Coventry City Council

Agenda

Coventry Health and Well-being Board

Time and Date
10.00 am on Wednesday, 26th July, 2023

Place
Committee Room 3 - Council House, Coventry

Public Business

1. **Welcome and Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes of Previous Meeting**

   (a) To agree the minutes of the meeting held on 23rd January 2023 (Pages 3 - 12)

   (b) Matters Arising

4. **Chair's Update**

5. **Right Care Right Person**

   Presentation of Chief Superintendent K Madill, West Midlands Police

6. **ICB Update**

   Report of P Johns, Coventry and Warwickshire Integrated Care Board.

7. **Health and Wellbeing Strategy and Joint Strategic Needs Assessment Progress Update** (Pages 13 - 114)

   Report of A Duggal, Director of Public Health and Wellbeing

8. **Coventry & Warwickshire Integrated Health and Care Delivery Plan** (Pages 115 - 178)

   Report of P Johns, Coventry and Warwickshire Integrated Care Board

9. **Drug and Alcohol Strategy** (Pages 179 - 232)

   Report of A Duggal, Director of Public Health and Wellbeing

10. **BCF Plan Approval 2022/23 end template approval** (Pages 233 - 248)

Report of P Fahy, Director of Adult Services and Housing

11. **BCF Plan Approval for 2023/24 and 2024/25** (Pages 249 - 306)

Report of P Fahy, Director of Adult Services and Housing

12. **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, Chief Legal Officer, Council House, Coventry

Tuesday, 18 July 2023

Note: The person to contact about the agenda and documents for this meeting is Caroline Taylor Tel: 024 7697 8701 / caroline.taylor@coventry.gov.uk

Membership: Councillors L Bigham, J Blundell, K Caan (Chair), G Duggins M Coombes, A Duggal, P Fahy, J Grant, A Hardy, G Hayre (By Invitation), P Henrick, P Johns, D Jones, D Kendall, R Light, S Linnell, C Meyer, K Nelson and D Oum

By invitation Councillors: G Hayre

Public Access

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Caroline Taylor
Tel: 024 7697 8701 / caroline.taylor@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm on Monday, 23 January 2023

Present:

Members:	Councillor K Caan (Chair) Councillor J Blundell Councillor G Duggins Councillor M Mutton Councillor P Seaman Allison Duggal, Director of Public Health and Wellbeing John Gregg, Director of Children's Services Andy Hardy, University Hospital Coventry and Warwickshire Peter Hendrick, West Midlands Police Philip Johns, Coventry and Warwickshire Integrated Care Board Donna Kendall, Coventry University Ruth Light, Healthwatch Coventry Stuart Linnell, Healthwatch Coventry Kirston Nelson, Chief Partnership Officer/Director of Education and Skills
Other Representatives:	J Fowles, L Gaulton, R Chapman
Employees (by Directorate):	
Law and Governance	V Castree, C Taylor
Adult Services	S Caren, E Dewar
Apologies:	Pete Fahy, Director of Adult Services Professor Caroline Meyer, Warwick University Danielle Oum, Coventry and Warwickshire Integrated Care Board

Public Business

23. **Welcome and Apologies for Absence**

The Chair welcomed Donna Kendall, Coventry University to the meeting.

24. **Declarations of Interest**

There were no declarations of interest.

25. **To agree the minutes of the meeting held on 3rd October 2022**

The minutes of the meeting held on 3rd October 2022 were agreed as a true record.

26. **Matters Arising**

There were no matters arising.

27. **Chair's Update**

The Chair, Councillor Caan, welcomed everyone to the meeting.

He reported that whilst Covid was not currently increasing, flu was circulating and the uptake of boosters was encouraged. The downward trajectory of respiratory diseases and Strep A was positive news for the community. The Chair referred to the unfortunate recent deaths of two children in Coventry from Strep A, advising of the public health response alongside the support of the NHS and he gave assurance that the schools had been supported during this difficult time.

The Chair referred to the current pressures on the health services provided by the Council, which continued to present many challenges both in service delivery and on daily lives and he extended thanks to the Director of Public Health, the Chief Partnerships Officer and their teams for the work on engaging and assisting with migrant health at local, regional and national level.

The Chair welcomed the recent award from the National Institute for Health and Care Research (NIHR) of just under £5 million to create a Health Determinants Research Collaboration, which would be used to build a research infrastructure.

Finally, the Chair placed on record his thanks to Lisa Bayliss-Pratt, who had recently stepped down from the Board and welcomed Donna Kendall, Pro-Vice Chancellor, Coventry University's new representative.

28. **NHS Capacity/Industrial Action Contingency Plans/ICB Update**

The Board received a verbal update by Philip Johns, Coventry and Warwickshire Integrated Care Board about NHS Capacity, Industrial Action Contingency Plans and an ICB Update.

The verbal update detailed:

- Decreasing volumes of respiratory diseases: Flu, Covid and RSV
- Hospital demand decreasing to normal levels
- Improved wait times
- Extending the urgent care response service as a contingency measure for strike action
- Hospital discharges being brought forward
- Respiratory hubs continuing to run for both adults and children
- Extra GP sessions running across practices on strike days.
- A common approach between the ICB and UHCW being agreed to improvements going forward and working collectively towards healthcare aims to improve the lives of people in the community.

The Board discussed the recent ambulance strikes and the forthcoming teacher industrial action and information on the impact on parents due to school closures would be shared when available. The NHS financial allocations were not yet clear and information would be brought back to the Board when available.

Thanks were placed on record to the Director of Adult Services and his team for their work regarding hospital discharges.

RESOLVED that the Coventry Health and Wellbeing Board note the verbal reports.

29. **Integrated Care Strategy**

The Board received a report by Liz Gaulton, Chief Officer Population Health and Inequalities, ICB regarding the Integrated Care Strategy.

The purpose of the report was to inform the Board of the draft Coventry and Warwickshire Integrated Care Strategy, approved by the Integrated Care Partnership (ICP) on 8 December 2022. This was an interim strategy, with plans for formal publication alongside the Integrated Care Five-Year Plan in April 2023.

The report highlighted:

- The ICP's approach to developing the strategy being as inclusive as possible with over 40 individuals being involved in developing content, supported by a reference group, working group and core drafting team. A dedicated engagement task and finish group was established to lead on community and stakeholder engagement
- The ways the strategy had been informed: through partner strategy and engagement, collation of needs data, statutory guidance and feedback from a range of related activities.
- The three core priorities of the final strategy:
    - Prioritising prevention and improving future health outcomes through tackling health inequalities.
    - Improving access to health and care services and increasing trust and confidence.
    - Tackling immediate system pressures and improving resilience.
- The role of the Health and Wellbeing Board in the Integrated Care Strategy.
- Timescales and next steps:
    - The Integrated Care Strategy would be formally published alongside the Integrated Care Five-Year Plan in April 2023.

The Board discussed:

- How the strategies linked together to ensure delivery.
- The Coventry All Age Autism Strategy.
- Issues, concerns or comments being submitted to the draft strategy prior to publication.

RESOLVED that the Coventry Health and Wellbeing Board notes:

The draft Integrated Care Strategy for Coventry and Warwickshire 2022.

30. **Coventry and Warwickshire Integrated Health and Wellbeing Forum**

The Board received a briefing note by Kirston Nelson, Chief Partnerships Officer, regarding the Coventry and Warwickshire Integrated Health and Wellbeing Forum, the first meeting of which had taken place on 13th October 2022. The Board noted the aims and the key messages from the meeting.

The next meeting of the Forum would take place on 2nd March in Warwick.

RESOLVED that the Coventry Health and Wellbeing Board notes:

The outcomes of the first meeting of the Integrated Health and Wellbeing Forum.

31. **Draft Suicide Prevention Strategy**

The Board received a comprehensive report by Allison Duggal, Director of Health and Wellbeing notifying the Board of the development of the Coventry and Warwickshire Suicide Prevention Strategy 2023 – 2030. The Strategy had been drafted based on Coventry and Warwickshire Mental Health Joint Strategic Needs Assessment (JSNA) recommendations and feedback from engagement sessions and promoted a zero-suicide approach, with the overall aim to reduce the rate of suicide across Coventry and Warwickshire.

Both Health and Wellbeing Boards in Coventry and Warwickshire would monitor the Suicide Prevention Delivery Plan, with progress and impact reported on an annual basis and a final version of the Strategy would be presented to the Coventry and Warwickshire Integrated Health and Wellbeing Forum for information.

The Board received a presentation by Jane Fowles, Consultant in Public Health on Suicide Prevention.

The presentation highlighted:

- The main aims of the Coventry and Warwickshire Suicide Prevention Strategy
- National and local suicide rates
- Proposed governance arrangements
- Implementation of the Strategy
- Next steps

The Board discussed:

- The success of Dear Life.org.uk and the ‘It Takes Balls to Talk’ campaign.
- Coventry City Council being one of the first Local Authorities to target male suicides
- Collaboration with Coventry and Warwick Universities
- Information regarding drug and alcohol misuse at national and local level arising from data captured at the Coroner’s Office.
- The 2 year action plan development capturing the rising problem of online abuse and working collaboratively with other partners to share knowledge and trends

- Validated data based on 3 year rolling averages.
- Real time data available through the Coroner's Office informed practices.

RESOLVED that the Coventry Health and Wellbeing Board:

1. **Endorse the content of the Coventry and Warwickshire Suicide Prevention Strategy 2023 – 2030.**

2. **Requests Board Members to consider their organisational contributions to suicide prevention and identify any governance routes for approving and sharing the Strategy.**

3. **Support the delivery of the strategic ambitions and local priorities as set out in strategy and delivery through collaboration with the Coventry and Warwickshire Suicide Prevention Partnership.**

4. **Agree to a formal presentation of the Strategy and Delivery Plan at the Coventry and Warwickshire Integrated Health and Wellbeing Forum at its meeting in March 2023.**

32. **Childrens' System Update**

The Board received a verbal update by John Gregg, Director of Children's Services regarding the Childrens' System Update.

The update advised a report had recently been presented to the ICB detailing the progress of the Childrens' agenda and details of the proposed development of a strategy for children.

RESOLVED that the Coventry Health and Wellbeing Board notes the Childrens' System Update verbal report.

33. **Director of Health and Wellbeing Annual Report**

The Board received a verbal update by Allison Duggal, Director of Health and Wellbeing, regarding the Director of Health and Wellbeing Annual Report. The report would focus on sexual health and healthy relationships of young people.

RESOLVED that the Coventry Health and Wellbeing Board notes the verbal update regarding the Director of Health and Wellbeing Annual Report.

34. **Drugs and Alcohol Strategy Update**

The Board received a comprehensive report by Allison Duggal, Director of Health and Wellbeing, regarding Drugs and Alcohol Strategy Update.

The Government's 10-year drug strategy "From Harm to Hope", based on the findings of an independent review of drug misuse and also covering alcohol misuse, set out to address substance misuse by:

- Breaking drug supply chains
- Delivering a world class treatment and recovery system

- Achieving a generational shift in demand for drugs

The overarching strategy outcomes which also applied to alcohol misuse were:

- Reduce drug and alcohol-related crime
- Reduce drug and alcohol use
- Reduce drug and alcohol-related deaths and harm
- Reduce supply
- Increase engagement in treatment services
- Improve long term recovery

The governance structure included representation on the West Midlands Combatting Drugs and Alcohol Partnership (WMCDAP) and the Coventry Drugs and Alcohol Partnership Steering Group, which was chaired by Allison Duggal, Director of Public Health and Wellbeing. This steering group reported into and was accountable to the Coventry and Warwickshire Health and Wellbeing Board and also reported to the Police and Crime Board. For the West Midlands Metropolitan area, it was agreed that the Senior Responsible Officer (SRO) would be the Police and Crime Commissioner (PCC) as this would support strong engagement of the police and criminal justice partners in delivery of the strategy, as well as joined up working across the area.

The Board received a presentation by Rachel Chapman, Consultant in Public Health on Drugs and Alcohol.

The Board discussed:

- Locally identified priorities were detailed in the Needs Assessment.
- Partner engagement regarding prioritising objectives.
- Further and full engagement with the wider community regarding impact.

RESOLVED that the Coventry Health and Wellbeing Board:

1. **Notes the requirements set out in the National Drugs Strategy, including the national outcomes framework.**

2. **Notes the formation of West Midlands Combatting Drugs and Alcohol Partnership (WMCDAP) with the regional governance structure with Police and Crime Commissioner (PCC) as Senior Responsible Officer (SRO).**

3. **Notes the formation of the local Coventry Drugs and Alcohol Partnership Steering Group with reporting to the Coventry and Warwickshire Health and Wellbeing Board.**

4. **Notes local progress on the needs assessment and development of the strategy.**

5. **Supports attendance at the Coventry Drugs and Alcohol Partnership Steering Group from all identified partners.**

35. **Serious Violence Duty**

The Board received a verbal report by Allison Duggal, Director of Health and Wellbeing, regarding the Serious Violence Duty.

The Board received a presentation by Rachel Chapman, Consultant in Public Health on Serious Violence Duty highlighting:

- The Serious Violence Duty
- Coventry Youth Violence Prevention Strategy

RESOLVED that the Coventry Health and Wellbeing Board notes the verbal update regarding the Serious Violence Duty.

36. **Better Care Fund Update - Audit Social Care Hospital Discharge Grant**

The Board received a comprehensive report by Pete Fahy, Director of Adult Services and Madi Parmer, Chief Finance Officer, NHS C&W ICB regarding Adult Social Care Hospital Discharge Grant 2022/23.

In September 2022, the government announced a £500 million Adult Social Care Discharge Fund. The grant was to be pooled into the Better Care Funds with £300m allocated to ICB's and £200m to Local Authorities.

The relative allocations from this amount were:

Coventry City Council	£1.292m
Warwickshire County Council	£1.862m
Coventry and Warwickshire ICB	£6.715m

The funding was provided in 2 tranches – the first £40%) in December 2022, and the second (60%) by the end of January 2023. The grant covered the period from 23 September 2022 to 31 March 2023 after which an assessment of costs and impact would be conducted and a prioritisation process undertaken to agree the schemes which could continue beyond 31 March 2023 subject to confirmation of grant provision for 2023/24 and 2024/25.

The funds allocated to Coventry would be used across the following schemes:

- Securing existing discharge capacity
- Funding additional packages of care
- Dealing with the practical barriers to discharge
- Incentivising Care and Support staff
- Providing additional staff resource

The Board noted that support for the Discharge Fund Grant allocations 2022/23 were retrospective due to Department for Health and Social Care (DHSC) timescales and the urgency of the work.

RESOLVED that the Coventry Health and Wellbeing Board notes the content of the report and supports the Discharge Fund Grant allocations for 2022/23.

37. **Functions of Health and Wellbeing Board - to request HWBB review the proposed updates to the functions**

The establishment of the Integrated Care Board amalgamated the 2 Coventry and Warwickshire Clinical Commissioning Group seats with the one for Coventry and Warwickshire Integrated Care System.

There were 2 seats: Voluntary Action Coventry (VAC) and Coventry and Rugby GP Federation which did not have nominated members. VAC stepped down from their seat in October 2021 and there was no other organisation representing the wider voluntary and community sector. The Coventry and Rugby GP Federation had become the Coventry and Rugby GP Alliance, representatives of which had not attended a meeting since February 2017.

To enable the voluntary and community sector to be represented at the meetings, an appropriate organisation, based on the agenda, would be invited to each Health and Wellbeing Board meeting.

The Cabinet Member for Adult Social Care currently sits on the HWBB as a nominee of the Leader. It was suggested this seat be amended from a nominee of the Leader to the Cabinet Member for Adult Services.

This changed aligned with the set up for Public Health and Children's Services whereby the Directors were statutory appointments and the Cabinet Members for Public Health and Sport and Children and Young People were allocated a HWBB seat, as the Director of Adult Services was also a statutory appointment.

Reprofiling the seat from a nominee of the Leader to Cabinet Member for Adult Services maintained the ratio of Elected Members on the HWBB.

Details of current membership of the Coventry and Warwickshire Health and Wellbeing Board with recommendations for the seats to be amended were set out at pages 194 – 195 of the report submitted.

The quorum was made up of one half of the total number of members plus one member. Updating the membership would help meetings to be quorate. This must include at least one of the following: an Elected Member, Integrated Care Board representative and Local Authority Director.

The constitution also allows Members to nominate a substitute to attend the meeting providing notice of one hour prior to the meeting start time was given.

The constitution allows the Health and Wellbeing Board to appoint additional persons as appropriate to the Board.

RESOLVED that the Coventry Health and Wellbeing Board recommend the following to the Coventry City Council Constitution Advisory Panel:

1. **That the Membership of the Board be updated as outlined in Table 1 of the report.**

2. **That the Constitution be amended to enable the Health and Wellbeing Board to approve the removal of members as well appoint additional persons as appropriate.**

38. **Any other items of public business**

There were no additional items of public business.

(Meeting closed at 3.15 pm)

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Coventry City Council

Briefing Note

To: **Coventry Health and Wellbeing Board** Date: **26 July 2023**

From: **Valerie De Souza, Public Health**
Title: **Health and Wellbeing Strategy and Joint Strategic Needs Assessment Progress Update**

1. Purpose

This briefing note sets out the progress that has been made towards the refresh of the Health and Wellbeing Strategy (H+WBS) and the Joint Strategic Needs Assessment (JSNA) and presents final drafts of H+WBS and Citywide JSNA for comment.

2. Information/Background

The JSNA is a statutory requirement for the Health and Wellbeing Board. It is intended to inform and guide the planning and commissioning of health, wellbeing, and social care services within a local area. It provides a snapshot of current and future health and care needs of the local community, considering factors that impact on health and wellbeing from a population health approach, including economic, education, housing, and environmental factors; as well as local assets that can help improve the area and reduce inequalities. It is also a story of a place and contains community insight and details of the assets in that place. The information in these profiles is used to help inform the Health and Wellbeing Strategy, a high-level plan for reducing health inequalities and improving health and wellbeing for Coventry residents.

3. Progress

Coventry Health and Well-being Board is asked to note the progress made, including the completed draft of the Health and Wellbeing Strategy, JSNA Citywide profile and JSNA Citywide Summary profile as well as consultation feedback and recommendations.

The Board is asked to:

1) Review each draft
2) Review feedback provided
3) Provide suggestions and amendments for final profiles given the feedback

4. Summary of feedback of the Health & Wellbeing Strategy refresh

The three strategic long-term ambitions for the health & wellbeing of the residents of Coventry are:

- People are healthier & independent for longer
- Children & young people fulfil their potential
- People live in connected, safe & sustainable communities

The refresh of the Health & Wellbeing strategy now sets out the following short-term priority areas of focus which include:

- Improving mental health for all
- Tackling loneliness & social isolation for all
- Focus on employment and homelessness as a prevention opportunity
- Strengthen work with communities
- The need for co-production to achieve the priorities and the importance of engaging with the community to influence and design solutions

Overall, feedback received to date regarding the Health & Wellbeing Strategy refresh is that the short and long-term priorities still resonate, but with the additional comments for further considerations & further gaps to be explored:

- **Improving mental health for all**

- Establishment of mental health surge working group to monitor and review referral data into mental health services'

- Extension of mental health support teams beyond schools and into further education in the Coventry colleges

- Concerns for 16/17-year-olds accessing mental health support services inc: assessment and CBT/therapies

- **Tackling Loneliness and Social Isolation**

- There needs to be a focus on NEETS – young people who are disengaged and/or withdrawn from education, who have no social network, advocate/s and/or live independently.

- **Focus on employment and homelessness as a prevention opportunity**

- With so many businesses still experiencing recruitment challenges and also skills gaps, it would be beneficial to have a stronger link to accessing economic opportunities here (notably jobs and training), especially under "working differently in communities" (and how we tackle physical and mental health issues as barriers to accessing economic opportunities).

- **The need for co-production to achieve the priorities**

- There is a call for stronger links, information sharing and partnership working with education and external services

The following gaps is a summary of gaps identified from the feedback:

- Digital exclusion as a short-term priority

- Specific detail on how we truly measure success

- A stronger focus on other groups including:
    - People with learning disabilities
    - Neurodiverse people
    - People with Armed Forces background and impact of PTSD etc
    - People with criminal convictions and need to re-establish effective pathways for ex-prisoners into training and jobs

- Cost-benefit analysis comparing the impact of utilising effective approaches to assisting people to access and sustain good quality employment, impact on health and well-being and the cost to health and the economy of long-term unemployment.

- Social prescribing – employment as a preventative measure.

- The impact of intergenerational issues on the health and wellbeing of the population. There is currently no strategy which tackles the root causes, and the health and wellbeing strategy could do this.

- A focus on tackling significant health risks such as diabetes and obesity.

- A short-term priority that aligns with the local and system wide 'Plus' groups identified as part of the Core20Plus5 framework (transient communities and people out of work due to long-term sickness)

5. Summary of feedback of the Joint Strategic Needs Assessment Refresh

Stakeholders were asked the following questions:

- Is the profile useful?
- How could it support you and your work?
- Is there any additional information that you would like to see included.

All respondents agreed that the profile was useful and that it was helpful to have a whole city profile with a detailed insight into the needs and opportunities in the city. The structure of the profile was praised for having a balance of statistical data and qualitative insight, with a collective view of life and issues in the city. It was felt that the addition of

more granular place-based profiles is an important step towards a more resident-led and community-led approach.

It should further be noted that the assessment, alongside the associated website tools and information provide a great opportunity to facilitate resident and community access to information to inform grassroots plans and work.

Suggestions were made to ensure that data is accessible through summary profiles and infographics, as well as circulating the profiles to local colleges and schools to enable a deeper understanding of the issues that face our young people. The profile provides strong evidence on where to focus activities and services as well as (re)focus some organisations curriculum and delivery, targeting delivery in geographical areas, and certain demographic groupings, which is important given limited resources.

Some stakeholders noted how the JSNA provides information for the basis of funding bids and for policy development papers which can also be used to demonstrate to funding bodies where individual priorities may need to diverge from the priorities of the West Midlands as a whole.

Final comments stressed the importance of harnessing the potential and capacity of local communities, to continue to introduce more hyper-local, neighbourhood level knowledge. Which is crucial in understanding the local context and self-identification of communities within and across data boundaries.

Report author(s):

Names and job title:

Valerie De Souza
Public Health Consultant, Public Health

Vusi Edeki
Strategy Manager, Public Health

Niamh Mellor
Programme Officer, Public Health

Directorate:

People

Telephone and email contact:
02476 972 377
niamh.mellor@coventry.gov.uk

Enquiries should be directed to the above person.

This report is published on the Council's website: www.coventry.gov.uk/meetings/

Appendices
Draft Health and Wellbeing Strategy
Draft JSNA Citywide Profile
Draft Citywide Summary Profile

Other useful documents
Coventry Health and Wellbeing Strategy 2016-2019 www.coventry.gov.uk/jhwbs/
Coventry Joint Strategic Needs Assessment www.coventry.gov.uk/jsna/

1. Background

The Health and Wellbeing Strategy is one of the vehicles for determining that the health needs of the local population are being identified and agreed. It is a statutory requirement of the Health and Wellbeing Board and should set out the priorities for improving the health and wellbeing of the local population, reflecting the local Joint Strategic Needs Assessment. The Strategy should inform any joint commissioning arrangements with the NHS and local authority, including the Better Care Fund Plans.

Both the local authority and the Integrated Care Board must have regard to the relevant Health and Wellbeing Strategy. In addition to the development of a strategy, the Health and Wellbeing Board needs to develop and Pharmaceutical Needs Assessment and this is published separately.

This refresh of the Coventry Health and Wellbeing Strategy draws on significant engagement with communities and sets out the council's ambition to ensure more residents of Coventry are fulfilling their ambitions, living healthier lives for longer and living in safer, connected and sustainable communities. It builds on the continued lessons from being a Marmot City and embeds The King's Fund population health approach. There is also a recognition that, along with partners, this strategy must address the wider determinants of health and reduce health inequalities in Coventry.

Since the launch of this strategy, the world has seen unprecedented change due to the Covid-19 pandemic, both in the context of health security and the economic landscape. One of the biggest lessons learnt from the pandemic response has been the ability to capitalise on strengthened partnerships to deliver outcomes. With the advent of Integrated Care Systems as a result of the legislative changes within the Health & Care Act (2022) there are greater opportunities to build on collaborations to improve population health & integrate care.

To ensure the Health & Wellbeing Strategy remains relevant and focused, this refresh was developed to review the progress of the strategic ambitions, short term priorities and to align with the One Coventry approach which aims to continue to improve the city of Coventry and the lives of those who live, work and study here. The performance measures, key facts and opportunities and challenges will also be reviewed as part of the review and refresh.

A wide range of factors shape individual behaviours and influence health outcomes, including biological, social and community influences, individual lifestyle factors, living and working conditions, and socioeconomic, cultural, structural, and environmental influences. The Dahlgren & Whitehead diagram below displays these relationships:

Figure 1: Dahlgren & Whitehead diagram of the wider determinants of health

Residents' health may be influenced differently by these determinants depending on where they live in Coventry, as shown below in the ward diagrams of Figure 2.

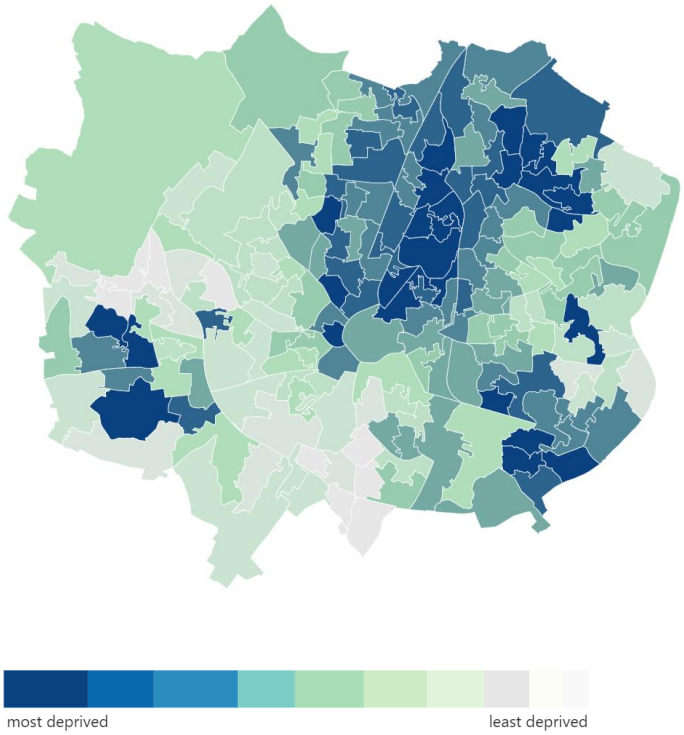


Figure 2: Levels of deprivation in Coventry

The Kings Fund model of population health aims to improve the health of a population through improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. [1] This model has been adopted across Coventry and is very much embedded in the One Coventry approach and is aligned with the policy objectives which have shaped Coventry as a Marmot City. Taking action on the four key pillars of this framework continues to guide our approach to achieving our long-term vision for change (see Fig 3).

[1] A vision for population health: Towards a healthier future (2018)

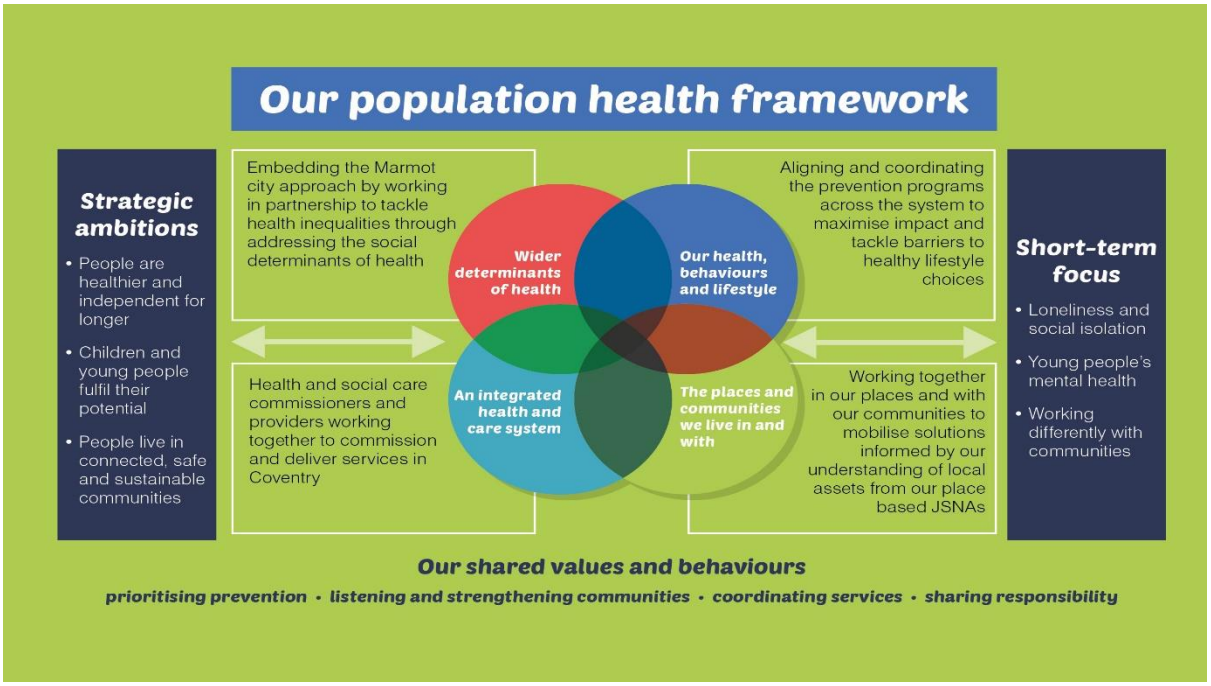


Figure 3: The Kings Fund model of population health & Coventry Health & Wellbeing strategic ambitions

What do we know about health and wellbeing in Coventry?

Population

- Coventry continues to be a growing, changing and increasingly diverse city. Data from the JSNA suggests that in 2021 the city's recorded population was over 345,000, making it the second largest local authority in the West Midlands region and 25th largest in England. Coventry prides itself on being a diverse city and continues to welcome many new residents from other parts of the world. Recent data indicates that migration is a significant part of this annual population change.

- In Coventry, the population size has increased by 8.9%, from around 317,000 in 2011 to 345,300 in 2021. This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800[2].

- Coventry is a young city compared to the rest of England, with a higher proportion of residents between the ages of 25 and 39. This younger population can also be attributed in part to the city's high concentration of university students, with 20 year olds being amongst the most prevalent age group, along with 13% of the population between the ages of 18 and 19. Understanding the sociodemographic profile of an area is important when planning services, as different population groups may have different health and social care needs and are likely to interact with services in different ways.

- In the 2021 census, 45% of Coventry's population identified as an ethnic minority, up from 33% in 2011, which is higher than both the regional (28%) and national average (26%)

- Of the ethnic minority population, Asian Indian formed the largest group making up 9% of Coventry's total population compared to 3% in England and 5% in the West Midlands. Within Coventry, Foleshill

[2] Office for National Statistics: Census 2021

West, Foleshill East, and Hillfields had the largest percentage of their population identifying as an ethnic minority with 80% or more doing so.

- According to the latest school census in 2022, 55.9% of Coventry's school children are from a minority group, this is an increase from 39.7% in 2012 (Coventry City Council, 2022c). Amongst the school-aged population our largest minorities are Black African (11.4%), non-British white (10.2%), and Asian Indian (8.9%) children.

Health Inequalities

- The city is relatively deprived, ranking 46th most deprived borough in England, with 14.4% of the city's neighbourhood amongst the 10% most deprived areas in England.

- Overall health in Coventry is below the national average and there are significant health inequalities that continue to impact the lives of those most deprived in the city. Life expectancy for both men (78.0 years) and women (82.0 years) is lower than the England average, with people living more of their later years in ill health and a significantly higher prevalence of preventable deaths. Healthy life expectancy refers to the number of years a person can expect to live in good health. In Coventry, this is 64.0 years for females and 61.1 for males. Compared to the national picture, healthy life expectancy for Coventry males is lower than the national (63.1) and regional (61.9) averages whereas for Coventry females it is slightly higher (62.6) and (63.9). The trends show little change in recent years for women, but it has fallen a little for men. Such data is important for us to take action on the cumulative effect of the prevalence of risk factors, the prevalence and severity of disease, and the effectiveness of interventions and treatment.

Mental Health & Wellbeing

- Loneliness affects many people in Coventry. Findings from the Coventry Household Survey, conducted in 2021, shows that 16–24-year-olds score highest on loneliness, with the survey showing that the younger you are, the more likely you are to be lonely. The survey also highlighted that women, carers, disabled and unemployed people are more likely to be lonely.

- Responses to questions in the Coventry Household Survey 2022 also indicates a detrimental impact on mental wellbeing. A series of seven questions about respondents' wellbeing were asked using the Short Warwick and Edinburgh Mental Wellbeing Scale ('SWEMWBS'). Respondents can score from 1 (very low wellbeing) to 35 (very high wellbeing); the average score has reduced from 26.4 in 2018 to 22.94 in 2021 and 21.75 in 2022. Further to this, we can broadly categorise respondents' level of mental wellbeing according to their score; in 2021 28% gave a score that suggests 'possible' or 'probable' depression, up from 10% in 2018, and only 18% gave a high mental wellbeing score, down from 43% in 2018. These are not clinical diagnosis of course, just an indication to the extent of the impact on wellbeing of the pandemic.

- The proportion of Coventry adults diagnosed with depression according to GP registers, has been on an increasing trend. Mental ill health is of growing concern, in 2013/14 it was 6.5% which increased to 11.9% in 2021/22, amounting to 40,743 residents.

- The 2021 Coventry & Warwickshire Adult Mental Health and Wellbeing Needs Assessment set out a few key findings:
    - there are high levels of poor wellbeing and mental ill health.
    - there is difficulty in accessing or understanding available services or support.
    - there will growing demand in the future, either due to better diagnosis and recognition of mental health issues and / or a general increase in poor mental health.

- Feelings of belonging and cohesion may have reduced over the last few years according to the 2022 Household Survey. 56% of adults said they felt a sense of belonging to Coventry, down from 83% in 2018; and 54% felt they belonged to their immediate neighbourhood, down from 77%.

Equality, Diversity & Inclusion

- The Census 2021 has confirmed Coventry's status as one of the most diverse cities in the UK, with 45% of people identifying as being from an ethnic minority group. The different communities making up the city's population reflect a broad range of backgrounds and needs. It is therefore imperative to monitor how Council services are being used, using this latest Census data, to ensure that these diverse needs are being appropriately and adequately met by the Council.

- Coventry City Council acknowledges the importance of the principles of diversity and inclusion underpinning everything we do and recognises the importance of ensuring that our workforce at all levels, including at senior leadership level, is more reflective of the communities we serve and that we deliver services which meet the needs of all of our diverse citizens of Coventry. A commitment to this work is reflected in our status as an early adopter of the RACE equality code kitemark which is an accountability framework designed to provide organisations across all sectors and sizes, with the opportunity to address race inequality in the boardroom and at senior leadership level.

- Employees with disabilities can face significant challenges in the workplace & as part of the council's commitments in the Workforce Diversity & Inclusion Strategy (2021-2023), a series of career development programmes have been launched to equip staff who have a disability, identify as neurodiverse or have a long-term physical or mental health condition to develop leadership skills that will enable them to thrive regardless of their role or position.

Obesity

Living with excess weight has health implications across the life course, as well as the burden it places on their families, social care and the NHS. Across the West Midlands, the prevalence of children at a healthy weight (particularly in year 6) is declining and getting worse at 57.1%. Obesity prevalence is strongly linked to deprivation, with the rate of obesity in children living in the poorest areas more than double that of those living in the least deprived. Child obesity levels in the city are higher than the England average, with around 22% of Reception children and 41.1% of Year 6 children classed as overweight & obese in 2021/22. These figures for Year 6 particularly are increasing and getting worse. A similar trend is also reflected with the adults in the city with 68.4% classed as overweight or obese. 58.6% of adults in the city are physically activity, which is below both the regional and national average. These trends come at a significant time given the links between excess weight & COVID-19 severity, along with a range of other chronic diseases.

Education & Skills

- Education standards have increased with 94% of primary and 74% of secondary students attending a good/outstanding school.

- The number of pupils achieving a “strong pass” and “standard pass” at the end of Key Stage 4 is below the national average**.** In 2022, 46.6% of Coventry students earned "strong passes" in English and Maths at grades 9–5, compared to 44.78% 50% of students in England. In 2022, 65.1% of Coventry students received a "standard pass," or grades 9–4 in English and Maths, up from 64.9% in 2021. This is lower than the 69% national average. For 16–18-year-olds (at key stage 5), Coventry’s average point score is in the middle of Grade C, which is slightly below the national average which is towards the top of Grade C.

- Nearly 19% of Coventry neighbourhoods are amongst the 10% most deprived neighbourhoods in England; 10% of the population has no qualifications at all, limiting their ability to gain rewarding employment. To transform life opportunities and increase everybody’s probability of a successful life needs every child to achieve a good level of development by the age of five; social inequalities are already established from the early years of life.

Employment & Economy

A protective factor for health is having meaningful employment. Reducing avoidable health disparities will involve tackling the unequal distribution of money, wealth, and power by improving opportunities and skills.

The city’s advanced manufacturing sector is growing, helped by the increase in the city’s highly skilled and highly qualified working age population.

Young people who are not in education, employment or training (NEET) are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. Across the city, NEET rates are decreasing in the city and getting better at 3.9% which is better than the regional and national average. The percentage of people of working age in employment in Coventry is 69.2% which is amongst the lowest across the West Midlands & below the England average at 75.4%

The local economy has experienced significant challenges in recent years with the COVID-19 pandemic, inflation, labour shortages, and new regulations and document requirements for UK-EU trade post-Brexit all of which have slowed economic recovery. This had a major impact on the local labour force, with the claimant count rising from 7,525 (3.0%) recorded in January 2020 to 16,490 (6.6%) in December 2020 (the peak during the pandemic).

Fuel Poverty

A household is said to be in fuel poverty if their fuel costs are above average, and when having paid for fuel, they are left with an income below the official poverty line. In figures, released from 2020, Coventry was one of the worst affected authorities in the country, with 20.3% of households in fuel poverty. Some areas of Coventry have fuel poverty rates of over 50%. Delivering a sustained recovery from the COVID-19 pandemic and global economic challenges is one of the priorities of Coventry’s economic development strategy which will contribute to achieving the One Coventry objective of “Improving Outcomes and Tackling Inequalities in Communities”.

- The impact of the cost-of-living crisis continues to affect households across the city.18.7% (13,670) children live in low-income families and the impact of fuel poverty has had a significant impact on spending behaviours particularly around food choices with price being the most important factor as highlighted in the Coventry Household Survey 2022. Data from this survey also noted that people living in Foleshill (31%), St Michael (33%) or Wyken (25%) wards are significantly more likely to feel worried about money almost all the time compared to the total average (17%). In addition, those with a disability are also more likely to worry about money almost all the time compared to those with no disability (23% vs 14%).

Smoking

- Smoking is the leading preventable cause of illness & premature death. Despite the continued decline in smoking prevalence across the West Midlands, 16.4% of adults in Coventry still smoke, which is higher than the national average at 15.4%.

- Lifestyle questions around smoking behaviours is a component of the Coventry Household Survey (2022) and suggests that those aged 35-44 are significantly more likely to say they currently use e-cigarettes (9%) compared to the survey average of 7%.

More information about health and wellbeing in Coventry can be found in our health and wellbeing profile (Joint Strategic Needs Assessment) and our review of population health needs.

Taking Action

Taking Action: population health framework

An update on actions to address the wider determinants of health

2023 marks a decade since Coventry became a Marmot City and the population health approach is very much embedded into ways of working throughout Coventry. The city is now embedding the One Coventry Plan, which rather than being a programme or project is a different approach to working with and for our communities. The One Coventry plan highlights a continued commitment to strengthen the Marmot City approach through encouraging healthy lifestyle & providing quality healthcare[3]. Since the publication of the strategy, the following developments have been made:

- Coventry City Council are amongst 10 local authorities who have been awarded funding from the National Institute for Health and Care Research (NIHR) to create a Health Determinants Research Collaboration (HDRC) within Coventry over the next 5 years[4]. This is an opportunity to build on the evidence base around the wider determinants of population health and health inequalities and develop a new research culture and capability in the authority.

- The Marmot Partnership (previously Marmot Steering Group) continues to bring together key stakeholders from across the system to provide an ongoing strategic focus on health inequalities. A new monitoring tool for 2023 onwards has been developed in partnership with the Institute of Health Equity (UCL) and Coventry stakeholders, reflecting the Marmot approach of 'building back fairer' as part of Coventry's Covid-19 recovery. The new monitoring tool uses the eight Marmot policy objectives as the overarching themes to bring together activities, and a new set of indicators to measure the progress made in reducing health inequalities for those living in Coventry. These indicators will be incorporated into the Health and Wellbeing Strategy performance framework.

[3] https://www.coventry.gov.uk/theonecoventryplan
[4] National Institute For Health & Care Research

Businesses Committed to Fairer Coventry

Developed between Public Health, Employment and Skills, and Business and Economic development colleagues the 'Businesses committed to a fairer Coventry' campaign aims to work with Coventry businesses to consider how they can implement fairer work practices for their employees. This addresses the well understood link between poor quality work and inequalities.

The Marmot review for industry 'The Business of Health Equity' (2022) sets out the important role that businesses play in the health and wellbeing of their employees by providing good quality work and opportunities to develop skills and improving health equity. Legal and General in partnership with the Marmot team at the Institute of Health Equity chose Coventry to hold a round table event in March 2022 to launch the review and stimulate discussions. January 2023 saw a national network for businesses launched to share information and learning in the drive to tackle health inequalities. 'Businesses Committed to a Fairer Coventry' is our local response to the review (see infographic below). The campaign pilot will commence June 2023.

An update on health behaviours

Our health behaviours are important drivers of health. These modifiable behaviours include smoking, alcohol consumption, diet and exercise. Prioritising the prevention of illness is one of the key commitments across both Coventry and Warwickshire and we are addressing this through aligning and co-ordinating prevention programmes across the local authority and NHS system to maximise impact and tackle barriers to healthy lifestyle choices. Within the Integrated Care System, the population health & inequalities prevention board was established to address this area of public health.

Physical Activity: In 2022, Coventry was successful in securing funding through the Commonwealth Active Communities Fund. The aim of the funding is to tackle inactivity in local communities and engage underrepresented groups by delivering physical activities. This investment will create further opportunities for local organisations in the city to reduce isolation and loneliness by delivering more physical activity opportunities in a community setting as part of Coventry Moves on your doorstep. The Public Health team works closely with the Sports Development team in the Council on this agenda.

Taking action on childhood obesity

As a Marmot City, we are committed to ensuring that every child has the best start in life, and we are continuing to take action to support families to make healthy lifestyle choices. Supporting research into the prevention of ill health forms a key part of this and Coventry is part of a NIHR study to test the effectiveness of the MapMe intervention alongside the current NCMP invitation letter.

Childhood obesity in Coventry remains higher than the England average and is most prevalent in the most deprived areas of the city which mirrors the national picture of obesity and socioeconomic status. This research provides a unique opportunity to understand motivations and barriers around accessing weight management services for children.

Alcohol & Substance misuse

- Liver disease is one of the top causes of death in England and people are dying from it at younger ages. In Coventry, the hospital admission rate is increasing and getting worse at 52.4 (per 100,000) which is higher than the regional and national average.

- The government's new 10-year drug and alcohol strategy 'From Harm to Hope' sets out an ambition to address substance misuse by breaking drug supply chains, delivering a world-class treatment and recovery system and achieving a generational shift in demand for drugs. A new Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) has been issued to Local Authorities to enhance the delivery of treatment and recovery systems.
  The following is a summary of projects in the city that have been invested in as a result of this funding:
    - Creating a dedicated criminal justice team within Change Grow Live (CGL) (Coventry's commissioned adult drug and alcohol treatment service) and employing a substance misuse worker embedded in the Caludon Centre

    - Employing an additional worker within Positive Choices (Coventry's commissioned Young People's risky behaviour service) to focus on supporting individuals engaged in County Lines activity

    - Employing a worker within the Housing and Homelessness team of the City Council to coordinate the multiagency Vulnerable Persons Forum

    - Introducing the use of long-acting opiate substitute therapy

    - Distributing additional naloxone (an intervention to reverse the effects of opiate overdose)

    - Providing additional residential rehabilitation placements

Sexual health

Coventry and Warwickshire Partnership Trust offer an Integrated Sexual Health Service (ISHS) which help with providing care and advice on sexually transmitted infections and contraception in the city. Increasing sexual health testing continues to be a priority in Coventry, particularly as data from 2021 indicates that detection rates for chlamydia and HIV testing are decreasing in the city[5]. There is a commitment across Coventry & Warwickshire work with communities to continue to shape services with a focus on reducing inequalities and improving engagement, which include:

- Provision of free & confidential services (including for under 16s) which include clinic-based appointments and drop-in, outreach services in the community and fully comprehensive HIV care.

- Provision of free condoms and Chlamydia screening for 13–25-year-olds living in Coventry through the C-Card scheme.

- Provision of free postal STI kits that can be ordered by Coventry residents

An update on an integrated health & care system

The Coventry & Warwickshire Integrated Care System was formalised following the statutory reforms in the Health & Care Act 2022 along with the establishment of the new Integrated Care Board (ICB) and Integrated Care Partnership (ICP). The local authority has worked with these new partnerships to ensure a commitment to prioritise prevention and improve future health outcomes through tackling health inequalities across Coventry.

Embedding action to tackle inequalities at both strategic and operational levels is the key focus of local authority public health and an integral part of ICS work. A strategic plan has been developed with the ICS to support the realisation of these actions.[6]

One of the key actions for the integrated care partnership is the development of the Integrated Care Strategy, which sets out the 5-year ambition to improve population health and wellbeing in its broadest sense, with a wide range of partners working together to improve health outcomes and tackle healthcare inequalities. For more information on the Integrated Care Strategy, visit https://www.happyhealthylives.uk/integrated-care-partnership/icp-strategy/.

The Integrated Care Board is developing a five-year Coventry and Warwickshire Integrated Health and Care Delivery Plan as the health and care system shared delivery plan for the Integrated Care Strategy. It is recognised that delivering the vision set out in the Integrated Care Strategy will require the combined efforts of health and care system and wider partners in the ICS, with key activity being driven through the two Health and Wellbeing Strategies and aligned delivery plans. The focus of the Delivery Plan is predominantly the 'integrated health and care system' quadrant of the population health model but will link into the work of the wider system.

[5] OHID Fingertips data (sexual health)

[6] Coventry & Warwickshire Health Inequalities Strategic Plan 2022-27

An update on the places & communities we live in & with

There is increasing recognition of the key role that places and communities play in our health. For example, our local environment is an important influence on our health behaviours, while there is strong evidence of the impact of cultural factors, social relationships and community networks, including on mental health. Our One Coventry Plan is designed to work with our communities to ensure that they are able to address their health needs and to reduce inequalities.

The built environment has a significant impact on population health and as Coventry is ranked amongst one of the fasted growing cities outside of Greater London, considerations to this growth are continuing to be supported by new, high-quality infrastructure to combat congestion and transport issues as identified in the Coventry Local Plan. This plan sets out the blueprint to facilitate the provision of new high quality public green spaces, investment in the city's education system and enhance the health facilities and opportunities required to support all aspects of the city's population. A refresh of the Local plan is underway and due to be published in 2024[7].

