phase of development for the Trust is to address other neighbourhoods with historical and current low levels of engagement, such as Binley, Willenhall, Canley, Longford, and Wood End, Henley and Manor Farm (WEHM).



Bridge by Imagineer Productions,
photo: Tara Rutledge

QUADRANT: Integration of actions from the community, public sector, and voluntary sector

When the health system and the care system are well aligned, there will be fewer gaps in the support provided to vulnerable individuals, improving their chances of living healthier for longer.⁸⁵ A tighter partnership between service commissioners (e.g. the Council and Clinical Commissioning Groups) and service providers (e.g. GPs and mental health services) can improve residents' wellbeing by providing services of better quality.

Intelligence sharing across agencies has led to improved identification, management and contact tracing for tuberculosis (TB).

⁸⁶

This relates to **Health** in ONS's 10 domains for wellbeing. Coventry has a large ongoing TB outbreak amongst its homeless, substance misusing and sex worker populations, many of whom are street homeless or 'sofa surfing' in overcrowded accommodation, providing optimum environments for the onward transmission of the disease. This group is typified by poor treatment adherence leading to risk of treatment failure, relapse, incomplete

contact notifications, persistent infectiousness, drug resistance and a much higher risk of TB-related death. The TB Multi-disciplinary Team was set up in 2019 with representation from the TB Team, voluntary sector organisations working with the cohort, the Police, Public Health England, the Council's Housing and Homelessness Team and the Drug and Alcohol Service. Through information sharing and holistic care planning, the team accelerated city-wide response when a TB patient was identified, better enabling patients to commence and complete treatment, reducing the transmission of TB in the city. This experience of TB contact tracing is being used to inform how we test, trace and manage outbreaks of COVID-19 in our homeless population, including effective data sharing and referral pathways.

GPs were encouraged to share best practices to help increase uptake of vaccinations.

⁸⁷

This relates to **Health** in ONS's 10 domains for wellbeing. Coventry and Warwickshire convened an Immunisations Task and Finish Group with stakeholders such as local Clinical Commissioning Groups, the child health and information systems, and Public Health England. Under the group, a review was undertaken to identify obstacles to good rates of vaccination. Following results from the review, GPs were able to identify best practices from each other and share their experiences.

A new procurement practice brought about system change for domestic abuse (DA) services.

⁸⁸

This relates to **Our relationships** in ONS's 10 domains for wellbeing. Following a **needs assessment** and a new **strategy**, consultation was carried out with service providers professional stakeholders, domestic abuse victims and members of the public. It was identified that there was scope for service providers to collaborate better and work more closely with operational staff in Police, social care, and housing services. The requirement for collaboration – as well as priorities from the strategy like improved data collection and better provision for previously under-represented groups of victims was written into the procurement process and supported with lengthier contracts of up to nine years to reduce the disruption associated with re-commissioning and encouraging providers to establish more robust long-term partnership

arrangements. Annual service improvement plans will be established to ensure providers adapt to changing local needs, good practice and technology throughout the contract.

The success of system change brought by procurement was evidenced during COVID-19 where providers worked with housing services to improve pathways into specialist accommodation. Domestic abuse services also joined other Public Health commissioned services to share their experiences during the pandemic, learn lessons and gain reassurance from each other that they were adopting safe practice.

Improved use of data has helped with early identification of pupils who might need additional support⁸⁹ This relates to **Our relationships** and **Health** in ONS's 10 domains for wellbeing. The Council's Family Health and Lifestyles Service adopted the Lancaster Model in 2019, where pupils complete a needs assessment on areas including emotional health and wellbeing, lifestyle choices, and relationships. Amongst other information, the needs assessment data identified pupils with safeguarding concerns, mental ill health, and anxiety issues, enabling schools and services to intervene at an earlier stage.

Under COVID-19, NHS England identified some Coventry residents as Extremely Vulnerable Persons (EVP) who were eligible for protection under Operation Shield. The scheme offered the delivery of food parcels, medicines, and social contact calls to EVP who did not have a support network. However, some residents who local health and care partners believed to be at risk, were not on the Shielded list. In response, the Council pooled data with University Hospitals Coventry & Warwickshire (UHCW) and Sowe Valley primary care network to complement the list from Operation Shield. This provided a more holistic picture of different levels of vulnerability and risk within Coventry's communities, as illustrated in the diagram below. It also identified gaps in provision, allowing community services to better mobilise support for residents.

Putting the voice of the user at the heart of service design has enabled more fit-for-purpose delivery and helped to build trust between users and services. This relates to **Our relationships** in ONS's 10 domains for wellbeing. A person with lived experience of homelessness acted as a chair for the Homelessness Forum.⁹⁰ As mentioned earlier in the report, the Homeless Forum is attended by over 50 partners. It created a space for recognising assets in the city's infrastructure and

its specialist wraparound services and enabled a better understanding of gaps in provision from the perspectives of users and providers. Through the forum, the Council was able to work with providers to enhance the offer at winter night shelters, adding extra resources where it was most needed.

A similar approach was taken for parent's mental health.⁹¹ A Co-production and Communications work stream aims to promote and raise awareness of the initiatives undertaken to help reframe the narrative surrounding mental health and support parents as they enter parenthood. The group leads across Coventry and Warwickshire in the planning and co-ordination of co-production and participation for Parent Infant Mental Health and Wellbeing (PIMHW). A parent representative sat on the strategic board and at the working group, ensuring parents voices influenced the system at all levels. Parents worked alongside the Council to organise a conference around parent infant mental health in February 2020. Case studies of parents' experiences were discussed, and parents and professionals worked collaboratively to explore ways to improve parent infant mental health services in Coventry and Warwickshire. Feedback and input from parents have helped to further the Co-production and Communications work stream and shaped future actions for parent infant mental health.

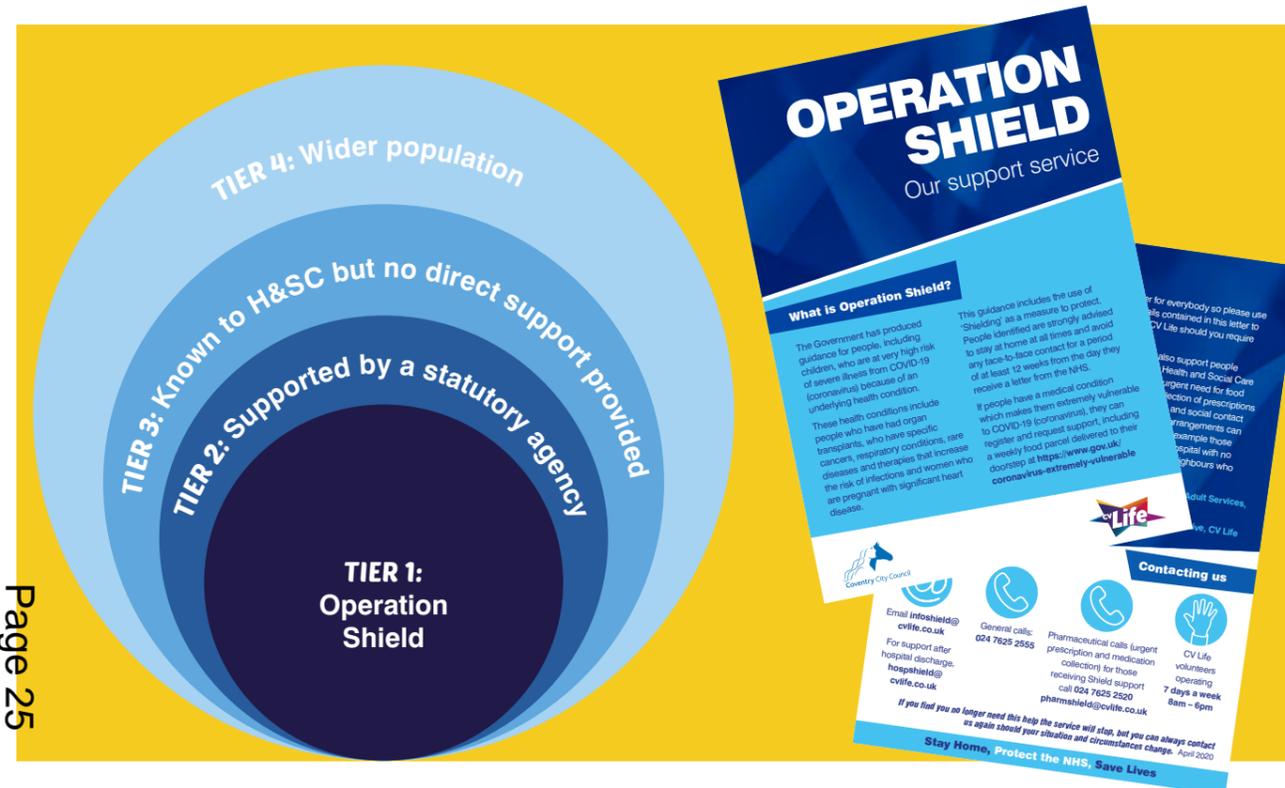
QUADRANT: The places and communities we live in and with

Populations in different neighbourhoods will have different needs, as evidenced by the Council's Place-based Joint Strategic Needs profiles. Often, local communities may already have efforts in place to address them; these are known as assets. Taking these needs and assets into consideration, each area will require bespoke actions to improve its population's wellbeing. Understanding the population at a neighbourhood level, also known as taking a place-based approach, is the first step. Joint decision-making initiatives that involve meaningful participation from local communities can increase wellbeing.⁹²

Local Joint Strategic Needs Assessments (JSNA) by neighbourhood, enabled residents, local organisations, and health and care leaders to have a better understanding of each area's

needs and assets, informing their decision-making. This relates to all domains in ONS's 10 domains for wellbeing. The JSNA's traditional role is to provide leaders with an understanding of the local health and care status to inform their decision making. In addition to the statutory requirement of producing a **citywide JSNA**, eight accompanying **place-based (neighbourhood level) JSNAs** were in production between 2018 and 2020. Moving away from mainly reporting on statistics, qualitative findings from workshops held across the city helped to inform each neighbourhoods' profiles. Over 200 residents and 70 local organisations took part in the workshops. It was fed back that, while the evidence provided by residents and local organisations provided richer insight for health and care leaders, the accessible statistics also benefitted schools and communities with their planning delivery. There was appetite for similar reports, with keen anticipation for the remaining three place-based JSNAs.⁹³

New methods of community engagement were trialled last year, with positive results.⁹⁴ This relates to **Governance** in ONS's 10 domains for wellbeing. Using a new online engagement platform, Let's Talk Coventry, the Council carried out three pieces of consultation on housing and homelessness in 2019. The consultations brought renewed focus on increasing residents' understanding of the issues and increasing the avenues for feedback. A mixture of traditional method of surveys and face-to-face meetings with those affected were used. The consultations also used case studies to inform the public of the current system and to visualise the impact of potential future changes. The Homefinder policy review had almost five times more responses online compared to the year before, highlighting the effectiveness of the new online platform to reach wider audiences; discussion of this sensitive topic was constructive; and the press featured this engagement exercise positively.



There were also lessons to be learnt from Grapevine's, a local charity, creative engagement methods.⁹⁵ Their youth group, Coventry Youth Activists, worked with Imagineer Productions and Open Theatre to set up an outdoor engagement space with a sofa and plants in Broadgate, creating a living room to simulate the experiences of young disabled people who were less able to leave the house, as part of a campaign to raise awareness about isolation for young disabled people. They also led a walk and talk through the city centre for over 80 individuals, to bring together people working in services and people who want to make change in their lives and in their communities.

During COVID-19, an innovative approach to the Engagement for Test and Trace work was established,⁹⁶ where local community leaders (people who were well connected and a trusted voice in the community) worked with the Council to get messages out to communities and to feedback valuable community information and intelligence. This approach will be used as a framework for further work by the engagement service.

Eight family hubs across Coventry continue to form a core part of community and early help support.⁹⁷ This relates to **Where we live** in ONS's 10 domains for wellbeing. Established two years ago, family hubs are centres where children, young people, and families can visit when seeking support. Family hubs offer a space for providers to drop in and bring services to the community. The family hubs moved to a virtual delivery model in March 2020 due to lockdown.

Regular place-based stakeholder meetings brought together organisations to improve their neighbourhoods.⁹⁸ This relates to **Where we live** in ONS's 10 domains for wellbeing. Coordinated by the Council, organisations with an interest in certain wards met to share local knowledge, promote their services, and to discover ways of collaboration. Areas with such meetings include Foleshill, Hillfields, Spon End, Canley, and Willenhall.