The legacy of Coventry & Warwickshire Year of Wellbeing

2019 marked a pivotal opportunity to raise the profile of promoting positive action to improve wellbeing across Coventry & Warwickshire. The partnership across both Health & Wellbeing boards inspired the Health and Wellbeing Concordat to ensure organisations do all they can to address key challenges very much aligned to our priorities including: the rise in ill-health, physical inactivity, loneliness and social isolation. The commitment to prioritising population health & wellbeing has continued beyond the 2019 campaign through legacy initiatives such as Wellbeing For Life[8].

Coventry City of Culture

Since the publication of the 2019-2023 strategy, Coventry had a year in the spotlight as the UK City of Culture, which provided an opportunity to address the multiple and intersecting inequalities in the city through increasing cultural access for those communities and neighbourhoods who historically have benefitted the least from public investment in arts and culture. This iconic year boosted jobs and opportunities as a result and yielded more than a million people attending 700 events in person & online.[9]

Low-income family tracker project

Supporting families to give their children the best start in life is one of the commitments within the One Coventry plan and a key part of this is providing information around relevant tools and services to facilitate this. An example of this work is the Low-income family tracker project. This pilot initiative aims to identify and contact families with low-income to understand whether they could be supported to apply for additional benefits to which they are entitled to; and to prevent homelessness. This work will target support to people

[7] The Coventry Local Plan
[8] Wellbeing For Life
[9] https://warwick.ac.uk/about/cityofculture/researchresources/uk_coc_2021_interim_report_-_january_2022_web.pdf

who need it most now and uncover hidden pockets of poverty; and identify families who are struggling and who may never have engaged with the Council and its partners before.

Let's Talk Coventry: Valuing communities and residents is one of the central themes within the One Coventry plan and one of the tools that has been used to engage and empower communities is the online engagement platform Let's Talk Coventry. This platform has been successful in increasing residents' understanding of issues and consultations taking place across the city. It continually gives residents the opportunity to feedback on proposed plans, find out about more about council services and surveys, share ideas and join in with discussions.

The Community Resilience Team aim to empower, engage, and enable our communities to take action in their community by providing support and advice to individuals, voluntary organisations, and communities to identify and build on already existing strengths and skills within neighbourhoods.

The team **strengthens communities through collaboration** by establishing trusting relationships and creating strong partnerships from within the community. Several partnership networks have been established as a result; Community Centre Consortium, Community based stakeholder networks, Community Messengers, and Coventry Food Network Operations Group to name a few.

The Community Resilience Team **champion community action** through supporting a vibrant voluntary and community sector across the city, actively supporting, and writing funding bids, securing developer support, securing significant amounts of external funding for the city and providing guidance on how to ensure community groups are sustainable. This has become increasingly important with support surrounding the cost-of-living crisis and securing funding for warm spaces and restarting groups after the impact of covid.

As a result of a collaborative approach the team has been able to **work with communities around system change** collaborating with health partners to increase voluntary sector support and gain an understanding of barriers and needs of individual communities. The Community Messengers played a pivotal role in this.

There is a need to **share resources and community intelligence** therefore the team has explored ways in sharing community intelligence and building lasting relationships and ongoing conversations using digital tools such as the council's online engagement platform Let's Talk Coventry.

Community Messengers were a pivotal part of the community-led response to communications and messaging around Covid-19 during the pandemic. Over 200 community champions reflected the diversity across the city, consisting of faith, voluntary and community networks, sharing messages in the way that resonated with communities and neighbourhoods and provided feedback and intelligence regarding their lived experience during this critical period. During Coventry City of Culture 2021, the strength of the Community Messengers programme was extended to help to support with developing and collaborating on cultural projects which helped to create meaningful participation opportunities for community members. Following the current transition out of the emergency phase of the COVID pandemic, the Community Messengers group continues to meet. The agenda now focuses on issues and challenges raised by the active and diverse community sector working with the Coventry City Council Community Resilience Team.

Family Hubs bring together services for families with children aged 0 to 19 years or 25 years for those with special educational needs and disabilities. Following a competitive process, Coventry is amongst 14 local authority areas to receive additional funding to fast track the delivery of these services as trailblazer sites, with a particular emphasis on perinatal mental health, parent-infant relationships, and infant feeding services. There are a range of services and digital programmes across the life course which are already supporting families with parenting education to equipment them with skills and support to enable them to thrive.

Healthy Communities Together: Coventry was successfully awarded funding in 2021 to deliver the Healthy Communities Together (HCT) programme. This programme is funded by the National Lottery and aims to support local areas to develop effective and sustainable partnerships between the voluntary and community sector, the NHS and local authorities to improve health and wellbeing, reduce health inequalities and empower communities.

Community Prototypes: Community prototypes and place-based partnerships are enabling the city to draw upon lessons learnt from the collaborative response to the COVID pandemic and enabling a practical response to the cost-of-living crisis. The vision is to increase earlier identification of issues and opportunities for prevention or early help, and to enable the delivery of integrated support and services, through a locality approach which focuses on improving the quality of the lives of local residents, building community capacity and making the most effective use of city-wide resources. The first community prototype commenced in the Wood End and Henley Green locality, followed by a second in Canley and Tile Hill. In addition to the community prototypes, the council is also working in partnership with Citizen (social housing provider) and other partners to develop more place-based, collaborative approaches in the Spon End and St Michael's localities.

Review of strategic ambitions and priorities

The three strategic ambitions for the health & wellbeing of the residents of Coventry are:

- People are healthier & independent for longer
- Children & young people fulfil their potential
- People live in connected, safe & sustainable communities

In our previous strategy, the following short-term priorities were agreed following insights from the JSNA and engagement with communities & key partners:

- Loneliness & social isolation
- Young people's mental health & wellbeing
- Working differently with communities

These priorities align with and support the delivery of key national & local policies & programmes. These include the NHS Plan, The One Coventry plan, the ICS strategy. All of these prioritise integration, prevention, collective action & stronger communities (see figure 4).

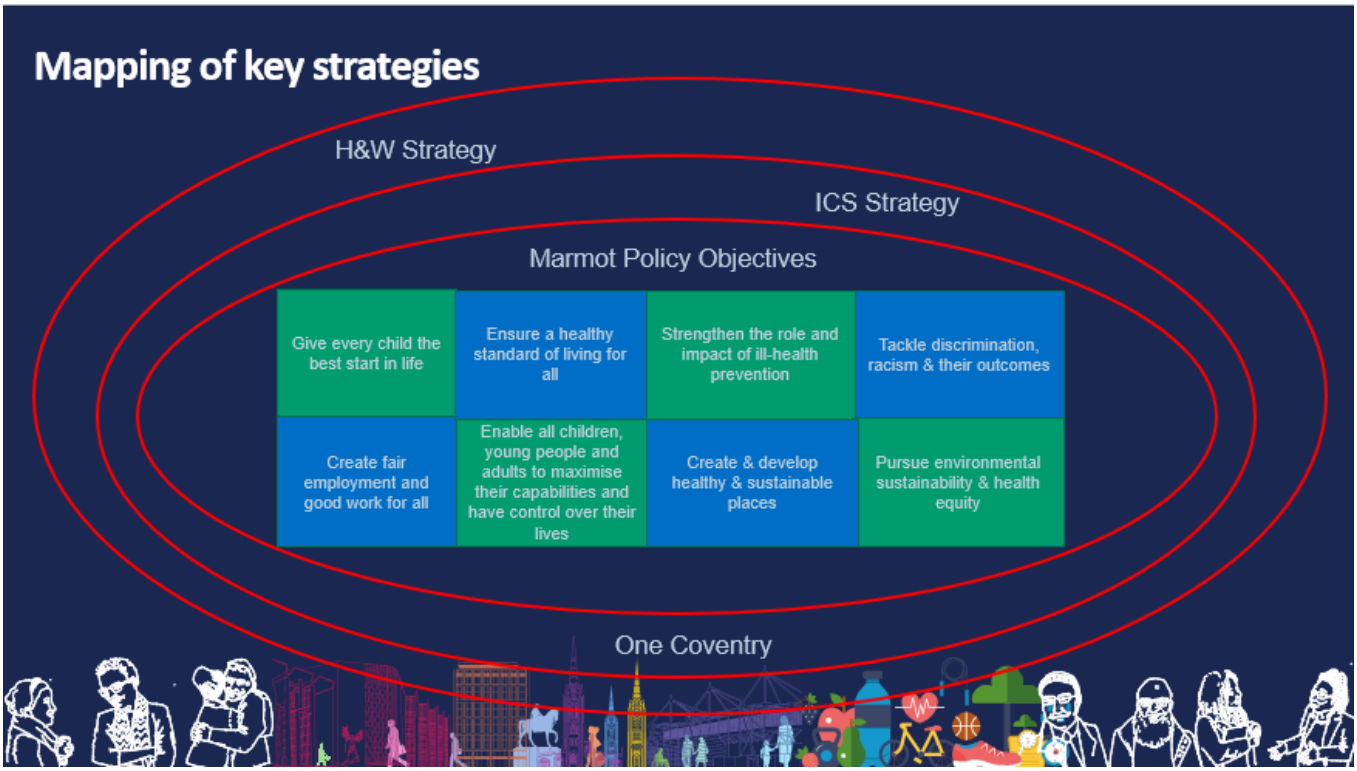


Figure 4: Mapping of key strategies

- In Autumn 2021, a review was undertaken to understand progress against the short-term priorities of the strategy and to ensure that the priorities were still relevant given the impact of the Covid-19 pandemic and on-going economic pressures on our city and residents The review of the Health and Wellbeing Strategy priorities was informed by evidence from a range of sources, including needs assessments that had been conducted as well as survey data, workshops with stakeholders, a senior partner workshop, learning from the current Strategy priorities and feedback from public consultation. The following is a summary of the progress against each of the short-term priorities:

Loneliness and Social Isolation

Loneliness and social isolation were chosen as a priority due to growing awareness of the negative impact they can have on the quality of life and well-being of those who experience them, with demonstrable negative health and social effects. To take forward this priority, a multi-agency working group has been established. As part of this programme of work, a mapping exercise was conducted to understand current resources and assets in the city which included initiatives such as:

- Connecting for Good
- Chatty Cafes
- Work by Moat House Community Trust to identify and support vulnerable individuals
- Work by Operation Shield to provide personalised support for clinically and extremely vulnerable individuals.
- Social prescribing services have worked in partnership with primary care networks and wider referral partners to provide 1:1 link worker support connecting people to community services, groups and activities

- Social Isolation Summit: This summit was hosted by Grapevine in July 2020 and focused on reflecting on the impact of the pandemic from a community perspective and how to develop community connectedness going forward.[10]

[10] Grapevine Social Summit 2020 report

Young people's mental health & wellbeing

Delivering a mental health system that is underpinned by prevention, building resilience, early intervention, recovery and self-care for children and young people was selected as a key priority for Coventry's Health and Well-being Board in 2019. Since the publication of the strategy, the following is a summary of progress of activities:

- Kooth, a new online virtual support offer for emotional wellbeing and mental health commissioned
- Establishment of mental health surge working group to monitor and review referral data into mental health services
- Developed and implemented two mental health support teams in schools
- Coventry and Warwickshire Mind adapted their offer during the Covid-19 pandemic. This has seen a move toa digital platform for delivering services and support.
- Wellbeing for Education Return training programme launched locally

Working differently with communities

Adopting a place based approach to addressing needs has allowed for different approaches to be used in a way that works for the diverse communities that Coventry serves. The following is a summary of progress since the last strategy:

- Community Messengers network established
- Healthy Communities Together Programme
- 14 new Social Supermarkets/ Food Hubs supported and set up in response to the pandemic
- Migrant Health Champions established

<u>Where do we want to focus now?</u>

- Utilising the review process and feedback from the engagement process, it was agreed that the existing short-term priorities of the Health and Wellbeing Strategy were correct, but that there were a number of areas that need to be intensified. These were as follows:

  Tackling loneliness and social isolation for all: Social isolation is detrimental for an individual's physical and mental health and therefore having strong social networks and positive social relationships is good for our health and wellbeing. Engagement with residents has highlighted the impact of social isolation not just on our older residents, but the wider community. Coventry has a real opportunity to build on our community assets to improve social connections.

  With Coventry's diverse population, the experience of isolation may have a new slant, particularly with different communities coming into the city as a result of continued migration and civil conflict. With this comes the challenge of working in the overlap of the priorities and being responsive to their needs and ensuring there are the relevant services in place to meet this need.

- **Improving mental health for all**: Nationally, the Covid-19 pandemic has impacted significantly on many people's mental health, as monitored by ongoing surveillance reporting. Throughout our engagement with residents in developing this strategy, many raised specific concerns around the

mental health of children and young people as well as older adults, as well as the importance of ensuring equity of access to services.

- **Focus on employment and homelessness as a prevention opportunity:** Despite growing opportunities, innovation and improvement in average earnings in the city, there has been an increase in the number of residents unemployed and economically inactive. Understanding the impact of the pandemic & the cost-of-living crisis on communities (across the life course) is therefore a key priority given the increased risk of further exacerbating wider inequalities.

- **Strengthen work with communities**: The city's diversity and cohesion are assets to Coventry, however there is some indication that overall feelings of belonging, and cohesion, may have reduced over the last few years. A commitment to strengthening work with communities is paramount, as there is a real opportunity to build on the work delivered during the pandemic and continue to unlock the power of local assets by improving the connectivity between the Health & Wellbeing board and communities and the Health & Wellbeing board and place-based working.

- **The need for co-production to achieve the priorities** and the importance of engaging with the community to influence and design solutions. The One Coventry Plan asked, "what will the Coventry of 2030 look and feel like to you?" and a majority of responses pointed to a need for more communication, collaboration, and engagement.

How will we measure success?

Our ambition for Coventry is to ensure everyone can enjoy good health and, that we reduce health inequalities. To achieve this, we are committed to developing a new performance framework that shaped by the core pillars within the population health framework and ties into the Coventry & Warwickshire Strategy & the One Coventry performance framework.

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

Prioritising prevention: we will tackle the causes of health-related problems to reduce the impact of ill-health on people's lives, their families and communities. We will seek to address the root causes of problems, listening to local people's priorities and acting on their concerns.

Strengthening communities: we will support strong and stable communities. We will listen to residents to understand what they want from the services we provide and encourage them, to lead change themselves where possible.

Co-ordinating services: we will work together to design services which take account of the complexity of people's lives and their overlapping health and social needs. We will focus on the best way to achieve good outcomes for people, reducing the number of interactions people have with our services and avoiding multiple interventions from different providers.

Sharing responsibility: we value the distinct contributions of all organisations that are represented on the Health and Wellbeing Board. We will maintain partnerships between the public sector, voluntary and community sector, local businesses and residents, recognising that we share a responsibility to transform the health and wellbeing of our communities. We will pool resources, budgets and accountabilities where it will improve services for the public.

Working through the relevant Partnership Boards across our population health framework, we will develop a reporting framework and schedule to update the Health and Wellbeing Board on the progress of action plan development, and the key measures of success relating to these priorities. In addition, we will continue to monitor and respond to the changing local and national context, to ensure that our approach remains relevant and impactful for the citizens of Coventry.

Joint Strategic Needs Assessment

Citywide Profile 2023

Introduction

What is the Coventry Joint Strategic Needs Assessment (JSNA)?

Welcome to the Coventry Joint Strategic Needs Assessment (JSNA). The JSNA brings together evidence about the health and wellbeing of Coventry residents, to help leaders across health and care understand and work together to improve the health and wellbeing of the people of Coventry.

Health is more than the *healthcare* system: it is not just about NHS hospitals, doctors, or nurses. Instead, health is about people's lives. Indeed, **people's health is determined by their economic and social circumstances**, such as:

- their ***communities*** - whether they have access to a good network of family and friends.
- their ***prospects*** - whether they have access to good jobs and education; and
- their ***environment*** - whether they live in a good neighbourhood with access to green spaces.

These social circumstances determine people's health and wellbeing, and therefore, are known as **social determinants of health.**

This JSNA contains a full range of evidence to provide decision-makers with an understanding of local people and communities. It contains a lot of numbers and statistics, because these are essential to show the trends of how things have changed, as well as comparisons with other places. However, because health is about people, this JSNA also contains a lot of evidence from local people and local community groups.

About this JSNA

The Health and Social Care Act of 2012 places a duty on Health and Wellbeing Boards to produce a Joint Strategic Needs Assessment.

In April 2018, the Coventry Health and Wellbeing Board authorised a move towards a place-based approach to the JSNA, with the production of a citywide JSNA profile and JSNA profiles for each of the city's eight Family Hub reach areas.

Since the production of the last JSNA, there have been huge external influences on the health and wellbeing of our residents. The COVID-19 pandemic shone a light on inequalities within our communities and has fundamentally altered our lives. There have been changes to what we value, our communities and how they function, our ways of working and to our economy. The data within this profile reflects these changes.

This JSNA is produced in 2023 by Coventry City Council with co-operation from partners across the Coventry Health and Wellbeing Board and ideas contributed by community organisations and residents.

Each JSNA profile is structured as follows:

- Demographics and Community
- Prospects
- Environment
- Health and Wellbeing

For each topic area covered, the JSNA explores:

- Why is this important?
- What is the local picture? How does it compare?
- What is happening in the city? What else can be done?

In addition to the JSNA profiles, detailed statistical data and evidence is available in the citywide intelligence hub at www.coventry.gov.uk/jsna. The hub provides tools to compare and contrast metrics and indicators of all kinds.

Executive Summary

Demographics and community

Organisations need to plan for a growing changing and increasingly diverse population.
The city has experienced a high rate of population growth in recent years, this is partly due to the city's two universities, which continues to lower Coventry's median age to 35 - 5 years younger than the England and West Midlands region median of 40. Despite this, growth in older people is expected to accelerate and outpace other groups within 10-15 years as Coventry's 55-59 age group experienced the greatest growth of any age group.

Population growth is high in certain neighbourhoods and some areas are more diverse than others. With a larger percentage of school children from an ethnic minority than all residents in Coventry as a whole, it is likely Coventry will continue to become more diverse.

Although the city is cohesive, people do not feel they have influence over local decisions. The city's diversity and cohesion are assets to Coventry, however there is some indication that overall feelings of belonging, may have reduced over the last few years. Grassroot organisations promote community cohesion and could achieve greater success with additional funding for expanding their capabilities and exchanging knowledge.

Prospects

The global economic context is currently challenging and will likely impact on Coventry and its residents. Despite growing opportunities, innovation and improvement in average earnings, there has been an increase in the number of residents unemployed and economically inactive. This is likely due to the disruption during the Covid-19 pandemic and slow growth in the national economy in 2022. Jobs and opportunities have been boosted by City of Culture 2021 and initiatives such as KickStart and the Youth Hub. The impact of this cost-of-living crisis on communities across the city is yet to be fully realised, as people face rapidly rising energy, fuel, food, and housing costs.

There remain significant pockets of multiple deprivation in the city, which limits people's opportunities to succeed. People from more deprived populations are more likely to live shorter lives, as well as live a greater proportion of their life in poor health. 14.1% of the city's neighbourhoods are amongst the 10% most deprived areas in England.

A growing proportion of the city's residents are gaining qualifications, two-fifths of the city's working age population is highly qualified. 7.6% of the city's working age population has no qualifications at all, a reduction from 10% in 2018 and has halved over the past decade. Having no qualifications may limit a person's ability to gain more rewarding employment in the city.

Education standards remain consistent with national averages with 89.3% of primary and 86% of secondary students attending a good/outstanding school; the city continues to have a slightly higher than average percentage of young people proceeding from school to a sustained education, employment, or training.

Digital Access adds another dimension to inequalities of access to healthcare and should be a consideration. It's important that residents aren't left behind in being able to access digital opportunities; some residents are excluded but overall, the risk is lower than the average for the West Midlands.

Environment

Coventry residents have good access to services which are generally considered an asset that is enjoyed; However, residents' satisfaction with their area is lower than the national average. Most people live within a 20-minute walk of a general or grocery shop, public transport links, parks, pubs, GP surgery, health centre and a place of worship, providing opportunities to socialise, exercise and enjoy their lives. However, this masks pockets of dissatisfaction which could be further explored through a more detailed understanding of local needs.

Green spaces bring communities together, reduce loneliness and mitigate the negative effects of air pollution, excessive noise, heat, and flooding. There is opportunity to work with communities to protect and improve existing green space and create new ones in areas most in need, and to implement nature-based interventions for health, such as green walking or green social prescribing.

Average house prices are a little lower than the West Midlands regional average, **however, rental prices appear to be slightly higher, both prices in Coventry are increasing.** An increasing rate of house building within Coventry is planned, if these plans were to come to fruition it may facilitate further population growth with families and other households moving into these houses.

Threats to population health and wellbeing are exacerbated by the increased costs associated with keeping homes warm, dry, and ventilated sufficiently over the colder months of the year and potential intermittent shortages in energy supply. Cold homes are recognised as a source of both physical and mental ill health, increasing the risk of heart attack and stroke, respiratory illness, falls and accidents.

Health and Wellbeing

The unprecedented COVID-19 pandemic fundamentally changed all our lives and impacted on health and wellbeing on a global scale. The pandemic had many impacts, not all directly on residents' physical health. The restrictions due to the pandemic and the lockdowns, may have had an impact on different aspects of health, not least mental health. COVID-19 caused severe illness and deaths and put a pressure on the health system. A total of 9,246 COVID-19 patients have been admitted to University Hospitals Coventry and Warwickshire (UHCW) up to end of April 2023. Many people experience ongoing symptoms of COVID-19 for a prolonged period, and many of these will need to access health services.

Coventry delivered hundreds of thousands of COVID-19 vaccines that protected many from severe illness or death and protected the health service. However, many remain unvaccinated.

Overall health in the city is below average, with residents living in more deprived parts of the city not only living shorter lives, but also spending a greater proportion of their shorter lives in poor health than those living in less deprived parts of the city. There are significant inequalities across Coventry's neighborhoods and the extent of the inequality is relatively large compared to other areas. However, focusing solely on the most deprived areas is ineffective and may stigmatise people. Making things fairer requires improving the health of all social groups, in a way that reflects each group's assets and needs. This is called a "social gradient" approach. Examples of where a social gradient approach can be adopted include hospital accident and emergency, where vulnerable groups are more likely to be users of emergency admitted care services, and less likely to take up vaccinations and screening services.

Community groups are best placed to address health challenges, because they are trusted and have the networks understanding and legitimacy to do so. However, their resources are limited, and capacity is stretched. The public sector must, therefore, change how it works with communities, by shifting to an 'enabling' leadership style; pooling engagement resources and building capacity.

Demographics and Communities

Population

Why is this important?

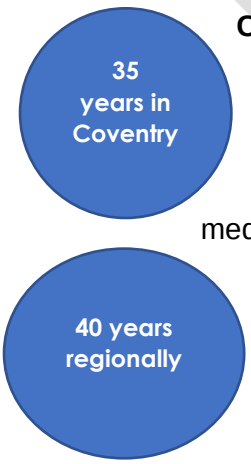
It is important to understand how Coventry's population and demographics is changing so that local communities and organisations can ensure that the city has the right services to meet the needs of its people.

What is the local picture? How does it compare?

Coventry's population is growing, changing and increasingly diverse, it is the seventh fastest growing local authority in the West Midlands region. Coventry has a population of 345,325 people; this is an increase of over 28,000 residents since 2011 and makes it the second-largest Local Authority in the West Midlands region. Coventry's population has increased by 8.9% over the past ten years, exceeding England's overall growth of 6.6% and the West Midlands region's growth of 6.2%.

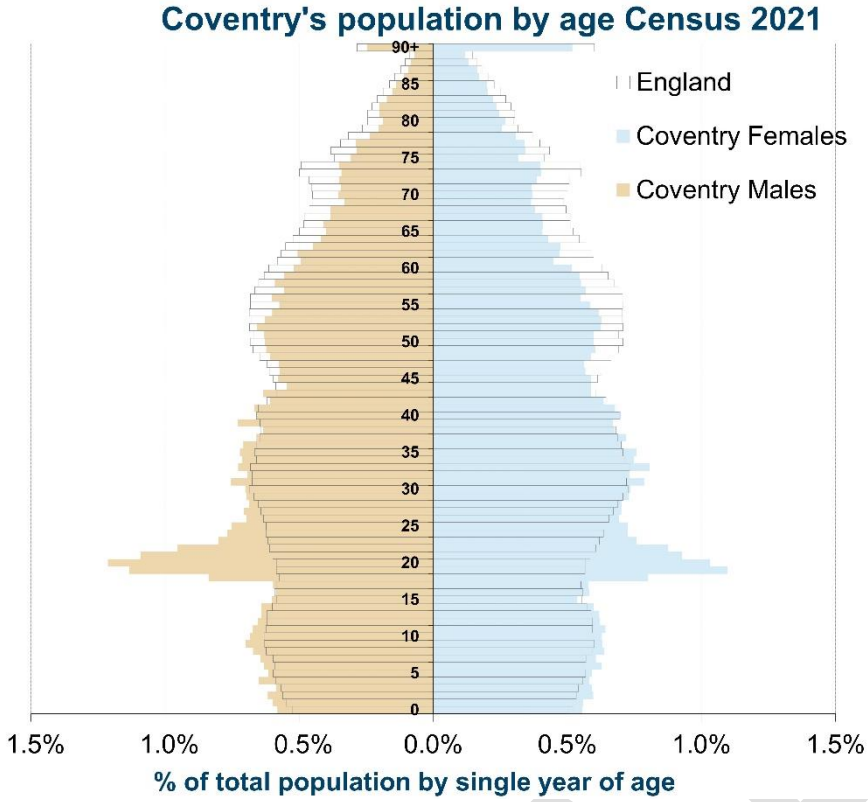
It is difficult to predict how Coventry's population will grow in the future which makes planning services more difficult as a result. Before the census 2021 data was released, the most reliable source to understand population growth was the Mid-year estimates (MYEs) by the Office for National Statistics (ONS). These statistics showed that that the population had been growing at one of the fastest rates in the country. However, the census data reveals that although the population is still growing faster than average, it is not growing as fast as we previously thought. This could be due to several external influences, such as Brexit and the pandemic which will have influenced numerous factors, like international migration. It is unclear whether this will increase back to levels pre these influences.

Median Age, 2023



Coventry residents are, on average 5 years younger.

Coventry's young population is partly due to the city's two universities, which continues to lower Coventry's median age. The median age has increased by one year to 35 over the past decade, however it still falls below the England and West Midlands region median ages of 40.

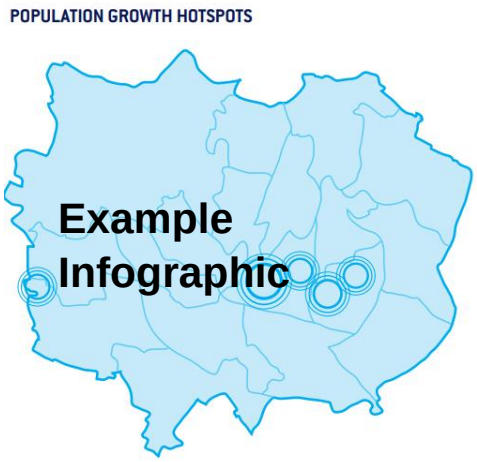


An estimated 68,300 children under the age of 16 live in Coventry, which makes up 19.5% of the population compared to 18.5% across England overall and19.3% for West Midlands. With an estimated 42,900 residents, 13% of the city's population is between the ages of 18 and 24, compared to 8% in England as a whole. The young population is partly due to the city's two universities; Coventry also has a higher proportion of residents between the ages of 25 and 39.

Birth rates have been on a falling trend in Coventry for the last 10 years. The total number of births to mothers living in Coventry in 2021 was 3,948, down from 4,801 in 2011. This is a major factor behind a 9% decrease in the number of children aged 0 to 4 over the last 10 years. This is line with a decrease nationally, however Coventry's decrease was larger than average for the region. The number of children aged 5-14 living in Coventry has increased notably over the last 10 years, rising from 36,200 in 2011 to an estimated 44,100. This is a 22% rise compared to a 12% increase for England as a whole.

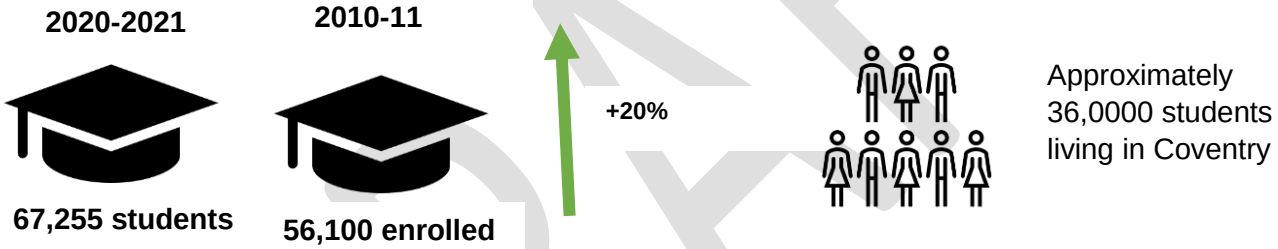
Despite the relatively young average age of Coventry citizens, it is important to consider the growing older population while planning services. In a decade, Coventry's population is likely to be older on average than today as the large increase in 50–59-year-olds seen in the past decade continues to grow older.

Between 2011 and 2021, Coventry's 55-59 age group experienced the greatest growth of any age group, increasing by 27.5%. The 2018-based sub national population projections indicate that population will begin to "age" during the next ten years, as the number of citizens 65 and older is likely to start to increase at a faster rate than the average growth rate for all ages. This means there is a need to focus on preventative health amongst the working age population now to help manage future demand on health and care services. The north-west Coventry neighbourhoods of Allesley Green and Lower Eastern Green have the highest proportion of resident aged 65+ with 29.1%.



Whilst there is a natural growth in Coventry's population, with more births than deaths each year, migration now accounts for a larger portion of the city's expansion. The largest movements of people are from and to other parts of the UK, with students attending the two major universities in the city contributing to this. Coventry also welcomes many new residents from other parts of the world and international migration is a key factor in population growth. More people have moved to Coventry from oversees annually in the last 10 years (less so in the last 2 or 3) than move from Coventry abroad.

The city's growth has not been evenly distributed; therefore, local organisations may need to review the location of their services. A significant percentage of Coventry's growth was accounted for by its three fastest-growing MSOAs, which make up more than a quarter of the city's total growth. The fastest growing are Whitley & Tolbar End, Henley Green & Wood End, and Central Coventry, with corresponding population growth rates of 45%, 36%, and 27% respectively. Of Coventry's 42 MSOAs, 20 had growth higher than England's average. 18 had growth higher than Coventry's overall growth of 8.9% with six growing by more than double Coventry's average.



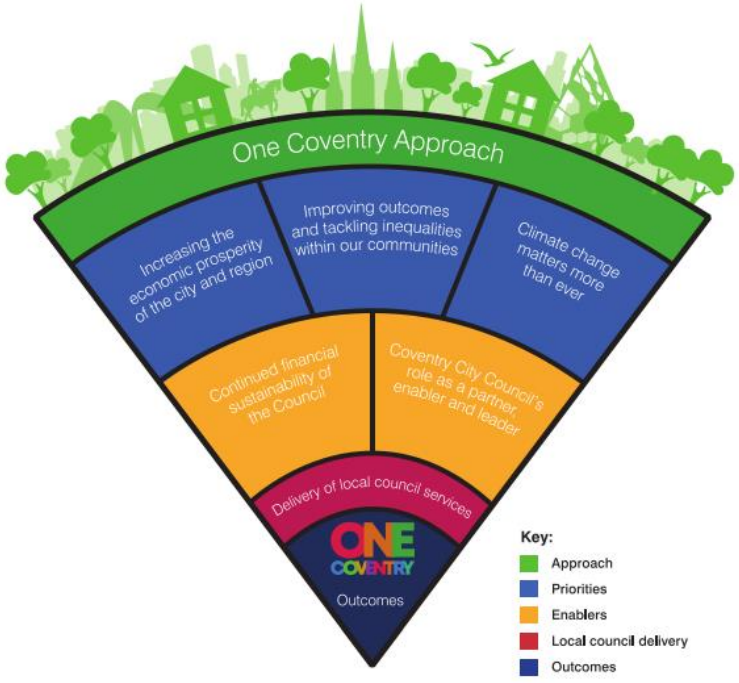
Being home to two large universities, Coventry University and the University of Warwick, students form a growing part of the city's population. While the increase in the number of students living in Coventry is by no means the whole story of Coventry's population growth, the growth of the universities has certainly contributed. Over the last 10 years, between the academic years of 2010-11 and 2020-21, the total number of students enrolled at the city's two universities increased from 56,100 to 67,255. Not all live in the city of course, census data gives an estimate of about 36,000 university students living in Coventry in 2021, a 29% increase from about 28,000 in 2011.

The COVID-19 pandemic may have caused some enrolled students to decide not to live away from home in Coventry in 2021 so the total student residents may be lower than it otherwise would have been. Census 2021 data estimates a total of 9,730 international university students living in Coventry.

What is happening in the city? What else can be done?

Grassroot organisations promote community cohesion and could achieve greater success with additional funding for expanding their capabilities and exchanging knowledge. Peer support groups for our most vulnerable residents including those with protected groups and needs, such as those related to

age, gender, culture, religion, sexual orientation, and health, are available in the city. These peer support groups are the foundation of many people's social networks and interactions, and for some people, they are their sole source of social engagement. The Community Resilience Team have supported 34 groups restart after the pandemic and worked with a further 52 new groups between January 2022 and January 2023, ensuring that right support is in place.



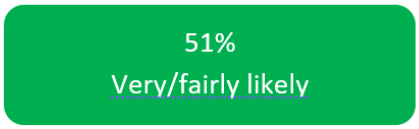
The council remains committed to engaging with communities, providing opportunities to collaborate and share ideas. The One Coventry Plan sets out the council's ambition to ensure more residents of Coventry are fulfilling their ambitions, living healthier lives for longer and living in safer, connected, and sustainable communities. Coventry City Council's 'One Coventry Plan' sets out a vision and priorities for the city, based on its commitments to the people of Coventry and the things that residents find most important. It is more focused on the needs and aspirations of communities. Building on key Council and partnership strategies, the One Coventry Plan sets out three interconnected priorities:

- Increasing the economic prosperity of the city and region
- Improving outcomes and tackling inequalities within our communities
- Tackling the causes and consequences of climate change

Although the city is cohesive, people do not feel they have the opportunity to get actively involved in improving their local area. The Household Survey 2022 found that just under four in ten residents (38%) agree there are opportunities to get actively involved in improving their local area, in line with 2021 findings. Residents aged 65+ are significantly more likely to agree with this statement compared to the survey average (47% vs. 38%). At ward level ward, those in Binley and Willenhall (24%), Foleshill (24%), Longford (20%) and Upper Stoke (27%) are significantly less likely to agree that there are opportunities to get involved in local improvement. Furthermore, there is a sense of negativity or resignation, with 49% saying that even if given the opportunity, they would probably not get involved to make improvements to their local area.

There is some appetite for residents to become more actively involved in their communities.
In the Household Survey 2022 residents were asked whether they would take a more active role in the community in the future when the opportunity arises, with 51% of respondents suggesting they would be likely to get involved in some way. Indicating a sizeable opportunity for community participation.

Figure 15: In the future there will be more opportunities for residents to take a more active role in their communities. Over the next 12 months how likely, if at all, might you be to get involved with others in your local area to make improvements?



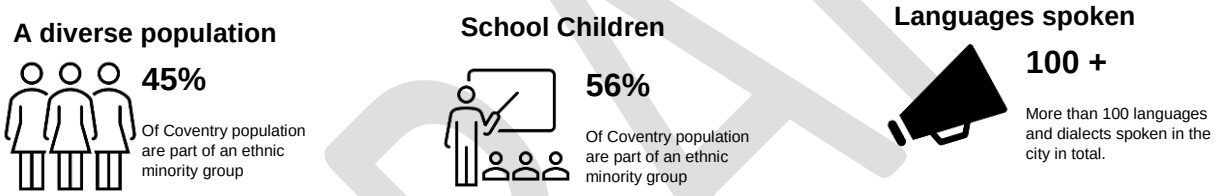
Percentage of respondents – base size 2,231

Diversity

Why is this important?

The growth of new communities can change the age and ethnic profile of the city, which can have an impact on demand for local services such as schools and GP surgeries and is influenced by many complex factors, such as living and working conditions, social inclusion, ethnicity, socioeconomic position, education, and cultural factors.

What is the local picture?How does it compare?



The city is becoming increasingly diverse with 45% of the population identifying as being part of an ethnic minority group compared to 26% in England as a whole. We use 'ethnic minorities' to refer to all ethnic groups except the white British group. Ethnic minorities include white minorities, such as Gypsy, Roma, and Irish Traveller groups.

In the 2021 census, 45% of Coventry's population identified as an ethnic minority, up from 33% in 2011. In England it was 26% and in the West Midlands region it was 28%.

Of the ethnic minority population, Asian Indian formed the largest group making up 9% of Coventry's total population compared to 3% in England and 5% in the West Midlands. Within Coventry, Foleshill West, Foleshill East, and Hillfields had the largest percentage of their population identifying as an ethnic minority with 80% or more doing so.

With a larger percentage of school children from an ethnic minority than all residents in Coventry as a whole, it is likely Coventry will continue to become more diverse.

According to the latest school census in 2022, 55.9% of Coventry's school children are from an ethnic minority group up from 39.7% in 2012. The largest ethnic minorities in school children are Black African (11.4%), non-British white (10.2%), and Asian Indian (8.9%).

Some areas are more diverse than others, which should be a consideration when reviewing service provision. For example, in Brownshill Green 92.1% of residents were born in the UK, while in Coventry Central only 50.5% of residents were. Therefore, local organisations may need to review the services they provide to serve the residents' needs in different areas.

As it becomes more diverse, the city remains cohesive, but Coventry Household Survey data indicates that overall feelings of belonging, and cohesion, may have reduced over the last few years. Most residents said that their neighbourhood is a place where people get on well together, 63% agreeing so in the 2022 survey. It is notable though, that this has reduced from 88% in 2018.

56% of adults said they felt a sense of belonging to Coventry, down from 83% in 2018; and 54% felt they belonged to their immediate neighbourhood, down from 77%. Those in Bablake (70%), Earlsdon (72%), Wainbody (65%), Woodlands (68%) and Wyken (67%) wards are significantly more likely to have a strong sense of belonging at neighbourhood level.

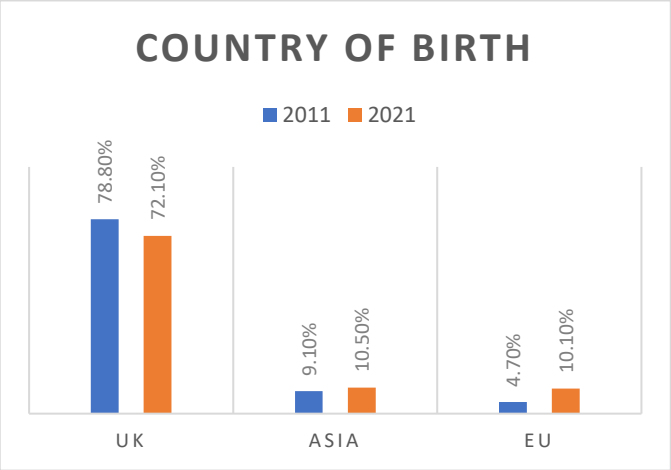
All residents were subsequently asked if the Covid-19 outbreak has changed their sense of belonging to their local community. Only a minority of 13% feel a stronger sense of belonging to their local community after Covid-19, a small difference compared to the previous year (15%).

Coventry has a greater and increasing diversity of languages, which could act as a barrier when accessing and having an awareness of services available to residents. In 2021, 82.5% of Coventry's residents had English as a main language, compared to 86.1% in 2011. In England 90.8% residents have English as their main language and 91% in the West Midlands region. Within Coventry, Polish (2.3%), Panjabi (2.3%) and Romanian (2.1%) are the three most popular main languages spoken aside from English.

There are 16 languages that at least 1,000 Coventry residents speak as their main language and more than 100 languages and dialects spoken in the city in total. In Foleshill West just over a quarter of households have no people with English as their main language.

Whilst Coventry is becoming increasingly diverse with a wider range of languages spoken, the number of people who cannot speak English well has fallen in the last 10 years. This may be a positive sign for cohesion and integration. In the 2021 Census, people who did not report English as a main language were asked to report how well they could speak English. In Coventry, 16.9% could not speak English well and 2.6% could not speak English at all. This is an improvement from 2011 where 18.7% could not speak English well and 3.3% could not speak English at all.

Religion can also provide some insight into the diversity of Coventry, the number of people who are not religious has increased. 30% of residents are recorded in the Census 2021 as having 'no religion', up from 23% in 2011. Being religious is more prevalent in Coventry than the national average however, 37% of all across England have no religion. While Coventry has a lower proportion of Christian residents than the national average, 44% (England 46%) down from 54% in 2011; most other major religions are more commonly followed in Coventry. 10% of Coventry residents are Muslim, an increase from 7% in 2011; 5% are Sikh and 4% are Hindu.



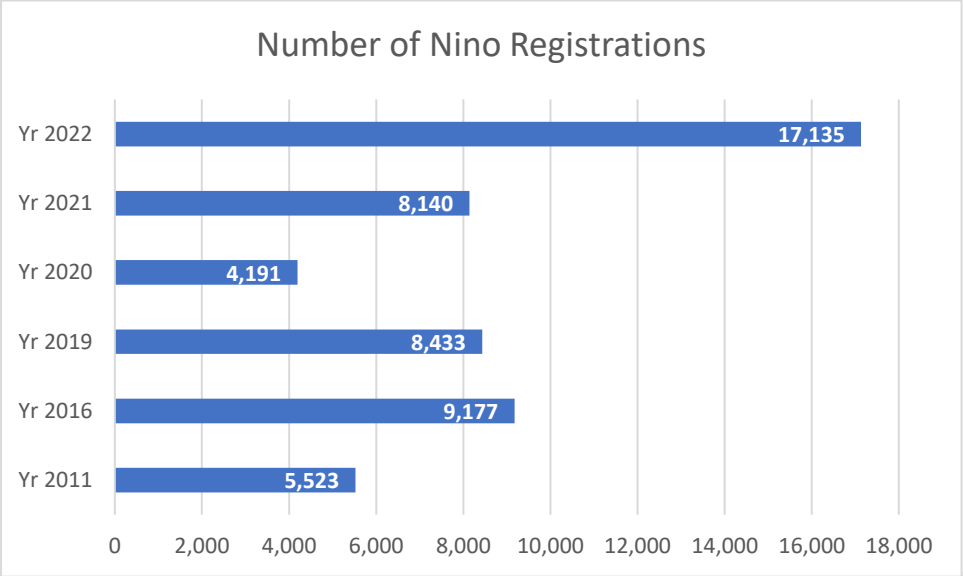
The number of residents born outside of the UK has increased, highlighting the increasing diversity of the city. In 2021, 72.1% were born in the UK, 10.5% in Asia, and 10.1% in the EU. In Coventry, the top three non-UK countries where residents of Coventry were born are India with 4.5%, Poland with 2.6%, and Romania with 2.4%. In 2011, it was 4.2%, 2% and 0.3% showing that Coventry has become more diverse in the last 10 years, with the greatest increase being amongst people born in Romania.

Newly arrived communities are an important part of Coventry's social fabric, economic development, and economic growth. This group includes students, people fleeing conflict and economic migrants. 14.2% of Coventry's residents – approximately 49,100 people, around 1 in every 7 Coventry residents arrived in the UK since 2011. Central Coventry and Lower Stoke & Gosford Park have the largest concentration with 39% and 34% of residents arriving in the last ten years.

Coventry has a long history of providing safety to those fleeing conflict and persecution and has been recognised as a City of Sanctuary and International City of Peace and Reconciliation for many years. In the past 8 years, 778 people have been resettled in Coventry under the national Vulnerable Persons Resettlement Scheme (VPRS), Vulnerable Children Resettlement Scheme (VCRS), and more recent UK resettlement scheme (UKRS). As of March 2022, there were 1,368 asylum seekers receiving support in Coventry. This is the 4th most of any local authority in England with only Birmingham, Liverpool and Southwark supporting more. The true number of asylum seekers residing in Coventry is estimated to be 2,000 people – the highest proportion of asylum seekers per head of population in the West Midlands region. The number of Ukrainians living in Coventry under one of the UK support schemes is likely to vary as the Russian invasion progresses, but as of September 2022 was approximately 200.

International migration has contributed to the growth of the city over recent years, with a significant proportion of these not being asylum seekers and refugees or students. While there is uncertainty in measuring international migration due to challenges collecting accurate data, the number of foreign nationals living in Coventry and newly registering for a National Insurance Number (NINo) gives an indication of this and how the trends in movement have changed over recent years. After fluctuations and a significant dip due to the pandemic, 2022 saw 17,135 NINo registrations in Coventry, the highest number

since records started in 2002.



Registrations in Coventry increased from 5,523 in 2011 to a peak in 2016 at 9,177 but fell from 8,433 in 2019 to 4,191 in 2020 due to restrictions during the COVID-19 pandemic; and bounced back to 8,140 in 2021. The exit from the EU will likely have played a part in these trends also.

The national profile of NINo registrants, who we may call 'economic migrants', has changed a lot. While Coventry welcomes people from a wide range of countries, in the three years before the pandemic people from Romania and India made up 40% of registrations. The number moving from Poland was the 3rd highest, although this has been on a gradually falling trend since it was the highest in number 10 years ago; it is now outside the top 20.

At the peak of EU migration to Coventry in 2016 EU nationals made up 70% of NINo registrations, this fell to 54% in 2019, to 29% in 2020 and 12% in 2022. It was a significant increase in registrations amongst people from Asian countries, most notably India (reaching 7,221 in 2022), that drove the increase in total registrations in 2022; there is also a notable increase amongst people from Nigeria (2,138 in 2022). The changing profile of economic migrants in recent years will need to be considered so that any specific health needs are provided for. Barriers to access should be delivered by a culturally competent health and social care workforce, one that makes use of the rich community assets in the city.

For the first time, the 2021 Census asked residents aged 16 and over about their gender identity and sexual orientation with two voluntary questions. As the questions were voluntary, varying response rates across different areas need to be considered when making comparisons.
In Coventry, 3.2% (8,761) identified as LGB+ ("Gay or Lesbian", "Bisexual" or "Other sexual orientation"), 88.0% identified as straight or heterosexual, it is important to note that 8.8% did not answer the question and therefore assumptions cannot be made about their sexual orientation.

Gender identity refers to a person's sense of their own gender, whether male, female, or another category such as non-binary; this may or may not be the same as their sex registered at birth.
In Coventry, 0.8% (2,182) indicated that their gender identity was different to their sex registered at birth. 91.6% of residents indicated that their gender identity was the same as their sex registered at birth. It is important to note that 7.6% did not answer the question and therefore assumptions cannot be made about

their gender identity or how well the question was understood or defined.

Cultural participation increased amongst Coventry residents. The City of Culture Performance Measurement and Evaluation report sets out that over 700 events formed the programme, and these were hosted in all neighbourhoods across the city. It estimated that these engaged 1 million people: 398,924 tickets were issued for events, an estimated 137,000 attended unticketed events and it is estimated that audiences for digital content were over 510,000 engagements. The report states, “77% of the programme, excluding commercial events was co-created with local residents and communities. Including the commercial programme, 64% of the whole programme was co-created.”

What is happening in the city? What else can be done?

Partners across Coventry must consider appropriate messaging to address local anxieties, stakeholder groups are essential in addressing issues in specific neighbourhoods. Coventry's neighbourhoods and population is incredibly diverse, each area has its own priorities and issues. Coventry City Council has supported coordination of place-based stakeholder meetings that welcome individuals and groups to represent their community and address local issues. Organisations can share local expertise, advertise their services, and investigate possible collaborations through these groups. There are currently 6 stakeholder groups across the city, these being: Canley, Foleshill, Hillfields, Radford, Spon End and Willenhall.

The public sector has a responsibility to change how it works with community groups across and between sectors. There is appetite across local and voluntary organisations for more joined up working to improve awareness and communication of the activities and networks available in the city. A key theme running through various engagement activities stresses the need to galvanise partnerships and facilitate a more integrated approach for the wider health system. This includes listening and responding to ideas and solutions from residents at a grassroot level. One of the objectives of the One Coventry Plan is to co-ordinate Coventry's response to how the city tackles challenges and opportunities by having a more synchronised approach.

There are barriers around communication and awareness in the city, but there are also examples where working together has improved matters. The city has a wealth of voluntary and community groups addressing specific issues – but these are often un-coordinated, which results in duplication of work, diluting the resource and capacity of these groups. An example of how this has been improved is through The Community Centre Consortium, 11 community centres from all over the city have joined forces to exchange knowledge, best practices, and funding requests. They can speak with one voice to outside funders, pool and organise resources and coordinate efforts by cooperating rather than competing with one another.

It is important for Coventry to deliver effective integration support to newly arrived communities to provide a solid foundation for newcomers to rebuild their lives, and subsequently become socially and economically independent. Whilst the overarching goal of One Coventry Together plan is to provide

all newly arrived communities with the support needed to succeed from day one of arrival, Coventry has a duty of care for the thousands of refugees and asylum seekers that call the city a home.

Prospects

Why is this important?

Understanding Coventry's economic, cultural, educational, and early childhood prospects can help us better understand the effects these factors have on the wellbeing of the local populations. A person's lifelong health, happiness, and productivity are affected by preventable health inequalities that can arise during pregnancy, childbirth, and the early years.

Best Start in Life

Why is this important

"Giving every child the best start in life is crucial for securing health and reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood. What happens during these early years, starting in the womb, has life-long effects on many aspects of health and well-being". - Sir Michael Marmot

What is the local picture? How does it compare?

Coventry appears to perform better than the national average at birth, when a few statistics relevant to child development in infancy are assessed; however, these are not the only factors to a child's development. Avoidable differences in health emerge by the time a child reaches the age of five. At birth and in early years, Coventry appears to be better than the national average when a few statistics relevant to child development in infancy are assessed. However, by the age of five, fewer achieve a good level of development than in other similar places.

In 2020/21 73.8% of Coventry new-borns received breast milk as their first feed, better than both regional (68.3%) and national averages (71.7%). The prevalence of breastfeeding is also measured using data collected by health visitors when a baby is 6 to 8 weeks old, in Coventry it has remained around 50% in recent years, so half of babies remain at least partially breastfed by that age. While there is some uncertainty because of missing data for a small minority of babies, we can say the 2021/22 rate of about 51% is higher than the England average of 49.2% and it has been better for the last few years, although the gap has narrowed due to an increasing trend for England overall.

In 2021/22 9.3% of new mothers from Coventry were smoking at the time of delivery. While it would be good to reduce this further, this has been on downward trend from 15.1% in 2010/11. It is the same as the England average (9.1%) but lower than the regional average (9.8%) and the average amongst Coventry's statistical neighbour areas.

Infant mortality rates in Coventry are higher compared to England but similar the regional rate. The infant mortality rate in Coventry is 5.7 per 1,000. This is like the West Midlands (5.6) however more than for

England (3.9). The child mortality rate (1-17 years) in Coventry, whilst low in number, is 15.0 per 1,000, has remained persistently high compared to both the West Midlands (11.0) and England (10.3) since 2012.

In 2021 Coventry the percentage of all babies born at low weight (under 2500g) was 8.1%, higher than the national average of 6.8%, but similar to the regional average of 7.6%. This could be due to a relatively high number of babies born to Coventry mothers being premature, leading to a higher number of babies born at low weight; for the three years 2018-2020 1,255 Coventry babies were born prematurely, a rate of 99.7 per 1,000 compared to the national average of 79.1.

By the age of two, the number of Coventry toddlers at the expected level of development is above the national average. At the age of 2-2 ½ health visitors should assess all children in terms of communication, motor, problem solving and personal social skills; 85.1% of those assessed in Coventry were at the expected level in all domains, compared to 81.2% across England overall and 79.0% across West Midlands overall. However, not all Coventry children in 2021/2022 were assessed (an estimated 74%), this has been a falling trend since 2017/18 when it was 96%.

In Coventry, uptake of funded early years childcare for all children aged two, three and four has increased. The 2-year-old up take has increased to 74.8% in 2022, compared to 72% nationally and 67% regionally. This is because of Early Years initiatives and a campaign to reach vulnerable families post Covid. Similarly, the 3- & 4-year-old take up increased from 86% to 88% but was still below national at 92% and regional 93% averages.

By the age of five, fewer children achieve a good level of development (61.1%) than nationally (65.2%). A child's level of development is assessed at the Early Years Foundation Stage (EYFS) on early learning goals in the prime areas of learning: personal, social and emotional development; physical development; and communication and language and the early learning goals in the specific areas of mathematics and literacy. These figures also represent a lower proportion that the West Midlands average (63.7%) and lower than the average amongst Coventry's statistical neighbour areas (62%). A comparison to 2019 shows a widening of the city gap with national from 2% points to over 4% points.

Inequalities in reaching a good level of development within Coventry have already established themselves by the age of 5. Amongst disadvantaged children, 46.3% achieve a good level of development, compared to 63.4% for non-disadvantaged, a 17-percentage point gap.

Comparing rates by ethnic group, children of Asian ethnicity in Coventry have the highest rates at 66.4%; furthermore, this is higher than children of Asian ethnicity elsewhere, across England it is 64.9% and Coventry's rate is highest of all its statistical neighbour areas for this group. This is compared to 49.4% for children of 'Other' ethnicity, 59.2% for children of 'Mixed' ethnicity, 60.8% for children of White ethnicity and 61.5% for children of Black ethnicity – these rates are lower than their counterparts across England and lower than the average for these groups living in statistical neighbour areas. While it is important to support the most vulnerable groups, it is essential to support all groups in a targeted way.

The number of children in care remains above national average but is similar to statistical neighbours. In Coventry 89.5 children out of every 1,000 are in care. This is higher than England's rate of

70 but is more in line with statistical neighbour average rate of 89. This has been on a slightly increasing trend in recent years. Coventry has seen an increase in the number of unaccompanied asylum seeking children, the city has a higher proportion of these children in care than all comparators. If these children were excluded, then a trend of reduction would be shown over the last few years.

The percentage of children under the age of 16 who live in absolute poverty is greater when compared to the rest of England. In Coventry in 2021/22, 21.4% of children under the age of 16 live in homes with 'absolute' low incomes, compared to 21.4% throughout the West Midlands and 15.3% in England. The percentage of children living in 'relative poverty' in Coventry is 26.7%, amounting to an estimated 18,267 children. This compares to 27.0% throughout the West Midlands and 19.9% in England. This has been on an increasing trend in Coventry, and elsewhere, since 2014/15.

The extent of 'child poverty' can be measured in other ways, the End Child Poverty campaign attempts to model the number of children who live in households with a relatively low income (less than 60% of the national median household income), calculating income after the costs of housing are taken away. Rates are higher when calculated this way. For 2021/22 they estimate that 31,458 of Coventry children (0-15) live in poverty, which amounts to over one-third of all children living in Coventry, 39.6%.

What is happening in the city? What else can be done?

There is clear evidence that good parenting is crucial to a child's development and to their future life chances. Coventry Parenting Steering Group, through the creation of the Parenting Strategy aims to raise the level of awareness about the importance and impact of parenting on children's outcomes. So that "More Coventry children and young people grow up within supportive families and communities".

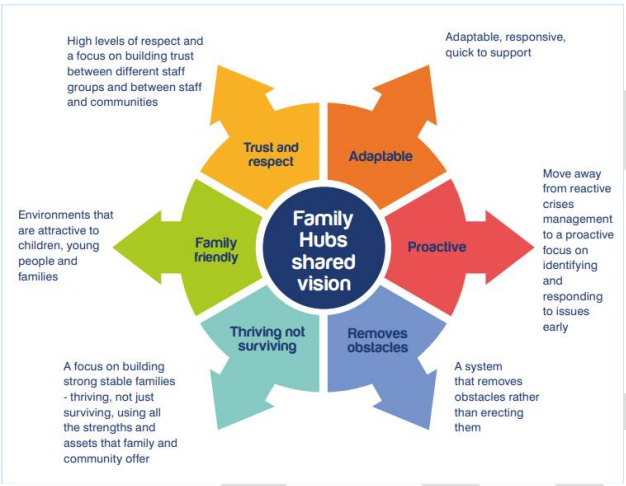
Effective Early Help has a positive impact on the lives of children and young people and is a high priority in Coventry and nationally. Early Help services want to offer the right help, at the right time to improve outcomes for children, young people and their families and to prevent the need for high demand on statutory services. Early Help is a way of working that supports children in the early years of their lives, and as well as when a problem emerges at any stage in their lives. Effective Early Help also has a positive impact on public finances in a context of significant financial pressures, by reducing the demand for higher cost services. The Early Intervention Foundation report estimated a £17bn national cost of late intervention. Coventry's aim is for a redirection of finite resources from high cost, high intervention services to prevention and early intervention support. In this context, there is a strong motivation to provide a high-quality, innovative Early Help service in Coventry

Coventry Early Help Partnership is committed to providing a range of help to children to ensure that they are able to benefit from what's on offer in order to guarantee them the best start in life. Family

The hub and spoke model

Hubs are essential in doing this throughout the city. There are 8 Family Hubs located throughout the city, each of which provides a variety of services aimed at supporting families, children, and young people.

The city's family hubs help co-ordinate early intervention and support. Health visitors, social workers, midwives, police, and other professionals have been brought together by family hubs to identify vulnerable families and put together a coordinated package of help. This will help to ensure that families have access to the support they need, including addressing maternal isolation, accessing activities to improve their children's life chances, and providing help with finances. There are ambitions for joint working between the public sector and voluntary sector. Family hubs and the out of hospital programme want to work collaboratively with community groups. Meanwhile, community/voluntary groups want to grow their impact – and see working with the public sector as one way to do so.



There are ambitions to strengthen the availability and accessibility of general information and advice to parents Foleshill Women's Training Centre provide peer support, prevention, and intervention to parents through a range of ongoing projects such as MAMTA, a service offered in the antenatal and postnatal period working closely with early years services. In addition, parenting support is offered to families who are asylum seekers in the city. Given the diversity in the city, it is crucial to ensure the needs of the communities are met. As part of the Special Educational Needs and Disability (SEND) local offer there are a number of targeted parenting programmes such as support offered by Communication and Interaction (including Autism) Support Service and the EYSS (Early years support service) SEND offering parent/carers of children with complex needs city wide support.

There is also a range of parenting support is offered to parents universally such as Health Visiting and School Nursing, as well as online parenting support. The libraries throughout the city offer a range of valuable resources, such as community support and information through the Rhyme time sessions offered

to 0–4-year-olds. Children are also helped with literacy and language development skills that come from the freely accessible books and intervention schemes such as Book start baby and Book start Treasure.

Education and Skills

Why is this important?

Poor work chances, social alienation, and difficulties with mental and physical health are just a few of the social disadvantages that people could potentially face later in life because of low educational attainment and low expectations. By supporting high levels of educational attainment and boosting expectations, these barriers can be removed so that children and young people realise their full potential.

There have been significant disruptions to education over recent years due to the COVID-19 pandemic, forcing schools to close and move to digital classrooms. It is fair to say that this has had an impact on education and some children's school readiness as a result. Therefore, the Department of Education are reluctant to directly compare attainment statistics between 2019-2022, we have included some for your information here.

What is the local picture?How does it compare?

89.3% of the city's primary school pupils attend a good or outstanding school – a slight decrease in recent years but in line with national averages. The Office for Standards in Education, Children's Services and Skills, also known as Ofsted, inspects services providing education and training for learners and regulate services that care for children and young people. According to Ofsted's ratings, Coventry's primary schools saw improvements from 42% in 2013 to 95% in 2019, but a decline to 89% in 2022.

The number of pupils with Special Educational Needs (SEN) has been increasing, as it has for England overall. In 2021/22 there were 11,054 of pupils with SEN in Coventry, making up 18.2% of all pupils compared to 16.5% for England overall. This is divided into two types, those with a Statement or an Education, Health & Care (EHC) plan; and those with SEN support. Between 2015/16 and 2021/22 the proportion of all pupils with a Statement or EHC plan increased from 2.3% to 3.3% and those with SEN support increased from 13.3% to 14.9%, this trend is similar to that for England overall.

Over this time, increases were seen most amongst children with 'Speech, Language and Communications needs' (SLCN) (from 1,679 to 2,709), 'Autistic Spectrum Disorder' (from 1,137 to 1,614) and 'Social, Emotional and Mental Health' needs (from 1,323 to 1,640). There was a reduction in the number of pupils with 'Moderate Learning Difficulties' (from 2,863 to 2,473). These trends by type of need are similar to the national trends, although Coventry's increase in SLCN of 61%, is proportionally higher than the national increase (35%).

Coventry's total attainment performance at the end of year 6 (key stage 2) fell short of

the national average in 2022, the percentage achieving the expected standards has fallen since 2019. 54% of Coventry students at the end of year 6 met the expected standard in reading, writing, and maths combined, compared to 59% for England as a whole. In Coventry, 62% of students in 2019 achieved the standard in each of the three subjects. However, progress in maths amongst Coventry primary school pupils is positive. The average Coventry child outperforms pupils with similar prior attainment nationally in maths.

There are many factors that impact attainment and there are inequalities between some groups of pupils. Like the gender gap nationally, girls in Coventry tend to do better academically than boys. In 2022 60% of Coventry girls achieved the expected standard at key stage 2 compared to 48% of boys. Only 40% of disadvantaged pupils achieved the standard compared to 61% of those non-disadvantaged.

86% of the city's secondary school pupils attend a school that is rated good or outstanding by Ofsted, this is a significant improvement from 74% in 2019, and now equals the England average.

The number of pupils achieving at least a 'standard pass' at the end of key stage 4, that is grades 9-4 in English and Maths, is below the national average. In 2022, 65.1% of Coventry students received a "standard pass," or grades 9–4 in English and Maths, compared to 69% across England overall. This is a fall in Coventry from 68.2% in 2021, although at higher levels than in 2017 (58.3%), 2018 (60.2%) and 2019 (59.4%). The average attainment 8 score, a measure of attainment considering a wider range of subjects studied at key stage 4, was 46.2 amongst Coventry students, worse than the England average of 48.9 and down from 48.0 in 2021. Grading using summer exams returned in 2022 following 2020 and 2021 when exams were cancelled due to the COVID-19 pandemic and alternative methods of awarding grades were in place.

Inequalities in attainment persist into key stage 4, the gender gap at the end of primary is still present in key stage 4 attainment. The average attainment 8 score amongst female pupils was 48.9, better than 43.4 amongst male pupils. Overall attainment levels for disadvantaged pupils are significantly lower, with an average attainment 8 score of 37.7 compared to 49.8 amongst non-disadvantaged pupils in Coventry. Attainment 8 scores indicate that the overall attainment levels of white pupils in Coventry are lower than those for other ethnic groups. Further analysis is needed to understand these equalities.

By Key Stage 5 (16- to 18-year-old) our attainment is slightly below the national average, but in line with other areas similar to Coventry. Coventry's average point score is in the middle of Grade C, the same as our statistical neighbours, but slightly below the national average which is towards the top of Grade C.

Free school meals eligibility in Coventry continues to increase and now officially stands at 24.8% over all school years in 2022. However, this metric is disguised by the universal infant free school meals in Reception, Year 1 and Year 2. The maximum free school meals eligibility rate in any one class year in Coventry is currently 30%, which could

be more indicative of the real eligibility rate. This is very high, considering that the eligibility criteria for free school meals is an annual net income of £7,400 after any benefits – suggesting a very high rate of severe deprivation amongst young families in Coventry.

The city continues to have a slightly higher than average percentage of young people proceeding from school to a sustained education, employment, or training. In 2022 the annual trend of improvement continued, with fewer young people not enrolled in any form of education, employment, or training (NEET). It is estimated that 310 16–17-year-olds in Coventry are NEET or whose activity is not known. This is equivalent to 3.9% of that age group and is lower than the regional (5.0%) or England (4.7%) rates.

A growing proportion of the city's residents are gaining qualifications. Two-fifths of the city's working age population is highly qualified. In 2021, 40.7% of Coventry's working age population is qualified to level 4 or above, which means they have a foundation degree or above. This has increased by about 15 percentage points over the past decade and the city is the second highest within the West Midlands.

7.6% of the city's working age population has no qualifications at all. This is a reduction from 10% in 2018 and has halved over the past decade. Having no qualifications may limit a person's ability to gain more rewarding employment in the city or push them to be redeployed as the city's jobs increasingly require qualified people.

Adult education offers opportunities across the city for adults to engage and learn. The Adult Education Service in Coventry offers a choice of courses in a wide range of subjects. Each year thousands of people take the opportunity to learn a new skill, gain a qualification, find out more about something they are interested in, or simply make new friends. Data from the last academic year (2020/21) suggests Adult Education delivery in Coventry is doing reasonably well in serving Coventry's communities. Wards with higher levels of deprivation have higher volumes of learners such as St Michaels (12%) and Foleshill (12%). However, there could still be community groups and areas of the city that are under-represented, and we need to continue to ensure our Skills Providers have good reach across the City.

What else is happening in the city? What else can be done?

The Coventry Skills Strategy seeks to ensure Coventry residents have skills that match the needs of local employers, not only for now, but also for the vacancies of the future. The strategy aims to build aspiration throughout all educational levels, with Coventry's young people inspired to learn, seeing clear pathways to the jobs they strive towards. Ensuring that the learning and skills provision meets the needs of all Coventry's communities and is fully inclusive.

Schools and colleges play a pivotal role in raising the aspirations of young people. 30 out of 33 of Coventry's schools and colleges (including special schools) are engaged with the Coventry and Warwickshire Careers Hub (CW Careers Hub). The CW Careers Hub supports schools' 'Careers Leaders'

to create a high-quality careers plan that will increase employer engagement, embed careers into the curriculum and inform students and parents of their options.

There is also the ESF-funded Coventry and Warwickshire; 'Collaborate to Train' project, a partnership between WCG (formerly Warwickshire College Group), Coventry City Council Job Shop, Coventry College, Coventry University and Solihull College & University Centre. The project helps small and medium enterprises (SMEs) access the right training to support the future of their businesses including; accessing apprenticeships, work experience placements, supported internships and advising on effective school engagement. The project has now entered its second phase after the first phase supported over 400 SMEs.

Adults out of work can be supported by Coventry Job Shop who are working with public sector and community partners to promote skills offers that lead to good quality employment. The Job Shop provides a wide range of support to all Coventry residents, of all ages, who are looking for work. They work with partners across the city and actively work with employers to generate opportunities for local people. It offers a range of support with searches for employment, training, apprenticeships and work placements, to guidance and reviews of CVs.

Community groups across the city are working together to provide better opportunities and outcomes for children. Having a healthy balanced meal is vital for children going to school and concentrating, there is lots of food-based provision for children throughout the holidays through initiatives such as Holiday Activities and Food programmes (HAF) as well as Magic Breakfasts. HAF provides free activities, experiences and food for eligible children and young people in the Easter, Summer and Christmas school holidays, whilst Magic Breakfasts are healthy school breakfasts to children at risk of going hungry. HAF also has information available to support families particularly to help with cost of living and food help for families.

Economy

Why is this important?

A protective factor for health is having meaningful employment. Reducing avoidable health disparities will involve tackling the unequal distribution of money, wealth, and power by improving opportunities and skills.

What is the local picture?How does it compare?

The global economic context is currently challenging and will likely impact on Coventry and its residents. Growth in the local Coventry economy has slowed since 2016, following several years of strong growth, putting the city in a more difficult position to face the challenges of the pandemic and the cost-of-living crisis.

Total annual GDP in Coventry, the value of all economic activity within the city, was at £11.094 billion in 2021, and had grown by only an estimated average of 0.4% per year since 2016; this is lower than the growth across England overall (2.8%) and in the overall economy of the West Midlands combined authority

area (2.0%). In 2020 Coventry GDP fell by 4.2% this is associated with the impact of the pandemic, and recovered in 2021, increasing by 4.5% - leaving Coventry with slightly higher GDP than before the pandemic, but recovery across the region and nation overall was better.

The city is home to some world class business clusters which gives Coventry a competitive advantage. Business sectors in the city and region include advanced manufacturing and engineering (particularly in aerospace and automotive industries); energy and low carbon; connected autonomous vehicles; business, professional & financial services; and digital, creative, and gaming. According to the Centre for Cities, in 2018 Coventry had the second highest rate of published patent applications out of 63 UK city clusters and has regularly been amongst the highest in the annual list, indicating a high amount of innovation amongst Coventry businesses. This also translates when looking at productivity, in Gross Value Added (GVA) per hour worked, in 2020 the city ranked 14th highest out of 60 UK cities.

There has been a growth in average annual earnings in recent years closing the gap between Coventry and the national averages. The median earnings of all in full time and part time work increased by 8% amongst Coventry residents in 2022, higher than the national average of 7% and the average in the West Midlands Combined Authority Area (WMCA) of 4%.

In 2022 median earnings were 26% higher than in 2016, compared to 21% growth in the WMCA area and 20% across England overall. The gap between average earnings in Coventry and the rest of the region has gotten smaller in recent years and now show that average earnings for Coventry residents are slightly higher than the national average, at £33,887 for full time workers compared to £33,208 across England overall. However, increases in 2021 and 2022 are below inflation levels so real incomes are falling.

Whilst average earnings have been improving, average household income is lower in Coventry than other areas. Coventry's median gross household income in 2022 was estimated at £30,237 compared to the UK median of £36,440. Income is one of the measures used in the English Indices of Deprivation 2019. Coventry ranks as relatively more deprived in the income domain, compared to other types of deprivation and local authority areas. Coventry ranks relatively worse for income deprivation affecting children and older people.

Despite growing opportunities, innovation and improvement in average earnings, employment rate has fallen, however this is likely due to the disruption during the COVID-19 pandemic and slow growth in the national economy in 2022. 72.1% of working age residents were in employment in 2022, a slight recovery from 2020 (71.4%) and 2021 (71.5%) but lower than the 73.0% in 2019. Up until 2019 employment rates had been on an increasing trend for a few years**.** They remained lower than the national average of 75.8%; however, this has historically been the case, partly due to Coventry being home to two large universities. Coventry's employment rate is not exceptionally low and like that of other university cities. The unemployment rate in 2022 was 4.9%, equating to 9,400 residents; down from 5.5% in 2021 but higher than the pre pandemic 2019 level of 4.3%.

Economic inactivity rates have gradually increased since 2019, up to then it had been in a decreasing trend. Economic inactivity refers to people who are neither in work nor unemployed, they are

not actively seeking work for various reasons. This includes full-time students, those looking after a home, people living with long term illness, retired people, and others. In 2019 it was 22.8% and by 2022 it was 24.3%, higher than the national average of 21.3%. Coventry has consistently had higher than average rates due to the relatively high number of economically inactive students, however the increase in inactivity since 2019, is not due to inactive students of which there have been a reducing number. Increases in economic inactivity has been driven by increasing 'involuntary' economic inactivity, for example people who are long term sick; an estimated 28,300 form this group who the Centre for Cities call the 'hidden unemployed', to add to the 9,400 Coventry residents who are unemployed (not employed and actively seeking work).

Coventry was UK City of Culture between May 2021 and May 2022; this had a positive impact on Coventry's economy. The Baseline Report provides an indication of the investment secured by June 2021, as a result of being awarded the UK City of Culture 2021 in December 2017. This equates to over £172m and estimated an impact of £51m of Gross Value Added (GVA) generated from capital works completed or underway through this investment.

The city's year as the City of Culture, however, happened during a period of continued significant national and international challenges. In May 2021, as the City of Culture year launched, COVID-19 pandemic-related restrictions remained in place. Into 2022, the end of the year in the spotlight coincided with the rapid rise in the cost of living.

The City of Culture had a positive impact on tourism and attracted many to visit the city. A tourism economic impact assessment using the 'STEAM' model, gives visitor numbers to Coventry and the economic impact of this tourism for 2021, compared to previous years. Total visitor numbers are estimated at 10.54 million during 2021, 7.28-million-day visitors and 3.25 million visitor days from 910,000 overnight visitors; this is estimated to have generated an annual economic impact of £495.29 million. This is an increase of 103% on visitor numbers compared to the previous year and a 115% increase in economic impact; visitors and impact more than doubling.

This stark increase is in the context of a very large dip in 2020 due to the restrictions of the COVID-19 pandemic, the recovery in 2021 didn't quite bring the city back to pre-pandemic levels,19% down on visitor figures and 17% down on economic impact compared to 2019. The positive impact of Coventry's year as UK City of Culture can be seen by comparing the 2021 increases to other areas; the 103% increase in visitor numbers and 115% increase in economic impact was higher than the 72% and 66% increases experienced by the WMCA area.

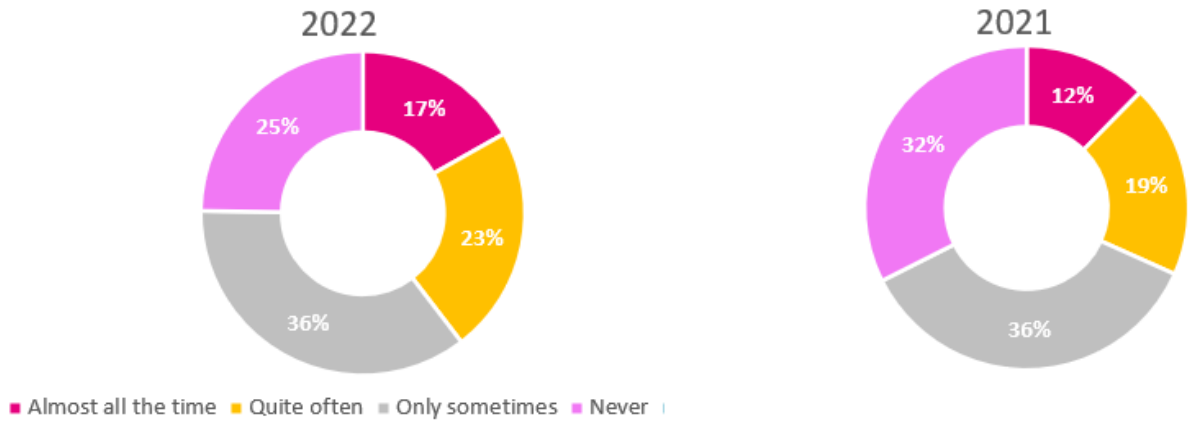
The Coventry Household Survey 2022 asked a representative sample of Coventry residents about their engagement in cultural events or attractions, two-thirds (66%) had engaged in at least one type of cultural activity at least three times in the last year (not including pubs, the cinema or home crafting; participation would be higher if these were included). This represents an increase in cultural participation, doubling from 32% when people were asked in 2021 – this was clearly impacted by the restrictions of the COVID-19 pandemic. 2022 data shows an increase on pre-pandemic cultural participation - in 2018 52% of respondents said they had engaged in such activities

The 'Cost of Living Crisis' is impacting the local economy and Coventry residents' economic wellbeing and their health. The impact of this cost-of-living crisis on communities across the city is yet to be fully realised, as people across the city face rapidly rising energy, fuel, food, and housing costs. The crisis is likely to cause problems with debt and will cause a general reduction in real incomes; unemployment may increase in future, making challenges worse. Financial insecurities are causing high levels of anxiety and other mental health challenges, as well as being a significant cost barrier to maintaining physical health for vulnerable groups. The deeper and immediate impacts of the Cost-of-Living crisis include real risk to health and wellbeing for a significant minority of Coventry residents. Disabled, long term sick, and the severely deprived are the most vulnerable with the spike in the cost of food and energy. The Cost of Living crisis is also having wider impacts that affect Coventry households well into middle incomes in terms of savings for security of housing, university, and retirement.

It started with increases in energy prices, and we are now seeing high inflation across the economy. The national inflation rate started to increase in 2021 and continued throughout 2022 reaching 9.6% in October 2022 and by March 2023 prices where 8.9% higher than they were 12 months previously. Higher prices have a disproportionate impact on lower income households, although this will also affect those on middle income. The inflation rate for food and non-alcoholic drinks is much higher, in March 2023 prices rising by 19.2% in a year. While the Treasury's published forecasts predict inflation to slow, to 2.5% in 2024, energy prices are not going to come down quickly and prices are increasing faster than wages, so standards of living have fallen a little. The Centre for Cities estimate how inflation rates vary between 63 UK cities; in March 2023 Coventry residents are estimated to be facing an 10.7% inflation rate, ranking in the middle compared to other cities, ranging between 9.3% and 11.7%. They estimate that Coventry residents were £98 a month poorer in January 2023 than in the previous years.

There has been a noticeable increase in residents' anxieties towards money, this in part can be attributed to the cost of living crisis. 17% of residents say they feel money worries almost all the time, a 5-percentage point increase compared to the 2021 findings. A further 23% are now worried about money quite often. There has been a corresponding reduction in the proportion of those that never feel worries about money (25% in 2022 vs. 32% in 2021). Those living in Foleshill (31%), St. Michaels (33%) or the Wyken (25%) wards are significantly more likely to feel worried about money almost all the time compared to the total average (17%). By age, those under the age of 35 are significantly more likely to feel worried all the time (22%), whilst those 44-64 (12%) of 65+ (8%) are significantly less likely to when compared to the survey average. Those with a disability are also significantly more likely to worry about money almost all the time compared to those with no disability (23% vs. 14%).

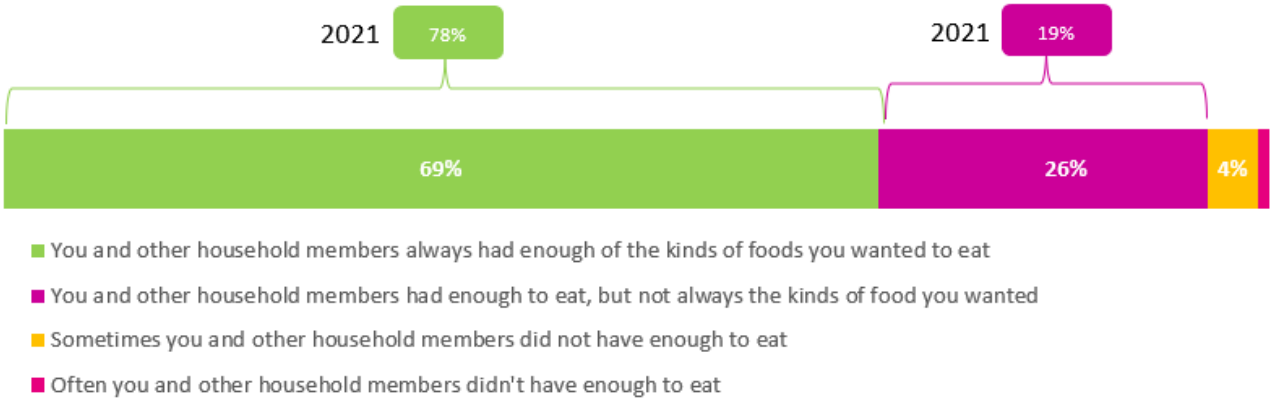
Figure 27: Worries about money during the last few weeks



Percentage of respondents – base size 2232, 3,890

An emerging impact of the cost-of-living crisis is shown by the responses recorded regarding household food consumption. Just over two thirds (69%) of residents' state that in the last 12 months they and their household always had enough of the kind of food they wanted. This is significantly lower than the 78% recorded in 2021. A quarter (26%) said they have had enough to eat, but not always the kind of foods they wanted, a significantly higher number than that of 2021 (19%). In 2022 4% indicate that sometimes they and other household members did not have enough to eat, up from 2%. The final 1% stated that often they and other household members didn't have enough to eat. While this is a minority, there are clearly health and wellbeing risks for those experiencing this food scarcity.

Figure 24: Which of the following statements best describes the food eaten in your household in the past 12 months, that is since the same month of last year?



Percentage of respondents – base size 2,215

Before the cost-of-living crisis began, fuel poverty was more prevalent in Coventry than in the region or England, in 2021 Coventry had the 4th highest fuel poverty rate of all local authority areas

in England. An estimated 28,525 Coventry households are estimated to be fuel poor, amounting to 20.8% of all households in the city compared to 13.1% for England overall. The city's rate in 2021 was the 4th highest of all local authority areas in England. Using another measure of fuel poverty, defined by having to spend at least 10% of household income on energy costs, we can model how the recent sharp increases in energy have affected Coventry households. It is estimated that in October 2021 12% of Coventry households were fuel poor, this trebled to 36% in October 2022.This modelling shows that in October 2022 the most affluent wards in Coventry had more fuel poverty than the most deprived wards did in October 2021, illustrating that the cost-of-living crisis touches a wide section of society.

There remain significant pockets of multiple deprivation in the city. People from more deprived populations are more likely to live shorter lives, as well as live a greater proportion of their life in poor health. The English Indices of Deprivation 2019 is the key measure for comparing levels of deprivation between areas**.** It measures a variety of aspects of deprivation: income, employment, health and disability, education, housing and services, living environment and crime; bringing them together to form the Index of Multiple Deprivation 2019, enabling us to know the neighborhoods where people experience the highest levels of multiple deprivation. Depending on the way it is measured, Coventry ranks between 64th and 81st most deprived local authority area of 317 in England, so at least amongst the most deprived quarter of places in England overall. 14.1% of the city's neighbourhoods are amongst the 10% most deprived areas in England and over a quarter, 25.6%, are amongst the most deprived 20% of areas, the most deprived 'quintile', a particular focus for the health system for tackling heath inequalities (the 'Core20').

Those coming to the UK as asylum seekers and refugees are likely to have less access to employment, have worse quality housing, live in more deprived areas, and have worse mental and physical health. The city's refugees and asylum seekers are nearly twice as likely to reside in the 10% most deprived neighbourhoods than the wider population. Research shows that newly arrived communities are at increased risk of poor mental health, particularly asylum seekers. Respondents to engagement undertaken for Coventry City Council's "One Coventry 'Together': Newly Arrived Communities & Migrants' Strategy' felt that most of Coventry's asylum seekers and refugees had poor mental. This reflects a key finding of the Coventry Migrant Needs Assessment 2018 that there is an under provision of specialist mental health services and access for vulnerable migrants.

Digital accessibility and inclusion are increasingly important. Internet and digital technologies have transformed our lives on a global scale. Particularly since the COVID-19 pandemic and subsequent lockdowns. The availability of high speed-internet, an important consideration for residents and businesses when considering living, working, or investing here, is an asset for the city; but there is some room for improvement in terms of achieving ultra-fast broadband speeds in all homes.

Coventry is the top-ranked local authority in the West Midlands region for gigabit broadband coverage. The telecoms regulator Ofcom measures access to, and the performance of, fixed broadband and the mobile network in its Connected Nations reports. As of May 2022, gigabit availability covered 96.4% of residential premises in Coventry with 93.7% covered by Full-Fibre, up from 91.5% and 75.4% respectfully in January

2021. This compares favorably to the national average; across the UK, 68% of homes can receive gigabit with 37% of homes able to receive Full-Fibre. Furthermore, 99.5% of residential premises have access to decent fixed broadband - defined by the UK government as a data service that provides fixed download speeds of at least 10Mbit/s and upload speeds of at least 1Mbit/s. Decent broadband can also be accessed through the mobile network using 4G services. As of May 2022, 89.65% of all premises have a reliable signal for 4G services while indoors from all four network operators (EE, O2, Three & Vodafone), an increase from 83.06% in January 2021.

It's important that residents aren't left behind in being able to access digital opportunities; some residents are excluded but overall the risk is lower than the average for the West Midlands. There is no single measure of digital exclusion, however it is possible to measure the risk of digital exclusion. The Digital Exclusion Risk Index (DERI) tool, developed by Greater Manchester Combined Authority, models the likelihood of digital exclusion for all small neighborhoods (LSOAs) in England by creating an overall score based on a collection of metrics. For each area they give a score between 0 and 10 where 0 represents a low risk of exclusion and 10 a high risk. Coventry's average score is 3.44, slightly better than the West Midlands Combined Authority (WMCA) area overall which scores 3.55 on average, Coventry being the 2nd best scoring of the 7 areas across the WMCA. Coventry's 2021 DERI scores range from 6.12 in the Manor Farm to 1.36 in the Gosford and Gulson Roads area

What else is happening in the city? What else can be done?

As part of the Councils Digital Skills Strategy Coventry City Council has partnered with a number of organisations to help local residents stay connected. With increased expectation from residents for online interaction, digital connection and easy to access services, the Digital Skills Strategy addresses the need for a rapid change in culture and mind-set to demonstrate a clear commitment to embracing digital innovation. CovConnects launched as the council's new digital inclusion programme and initiative to ensure all Coventry residents have access and equal opportunities to use digital tools, technologies, and services in the right way for them. Digital drop ins are now taking place in central library, where residents can get one to one support and learn new digital skills such as using a device for the first time, setting up an email address, staying safe online and accessing online services. Support is offered by trained digital champion volunteers and will be individually tailored to what the learner would like to know.

A community laptop scheme by Community Resilience Team and ICT and Digital services has ensured community groups can stay digitally connected and learn new skills. The ability to operate effectively in a digital age is a key skill for all residents, and in particular young people leaving school. This will help to increase job readiness and ability to thrive in work, maximising the use of technology to support health, wellbeing, community networks and democracy throughout a person's life.

The Community Resilience Team in partnership with ICT and Digital Services Team secured recycled laptops for distribution to community groups and voluntary sector organisations

across the city. The scheme began in 2018 and has been running each year since. The scheme supports the city council's digital inclusion strategy, and helps tackle social isolation, support resident's computer skills, education and employment prospects and strengthens voluntary and community organisations.

Community and voluntary organisations are working together to address the needs of those on low incomes with affordable access to quality housing, heating, and insulation. This support involves supporting the HAF Programme, developing and implementing the Food Hubs and Advice work, raising awareness, and supporting the delivery of the Household Support Fund, and exploring opportunities for collaborative working for the Coventry Food Network with a range of organisations both locally and nationally, including Business in the Community and Feeding Britain.

Community assets are crucial to health through the opportunities and services they provide directly and indirectly, through a sense of empowerment and control. In Coventry we respond to the needs of our communities through our integrated services community prototypes and other placed-based partnerships, rooted in and driven by place, working creatively with shared resources to make positive change.

The One Coventry approach to community involvement highlights the work taking place in communities along with new approaches to engagement and collaboration. Work has been undertaken to develop prototype areas throughout the city, trialling new ways of working and ensuring the needs of the community are met**.** The prototype areas work on putting support and services in place for people at the right time. It focuses on harnessing community action and intelligence shaping interventions that suit the community. The first pilot was held at Moat House Community Centre and has since been further developed in Tile Hill, Canley, Hillfields and Spon End.

The Marmot Partnership (previously Marmot Steering Group) continues to bring together key stakeholders from across the system to provide an ongoing strategic focus on health inequalities. A new monitoring tool for 2023 onwards has been developed in partnership with the Institute of Health Equity (UCL) and Coventry stakeholders, reflecting the Marmot approach of 'building back fairer' as part of Coventry's COVID-19 recovery. The new monitoring tool uses the eight Marmot policy objectives as the overarching themes to bring together activities, and a new set of indicators to measure the progress made in reducing health inequalities for those living in Coventry.

There are lots of community and voluntary groups working together in the city to ensure support is in place. The Coventry Food Network is an example of this, established as a result from the pandemic. Coventry Food Network is a food partnership which brings together several public, private, voluntary and community sectors partners to address food poverty and its causes in Coventry by taking a city-wide collaborative and strategic approach towards a unified Coventry Food Network and Strategy. Since 18

March 2020, the Council has been working closely with a range of partners, to create and deliver a system of food provision. Some of the initiatives that have evolved from this partnership are:

- Established 15 social supermarkets/grub hubs throughout the city to provide nutritional food and support to those residents in greatest need
- Supported the delivery of the Covid Winter Grant Scheme by providing emergency food provision to vulnerable residents who needed additional support with accessing/affording food
- Supported the delivery and developed a model to support those who were clinically extremely vulnerable (Shielding) re: food and basic support
- Procured food and distributed food parcels to children eligible for free school meals provision during school holidays
- Continue to support and enhance the offer of healthy, nutritious food to children and families eligible for free school meals through the HAF programme.

It is important to embed access to affordable food into policy and strategy documents when commissioning services and into the Council's work on addressing health inequalities. For example, targeted support for low-income households supporting them into work higher paid roles; improving the knowledge households have around food through education and practical work; tackling barriers people face in terms of accessing food, understanding the reasoning behind healthy eating, how to cook, budget and how to lead a healthier lifestyle; support the Healthy weight objective to counteract childhood obesity.

The Council are currently refreshing two strategies which will help to shape the city's economy, improving outcomes and tackling inequalities. These being the Economic Development Strategy for 2022-2027 and a new Skills Strategy 2022-2030. The two plans will work in harmony to increase the economic prosperity of the city by providing a framework for sustainable growth, whilst continuing to build upon the success in ensuring all communities have the right skills and opportunities to benefit from this growth.

The aim of the new Economic Development Strategy 2022-2027 is to make sure Coventry has a strong and resilient economy where inclusive growth is promoted and delivered, businesses are enabled to innovate and grow, and new local jobs are created for residents. The Strategy sets out how the Council will aim to help deliver this through attracting and securing private and public investment, developing first class infrastructure, and working directly with businesses to ensure they are able to grow in a sustainable way.

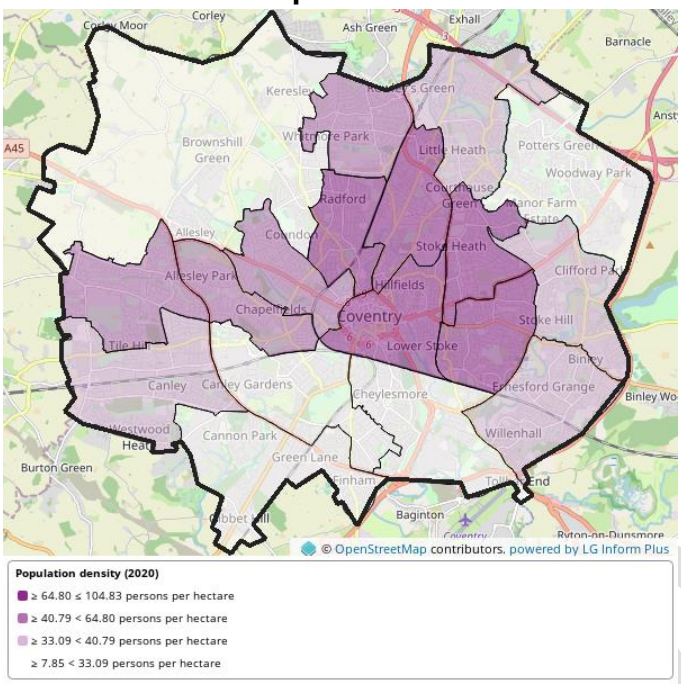
Environment

Localities and neighbourhoods

Why is this important?

The quality of the built and natural environment, such as the local neighbourhoods, access to local shops, services, parks, and green spaces, affect the health and wellbeing of everyone.

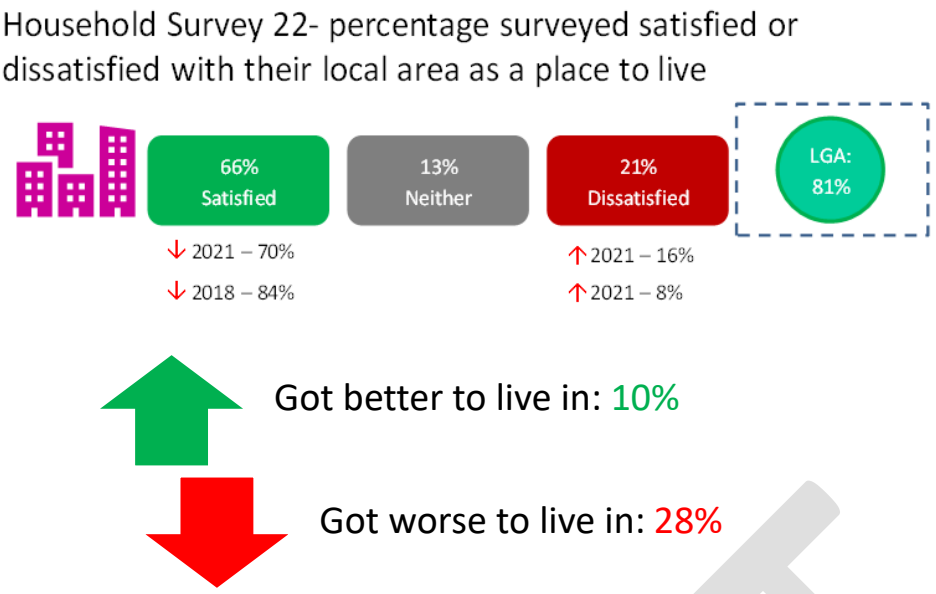
What is the local picture? How does it compare?



Coventry is the fourth most densely populated of the West Midlands' 30 authorities, only Birmingham, Sandwell and Wolverhampton are more densely populated. As of 2021, Coventry is the fourth most densely populated of the West Midlands' 30 local authorities, with around 25 people living on each football pitch-sized area of land (3,501 people per square kilometre). Only Birmingham (4,275), Sandwell (3,995) and Wolverhampton (3,798) are more densely populated.

In Coventry the least densely populated is Brownshill Green with 426 people per square kilometre, over 20 times fewer people per square kilometre than the most densely populated area, which is Hillfields with 10,867 people per square kilometre.

Coventry has good access to services and is generally considered an asset that is enjoyed by residents in the city; However, residents' satisfaction with their area is lower than the national average. Coventry residents live within a 20-minute walk of a general or grocery shop, public transport links, parks, pubs, GP surgery, health centre and a place of worship. In the 2022, the Coventry Household Survey found that 66% of Coventry residents were satisfied with their local area compared with 81% nationally. There has been a reduction in satisfaction from 70% in 2021 and 84% in 2018. Despite this, half of residents (51%) did not think their area had changed much in the last two years, 28% felt it had got worse and 10% suggested their local area had got better.



There are 2,000 hectares of green spaces in the city which is over 20% of Coventry's total area. There are 430 green spaces that have no entry restrictions. Many of the parks in Coventry have received Green Flag Awards in 2021, with Allesley Park, Caludon Castle Park, Coombe Abbey Park, Longford Park and The War Memorial Park all continuing their long run of inclusion in the scheme. However, Coventry trails behind the regional average for green space provision by population and there is considerable variation across the city.

Whilst many areas of the city overall benefit from a good supply of green spaces, some residents have no access to nearby green spaces or outdoor sports facilities. Residents in Henley and Wainbody enjoy access to over 100 hectares of green space contrasting with Upper Stoke, Lower Stoke, Radford, and Foleshill who have access to levels below the average of 62.3 hectares.