During lockdown, these groups stepped up to help with the city's COVID-19 response. The Foleshill group, for example, grew in membership, creating

a virtual meeting place for Councillors, the City of Culture Trust, the Police, religious groups, the food bank, and charities such as Sky Blues, Carriers of Hope, GoodGym, and Feeding Coventry.

Additionally, across the rest of the city many community groups sprang up to help as part of the COVID-19 response, including mutual aid group and WhatsApp groups – these were supported and co-ordinated by the Council's Community Resilience team and additional Council staff who were deployed.

A thriving community food network, which encompassed all the food banks and grub hubs of the city, was formed during COVID-19. The Council enabled the growth of this network and supported them to become sustainable. The food banks and grub hubs each have their roots in their place-based communities, whilst working together to provide support across the city. The pandemic has highlighted the need for a more sustainable approach to providing access to food for vulnerable groups of the population. As a result, the Coventry Food Network has been established. The Network incorporates a range of partners including Feeding Coventry, the Community Centre Consortium, The



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CANLEY FOOD HUB

Pod, Groundwork and both Coventry and Warwick universities. It will build on the work already done, and will work to create a coordinated, city-wide sustainable Food Strategy and action plan that recognises the scale and breadth of the problem and seeks to address these.

Local organisations were invested in inspiring and enabling residents to make the changes they wanted to see. This relates to Governance in ONS's 10 domains for wellbeing. Speaking to local organisations, there was consensus that, in order to be sustainable, residents must be empowered to help themselves.⁹⁹ From 2019 to the present, the Collaboration Station project, led by Grapevine, a local charity, invited residents to raise issues that mattered to them relating to isolation and loneliness, and to start a movement to address it. As a result, 13 initiatives were established and designed by local people. An example of this is the creation of the Lads and Dads to engage men in community, culture, and music in support of men's health. They explored the way arts and culture could benefit mental health, especially for people of BAME background. The Council supported the group by signposting to mental health services. Grapevine noted that 'there's appetite for [making] local change, but there's also feelings of being disempowered – we want them to understand they have the right to make change, but not everybody comes to us thinking they can make change.' During COVID-19, Grapevine created the '**Changemaker University**' to upskill residents on storytelling, leadership, and tools for making change. These online training sessions brought together migrants, people with autism, people with mental ill health, and people who 'felt they were the regular kind of people.'

There were pockets of activities across the city to tackle social isolation for the elderly, migrant communities, and people with disabilities and learning disabilities. This relates to Our relationships and Where we live in ONS's 10 domains for wellbeing. Social isolation was identified as an 18-month priority for the Health and Wellbeing Board.¹⁰⁰ An executive group was formed to tackle the issue. Grapevine, a local charity, ran a workshop to identify how organisations could connect and seek opportunities to work together. Chatty cafés

were launched in Coventry in January 2020. The scheme allowed cafés to sign up for a small fee, set up a 'chat and natter' table, where residents could talk to each other to combat loneliness. A number of cafés joined the scheme and the feedback was positive. Chat Central, which is run by Voluntary Action Coventry, offers a telephone and drop-in service to bring the community together, to work on confidence building, and to offer support with life changes such as retirement and bereavement.

For the elderly, the Council worked with housing centre managers and residents to establish a number of 'friendship groups' within sheltered housing complexes.¹⁰¹ These groups helped residents to make friends, do light exercise together and go on trips.

For migrant communities, the Council arranged a befriending service with Coventry Muslim Forum to provide an opportunity for the city's Arabic-speaking women to connect with each other.¹⁰² Hosting a Christmas event at the library, the Council welcomed newly arrived families. In addition to providing a programme of children's activities, event attendees were consulted and linked to appropriate volunteering and training programmes, effectively maximising their skills and helping them settle into their new homes and communities.

Before COVID-19, Grapevine's Collaboration Station brought together people with a passion for music and going out to co-create ideas for accessible gigs.¹⁰³ They formed 'Fight For Your Right To Party' which was made up of local people with a range of disabilities and long-term health conditions. A local student offered DJ workshops and the group worked closely with JJ's nightclub staff team to co-create accessible nights: a silent disco with games consoles, outdoor seating and a place to talk, a doodle corner, better lighting and all the newly trained DJ's playing at their own gig. During lockdown these gigs moved online, providing a weekly socialising space for over 20 people.

As part of the COVID-19 response, vulnerable residents were identified through Operation Shield. For the residents who requested social contact calls, library staff volunteered to reach out to them. By mid-July, over 2,000 calls were made.

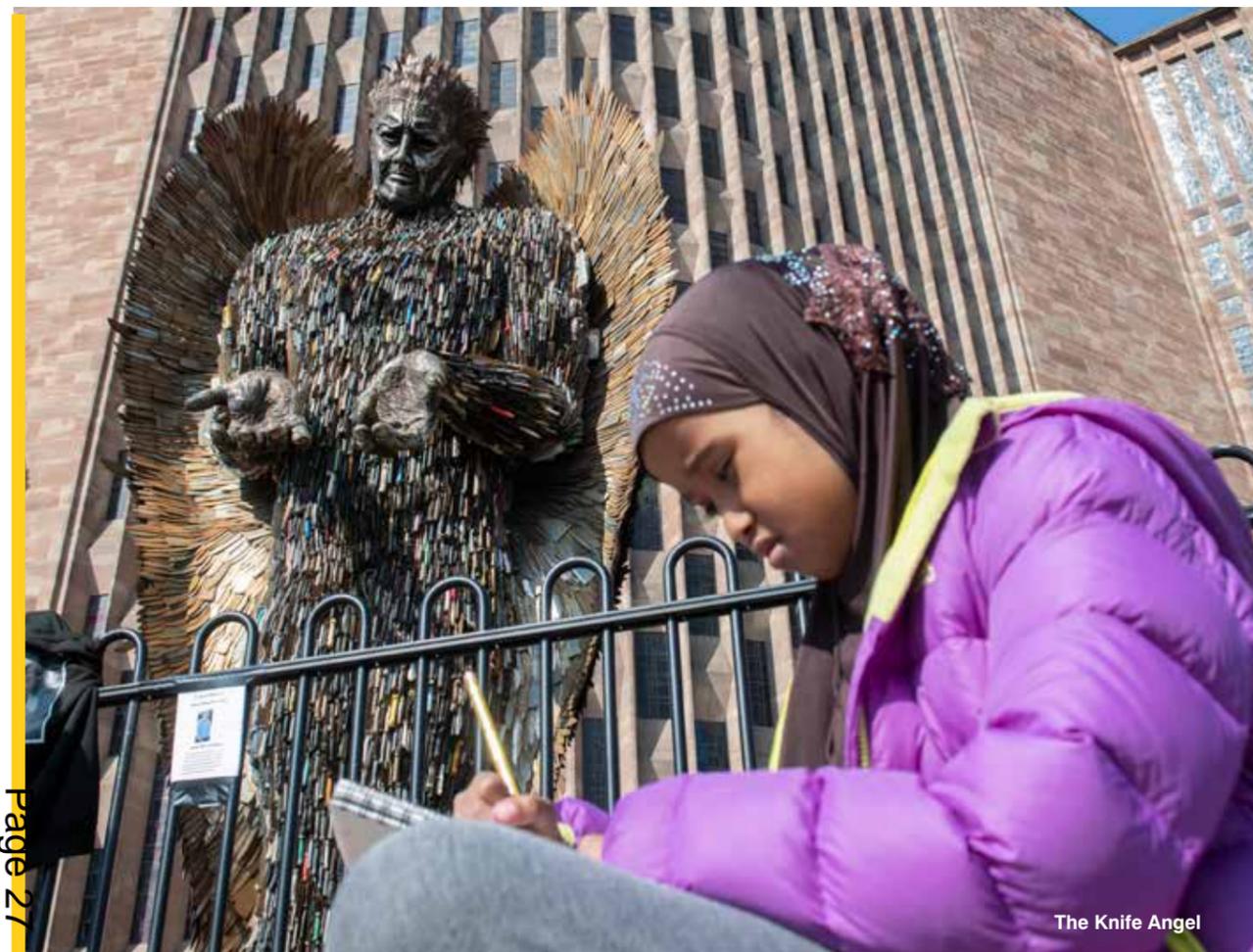
There were cultural and multi-faith events in Coventry to improve community cohesion. This relates to *Where we live* and *What we do* in ONS's 10 domains for wellbeing. Share My Language, a project by MiFriendly Cities, supported Rhymetimes in libraries.¹⁰⁴ These sessions for children brought together people from different backgrounds to share language and culture through rhymes and activities. Share My Language also partnered with university student volunteers at Offbeat to host an **Open Mic evening**. Performances from the community included Arabic rapping and songs in ancient Chinese and Kurdish.

The City of Culture Trust presented A Mile in my Shoes in June 2019 to 'highlight the city's activism, pioneering spirit and welcome.'¹⁰⁵

The interactive experience allowed 'visitors to walk a mile in someone else's shoes while listening to them tell their story.'¹⁰⁶ Furthermore, the Knife Angel,

an eight-metre sculpture made up of 100,000 confiscated knives dedicated to the victims of knife crime, was temporarily installed outside Coventry Cathedral in Spring 2019. The City of Culture Trust worked with local organisations to deliver a programme of activities around the Angel. The local community laid flowers and photos by the Angel to pay respects to the victims of knife crime. It was estimated that over 100,000 people visited the sculpture.¹⁰⁷

Under COVID-19, the Sacred Spaces initiative brought together faith leaders, emergency services, local organisations, and the West Midlands Combined Authority to produce a **video** for residents.¹⁰⁸ To show solidarity, faith leaders spoke about recent events and traditions that were significant to each other's faiths and urged residents to support their neighbours regardless of cultural or religious background.



The Knife Angel

Section 5 What can we, as organisations and as a system, do to improve our residents' wellbeing during COVID-19?



Based on findings from the projects and partnerships from last year and our early COVID-19 response, this section offers recommendations for the Council and partners to reset wellbeing in the city, minimise the harm of a global pandemic, and make use of the benefits we gained as part of our COVID-19 response.

18 individuals from partner organisations and across the Council joined a virtual meeting in early August 2020 to share their thoughts on the report's initial findings and recommendations. Their input has been invaluable in identifying the following as recommendations for this report.

WIDER DETERMINANTS OF HEALTH

FINDING

More partners in the system now have a better understanding of health inequalities and are willing to consider it in their work.

Health champions and the Migration app were effective in spreading health messages to BAME communities and new migrant groups. Early COVID-19 responses show success with collaboration with faith groups.

Employment inequality was addressed through specialist support for residents and influencing employers to improve recruitment practice.

RECOMMENDATION 1

COVID-19 has shone a light on inequalities within our communities. Coventry City Council and partners should continue to build on this increased awareness, and consider the findings from COVID-19-related research and surveys, to mitigate the health and wellbeing impact of inequalities in Coventry.

OUR HEALTH, BEHAVIOURS AND LIFESTYLE

FINDING

Effective methods of engagement and awareness raising were explored through the Year of Wellbeing campaign, JSNA workshops, our work with community messengers, and Grapevine's initiatives.

RECOMMENDATION 2

Coventry City Council's approach to public health communications and engagement should be guided by lessons learnt and new relationships formed, especially as we continue to live with, and through, COVID-19.

FINDING

Year of Wellbeing encouraged organisations to build workforce resilience.

RECOMMENDATION 3

Coventry City Council and partners should continue to encourage local employers, and lifestyle and wellbeing services, to commit to improving workplace wellbeing.

INTEGRATION OF ACTIONS FROM THE COMMUNITY, PUBLIC SECTOR, AND VOLUNTARY SECTOR

FINDING

Many aspects of Public Health work have become more integrated and effective through partnership working. The benefits from this approach were especially evident during COVID-19. This model has been adopted in areas such as:

- Domestic abuse services;
- Mental health services;
- Parenting and early help;
- Homelessness;
- Healthy lifestyles;
- Tuberculosis treatment; and
- Childhood and flu vaccination.

RECOMMENDATION 4

Building on existing health and wellbeing infrastructure, a collaborative partnership approach, which brings together residents' experience and partners' skills and assets, should be taken to strengthen health and wellbeing in communities.

THE PLACES AND COMMUNITIES WE LIVE IN AND WITH

FINDING

A place-based approach has enabled organisations to better tailor their support to local needs and share resources and intelligence more effectively. During COVID-19, place-based groups were significant forces in providing food relief and spreading public health messages.