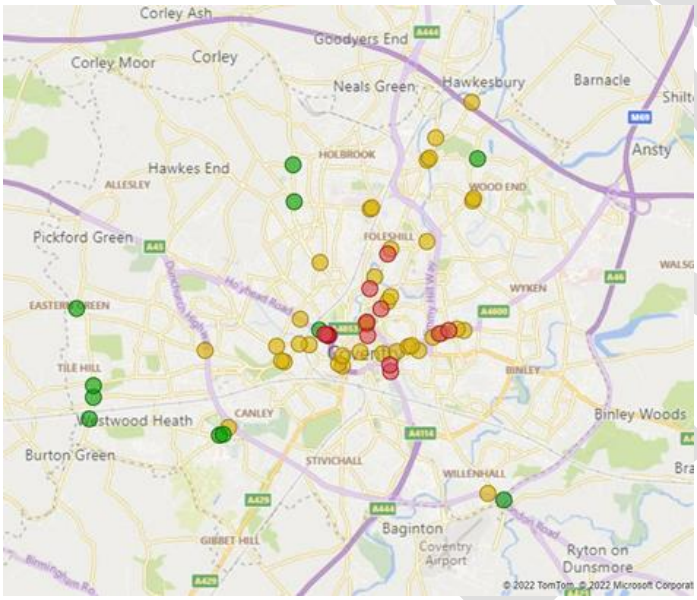
Air pollution is the largest environmental risk to the public's health and has a harmful impact on the health of people living, working, and studying within Coventry. Met office data, quoted by the Centre for Cities, counted 24 days in the year November 2021 – November 2022 that had poor air quality in Coventry, this ranks 17th highest out of 63 UK cities. Air quality particularly affects the most vulnerable, having a disproportionate impact on the elderly, pregnant, children, and those with cardiovascular and/or respiratory disease. Research suggests that long-term exposure to particulate air pollution contributes to death rates at a similar level as obesity and alcohol.

Like many towns and cities throughout the UK, roadside pollution levels, especially those resulting from Nitrogen Dioxide (NO2) emissions from traffic and Particulate Matter (PM), are a concern. Poor air quality affects different communities disproportionately, some areas in Coventry do not achieve the EU and international standards. Nitrogen dioxide (NO2) is one of the pollutants of concern, and 'diffusion tubes' are deployed to measure levels at various roadside locations in Coventry, in 2021 72 locations were measured. Most locations of measurement in Coventry did not exceed the limit of an annual mean concentration of 40 µg/m3; only two did, a location on Holyhead Road, which has given the highest levels

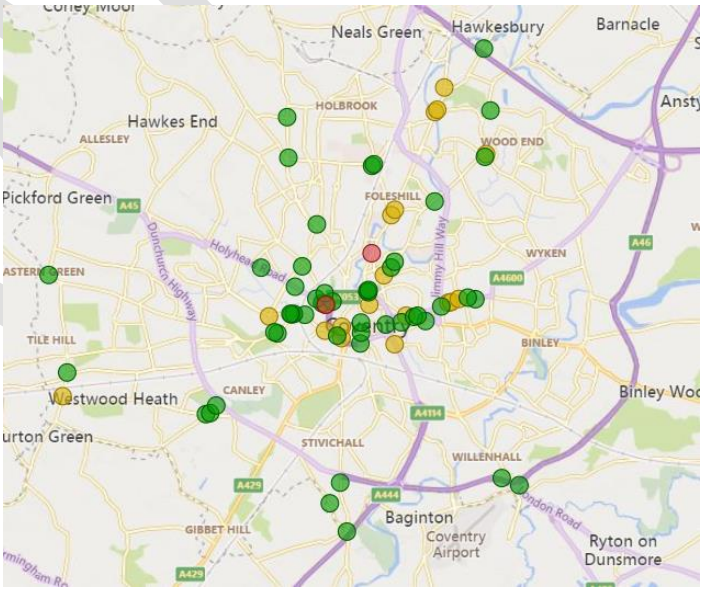
every year of measurement, and a site of Foleshill Road. In general, across all locations that have taken measurements over many years now, annual mean levels on NO2 have been falling as a trend. In 2019 there was a spike with most locations experiencing an increase even though it had been falling annually up to then. Levels then fell significantly in 2020, likely related to reductions in activity and traffic during the COVID-19 pandemic. Levels increased again across all sites in 2021, but levels are generally lower than 2018 and previous years, this may still be related to reduced activity at the time of the pandemic; when data is realised for 2022 it will be clearer if NO2 levels have continued the general downward trend.

The World Health Organizations' former guideline level for annual nitrogen dioxide up to September 2021 was 40 µg/m3. A more stringent 10 µg/m3 limit has since been introduced with the increasing recognition of the hazards of air pollution, and this will be reflected in future reports. None of the 72 sites measured in 2021 had an annual mean of less than 10 µg/m3, no location of measurement in Coventry meets these standards. Maps below show mean annual NO2 levels across Coventry's diffusion tube sites in 2019 (left) and 2021 (right). They show green sites that have annual mean concentration of nitrogen dioxide of less than 30 microgram per cubic metre (µg/m3); amber sites between 30-39 µg/m3; and red sites with 40 µg/m3 or above.

2019 NO2 Measurements



2019 NO2 Measurements



2021 NO2 Measurements

Fine particulate matter (PM2.5) is another pollutant that has a significant effect on health. In Coventry overall the 2020 concentration of PM2.5 is estimated at 7.8 micrograms per cubic metre (µg/m3), slightly higher than the regional average (7.3) and national average (7.5). Related to this measure, the UK Health Security Agency estimates the fraction of annual deaths that can be attributable to particulate air pollution; for Coventry in 2020 this is estimated at 5.8%, slightly higher than the regional average (5.4%) and national average (5.6%).

What is happening in the city? What else can be done?

'Green exercise', or taking physical activity in green or natural environments, may provide

additional benefits to people's overall wellbeing. Increasing scope for physical activity through active travel and easier access to high quality green spaces, improving air quality and housing (warming, cooling, and ventilation) and making healthy food more readily available locally will potentially help mitigate the risks of a range of health issues, including obesity, cardiovascular and respiratory disease, some cancers and diabetes and poor mental health, whilst also reducing Coventry's greenhouse emissions.

Green spaces can also bring communities together, reduce loneliness and mitigate the negative effects of air pollution, excessive noise, heat and flooding. There is opportunity to work with communities to protect and improve existing green space and create new ones in areas most in need, and to implement nature-based interventions for health, such as green walking or green social prescribing.

Initiatives to tackle climate change present opportunities for public services, and the private and third sector to work closer together to bolster community resilience and address inequalities in the wider environmental determinants of health. Coventry has a strong history of supporting "Friends of" groups and community-based organisations in maintaining, developing, and improving green spaces. As well as site specific friends of groups and the Coventry Tree Wardens, there are several sports clubs and the city's allotments are self-managed by Coventry and District Allotment and Gardens Council.

Green corridors form an important element of the landscape within Coventry, **however there are some barriers to accessing these spaces that need to be addressed.** Further work is required to address perceptions of anti-social behaviour, personal safety, dog fouling and access issues relating to volumes of traffic, busy roads, and safety concerns for cyclists. Further investment is also required to improve the quality and facilities of some green spaces.

The Council is committed to an ambitious plan to plant 360,000 trees one for every member of Coventry's population over the life of the strategy: a tree for every citizen. Coventry has membership of the Trees for Streets National Street Tree Sponsorship Scheme, from the urban tree charity Trees for Cities, funded by the government's Green Recovery Challenge Fund and City Bridge Trust. This "Tech for Good" project uses technology to empower people and makes it easy for residents and organisations to get involved in greening their communities.

Cleanliness of the city is important to residents. A large proportion of the responses to One Coventry engagement placed a focus on the need for Coventry to become a "greener city" and a "tidier/cleaner" city. "*Clean city of Coventry - littering is the main issue. to build the economy and green city. The city should start from a clean platform."*

A more holistic approach to health could be used by identifying food growing spaces in the city – both active and those with potential to deliver environmental, social and health benefits. This would support future demand for allotment provision, community gardening and urban forestry and food production which has proven health benefits.

Initiatives to reduce air pollution and facilitate more active transport overlap considerably as they are both functions of mobility and there is opportunity for closer working across health, air quality improvement initiatives and transport to better meet the needs of Coventry residents. In Coventry,

the main air quality issues identified and being addressed by the Local Air Quality Management (LAQM) process relate to residential properties that are near major arterial routes in the city, which experience high levels of congestion. Currently identified hotspots include sections of Holyhead Road, Walsgrave Road, Foleshill/Longford Road, Stoney Stanton Road and at certain junctions along the A45.

Change is needed in how people and goods travel to, from and around Coventry. Current levels of car travel will simply not be sustainable in the future; Therefore, the Coventry Transport Strategy sets out plans to create a city where it is easy, convenient, and safe to walk, cycle and travel on public transport, and where most people do not need to use a car to access the services that they need for day-to-day life. focuses upon encouraging local trips to be made by walking and cycling rather than the car, with significant investment in a new high-quality cycle route between Coundon and the city centre, and on an engagement programme with schools, businesses and local communities building on the successful work already done in the Walsgrave corridor.

Coventry City Council is working with the West Midlands Combined Authority, the UK Government and National Express West Midlands on a pilot project to make Coventry the UK's first all-electric bus city. Funding has been provided by the UK government, and Coventry City Council is working closely with National Express to ensure the necessary infrastructure is installed by 2025.

Green Space Strategy aims to protect the cities green spaces, from large parks and playing fields to allotments, churchyards, and riverbanks. The strategy has already seen success in investment in children's play, more spaces being managed positively for wildlife, greater community involvement with 30 friends or volunteer groups now working with the park service, the achievement of five Green Flag Awards, the delivery of large-scale investment in War Memorial Park and Coombe Country Park supported by external funding and achieving a national award for the wildflower planting on key highways verges and within selected parks. These achievements, along with other factors, has led to a significant increase in the use of green spaces in Coventry, reflecting the national picture.

Housing and homelessness

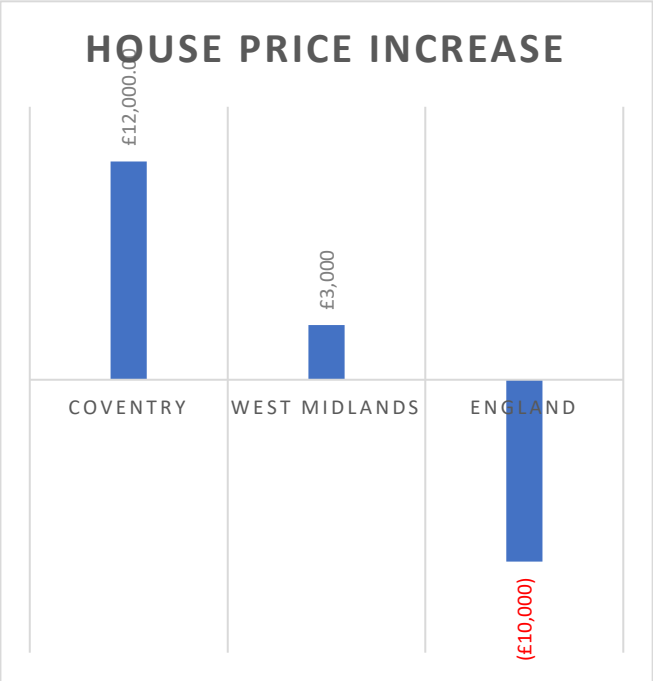
Why is this important?

Historically, housing is only considered in relation to health in terms of support to help vulnerable people to live healthy, independent lives and reduce the pressure on families and carers. However, it is now

recognised that good quality housing for all leads to better health and wellbeing, as it indirectly affects early years outcomes, educational achievement, economic prosperity, and community safety.

Conversely, rough sleeping and homelessness significantly impacts on a person's mental and physical health, and the longer someone experiences rough sleeping, the more likely they will develop additional mental and physical health needs, develop substance misuse issues and have contact with the criminal justice system.

What is the local picture? How does it compare?



While average house prices are a little lower than the West Midlands regional average, rental prices appear to be slightly higher. Rents and house prices in Coventry are increasing. The median house price in Coventry for the year ending September 2022 was £214,500, lower than the West Midlands regional average of £225,000 and the England average of £275,000; but comparable to the average for the West Midlands metropolitan area, £210,000. Over the last year the median house price in Coventry increased by £12,000 (6%) whereas they increased by £3,000 on average in the West Midlands metropolitan area; and fell regionally (-£5,000, -2%) and nationally (-10,000, -4%). Over the last five years Coventry house prices have increased by 6% a year on average, similar to the level of increase elsewhere.

Dividing median house price by median earnings from employment amongst Coventry residents gives us a measure of affordability, the ratio in 2022 was 6.2. This shows houses in Coventry to still be more affordable than the other parts of the West Midlands metropolitan area, as well as the West Midlands region (7.1) and England (8.3). While this statistic indicates that houses have become less affordable over the last 10 years, the ratio reduced in the last year, it was 6.5 in 2021.

The median monthly rent for all types of houses in the year ending September 2022 is estimated to be £725, lower than the national average (£800), the same as the average for the West Midlands metropolitan area, but higher than the average across the whole of the West Midlands region (£695). This has increased from £695 in a year, a 4% increase.

There has been an increase in private renting and a reduction in home ownership amongst Coventry residents over the last 10 years. Census 2021 data shows 24.7% of households are privately rented, up from 20.6% in 2011; and 57.4% of households are owner occupied, down from 60.6% in 2011. 17% of Coventry households are socially rented, the same as in 2011. More households in Coventry privately rent compared to national (20.5%) and regional averages (17.9%) and less are owner occupied

compared to England (61.3%) and West Midlands (62.8%). The changes in tenure are similar to the trends across the region and the country overall.

Household overcrowding is more prevalent in Coventry than national and regional averages. Census 2021 counts 10,196 Coventry households as overcrowded, having fewer rooms than a minimum standard for the number of occupants. This amount to 7.7% of all households, so overcrowding rates in Coventry are higher than West Midlands (5.4%) and England overall (6.4%). However, overcrowding has reduced since 2011 when it was at 9.5% of households.

Threats to population health and wellbeing are exacerbated by the increased costs associated with keeping homes warm, dry, and ventilated sufficiently over the colder months of the year and potential intermittent shortages in energy supply. Cold homes are recognised as a source of both physical and mental ill health, increasing the risk of heart attack and stroke, respiratory illness, falls and accidents. The percentage number of inadequately energy efficient homes in Coventry (based on an EPC rating of less than C, i.e. D - G), is estimated to be around 60% compared with 60% nationally, ranging from 37% of households in areas in Woodend, Henley and Manor Farm to up to 84% in Upper Stoke Central (Barras Heath) and along Hipswell Highway and Ansty Road (Ravensdale).

For Coventry, this equates to around 12,000 social rented homes and between 70,000 owners occupied or privately rented homes in need of improvements / retrofits to make them energy efficient to an EPC C rating standard. Whilst there are programmes running regionally and locally to meet this aim, core funding levels constrain the scale and pace of delivery. There is opportunity to incorporate other needs such as health within the process, to better understand the scale and format in which this programme could be delivered across Coventry equitably and what public health and community schemes could be delivered to raise greater awareness of how to stay warm or cool and increase community resilience.

An increasing rate of house building within Coventry is planned, if these plans were to come to fruition it may facilitate further population growth with families and other households moving into these houses. Some of the house building is earmarked for areas outside the city boundary (given cooperation with neighbouring authorities); while this part of it wouldn't directly add to population estimate of Coventry itself, it would still have an implication for local needs and services.

800 Households are Homeless

Despite improving local housing systems, the city still has high levels of homelessness; highlighting a need to work together with partners to improve the use of existing homes and empty dwellings.

14% increase in case demand on homelessness prevention and relief services

The homelessness rate in the city rose higher in 2021/22 than in the previous year. This is projected to further increase in in 2022/2023, the cost-of-living crisis is a factor here. The number of households accepted under a main homelessness duty increased from 722 in 2020/21 to 800 in 2021/22. There was a 14% increase in case demand on homelessness prevention and relief services in 2021/2022 compared with 2020/2021, the Council, obtained secured accommodation for 1,167 households, compared with 1,083 in the previous year.

obtained secured accommodation for 1,167 households

Rough sleepers tend to be complex cases, often requiring more than one specialist service involved in their support to relieve homelessness. It is difficult to understand the true extent of numbers rough sleeping in Coventry at any given time. The Council's Rough Sleeping Outreach Team routinely report between 5 – 30 new cases per month (average of 15 per month). Currently, around 50% of cases known to the outreach team move on to secure long term accommodation and support, with a further 40% not engaging and around 10% being sectioned, passing away, imprisoned, or reconnected with another Local Authority. Approximately 25% of new cases are thought to be non-UK nationals and 10% thought to have no recourse to public funds.

What is happening in the city? What else can be done?

Investment in additional frontline resources to support more resident's facing homelessness is needed. Through the Housing & Homelessness Strategy 2019-24 the council worked with partners to improve the use of existing homes. The introduction of the "Let's Rent" scheme, whereby the Council provides guarantees for making rent payments and supports the vetting of prospective tenants. The Council also introduced an improved Homefinder system in September 2021, to make applying, searching, and bidding for social / affordable housing easier for residents.

The council have revised and uplifted contracts for delivering additional support with providers, including The Salvation Army, St Basils, and P3 Charity, for households which are not eligible for a statutory homeless duty. The Integrated Care System commissions a GP service dedicated to providing healthcare to single people aged 18 or over who are experiencing homelessness and sex workers resident in the city. There are normally around 600 registered patients. The service works in partnership with a range of partners in the city to encourage patients to access healthcare in a timely manner and reaches out for support to enable a patient to complete treatment.

People with lived experiences have a unique and essential role to play in helping to prepare people to accept and receive support. Coventry has had success in working with people and volunteers with lived experiences of drug and alcohol misuse who are members of the city's Multiple Complex Needs Boards. As experts by experience, these volunteers worked closely with the police and the Council to influence the city's approach to working with a variety of people.

The Ayriss Recovery Coventry (The Arc CIC) is a drug and alcohol outreach/support service in Coventry. The Arc is made up of experts by experience – that is, people with first-hand, lived experiences of things such as rough sleeping or misusing drugs and alcohol. They understand on a deeper level what it is like for those accessing their services and can use their empathy and understanding to build connections between local services and people who are rough sleeping or misusing drugs and alcohol. The Arc CIC is one of the founding partners of the STEPS for Change Street homelessness hub in Coventry City Centre, a drop-in facility where rough sleepers and those at risk of homelessness can seek support from a variety of partner agencies.

Crime

Why is this important?

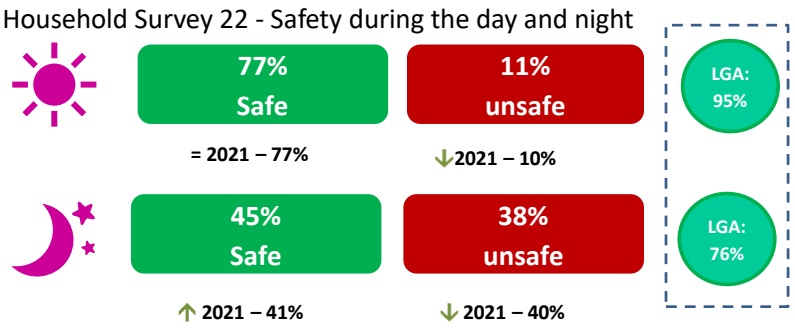
Being a victim of crime, and being worried about crime, impacts on a person's perception of their quality of life in the neighbourhood and has a negative effect on a person's mental and physical wellbeing.

What is the local picture?How does it compare?

The proportion of Coventry residents who feel safe during both the day and night remains significantly lower than the latest LGA national polling figure of 95%; and Coventry people feel less safe than four years ago.

Over three quarters of residents feel safe during the day (77%) in their local area, with only 11% reporting feeling unsafe, this remains unchanged from 2021. However, it is a significant reduction from 2018 when 94% reported feeling safe during the day. Safety during the day is significantly lower amongst those living in the Foleshill (55%), Henley (69%) and Upper Stoke (69%) wards when compared to the survey average.

When considering safety after dark in their local area, fewer than half (45%) of residents feel safe, a slight increase since 2021 (41%) – but a significant worsening on 2018 levels when 74% reported feeling safe at night . The sense of safety after dark expressed by Coventry residents is below that recorded nationally by LGA polling (76%). Residents living in Longford (34%), Henley (29%), Lower Stoke (29%) and Upper Stoke (25%) wards have a particularly low sense of safety after dark.



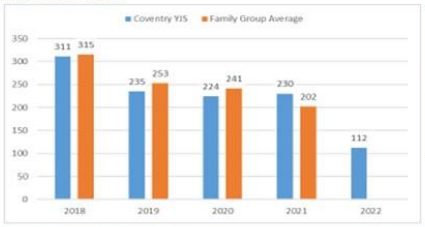
Recorded crime has been on an increasing trend in Coventry, however overall rates do not rank particularly highly when compared to other areas. Coventry's total recorded crime rate in 2022 was 122 per 1,000 residents, compared to 93 for England overall. However, whilst it is increasing, Coventry's overall crime rate and its violent crime rate does not rank particularly highly when compared amongst other local authorities in the West Midlands and groups of other similar places across the country.

A total of 42,021 crimes were recorded by the police during 2022, an increase of 8% since 38,990 cases recorded in 2021. This was after a much larger annual increase of 35% from 28,814 in 2020. It had been on a slowly increasing trend for a few years before 2020. Recorded crime has also been increasing recently for England overall, but the increase in Coventry has been greater.

While theft offences have continued to increase, in the last 3 months of 2022 the increasing trend in recorded crime has plateaued, albeit at a notably higher level than a few years ago. Total recorded crime in 2022 was 51% higher than levels in 2018 and violence against the person offences were at more than

double 2018 levels (122% increase). This increase was driven by increases in 'violence without injury' offences and 'stalking and harassment' offences; 'violence with injury' offences increased at a slower rate, 34% higher. Total recorded crime in England dipped a little during 2020, perhaps due to the pandemic and lockdowns – whereas it increased a little in Coventry. While some types of crime, like theft related offences, did dip during the pandemic, violent crime continued to increase.

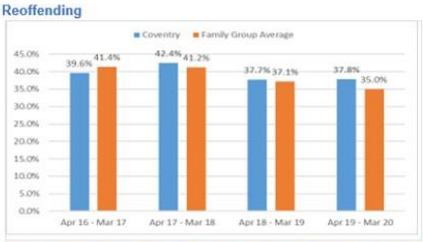
First Time Entrants



The number of children entering the youth justice system has been stable over the last three years but seen a marked decline this year; as a result, the Service has started a new Diversion Offer.

Table 1: FTEs per 100,000 of the 10–17-year-old population, Coventry YJS 2018-22

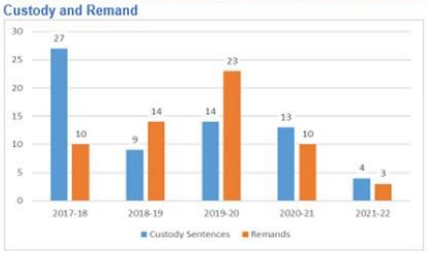
Reoffending



The reoffending rate has remained stable from last year, though it is higher than the Family Group. The number of children reoffending has reduced, but the stable percentage reflects the reduction in the overall cohort size.

Table 2: Children/Young People reoffending within a year, Coventry YJS 2016-2020

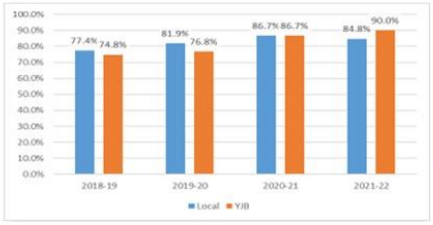
Custody and Remand



There was a significant decline in the use of custody and remand across 2021/22.

Table 3: New episodes of custody and remand, Coventry YJS 2017-22 (10-17 Year old's)

Education, Training and Employment



There is a continued improving trend for children being engaged in education, training, and employment (ETE); however, children in the youth justice system continue to achieve poor academically, compared to the city average.

Table 4: Engagement in suitable ETE by local assessment and by the YJB national standard, 2018-22

Violence against the person offences have been increasing notably in Coventry since 2016; the violent crime rate was lower than the national average then but it is now higher, at 49 per 1,000 residents compared to England at 35. The top three of all offences in Coventry in 2021/22 were Common Assault and Battery (accounted for 11.6%), Assault Occasioning Actual Bodily Harm (ABH) (6.0%) and Harassment (5.5%).

There has been a reduction in First-time entrants to Youth Justice System. Coventry has seen more of a marked decline compared to the current family group and national comparators. This has given the opportunity for the Service to have an earlier offer to children at risk of entering the youth justice system. The first-time entrants to youth justice system (rate per 100,000 young people aged 10-17) has reduced to 112 in 2021/22 from 230 in 2020/21.

What else is happening in the city? What else can be done?

Dealing with 'challenging' behaviour requires partnership working, ensuring that this is achieved by opening avenues for co-creation and participation. Having ownership of solutions will prevent offending and create safer communities with fewer victims. There have been many interventions implemented by the youth justice service, for example the "Through Our Eyes initiative". Through Our Eyes started in 2021/22, a quarterly feedback group led by a local charity, Guiding Young Minds, and the local

Youth Commissioner. These sessions see children open to Coventry Youth Justice System give feedback on their experiences, self-assess the service, and discuss issues individually/collectively to improve the Service. The sessions are facilitated externally to encourage and facilitate more honest feedback.

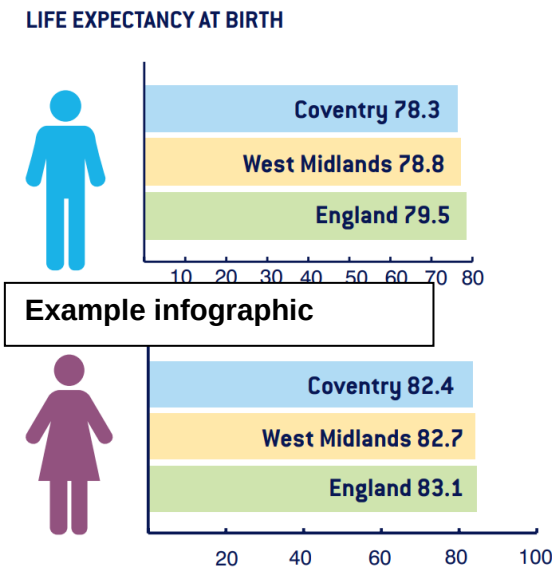
Health and Wellbeing

Life expectancy

Why is this important?

Life expectancy and healthy life expectancy are extremely important summary measures of overall population health. The Marmot Review, Fair Society, Healthy Lives, demonstrates clear and significant links between avoidable differences in health outcomes and deprivation, where people experiencing multiple deprivation not only living shorter lives, but spend a greater portion of their shorter lives with a disability or in poor health. As a Marmot city, Coventry has adopted and embedded the principles of Marmot, tackling the social conditions that can lead to health inequalities, and working to improve the areas in which people are born, grow, live, work and age.

What is the local picture? How does it compare?



Overall health in the city is below average, life expectancy has remained below the regional and national averages. Life Expectancy has decreased in the most recent data, this in part could be due to the inclusion of Covid 19 data. Life expectancy is a statistic giving a high-level picture of the health of Coventry residents and should be used with care in understanding likely life spans for people; excess deaths due to the COVID-19 pandemic will have a negative impact on life expectancy statistics but this may not have a permanent impact**.** Whilst this data includes 2020 and the pandemic will have undoubtedly affected mortality statistics, life expectancy increases had already stalled before 2020.

Life expectancy for females in Coventry is 82.0 years and for males is 78.0 from 2018 to 2020. This is below the national average of 83.1 for women and 79.4 for men.

Healthy life expectancy, which is the number of years a person can expect to live in good health, is at 64.0 years for females and 61.1 for males. Healthy life expectancy for Coventry males is lower than the national (63.1) and regional (61.9) averages whereas for Coventry females it is slightly higher (62.6) and (63.9). The trends show little change in recent years for women, but it has fallen a little for men.

The gap between healthy life expectancy and life expectancy is referred to as the ‘window of need’. It is the average number of years that a person can expect to live with poor health, during which they will be likely to need support from the health and care system.

In Coventry, females can expect to live almost a quarter of their lives in poor health (18 years) whilst males can expect to live 16.9 years in poor health. However, this difference has narrowed slightly in recent years with the window of need for men increasing a little and the window of need for women reducing marginally.

There are significant health inequalities across Coventry's neighbourhoods and effect certain communities disproportionately. Males living in less deprived areas of the city can, on average live up to 10.7 years longer than those living in the most deprived areas of Coventry; and for females the gap is 7.8 years. This is not too dissimilar to regional averages of 7.9 years for women and 9.7 for men. The extent of inequality for Coventry men is the second worst of all West Midlands districts. People in more deprived parts of the city not only live shorter lives, but also spend a greater proportion of their shorter lives in poor health compared to those living in less deprived parts of the city.

Premature mortality (deaths amongst residents aged under 75 years) is higher than the national average for both males and females. The premature mortality rate by causes considered preventable is higher than both national and regional averages. Preventable mortality is defined as deaths from causes considered avoidable, treatable, or preventable given timely and effective healthcare or public health interventions. Coventry's premature mortality rates by all causes and causes considered preventable for both males and females rank slightly better than average compared to Coventry's near neighbours. A comparison of premature mortality rates for males and females is set out in the table below.

Cause of premature mortality	Coventry males		Coventry females	
	Compared to the region	Compared to England	Compared to the region	Compared to England
All Causes	Worse	Worse	Similar	Worse
All preventable causes	Worse	Worse	Worse	Worse
Cancer	Similar	Worse	Similar	Worse
Cancer – preventable	Similar	Worse	Worse	Worse
Cardiovascular disease	Similar	Worse	Similar	Similar
Cardiovascular disease – preventable	Similar	Worse	Similar	Similar
Heart disease	Similar	Worse	Similar	Similar

Liver disease	Similar	Worse	Similar	Similar
Liver disease– preventable	Similar	Worse	Similar	Similar
Alcoholic liver disease	Similar	Worse	Similar	Similar
Respiratory diseases	Worse	Worse	Worse	Worse
Respiratory– preventable diseases	Worse	Worse	Similar	Similar
Stroke	Worse	Worse	Similar	Similar
Covid -19	Similar	Similar	Similar	Similar

What else is happening in the city? What else can be done?

Preventable deaths can be avoided by addressing the social conditions that lead to poor health, such as people's prospects and opportunities; housing and environment; as well as behavioural and lifestyle changes. These are explored throughout this JSNA.

Health Protection

Why is this important?

Health Protection is a term used to cover a set of activities within public health. It is defined as protecting individual, groups, and populations from single cases of infectious disease, incidents and outbreaks, and non-infectious environmental hazards such as chemicals and radiation. Monitoring health protection coverage helps to identify possible drops in immunity before levels of disease rise.

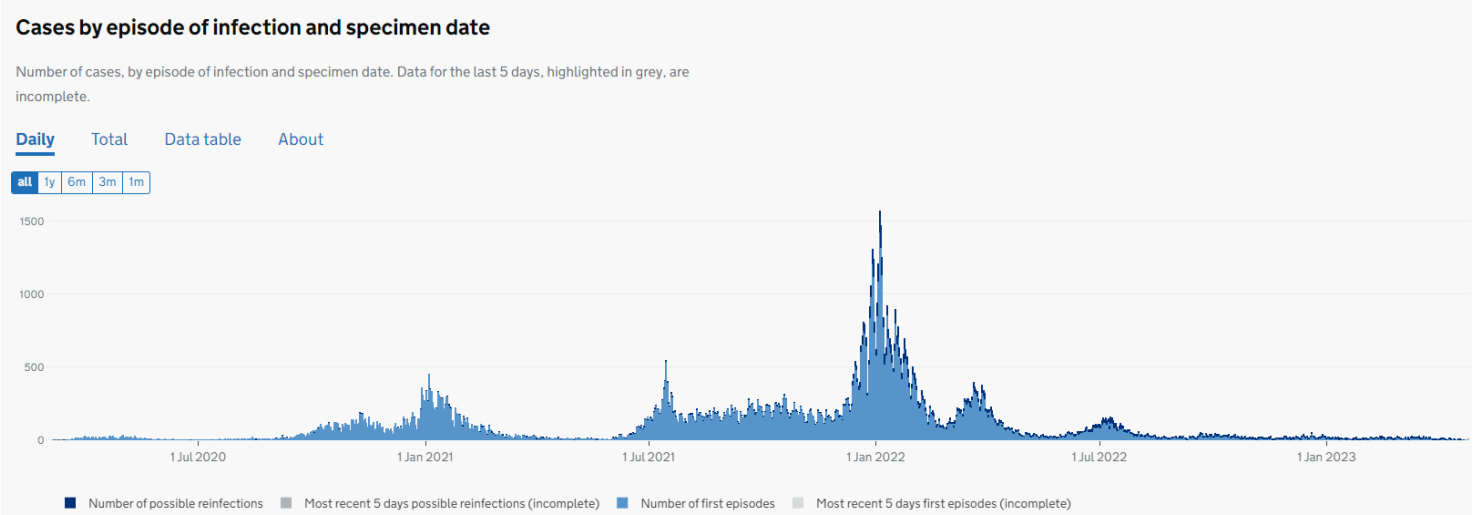
What is the local picture?How does it compare?

The unprecedented COVID-19 pandemic fundamentally changed all of our lives and had impacts on a global scale. Not only did it have direct health impacts, it had many indirect and varied impacts on several aspects of life. From 23 February 2020 to 30 April 2023, there were out of a total of 123,095 cases amongst Coventry residents, where an individual tested positive and officially reported the result, and 20,795,205 across England overall. Using Census 2021 population data to calculate the rate of Coventry cases per 100,000 population it is 35,856.39 compared to 36,781.97 nationally. These official cases do not represent all cases of course, not all people who had COVID-19 in this period will have taken and a test or reported its result and some people were asymptomatic so were unaware they had the virus. Therefore, these figures do not count total prevalence and make it difficult to conclude from differing case rates, it may be a result of different testing and reporting rates.

The Office for National Statistics (ONS) conducted a COVID-19 infection survey with the purpose of measuring total prevalence and its change over time; the highest national prevalence was the estimate for the week ending 2nd April 2022 with 7.6% of all people having COVID-19 at that time; in Coventry the peak

was at 8.1% in the week ending 19th March 2022, equating to 27,800 Coventry residents with COVID-19 at that time. It may have been higher in the early weeks and months, but we are unable to make any conclusions as this survey did not start until May 2020, however 'national lockdowns', the first of which began on 26th March 2020, will have suppressed transmission and therefore prevalence of the disease.

By the time of the peak in cases in Spring 2022, when no restrictions were in place, the vaccination programme was well established and the number of patients seriously ill in mechanical ventilation beds at University Hospitals Coventry and Warwickshire (UHCW) and deaths due to COVID-19 were at relatively low levels, indicating the successful protection provided by vaccinations. The number of cases has fallen to much lower levels since then, but not to zero, the last ONS infection survey measure for the week ending 13th March 2023 estimated prevalence at 2.7%.



COVID-19 caused severe illness and deaths and put a pressure on the health system. A total of 9,246 COVID-19 patients have been admitted to UHCW up to end of April 2023. This hit its highest point at the peak of the winter wave in January 2021, when 286 beds at UHCW were occupied by COVID-19 patients, and 43 COVID-19 patients were occupying mechanical ventilation beds. Up to the end of March 2023 a total of 1,025 Coventry residents died where COVID-19 was named as a cause on the death certificate, this is out of a total 9,909 deaths in that time. Therefore, COVID deaths have made up 1 in every 10 (10.3%) deaths between 2020 and March 2023. In 2020 and 2021 COVID deaths made up 1 in every 8 (12.8%) of all deaths, 796 out of 6,225. Data from the Care Quality Commission suggests at least 200 care home residents in Coventry died due to COVID-19.

Deaths rates for COVID-19 are higher in older people. To compare overall deaths rates, we calculate age standardised COVID-19 mortality rates. Coventry's 2020 rate was 130.25 per 100,000 population compared to 126.57 for England overall, and in 2021 Coventry's rate was 129.40 compared to 116.69 for England. Therefore, after adjusting for Coventry's younger population, death rates due to COVID-19 were higher in Coventry than the national average. We know deaths rates are higher amongst people living in more deprived areas, this may explain Coventry's higher rate. Coventry's COVID-19 age-standardised mortality rate per 100,000 population is not especially high compared to other areas in the West Midlands metropolitan area, ranking 5th highest out of 7 – rates in Walsall, Birmingham, Wolverhampton and Sandwell were notably higher, between 176 and 205 in 2021.

Many people experience ongoing symptoms of COVID-19 for a prolonged period, and many of these will need to access health services. People whose symptoms, covering a wide range, continue for more than 12 weeks are said to have post-COVID-19 syndrome or 'long COVID'**.** The Office for National Statistics (ONS) estimates the prevalence of self-reported long COVID at 2.92% of all people living in private households in March 2023, this would equate to 9,700 Coventry residents suffering with long Covid at that time.

Coventry delivered hundreds of thousands of COVID-19 vaccines that protected many from severe illness or death and protected the health service. However, many remain unvaccinated. At the end of April 2023, 253,947 Coventry residents have received their 1st dose of the COVID-19 vaccine, an uptake of 69.3% of residents aged 12+, lower than England at 77.9%. 236,022 have received their 2nd dose, an uptake of 64.4% lower than England at 74.4%, and 176,528 had received dose 3 or a booster. These uptake rates may be underreported due to the population data used by the NHS, but still Coventry's uptake is lower than England's. There is a strong link with deprivation with increasingly lower rates of vaccine coverage in areas of higher deprivation, and ethnic minority groups have lower rates in Coventry. There is a double impact, the harm from COVID-19 itself has been unequally distributed across the population. Also, the wider impacts from the pandemic and lockdown did fall more heavily on the communities most directly affected by the disease – with the burden falling disproportionately on communities in areas of greater deprivation who have less ability to mitigate against the impact of the pandemic.

The pandemic had many impacts, not all directly on residents' physical health. The restrictions due to the pandemic and the lockdowns, may have had an impact on different aspects of health, not least mental health. The ONS conduct an annual survey where they ask people about their personal wellbeing, it indicates slightly increased levels of anxiety amongst Coventry's population during the pandemic. The % who gave a score indicating high levels of anxiety increased from 20.6% in 2019/20 to 26.9% in 2020/21.

Responses to questions in the Coventry Household Survey 2022 also indicates a detrimental impact on mental wellbeing. A series of seven questions about respondents' wellbeing were asked using the Short Warwick and Edinburgh Mental Wellbeing Scale ('SWEMWBS'). Respondents can score from 1 (very low wellbeing) to 35 (very high wellbeing); the average score has reduced from 26.4 in 2018 to 22.94 in 2021 and 21.75 in 2022. Further to this, we can broadly categorise respondents' level of mental wellbeing according to their score; in 2021 28% gave a score that suggests 'possible' or 'probable' depression, up from 10% in 2018, and only 18% gave a high mental wellbeing score, down from 43% in 2018. These are not clinical diagnosis of course, just an indication to the extent of the impact on wellbeing of the pandemic.

The proportion of Coventry adults diagnosed with depression according to GP registers, has been on an increasing trend. Mental ill health is of growing concern, in 2013/14 it was 6.5% which increased to 11.9% in 2021/22, amounting to 40,743 residents. This is not relatively high; the West Midlands rate is 13.3% and it is 12.7% for England overall. The 2021 Coventry & Warwickshire Adult Mental Health and Wellbeing Needs Assessment set out a few key findings:

- there are high levels of poor wellbeing and mental ill health;

- there is difficulty in accessing or understanding available services or support;
- there will growing demand in the future, either due to better diagnosis and recognition of mental health issues and / or a general increase in poor mental health.

Childhood vaccination take up rates in Coventry are relatively low and have decreased. The Health Index for England developed by the Office for National Statistics (ONS) brings together 56 statistics that measures broad range of aspects of health, and we can compare Coventry's level and progress overall and for each measure against England's. It is a good tool for understanding which health aspects Coventry has the biggest challenges with– rates of childhood vaccination are highlighted as the city's worst performing aspect. With 100 denoting the England level in 2015, Coventry's Health Index Score for child immunisations declined in 2020 to a low level (79.4) compared to 2019 (94.8).

Area	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
England	100.0	100.4	100.5	100.9	101.9	98.3
Coventry	103.1	102.8	91.1	92.5	94.8	79.4
West Midlands (Region)	104.3	104.2	101.9	101.9	101.6	95.3

Data Source: Office for national statistics – Health Index for England

Many of the uptake rates continued to deteriorate into 2021/22. Uptake rates in Coventry are below the 95% threshold for several different childhood vaccinations. The rates are lower than the national and regional averages and often lower than average compared to similar areas. Three examples are**:** DTaP/IPV/Hib for one-year olds at 90.3%, a vaccination offered to babies to protect them against five serious childhood diseases; the rotavirus vaccine at 88.5%, which protects against gastroenteritis; and MMR for 2 year olds has an uptake rate of 88.5%. However, some rank slightly better including HPV vaccine Dose 1 for 12 to 13 years and Meningococcal ACWY Conjugate for 14 to 15 vaccines.

Cancer screenings for at risk populations are relatively low. The coverage of screening for cancers such as breast cancer, cervical cancer, and bowel cancer across at- risk populations are below the national average, moreover Coventry performs worse than similar areas with screening rates relatively low compared to the city's' CIPFA statistical neighbour' areas.

Coventry has high rates for some communicable diseases; the COVID-19 pandemic may have also led to delayed diagnosis and initiation of treatment. The incidence of Tuberculosis (TB) in Coventry, at 15.8 new cases per 100,000 population in 2019-21, remains notably higher than national and regional averages, but is decreasing. However, nationally it is estimated that the COVID-19 pandemic will have led to delayed diagnosis and initiation of treatment which may contribute to increased morbidity, mortality, and disease transmission. There are some local populations with higher rates of TB, for example, some of the city's newly arrived communities from countries with high rates of TB, as well as vulnerable groups facing severe and multiple disadvantages including rough sleepers, people who misuse drugs and sex workers. HIV remains an important public health concern in Coventry, there are a larger number of HIV diagnoses in

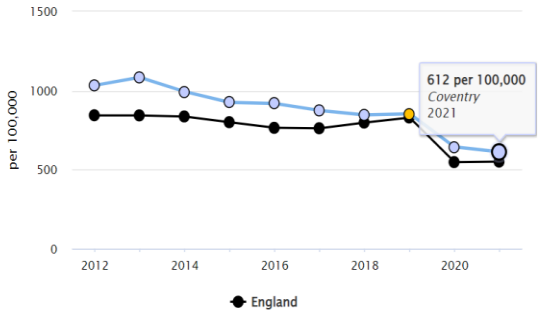
males**.** In 2020, the diagnosed HIV prevalence rate in Coventry was 3.10 per 1,000 population age 15-59 years, which is higher than the 2.31 in England. Coventry has the 4th highest rate in the 16 similar local authorities. In Coventry between 2018 and 2020, 46.5% all HIV diagnoses were made at a late stage of infection compared to 42.4% in England.

There is some indication that sexual health is an issue in Coventry, with higher rates of Sexually Transmitted Infections (STIs) than national and statistical neighbours. For Coventry the indicator new sexual transmitted infections (STI) diagnoses per 100,000 decreased in 2020 and 2021 but was still at a higher rate than the West Midland and England averages. The highest rates of STI diagnoses most commonly occur within areas of Coventry where the city's two Universities are located in the city centre and Gibbet Hill area. Higher-than-average rates are recorded in areas of greater deprivation in the city's north eastern 'corridor', the south east and the Canley / Tile Hill areas.

All new STI diagnoses rate per 100,000

Crude rate - per 100,000

Show confidence intervals Show 99.8% CI values

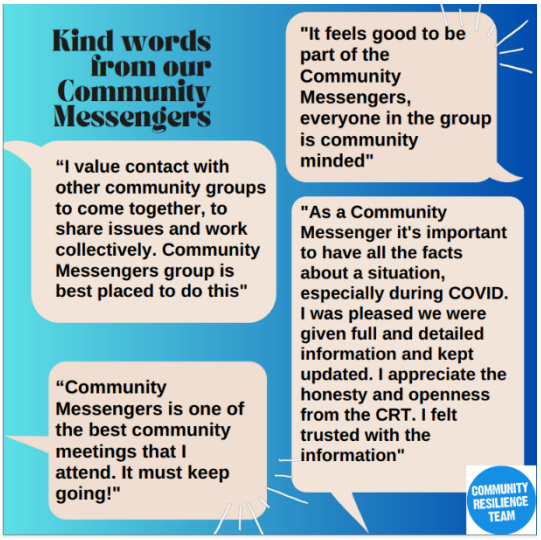


Recent trend: ⬇ Decreasing

Period		Coventry Count	Value	95% Lower CI	95% Upper CI	West Midlands	England
2012		3,332	1,033	998	1,069	714	843
2013		3,559	1,084	1,048	1,120	722	843
2014		3,328	993	960	1,028	708	837
2015		3,186	925	894	958	669	800
2016		3,245	919	887	951	668	765
2017		3,151	875	845	906	627	762
2018		3,104	846	817	877	640	798
2019		3,172	854	824	884	655	829
2020		2,443	644	619	670	415	548
2021		2,323	**612**	588	638	429	551

Source: UK Health Security Agency (UKHSA)

Teenage conception rates are still higher than the national average but have fallen significantly. In Coventry in 2021, there were 18.6 conceptions per 1,000 people under the age of 18. This is higher than England's 13.1 and the West Midlands' 15.2. However, this is an improvement from 25.8 in 2019 and a significant improvement since a peak of 68.1 in Coventry vs 43.2 for the West Midlands and 39.7 for England in 2008.

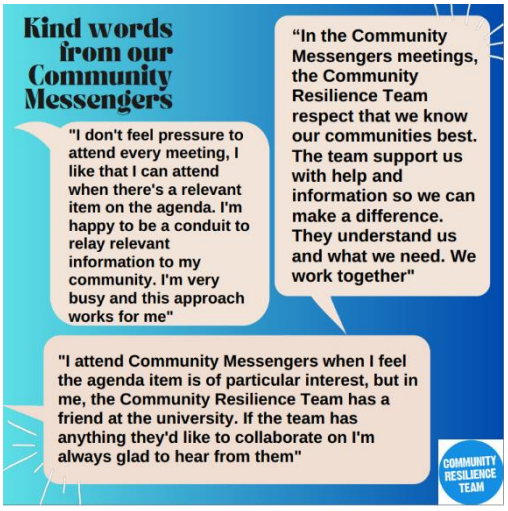


Ensuring communities understand and trust public health messages, and that they are accessible and culturally appropriate is vital. Coventry has a very diverse and active voluntary and community sector with many small and well-connected groups, it is also blessed with many community leaders and "go to" people in local neighbourhoods. During the pandemic the Community Resilience Team created Community messengers who consisted of existing faith, voluntary and community networks in the city. The number of messengers has now grown to 320. The messengers perform two main functions:-

1. they help to disseminate into their community the "stay safe" messages
2. they collect and feedback community intelligence which is then used to influence a number of things such as improving our communication materials, focusing our interventions and deploying our local teams of COVID-19 advisors

Young people were included through a partnership with The Positive Youth Foundation, a charity that supports young people in the Coventry area (and who chair the Coventry Youth Partnership), and a series of focus groups held with young people and the council's communications team helped the development of specific messaging for young people, including several videos.

Community members now have a platform and a chance to participate directly in shaping how the council and communities engage with each other. This helps to facilitate a community-led response to communications and messaging surrounding several topics. There are now more than 370 community messengers dispersed throughout the city, communicating in a style that suits them and their neighbourhoods.



There is increasing recognition of the key role that places and communities play in our health community groups are best placed to address health challenges, because they are trusted and have the networks understanding and legitimacy to do so. Health and care providers need to shift to an 'enabling' leadership style, supporting communities to maintain their health and well being by pooling engagement resources and helping to build capacity by sharing skills and facilities with the communities we serve. The One Coventry Plan is designed to work with our communities to ensure that they are able to address their health needs and to reduce inequalities.