New methods of consultation and engagement helped to empower residents to make informed decisions about their local area. Organisations also enabled residents to raise issues that mattered to them, and to start movements to address them.

Socially isolated individuals have been identified through Operation Shield and the vulnerable list. Before and during COVID-19, pockets of activities by local organisations and the Council have been successful in alleviating loneliness and building community cohesion.

RECOMMENDATION 5

Coventry City Council and partners should set up spaces and channels to meet with residents, with the aim of inspiring them to imagine the change they wish to see in their communities, and enabling residents to lead the change.

As part of the Reset and Recovery exercise, the Council has drawn up priorities for a system-wide response. Details are in the diagram below.

To minimise the harm brought by COVID-19 and to amplify the benefits gleaned from the city's response, it is important for organisations to work together with wellbeing at the heart of our decisions and actions. If you or your organisation would like to share ideas on working together to improve the wellbeing of Coventry residents, please contact CommunityResilience@coventry.gov.uk.

RESETTING OUR FOCUS - KEY PRIORITIES



ENABLING ACTIVITIES

- **JSNA** - understanding our communities and using emerging data relating to COVID and inequalities
- **Staff capacity**
- **Developing our PHM approach** to support COVID-19 response and recovery planning
- **Re-thinking our commissioning strategy** so that it is more flexible/responsive to emerging trends

Section 6 Progress on 2019 recommendations



This chapter outlines progress made on last year's report's recommendations. Preparing for, and responding to, COVID-19 has created a shift in priorities across the resources and capacity of the Council and our partners.

No	Recommendation	Action to date
1	Review and revise the Marmot Action Plan taking account of the findings in the evaluation and considering how a One Coventry approach can help to embed partnership working and promote ownership of initiatives throughout organisations and community groups, and how using a place-based strategy as set out by Public Health England can facilitate effective action through civic, service and community interventions	<p>Towards the end of the 2016-2019 action plan, work began with partners to identify the next steps for Coventry and the Marmot approach. The Marmot Partnership Group identified new priorities for the next three years, with input from partners and the report titled 'Coventry – A Marmot City Evaluation'. With the outbreak of COVID-19, Marmot partners used the One Coventry approach to identify more pressing areas of focus. Through the One Coventry approach, health inequalities are considered through all aspects of the Council's reset and recovery plans. The number of organisations in the Marmot Partnership Group also increased.</p> <p>To emphasise the One Coventry approach, indicators of social determinants and inequality are reported in the Council Plan and is seen as a mechanism for achieving health equity in all policies.</p>
2	Improve partnership-working with Place Directorate within Coventry City Council to ensure that public realm works and developments in the city take account of their potential impacts on health inequalities and use initiatives in a proactive way to reduce inequalities	<p>Taking the One Coventry approach, Marmot principles continue to be applied to Planning, Parks, Licensing and Transport, at a strategic level in policy and operationally in individual applications. Partnership working has supported the Public Realm work currently under construction to incorporate plans positively impacting on health inequalities (making the city centre accessible to all, providing pleasant walking routes, encouraging active travel).</p> <p>With the Planning policy 'Health Impact Assessment Supplementary Planning Document' adopted, developers are submitting evidence with applications for new developments showing consideration of health inequalities (in addition to other health impacts).</p>

No	Recommendation	Action to date
3	Utilise community asset-based approaches to improve health and wellbeing, maximising the legacy of City of Culture 2021	<p>Community groups are well established within areas of the city and work effectively with other stakeholders in projects such as offering substance misuse support to those seeking work or delivering services through the city's eight family hubs. The City of Culture is working with established community groups to develop local artistic and cultural projects. The COVID-19 pandemic has brought opportunities, with more community support groups being established and people becoming more involved in supporting vulnerable neighbours. Work is underway, particularly through the City of Culture Trust, to find ways to build on the strengths of these groups and ensure that they deliver a legacy in the health and wellbeing of their communities.</p>
4	Ensure there are strong links with the Skills Board and Local Enterprise Partnership to promote skills development to enable Coventry citizens to gain the necessary qualifications and skills to fill local jobs	<p>There is representation on the Marmot Partnership Board from Adult Education; the Coventry and Warwickshire LEP; Employment and Skills; and Education. In addition, Public Health attend the Skills Board and Work and Poverty Working Group. This has led to citywide projects from these areas being targeted at more deprived communities, therefore contributing towards reducing health inequalities.</p>
5	Recognise and respond to barriers and challenges which may prevent people in some groups from accessing and engaging in physical activities and healthy lifestyle choices	<p>The Coventry on the Move framework 2019-2024 was published in April 2019, drawing attention to the challenges and inequalities that residents face when trying to be more active. The Year of Wellbeing and Coventry City of Sport programme were key delivery elements of the framework which highlighted the success and demand for ongoing opportunities for residents to engage in physical activity.</p> <p>New leisure facilities were opened last year and the Go CV scheme has been launched and targeted at every resident. The scheme includes incentives and staggered membership rates to increase engagement. These programmes will continue to be developed and uptake monitored. Increasing the number of disabled residents taking part in sporting and cultural events in the city has also been established as a City Council equalities objective.</p>
6	Council and partners to embed an integrated early help offer which improves life chances for the more vulnerable families	<p>The Early Help Strategy was launched in July 2020, developed by partners including Children's services, Education colleagues, and Health colleagues to work together on ten key early help outcomes.</p> <p>Coventry's Early Help Partnership aims to reach children, young people and families when the need first emerges; and intervene when there will be the greatest impact. Several workshops were developed to create the baseline of how well the partnership was working and if it had been strengthened over time. Warwick University is completing an evaluation to understand the integration of services.</p>

No	Recommendation	Action to date
6	Continued	Family Hubs continue to facilitate multi-agency Family Matters Meeting, providing an opportunity for partners to discuss cases where there were unmet needs in the family, identifying concerns at an earlier stage and working with partners to support families. The Family Hub offer remains a core part of Coventry's early help partnership. Eight Family Hubs have been operating for two years and continue to bring a range of partners into their localities to deliver bespoke services for their respective neighbourhoods.
7	Evaluate the impact of the Year of Wellbeing and examine ways in which the Health and Wellbeing partnerships have raised the profile of health and wellbeing and maximise the legacy that can be achieved	<p>An evaluation of the impact of the Year of Wellbeing was carried out by Risk Solutions, with a focus on 'what worked' regarding awareness raising and participation levels. The campaign's immediate impact and its long-term impact were also examined. It was reflected that the campaign helped to raise awareness of wellbeing; encouraged changes to individuals' behaviours; enabled system-wide networking; and created the basis for better partnership working in the future.</p> <p>The Wellbeing for Life campaign, a follow up to the Year of Wellbeing campaign, was meant to commence in 2020. The Council's COVID-19 response shifted away some resources necessary for its promotion. The branding is still in use in some projects, such as the virtual Wellbeing Festival in September 2020.</p>
8	Maximise the opportunities available with the NHS as a key partner, through implementation of the NHS Plan around prevention and health inequalities and the Coventry and Warwickshire Health and Care partnership	The Council plays a leading role in the Population Health and Prevention programme of the Health and Care Partnership. The content of the draft Strategic Five Year Health and Care Plan was shaped and influenced by the P&P programme and there was a strong commitment to prevention and addressing health inequalities running through the Plan. The King's Fund population health framework has been adopted by the system as a whole and there has been considerable progress made in galvanising support for Population Health Management which is central to ensuring that we understand our population needs and variations in outcomes and target interventions where they will have the greatest impact. This will also start to drive a stronger focus by NHS partners on prevention and the wider determinants of health.
9	Mobilise the 2019-2023 Health and Wellbeing Strategy to ensure that the priorities are addressed utilising the population health framework to underpin change	The Health and Wellbeing Strategy was approved in October 2019. As part of the refresh, the Council has adopted the King's Fund model of population health management to enable system-wide changes to improve residents' health and wellbeing. Overall, as demonstrated in this report, the population health framework has become central to the Council's approach and has evidenced the benefits of this style of partnership working. Preparing for and responding to COVID-19 has prompted a reconsideration of the priorities identified in the Strategy. In the following months of recovery and reset, the framework still underpins the Council's course of action.

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Resetting Our Wellbeing

A reflection on Coventry's level of wellbeing in
2019/20 and our approach to improving it

Director of Public Health's Annual Report 2019-2020

Liz Gaulton

Director of Public Health and Wellbeing
Coventry City Council

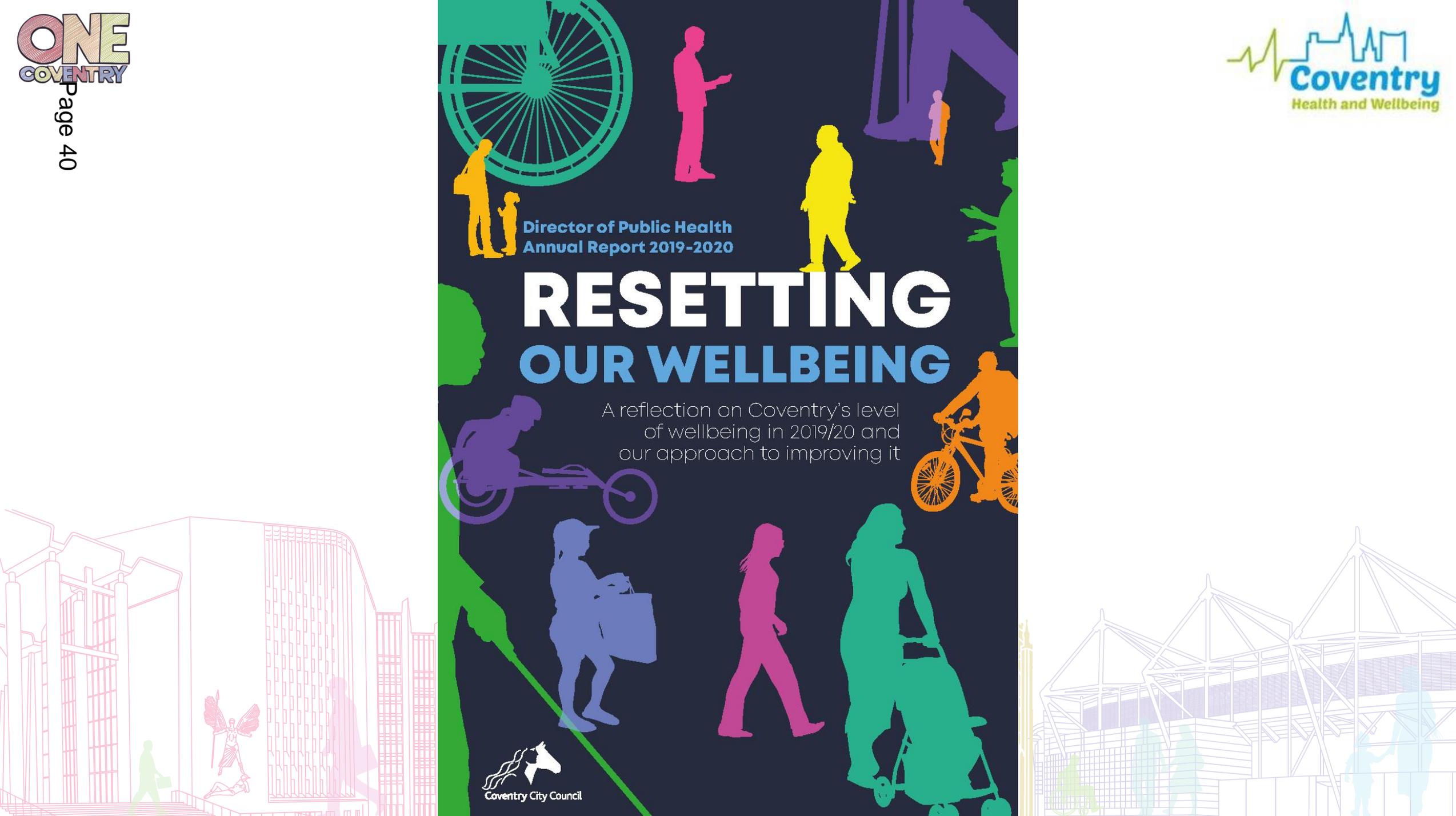
11 November 2020



Director of Public Health
Annual Report 2019-2020

RESETTING OUR WELLBEING

A reflection on Coventry's level
of wellbeing in 2019/20 and
our approach to improving it



Report outline



Record of Coventry's level of wellbeing in 2019/20

[Explore the data in Power BI](#)