Since 2021, Coventry was successfully awarded funding to deliver the Healthy Communities Together (HCT) programme. This programme is funded by the National Lottery and aims to support local areas to develop effective and sustainable partnerships between the voluntary and community sector, the NHS and local authorities to improve health and wellbeing, reduce health inequalities and empower communities.

Community centres and places of worship are assets that can be used to support people. Community centres and places of worship know their communities and have been supporting people through difficult times by providing social supermarkets and other crisis support and they're an excellent way to get "stay safe" messages out as they are hubs in their communities. There have been many benefits to this network approach. As they've begun to link up and provide peer support to each other, they've seen the value of working together and now want more - we will continue to support.

A community-informed and culturally competent approach to healthcare is essential to increasing screening and vaccination rates. Asylum seekers and refugees typically have worse health than the wider migrant and UK-born population. During migration they are vulnerable to environmental threats – e.g., trafficking, and sexual exploitation – and may have experienced gender-based violence – e.g., torture, sexual violence, FGM, and conflict - that lead to health problems. They, and other newly arrived communities, can also spend long periods of their journey with limited access to healthcare which presents challenges in the form of poorly-managed long-term conditions – e.g., diabetes, and hypertension – and untreated communicable diseases such as TB, HIV and STIs. Newly arrived communities are at increased risk of poor mental health too potentially suffering with anxiety, PTSD, and depression. Therefore, newly arrived communities need healthcare on arrival and information and guidance about the NHS, what services are available, and about their health care rights. The impact of language and cultural barriers cannot be understated so services should be culturally appropriate, and trauma informed.

Building on existing health and wellbeing infrastructures having a collaborative partnership approach, bringing together residents' experience and partners' skills and assets, should be taken to strengthen health and wellbeing in communities. An example of this is Vaccinating Coventry – a partnership group with membership from a range of council teams (Public Health, Migration, Community Resilience Team, COVID-19 advisor teams, communications, NHS partners CCG communications and engagement teams, primary care network and GP and Pharmacy representatives, Healthwatch), with a focus on improving vaccine uptake inequality across the city. While vaccine uptake across Coventry and Warwickshire has been good, early in the vaccination programme data started to reveal areas of Coventry with much lower uptake, particularly among minority ethnic groups and those living in more deprived areas. The work of the group is linked tightly with wider COVID-19 prevention inequality work, focused upon access to testing, understanding of and adherence to national guidelines.

The Integrated Care System has an opportunity to improve population health and wellbeing in its broadest sense, with a wide range of partners working together to improve health outcomes and tackle health inequalities, starting with the root causes by addressing the wider determinants of health. The development and implementation of the Integrated Care Strategy sees the importance of

working together at all levels and as locally as possible. Much of the activity to integrate care and improve population health will be driven by organisations working together in places, and through multi-disciplinary teams working together in neighbourhoods, adopting new targeted and proactive approaches to service delivery, informed by a shared understanding of the needs of our population. The ICS brings together a wide range of partners – local government, NHS, voluntary and community sector, housing, Healthwatch, universities and others, to lead the system's activity on population health and wellbeing and drive the strategic direction and plans for integration across Coventry and Warwickshire.

Demand and access

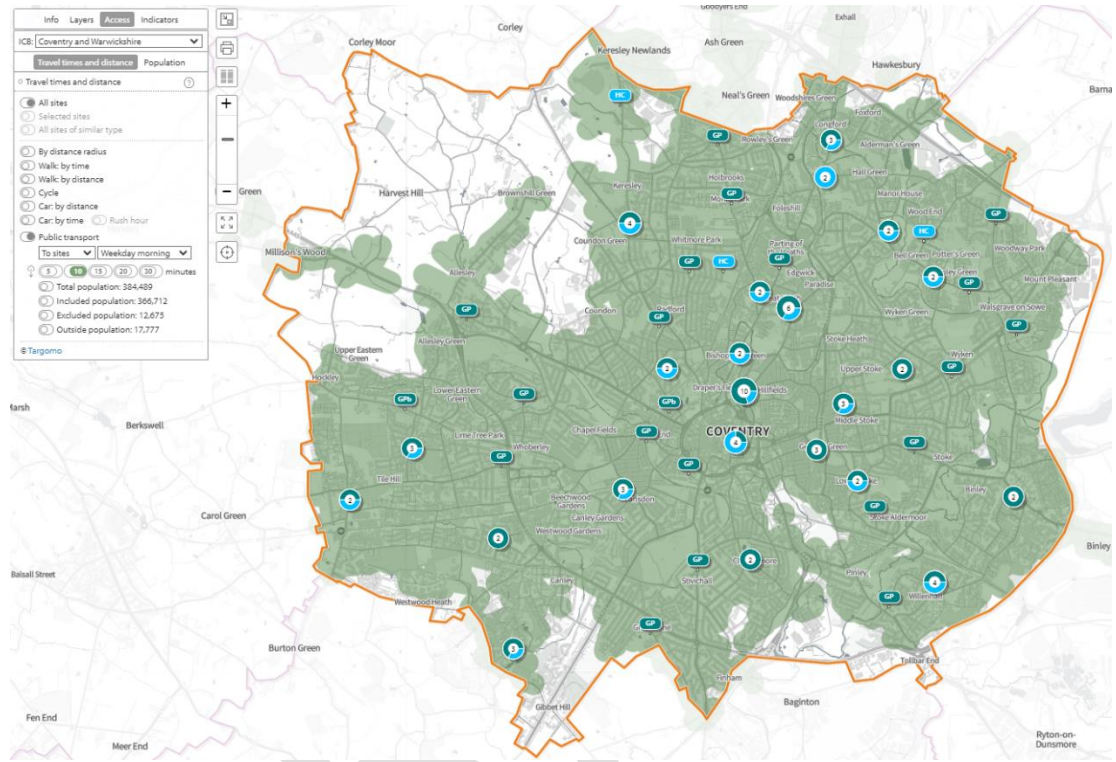
Why is this important?

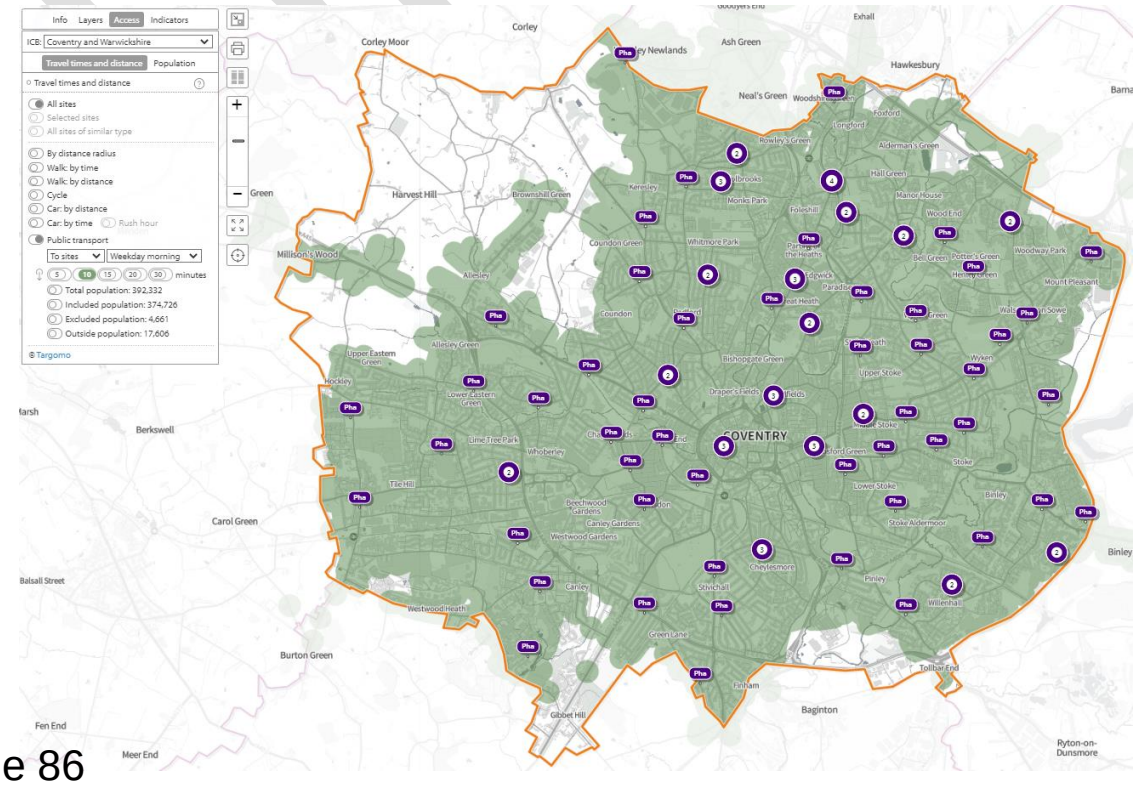
The demand for health and care services is expected to increase as the city's population grows and ages. To manage this growth there is a need to shift the emphasis to proactive and preventative care. This means ensuring people have better general health regardless of where they live, requiring fewer visits to hospital and shorter stays if they need inpatient care; and remodelling urgent and emergency and planned care so that it can cater to the expected increase in demand.

What is the local picture?How does it compare?

Coventry has good access to health services, with most residents being able to reach a pharmacy within a few minutes. Over 95% of Coventry residents could reach a GP or pharmacy within 10 minutes by public transport in 2020 (data on recently reduced bus services is not available yet.) 51 of 97 pharmacies in Coventry are currently listed as being open on a Saturday. This is particularly important as many community pharmacies are often located in deprived areas with high population density and inflexible

work patterns. This means that they are an important first point of contact for patients seeking ad-hoc health advice alongside picking up regular prescribed medicines or purchasing over the counter medicines. Nonetheless, physical proximity is not the only metric for physical access. Pavements and pathways in the wider areas around healthcare facilities can be inconsistent with regards to accessibility for people with low mobility, mobility scooters, and prams. There are also challenges for the severely deprived or even homeless to access healthcare due to no provisions to accommodate their pet or an unwelcoming atmosphere in the waiting area.





Digital Access adds another dimension to inequalities of access to healthcare. There are many online pharmacies now, including some operating from Coventry. This is a significant improvement in access for people with busy lives, as well as full digital access. Care is taken that online only pharmacies are not counted when assessing physical access in Coventry, therefore there is no direct detriment for people without digital access. However, there should be awareness of the potential risk of online pharmacies eroding the viability of local pharmacies that provide physical access – depending on future trends.

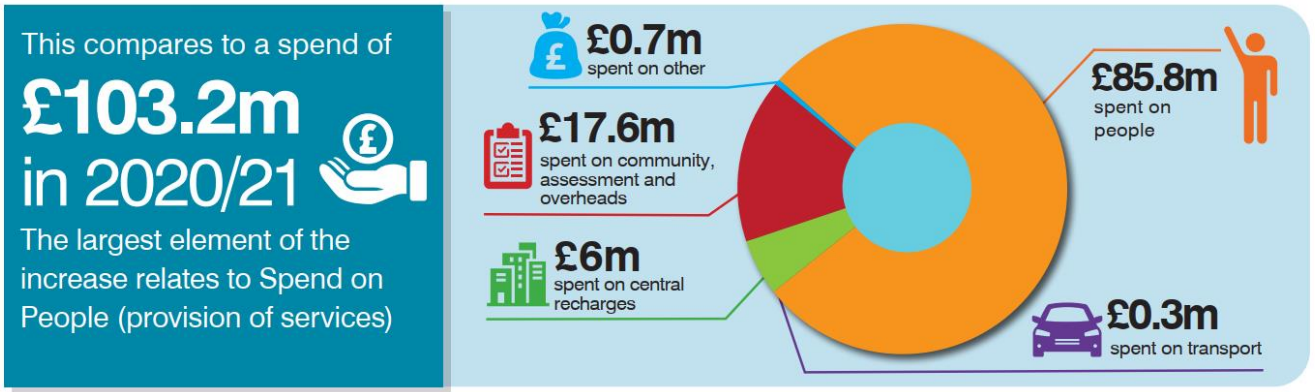
We can understand satisfaction with GPs in Coventry by examining responses to the national GP patient survey by Coventry patients over the last 3 years. It shows higher satisfaction in Coventry than the national average, although reducing between 2020 and 2022. When asked 'Overall, how would you describe your experience of your GP practice?', 75% of Coventry respondents said good or very good, better than 72% for England overall – but down from 80% in 2020. When asked 'Generally, how easy is it to get through to someone at your GP practice on the phone?', 60% of Coventry respondents said easy or very easy, better than 53% for England overall – but down from 70% in 2021. When asked 'How satisfied are you with the general practice appointment times that are available to you?', 59% of Coventry respondents said satisfied or very satisfied, better than 55% for England overall – but down from 69% in 2021.

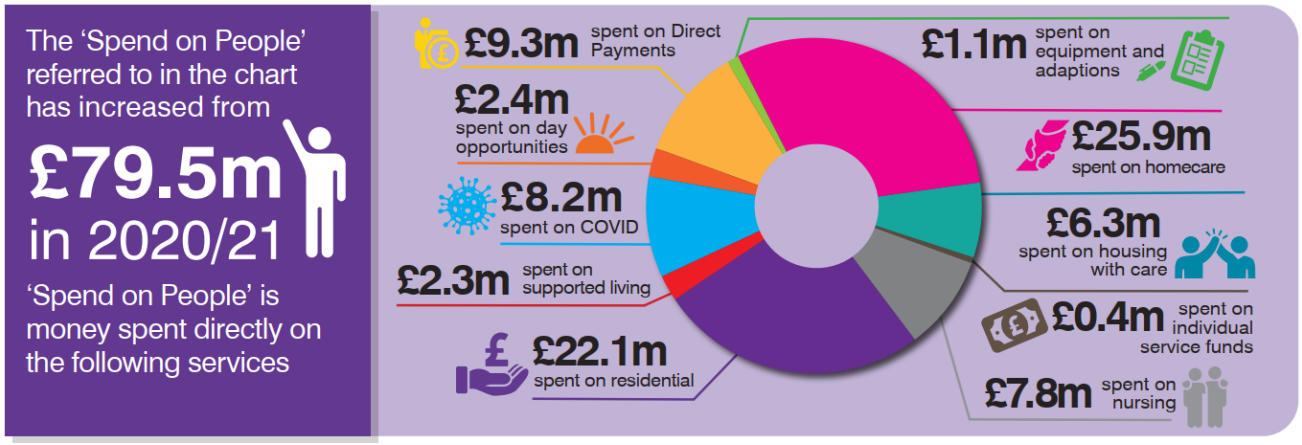
In the winter of 2022/23, the NHS was facing significant challenges, with waiting lists and waiting times in A&E and for Ambulances high. There are indications that it is worse than average in Coventry. We can examine snapshots of three statistics, published by the BBC, to get a flavour of how the local hospital trust, University Hospitals Coventry & Warwickshire (UHCW), is doing and if the pressures were better or worse. For UHCW Trust in the week beginning 16th January 2023 29% of Ambulances were waiting 30 minutes or more to hand over their patients to A&E, compared to 20% for England overall and to 12% in the equivalent week in 2020. For UHCW Trust for the month of December 2022, 42% of patents were waiting longer than the target time of four hours in A&E, compared to 40% for England overall and to 23% in December 2019. For UHCW Trust for the month of December 2022, 49% of patents were waiting longer than the target time of 18 weeks for routine treatments, compared to 42% for England overall and to 18% in December 2019.

The demand for Adult Social Care rises every year as people live longer and there are more people living longer with more complex needs. In 2021/22 the Council spent a net £252.8m on revenue activity. The gross Adult Social Care Spend in 2021/22 minus citizens and other contributions was £110.4m as shown below. This includes £8.2m of additional resources provided to support the care market during the pandemic.

The impact of the pandemic means that performance reports show there are less people satisfied with social care. This is most likely because of the restricted way we have had to operate during periods of the pandemic. Understanding more about customer experience and how this can improve is increasingly important.

The delivery of Adult Social Care in Coventry focuses on approaches that promote well-being and independence to prevent, reduce or delay the need for long-term support and to enable people to achieve their outcomes. In performance terms, this means that we would expect to see a relatively smaller number of people in receipt of ongoing social care, and where ongoing social care is required that this is mainly provided in people's own homes. We would also expect that the short-term services we have in place to enable people to be independent are successful in reducing demand for ongoing Adult Social Care.





In comparison to other local authorities, Coventry continues to have low rates of new requests for Adult Social Care but has seen an increase in requests for support. In 2022 there were 11,316 new requests for support (an increase of 14% on 2021s figure of 9,902). 6.5% of requests resulted in a long-term service (an increase on last year's 5%) however there was a reduction in those that received low level support in 2022 (18%) compared to 34% in 2021.

Coventry has a higher rate of safeguarding concerns per 100,000 population in 2021/22 (1962) compared to 2020/21 for England (1121) and West Midlands (1038). Coventry has a comparable number of enquiries started in 2021/22 (301) with England (343) and West Midlands (217) rates per population. The high number of concerns started compared to England and West Midlands has meant that Coventry's conversion rate (15%) is lower than England (34%) but comparable to the median West Midlands conversion rate (15%).

2021/22 saw the publication of Government proposals for Adult Social Care reform. These included;

- 'Build Back Better' plan for health and social care
- People at the Heart of Care: Adult Social Care reform White Paper

- Health and Care Act 2022 (which received Royal Assent in April 2022)
- White Paper on the integration of health and social care
- Consultation on Liberty Protection Safeguards (due to replace Deprivation of Liberty Safeguards DoLS)

Together, these introduce major reforms to Adult Social Care, with measures including further integration with health care, a cap on social care costs, changing charging thresholds, an intervention in the social care market intended to ensure local authorities pay a 'fair price' for care and the Care Quality Commission (CQC) being responsible for assessing Local Authorities' delivery of their adult social care functions. These reforms will impact on the work of Adult Social Care over the years to come.

What is happening in the city?What else can be done?

Improvements can be made to fairer more inclusive access to services for people.
Physical proximity is not the only metric for physical access to pharmacies and services. Pavements and pathways in the wider areas around healthcare facilities can be inconsistent with regards to accessibility for people with low mobility, mobility scooters, and prams. There are also challenges for the severely deprived or even homeless to access healthcare due to no provisions to accommodate their pet or an unwelcoming atmosphere in the waiting area.

Improving people's awareness of support groups and available activities can be a more efficient and effective way to help them meet their health needs. However, these groups need support to build their capacity and to ensure their sustainability. The city has a range of peer support groups, where people use their own experiences to help each other. These include groups aligned to people's

gender, ethnicity, religion, sexual orientation, and health condition, as well as groups bringing different people together. Forms of peer support include community groups. mentoring; befriending; self-help groups; online communities and support groups. Through peer support groups, people can talk to others who have faced similar situations, allowing them to share their feelings and experience; share ideas to cope; build confidence and build a sense of community and belonging.

Digital inclusion the move of services from face-to-face and telephone based to online services has caused significant concern to many residents, particularly those who are not used to using digital services or do not have regular access to the internet. COVID-19 significantly increased trends for online and remote primary healthcare, specifically the NHS 111 service and remote GP appointments. This increased access for some sections of society; however, it did not preclude a significant reduction in overall access to primary healthcare during and after the pandemic. There is significant scope to improve digital access to healthcare, and awareness of digital access options for healthcare. Nonetheless, physical health cannot be supported with online services only. Therefore, a balanced approach to providing access to primary healthcare using digital access where beneficial, plus physical access vis both GPs and pharmacies is preferred.

Access to services, particularly booking an appointment with a GP practice is of importance and concern to residents. Engagement undertaken by Coventry and Warwickshire Integrated Care Partnership (ICP) found that access to services particularly booking an appointment with GP practice, receptionists becoming a barrier to accessing services, difficulties in face-to-face appointments and ordering prescriptions and dentistry was problematic. Public perception of services also plays a large part, with several respondents expressing concern that services will not be able to cope with them if they were to attempt access, meaning they were choosing to not even try to make contact to get support.

Lifestyles

Why is this important?

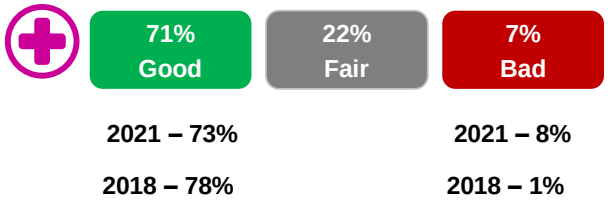
Individual behaviours, such as eating enough fruits and vegetables, smoking, alcohol consumption, and physical activity can affect health. These lifestyle behaviours are strongly influenced by the environment in which people live. For example, people living in a ‘food desert’, with limited access to affordable and healthy food, are more likely to eat unhealthily; an unsafe environment is likely to discourage people from walking or cycling; and social and cultural influences, including friendship groups, advertising and media, play an important role in determining people’s lifestyles.

These lifestyle risk factors – poor diet, physical inactivity, excessive alcohol consumption and smoking – are all linked to ill health and premature death. Having a combination of the risk factors contributes to greater ill health. People facing poorer social circumstances are more at risk of having multiple risk factors, exacerbating avoidable differences in health.

Seven in ten Coventry residents (71%) consider that their general health is either very good (29%) or good (42%) and the proportion rating their health as bad has decreased. Compared to the 2021 Household survey, the proportion who rated their health as good (either very good or good) has decreased marginally from 73% to 71% in 2022.

Under one in ten (7%) consider it to be bad, which leaves just over a fifth (22%) of residents who consider their general health to be fair. The proportion rating their health as bad has decreased from 8% in 2021 to 7% but is 6% more than the 1% recorded in 2018. As may be expected, younger residents, namely those aged under 35 (79%) or 35-44 (81%) are significantly more likely than the survey average to say they have good general health, whereas those aged 55-64 (64%) or 65+ (47%) are significantly less likely to feel they have good health.

Household Survey 22
Residents considered their general health:



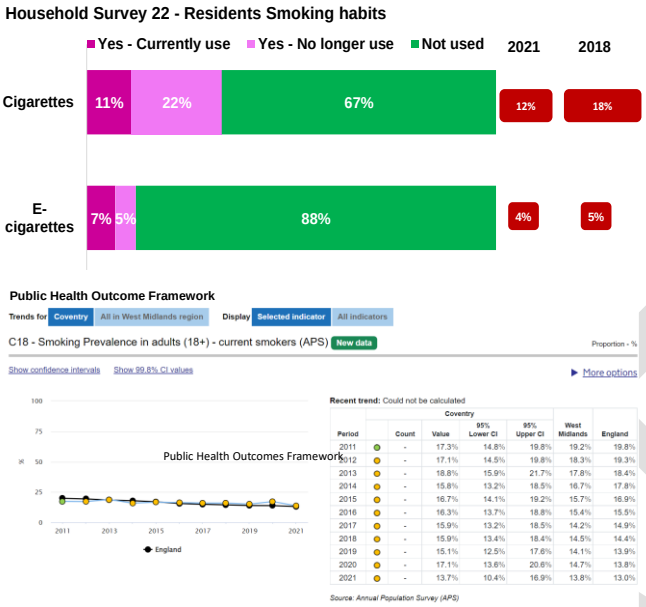
Whilst smoking rates continue to fall, those living in a very deprived area (IMD Decile 1) are much more likely to smoke. Between one-in-nine and one-in-seven adult Coventry residents are current smokers, using two different data sources – but both sources show smoking prevalence to be falling.

The local Coventry Household Survey 2022 asked residents and 11% said they currently smoke cigarettes down from 12% in 2021 and 18% in 2018. The other data source, the national Annual Population Survey (APS) for 2021 estimates smoking prevalence in adults in Coventry at 13.7%, not significantly different to the overall rates for the West Midlands region at 13.8% and for England overall at 13.0%. This has been on a generally reducing trend from 18.8% in 2013; although there was a blip in 2020 when smoking prevalence appeared to increase to 17.1%, maybe related to the pandemic, before falling again in 2021.

In the 2022 Coventry Household Survey, 7% said they use e-cigarettes, on the increase from 2021 (4%) and 2018 usage (5%).

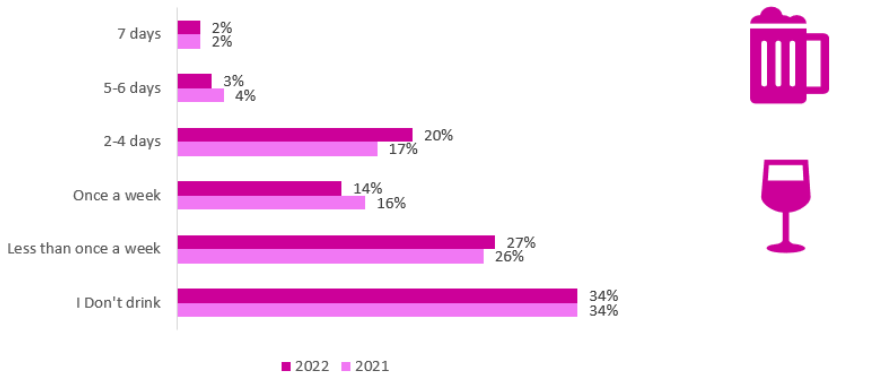
The estimated number of deaths in Coventry that are attributable to smoking has remained relatively high however, it may take some time for this to fall. The latest smoking attributable mortality

rate per 100,000 for Coventry was 234.7 for 2017-19, contributing to an estimated 1,112 death over those three years. This is significantly worse than the England average of 202.2 and the West Midlands average of 203.8.



The consumption of alcohol overall in Coventry, at population level, appears not to be disproportionately high compared to other places. This may be related to the city's demographics. The last time data was collected that allows some tentative comparison, in the Health Survey for England for 2015 to 2018, 29% (+/-6% points) of Coventry respondents said they don't drink compared to 16% for England overall and 21% (+/-5 points) said they drank more than 14 units of alcohol a week compared to 23% for England overall. The Coventry Household Survey asks residents about drinking habits; while responses indicate a small increase in alcohol consumption at population level between 2018 to 2022, changes are not large. In 2022 34% of respondents said they don't drink alcohol, compared to 42% in 2018. Of those that do drink alcohol, in 2022 25% said they drink more than 2-3 units of 2 or more days per week compared to 26% in 2018. Due to sample sizes of the survey, small changes do not imply real change at population level.

Figure 25: Frequency of drinking alcohol

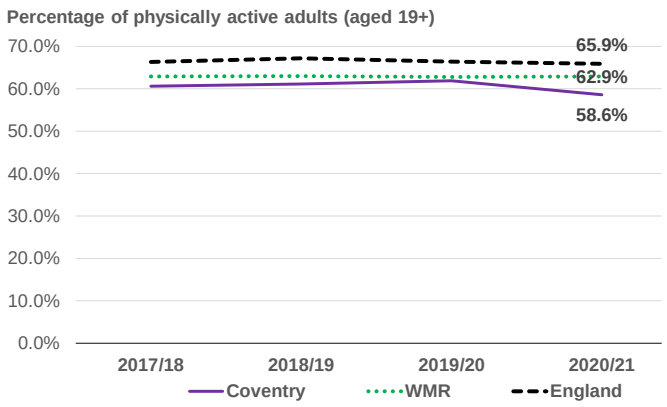


Percentage of respondents – base size 2,210

Alcohol is causing disproportionate harm to health in Coventry. Hospital admissions for alcohol-related conditions in 2020/21 shows Coventry's rate of 649 per 100,000 is significantly worse than the England average rate of 494 and the West Midland average rate of 564. Coventry's rate is also higher than average compared to its statistical neighbour areas. Rates of deaths related to alcohol are also higher than average; in 2021 the 'alcohol specific mortality' rate was 19.4 per 100,000 compared to the West Midlands 15.8 at and England at 13.9. Alcohol related hospital admission and deaths are much higher amongst men in Coventry, they make over two-thirds of admissions and deaths. Moreover, the problem is relatively bigger amongst Coventry males with rates higher than the national average for males whereas admission and mortality rates amongst females are not significantly higher than their counterparts elsewhere, on average.

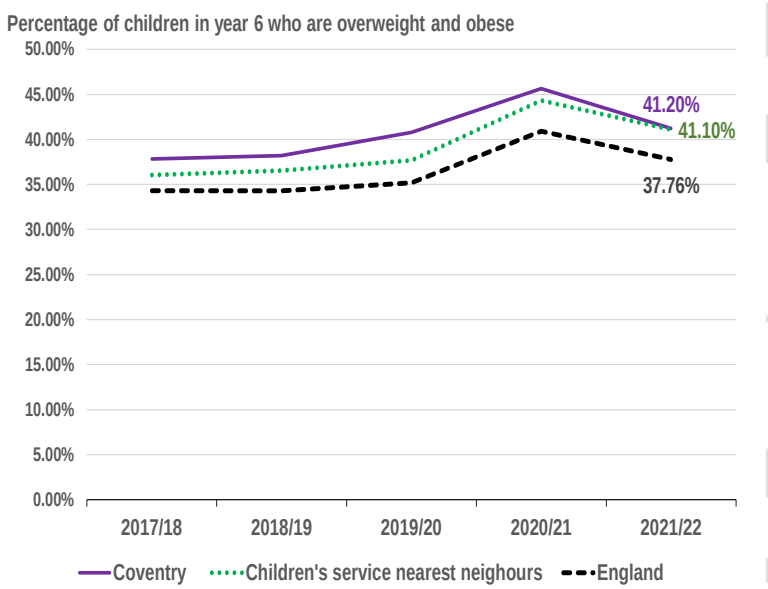
The importance of eating healthy food remains well recognised by the majority of residents (93%, however %); being able to cook from scratch every night is becoming more challenging for some, both due to time pressures and by not having everything needed in their kitchen to do so. Just over a fifth (22%) of residents surveyed said they eat at least 5 portions of fruit or vegetables a day. Nearly two-thirds (62%) of residents surveyed said they eat at least 3 portions. In 2022 survey residents were provided with a series of statements relating to eating habits. The responses give a few insights: the importance of eating healthy food remains well recognised by the majority of residents (93%); being able to cook from scratch every night is becoming more challenging for some, both due to time pressures and by not having everything needed in their kitchen to do so (although a majority of 81% still state that they have what is needed) and the proportion who stated that price is the most important factor when buying food has significantly increased to 64% compared to 57% in 2021, a potential impact of the cost-of-living crisis. 29% said they eat takeaways at least once a week.

Levels of physical activity in Coventry are still relatively low. Responses to the Active Lives Survey in 2020/21 gives an estimate that 59% of adults in Coventry take part in 150 minutes of moderate intensity activity per week, which is the level amount of physical activity recommended by the chief medical officer. This is significantly lower than the West Midlands (63%) and England (66%) averages, and lower than average amongst similar areas. Activity levels fell during the pandemic nationally and Coventry was no exception, this explains the drop in 2020/21; while activity rates in Coventry have remained lower than national averages, the data indicates slowly increasing rates in recent years until the pandemic year of 2020/21. National data indicates that activity levels were falling before the pandemic hit among young people aged 16-34, the pandemic accelerated this. The drop in Coventry's rate in 2021/22 may have been influenced by having a relatively young population.



At reception, Coventry's obesity rate is similar to the England average; but by year 6, the city's obesity rate is higher than the England average. 1 in 5 reception year (aged 4-5) Coventry children were measured as overweight in 2021/22, doubling to 2 in 5 children in year 6 (aged 10-11). There is a clear link with deprivation at age 4-5 and age 10-11 with successively higher rates of obesity in areas of higher levels of multiple deprivation. The general trend over the last seven years is of increasing proportions of 10-11 years being overweight or obese.

The proportion who are overweight or obese is higher amongst adults, an estimate of 68% of Coventry adults are overweight and this has been on an increasing trend in recent years, and 26% obese.



The Health Index created by the Office for National Statistics allows us to compare Coventry in Lifestyles to England overall and to see how Coventry has made progress in the years before the pandemic compared to England. The index includes 3 domains Healthy People; Healthy Lives and Healthy Places. The Healthy Lives domain includes the behavioral risk subdomain which is built seven lifestyle indicators: smoking; sexually transmitted infections; sedentary behaviour; physical activity; drug misuse and alcohol misuse. The index shows overall that Coventry's health in this area is worse than the England average for 2015 – 2020. However, there are a couple of indicators drug misuse and smoking where Coventry is performing better than the England average in 2015

Overall behavioural risk factors index scores, 2015 to 2020

	2015	2016	2017	2018	2019	2020
Coventry	92.7	91.0	87.7	91.5	88.3	91.9
England	100.0	101.3	101.9	101.5	100.9	100.7

Coventry's score for the behavioural risk indicators

	Smoking	Sexually transmitted infections	Physical activity	Alcohol misuse	Sedentary behaviour	Healthy Eating	Drug misuse
2015	100.7	98.2	92.0	91.5	96.4	89.3	103.5
2016	101.8	97.8	92.0	92.9	88.1	89.3	110.6
2017	102.9	94.1	85.6	91.4	82.2	92.6	112.0
2018	102.9	93.2	88.3	86.5	87.2	101.6	109.1
2019	105.1	97.4	89.5	84.9	96.2	74.6	107.3
2020	105.1	98.9	91.1	84.9	96.2	88.4	101.1
Key:	Score LOWER than England's 2015 index				Score HIGHER than England's 2015 index		

What is happening in the city? What else can be done?

It is important to understand that lifestyle factors are rooted in socio-economic conditions. To address health inequalities and establish an environment that promotes and preserves good health, it is important to acknowledge that lifestyle factors are rooted in socioeconomic conditions. Therefore, a citywide integrated working approach is needed. This could include addressing food deserts by improving public transport connections to and from places where people can find reasonably priced and nourishing food; lowering risky behaviours by changing social norms and connecting people to peer support groups, such as encouraging them to use health check services, sexual health check services, stop smoking services and improving their access to drop-in sessions for psychological therapy and child clinics in the neighbourhood.

There is a raft of both national and locally based initiatives, strategies, polices, plans and partnerships taking effect at pace to encourage healthy lifestyles and providing opportunities for organisations to work closer together to better meet the needs of Coventry residents. This could also include creating integrated strategies that combine air quality improvements, active travel plans, investment in transportation infrastructure, and physical activity promotion.

The Integrated Care Strategy prioritizes prevention. One of the priorities for the Integrated Care Strategy is to prioritize prevention and improve future health outcomes through tackling health inequalities. Prevention will be embedded and resourced across all plans, policies, and strategies for the population, supporting a reduction in inequalities and improvement in health and wellbeing outcomes. This includes addressing the impact of the wider determinants of health across the life course, ensuring residents live in affordable and good quality homes, have access to good jobs, feel safe and connected to their communities, utilize green space, and are enabled to use active travel. The strategy aims to deliver a whole system, all-age, person-centered approach to mental health and wellbeing, that is driven by access to physical and mental health and social care in the same place at the same time, with no wrong door, and where prevention is at the heart of it.

Priorities around improving access to parks and green spaces, reducing loneliness and social isolation, hyper local community interventions showcasing services to improve health and wellbeing have been identified to support and promote communities health and lifestyles. Areas of deprivation have had funding through Sport England's Priority Place project to support local activities and improve physical activity levels. The Council is working with school nurses and health visitors to support children and families around healthy eating, being active and wellbeing, including supporting healthy behaviours alongside the buggy workout programme for new mums. Coventry's Family Health and Lifestyle service is participating in a study with Newcastle University to test a series of different interventions with parents following on from a child's participation in the national child management programme. This study is due to end in 2023.

Family fun days are also a good way to promote health, employment and mental health messages. Coventry City Council, a range of other organisations have successfully worked in partnership to host free events for residents and families to take part in various fun activities. It also presents an informal opportunity to start conversations and talk to residents in a relaxed way to offer support and advice, where appropriate.

Recommendations

Demographics and community

Harnessing the city's growth and diversity.

- The city must be prepared for a growing, changing and increasingly diverse population.
- Due to uncertainty in understanding future population growth, a deeper analysis of Coventry demographics and its population estimates, and projection may be useful.
- With the anticipated growth in older people, there is a need to focus on preventative health amongst the working age population.
- Some areas are more diverse than others with population growth concentrated in certain parts of the city, which should be a consideration when reviewing service provision.
- Utilising community assets to help address specific needs and present opportunities for local residents to actively get involved.
- Grassroot organisations promote community cohesion and could achieve greater success with additional funding for expanding their capabilities and exchanging knowledge.
- The public sector has a responsibility to change how it works with community groups across and between sectors. There is appetite across local and voluntary organisations for more joined up working to improve awareness and communication of the activities and networks available in the city.
- Partners across Coventry must consider appropriate messaging to address local anxieties, stakeholder groups are essential in addressing issues in specific neighbourhoods.
- It is important for Coventry to deliver effective integration support to newly arrived communities to provide a solid foundation for newcomers to rebuild their lives, and subsequently become socially and economically independent.

Prospects

Helping people to access opportunities and thrive.

- Giving every child the best start in life is crucial for securing health and reducing health inequalities across the life course. Therefore, investment in effective early help has a positive impact on the lives of children and young people and is a high priority. This can be aided by strengthening the availability and accessibility of general information and advice to parents.
- Schools and colleges play a pivotal role in raising the aspirations of young people and can continue to raise aspirations by improving awareness of the significant and growing opportunities in highly paid jobs available in the city, which require people with the right skills and qualifications.
- It's important that residents aren't left behind in being able to access digital opportunities

- Community assets are crucial to health through the opportunities and services they provide and indirectly, through a sense of empowerment and control.

Environment

Connected, safe and sustainable communities.

- There is opportunity to work with communities to protect and improve existing green space and create new ones in areas most in need, and to implement nature-based interventions for health, such as green walking or green social prescribing.
- Initiatives to tackle climate change present opportunities for public services, and the private and third sector to work closer together to bolster community resilience and address inequalities in the wider environmental determinants of health.
- A more detailed understanding of local needs should be developed through the place-based JSNA profiles, to address pockets of dissatisfaction with local neighbourhoods, and issues such as access and affordability of housing and local air quality.
- A joined-up approach is essential for tackling the city's homelessness and rough sleeping problem, recognising the intersection of severe and multiple disadvantages faced by people.
- Partners should look to provide more opportunities for people to shape services, including involving people with lived experiences.
- Green corridors form an important element of the landscape within Coventry, however there are some barriers to accessing these spaces that need to be addressed. Further work is required to address perceptions of anti-social behaviour, personal safety, dog fouling and access issues relating to volumes of traffic, busy roads and safety concerns for cyclists. Further investment is also required to improve the quality and facilities of some green spaces.

Health and wellbeing

Healthy and independent for longer.

- As life expectancy is below average and health outcomes are worse in more deprived areas, a targeted approach of appropriate support to each group is essential to improve health and wellbeing for all groups.
- Further study may be useful to understand the impact of Covid in Coventry and it differs from the national picture overall
- A more detailed analysis of causes of death in Coventry, and their contribution to heath inequality may be useful. Furthermore, an analysis of the diseases and causes of ill health and disability.

- Ensuring communities understand and trust public health messages, and that they are accessible and culturally appropriate is vital
- Building on existing health and wellbeing infrastructures having a collaborative partnership approach, bringing together residents' experience and partners' skills and assets, should be taken to strengthen health and wellbeing in communities.
- In line with the shift to focus onto prevention, a community-informed and culturally competent approach is essential to increasing screening and vaccination rates.
- Digital Access adds another dimension to inequalities of access to healthcare and should be a consideration.

Joint Strategic Needs Assessment

Summary Citywide Profile 2023

Population and demographics

Demographics and Communities

- Coventry has a population of 345,325 people; this is an increase of over 28,000 residents since 2011 and makes it the second-largest Local Authority in the West Midlands region.
- Coventry residents are, on average 5 years younger than national and regional averages, with the median aged being 35.
- 13% of the city's population is between the ages of 18 and 24, compared to 8% in England as a whole.
- The number of children aged 5-14 living in Coventry has increased notably over the last 10 years, rising from 36,200 in 2011 to an estimated 44,100. This is a 22% rise compared to a 12% increase for England as a whole.
- Growth in older people is expected to accelerate and outpace other groups within 10-15 years, Coventry's 55-59 age group experienced the greatest growth of any age group. This means there is a need to focus on preventative health amongst the working age population now to help manage future demand on health and care services. The north-west Coventry neighbourhoods of Allesley Green and Lower Eastern Green have the highest proportion of resident aged 65+ with 29.1%.
- The city’s growth has not been evenly distributed; therefore, local organisations may need to review the location of their services.
  The fastest growing MSOAs are Whitley & Tolbar End, Henley Green & Wood End, and Central Coventry, with corresponding population growth rates of 45%, 36%, and 27% respectively. Of Coventry’s 42 MSOAs, 20 had growth higher than England’s average. 18 had growth higher than Coventry’s overall growth of 8.9% with six growing by more than double Coventry’s average.
- Over the last 10 years, between the academic years of 2010-11 and 2020-21, the total number of students enrolled at the city’s two universities increased from 56,100 to 67,255. Census data gives an estimate of about 36,000 university students living in Coventry in 2021, a 29% increase from about 28,000 in 2011.

Diversity

- The city is becoming increasingly diverse with 45% of the population identifying as being part of an ethnic minority group compared to 26% in England as a whole.
- With 55.9% of Coventry's school children being from an ethnic minority group up from 39.7% in 2012, it is likely Coventry will continue to become more diverse.
- Some areas are more diverse than others, which should be a consideration when reviewing service provision. For example, in Brownshill Green 92.1% of residents were born in the UK, while in Coventry Central only 50.5% of residents were. Therefore, local organisations may need to review the services they provide to serve the residents' needs in different areas.
- 56% of adults said they felt a sense of belonging to Coventry, down from 83% in 2018. Those in Bablake (70%), Earlsdon (72%), Wainbody (65%), Woodlands (68%) and Wyken (67%) wards are significantly more likely to have a strong sense of belonging at neighbourhood level.
- Within Coventry, Polish (2.3%), Panjabi (2.3%) and Romanian (2.1%) are the three most popular main languages spoken aside from English.
- There are 16 languages that at least 1,000 Coventry residents speak as their main language and more than 100 languages and dialects spoken in the city in total.
- 14.2% of Coventry's residents – approximately 49,100 people, around 1 in every 7 Coventry residents arrived in the UK since 2011. Central Coventry and Lower Stoke & Gosford Park have the largest concentration with 39% and 34% of residents arriving in the last ten years.
- The changing profile of economic migrants in recent years will need to be considered so that any specific health needs are provided for. Barriers to access should be delivered by a culturally competent health and social care workforce, one that makes use of the rich community assets in the city.
- Partners across Coventry must consider appropriate messaging to address local anxieties, stakeholder groups are essential in addressing issues in specific neighbourhoods.
- There are barriers around communication and awareness in the city, but there are also examples where working together has improved matters**.** The city has a wealth of voluntary and community groups addressing specific issues – but these are often un-coordinated, which results in duplication of work, diluting the resource and capacity of these groups. An example of how this has been improved is through The Community Centre Consortium, 11 community centres from all over the city have

joined forces to exchange knowledge, best practices, and funding requests. They can speak with one voice to outside funders, pool and organise resources and coordinate efforts by cooperating rather than competing with one another.

Prospects

Best Start in life

- At birth and in early years, Coventry appears to be better than the national average when a few statistics relevant to child development in infancy are assessed. However, by the age of five, fewer achieve a good level of development than in other similar places.
- The child mortality rate (1-17 years) in Coventry, whilst low in number, is 15.0 per 1,000, has remained persistently high compared to both the West Midlands (11.0) and England (10.3) since 2012.
- In 2021 Coventry the percentage of all babies born at low weight (under 2500g) was 8.1%, higher than the national average of 6.8%. This could be due to a relatively high number of babies born to Coventry mothers being premature, leading to a higher number of babies born at low weight; for the three years 2018-2020 1,255 Coventry babies were born prematurely, a rate of 99.7 per 1,000 compared to the national average of 79.1.
- By the age of two, the number of Coventry toddlers at the expected level of development is above the national average. 85.1% of those assessed in Coventry were at the expected level in all domains, compared to 81.2% across England overall and 79.0% across West Midlands overall.
- Uptake of funded early years childcare for all children aged two, three and four has increased. The 2-year-old up take has increased to 74.8% in 2022, compared to 72% nationally and 67% regionally. This is because of Early Years initiatives and a campaign to reach vulnerable families post Covid. Similarly, the 3- & 4-year-old take up increased from 86% to 88% but was still below national at 92% and regional 93% averages.
- The number of children in care remains above national average but is similar to statistical neighbours. In Coventry 89.5 children out of every 1,000 are in care. This is higher than England's rate of 70 but is more in line with statistical neighbour average rate of 89. This has been on a slightly increasing trend in recent years.
- The percentage of children under the age of 16 who live in absolute poverty is greater when compared to the rest of England. In Coventry in 2021/22, 21.4% of children under the age of 16 live in homes with ‘absolute’ low incomes, compared to

21.4% throughout the West Midlands and 15.3% in England. The percentage of children living in 'relative poverty' in Coventry is 26.7%, amounting to an estimated 18,267 children. This compares to 27.0% throughout the West Midlands and 19.9% in England. This has been on an increasing trend in Coventry, and elsewhere, since 2014/15. The End Child Poverty campaign attempts to model the number of children who live in households with a relatively low income. For 2020/21 they estimate that 24,367 of Coventry children (0-15) live in poverty, which amounts to over one-third of all children living in Coventry, 34.1%.

- Effective Early Help has a positive impact on the lives of children and young people and is a high priority in Coventry and nationally. Early Help services want to offer the right help, at the right time to improve outcomes for children, young people and their families and to prevent the need for high demand on statutory services.
- There are 8 Family Hubs located throughout the city, each of which provides a variety of services aimed at supporting families, children, and young people. They help coordinate Health visitors, social workers, midwives, police, and other professionals have been brought together by family hubs to identify vulnerable families and put together a coordinated package of help.

Education and skills

- Education standards remain consistent with national averages with 89.3% of primary and 86% of secondary students attending a good/outstanding school; the city continues to have a slightly higher than average percentage of young people proceeding from school to a sustained education, employment, or training.
- There are many factors that impact attainment and there are inequalities between some groups of pupils. Like the gender gap nationally, girls in Coventry tend to do better academically than boys. In 2022 60% of Coventry girls achieved the expected standard at key stage 2 compared to 48% of boys. Only 40% of disadvantaged pupils achieved the standard compared to 61% of those non-disadvantaged.
- A growing proportion of the city's residents are gaining qualifications.Two-fifths of the city's working age population is highly qualified. In 2021, 40.7% of Coventry's working age population is qualified to level 4 or above, which means they have a foundation degree or above. This has increased by about 15 percentage points over the past decade and the city is the second highest within the West Midlands.
- 7.6% of the city's working age population has no qualifications at all, a reduction from 10% in 2018 and has halved over the past decade.
- 54% of Coventry students at the end of year 6 met the expected standard in reading, writing, and maths combined, compared to 59% for England as a whole.

- Like the gender gap nationally, girls in Coventry tend to do better academically than boys. In 2022 60% of Coventry girls achieved the expected standard at key stage 2 compared to 48% of boys.
- Free school meals eligibility in Coventry continues to increase and now officially stands at 24.8% over all school years in 2022. However, this metric is disguised by the universal infant free school meals in Reception, Year 1 and Year 2. The maximum free school meals eligibility rate in any one class year in Coventry is currently 30%, which could be more indicative of the real eligibility rate. This is very high, considering that the eligibility criteria for free school meals is an annual net income of £7,400 after any benefits – suggesting a very high rate of severe deprivation amongst young families in Coventry.
- Adult education offers opportunities across the city for adults to engage and learn. Wards with higher levels of deprivation have higher volumes of learners such as St Michaels (12%) and Foleshill (12%). However, there could still be community groups and areas of the city that are under-represented, and we need to continue to ensure our Skills Providers have good reach across the city.