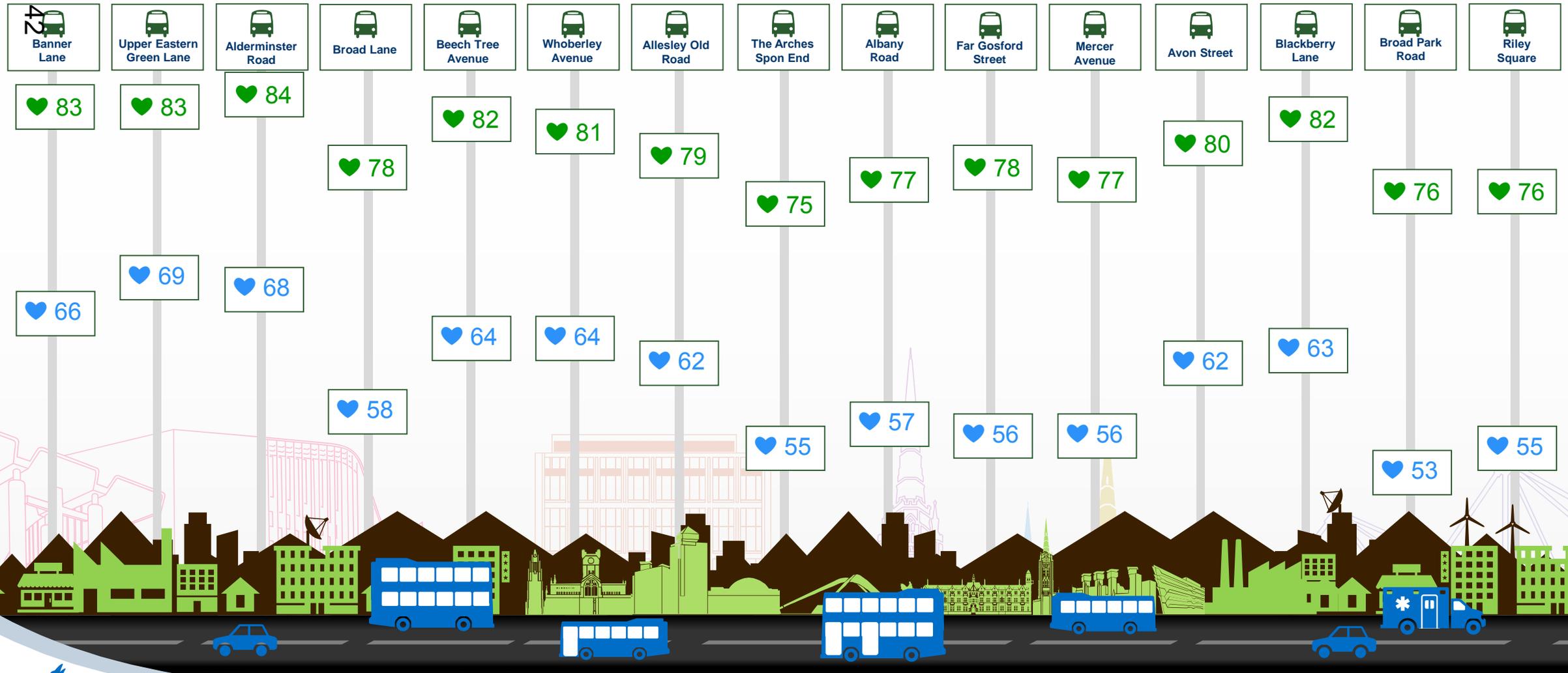
Reflection on Coventry's approach to improving wellbeing last year and in our early COVID-19 response

Life expectancy vs Healthy life expectancy at birth for Coventry residents 2009-2013

Coventry's former bus route 10 crosses the city's more affluent and more deprived neighbourhoods. It helps to illustrate the stark differences in life expectancy and healthy life expectancy across the city.

Updated 18 August 2020

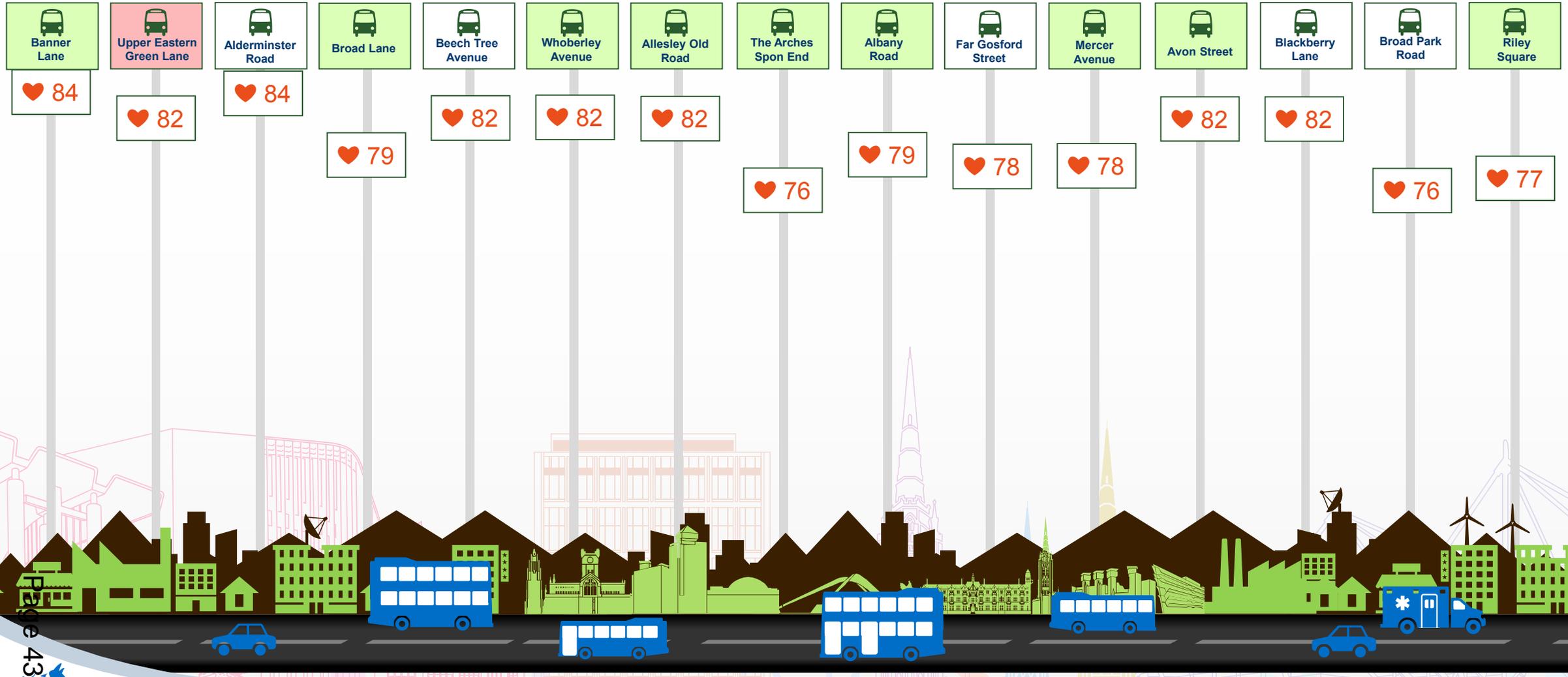
Page 42



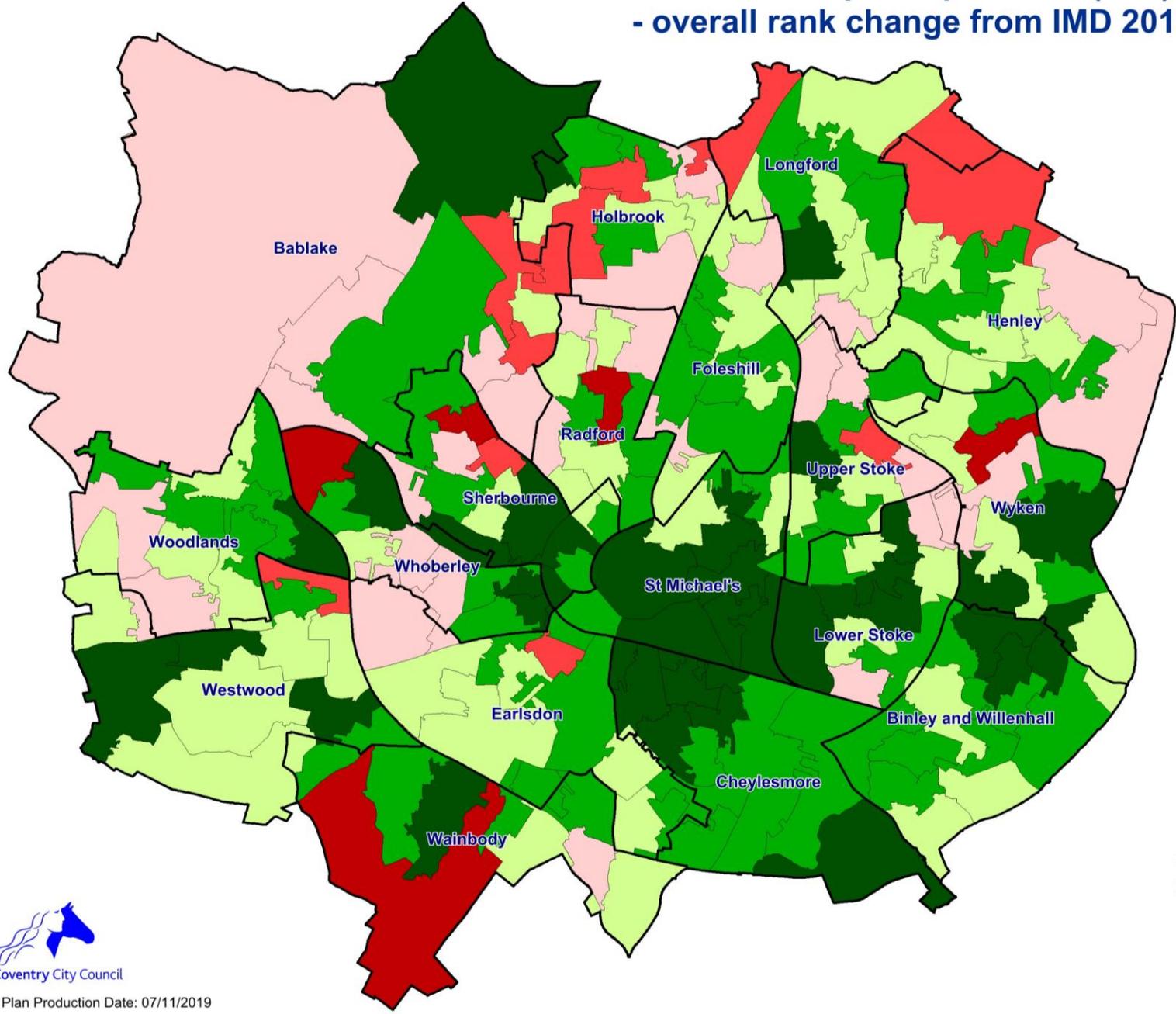
Life expectancy at birth for Coventry residents 2013-2017

Coventry's former bus route 10 crosses the city's more affluent and more deprived neighbourhoods. It helps to illustrate the stark differences in life expectancy and healthy life expectancy across the city.