- The Coventry Skills Strategy seeks to ensure Coventry residents have skills that match the needs of local employers, not only for now, but also for the vacancies of the future. The strategy aims to build aspiration throughout all educational levels, with Coventry's young people inspired to learn, seeing clear pathways to the jobs they strive towards.
- Community groups across the city are working together to provide better opportunities and outcomes for children. Having a healthy balanced meal is vital for children going to school and concentrating, there is lots of food-based provision for children throughout the holidays through initiatives such as Holiday Activities and Food programmes (HAF) as well as Magic Breakfasts.

Economy

- Growth in the local Coventry economy has slowed since 2016. Total annual GDP in Coventry, the value of all economic activity within the city, was at £11.094 billion in 2021, and had grown by only an estimated average of 0.4% per year since 2016; this is lower than the growth across England overall (2.8%) and in the overall economy of the West Midlands combined authority area (2.0%).

- The gap between average earnings in Coventry and the rest of the region has gotten smaller in recent years and now show that average earnings for Coventry residents are slightly higher than the national average, at £33,887 for full time workers compared to £33,208 across England overall.
- The unemployment rate in 2022 was 4.9%, equating to 9,400 residents: down from 5.5% in 2021 but higher than the pre pandemic 2019 level of 4.3%. Coventry's employment rate is not exceptionally low and like that of other university cities.
- Increases in economic inactivity has been driven by increasing 'involuntary' economic inactivity, for example people who are long term sick; an estimated 28,300 form this group who the Centre for Cities call the 'hidden unemployed', to add to the 9,400 Coventry residents who are unemployed (not employed and actively seeking work).
- Coventry was UK City of Culture between May 2021 and May 2022; this had a positive impact on Coventry's economy and tourism.
- The impact of this cost-of-living crisis on communities across the city is yet to be fully realised, as people across the city face rapidly rising energy, fuel, food, and housing costs.
- Financial insecurities are causing high levels of anxiety and other mental health challenges, as well as being a significant cost barrier to maintaining physical health for vulnerable groups.
- Those living in Foleshill (31%), St. Michaels (33%) or the Wyken (25%) wards are significantly more likely to feel worried about money almost all the time compared to the total average (17%).
- Those under the age of 35 are significantly more likely to feel worried all the time (22%), as well as Those with a disability are also significantly more likely to worry about money almost all the time compared to those with no disability (23% vs. 14%).
- Just over two thirds (69%) of residents' state that in the last 12 months they and their household always had enough of the kind of food they wanted. This is significantly lower than the 78% recorded in 2021. In 2022 4% indicate that sometimes they and other household members did not have enough to eat, up from 2%.
- Coventry Food Network is a food partnership which brings together several public, private, voluntary and community sector partners to address food poverty and its causes by taking a city-wide collaborative and strategic approach towards a unified Coventry Food Network and Strategy.

- In 2021 Coventry had the 4th highest fuel poverty rate of all local authority areas in England. An estimated 28,525 Coventry households are estimated to be fuel poor, amounting to 20.8% of all households in the city compared to 13.1% for England overall.
- 14.1% of the city's neighbourhoods are amongst the 10% most deprived areas in England and over a quarter, 25.6%, are amongst the most deprived 20% of areas.
- The city's refugees and asylum seekers are nearly twice as likely to reside in the 10% most deprived neighbourhoods than the wider population.
- Community assets are crucial to health through the opportunities and services they provide directly and indirectly, through a sense of empowerment and control. In Coventry we respond to the needs of our communities through our integrated services community prototypes and other placed-based partnerships, rooted in and driven by place, working creatively with shared resources to make positive change.
- Community and voluntary organisations are working together to address the needs of those on low incomes with affordable access to quality housing, heating, and insulation. This support involves supporting the HAF Programme, developing and implementing the Food Hubs and Advice work, raising awareness, and supporting the delivery of the Household Support Fund, and exploring opportunities for collaborative working for the Coventry Food Network with a range of organisations both locally and nationally, including Business in the Community and Feeding Britain.

Environment

Localities and neighbourhoods

- Coventry is the fourth most densely populated of the West Midlands' 30 authorities, only Birmingham, Sandwell and Wolverhampton are more densely populated.
- Coventry has good access to services and is generally considered an asset that is enjoyed by residents in the city; However, residents' satisfaction with their area is lower than the national average**.** In the 2022, the Coventry Household Survey found that 66% of Coventry residents were satisfied with their local area compared with 81% nationally.
- Whilst many areas of the city overall benefit from a good supply of green spaces, some residents have no access to nearby green spaces or outdoor sports facilities. Residents in Henley and Wainbody enjoy access to over 100 hectares of green space contrasting with Upper Stoke, Lower Stoke, Radford, and Foleshill who have access to levels below the average of 62.3 hectares.

- Air pollution is the largest environmental risk to the public's health and has a harmful impact on the health of people living, working, and studying within Coventry. Air quality particularly affects the most vulnerable, having a disproportionate impact on the elderly, pregnant, children, and those with cardiovascular and/or respiratory disease.
- In Coventry, the main air quality issues identified and being addressed by the Local Air Quality Management (LAQM) process relate to residential properties that are near major arterial routes in the city, which experience high levels of congestion. Currently identified hotspots include sections of Holyhead Road, Walsgrave Road, Foleshill/Longford Road, Stoney Stanton Road and at certain junctions along the A45.
- Green Space Strategy aims to protect the cities green spaces, from large parks and playing fields to allotments, churchyards, and riverbanks. The strategy has already seen success in investment in children's play, more spaces being managed positively for wildlife, greater community involvement with 30 friends or volunteer groups now working with the park service, the achievement of five Green Flag Awards, the delivery of large-scale investment in War Memorial Park and Coombe Country Park supported by external funding and achieving a national award for the wildflower planting on key highways verges and within selected parks. These achievements, along with other factors, has led to a significant increase in the use of green spaces in Coventry, reflecting the national picture.
- Green corridors form an important element of the landscape within Coventry, however there are some barriers to accessing these spaces that need to be addressed. Further work is required to address perceptions of anti-social behaviour, personal safety, dog fouling and access issues relating to volumes of traffic, busy roads, and safety concerns for cyclists. Further investment is also required to improve the quality and facilities of some green spaces.

Housing and homelessness

- The median house price in Coventry for the year ending September 2022 was £214,500, lower than the West Midlands regional average of £225,000 and the England average of £275,000. Over the last five years Coventry house prices have increased by 6% a year on average, similar to the level of increase elsewhere.
- Coventry to still be more affordable than the other parts of the West Midlands metropolitan area.

- There has been an increase in private renting and a reduction in home ownership amongst Coventry residents over the last 10 years.
- Household overcrowding is more prevalent in Coventry (7.7% of all households) than national (6.4%) and regional averages (5.4%). However, overcrowding has reduced since 2011 when it was at 9.5% of households.
- Threats to population health and wellbeing are exacerbated by the increased costs associated with keeping homes warm, dry, and ventilated sufficiently over the colder months of the year and potential intermittent shortages in energy supply.
- The homelessness rate in the city rose higher in 2021/22 than in the previous year. This is projected to further increase in in 2022/2023, the cost-of-living crisis is a factor here. The number of households accepted under a main homelessness duty increased from 722 in 2020/21 to 800 in 2021/22. There was a 14% increase in case demand on homelessness prevention and relief services in 2021/2022 compared with 2020/2021
- Rough sleepers tend to be complex cases, often requiring more than one specialist service involved in their support to relieve homelessness. It is difficult to understand the true extent of numbers rough sleeping in Coventry at any given time.
- People with lived experiences have a unique and essential role to play in helping to prepare people to accept and receive support. Coventry has had success in working with people and volunteers with lived experiences of drug and alcohol misuse who are members of the city's Multiple Complex Needs Boards. As experts by experience, these volunteers worked closely with the police and the Council to influence the city's approach to working with a variety of people.
- Investment in additional frontline resources to support more resident's facing homelessness is needed.

Crime

- Recorded crime has been on an increasing trend in Coventry, however overall rates do not rank particularly highly when compared to other areas. Coventry's total recorded crime rate in 2022 was 122 per 1,000 residents, compared to 93 for England overall.
- A total of 42,021 crimes were recorded by the police during 2022, an increase of 8% since 38,990 cases recorded in 2021.
- The proportion of Coventry residents who feel safe during both the day and night remains significantly lower than the latest LGA national polling figure of 95%; and Coventry people feel less safe than four years ago.

- Safety during the day is significantly lower amongst those living in the Foleshill (55%), Henley (69%) and Upper Stoke (69%) wards when compared to the survey average. Residents living in Longford (34%), Henley (29%), Lower Stoke (29%) and Upper Stoke (25%) wards have a particularly low sense of safety after dark.

- There has been a reduction in First-time entrants to Youth Justice System. Coventry has seen more of a marked decline compared to the current family group and national comparators.

Health and Wellbeing

Life expectancy

- Overall health in the city is below average, life expectancy has remained below the regional and national averages. Life Expectancy has decreased in the most recent data, this in part could be due to the inclusion of Covid 19 data.

- Life expectancy for females in Coventry is 82.0 years and for males is 78.0 from 2018 to 2020. This is below the national average of 83.1 for women and 79.4 for men.
- Healthy life expectancy for Coventry males is lower than the national (63.1) and regional (61.9) averages whereas for Coventry females it is slightly higher (62.6) and (63.9). The trends show little change in recent years for women, but it has fallen a little for men.
- There are significant health inequalities across Coventry's neighbourhoods and effect certain communities disproportionately. Males living in less deprived areas of the city can, on average live up to 10.7 years longer than those living in the most deprived areas of Coventry; and for females the gap is 7.8 years.
- People in more deprived parts of the city not only live shorter lives, but also spend a greater proportion of their shorter lives in poor health compared to those living in less deprived parts of the city.
- Premature mortality (deaths amongst residents aged under 75 years) is higher than the national average for both males and females.

Health Protection

- The unprecedented COVID-19 pandemic fundamentally changed all our lives and impacted on Coventry people and their health and wellbeing, like it did everywhere. It

had a wide range of impacts, from direct health impacts to many varied impacts on different aspects of life. From 23 February 2020 to 30 April 2023, there were out of a total of 123,095 cases amongst Coventry residents, where an individual tested positive and officially reported the result, and 20,795,205 across England overall.

- The proportion of Coventry adults diagnosed with depression according to GP registers, has been on an increasing trend. Mental ill health is of growing concern, in 2013/14 it was 6.5% which increased to 11.9% in 2021/22, amounting to 40,743 residents.

- Uptake rates in Coventry are below the 95% threshold for several different childhood vaccinations. The rates are lower than the national and regional averages and often lower than average compared to similar areas. Three examples are**:** DTaP/IPV/Hib for one-year olds at 90.3%, a vaccination offered to babies to protect them against five serious childhood diseases; the rotavirus vaccine at 88.5%, which protects against gastroenteritis; and MMR for 2 year olds has an uptake rate of 88.5%. However, some rank slightly better including HPV vaccine Dose 1 for 12 to 13 years and Meningococcal ACWY Conjugate for 14 to 15 vaccine.
- Cancer screenings for at risk populations are relatively low. The coverage of screening for cancers such as breast cancer, cervical cancer and bowel cancer across at- risk populations are below the national average, moreover Coventry performs worse than similar areas with screening rates relatively low compared to the city's' CIPFA statistical neighbour' areas.
- Coventry has high rates for some communicable diseases; the COVID-19 pandemic may have also led to delayed diagnosis and initiation of treatment.

Demand and Access

- Coventry has good access to health services, with most residents being able to reach a pharmacy within a few minutes. Over 95% of Coventry residents could reach a GP or pharmacy within 10 minutes by public transport in 2020 (data on recently reduced bus services is not available yet.)
- Digital Access adds another dimension to inequalities of access to healthcare. There are many online pharmacies now, including some operating from Coventry. This is a significant improvement in access for people with busy lives, as well as full digital access. However, there should be awareness of the potential risk of online pharmacies eroding the viability of local pharmacies that provide physical access – depending on future trends.

- GP Patient survey indicates higher satisfaction in Coventry than the national average. When asked 'Overall, how would you describe your experience of your GP practice?', 75% of Coventry respondents said good or very good, better than 72% for England overall – but down from 80% in 2020. When asked 'Generally, how easy is it to get through to someone at your GP practice on the phone?', 60% of Coventry respondents said easy or very easy, better than 53% for England overall – but down from 70% in 2021.
- In the winter of 2022/23, the NHS was facing significant challenges, with waiting lists and waiting times in A&E and for Ambulances high. There are indications that it is worse than average in Coventry.
- The demand for Adult Social Care rises every year as people live longer and there are more people living longer with more complex needs.
- Improving people's awareness of support groups and available activities can be a more efficient and effective way to help them meet their health needs. However, these groups need support to build their capacity and to ensure their sustainability.

Lifestyles

- Whilst smoking rates continue to fall, those living in a very deprived area (IMD Decile 1) are much more likely to smoke. Between one-in-nine and one-in-seven adult Coventry residents are current smokers, using two different data sources – but both sources show smoking prevalence to be falling.
- The consumption of alcohol overall in Coventry, at population level, appears not to be disproportionately high compared to other places.
- Hospital admissions for alcohol-related conditions in 2020/21 shows Coventry's rate of 649 per 100,000 is significantly worse than the England average rate of 494 and the West Midland average rate of 564. Alcohol related hospital admission and deaths are much higher amongst men in Coventry, they make over two-thirds of admissions and deaths.
- The importance of eating healthy food remains well recognised by the majority of residents (93%, however %); being able to cook from scratch every night is becoming more challenging for some, both due to time pressures and by not having everything needed in their kitchen to do so.
- Responses to the Active Lives Survey in 2020/21 gives an estimate that 59% of adults in Coventry take part in 150 minutes of moderate intensity activity per week, which is the level amount of physical activity recommended by the chief medical

officer. This is significantly lower than the West Midlands (63%) and England (66%) averages

- At reception, Coventry's obesity rate is similar to the England average; but by year 6, the city's obesity rate is higher than the England average.
- It is important to understand that lifestyle factors are rooted in socio-economic conditions. To address health inequalities and establish an environment that promotes and preserves good health, it is important to acknowledge that lifestyle factors are rooted in socioeconomic conditions. Therefore, a citywide integrated working approach is needed.
- Priorities around improving access to parks and green spaces, reducing loneliness and social isolation, hyper local community interventions showcasing services to improve health and wellbeing have been identified to support and promote communities' health and lifestyles.

Coventry City Council

Briefing note

To: **Coventry Health and Wellbeing Board** **Date: 26 July 2023**

Subject: Coventry and Warwickshire Integrated Health and Care Delivery Plan

1. Purpose of the Note

Coventry and Warwickshire Integrated Health and Care Delivery Plan

1.1 The report provides an overview of the context for and work undertaken since February 2023 to develop the five-year **Coventry and Warwickshire Integrated Health and Care Delivery Plan** ('the IH&CDP').

1.2 Recognising the requirement in national guidance for NHS Coventry and Warwickshire Integrated Care Board ('the ICB') to seek the opinion of the Health and Wellbeing Board as to whether the IH&CDP ***"takes proper account of"*** the Coventry Health and Wellbeing Strategy, the report also summarises the connectivity between the Coventry Health and Wellbeing Strategy, the Coventry and Warwickshire Integrated Care Strategy and the IH&CDP (see **Section 5 of the report**).

1.3 The IH&CDP can be accessed via the following link:
https://www.happyhealthylives.uk/our-system/ihcdp/

Coventry and Warwickshire Integrated Care Strategy

1.4 Following on from a report to the Health and Wellbeing Board's 23 January 2023 meeting, the report also provides an opportunity to share the final **Coventry and Warwickshire Integrated Care Strategy** ('the Integrated Care Strategy') – the Integrated Care Strategy was previously shared with the Health and Wellbeing Board in draft form.

2. Recommendations

The Health and Wellbeing Board is asked:

Coventry and Warwickshire Integrated Health and Care Delivery Plan

2.1 To receive the Integrated Care Strategy and the IH&CDP.

2.2 To note that the IH&CDP has been developed as the health and care system shared delivery plan for the Integrated Care Strategy, with the three strategic priorities and nine aligned areas of focus identified in the Integrated Care Strategy providing a 'golden thread' across the two documents.

2.3 To recognise the connectivity between the Coventry Health and Wellbeing Strategy, the Integrated Care Strategy and the IH&CDP.

2.4 To agree that the ICB Chief Transformation Officer liaises with the Chair outside of the meeting to agree an approach to obtaining confirmation of the Board's opinion as to whether the IH&CDP *"takes proper account of"* the Coventry Health and Wellbeing Strategy.

Coventry and Warwickshire Integrated Care Strategy

2.5 To note the Coventry and Warwickshire Integrated Care Partnership's approach to measuring the impact of the Integrated Care Strategy and the proposal to report on progress annually to the Health and Wellbeing Board for accountability and to inform the review of the Health and Wellbeing Strategy.

3. Background

3.1 Through a report to its 23 January 2023 meeting, the Health and Wellbeing Board was given the opportunity to review and provide feedback on the draft **Coventry and Warwickshire Integrated Care Strategy** ('the Integrated Care Strategy').[1] The Integrated Care Strategy sets the vision of integration and collaboration for the Coventry and Warwickshire Integrated Care System ('the ICS'), linked to the ICS's four core purposes to:

- Improve outcomes in population health and healthcare;
- Tackle inequalities in outcomes, experience and access;
- Enhance productivity and value for money; and
- Help the NHS support broader social and economic development.

3.2 The Integrated Care Strategy incorporates **three strategic priorities** and **nine aligned areas of focus**:

- **Priority 1**; Prioritising prevention and improving future health outcomes through tackling health inequalities;
- **Priority 2**; Improving access to health and care services and increasing trust and confidence;
- **Priority 3**; Tackling immediate system pressures and improving resilience.

3.3 The January report provided an overview of the approach that was taken locally to develop the Integrated Care Strategy, which was led by the Coventry and Warwickshire Integrated Care Partnership and co-developed by system partners through a widely inclusive process. The approach incorporated:

- Extensive system and partner strategy and engagement mapping to ensure alignment with and building on existing system-wide activity – with the starting point being an analysis of the Warwickshire and Coventry Health and Wellbeing Strategies;
- The collation of needs data from across the system, especially from the Joint Strategic Needs Assessments;
- Feedback from a range of public and clinical engagement activities as outlined in the *Local Priorities for Integrated Care* engagement report.[2] This engagement enabled the development of the three strategic priorities in the Strategy to be informed by insight from diverse communities, especially those with protected characteristics and groups that experience health inequalities.

3.4 Connected to the development of the Integrated Care Strategy, the Health and Care Act 2022 requires the Integrated Care Board ('the ICB') and its partner NHS Trusts to develop and publish a five-year joint forward plan. Locally the plan – the IH&CDP – has been developed as the health and care system shared delivery plan for the Integrated Care

[1] https://edemocracy.coventry.gov.uk/ieListDocuments.aspx?CId=575&MId=12804&Ver=4
[2] https://www.happyhealthylives.uk/integrated-care-partnership/strategy-engagement-with-our-communities/

Strategy. As such, the IH&CDP responds directly to the three strategic priorities and nine aligned areas of focus set out in the Integrated Care Strategy, as well as the identified enablers. In relation to Priority 1 (Prioritising prevention and improving future health outcomes through tackling health inequalities), the IH&CDP's focus is on secondary prevention and healthcare inequalities as distinct from statutory responsibilities which sit with the Council.

3.5 In line with national NHS guidance, the IH&CDP also addresses the delivery of universal NHS commitments, as reflected in the 2023/24 NHS Operational Planning Guidance and the NHS Long Term Plan, and the statutory duties of the ICB, including in relation to integration, quality, inequalities and finance.

4. Developing the Coventry and Warwickshire Integrated Health and Care Delivery Plan

4.1 In line with the process undertaken to develop the Integrated Care Strategy, the development of the IH&CDP was undertaken through a collaborative approach led by the ICB:

- The Coventry and Warwickshire System Strategy and Planning Group acted as the Steering Group for the development of the plan. The group's membership includes the Directors of Public Health for Coventry City Council and Warwickshire County Council, and the Chief Strategy Officers of the ICB and its partner NHS Trusts;
- The Directors of Public Health co-led the development of the following sections of the IH&CDP aligned to Priority 1 (Prioritising prevention and improving future health outcomes through tackling health inequalities):
  - Reducing health inequalities;
  - Prioritising prevention and wider determinants to protect the health of people and communities.
- As part of the development process engagement was undertaken with the four Places (Coventry, Warwickshire North, South Warwickshire and Rugby) to capture and map key programmes and initiatives from Place Plans against the three Integrated Care Strategy strategic priorities so that these can be reflected in the IH&CDP;
- A range of system groups and forums were also engaged, including the different Collaboratives (Warwickshire Care Collaborative, Coventry Care Collaborative, Acute Provider Collaborative, Mental Health Collaborative, Learning Disability and Autism Collaborative and Primary Care Collaborative).

4.2 Given the fundamental links between the Integrated Care Strategy and the IH&CDP through the three strategic priorities and nine areas of focus, the engagement activities reflected in the *Local Priorities for Integrated Care* engagement report (see **paragraph 3.3**) not only informed the development of the Integrated Care Strategy but also provided insight to shape the development of the IH&CDP.

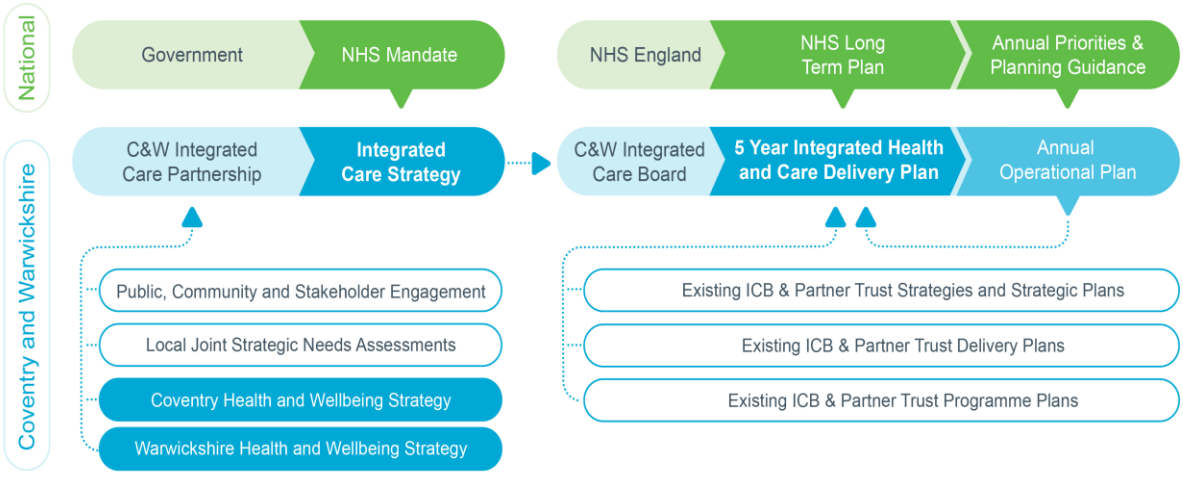
4.3 Through the System Strategy and Planning Group a set of principles were agreed to guide the process that was undertaken to develop the IH&CDP. Critically, these principles recognise that the development of the IH&CDP will be an iterative process, with this year's document creating the foundations for future years to build on. The principles also acknowledge that the IH&CDP is more detailed in relation to planned delivery activity for years 1 and 2 of the five-year plan period, with the later 3-year period being addressed at a more strategic level.

4.4 Through May and June the IH&CDP was presented to and endorsed by the Boards of the ICB's partner NHS Trusts; Coventry and Warwickshire Partnership NHS Trust (16 May 2023), George Eliot Hospital NHS Trust (6 June 2023), South Warwickshire University NHS Foundation Trust (7 June 2023) and University Hospitals Coventry and Warwickshire NHS Trust (1 June 2023).

4.5 The IH&CDP was presented to and approved by the Board of the ICB on 21 June 2023, and published on the ICS website on 30 June 2023.

5. Connectivity between the Coventry Health and Wellbeing Strategy, the Coventry and Warwickshire Integrated Care Strategy and Coventry and Warwickshire Integrated Health and Care Delivery Plan

5.1 The diagram below provides an overview of the linkages between the three documents:



5.2 As set out in **paragraph 3.3**. the development of the Integrated Care Strategy was fundamentally informed by a review and mapping of existing system and partner strategies, with the starting point for identifying the strategy priorities being an analysis of the Coventry and Warwickshire Health and Wellbeing Strategies.

5.3 The Coventry and Warwickshire Integrated Health and Wellbeing Forum was the key mechanism through which both the Coventry and Warwickshire Health and Wellbeing Boards were involved in the development of the Integrated Care Strategy and, more specifically, provided collective input to the development of the three strategic priorities and nine aligned areas of focus which:

- Act as a 'golden thread' between the Integrated Care Strategy and the IH&CDP; and,
- Connect both documents to the Coventry Health and Wellbeing Strategy.

5.4 The February 2023 meeting of the Integrated Health and Wellbeing Forum provided an opportunity for members of the Forum to explore and reflect on the connectivity between the two Health and Wellbeing Strategies, the Integrated Care Strategy and the IH&CDP, and to consider:

- How different organisations represented could contribute to delivering the Integrated Care Strategy; and
- The role of the two local Health and Wellbeing Strategies in driving delivery.

Presentations across the meeting recognised that the three strategic priorities in the Integrated Care Strategy and the IH&CDP create a strong degree of alignment to the two Health and Wellbeing Strategies.

5.5 It is recognised that delivering the vision set out in the Integrated Care Strategy will require the combined efforts of health and care system and wider partners in the ICS, with key activity being driven through the two Health and Wellbeing Strategies, their aligned Delivery Plans and other strategies across the system that focus on the wider elements of the King's Fund Population Health Framework. The IH&CDP will sit predominantly in the *Integrated Health and Care System* quadrant of the framework

6. Coventry and Warwickshire Integrated Care Strategy

6.1 The Coventry and Warwickshire Integrated Care Partnership ('the ICP') approved the publication of the final Integrated Care Strategy on 4 July 2023, along with the proposed ambition statements for measuring the impact of the strategy. These are included on pages 56-57 of the final strategy attached at **Appendix 1**. The strategy is being formally published in July 2023, with a suite of documents (available on the ICS website), including an easy read and short read version.

6.2 The ICP has worked to develop its approach for measuring the impact of the Integrated Care Strategy, as the mechanism by which ICP partners will collectively hold themselves to account for the delivery of the Integrated Care Strategy. The agreed approach seeks to combine long-term measures of impact alongside evidence of more short-term, qualitative change. It includes a set of 15 ambitions, one for each area of focus and enabler in the strategy, which form a very high level and clear set of targets for the ICP to measure impact over the course of the strategy. Acknowledging the importance of tackling health inequalities as a 'golden thread' throughout, where possible each ambition has an additional health inequality focus.

6.3 Public Health colleagues worked closely with identified Integrated Care Strategy and IH&CDP leads and partners to develop the measures of impact and this process has helped continue to embed the strategy, promoting ownership amongst leads and partner organisations across the system. The measures are not designed to cover all system priorities – other more detailed measures on specific areas are included in metrics for the IH&CDP, the NHS Annual Operating Plan and the two Health and Wellbeing Strategies.

6.4 The majority of the ambitions are designed to be longer term, with a measurable 5-year target set that highlights the direction of travel. These will be reviewed and refreshed, if required, annually, subject to new national guidance or significant local changes until 2028. Currently some of the measures have been dictated by data availability and it will be important as part of this review to determine whether there is any additional data to reflect the ICP ambitions more accurately. Some of the more operational measures, particularly those linked to the enablers, are less quantitative and may require more frequent refreshing over the 5-year period.

6.5 Alongside the ambitions, case studies will be identified that illustrate the potential of system integration, bringing the Integrated Care Strategy to life and highlighting changes in practice. These will be shared at ICP meetings, themed by strategy priorities, and used as a framework for exploring how system partners are working differently in each area and to learn from practice.

6.6 There will be annual reporting to the ICP of progress on the Integrated Care Strategy and ambitions (planned for 29 February 2024), along with reporting to Health and Wellbeing

Boards (March – May 2024) for accountability and to inform the review of the Health and Wellbeing Strategies.

7. Next Steps

7.1 In line with national guidance the ICB published the IH&CDP on 30th June 2023. The ICB is required to review the IH&CDP annually and either update or confirm the plan as part of this review.

7.2 As set out in **paragraph 1.2** the ICB is required to seek the Health and Wellbeing Board's opinion as to whether the IH&CDP ***"takes proper account of"*** the Coventry Health and Wellbeing Strategy. Following on from the current report and the presentation to the current meeting, it is proposed that the ICB Chief Transformation Officer liaises with the Chair outside of the meeting to agree an approach to obtaining confirmation of the Board's opinion.

7.3 The formal launch of the Integrated Care Strategy will be aligned with communications around the publication of the IH&CDP and between July and September the contents of both documents will be communicated effectively across the system.

7.4 Ensuring that the Integrated Care Strategy continues to remain live and relevant within the system over the next 5 years will be important, with all partners acknowledging their important role to play in its delivery. The annual cycle of review will support in this.

Name: Rachael Danter

Job Title: Chief Transformation Officer,
NHS Coventry & Warwickshire Integrated Care Board

Contact Details: rachael.danter1@nhs.net

Name: Hannah Willetts

Job Title: Director of Integration and Planning,
NHS Coventry & Warwickshire Integrated Care Board

Contact Details: h.willetts@nhs.net

Coventry and Warwickshire
Integrated Care System

Coventry and Warwickshire

Integrated Care Strategy

Contents

Foreword

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

Those are the words at the heart of the Coventry and Warwickshire Health and Wellbeing Concordat, developed in 2018 as a statement of intent for how health and care will work together for the benefit of all of our residents.

The Health and Care Act 2022 formalised the biggest health and care reforms for over a decade, mandating collaboration and cooperation, but working in partnership isn't new to Coventry and Warwickshire. We have a long and productive history of working closely together as local authorities, NHS organisations and with our wider partners for the benefit of the people we serve. The new reforms present a real opportunity for us to go further and faster in collaborating as a system to support everyone in Coventry and Warwickshire to be happier, healthier and more independent.

The purpose and intent of the Concordat vision statement still stands and has shaped the vision statement for our system:

We will enable people across Coventry and Warwickshire to start well, live well and age well, promote independence and put people at the heart of everything we do.

These are difficult times for public services, for people working to deliver those services and for people needing to access those services. The pandemic has pushed health and care services to the brink of their capacity, and pushed the health and care workforce to the edges of exhaustion. Communities have suffered greatly too, as have workers in many other sectors. We have huge waiting lists, a growing population and less and less resource.

Despite the challenges I believe that the Integrated Care System, guided by this strategy, can improve people's health and quality of life. We are committed to prioritising prevention and to working with partners and communities to address the wider determinants of health such as socio-economic inclusion, housing, employment and education. We will ensure that services are personalised so that services meet the needs of individual patients and service users and we will strive to tackle inequalities and understand the drivers of population health.

In many ways our system performs well and everything I've seen in my time as the chair of the ICB and ICP has shown me this, as well as the shared commitment to working together to make things

better. It is the will to help each other and to continue to strive for the best for our people that is our greatest strength. Together we can and will build a fit for the future local health and care system.

This strategy, which builds on the great work happening across Coventry and Warwickshire and the two Health and Wellbeing Board Strategies, sets out exactly how we intend, over the next five years, to confront the challenges we face, together, to improve outcomes for local people. It will inform the detailed five-year plan for our Integrated Care Board.

It is Coventry and Warwickshire's strategy, informed by significant engagement with local people and communities, with the health and care workforce, with patients and clinical leaders. This conversation will continue as we turn this strategy into delivery and monitor our progress and impact. I am proud to introduce it to you.

Danielle Oum

Integrated Care Board and Integrated Care Partnership Chair

December 2022

Introduction

Delivering Health and Care in Coventry and Warwickshire

Our new Integrated Care System (ICS) was formalised on 1 July 2022, with the establishment of the new Integrated Care Board and statutory Integrated Care Partnership. One of the most important actions of our new ICS has been the development of this strategy, to set out how we will come together as partners to improve health, care and wellbeing for the people of Coventry and Warwickshire.

We are developing our Integrated Care Strategy at a time of enormous challenge for health and care systems up and down the country. The pressures we face are not unique to Coventry and Warwickshire, but their impact is affected by our local context.

This strategy provides an opportunity for us to set out our ambitions for what we can achieve over the next five years as an ICS. It aims to outline, in high level terms, the difference we can make by working in an integrated way, taking advantage of a new legislative framework – and it sets the tone and focus for how we will work together. It doesn't seek to replace or duplicate existing strategies and activity underway in the system – instead it seeks to link them together by providing an overarching narrative about where we want to get to, and what it is that we are all trying to change and improve together.

Importantly, this is about far more than health and care services. The Integrated Care System has an opportunity to improve population health and wellbeing in its broadest sense, with a wide range of partners working together to improve health outcomes and tackle health inequalities, starting with the root causes by addressing the wider determinants of health.

And equally importantly, this is about working together at all levels and as locally as possible. We intend that much of the activity to integrate care and improve population health will be driven by organisations working together in our places, and through multi-disciplinary teams working together in our neighbourhoods, adopting new targeted and proactive approaches to service delivery, informed by a shared understanding of the needs of our population.

The Covid-19 pandemic brought us together as partners in the face of urgent need and accelerated collaborative working. From protecting and supporting extremely clinically vulnerable people, to implementing vaccinations, to delivering testing, we worked together as partners and with our wider community in ways we hadn't previously, recognising where public sector partners had a different role to play, empowering and facilitating where expertise and capability lies with our communities. We now have an opportunity as an Integrated Care System to embed and build on these new ways of working together. The challenges we face now are no less urgent or significant, and demand just as much commitment and ambition in our response.

More patients than ever are accessing primary care appointments. However, in our engagement with local people we have heard, loud and clear, concerns about access to health services – especially primary care – and, increasingly, indications that trust in the NHS is beginning to erode.

Challenges facing the Coventry and Warwickshire Integrated Care System

Financial strain

£125 Million

Expected efficiency ask equating to 6.5% of the **£1.9 billion** NHS opening budget for 2023/24

Deprivation

137,208

people live in the top **20% most deprived areas nationally**; equating to **14.6%** of the total Coventry and Warwickshire population.

Of the 137,208 people

> 99,153 reside in **Coventry**

> 38,055 reside in **Warwickshire**

Living longer with greater need

	Healthy Life Expectancy (years)	Years spent in poor health	Total life expectancy
Coventry			
	61.1 (males)	16.9 years	78 years
	64 (females)	18 years	82 years
Warwickshire			
	62.1 (males)	17.6 years	79.7 years
	64.1 (females)	19.3 years	83.4 years

Population Growth

58,000

Predicted increase of GP registered patients by 2027/28, making the population **1,111,898**

Place-based variation

Life Expectancy

Willenhall	Warwickshire South
71.3 years	87.8 years

Workforce Challenges

Staff turnover (NHS 14%/Social Care 26.9%), **vacancy rates** (NHS 11%/Social Care 9.8%) and **absence rates** all create significant challenges to capacity, service delivery and staff wellbeing.

Cost of living

Coventry is in the top decile **(10%)** of Local Authorities in the Cost of Living Vulnerability Index.

Health inequalities

The gap in life expectancy between most and least deprived **is widening**

Coventry	10.2 year gap (males)	7.5 year gap (females)
Warwickshire	7.7 year gap (males)	6.7 year gap (females)

Performance impacted by increasing demand and complexity

in primary care, mental health services and emergency presentations, alongside referrals for routine care.

*Based on an average increase of 15,800 patients year on year over the past seven years (2022).
**Mapped on Middle Super Output Area (MSOA) level, which on average comprises 7,200 people.
***The NHS Budget does not include Social Care.

Data Sources: Centre for Progressive Policy (2022); Coventry and Warwickshire ICS Internal Systems; 2020 Mid Year Population Estimates (ONS); Fingertips; The Segment Tool (OHID).

These are difficult messages to hear, but as an Integrated Care Partnership we are determined to tackle them head on.

As the local Integrated Care Partnership, we are uniquely placed to address the challenges facing the health and care system in Coventry and Warwickshire, and to harness collective energy and resource to achieve our ambitions for the health and wellbeing of our population. We bring together a wide range of partners – local government, NHS, voluntary and community sector, housing, Healthwatch, universities and others, to lead the system's activity on population health and wellbeing and drive the strategic direction and plans for integration across Coventry and Warwickshire.

Our Integrated Care Strategy charts a path for how we will work together over the next five years to deliver our vision.

Our Vision

'We will enable people across Coventry and Warwickshire to start well, live well and age well, promote independence, and put people at the heart of everything we do'

Improve outcomes in population health and health care

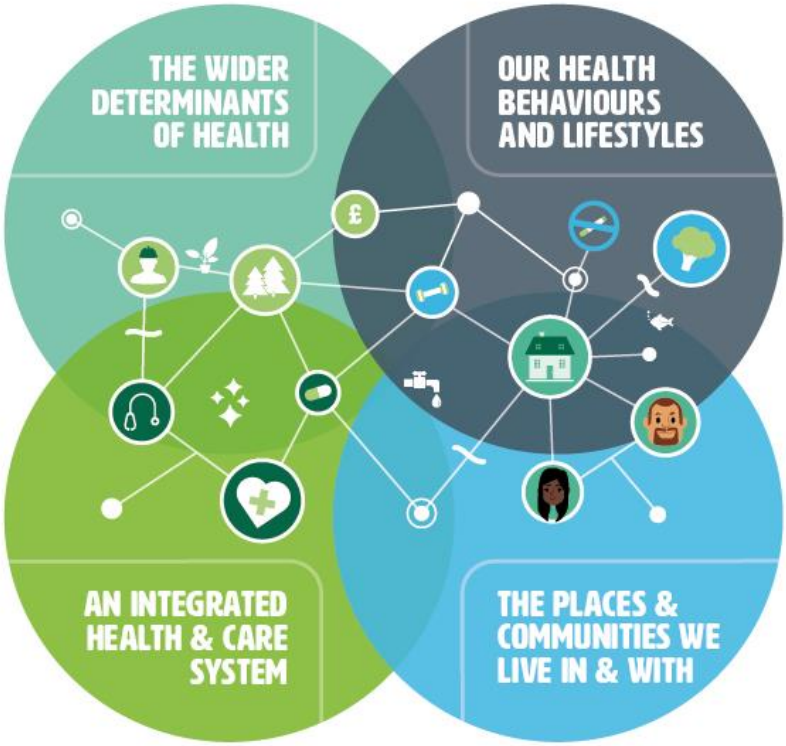
Tackle inequalities in outcomes, experience and access to services

Enhance productivity and value for money

Help the NHS support broader social and economic development

The Framework for our strategy

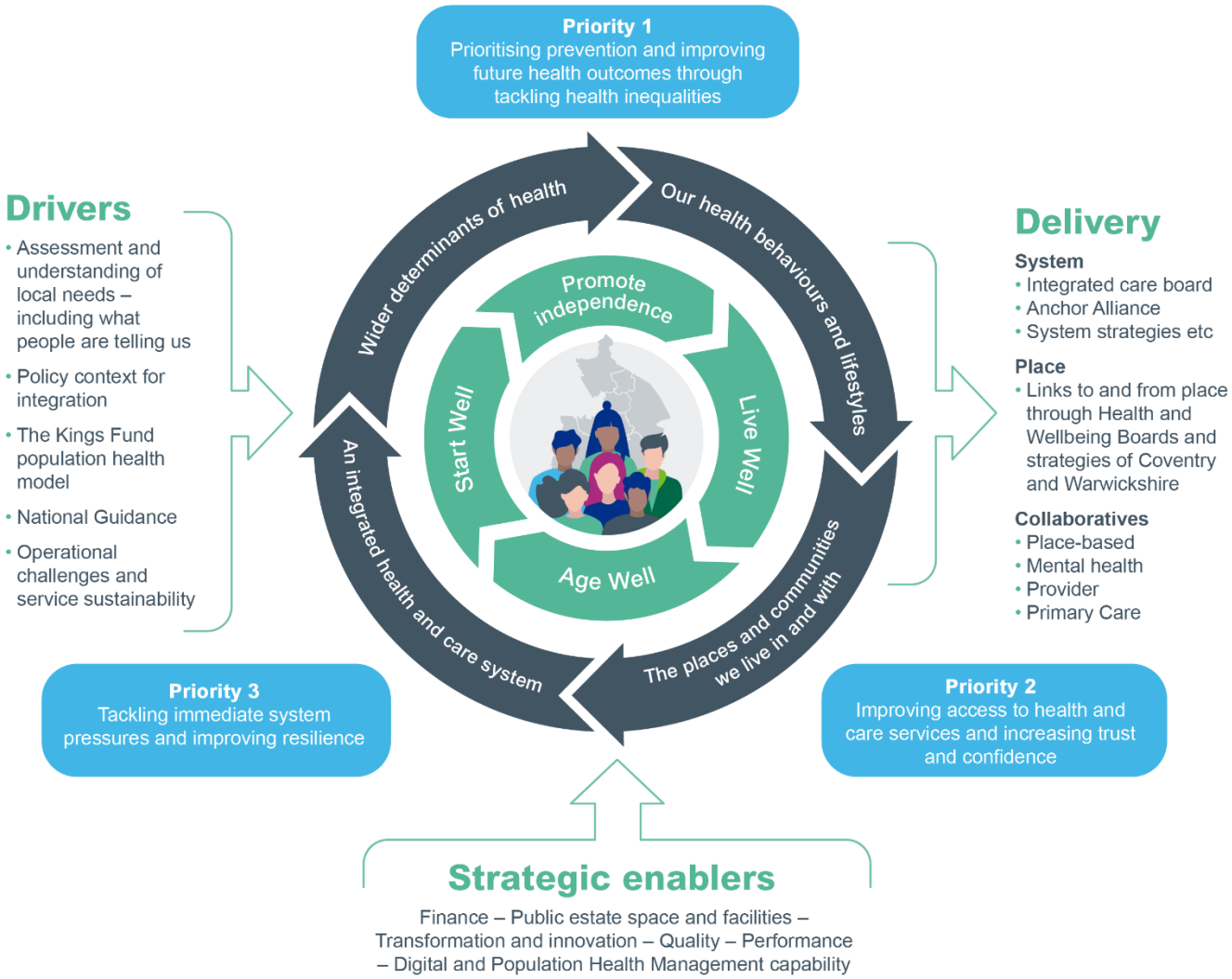
As we have transitioned to statutory ICS arrangements, The King's Fund population health model has framed our ICS strategic direction and underpins an inclusive, integrated approach to health and wellbeing. Both Coventry and Warwickshire Health and Wellbeing Strategies[1] are based around this model, and it is embedded as our strategic approach right across the system. We are committed to ensuring that strategies and plans across our Integrated Care System consider each of these four components and – importantly – the connections between them. Our Integrated Care Strategy is equally driven by this approach.



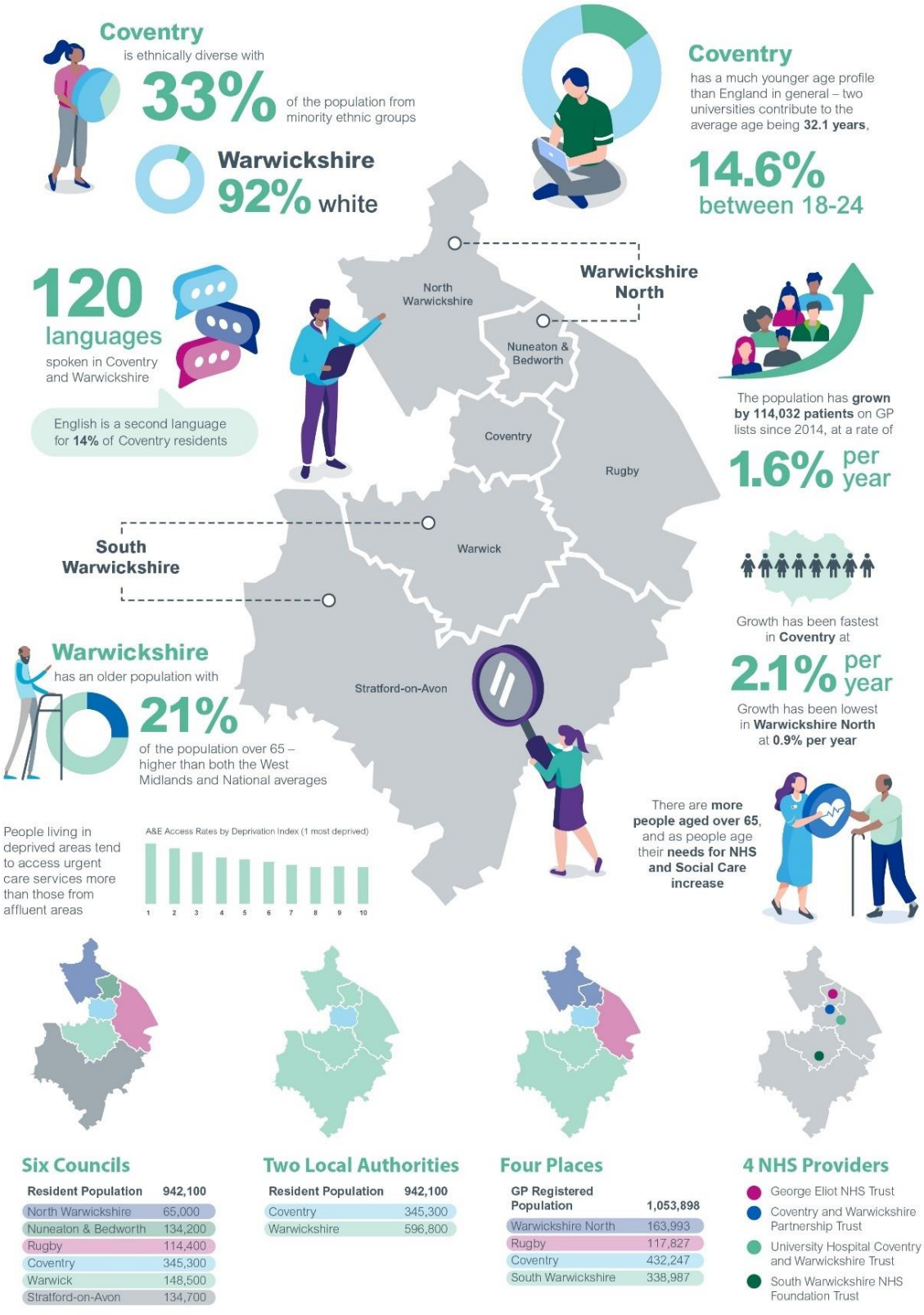
[1] Coventry Health and Wellbeing Strategy, 2019-2023
Warwickshire Health and Wellbeing Strategy 2021-2026

The diagram below sets out the overall framework for our strategy and helps describe the approach we have taken in developing its content.

Our priorities and planned activity are driven by the national and local policy context (and guidance) for integration and our understanding of local population health needs as set out in the Joint Strategic Needs Assessments, informed by local Health and Wellbeing Strategies and embracing the role and contribution of a wide range of partners at Place. They also reflect what we've learned from listening to our communities.



Our local people and communities



The Coventry and Warwickshire Integrated Care System provides health, care and wellbeing services and support to a diverse population of over 1 million people, and that population is growing. With population growth concentrated in certain parts of the ICS, and the population profile varying between localities, a place-based approach to service planning remains important.

The Joint Strategic Needs Assessments provide a huge amount of data and evidence about the health and wellbeing of our residents:

- Coventry Joint Strategic Needs Assessment
- Warwickshire Joint Strategic Needs Assessment

More detailed information on health inequalities can be found in the Coventry and Warwickshire Director of Public Health annual reports[2] and Warwickshire's Health Inequalities Dashboard.