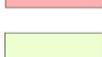
Updated 16 October 2020



Index of Multiple Deprivation (IMD) 2019 - overall rank change from IMD 2015



KEY

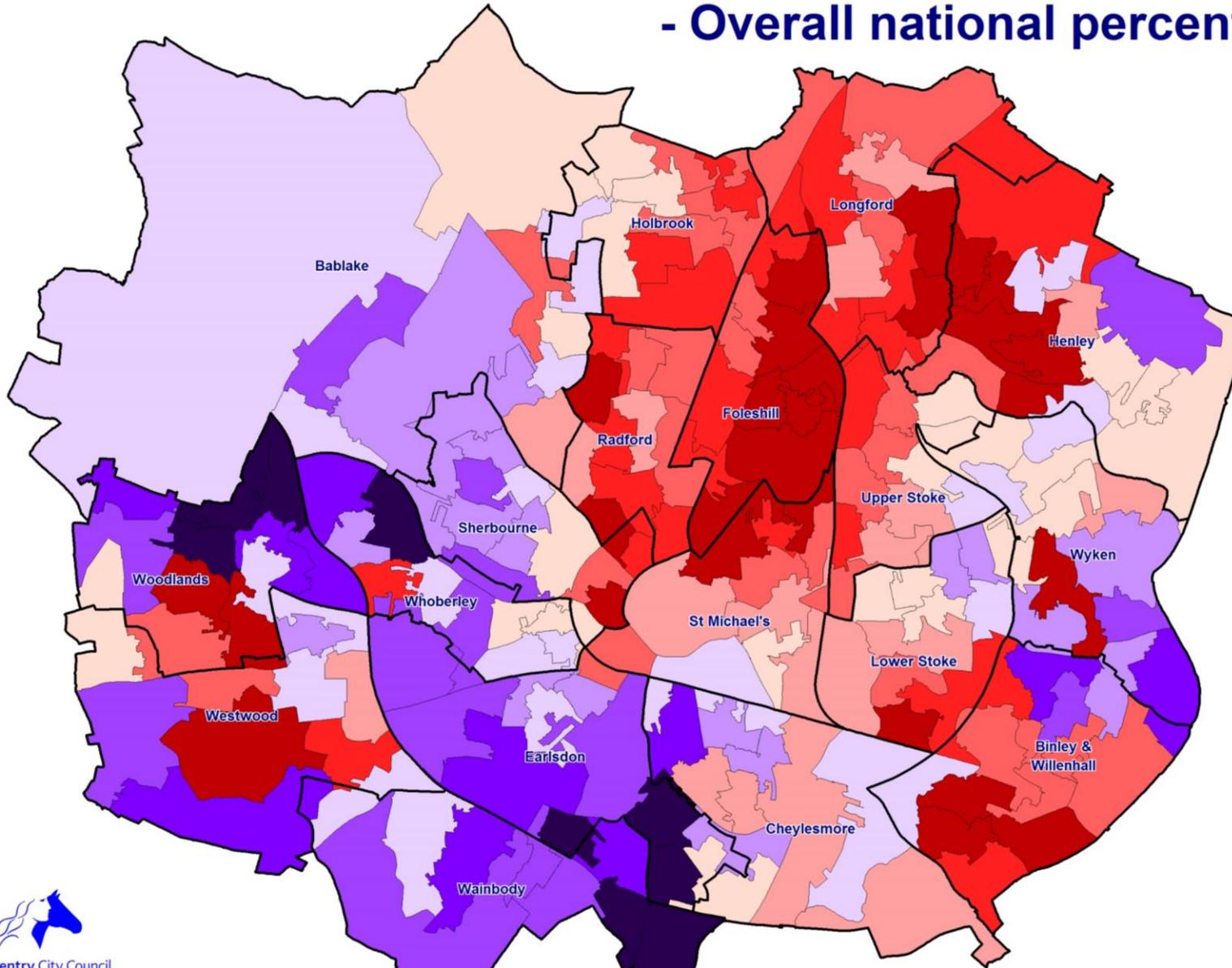
-  **Fallen by over 2,000 ranks**
(5 LSOAs)
-  **Fallen by between 1,000 and 2,000 ranks** (11 LSOAs)
-  **Fallen by between 0 and 1,000 ranks** (30 LSOAs)
-  **Risen by between 0 and 1,000 ranks** (35 LSOAs)
-  **Risen by between 1,000 and 2,000 ranks** (59 LSOAs)
-  **Risen by over 2,000 ranks** (35 LSOAs)

'Fallen' means that an LSOA has become relatively more deprived

'Risen' means that an LSOA has become relatively less deprived

INDEX OF MULTIPLE DEPRIVATION 2019

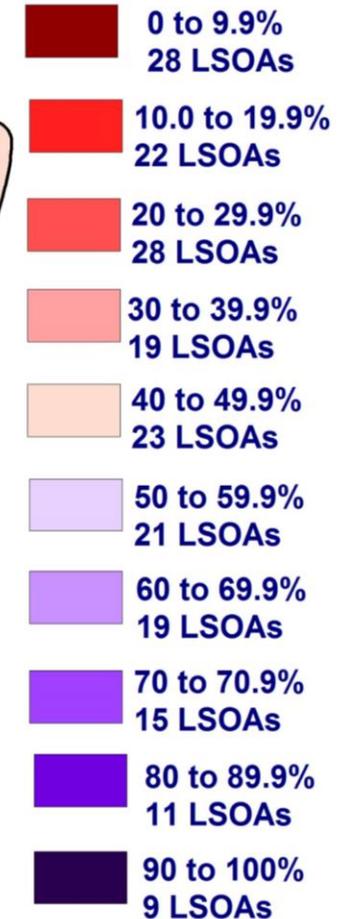
- Overall national percentage



Decile

Nationally LSOAs lie in:

Most deprived

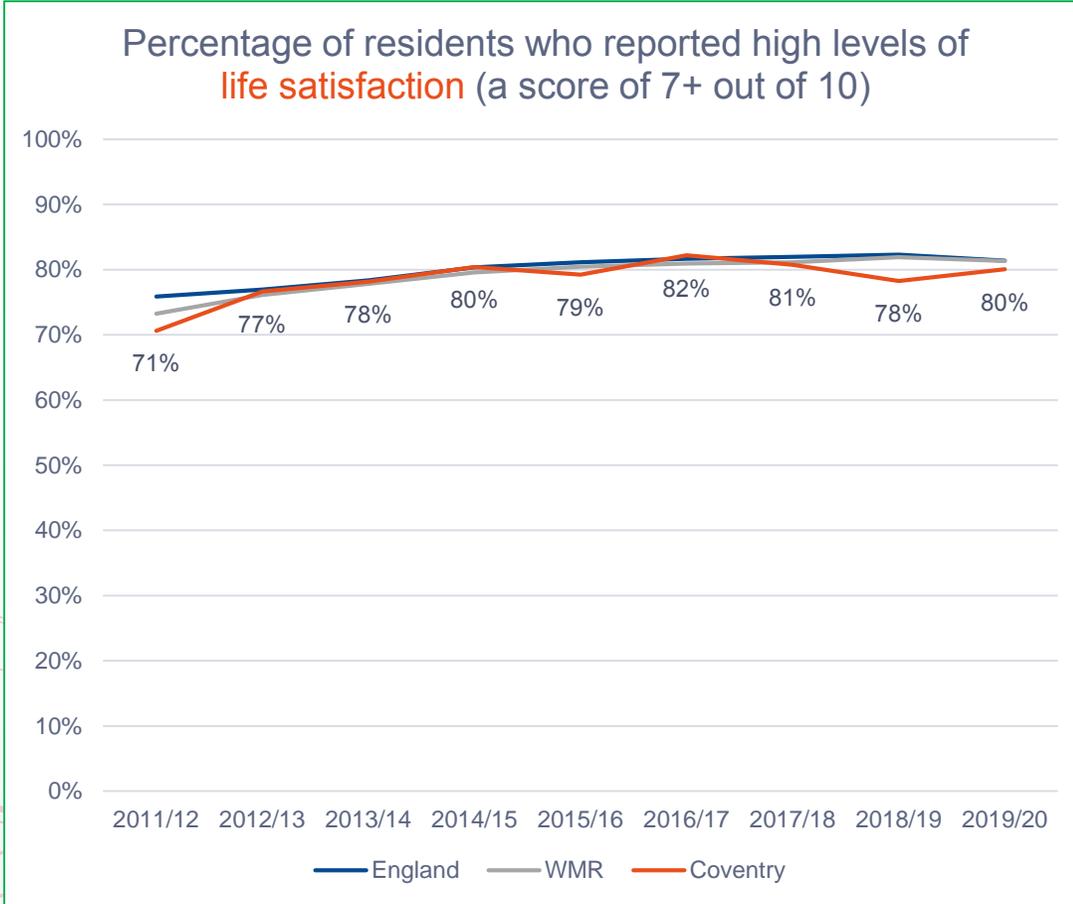


Least deprived

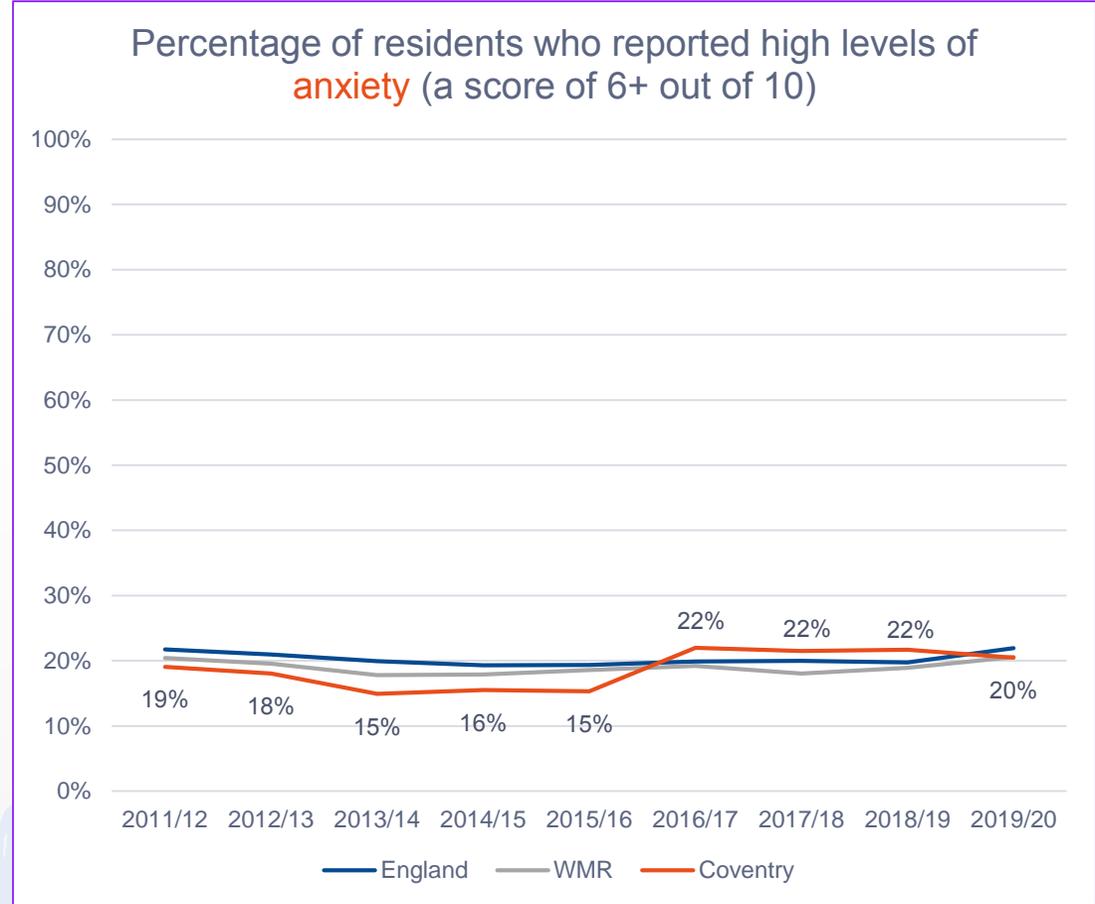
LSOAs 2011 (Lower-layer Super Output Areas); there are 195 LSOAs in Coventry with an average population of 1,900 residents - these can be thought of as 'local neighbourhoods'

Personal wellbeing estimates

‘Overall, how satisfied are you with your life nowadays?’



‘Overall, how anxious did you feel yesterday?’

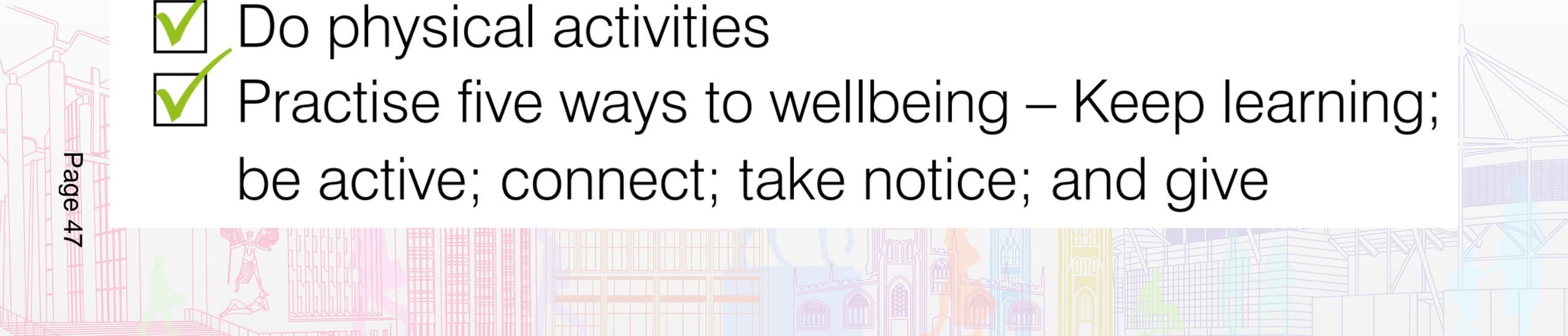


<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing>

Comparisons between areas must be done so with caution as these estimates are provided from a sample survey. Sampling variability should be taken into account when assessing differences between areas, as true differences may not exist.