[2] Coventry Director of Public Health's Annual Reports
Warwickshire Director of Public Health's Annual Reports

Our opportunities to improve health and care

"ICSs… are part of a fundamental shift in the way the English health and care system is organised.

Following several decades during which the emphasis was on organisational autonomy, competition and the separation of commissioners and providers, ICSs depend instead on collaboration and a focus on places and local populations as the driving forces for improvement".

– The Kings Fund

The statutory basis for Integrated Care Systems (The Health and Care Act 2022) gives us an opportunity to go above and beyond what we have already achieved through collaborative working in Coventry and Warwickshire and to accelerate what has happened to date.

There are a number of empowering elements in the Act which we will seek to harness, especially around finance and tendering, and removal of the competitive environment. As collective stewards of public finance for the benefit of the population we serve, ICS partners have an opportunity to deliver real benefits from integration.

This includes:

- targeting resource to where it is most needed to tackle health inequalities
- joining up currently disconnected services across providers, to deliver more complementary and seamless health and care services to our population
- working together in our places to build strong community links and relationships
- sharing best practice and expertise at scale across the system, and offering greater training and OD opportunities for our workforce
- benefitting from procurement partnerships and economies of scale
- data sharing and intelligent use of data for population health modelling and proactive and preventative work
- improving resilience by, for example, providing mutual aid
- working together to help build and enable a thriving voluntary and community sector, with the public sector changing how it works with communities to build responsive, local, and inclusive capacity
- ensuring that specialisation and consolidation occur where this will provide better outcomes and value
- sharing finance and back-office systems, professional expertise and facilities.

The wider context and opportunities of integration

Inclusive Economic Growth

Integrated care relates not just to integration within the health sector, but also reaching out further to the integration of health and care to other key sectors.

We recognise the importance of the link between good health and a strong economy – the two are intrinsically connected and mutually dependant on each other.

Income, skills and employment levels all affect people's ability to live healthily. Similarly, high levels of health and wellbeing create a strong, diverse and reliable workforce for our businesses and employers.

Whilst Coventry & Warwickshire enjoy both strong economic performance and comparatively strong levels of health and wellbeing, we know there is work to do with particular communities, groups and business sectors – this is a key focus for our shared approach to Levelling Up across the sub-region and our commitment to reduce disparities and increase opportunities.

Focusing on inclusive economic growth within an Integrated Care Strategy allows us to explore issues of connectivity, access, and equality, as well as providing a health lens to investment, infrastructure, sustainability which enables economic growth and improved health and wellbeing.

We are also aware of our own collective role on the local economy. Our Coventry and Warwickshire Anchor Alliance seeks to harness the role of local councils, health bodies and our universities as key local employers and contributors to the local economy.

The burning platform of the cost-of-living pressures provides a catalyst for long needed change. We now have an important opportunity to bring together the connected agendas of economy and health as inclusive growth within our developing Coventry and Warwickshire Economic Strategy.

Addressing environmental factors and climate change

"Climate change is the single biggest health threat facing humanity" (WHO)

We cannot consider health and care across our system without giving due attention to the environment and climate crisis. Extreme temperatures and air pollution are just some of the ways in which climate change is already starting to impact upon the health of our population; the severity and range of ways health and wellbeing will be impacted is only going to increase and concerted action is required at local, national and global levels. Sadly, we know that the impacts of climate change will disproportionately affect the most vulnerable in society, thus worsening the health inequalities that we are trying to address; those people living in deprived areas are more likely to experience poor air quality and individuals with underlying health conditions are more severely affected by extreme temperatures.

Not only do we have to be prepared as a system to deal with the consequences of climate change and take steps to mitigate, but we must also take responsibility as a system to reduce our overall

contribution to the climate crisis, including importantly the impact of healthcare. Coventry and Warwickshire ICS Green Plan seeks to embed sustainability and low carbon practice in the way that the system delivers healthcare services. The Green Plan allows our ICS to set out our current position in addition to our goals for the next three years, with a view to helping the NHS to become the first health service in the world with net zero greenhouse gas (GHG) emissions. A wide range of other action is being taken across the system, including through the development of a range of strategies: WM2041 5 Year Plan 2021-2026- West Midlands Combined Authority's plan on carbon emission reduction, Coventry Climate Change Strategy and Taking Action on Climate Change - Warwick District Council's plan to achieve Net Zero

As described by the Office for Health Improvement and Disparities (OHID), there are a number of so-called 'win-win' opportunities, whereby we can reduce greenhouse gas emissions whilst also addressing major public health challenges, focusing on prevention and the wider determinants. Good examples include:

- an increase in active travel by foot or bike will reduce green-house gas emissions and air pollution from private vehicles
- making homes more energy efficient will help tackle fuel poverty and the associated negative impacts on health.

Prioritising the wider determinants of health, including housing quality, will not only have an impact on climate change, but also a positive impact on an individual's immediate living environment, including for example damp and mould, that can be very damaging to health and wellbeing.

By all partners across the system committing to being green and sustainability led, we can not only improve the health and wellbeing of our local population, but also join the national and global effort to tackle the climate crisis.

People at the heart of our strategy

From the outset, we wanted to ensure this strategy was informed by the people it speaks for –local people and their communities, as well as our health and care workforce.

Key priority areas identified through community engagement include **issues relating to digital inclusion, access to primary care and an erosion of trust in health services.** Ensuring a **focus on prevention, health inequalities and workforce** emerged as key themes from stakeholder engagement. Full details of the engagement are included as an appendix to the strategy.

As we develop the Integrated Health and Care Delivery Plan, we will ensure we continue to engage and seek feedback and input in an aligned and connected way, local residents, stakeholders and all of those we have communicated with, engaged and involved throughout.

We will make sure this is coordinated with other engagement and involvement planned by local authorities, NHS organisations and others in the system.

Our strategic priorities

Our strategy priorities have evolved through engagement with stakeholders and the communities we serve, and are drawn from:

- the two Health and Wellbeing Strategies, reflecting the needs identified in the Joint Strategic Needs Assessments
- national guidance about the design of ICSs and the development of Integrated Care Strategies
- key themes emerging from public and stakeholder engagement.

We have identified three overarching priorities that will drive our activity as a system over the next five years, with a number of key areas of focus within these. The strongest message we have heard in our public engagement has been about access to and trust in health and care services, and so we are committing to invest our energies in addressing this as one of our system priorities.

The other priorities reflect a shared understanding that there is both an immediate imperative to tackle specific burning issues around system capacity and resilience, and action we need to take now that will have an impact on population health long-term. It is by prioritising prevention across all we do that we have a real opportunity as an Integrated Care System to shift the dial on population health outcomes and inequalities.

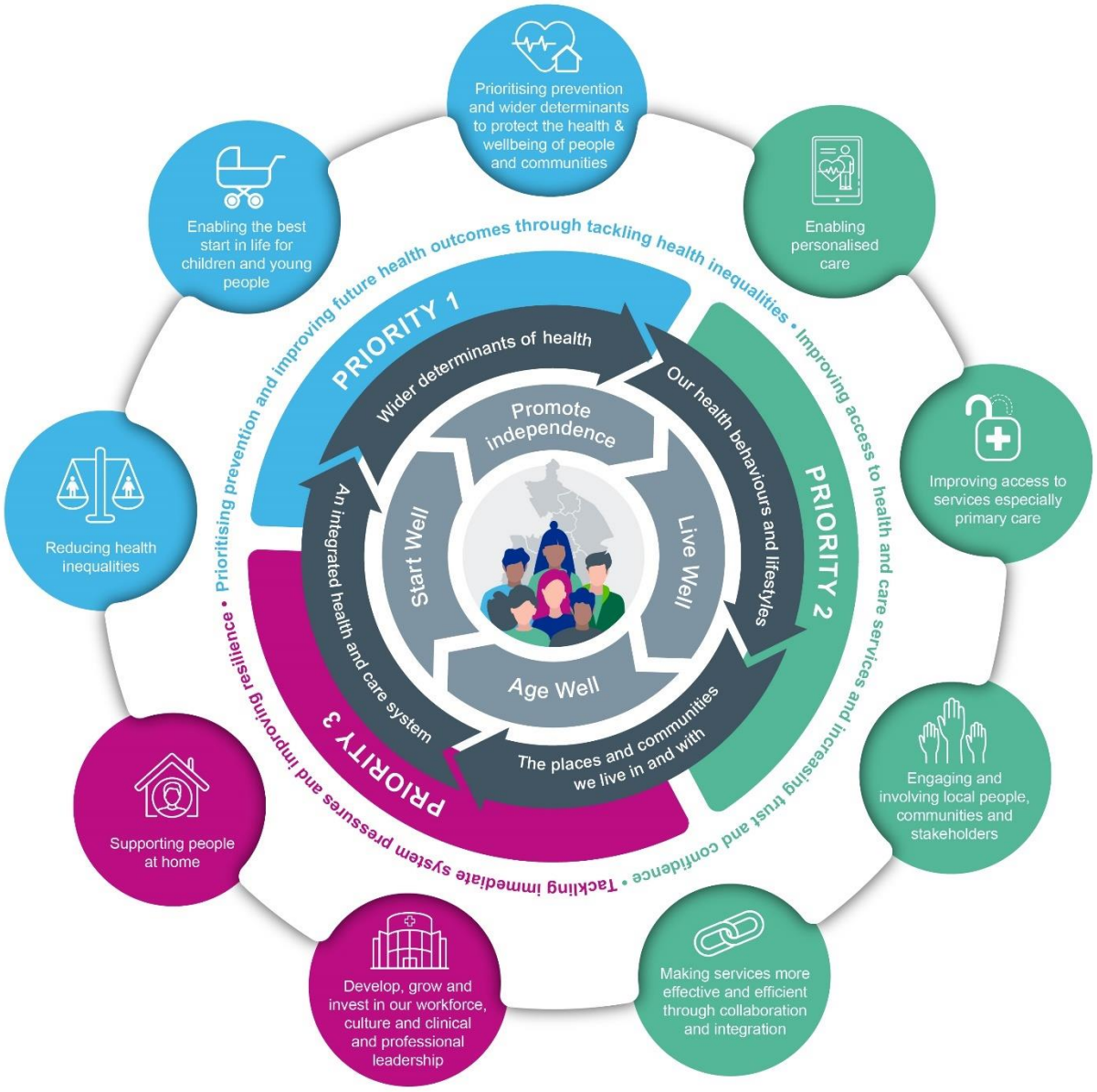
Our priorities

Prioritising prevention and improving future health outcomes through tackling health inequalities

Improving access to health and care services and increasing trust and confidence

Tackling immediate system pressures and improving resilience

The follow diagram shows the nine areas of focus to support the delivery of these priorities, set in the context of our wider vision and aims.



As we have developed these priorities and identified the outcomes and actions for each, we have done so through the lens of our population health model. Whilst each is an important and distinct area of activity, we also seek to highlight the connections and overlaps between them. So, for example:

- personalised care gives power to people to live independently, take greater control of their own care and focus on “what matters to me?” rather than “what’s the matter with me?” This citizen empowerment is key to the prevention of ill health
- protecting the health of people and communities requires culturally competent approaches, which will be underpinned by a deeper understanding and involvement of our communities

- there are opportunities to address the wider determinants of health through our approach to workforce challenges, by recruiting locally and taking action to attract and prepare young people living in areas of deprivation for careers in health and care.

We are determined to see an unswerving commitment to reducing inequalities running through everything we do but have also included this as a specific area of focus, to ensure it is given the attention and scrutiny required to deliver progress and impact over time.

Our commitments

All partners in the system have signed up to the following set of commitments that will define how we work together to achieve the four national aims and our system priorities. These include an underpinning commitment to the primacy of place in our decision-making and activity, whilst recognising the opportunity of system-wide working to deliver value at scale where appropriate.

Priority 1: Prioritising prevention and improving future health outcomes through tackling health inequalities

What this means to me

I will be supported to live a healthy, happy and fulfilled life, being equipped with the knowledge and resources needed to prevent ill health and maintain my independence at home, whilst knowing that effective services are in place for me to access should the need arise. This will include having access to support relating to the wider aspects of my life, including housing, employment and finances.

Context

As a system we want to prioritise supporting our population to remain as independent and healthy as possible, whilst also providing effective, timely and accessible treatment and care when required, from early years through to the end of life.

Informed by engagement, we have identified three key areas that we need to focus on in order to prioritise prevention and improve future health outcomes locally. They are:

- reducing health inequalities
- prioritising prevention and wider determinants to protect the health and wellbeing of people and communities
- enabling the best start in life for children and young people.

Nationally, prevention has been placed at the heart of the newly developed Office for Health Improvement and Disparities and forms a key aspect of the NHS Long Term Plan and the Care Act 2014. This focus reflects the ever-increasing evidence base demonstrating the benefits and cost-effectiveness of shifting resources 'upstream' towards prevention. Locally, prevention is not only at the forefront of our vision for Coventry and Warwickshire ICS and a key ICB principle, but more importantly there is a genuine drive across partners within our system, exhibited throughout stakeholder and also community engagement, for prevention to be given the priority it deserves

moving forward. This includes an all age, whole population approach to personalised care, where people are supported to manage their health and wellbeing rather than only receiving treatment when they get ill, which is a key component of the prevention commitment

Unprecedented demand on health and social care services means that protecting public health and preventing physical and mental ill health and disability and the associated need for care have never been more important or relevant and there is arguably no better way of ensuring the sustainability of our services. By focusing on prevention at all levels across the system, future health outcomes for our population, and demand for health and care services in Coventry and Warwickshire can be improved.

As we strive towards equity, some groups will need to have more opportunities to benefit from these improvements in future health outcomes than others. Currently inequalities exist in health outcomes and life chances nationally and across Coventry and Warwickshire; these inequalities are well documented and remain largely unchanged. The Covid-19 pandemic highlighted and unfortunately further exacerbated these inequalities, which in part has led to a national drive to reduce health inequalities through programmes such as NHS England's National Healthcare Inequalities Improvement Programme (HiQiP) and more locally through our Health Inequalities Strategic Plan. Our public engagement highlighted the negative impact of such inequalities locally, particularly for Black and Minority Ethnic communities.

While the health and care an individual receives is important, we know that as much as 80% of a person's long-term health is related to wider factors, including employment, housing and education. The Integrated Care System is a unique opportunity to provide a more holistic approach to health and care across the system, to enable people to access the support they need relating to these wider determinants of health, to create and support healthy communities and environments in Coventry and Warwickshire. Local authorities will be crucial to this work and how we work with VCSE organisations.

We also know that happy and healthy children and young people have more chance of becoming happy and healthy adults and that adverse events in childhood can have a life-long impact. There is no better place to start when thinking about prevention and future outcomes than by focusing on children and young people, a time when the foundations of a healthy and fulfilled life are being laid.

Reducing Health Inequalities

We want to be a system that effectively identifies, tracks and takes action to reduce entrenched inequalities in health and the wider determinants, by taking a population health approach, ensuring that Coventry and Warwickshire is a place where everyone starts, lives and ages well. We recognise that some groups who are disadvantaged by current arrangements may need differential access or specific targeted services in order to reduce inequity.

"Everyone should be able to access the same healthcare regardless of their colour, background or culture." (Feedback from an engagement session held with CARAG, Coventry Asylum and Refugee Action Group)

What are we doing already?

Coventry and Warwickshire ICS has a new five-year Health Inequalities Strategic Plan which provides an important foundation to shape our work. The Plan sets out our commitments as to how we are going to reduce health inequalities in Coventry and Warwickshire, taking account of the delivery of key elements of the NHS Long Term Plan and Core20PLUS5. We have a Population Health Inequalities and Prevention Board, supported by the Inequalities Delivery Group that come together to strategically align and drive forward this work, also supported by the creation of two new Health Inequalities Programme Manager posts aligned to Place.

A range of programmes and strategies relating to health inequalities exist across Warwickshire and Coventry, including Tackling social inequalities in Warwickshire (2021-2030) and the emerging One Coventry Plan and work of the Marmot Partnership. It is hoped that this strategy, alongside the Integrated Health and Care Delivery Plan will support in aligning work to ensure an integrated and coordinated approach to tackling health inequalities across Coventry and Warwickshire; embedding action to reduce health inequalities across all programmes of work will be key to achieving our goals.

What will change in our ways of working?

- Action to tackle inequalities will be embedded strategically and operationally across the system, making it core to the work of the ICS and built around Core20Plus5, ensuring it is at the heart of decision making and prioritising.
- We will build a culture of prioritising those in greatest need and an understanding that health inequalities can only be addressed in a systematic system-wide way and by taking a population health approach. This includes reducing inequalities being key to decisions on the prioritisation and allocation of resources.
- Service provision and preventative activities will be aligned with intelligence around the wider determinants of health and existing inequalities.
- All of our services will be planned and delivered in an inclusive way, encouraging innovation and community co-production through design.

What actions are we prioritising?

- Delivery of the Health Inequalities Strategic Plan across place and workstreams.
- Establishing a process to collect and share data and intelligence about health inequalities efficiently and effectively across the system and use this to plan service provision and preventative work.
- Ensuring all partners across the system have a shared understanding of what health inequalities are, how they relate to their work on a day-to-day basis and how to address them – for example by using HEAT (Health Equity Assessment Tool). This will also include supporting the personalisation agenda at a population level.
- Shifting resource to target population groups demonstrating the greatest need to achieve equity in outcomes, taking a gradient approach known as proportionate universalism.

Prioritising Prevention and Wider Determinants to protect the health and wellbeing of people and communities

We want to see prevention being explicitly embedded and resourced across all plans, policies and strategies for our population, supporting a reduction in inequalities and improvement in health and wellbeing outcomes. This includes addressing the impact of the wider determinants of health across the life course, ensuring residents live in affordable and good quality homes, have access to good jobs, feel safe and connected to their communities, utilize green space and are enabled to use active travel.

"More prevention plans and strategies - maybe this will help to save money and resources in the future." (Feedback from an engagement session held at a Hindu Temple)

We also want to be as prepared as possible for the very real threat of future pandemics, but also effectively manage all aspects of health protection, taking a population health and multi-agency approach. This includes ensuring ready access to and high uptake of immunisation and screening opportunities and appropriate and safe antibiotic prescribing. Our public health workforce, leadership and the lessons from Covid-19 will be key.

Within our communities people living in shared accommodation such as care homes, refugee and asylum seeker accommodation are more vulnerable to outbreaks of infectious diseases and we will continue to work collaboratively with partners to ensure additional measures are in place.

"Refugee and asylum seeker's mental and physical health is being affected due to the long delays with paperwork, housing conditions, financial constraints and isolation." (Feedback from an engagement session held at a Coventry and Warwickshire LGBTQI+ Support Group)

We want to deliver a whole system, all-age, person-centred approach to mental health and wellbeing, that is driven by access to physical and mental health and social care in the same place at the same time, with no wrong door, and where prevention is at the heart of all we do.

What are we doing already?

Our system approach based on the population health model not only recognises the interplay between wider determinants of health, our health behaviours and lifestyles, the communities in which we live and the health and care system, but also demonstrates our commitment to addressing these vital dimensions of health across the system. The Coventry and Warwickshire Population Health Inequalities and Prevention Board brings together and aligns local action around Population Health Management, Inequalities and Prevention across the system and is a vital aspect of developing the prevention agenda.

Both Coventry and Warwickshire Health and Wellbeing Boards have Health and Wellbeing Strategies in place that are rooted within the wider determinants of health, including a focus on connected, safe and sustainable communities. Our local authorities – Coventry City, Warwickshire County and our district and boroughs – also have strategies and plans and programmes of work in

place around prevention and the wider determinants of health. In the context of significant cost-of-living pressures, with more people struggling to cover even basic bills and food costs, protecting people from the impact wider determinants can have on health and wellbeing is vitally important and will undoubtedly be more effective through an integrated approach across our system.

The nature of wider determinants means scope is broad and several workstreams are relevant, including but not limited to:

- Domestic abuse and serious violence
- Transport
- Drugs and alcohol
- Homelessness
- Housing
- Employment
- Environment and health

Locally we are harnessing the valuable lessons learnt from the Covid-19 pandemic through an update of the local 2017-2021 Health Protection Strategy. This sets out a partnership approach to our identified priorities including emergency planning, infection control, screening and immunizations and air quality. Working closely in partnership with our UK Health Security Agency colleagues ensures a coordinated response to these key challenges, particularly emergencies and outbreaks.

Identified by the World Health Organization as being one of the biggest threats to global health, antibiotic resistance is also a priority locally and the Coventry and Warwickshire Antimicrobial Resistance (AMR) Strategy is delivered in partnership with colleagues from the ICS, including system prescribing leads. This aims to reduce inappropriate antimicrobial prescribing across primary and secondary care.

What will change in our ways of working?

- A commitment across the system to support prevention activity, recognising the value for money of prevention and early intervention. This includes prevention and early intervention being embedded explicitly across all system, place and neighbourhood plans, policies, strategies and programmes and maximising opportunities for primary, secondary and tertiary prevention across all pathways.
- Prevention of ill-health and promotion of wellbeing will be the first step of every NHS and local government pathway.
- There will be an increased recognition of the need for broad partnerships and the contribution that all partners can make, including academic institutions and voluntary and community sector organisations.
- A ‘Health in All Policies’ approach embedded across the system, whereby organisations adopt policies that promote health and wellbeing and support people with the rising cost of living, as major local employers.
- Effective coordination of all relevant health partners across the ICS to ensure migrant, refugee and asylum seeker populations receive appropriate physical healthcare, tailored mental health support and access to all services.

What actions are we prioritising?

- Resources will be allocated to reflect our focus on prevention and the wider determinants of health. This will include a systematic shift in resources 'upstream' towards prevention, and Health and Wellbeing Partnerships acting as delivery for the wider determinants of health.
- We will consider how to apply the Midlands Health Inequalities toolkit, including the Health Inequalities Decision Tool, to our decision-making across the system and specifically any targeted health inequalities interventions decisions.
- All system partner policies will be assessed for their contribution (positive or negative) to the health of our population. This will include conducting Health Equity Assessment Tools on new work programmes and policies and conducting Health Impact Assessments, for example by using the HUDU HIA or the WHIASU toolkit.
- We will use population health methodology and the voice of people with lived experience to drive strategic commissioning decisions and plan service changes to address health inequalities and provide more preventative services.
- Health services and partners will be equipped with the knowledge and resources to be able to appropriately signpost to services related to the wider determinants of health, with the aim of systematically addressing social needs within the health and care systems, for example through social prescribing approaches - enabled by linked data.
- Colleagues across the whole ICS will work collaboratively to maximise vaccination uptake via a variety of campaigns, especially relating to childhood vaccines such as MMR and our Core20PLUS5 populations.
- The Coventry and Warwickshire Health Protection Committee will effectively implement the updated Health Protection Strategy, ensuring that there is appropriate representation and involvement from all relevant stakeholders across the whole ICS.

Enabling the Best Start in Life for Children and Young People (CYP)

We want to be a system that ensures children have the best possible start in life, where seamless, collaborative and evidence-based care is delivered to enable all children and young people to have the best start as a foundation for happy, healthy, safe, and productive lives, with effective and timely interventions in place when expected outcomes are not being met.

Greater focus and attention will be given to the children and young people's agenda, ensuring all our young people receive the right support at the right time. This includes children and young people who may be more vulnerable or require additional support, including Looked After Children and children with special educational needs, for example autism or learning disabilities, ensuring that they receive the additional care and support they need to thrive and make a strong start in life.

What are we doing already?

We are seeing increasing population growth and diversity of needs amongst Coventry and Warwickshire's young children; services will need to expand and adapt to increasing numbers and complexity.

Warwickshire are establishing a Children and Young People Partnership (CYPP) sub-group of the Health and Wellbeing Board, the purpose of which is to provide strategic oversight to the children and young people's agenda, facilitate integration and collaboration across Warwickshire and take a holistic population health approach. Priorities and activities of the CYPP will be evidence-based and informed by the JSNA.

Coventry has a Children and Young People Partnership Board that reviews the Coventry Children and Young People Plan to deliver and provide the best support possible for children, young people and their families. There is also a multiagency Early Help Strategic Partnership focused on reaching children, young people and families when the need first emerges.

Some children and young people require additional support, care and protection either due to disability or specific vulnerabilities that mean they are at risk. This includes for example those experiencing homelessness or substance misuse, Looked After Children and children or young people on the edge of the youth justice system.

Coventry and Warwickshire are committed to supporting continued quality improvement to ensure that all children and young people are safe as well as healthy and that those with Special Educational Needs and Disabilities achieve the best possible outcomes through having every opportunity to take control of their lives, be as independent as possible and achieve their full potential. This requires strong partnership working across health, education and social care, with staff who take a holistic view of the child or young person that they work with.

The ICS offers the opportunity to further align the great work already happening across Coventry and Warwickshire, led by the local authorities, through collaboration and a partnership approach. Ensuring the best start in life begins before conception and involves a wide range of partners and agencies across the system that contribute to children and young people's health and wellbeing. A focus on perinatal services is particularly important from a prevention perspective, including for example interventions to reduce smoking in pregnancy. There are several key strategies and programmes of work across the system that set out evidence and objectives to progress the children and young people's agenda. These include:

- Coventry and Warwickshire's Child & Adolescent Mental Health Services (CAMHS) Transformation Plan
- Coventry and Warwickshire Joint Strategy for Autistic People (2021-2026)
- Warwickshire Children and Young People Strategy (2021-2030),
- Warwickshire Education Strategy (2018 to 2023)
- Warwickshire SEND & Inclusion Strategy
- Child Friendly Warwickshire
- Coventry Integrated Early Years Strategy (September 2021)
- Coventry Parenting Strategy 2018 – 2023
- Coventry Education Partnership & School Improvement Strategy
- Coventry Children and Young People Plan 2021/22
- Coventry Early Help Strategy (2020-2022)
- Coventry's Children's Services Strategic Plan and Journey to Excellence

Our local activity is informed by national policy, in particular The Early Years Healthy Development Review Report, and First 1000 Days of Life. We are working to implement the CHILDS framework for integration, applying a population health management approach to our health and care provision for children and young people. NHS England's Core20PLUS5 approach has recently been adapted to apply to children and young people, which will support the reduction in health inequalities for this age group.

What will change in our ways of working?

- There will be clear pathways in place across the system for communication and identification of need, with transformation of services that enables re-investment in sufficient capacity in the right place to respond to need.
- We will ensure all-age pathways are in place across services to support the transition to adulthood and prevent unnecessary or ineffective transfer between services.
- We will adopt a strength-based approach to working with children and families across all services.
- We will invest in evidence-based quality support programmes, create school networks which collaborate to provide effective peer support systems and make a local commitment to workforce development, to improve school readiness and education outcomes.

What actions are we prioritising?

- We will establish a system-wide Children and Young People Board and develop a Children and Young People Health and Wellbeing Strategy.
- We will prioritise investment in children and young people's mental health and wellbeing services, with a specific focus on the current and future needs for 18–25-year-old people.
- We will establish a process to collect and share insight and intelligence efficiently and effectively about health inequalities and the needs of children and young people across the system. This will be used to inform service provision and preventative work.
- Resources will be pooled, through joined up planning and integrated working around children and their families, including healthcare, children's services & education, pre-maternity and maternity care, peri-natal mental health, health visiting, Early Help, and special educational needs & disability.
- Services will be co-produced to ensure the voices of children, young people and their families are heard and are at the heart of decision making and prioritisation.
- We will work with all partners to ensure that services for children and young people are poverty proofed.

Priority 2: Improving access to health and care services and increasing trust and confidence

What this means to me

I will find it easier to access the health and care services that I need wherever I live across Coventry and Warwickshire. Those services will feel more like one service, I will have more say over the services I receive and greater trust in their quality, effectiveness and safety.

Context

The NHS was founded to provide universal access to health care. We know that the pandemic had an impact on access and also on trust and confidence in services. We also know the two are related and both have a strong link to and impact on health inequalities.

This strategy has been informed by extensive engagement with people and patient and community groups across Coventry and Warwickshire. People told us that we need:

- greater access and quality of access and fairness of treatment for all
- more access to health and care services in our communities
- greater access to specialists
- more access to screening and diagnostic services locally
- clearer information about how to access services and support for those that face challenges accessing them.

One of the greatest strengths of our health and care services is their accessibility. We know that this is as important as ever and that different people and groups face different barriers and challenges accessing services. We also know that trust in key health and care services is variable across groups and communities and from service to service. We want to tackle this variability and raise levels of trust across the board.

Our mission over the next five years is to improve access to and trust in health and care services across Coventry and Warwickshire. When we say health and care services, we mean this in the widest possible sense, including those such as housing and active living that impact wellbeing, and those provided by the community and voluntary sector.

We are facing greater demand for health and care services, with an ageing and growing population, and like everywhere else across the NHS, a significant elective waiting list to work through. At the same time, we are facing continued financial pressures. We need to find more and better ways to work together, involving people and communities in this as well as partners such as the fire service, police and our many amazing voluntary and community groups.

There are four key areas which we need to focus on in order to improve access and trust, informed by our engagement. They are:

- personalised care
- improving access to services especially primary care
- meaningfully engaging people, patients and communities
- making services more effective through collaboration and integration.

Below we go into more detail on each area around what we want to achieve.

Enabling personalised care

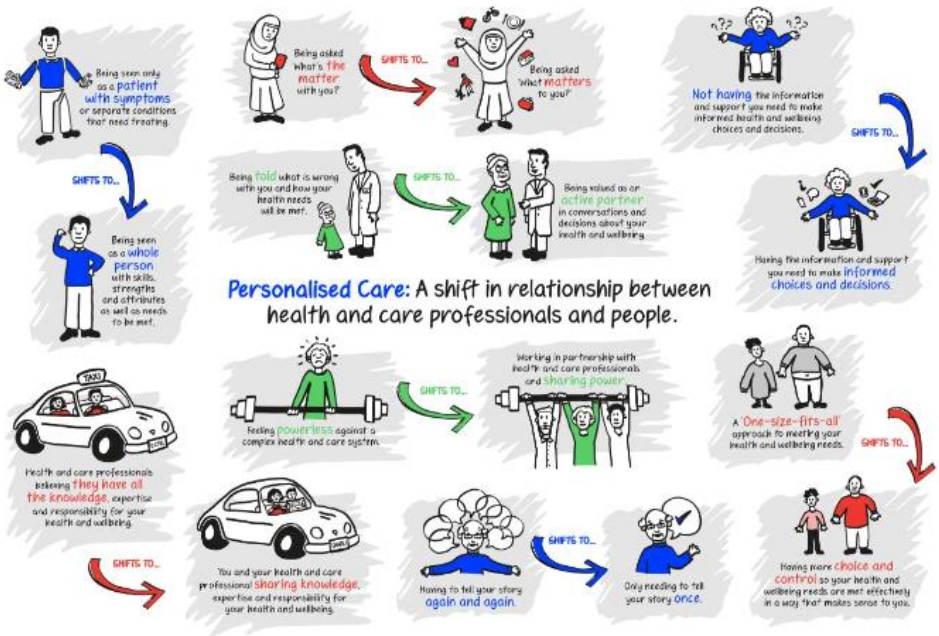
Personalised care is all about giving people more choice and control over the way their care is planned and delivered based on “what matters to them” and their individual strengths, needs and preferences.

Our ambition is to achieve better experiences and health outcomes for people by embedding the six components of the universal personalised care model across our health and care services. We want this to be a hallmark of the care we provide and a shared ethos of all practitioners who are committed to shared decision making with people and patients.

As we collaborate more as health and care service providers to align what we do, personalised care means:

- putting the care receiver at the heart of this integration and the centre point of a whole-system approach – ensuring “what matters to you” is listened to and understood
- continuity of care and an all-age approach from maternity and childhood right through to end of life, encompassing both mental and physical health
- a new relationship between care receivers and care providers.

Personalised care has significant links across this strategy and, especially with health inequalities - by focusing on what matters to people, taking account of their circumstances, challenges and assets, and giving everyone the opportunity to lead a healthy life, no matter where they live or who they are. We want to promote and embed a personalised care approach across all of our workforce and reflect personalised care in our integrated care pathways and commissioned services across the Coventry and Warwickshire system. Our aim is to be clear about what this means for practitioners and providers and to empower individuals to be active and prepared participants in their own care.



What are we doing already?

Personalised care is a priority for the NHS nationally. It is one of the five key focus areas for change outlined in the NHS Long Term Plan. There is work underway already in the system, to develop a more consistent understanding of and set of practices around personalised care and a strategy for how this is implemented across Coventry and Warwickshire.

The C&W personalisation programme has produced a strategy for 22/24 setting out the programme's ambitions and approach for embedding personalised care across our system, supporting each of the Trusts, place partnerships, primary care and social care.

The programme has identified five principles of personalised care:

- it starts with the principle of "what matters to you" as opposed to "what's the matter with you?"
- it's about shared power and collaboration between people, families, and health professionals.
- it enables people to have choice and control over their lives.
- it moves people from being passive recipients of services to active citizens.
- it is about getting a life, not a service.

We are working towards a universal service standard that builds in personalisation and is flexible enough to accommodate specific needs as well as more common ones. A key part of this will be how we better understand service access, patient experience and personal requirements.

What will change in our ways of working?

- Further integration to deliver enhanced personalisation, choice and flexibility for people accessing health and care services.
- Joined up sharing of patient records and information across partners in the system.
- Better experiences and health outcomes for people by an embedded universal personalised care (UPC) model across our system, place and neighbourhoods.
- A reduction in health inequalities driven by greater access and trust in services and delivery of personalised care.
- A population more empowered and supported to manage their health and wellbeing.

What actions are we prioritising?

- Develop and clearly communicate to all health and care practitioners what we mean by personalised care and a set of working practices to support its implementation and adoption.
- Support each of our Trusts, place partnerships and primary care colleagues to identify opportunities to embed personalised care approaches.
- Support our workforce through training to better understand and be equipped to deliver personalised care.
- Support our people and patients to share "what matters to them" in their health care interactions.
- Evaluate the impact for people/patients, staff and our system.

Improving access to services especially primary care

Through the engagement that we have undertaken to support the development of this strategy, we have heard a lot from local people about the importance of timely and simple access to joined-up health and care services when they need them. People have told us about the challenges and frustrations that they currently experience accessing a range of different services – in particular, the importance of access to general practice services.

We have been honest about the challenges that we are facing as a system. Specifically, rising patient demand, financial pressures and increasing workforce shortages. While these impact on our ability to improve access to services, we remain positive about the opportunities to deliver new and innovative methods of delivering General Practice services through face-to-face, online and telephone appointments from an increasingly varied and professional workforce. In Coventry and Warwickshire, we are clear that the future of General Practice is to adapt and develop, to support the needs of our patients. We believe that the new structure of the NHS creates the opportunity to accelerate work already underway to deliver a much more integrated way of working, enabling partner organisations of the ICP to respond to the needs of local populations within available resources, to improve patient care, outcomes through access to services.

From our engagement with local people, we recognise that everyone wishes to access services in a different way, and we need to adapt to this choice. Many of these new routes into General Practice services were driven by our response to the Covid-19 pandemic. Local Providers of health and care services, including GP practices, rapidly adopted a range of new technologies and, as a result, digital access to services became much more widespread in our system. Whilst we recognise that accessing services through digital channels does not suit everyone, our local vision is to harness digital technology to enable local people to access information, support and care easily and confidently.

Key to our ability to provide the primary health care services that our patients need, will be the workforce. We have already seen significant increases in certain roles, such as pharmacists, physiotherapists, social prescribers and paramedics, who have delivered enormous value to patients as part of the wider multi-disciplinary team. Key over the coming months and years will be to increase these roles alongside a clear plan to support increased numbers of General Practitioners and the wider nursing team.

If we are successful, we expect to see increased patient satisfaction relating to shared decision making and access to services, including general practice services.

What are we doing already?

Every day in Coventry and Warwickshire tens of thousands of people access services through our 120 local GP practices and 19 Primary Care Networks ('PCNs').

While local GP practices are delivering more appointments than ever before and national GP Patient Survey results continue to demonstrate that they are performing better than the national average across a range of key areas, we also hear from some local people about the difficulties that they experience accessing their local GP practice. We are already using the data available to us, including data relating to GP appointment activity, to understand and tackle variation, and this will continue to be an area of focus for us over the coming years.

As we have set out, we believe that integrated working will be central to improving access. Dr Claire Fuller's recent landmark report, strongly reinforces the direction of travel that we have already set out on to transform our local out of hospital system in Coventry and Warwickshire through greater integration between primary, community and secondary care, social care and the Voluntary Community and Social Enterprise sector. Through our local out of hospital contracts, providers of services are working together to redesign care pathways in a more joined up way which supports our most vulnerable and complex patients to be able to remain safely at home through access to proactive care in the community.

Critical to our success in building a more integrated health and care system will be for us to continue to sustain and nurture the development of our 19 local PCNs, which bring together groups of GP practices to work together, alongside other NHS service providers, to develop services around the needs of local communities. These PCNs will continue to be the building blocks for wider out of hospital service integration.

Local PCNs have engaged with their local populations to develop new 'enhanced access' services which are extending access to general practice services during evenings and at weekends across Coventry and Warwickshire. They have also continued to expand the provision of social prescribing, supporting people to self-care and to access different sources of support in their communities, from creative activities such as art and singing to advice on housing and employment issues.

The delegation of responsibility for commissioning pharmacy, optometry and dental services from NHS England to the ICB in April 2023 offers an opportunity to strengthen the links across the different primary care contractor groups and to further drive integration across the primary care sector.

We have also been working on enhancing the community diagnostic capability and resources across the system to improve access to diagnosis services following the Sir Mike Richard's review of NHS diagnostic capacity. Capital investment in community diagnostics for Coventry and Warwickshire to support this work has been secured.

What will change in our ways of working?

In order to improve access to services and especially general practice services, we will work towards:

- increased collaborative working across partner organisations of the ICP, driving increasingly integrated models of care/service delivery, including a transformed model of integrated out of hospital care
- well supported PCNs operating with increasing maturity
- resilient General Practices delivering accessible, personalised, high quality care
- increased diagnostic capability and capacity across the workforce and improved access to community diagnostic services
- improved and increased digital interoperability between primary and secondary care.

What actions are we prioritising?

- Delivering the funding guarantee for primary and community care, and continuing to maximise use of available primary care development funding.
- Continuing to support PCN development and delivery of the national PCN services set out in Network Contract Directed Enhanced Service.
- Development of the Primary Care Collaborative – a 'guiding coalition' of leaders from within the general practice sector.
- Developing our local Fuller Stocktake implementation programme centred on the action areas identified in the Fuller Stocktake Framework for Action.
- Working with our primary care collaborative to refresh our Primary Care Strategy in the context of the Integrated Care Strategy and the Fuller Stocktake. To ensure that our plans meet the needs of practices, PCNs and patients.
- Working with our local Out of Hospital service providers to better integrate services across primary, community and secondary care, taking a more proactive and preventative approach to health care.
- Establishment of three community diagnostic hubs across Coventry and Warwickshire.

Engaging and involving local people, stakeholders and communities

We want to involve individuals and communities in shaping the services they receive in a way that is both meaningful and representative, working together across the system to make services work for everyone.

In order for our ICS to be effective, we will have local people and communities at the heart of what we do and how we do it. This will enable everyone who wants to, to be part of identifying the issues and helping to find solutions in ways that work for them and meet the priorities of local communities. Without the insights and diverse thinking of local people we will not be able to meaningfully tackle health inequalities and the challenges faced by health and care systems.

At the heart of how we work together as an ICS will be an ethos of learning from local people and, where needed, changing the way health and care partners work together, removing the barriers between services and joining up care around people and populations. This engagement will be an ongoing dialogue between the providers of care services and the recipients of those services to drive continuous improvement and involve people in care that is personalised to them.

This engagement and involvement of people is pivotal to improving access to and increasing trust and confidence in the health and care services we provide. Our engagement will always be meaningful, undertaken in culturally competent ways and we will do our best to coordinate engagement and involvement across the system understanding people's priorities and experiences in the context of their lives, not just their health conditions.

What are we doing already?

We have some really strong foundations to build on. The Covid pandemic and delivering the vaccination programme has shown us that when we work together to engage and involve communities with a common purpose, and without barriers between local authorities, NHS providers and commissioners and communities, we can better support and respond to the true priorities of local residents and extend our reach much wider and deeper into local communities, particularly those who may have been or felt excluded in the past.

Across Coventry and Warwickshire, all partner organisations, particularly the two Local Authorities, voluntary sector and Healthwatch, have developed many examples of excellent best practice in working with communities, understanding experiences and championing co-production, and we will build on and learn from their experiences in shaping the ICS approach.

We will adhere to the NHS England principles on how we communicate, engage and involve people and communities.

Our Communities Strategy outlines in detail the steps we will take to deliver these priorities. Throughout the strategy, there are case studies from across the partners of the ICS which demonstrate the breadth and depth of engagement activity that already takes place. We will build

on these strong foundations, learning from each other to design how we work together as a system and better collaborate and engage with both individuals and communities.

Engagement is something which must be done *with* local communities not *to* them, and there are many great examples of communities being empowered to look after their own health across our health and care system. The National Lottery Community Fund and The Kings Fund-supported Healthy Communities Together programme presents an enormous opportunity for us to learn about how best to mobilise communities and redefine the shape and scope of local systems to improve the outcomes for our population.

However, there remain barriers to delivering engagement, both as a system and at local, place and neighbourhood level, which this strategy aims to eradicate as we begin to work as one whole system – working in co-ordination at a system level where appropriate and empowering local communities to lead the way.

What will change in our ways of working?

- Greater levels of personalised care enabled by effective engagement with patients and communities.
- An improved methodology and approach to how we engage patients and communities consistently across system partners based on a shared framework.
- Developing and maintaining ongoing relationships with our diverse communities.

What actions are we prioritising?

- Investing in the community and voluntary sector.
- Delivery of our Communities Strategy.
- Developing a framework for how we work together as partner organisations within the ICS.
- Promoting cultural change across the ICS to put people at the heart of everything we do.
- Building trust and relationships through always listening to and learning from our communities.
- Equipping everyone with the tools they need and demonstrating the difference that community involvement makes, drawing on learning from across the system.

Making services more effective and efficient through collaboration and integration

We want to make health and care services in Coventry and Warwickshire more efficient, effective and ensure they provide better value for everyone.

We will only be able to do this if we develop the ways in which we work together and the structures of our health and care system, so we have right mechanisms through which to collaborate and integrate. These should enable us to develop new ways of working, speed up processes, share good practice and resource and align high standards. Clarity is required in the roles and responsibilities across each component and in the links between all parts of our new system.

A more joined-up commissioning and coordinated provision approach, closer to patient communities, will deliver a more efficient health care service. It will also provide a more coherent response to local population needs, supporting improved outcomes for all and reducing inequity in access and outcomes across Coventry and Warwickshire.

Key to achieving this will be the strategic leadership work of our ICP, the leadership and commissioning role of our ICB and the work of our care and provider collaboratives organising local delivery of services. This will enable us to transition to an infrastructure where decisions can be taken closer to communities, with better understanding of those communities and their needs, supporting collaboration between partners to address inequalities and improve outcomes in physical and mental health and wellbeing, and sustaining joined-up value for money services.

What are we doing already?

The Health and Care Act 2022, and other statutory guidance, sets out a clear intention of a more joined-up approach to health and care built on collaborative relations; using the collective resources of the local system, NHS, local authorities, the voluntary sector, and others to improve the health of local areas.

Our operating model has a number of core components, which we have been establishing and developing, with specific roles.

- Integrated Care Partnership – a partnership of key health and care leaders across Coventry and Warwickshire with specific responsibilities to develop this Integrated Care Strategy for the whole population.
- Integrated Care Board – taking responsibility for ‘strategic commissioning’ and leading integration in the NHS to bring together all those involved in the planning and providing NHS services to take a collaborative approach.
- Three provider collaboratives with distinct roles and responsibilities to facilitate the sharing of expertise, knowledge and skills between providers and to draw on the strength of its members to redesign service delivery and develop new models of care:
  - Acute Provider Collaborative

    - Focus on at scale Acute pathway redesign
    - This collaborative will bring together all key stakeholders including Acute and other appropriate stakeholders e.g. Primary Care
  - Mental Health Provider Collaborative
    - This collaborative will bring together mental health partner providers to respond collectively to improve delivery of mental health services across the system
  - Primary Care Provider Collaborative
    - This collaborative will bring together all core Primary Care providers at a Coventry and Warwickshire level
    - This has commenced with General Practice at present but over time wider core Primary Care providers will also be incorporated.
    - The immediate focus of this collaborative will be to provide strategic direction and support to local PCN programmes.
- Two geographical Care Collaboratives which will have an influencing responsibility on commissioning decisions made by the ICB so that services can be developed and tailored to meet local population need. As Care Collaboratives develop and mature, this responsibility may increase to direct commissioning responsibility for an agreed scope of services:
    - One for Coventry, one for Warwickshire. The Care Collaboratives will map to our Local Authority (LA) boundaries recognising the opportunities for deeper integration and collaborative work on health inequalities and the wider determinants of health in the smaller, contained footprints of the local authorities
    - The Warwickshire Care Collaborative will be made of three equal Place partnerships.

What will change in our ways of working?

- We will have a whole-system approach that is reoriented to focus on keeping people healthy, well and in control of their lives.
- We will build a sustainable system in which every resident of our area can expect to receive high-quality health and care services when they need them and barriers that currently prevent or hinder joined up care across services have been broken-down.
- Everyone in the health and care system will work together to do the right thing for our population and the right thing for the system, where the health and care workforce feel valued and supported.
- We will take collective decisions closer to the patient, based on a shared understanding of the local population and how people live their lives in a system that looks beyond health and care services to the wider determinants.

What actions are we prioritising?

- Getting the structures and governance of our system right, making them lean, effective and efficient.
- Developing the strategic leadership capability of our ICB and ICP.
- Developing the capability and capacity of our Care Collaboratives and local care partnerships as vehicles for driving collaboration and innovation.
- Setting conditions to create greater collaboration, removing barriers to integrated care to allow local partnerships to thrive, and empowering staff and communities to deliver the ambitious service changes needed within the system.

- Empowering the right groups of people with the expertise and evidence to make decisions on how to redesign and reorganise services.
- Ensuring that there is agility and pace in decision making to enable transformation to occur at the rate that the system needs.

Priority 3: Tackling immediate system pressures and improving resilience

What this means to me

Everyone works together to make sure I receive appropriate and timely care when I need it, from skilled and valued staff.

Context

As we emerge from the global pandemic, the challenges that health and care services have faced over the last decade have only increased in severity. So, while we have clear ambitions for the future, we recognise that there are some immediate pressures facing our Integrated Care System that we need to address as a priority. A failure to do so will mean a constant cycle of immediate pressures and an inability to look beyond that and invest in the future.

We are seeing increasing demand for health and care services, complexity of need and challenges around the flow of patients through the system, all at a time of significant financial pressure. Many within our workforce are tired, having moved from the pandemic to recovery of services, and now face the additional stress of increased demand, increased vacancies and higher sickness absence.

Immediate system pressures include increasing demand for urgent and emergency care, a need to restore elective or planned care as quickly as possible, a requirement to manage the impact of winter, and mental health services impacted significantly by the COVID-19 pandemic. As an Integrated Care System, we also need to be able to demonstrate that partners can plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care.

We need to work together both to reduce immediate demand on services and to secure the system capacity required to meet the current and future health and care needs of our population – which include both physical and mental health care, and social care needs.

Traditional approaches aren't working, and increasingly we recognise a need to do something different as we embrace the opportunity of collaborative working through our Integrated Care System.