What can we, as **individuals**, do to improve our wellbeing?

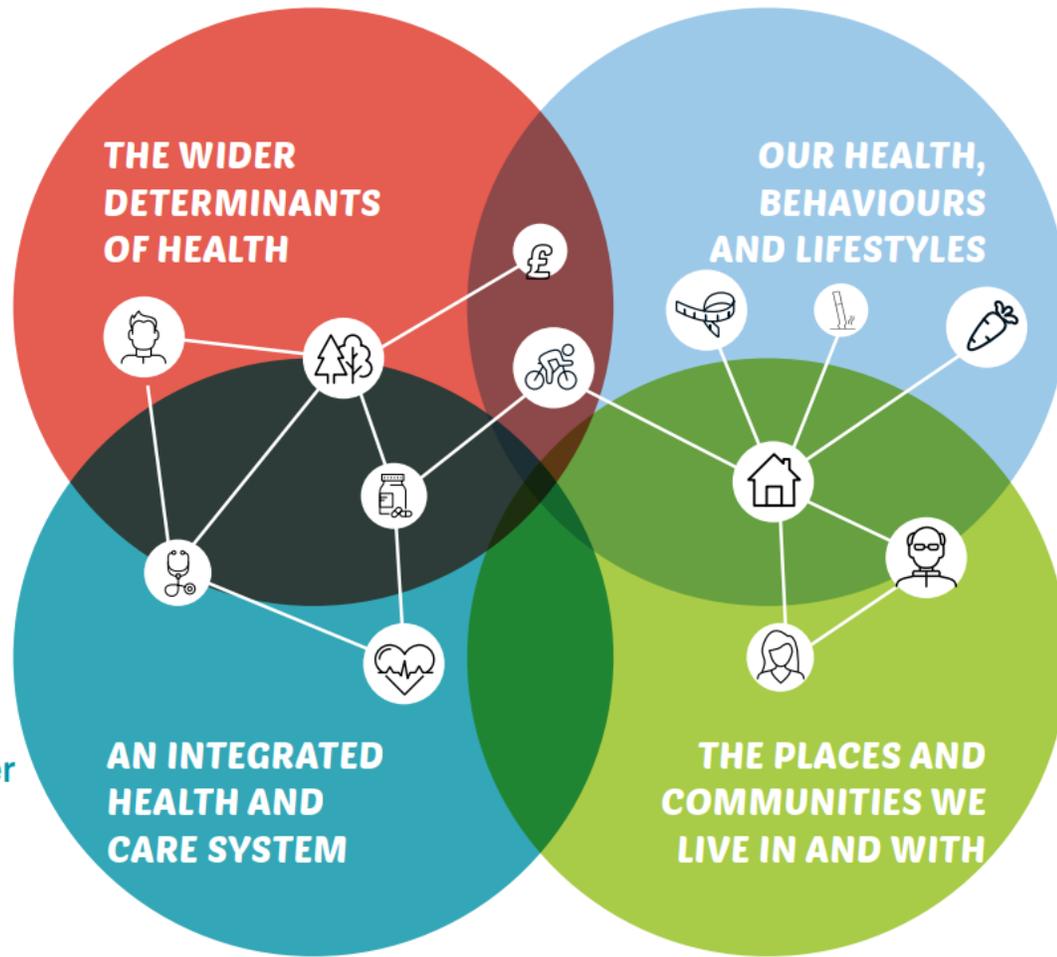
- Have vaccinations
- Have the flu vaccination
- Eat healthily
- Travel by walking or cycling
- Do physical activities
- Practise five ways to wellbeing – Keep learning; be active; connect; take notice; and give



What did we, as **organisations and a system**, learn about Coventry's approach to improving wellbeing?

OUR POPULATION HEALTH FRAMEWORK

Embedding the Marmot city approach by working in partnership to tackle health inequalities



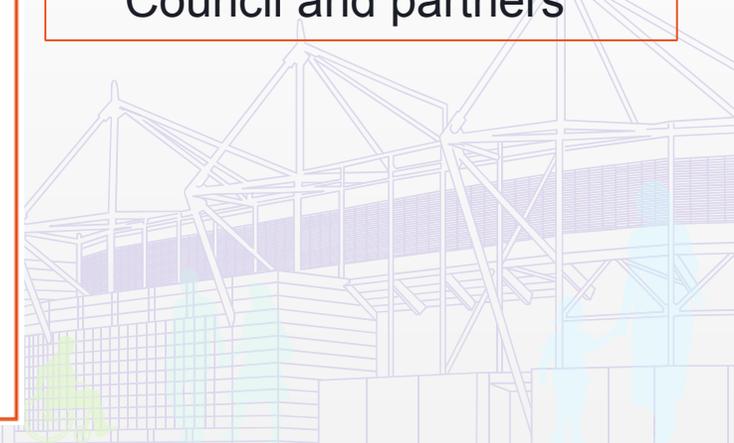
Health and social care commissioners and providers working together to commission and deliver services in Coventry

Aligning and coordinating the prevention programmes across the system to maximise impact and tackle barriers to healthy lifestyle choices

Working together in our places and with our communities to mobilise solutions informed by our understanding of local assets from place-based JSNAs

Informed by:

- **Interviews** with 20+ colleagues across teams and organisations
- **Performance reports and evaluations** from the Council and partners



What can we, as **organisations and a system**, do to improve our residents' wellbeing during COVID-19?

WIDER DETERMINANTS OF HEALTH

FINDING

More partners in the system now have a better understanding of health inequalities and are willing to consider it in their work

Health champions and the Migration app were effective in spreading health messages to BAME communities and new migrant groups. Early COVID responses show success with collaboration with faith groups

Page 49
Employment inequality was addressed through specialist support for residents and influencing employers to improve recruitment practice

RECOMMENDATION 1

COVID-19 has shone a light on inequalities within our communities. Coventry City Council and partners should continue to build on this increased awareness, and consider the findings from COVID-19-related research and surveys, to mitigate the health and wellbeing impact of inequalities in Coventry.

What can we, as **organisations and a system**, do to improve our residents' wellbeing during COVID-19?

OUR HEALTH, BEHAVIOURS AND LIFESTYLE

FINDING

Effective methods of engagement and awareness raising were explored through the Year of Wellbeing campaign, JSNA workshops, our work with community messengers, and Grapevine's initiatives

FINDING

Year of Wellbeing encouraged organisations to build workforce resilience

RECOMMENDATION 2

Coventry City Council's approach to public health communications and engagement should be guided by lessons learnt and new relationships formed, especially as we continue to live with, and through, COVID-19.

RECOMMENDATION 3

Coventry City Council and partners should continue to encourage local employers, and lifestyle and wellbeing services, to commit to improving workplace wellbeing.

What can we, as **organisations and a system**, do to improve our residents' wellbeing during COVID-19?

INTEGRATION OF ACTIONS FROM THE COMMUNITY, PUBLIC SECTOR, AND VOLUNTARY SECTOR

FINDING

Many aspects of Public Health work have become more integrated and effective through partnership working. The benefits from this approach were especially evident during COVID-19. This model has been adopted in areas such as:

- Domestic abuse services;
- Mental health services;
- Parenting and early help;
- Homelessness;
- Healthy lifestyles;
- Tuberculosis treatment; and
- Childhood and flu vaccination

RECOMMENDATION 4

Building on existing health and wellbeing infrastructure, a collaborative partnership approach, which brings together residents' experience and partners' skills and assets, should be taken to strengthen health and wellbeing in communities.

What can we, as **organisations and a system**, do to improve our residents' wellbeing during **COVID-19**?

THE PLACES AND COMMUNITIES WE LIVE IN AND WITH

FINDING

During COVID-19, place-based groups shared resources and intelligence to provide food relief and spread public health messages

New methods of consultation and engagement enabled residents to make informed decisions about their communities and start movements to address issues that mattered to them

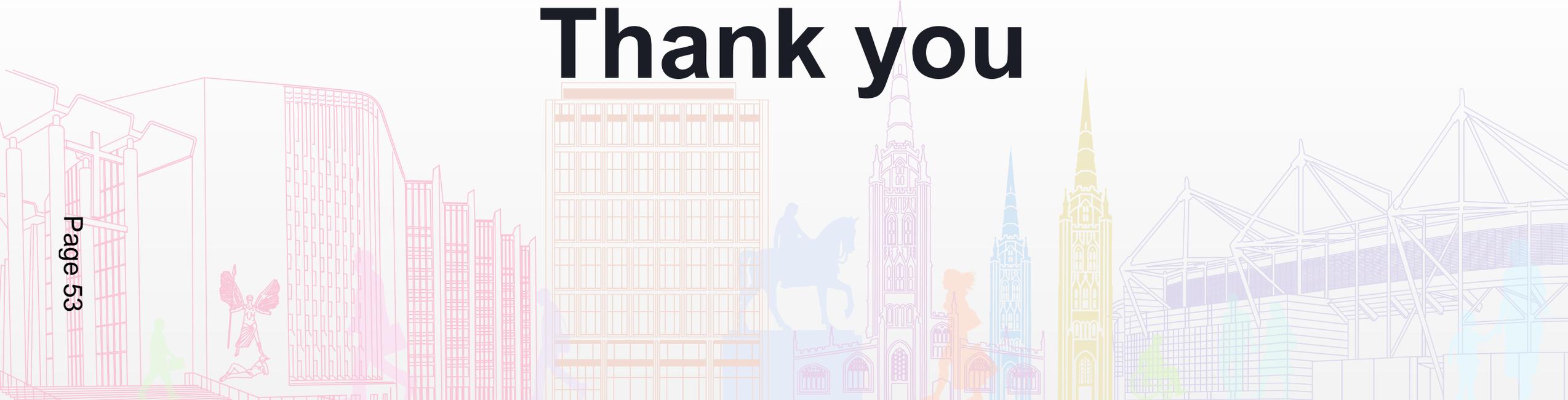
Before and during COVID-19, activities from local organisations and the Council helped to alleviate loneliness and build community cohesion. Operation Shield has further identified socially isolated individuals

RECOMMENDATION 5

Coventry City Council and partners should set up spaces and channels to meet with residents, with the aim of inspiring them to imagine the change they wish to see in their communities, and enabling residents to lead the change.



Thank you



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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board

Date: 11 November 2020

Subject: Coventry's response to obesity in light of national concerns around COVID-19

1 Purpose of the Note

1.1 This paper provides information on Coventry's response to obesity in light of national concerns around COVID-19. It covers why obesity is an important issue; the current local and national figures; factors affecting obesity; the national, regional and local direction; and current work to support the population of Coventry in achieving a healthy weight. The impact of COVID-19 restrictions and lockdown has the potential to increase population risk of obesity and we know that obesity increases the risk of adverse outcomes of COVID-19. The paper outlines the Coventry Health Challenge, which is targeting those at highest risk of adverse outcomes from COVID-19, and describes some of the work supporting healthy weight across the city with a focus on children and families.

2 Recommendations

2.1 Health and Social Care Scrutiny Board (5) is asked to:

- Note this paper's findings;
- Consider how all Scrutiny members and Cabinet members can identify and strengthen their portfolio contribution to reducing obesity in the city; and
- Support the Coventry Health Challenge and act as Member Champions within the council and wider community.

3 Background on obesity and health

- 3.1 Health outcomes – Living with obesity reduces life expectancy by an average of 9 years and increases the chance of serious diseases such as certain cancers (e.g. 3x more likely to develop colon cancer), high blood pressure (a risk factor for heart disease), and diabetes (5x more likely to develop type 2 diabetes).
- 3.2 COVID-19 – Being overweight or living with obesity is associated with an increased risk of hospitalisation, severe symptoms, and death from COVID-19. These risks increase as an individual's body mass index (BMI) increases. PHE states that having a BMI of 35 to 40 may increase the risk of death from COVID-19 by 40%, while a BMI of over 40 could increase the risk by 90%.

4 Local and national figures on overweight and obesity

- 4.1 Adult overweight and obesity – 62.9% of Coventry adults (aged 18+) were classified as overweight or obese in 2018/19. This is not statistically significantly different to England average (62.3%) and West Midlands regional average (65.6%). This figure has remained approximately stable since 2015.
- 4.2 Childhood overweight and obesity – 38% of Coventry's Year 6 pupils were overweight or obese in 2018/19. This is not statistically different to the West Midlands regional average but is higher than the England average of 35%. There does appear to be a gradual small

rise in the percentage of Year 6 pupils who are overweight or obese over time at local, regional and national level, with the percentage rising from 34% in Coventry in 2007/08 to the current 38%. Children who are overweight or obese are more likely to become adults who are overweight or obese.

5 Factors affecting obesity

- 5.1 **Deprivation** – Obesity is more common in people living in deprived areas. This is linked to a range of associated factors including local lack of availability of healthier food choices, cost of healthier food choices, time pressures, lack of cooking knowledge, and peer influence. A child living in the 10% most deprived areas in England is more than twice as likely to be obese than a child living in the least deprived 10% of areas in England. Data over the years suggests that, for children aged 10 to 11, obesity figures have tended to improve or remain relatively stable for those in less deprived communities, but have increased for those living in the most deprived communities.
- 5.2 **Familial** – Children with two overweight parents are 2.2 times more likely to be obese. Children with two obese parents are 12 times more likely to be obese. This means childhood obesity is not a separate problem to adult obesity. A holistic approach that benefits families, adults, and children is necessary.
- 5.3 **Ethnic background** – Black adults are the ethnic group with the highest levels of overweight and obesity. Adults from the Chinese ethnic group are the least likely to be overweight or obese. People from certain ethnic groups, such as south Asians, have a higher susceptibility to some diseases linked to excess weight, such as type 2 diabetes. Children from most minority ethnic groups – particularly Black African, Caribbean, and Pakistani children – in England are more likely to be obese than White British children.
- 5.4 **Gender** – The prevalence of obesity is similar among men and women, but men are more likely to be overweight.
- 5.5 **Work stress** – The likelihood of obesity in an individual increases as periods of work stress increase.
- 5.6 **Effects of lockdown** – During lockdown, respondents reported that they were cooking food from scratch and eating healthy foods, but snacking on cakes, biscuits, confectionery, and savoury snacks more often.¹ In the West Midlands, a survey by Sport England found that 34.5% of respondents were doing more physical activity than before the lockdown restrictions, and 35.0% were doing the same amount. This is compared with 35.9% of respondents in England doing more physical activity, and 29.5% doing the same amount. Sport England reported that, nationally, while ‘a third of adults [in England did] 30 minutes or more of physical activity (at a level that raised their breathing rate) on five or more days a week’², inequalities were still replicated or even exacerbated. Groups who found it harder to be active before lockdown, such as women, older adults, people of BAME background, and people from lower-socio-economic groups, still found it more difficult than others to be active. It is anticipated that, on balance, COVID-19 and lockdown will result in increased levels of overweight and obesity across England.

6 National direction

- 6.1 The Government published ‘Tackling obesity: empowering adults and children to live healthier lives’ in late July 2020. The strategy acknowledges that a combination of the following is required to tackle obesity:
 - The environment we live in
 - The information we are given to inform our choices

¹ PHE Insight Excess weight and COVID-19

² Sport England (2020) Coronavirus: The story so far http://www.sportengland.org/know-your-audience/demographic-knowledge/coronavirus#the_story_so_far

- The choices we are offered
- The influences that shape these choices; and
- Individual effort.

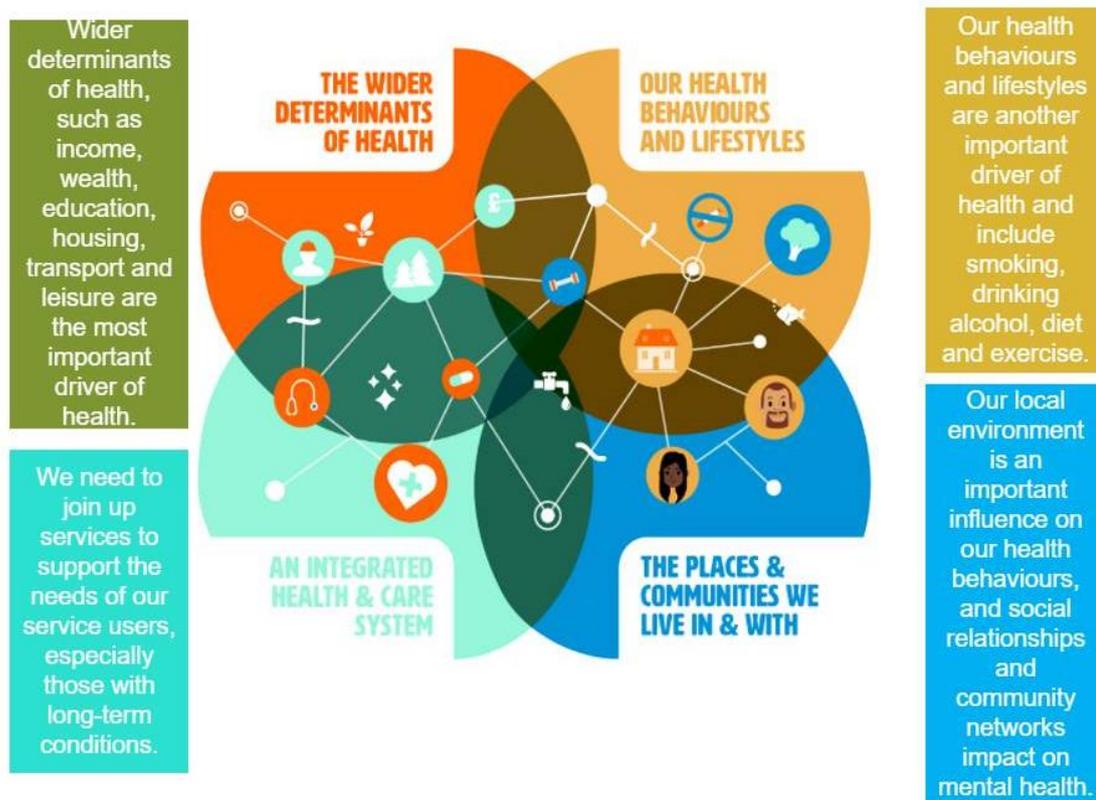
- 6.2 The strategy sets out plans to deliver the Better Health campaign; promise of expansion of weight management services and the NHS Diabetes Prevention Programme; carry out consultation on front of pack nutritional labelling and calorie labelling for alcohol; introduce calorie labelling for large food outlets; legislate on multi-buy and location promotions of high fat, salt and sugar foods (HFSS); legislate on high fat, salt and sugar food advertising on television and online, including a ban on television and online advertisements for HFSS foods before 9 pm; and consult on online advertising of HFSS foods. NHS weight management services will be expanded to reach more people, and GPs will be encouraged to prescribe exercise and more social activities to help people keep fit as part of the plans.
- 6.3 In response to the Government's strategy, the Obesity Health Alliance, a coalition of 45 organisations aiming to influence national policy, called for more treatment and support for people living with obesity; reformulation of food (including infant food); working with employers to improve the workplace wellbeing offer; and global action on the international brands that are behind our food brands.

7 Regional direction

- 7.1 Coventry is part of the WMCA Wellbeing Board, sharing the ambition to promote healthy weight and wellbeing as the norm and make it easier for people to choose healthier diets and active lifestyles, regardless of age, gender, ethnicity, culture or socio-economic group.
- 7.2 The board outlines three main outcome areas, namely healthy weight, physical activity, and mental health and wellbeing. Five pillars of actions have been identified, addressing five areas:
- System leadership;
 - Community engagement;
 - Collection of evidence;
 - Supporting delivery pathways; and
 - The long-term reshaping of the current obesogenic environment.

8 Local direction

- 8.1 The focus in Coventry is on a system-wide effort to support our population in achieving a healthier weight. The Director of Public Health's Annual Report 2017, 'Shape Up Coventry' emphasised the need to "**change our environment, our behaviour as organisations, as well as changing community, family and individual behaviour.**" Importantly, it is recognised that weight loss campaigns alone are far from sufficient to support this change.



8.2 **Coventry’s Childhood Obesity Alliance** was formed in 2016 to support the publication of the ‘Shape Up Coventry’ report. The Alliance brought together partners from across the city who met last year to review progress and refresh their focus on Early Years and schools. In addition, The Coventry and Warwickshire Place Forum, made up of the two Health and Wellbeing Boards, designated 2019 as the **Year of Wellbeing** to significantly raise the profile of health and wellbeing opportunities for everyone. The mission was to reach every person in Coventry and Warwickshire with a positive wellbeing message that inspires action. The campaign reached more than a million people through activity online and more than 2,000 people made pledges to improve their wellbeing.

9 Coventry’s system-wide response to obesity

9.1 The Coventry Health Challenge

9.1.1 The Coventry Health Challenge is a current community health campaign supported by the Public Health team, focussing on disseminating simple, clear, actionable health messages to key target groups: people who are overweight, over 55s, people with pre-existing health conditions, smokers and BAME groups. These groups were selected as target groups for the campaign based on evidence that they are at greatest risk of serious illness / mortality from Covid-19. The Coventry Health Challenge is based on the [Government’s Better Health campaign](#).

9.1.2 The focus of the campaign is on diet and nutrition, physical activity, smoking cessation and immunisations. We are creating and disseminating new toolkits each month with a different area of focus within these key themes, including links to resources to support residents in improving their health. Materials have also been translated into community languages.

9.1.3 We are challenging residents to work to make improvements to their health in manageable stages. This includes advice and tips, checklists, case studies and signposting to local

services like Coventry Healthy Lifestyles service on social media. These themes are also being echoed in local media coverage, via the Coventry Telegraph paper and several BBC CWR programmes, as well as our seasonal Citivision magazines to reach those groups in our communities that are not online. The Coventry Health Challenge has a dedicated website: <https://www.coventry.gov.uk/coventryhealthchallenge>.

9.1.4 We are also disseminating the toolkit is via a range of 'health champions' or 'messengers', i.e. individuals with broad networks and influence within our target groups in the community. These groups include:

- Diabetes Champions;
- Adult Social Care;
- Social Prescribers via Health Exchange;
- Community Messengers; and
- Migrant Health Champions.

9.1.5 Campaign Calendar 2020-2021

- September themes: Campaign Launch: Press and media coverage on 23 September 'national fitness day' with a BBC article to highlight a local case study - a resident's weight management journey with the Healthy Lifestyle Service. Themes: Diet and nutrition, physical activity, flu campaign
- October themes: Stoptober, diet and nutrition, physical activity - flu reminder
- November themes: Long Term Conditions self-care (diet/exercise) and public reassurance that primary care and acute services are Covid secure and open for business. Link to World Diabetes day and our local diabetes prevention programme registration - Healthier You: NHS Diabetes Prevention Programme, flu reminder
- December themes: Diet and nutrition – food swaps over the festive season, alcohol awareness, flu reminder
- January themes: Diet and nutrition, physical activity and smoking, flu reminder
- February themes: Immunisations, Diet and nutrition, physical activity and smoking. Link to National Heart Month
- March themes: Health challenge health check! How have the public engaged with the campaign? What have been our key learning points in terms of approaches to health inequalities and culturally competent messaging? How well were we able to maximise the use of champions to build reach and impact?

9.2 Active travel

9.2.1 This is in line with the Government's strategy of influencing the environment we live in, using 'planning policies to ensure it is easy to walk, cycle, or take transport to shops and markets that sell a diverse food offer.'

9.2.2 To promote active travel, the Council is using Government funding to **reallocate road space** in some parts of the city to pedestrians and cyclists. This is done by creating new pedestrian and cycle zones and by installing pop-up cycle lanes and 'modal filters', such as bus gates, to remove through traffic from some roads.

9.2.3 Consultation on **Coundon cycleway** has been completed and work is about to commence. It will be Coventry's first segregated two-way cycle lane, and potentially the start of developing a cycle route network in the city.

9.2.4 Work is under way to help Coventry's local businesses, schools, hospital, and communication organisations to install **cycle parking spaces** on their premises for free.

9.2.5 Public health, sports development, community resilience and transport teams have collaborated with cycling organisations to offer targeted cycling activity in the community over the summer and autumn. **Go Ride summer activities** for children were provided at, and promoted by, family hubs and food banks over the holidays to target areas of health needs, in addition to open access sessions at leisure centres. The sessions were well received and focussed on learning to ride and developing cycle skills to help build confidence in cycling on roads. The British Cycling coach captured case studies on teaching young people living with long-term conditions how to ride too.

9.2.6 **Free cycle training** has also been provided for adults (aged 16+) over the summer and autumn to support people to learn to cycle, improve their skills and confidence. There were over 400 registrations for children's and adults cycling activities at 10 venues from August – October. Further Go Ride coaching activity is being delivered in schools by British Cycling in term time, which complements the Bikeability offer provided by the Council in primary schools. Public health is also supporting the development of **community cycle clubs** with Cycling UK and Wheels for All Inclusive cycling opportunities with CV Life and Cycling Projects.

9.3 Sport

9.3.1 Over £100m was invested in **new sports and leisure facilities** in Coventry in 2019, including new facilities at The Alan Higgs Centre and a new waterpark and fitness destination, The Wave.

9.3.2 The **Go CV scheme**, which was set up to offer discounts to Coventry residents for the city's arts and sports venues had over 45,000 registrations. Additional discounts are available for families with low income and qualifying benefits, helping to remove some of the financial barriers of taking part in sports and cultural activities. A membership data analysis tool has been built. This will help us to identify gaps in take up and usage across the City that could be overlaid with health data to target promotion more effectively. It is recommended that the data being collected via Go CV membership is further developed to target physical activity promotion in areas of low take up.

9.3.3 Tier 2 and 3 rules provide some exceptions for physical activity and organised sport for children and people living with disabilities, protecting the ability for these to continue once national lockdown is lifted.

9.4 Planning

9.4.1 Planning can help to encourage healthier lifestyle choices. The **Hot Food Takeaway Supplementary Planning Document (SPD)** supports planning policy to limit and apply restrictions to new hot food takeaways. Permission will not be granted if the hot food takeaway falls within a 5-minute walk from the gate(s) of any primary or secondary school in Coventry, or if the neighbourhood has become over concentrated by hot food takeaways. Since the SPD's publication in August 2019, X hot food takeaway applications have been declined.

9.5 Schools and early years

- 9.5.1 **Coventry School nurses** - who are part of the Family Health and Lifestyles Service for Coventry - deliver the **National Child Measurement Programme (NCMP)** and offer a consistent approach to the management of lifestyle concerns related to the (NCMP) results. They offer individual support to parents and families to manage lifestyle concerns and support them to change behaviours (BMI above the 98th centile or when classed as clinically underweight or having shown a dramatic weight loss). They also support schools to meet statutory duties to promote children's health and well-being through the delivery of health and wellbeing sessions in school in order to help children understand how to keep themselves healthy.
- 9.5.2 Coventry School nurses also promote the use of the **Change4Life Food Scanner** app, an interactive resource to encourage children and parents to make healthy food choices by reducing the amount of sugar, fat and salt in the foods they buy, and promote the recommended levels of physical activity. School nurse service forms part of the whole system approach to tackling obesity by supporting children and their families to make healthier choices in order to reduce the risk of preventable ill-health.
- 9.5.3 **Working with school nurses using The Lancaster Model** health needs assessment. 85% of Coventry's primary schools (76 schools) took part in this health needs assessment. The needs assessment asked Year 6 pupils about their habits and concerns. 18% of surveyed pupils said they had major concerns or worries about their weight. School nurses use data from the needs assessment to create plans for schools to support their students. Schools have the option of choosing to use the plan created. The Lancaster Model has run for two years now, in 2018/19 and 2019/20. The Council is picking up on trends and will use the findings to target resources. It would be beneficial if the relevant Scrutiny members could encourage schools to impl the plans created by school nurses.
- 9.5.4 The **Be Active Be Healthy (BABH)** team, which is also part of the Family Health and Lifestyles Service for Coventry, aims to reduce the risk of obesity among children by supporting families to reduce weight and adopt healthier long-term behaviours. The programmes delivered are open to all but targeted to children at risk of putting on excess weight – generally either because the child is overweight or one or both parents are overweight. The service targets those in greater relative deprivation – primarily by working with schools in deprived areas or with higher proportions of children who are obese / overweight (identified by the NCMP programme). The team work across the 0-19 year age range, delivering practical interventions that are underpinned by behaviour change techniques to help ensure sustainable positive change. Following COVID-19 healthy Lifestyle workshops for families have been redesigned into a webinar format and continue to be delivered weekly. The **Start Active Stay Active** early years training has also been redesigned into a webinar format to support to early years practitioners in understanding and helping to implement the Chief Medical Officer guidelines around physical activity for under 5's. In line with COVID compliant guidelines published by the National Governing Body for Group Exercise, the team have been able to continue to deliver weekly pre and post-natal exercise for new mums in a COVID secure environment.
- 9.5.5 Before the pandemic, the **Family Health and Lifestyles Service** delivered weekly workshops in schools, teaching pupils about physical activity, diet, and nutrition. During lockdown, they created webinars for parents on diet and nutrition.
- 9.5.6 **Personal, Social, Health and Economic (PSHE) education** became compulsory for all schools from September 2020. As part of the curriculum, resources are provided to help schools teach about the characteristics and benefits of an active lifestyle; body image; and eating problems. There is acknowledgement that 'food, weight, and shape may be used as ways of coping with, or communicating about, difficult thoughts, feelings, and behaviours.' A holistic approach is necessary to address our relationship with food. It would be helpful if

the relevant Scrutiny members could review implementation of the new compulsory curriculum on Relationships and Sex Education (RSE) and health education from September 2020 in readiness for the delivery deadline of the summer term 2021.

9.5.7 **Normal school sports provision** would have included 21 standalone county events as well as two festivals: Winter & Summer Games. Of the 21 planned standalone events only six went ahead before the covid-19 national lockdown. Alternative provision has been put in place despite Covid-19. There was an A-Z activity which took place every day until the Easter holidays. This was followed by 9 weeklong virtual competitions. For Coventry specifically the participation rates were:

Competition	Number of participants	Number of schools
Athletics	390	33
Cricket	397	36
Tennis	403	31
Dance	185	23
Basketball	387	27
Olymp-mix	1310	31

In the Autumn Term, inter-school competitions are taking place with Coventry Solihull & Warwickshire during September to November 2020, these are for primary and secondary schools across 3 sports: athletics, football and dance. The winning schools in each SGO area will then be forward for county virtual events which will be taking place beginning of December.

9.5.8 Based on the available evidence, breastfeeding appears to provide some level of protection against childhood overweight and obesity. Exclusively breastfed babies had a 34% reduced risk of being overweight during childhood, compared to children exclusively formula-fed. There is also some evidence that babies fed formula have higher insulin levels in their blood which can stimulate fat deposition. All staff members of the Coventry Family Health and Lifestyles Service are trained to UNICEF Baby Friendly standards and audits are performed on a yearly basis. The breastfeeding rates in Coventry are above the National average and increasing. Initiation is above 80% and the prevalence is at above 50%. The following NICE recommendations are implemented in Coventry: education and support of mothers throughout pregnancy and beyond; support and protection of breastfeeding in the workplace; implementation of the Baby-Friendly Hospital Initiative; and implementation of and adherence to the International Code of Marketing of Breast-milk Substitutes. Various online approaches have been implemented to adapt to the current Covid-19 situation.

9.6 Other offers

9.6.1 **Healthy Lifestyles Coventry** provides support with weight management, healthy diet, giving up smoking, getting more active, cutting down on alcohol and/or improving overall wellbeing.

9.6.2 **Best You** is an app that provides personalised health and wellbeing recommendations regarding healthy eating, healthy weight, and physical activity.

9.6.3 Foleshill is one of the **Priority Places benefitting from Sport England funding**. A programme is in development to address obesity.

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Appendices: N/A

Agenda Item 6

Health and Social Care Scrutiny Board Work Programme 2020/21 11 November 2020

Please see page 2 onwards for background to items

22nd July 2020
<ul style="list-style-type: none">- NHS Restoration- Streamlining Commissioning
23rd September 2020
<ul style="list-style-type: none">- Adult Social Care; Annual Report (Local Account) 2019/20, ADASS Peer Review, March 2020 and Improvement Plans.- COVID-19 Service Changes – Neurorehabilitation Beds at Central England Rehabilitation Unit (CERU)
11th November 2020
<ul style="list-style-type: none">- Director of Public Health and Wellbeing Annual Report- Coventry's response to obesity in light of national concerns around COVID-19
16th December 2020
-
3rd February 2021
-
24th March 2021
-
2020/2021
<ul style="list-style-type: none">- NHS Long Term Plan- Primary Care- Health and Wellbeing Strategy Priorities- Adult Safeguarding Annual Report 2019/20- Drug and Alcohol Strategy- Social Prescribing- Coventry and Warwickshire Maternity, Children and Young People Programme (MCYP) (Joint with SB2)- Child and Adolescent Mental Health (Joint with SB2)- Mental Health Issues and their impact on the health system
2021/22
-

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
22nd July 2020	- NHS Restoration	Changes were made to NHS services to enable the management of the pandemic. This item will outline the process by which services will be restored across the sub-region.	Anna Hargrave (CCG)
	- Streamlining Commissioning	To consider developments to streamline commissioning across Coventry and Warwickshire, as the sub-region moves from three Clinical Commissioning Groups to one.	Rose Uwins (CCG)
23rd September 2020	- Adult Social Care; Annual Report (Local Account) 2019/20, ADASS Peer Review, March 2020 and Improvement Plans.	To scrutinise the Adult Social Care Local Account 2019/20. To review the outcome of the Association of Directors of Adult Social Services (ADASS) Peer Review in March 2020 and associated Improvement Plans.	Cllr M Mutton/ Pete Fahy (CCC)
	- COVID-19 Service Changes – Neurorehabilitation Beds at Central England Rehabilitation Unit (CERU)	A representative from Coventry and Rugby Clinical Commissioning Group will present on proposed changes to the Neurorehabilitation Beds at Central England Rehabilitation Unit (CERU) as part of the NHS reset and recovery work. Should the proposals progress, they Health Overview and Scrutiny Committee would be formally consulted on the changes at an appropriate point.	Anna Hargrave, Rose Uwins (CCG)
11th November 2020	- Director of Public Health and Wellbeing Annual Report	To present information on the annual report for and feedback on progress from previous reports.	Liz Gaulton
	- Coventry's response to obesity in light of national concerns around COVID-19	In light of the publication of the Government Policy Paper 'Tackling obesity: empowering adults and children to live healthier lives' and the National Audit Office report into Childhood Obesity, Members have requested an item to	Liz Gaulton

Health and Social Care Scrutiny Board Work Programme 2020/21

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		scrutinise the work being done in the city to reduce levels of obesity.	
16th December 2020	-		
3rd February 2021	-		
24th March 2021	-		
2020/2021	- NHS Long Term Plan	A further report on the NHS Long Term Plan be submitted to a future meeting of the Board with particular reference to the £139m of savings already achieved including how these had been secured; the impact on current services; any services that had been discontinued; details of anything that had been outsourced and staffing levels	Sir Chris Ham
	- Primary Care	An item to look at Primary Care, including the recruitment and retention of GPs, Supporting Self Care and changes to service delivery post Covid-19.	Adrian Stokes
	- Health and Wellbeing Strategy Priorities	To look at the updated Health and Wellbeing Strategy and the actions to progress the three priorities.	Liz Gaulton
	- Adult Safeguarding Annual Report 2019/20	Annual Report received by the Board.	Rebekah Eaves
	- Drug and Alcohol Strategy	The Drug and Alcohol Strategy is due to end in 2020. Following the outcome of the CLear Assessment, the strategy will be revised and Members will feed into the revised strategy. Outcome of CLear Assessment and service user feedbacks (May/ June 2020).	Sue Frossell, Karen Lees

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Social Prescribing	This item will explore the concept of social prescribing and feedback on the evaluation of the pilot which has taken place in the City.	Liz Gaulton
	- Coventry and Warwickshire Maternity, Children and Young People Programme (MCYP) (Joint with SB2)	Looking scrutinise plans to develop and deliver joined-up services commissioned for babies, children, young people and their families being developed as part of the Coventry and Warwickshire Health and Care Partnership work programme.	Anna Hargrave, South Warwickshire CCG
	- Child and Adolescent Mental Health (Joint with SB2)	To include referral pathways, wait times, support whilst waiting for diagnosis and the impact of diagnosis on families and educators.	Sally Giles
	- Mental Health Issues and their impact on the health system	A detailed report on the issues and pressures relating to patients with mental health issues and their impact on the health system to be considered at a future meeting of the Board.	
2021/22	-		