Reducing demand on services means enabling people with complex needs to live independently at home, which we describe in more detail below. Linking to priorities 1 and 2, we also need to minimise avoidable A&E attendances through improved service access and advice upstream – particularly for those in Core20 and priority groups who are overrepresented in urgent and emergency care.

Securing system capacity and building resilience involves:

- ensuring effective system flow, by having the correct capacity, resource and processes in the system to ensure that we are able to most effectively and efficiently meet current and future service demands in a timely manner
- working to support the resilience and sustainability of the social care independent, voluntary and community sector market, including support with recruitment, quality improvement and business continuity and making best use of resources through Fair Cost of Care
- building workforce capacity by maintaining our focus on recruitment, development and support strategies to keep our people happy and safe at work
- ensuring our limited resources are consumed to best effect through our approach to financial sustainability, productivity and efficiency.

There are two key areas which we need to focus on in order to improve resilience and tackle system pressures. These are:

- supporting people at home
- develop, grow and invest in our workforce, culture and clinical and professional leadership.

Supporting People at Home

Supporting people to live at home as they develop or encounter health-related difficulties is a core ambition of health and social care. Achieving this requires resilient, responsive, accessible and adaptable health and care services that have personalised care principles at the heart of what they deliver and work in tandem with the individual, their friends and family carers to help people achieve positive outcomes.

The impact of not supporting people effectively at home is experienced both at an individual level and across our health and care system through increased demand on urgent and emergency care services and social care.

There is an important equality aspect to this priority as we know that some cohorts of our population seek support from health and care services earlier on, whereas others delay seeking help until at or close to crisis. This priority is therefore important to improve the experience and effectiveness of care and support within our system.

By focussing on this priority area our aim is to provide support, across health and care and with wider partners, to enable people to be supported within their own home environment.

This will support the delivery of the ICS vision through:

- supporting residents to lead an independent life
- enabling people to remain in their communities for longer
- improving sustainability of services by helping focus hospital services on those who absolutely cannot be supported at home.

What are we doing already?

In Coventry, the Improving Lives programme presents the opportunity to significantly transform how older people are supported by organisations working together across community support, hospital processes and discharge/reablement. Although this programme is focussed on people aged 65 and over there will be benefits to other cohorts of the population.

In Warwickshire, the Hospital Discharge Community Recovery Programme presents an opportunity to further develop pathway 1 (support at home) discharge to assess services in Warwickshire to enable all people in an acute hospital, who need further support, to access timely therapeutic intermediate care services on discharge.

Across both Coventry and Warwickshire, the learning from these programmes will be shared as the work progresses – this sharing and learning will enable the interventions with greatest impact to be used to accelerate progress across the whole system.

We are also working on ageing well and specific frailty programmes which have been making progress in our support for older people. We have a Proactive Care at Home workstream which is supporting individuals in their own homes and in care homes. These system wide programmes will connect with the Coventry and Warwickshire specific programmes to make a step change in how people are supported.

We have recently implemented an Integrated Care Records system which is being rolled out to all organisations. This enables health and care records to be shared, which leads to better informed professionals, who will be better able to support people as a result.

What will change in our ways of working?

- An improved and more responsive coordination and delivery of health and care within an individual's own home when urgent and emergency care is required – this will help prevent people making unnecessary visits to hospitals.
- Where ongoing support (health or care or both) is required to enable people to continue to live independently, this will be reliable, sustainable and responsive to change as people's requirements change.
- Where people are required to visit hospital for treatment, this will be undertaken in a patient-centred and effective manner, with the focus on returning home as soon as possible.
- Where people have had a change in their health as a result of deterioration or a specific episode in their life, they will be supported to recover and re-abled to maximise their individual outcomes.

What actions are we prioritising?

- In Coventry, development and implementation of an integrated model that focusses on support at home and stemming the 'flow' to hospital settings whilst reabling people to regain independence they may have lost as a result of a health episode.
- In Warwick, further development of pathway 1 (support at home) discharge to assess services in Warwickshire to enable all people in an acute hospital, who need further support, to access timely therapeutic intermediate care services on discharge.
- Taking the opportunities presented by the social care reforms to support people to live independently, whether through housing, innovation, or use of technology.
- Supporting informal family carers – our ambition to support more people to be independent at home will also require us to consider how we work with and support informal carers who are a critical and integral part of the care and support system.

Develop, grow and invest in our workforce, culture and clinical and professional leadership

We have a total workforce of 47,800 in Coventry and Warwickshire. This includes 20,700 employed by NHS providers, 23,500 in adult social care, 3,200 in primary care and around 400 employed by our Integrated Care Board. Staff turnover is high, presenting real challenges in terms of workforce capacity and service delivery.

In order to deliver quality health and care services for our population, we need people with the right skills, the right values, and in the right places. We have an ICB priority to care for and develop our workforce, ensuring they continue to have the resilience and support to deliver the best care to our patients and communities, especially employees from black, Asian and minority ethnic communities who make up 30% of our NHS and social care workforce.

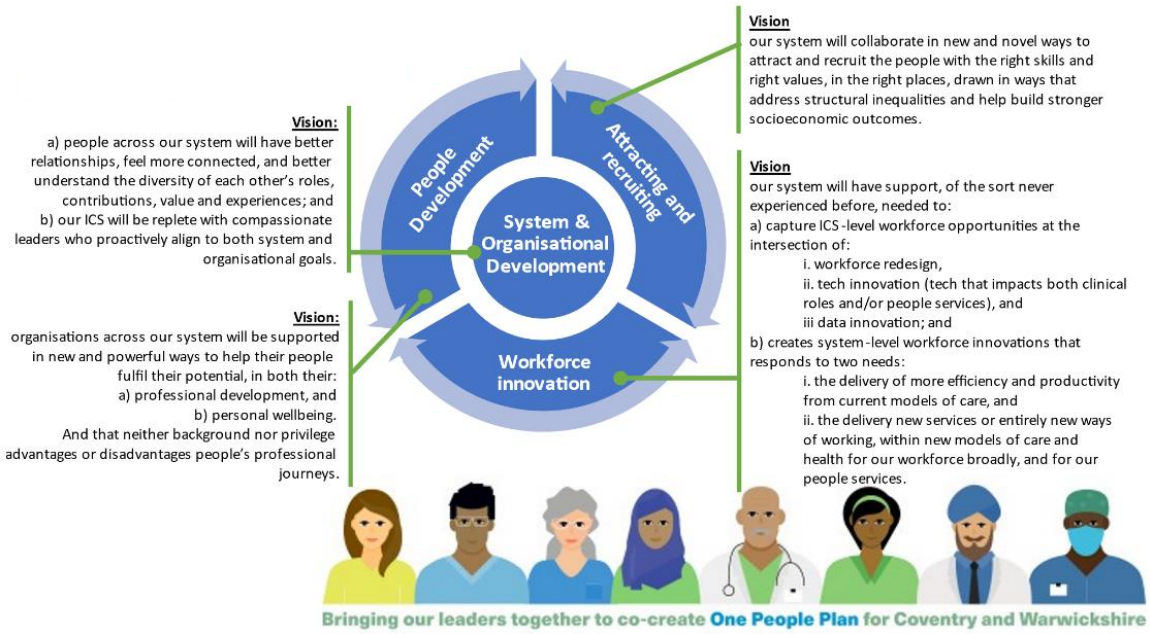
We have a diverse population and a diverse workforce, and to ensure we develop a sense of belonging and inclusion for all staff we must raise the profile of our diversity and inclusion work.

Clinical and Care Professional Leadership (CCPL) needs to be a core foundation of the system and how we act, engage, and make decisions in the future. The system needs buy in from clinical and care professionals to enable effective integrated working. Equally important is a population health mindset, and the expertise and leadership of our public health workforce and their input into decision making in the system will be key.

Our informal workforce is critical to our system too. There are an estimated 34,000 unpaid carers in Coventry and 62,000 in Warwickshire, and there is a strong volunteer sector which supports our services and offers wider community support.

What are we doing already?

Following an extensive programme of engagement, the Coventry and Warwickshire People Plan is now being updated. The NHS People Plan and ICS 10 people outcomes are key drivers for the development of this refreshed strategy.



Nationally there was acknowledgement at the inception of ICBs that clinical and care professional leadership (CCPL) will be critical to success[3] and our local CCPL Framework was developed in preparation. The framework sets out the work so far for a new way of doing multidisciplinary engagement and leadership through a clinical forum function and clinical executive group. The framework will be refreshed to ensure it meets the needs of staff, avoids duplication and builds on the work being done already in constituent organisations.

It is fundamental to have a framework to guide us as we change our thinking, ways of working, and collaboration across the system. The part of the framework that will describe how we do this together is called our Philosophy of Care; this will bring staff voices together to aspire to work as one Coventry and Warwickshire team. Other elements focus on how we share learning, improve quality and safety, network, communicate and develop leadership.

What will change in our ways of working?

We want to see an ICS workforce that is aligned to and effectively enables the delivery of our system aims and priorities. This includes:

- people feeling looked after, supported and developed to enable new ways of working to improve services, and a culture of shared learning and collaboration
- an expansion of the substantive workforce, where required to meet service needs, focussing on the local population, increasing uptake of health and care careers and retaining colleagues for longer

[3] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0664-ics-clinical-and-care-professional-leadership.pdf

- frequent and open system-wide clinical interaction being embedded and supported by a strong clinical and care network in which all ICS members are included.

What actions are we prioritising?

The priorities in our People Plan are:

- **attracting and recruiting** more staff and ensuring bias is removed from our processes, including launching our employability programme
- **people development** and in particular the transformation of nurse education to ensure we can meet the requirement to expand the numbers of places and increase other routes into nursing. This priority also covers all other professions in particular AHP, medical, public health, social care and scientific roles. There is an important link with our widening participation priorities
- **leadership capability building**, through system wide approaches to development and talent management, giving increased opportunity to ICS members
- **inclusion and diversity** – ensuring that our recruitment approach is equitable, diverse and inclusive and raising the profile of our diversity and inclusion work to ensure we attract, retain and improve the working experience of diverse groups
- **health and wellbeing** – continued focus on provision of support for our people to ensure they feel supported, valued and able to provide great services to residents
- **planning and efficiency –** ensuring we clearly scope and plan workforce needs for the future, particularly with key system transformation programmes.

We will work with Anchor Alliance partners to improve employability for the Coventry and Warwickshire population and improve access to training, education and employment for our most vulnerable residents, working with local university partners to develop education pathways for our future workforce.

We also plan to undertake wide engagement to secure clinical and professional buy-in for integrated working and development of strong governance and networks to connect clinical and care professional leaders and ensure their voice and influence within the system.

Strategic Enablers

A number of key enablers have been identified to facilitate delivery of our vision and the priorities within our Integrated Care Strategy. These are all areas where we think we can have a real impact on health and wellbeing outcomes by working together on a system-wide basis.

Finance

How we manage and use our resource collectively as an Integrated Care System is key to the achievement of our aims and ambitions. If we are to progress our priorities around prioritising prevention, improving access and tackling immediate system pressures, we will need to make difficult decisions about shifting resource. If we are serious about tackling health inequalities, where and how we spend resource will need to change.

We will be working with system partners to develop an integrated finance strategy which will provide the outline framework for more detailed policies and processes to deliver and embed:

- a culture of financial stewardship, including our approach to investment and disinvestment decisions
- a continuous improvement approach to financial sustainability, incorporating the Healthcare Financial Management Association sustainability checklist and framework, core financial controls and a programme of value-based reviews
- a robust approach to integrated financial planning and reporting, linked to workforce, demand and capacity, and quality
- an innovative approach to financial transformation: supporting productivity maximisation, providing professional advice services for business case appraisal and benefits realisation, developing forecasting and modelling capacity and streamlining back-office processes
- system financial expertise: developing the system finance workforce through education and training, peer to peer reviews and cross system finance staff development supported by participation with Future Focused Finance and One NHS Finance programmes.

Where appropriate and following suitable due diligence, decision-making responsibility may be delegated to a more local level, but with the same approach to delivering and demonstrating sustainability and value.

We will continue to develop integrated working arrangements with system partners, where this allows better cross boundary working such as integrated budgets – and the delegation of functions into places, supporting the principle of subsidiarity and facilitating integration. For example, using Section 75 arrangements to manage or support pooled budgets across the NHS and local authorities.

Our finance strategy will have good regard to the four core aims of the ICS:

- improving outcomes in population health and health care; our value approach to investment and disinvestment will explicitly link resources to expected outcomes.
- tackling inequalities in outcomes, experience and access; we will work to develop a place-based allocation methodology which reflects the needs of the populations served.
- enhancing productivity and value for money; our approach to sustainability and efficiency will seek to ensure our limited resources are consumed to best effect.
- helping the NHS to support broader social and economic development; we will look to work across traditional health boundaries, developing joint working arrangements with local authority partners and VSCE organisations to support our communities leading health lives.

Digital, Data and Technology and Population Health Management capability

Integrated digital, data and technology is a key enabler to proactive, seamless and person-centric care, and to the collective stewardship of public funding for health and care to meet the needs of the population. It is crucial to facilitating evidence-led decision-making in the commissioning, planning, design and delivery of care, with insights from data used to improve quality, efficiency, population health outcomes and to tackle health inequalities.

Our Digital Transformation Strategy sets out an ambitious plan for digital integration aligned to the national 'What Good Looks Like' framework. We also have a Population Health Management (PHM) Roadmap, which sets out how we plan to spread, scale and sustain core PHM capabilities – around infrastructure, intelligence, interventions and incentives - across all levels of our system.

Digital Transformation is using digital, data and technology to reimagine health and care delivery to improve our population's wellness. To achieve this, we need to ensure this thinking is central to our decision making, transformation, resourcing and partnerships, and promote the continued development of our leadership, organisational cultures, people and processes to embrace the benefits of the digital age.

Key areas of integration activity include:

- **improving care**: we are using new technology and innovative digital solutions to enhance services for patients and citizens through consistent digital front door and virtual health and care capabilities. This will facilitate more joined up and personalised care, and improve access and self-support. The expansion of digitally transformed care includes measures to ensure standards for safe care are maintained
- **digital literacy**: work to ensure that health and care services suit all literacy and digital inclusion needs, whilst working collaboratively across integrated care partners to build digital literacy that enables access to health and care services digitally where appropriate
- **integrated records**: we are building on our electronic patient care records initiatives, shared care record and platforms and services that support research and innovation across health and care providers in Coventry and Warwickshire

- **Population Health Management infrastructure**: implementation of a local PHM digital platform which will provide a near real-time linked dataset across all Coventry and Warwickshire ICS data systems and analytical tooling, enabling more targeted and proactive care to meet population health needs and address unwarranted variations in outcomes and experience
- **supporting our people**: we are working to ensure our workforce is digitally literate and equipped to work optimally with digital workforce tools
- **digital and data infrastructure**: working together to create digital, data and infrastructure operating environments that are reliable, modern, secure, sustainable and resilient. This includes ensuring robust digital assurance including information governance, cyber and clinical safety.

Public estates space and facilities

We will work together as partners to ensure our collective estate is managed most effectively to support and enable more joined-up, easier to access care, support the aims and priorities of the system and ensure better, safer care for patients.

The ICS has developed an Estates Strategy which sets out how we will work together to do this. It presents the collective work undertaken at provider, commissioner, and local authority place level both individually and in partnership with one another to improve the quality and outcomes derived from the public estate. The strategy is iterative to reflect subsequent funding requirements and priorities of an ever-evolving estate which looks to shift care closer to where it is needed and most suitably delivered aligning to many of our ICS priorities. Our Estates Strategy sits within the wider context of national priorities including; Carter Report, NHS Long Term Plan, Net-Zero NHS, Place-Based Systems of Care, One Public Estate, and the Naylor Review.

Our key areas of focus to deliver the priorities of the Estates Strategy are:

- **capital planning and prioritisation**: we will continue to review, update, and evolve our process to prioritise our major capital schemes; develop a process for the management of business-as-usual schemes; review any alternative funding opportunities available to the system; monitor the outputs of Section 106 & Community Infrastructure Levy; and look to interface with the digital workstream to explore how we can advance our digital capabilities
- **greener delivery aligned to the ICS Green Plan**: we will focus on areas such as creating a multi-purpose, biodiverse estate with greenspaces utilized for our local population, staff, and visitors; transitioning to low/zero carbon solutions for the provision of energy services; improving local air quality and reducing carbon emissions from travelling sustainably; and partnership working to improve efficiency and eliminate carbon
- **disposals and void management**: develop, monitor, and keep under review our Strategic Disposals Tracker; review our system void space to identify potential projects that could support better utilisation of space; work in conjunction with the capital workstream to monitor schemes, projects, and programmes where opportunity exists to release surplus

land; develop greater partnership and collaborative working with our local authorities to explore opportunities to identify projects to reduce voids; explore alternative ways of delivering our clinical services, including the use of digitization; and explore opportunities to develop agile working across our system

- **effective asset management**: work in conjunction with the disposal and void workstream to drive the reduction of void space; develop a systemwide approach to ERIC data recording, analysis, metrification, and reporting; commit to developing our SHAPE atlas in order to create a single repository for our estates data; and generate a better understanding of backlog maintenance liabilities and continuous management and reduction.

Our key aims are:

- working towards all Trusts operating with a maximum of 35% non-clinical space and 2.5% unoccupied space with alignment to Trust Premises Assurance Models
- the NHS Carbon Footprint for the emissions under direct control, net zero by 2040
- the NHS Carbon Footprint 'Plus' for the emissions under influence, net zero by 2045.

Performance and Assurance

Service performance has been impacted significantly over the past two years following the global pandemic, including needing to wait longer to access services and the change in complexity resulting from this. Focusing on performance as a whole across all organisations within the system will be a key enabler for the effective delivery of our Integrated Care System priorities. Integrated performance management and monitoring is essential to enable transformation of services and evidence-based interventions that will improve outcomes across all focus areas

There remains the need to respond to the requirements of the NHS Long Term Plan and the annual NHS Operational Plan and we need to understand the current position with regards to how organisations in our system are performing, the areas of challenge, actions in place to address these and to be assured that health outcomes are improving.

The National System Oversight Framework aims to achieve and promote delivery of the metrics under the 5 domains, including:

- quality of care, access and outcomes
- preventing ill health and reducing inequalities
- leadership and capability
- finance and use of resources
- people.

The Framework encompasses the aims of the Operational Plan within these domains. There is now a national dashboard, that shows current performance and ranking information to enable benchmarking. A local dashboard is being developed to support this and to provide supplementary

background information. This will help to drive the programmes of work that are needed to improve performance within agreed timescales and through co-designed action plans.

Meeting the needs of the population and population health is key to performance management and links closely with the Joint Strategic Needs Assessment and also the Health Inequalities Strategy.

Key areas of activity include:

- develop a single oversight framework for the system, that:
    - includes high quality and up-to-date information from all organisations, to improve healthcare and population health and to tackle inequalities in outcomes, experience and access.
    - includes broader health metrics, with a focus on outcome measures to transform and improve population health
    - is open and transparent to enable joint ownership of issues, mutual accountability and collaborative working.
- ensure a robust monitoring and tracking system for performance, that:
    - enables early detection of challenged areas, monitoring of progress and understanding of impact to reduce variation and inequalities across the system
    - includes granular information to ensure that inequalities are able to be highlighted down to small geographic locations across the system, to support in service provision and targeting interventions.
- embed a mature assurance process rooted in principles of mutual accountability and equal partnership to collaboratively tackle challenged areas and achieve the ICS aims
- increase partnership working, including on effective performance improvement strategies, with routes to share good practice within the system.

Quality

Our system needs to be quality focused with a systemic oversight of quality for the population we serve, using a whole pathway approach to future proof prevention, selfcare, direct care and bedded care.

Key areas of activity include:

- establishing a Quality Governance Framework which operates across the whole system, as the quality outcome of our provision is essential to understand and provide a base to improve from. This will be in line with the National Quality Boards (NQB) guidance and escalation levels
- embedding the new Patient Safety Strategy to ensure the move from serious incident management to the Patient Safety Incident Response Framework (PSIRF) and establish safe systems, structures and an escalation framework within which to operate across the whole system. The use of the DATIX incident reporting system where possible will be important to enhance system learning

- further strengthening the established safeguarding partnerships, by focussing on system wide working on safer communities and harder to reach communities
- triangulating quality improvement by establishing an approach which focuses on prevention, health inequalities and a reduction in unwarranted variation. This includes developing an approach that triangulates the wider determinants of health with quality, safety and effectiveness of services
- delivering the system Quality Strategy, ensuring involvement from broader health partners and developing empowered communities
- establishing a System Quality Group to work collaboratively across the system on continuous improvement, supporting system learning and development.

Transformation and Innovation

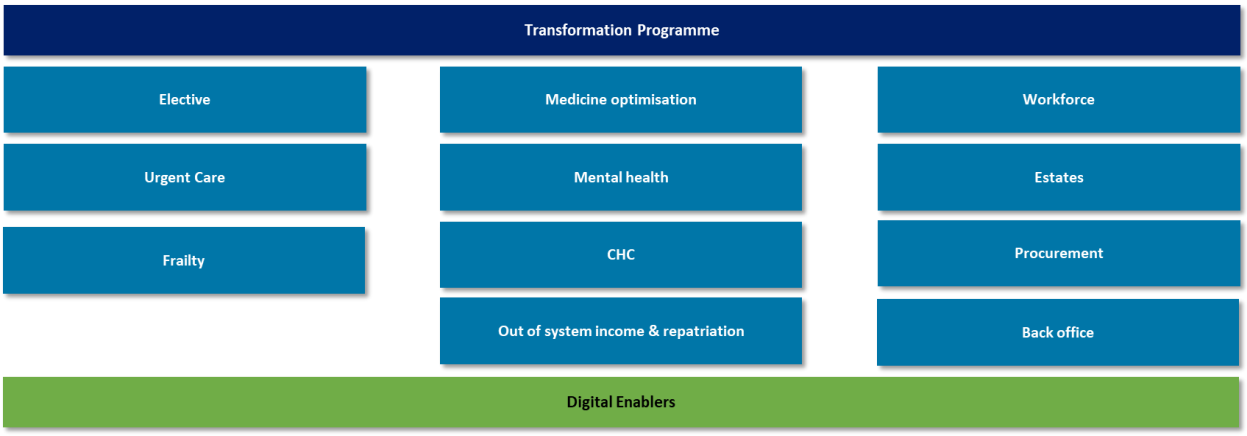
Following the Covid-19 pandemic, the recovery and sustainability of services is critical for our population. The innovations prompted by Covid-19 show the potential for us to revolutionise and transform service delivery and there are huge opportunities for collaboration, enhanced integration and transformation in our system.

Our ongoing approach to transformation will play a key role in determining the extent to which we are able to meet our ICS aims and deliver on our priorities. Transformation will also be a significant determinant of how we innovate to support service recovery and help shift care to better and more efficient, sustainable models.

We have developed a Transformation Programme which will drive system-wide innovation to support clinical, operational, performance, and financial recovery. This Transformation Programme is part of the ICS' six-point Financial Strategy and identifies a number of clinical and enabler work-streams that will:

- transform health and care services for the population of Coventry and Warwickshire to improve health outcomes and meet the needs of our population
- evidence how the ICS will deliver its health and care aims and priorities
- drive high quality and safe service delivery
- drive improved productivity and ensure the delivery of services that are efficient, affordable, convenient and offer high value.

Our key focus areas of activity are:



Whilst our system Transformation Programme will deliver the changes that we need to improve patient care in the long-term and develop new service models that better meet the future needs of our patients and communities, we also need to keep driving localised continuous improvement on a daily basis to ensure our patients receive the right care, in the right place, at the right time. To achieve this, staff engagement and clinical and care leadership are key components to our transformation approach as are the continuous improvement methodologies adopted across the system.

Our approach to innovation embraces research and the use of practice-based evidence, in assessing and identifying need and improving our understanding of how such need can be effectively met. Similarly, the adoption and spread of proven innovation, working closely with research, innovation and academic partners, supports us to drive transformation and best practice at scale and pace.

Impact

Our strategy sets out bold ambitions for our Integrated Care System and the difference we can make by working together and leveraging the benefits of the new legislative framework for health and care. We expect it to underpin everything we do as an Integrated Care System and to drive change in:

- how, as partners, we relate to each other and to our communities
- the way we use our resources
- the design and delivery of our services
- how we plan and make decisions.

Ultimately, we will see the impact of our strategy in improved population health outcomes, reduced health inequalities across Coventry and Warwickshire, and improved quality of health and care services for our population over the next five years and beyond.

If we are successful, people in Coventry and Warwickshire will:

- be supported to live a healthy, happy and fulfilled life, equipped with the knowledge and resources to prevent ill health and maintain their independence at home
- find it easier to access the health and care services they need wherever they live and will have more say over the services they receive and greater trust in their quality, effectiveness and safety; and
- receive appropriate and timely care when they need it, from skilled and valued staff.

This strategy is informed by existing strategies and will inform future strategies and delivery plans across and within Coventry and Warwickshire health and care system; including the Integrated Health and Care Delivery Plan which must be in place by end of June 2023. The plan will provide the operational detail about how the strategy's vision will be realised at an ICB level. We expect to see a clear delivery plan for achievement of the outcomes we have identified for each of our priorities.

For many of the areas of focus and enablers detailed in this strategy, there are existing or emerging strategies and plans which have their own governance mechanisms for delivery and monitoring. We will not create burdensome reporting mechanisms on top of these. However, we have developed a core set of high-level metrics for each of our priorities so that progress against intended outcomes can be properly monitored, with oversight through our Integrated Care Partnership and regular reporting to our Health and Wellbeing Boards. We will complement these impact measures with case studies that will bring to life the Strategy.

As we monitor our impact and hold ourselves to account for delivery of this strategy, we will also draw on stories and lived experiences from the people we serve, to understand where we are making a difference and where there is more to be done.

Measures of Impact

Our Ambitions: Measuring the Impact of the Integrated Care Strategy

Priorities

We will **reduce the gap in life expectancy** between people living in our most deprived communities compared with the least deprived by **5% in five years** – by 6.5 months for males, and 4.5 months for females in Coventry, and 5 months for males and 4 months for females in Warwickshire.

We will reduce the under 75 **mortality rate from all causes considered preventable** by **5% in five years**, with the aim of achieving the largest reductions in Coventry, Nuneaton and North Warwickshire.

We will increase the percentage of children achieving a **good level of development at the end of Reception** by 5 percentage points in both Coventry and Warwickshire by 2028, focusing particularly on children from **households with the lowest incomes**.

We will increase the uptake of **Personalised Care and Support Plans** (PCSPs) each year, with a focus on individuals experiencing **health inequalities**.

We will increase the **total number of appointments in general practice** by 7.5% by 2028, with a focus on practices in the most deprived areas.

By 2024 we will co-produce a Framework for what **good engagement looks like** with our local population. We will also co-produce a system wide **engagement metric** to understand the current sentiment of our local communities towards health and care, and this metric will show an increase year on year in positive sentiment. By **2026 the Framework will be in use at both ICB and Collaborative level**, with 100% of significant service change decisions made under the Framework to put people at the heart of everything we do.

We will meet the faster diagnosis standard by March 2024 so that **75% of patients** who have been urgently referred by their GP for **suspected cancer are diagnosed or ruled out within 28 days**. We will then continue to meet any further national targets set over the next five years.

We will aim to achieve **top two quartile performance** nationally each year for the proportion of older people (65 and over) who are **still at home** 91 days after discharge from hospital into reablement/rehabilitation services.

We will **reduce staff vacancies** in NHS provider trusts workforce by **30%** by 2028.

Our Ambitions: Measuring the Impact of the Integrated Care Strategy

Enablers

By 2024, **75% of the adult population** of Coventry and Warwickshire will have **downloaded the NHS App**.

We will **reduce the energy consumption of our NHS Trust estates** by 4-5% every year through to 2028.

By September 2023 we will have a jointly agreed **3 year financial recovery plan**, showing a route to recurrent balance. By March 2024, we will have agreed a **framework and roadmap** for delegated financial responsibility and allocations to Place. This will include an approach to increasing the proportion of our system spend on preventative and out of hospital care.

By 2024, we will develop a c**omprehensive assurance and performance framework for the Integrated Care System**, available at varying geographic levels with mutual accountability by organisation, underpinned by a single dashboard that will map and monitor all the different plans and strategies.

We will develop a **comprehensive quality framework for our Integrated Care System** by 2025, that demonstrates a shared system ambition and commitment to quality. Grounded on the principle of subsidiarity, this will be population focused, embracing co-production and collaboration, with a focus on equality, diversity, inclusion and shared decision making.

Our Transformation Programme will enable implementation of the ICSs six-point Financial Strategy, through **demonstrable improvement in the effective use of resources** that is informed by clinical and care professionals.

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date 26th July 2023**

From: Allison Duggal, Director of Public Health and Wellbeing

Title: Drugs and Alcohol Strategy

1 Purpose

To present our local response to the National Drugs Strategy "From Harm to Hope" including the:

- Background and connections with West Midlands Combatting Drugs and Alcohol Partnership
- How the Strategy was developed
- Final Draft of the Coventry Drug and Alcohol Strategy

2 Recommendations

Health and Wellbeing Board is asked to:

1. Note the steps taken in the development of the strategy, in particular the level of engagement that has taken part with partners and stakeholders across the system at all stages of strategy development
2. Continue to support attendance at the Coventry Drugs and Alcohol Partnership Steering Group from all identified partners.
3. Agree and sign off Coventry Drug and Alcohol Strategy 2023-2033

3 Background Information

3.1 National substance misuse strategy

The government's new 10-year drug strategy 'From Harm to Hope' sets out an ambition to address substance misuse by:

- breaking drug supply chains
- delivering a world-class treatment and recovery system
- and achieving a generational shift in demand for drugs.

The strategy is based on the findings of the independent review of drug misuse carried out by Dame Carol Black. While the strategy has been developed in response to drug misuse it is intended that it covers broader substance misuse including alcohol.

3.2 Successful delivery of the national strategy relies on co-ordinated action across a range of local partners including in enforcement, treatment, recovery, and prevention.

3.3 A National Combating Drugs Outcomes Framework has been developed. This provides a single mechanism for monitoring progress across central government and in local areas towards delivery of the commitments and ambitions of the drugs strategy.

4 Governance and Accountability

4.1 West Midlands Combatting Drugs and Alcohol Partnership (WMCDAP)

HM Government guidance for local delivery partners (Drugs strategy guidance for local delivery partners - GOV.UK (www.gov.uk) set out the requirements for local partnerships. Local areas were asked to:

- form a clearly defined partnership structure based on a geographical extent that is logical to local residents and consistent with existing relevant arrangements
- select a Senior Responsible Owner (SRO) who can represent the partnership nationally, reporting to central government regarding its performance, and who can offer challenge and support to local partners to drive improvement and unblock issues when necessary
- involve all those people and organisations affected by drugs in developing joint solutions to these issues

For the West Midlands Metropolitan area it was agreed that the SRO would be the Police and Crime Commissioner as this would support strong engagement of the police and criminal justice partners in delivery of the strategy, as well as joined up working across the area. The role of the SRO is as the key local "system integrator" responsible for ensuring the right local partners come together, building strong collective engagement, and designing a shared local plan to deliver against the National Combating Drugs Outcomes Framework.

WMCDAP has representation from all 7 local authorities, for Coventry this is Allison Duggal (Director of Public Health and Wellbeing) and Rachel Chapman (Consultant in Public Health). A high-level needs assessment for the West Midlands has been completed and a strategy is being developed.

4.2 Coventry Drugs and Alcohol Partnership Steering Group

As part of the West Midlands arrangements each local authority will also have a multi-agency locality sub-group which will develop a local drug and alcohol strategy, a delivery/commissioning plan, and a local outcomes framework, to ensure the needs of the local population are met. In Coventry we have set up the Coventry Drugs and Alcohol Partnership Steering Group with membership from:

- Coventry City Council (Public Health, Adult Social Care, Children's Services, Community Safety, Education, Safeguarding, Housing)
- Police (local NPU and PCC)
- DWP
- Criminal Justice system
- Providers
- CWPT NHS Trust
- Coventry and Warwickshire ICB
- Universities (Coventry and Warwick)

- UHCW NHS Trust

The Partnership Steering Group is chaired by Allison Duggal (Director of Public Health) and will report into and be accountable to the Coventry Health and Wellbeing Board. The group will also report to the Police and Crime Board. Substance misuse impacts on many other priority areas of work in Coventry including domestic abuse, sexual violence, serious violence, homelessness, mental health etc. Links with relevant strategic groups and boards will continue to be built and strengthened and has been considered as workstreams and subgroups are identified.

5. **Development of Coventry's Drug and Alcohol Strategy**

5.1 Summary of the steps taken to develop the strategy:

- **Local Needs Assessment** - The local needs assessment has had a particular focus on prevention, harm reduction, treatment and recovery as these are the areas that we have the most influence over and commission services for. The draft summary of the needs assessment is attached as ***Appendix 1***
- **Governance** – Governance structures were agreed and connections with West Midlands Combating Drugs Partnership documented.
- **Local Partnership Steering Group** – Steering Group was formed and ToR and membership across the system agreed
- **Initial focus Groups** – Steering group members were invited to attend focus group sessions under each of the 6 outcome areas:
    - Reduce crime
    - Reduce supply
    - Reduce use
    - Reduce Harm and Death
    - Increase engagement in treatment
    - Improve long-term recovery

  The purpose of the meetings was to understand the relevant recommendations from the needs assessment, share how each members role relates to the strategy aims and agree local priorities under each of the outcome areas
- **Agree Local Priorities** – feedback from the initial focus groups was collated and shared back with the Partnership Steering Group to confirm and agree our local priority actions.
- **Policy Forum** – Local priorities and actions presented at Coventry City Council Policy Forum – feedback was gathered and reflected in the strategy.
- **Scrutiny Committee** – In March 2023 Local priorities and actions were taken to Scrutiny Coordination Committee for consultation and feedback
- **Draft Strategy** – shared with all partners and members of the Partnership Steering Group in June 2023 for comments and feedback which have now been reflected in the Final Draft 'Coventry Drug and Alcohol Strategy' and is attached as ***Appendix 2.***
- **Year 1 Action Plan** – this has been developed to support delivery of the Strategy and to help to prioritise workload and workstreams and is attached as ***Appendix 3***

- **Consultation and engagement with the Partnership** – consultation with and feedback from the partnership steering group has taken place at each stage of the development of the strategy
- **Public and service user engagement** - A full stakeholder engagement took place as part of the local needs assessment. Both group discussions and 'one to one' interviews with staff across the key service areas were conducted.

  In addition to this, several service user focus groups and interviews also took place. This included engaging with those currently in drug and alcohol treatment and those that are not currently accessing support.

Report Author:

Name and Job Title:
Amander Allen, Programme Manager, Drugs and Alcohol

Directorate: Public Health, People directorate

E-mail: amander.allen@coventry.gov.uk
Enquiries should be directed to the above person.

COVENTRY

COVENTRY SUBSTANCE MISUSE NEEDS ASSESSMENT

V4.2

1.3 - THE PICTURE IN COVENTRY

SUMMARY

Coventry is a growing city, with the population expected to increase by 11% (to 419,366) by 2030. Births and international migration are driving the growth in the population. The presence of two universities, Coventry and Warwick, is another major reason for the city's increased population, particularly among younger adults.

To reduce the demand for specialist drug and alcohol services and the harms associated with drug and alcohol misuse, **there needs to be a greater focus on preventing people from misusing drugs and alcohol.** Preventing drug misuse is more cost-effective and socially desirable than dealing with the consequences of misuse.`[1] Prevention work should include a focus on addressing recreational drug use.

Mapping prevention services and initiatives in Coventry against United Nations Office on Drugs and Crime prevention standards shows that some life course stages may require more interventions. **More prevention services that focus on middle childhood and early adolescence should be considered**. Within the existing prevention delivery, there are opportunities for some standardisation of approaches across all partners, including schools, who must deliver drug and alcohol education as part of their approach to Relationships, health, and Sexual Education.

Coventry has significant pockets of deprivation, with nearly 19% of Coventry neighbourhoods in England's 10% most deprived neighbourhoods. Deprived areas are more likely to have greater proportions of black and minority ethnic groups and are more likely to suffer from health inequalities. In Coventry, areas such as Foleshill, one of the most deprived neighbourhoods, had an estimated 69% non-White British population.

Additional factors to consider in devising an approach to addressing drug and alcohol needs in deprived areas include higher rates of abstinence and lower drinking levels among minority ethnic groups compared to people from white backgrounds. Abstinence is high amongst South Asians, particularly those from Pakistani, Bangladeshi and Muslim backgrounds. But Pakistani and Muslim men who drink do so more heavily than other non-white minority ethnic and religious groups.[2]

15% of those in treatment during 2021-22 were from a Black or minority ethnic group, lower than the proportion in Coventry (26% - 2011 census data). **Further work should be considered to ensure services are culturally specific and appropriate**. Resources compiled by the Office for Health Inequalities and Disparities may be able to guide this work. **Place-based approaches, described in the Health and Wellbeing Strategy,[3] to drug and alcohol needs should also be considered.**

Parental problem drug use can and does cause serious harm to children at every age, from conception to adulthood. [4] Within Coventry, there were 327 parents in treatment out of a projected number of 3780 (9%). Analysis of hidden harm showed opportunities to develop the response in Coventry. Compared to the Nearest Neighbours, **the number of parents in treatment as a rate of the projected number of children affected by parental alcohol/substance misuse is low.** In addition, the number of parents entering treatment has decreased. The response to hidden harm in Coventry should be informed by existing government guidance on the issue.

[1] DHSC, (2021), Review of drugs part two: prevention, treatment, and recovery

[2] JRF, (2010), Ethnicity and alcohol: a review of the UK literature

[3] Covenry City Counci, (2019), Health and Wellbeing Strategy

[4] X,(2011), Hidden Harm – Responding to the needs of children of problem drug users

In Coventry, there is a disproportionate amount of harm caused by alcohol use. Alcohol-related mortality and hospital admission rates are higher than the national average and amongst its Nearest Neighbours. Despite a decrease in admissions between 2020-21 and 2019-20, alcohol-related hospital admission rates are still high among males and females. There is work to be completed on identifying those with an alcohol need earlier to try and reduce hospital admissions and deaths.

Analysis of unmet need information indicates the work to be done to encourage those with an alcohol need to seek help. Data on unmet needs shows that only 13% of those with a dependent alcohol problem are accessing treatment services, a much lower figure than the England average of 20%.

Over the past year, there has been an increase in the proportion of alcohol users accessing services. The increase in engagement was partially attributed to the new methods of accessing services introduced during the COVID-19 pandemic (phone appointments and virtual access).

In Coventry, unmet needs analysis indicates good engagement with services from those using opiates. 53% of the estimated opiate-using population are accessing treatment services which is the same as the England average.

Coventry has a low age-standardised mortality rate for deaths related to drug poisoning (2019-21) compared to its Nearest Neighbours. There has been an 83% decrease in drug-related deaths related to drug poisoning in Coventry between 2021 and 2020. The decrease is against national trends (+5%) and that of the Nearest Neighbours (+11%). Deaths relating to drug misuse have also reduced from 24 in 2020 to 14 in 2021.

Regarding drug-related hospital admissions, Coventry has lower-than-average rates than its Nearest Neighbours.

In 2021, only 13% of Coventry residents leaving prison in drug or alcohol treatment continued treatment in the community, lower than the national average of 37%. The reasons for low engagement rates following a stay in prison need to be understood. Feedback from those not engaging with services will be difficult to source but should be sought (one way may be speaking to those who return to prison).

There are good examples of joint working between services addressing drug and alcohol needs in Coventry. CGL, the specialist drug and alcohol service provider, have teams working with employment services, rough sleepers, police and probation, and a dual diagnosis worker who links in with patients in the Caludon Centre.

There are opportunities to develop partnership working approaches with services, such as mental health teams. Trauma and mental health needs can be drivers of addiction and require a joined-up approach. An indication of the cross-over between mental health needs and drug or alcohol needs is the 67% on the CGL caseload with an identified mental health need.

The ongoing Mental Health Transformation project will offer chances for more co-located working between mental health and drug and alcohol practitioners at mental health hubs. The development of the IAPT plus model should make accessing treatment easier for those with a drug or alcohol need.

There are opportunities to increase the knowledge regarding the remit of specialist drug and alcohol services. The pathway between Children's Social Care and specialist services was highlighted as one that could be improved. There are opportunities to increase the knowledge and confidence of practitioners across all services regarding identifying those with drug or alcohol needs and working with them. Practitioners across several services highlighted the difficulties they faced in getting individuals to admit a drug or alcohol need and then agreeing to a referral to specialist services. Feedback from those working in front-line services indicates there is still work to be done in identifying and engaging those with a drug or alcohol need.

Over the past four years, the number of new presentations to structured drug and alcohol treatment averaged 906 yearly. 2021-22 saw a decrease in those with opiate-only problems accessing treatment and an increase in alcohol-only clients.

75% of referrals to the specialist drug and alcohol provider are via self-referrals. The high proportion of self-referrals could indicate a need for other partners to be more proactive in referring individuals to the service and undertake more motivational work with individuals before making a referral.

In 2021-22, there were almost 1800 individuals in treatment, a similar figure to the previous year. Roughly two-thirds of those in treatment are male. Looking at the change in age structure over the previous four years, there has been a slight decrease in the 20-29 and the 30-39 age groups. This decrease has been offset by an increase in the 40-49 and 60+ age groups.

Coventry has higher re-presentation rates and lower successful completion rates than the national average and Nearest Neighbours. The rates may be partially attributable to the local approach to risk management with patients.

In Coventry, residential rehabilitation services are jointly commissioned between Coventry and Warwickshire. The uptake in rehabilitation has increased over the previous three years. However, more work still needs to be done to encourage more of those in treatment to choose rehabilitation services.

For those who want to achieve and stay in recovery, CGL offers a range of structured and unstructured group programmes and peer support. Outside of specialist services in Coventry, there appears to be more that can be offered to individuals who want to achieve and stay in recovery. In her review of drugs, Dame Carol Black highlights the need for thriving communities of recovery to be linked to every drug treatment system.

The police response to drugs and alcohol indicates that there may be an increasing need across Coventry. There have been increases in drug and alcohol-related offences over the past two years. These increases can be partially attributable to changes in how crimes are recorded, although this requires further exploration. Drug-related offences are up 44% when comparing the year to June 22 against the previous year. Alcohol-related offences are up 65% when comparing the year to June 22 against the previous year.

A more detailed analysis of drug and alcohol-related crimes shows differences between wards and which wards may be experiencing an emerging issue. For example, the Wainbody ward has seen a high increase in drug-related crimes. However, the crime rate is relatively low compared to the other wards. The links between crime and drug and alcohol need show the importance of the links between services and how services such as the Arrest Referral Service and the Divert initiative can link individuals with specialist services.

1.4 - KEY FINDINGS AND RECOMMENDATIONS

DESCRIPTION OF ICONS

Each recommendation includes additional information relating to the following:

- Whether it relates to children and young people or adults
- The area of the National Combatting Drugs Outcome Framework[5] that it sits under:
  - USE – Reducing Drug Use
  - CRIME – Reducing Drug-Related Crime
  - HARM – Reducing Drug-Related Harm
  - SUPPLY – Reducing Supply
  - TREATMENT – Increase Engagement in Treatment
  - RECOVERY – Improve Recovery Outcomes
- The table below describes how we have displayed information in this document.

This section describes whether the recommendation relates to Children and Young People or Adults. In the example below the recommendation relates to ADULTS.

This section describes which area of the NCDOF the recommendation relates to. In the example below the recommendation relates to REDUCING DRUG USE.

AREA		OUTCOME FRAMEWORK AREA					
C&YP	ADULT	USE	CRIME	HARM	SUPPLY	TREATMENT	RECOVERY
							

RECOMMENDATION NUMBER: #

TITLE: *Summary of the recommendation.*

	*Key finding relating to the recommendation.*
	*The impact of the key finding is on Coventry.*
	*A longer description of the recommendation.*

[5] HM Government, (2022), Guidance for local delivery partners

LIST OF RECOMMENDATIONS

NUMBER	TITLE
1	To take into account projected population changes and demographic differences at a geographical level when planning for future services.
2	To develop the approach to prevention for school-aged children.
3	To evaluate current diversionary activities for children and young people.
4	To improve responses to the physical health problems that impact those with drug and alcohol issues, using the hepatitis C elimination model as a good practice example.
5	To improve service effectiveness by improving data collection from needle exchange in Coventry.
6	To develop recovery options in line with national guidance and with input from those with lived or living experience of drug and alcohol addiction.
7	To review the local response to the 'hidden harms' caused by adverse childhood experiences, such as parents with a drug or alcohol issue.
8	To complete an evaluation on alcohol-related hospital admissions and discharges.
9	To further investigate drug-related deaths to develop strategies and approaches that reduce deaths.
10	To use the mental health transformation project to improve responses to the mental health needs of those with a drug or alcohol need.
11	To review the clinical treatment of opiate users in hospitals to identify improvements to the pathway.
12	To review the continuity of care between prison and community to ensure greater engagement in treatment services for those released from prison.
13	To review treatment services to explore the potential for expansion and collaborative working.
14	To develop a strategy to increase the use of tier 4 services in Coventry.
15	To develop an ongoing programme of engagement with communities to inform service development and delivery.
16	To investigate increases in drug and alcohol-related recorded crimes to inform future planning.
17	To develop joint working between Licensing and Trading Standards and the Partnership Board.
18	To develop the skills and knowledge of the wider workforce concerning drug and alcohol-related needs.
19	To develop the availability of accurate and robust data to inform and develop the drug and alcohol strategy.

COVENTRY

RECOMMENDATIONS

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 1

TITLE: To take into account projected population changes and demographic differences at a geographical level when planning for future services.

Increase in population numbers.

The population has increased by 13% since 2014 and is projected to increase by a further 11% by 2030.

An increase in the overall population will likely impact the demand for services.

Variances between wards.

There is a huge variance in demographics between wards, including age and deprivation. For example, 46% of the population in Bablake is over 45 compared to 12% in St Michael's.

The demographic profile of the wards will have a bearing on the prevalence of substance misuse.

In Coventry, approximately 20% of the population is under 16. The most recent (2018) survey on Smoking, Drinking, and Drug Use among Young People in England showed that the proportion of 11- to 15-year-olds in England who had taken any drug (excluding new psychoactive substances) in the last year was 14.5%. This was similar to the previous estimate in 2016 (15.2%).[6]

Approximately 35% are aged between 16 and 34. For the year ending March 2020, the prevalence of any drug use in the last year was highest amongst 16- to 19-year-olds and 20- to 24-year-olds (21.1% and 21%, respectively).[7]

Approximately 20% of the Coventry population are aged 55 and over. An estimated 1% of 60- to 74-year-olds had taken a drug in the last year.[8]

As a university city, it is worth noting for Coventry that full-time students (19.7%) were more likely than any other occupation group to have used any drug in the last year.[9]

Future planning should take into account the projected increase in the population and the needs at a ward-based level. The demographic (including age and deprivation) and need analysis in this needs assessment should be considered when deciding where resources should be located.

OHID have a national drive to help improve the responsiveness of services to diverse cultural needs. OHID have created some resources that can be used to improve the responsiveness of

[6] ONS, (2022), Drug misuse in England and Wales: year ending March 2020
[7] ONS, (2022), Drug misuse in England and Wales: year ending March 2020
[8] ONS, (2022), Drug misuse in England and Wales: year ending March 2020
[9] ONS, (2022), Drug misuse in England and Wales: year ending March 2020

	services. As described in the Health & Wellbeing Strategy, place-based responses should be considered.

OTHER KEY FINDINGS

	Minority ethnic groups account for a smaller percentage of those in the treatment system than the general population. Based on the latest data, 26% (2011 - potentially greater now) of the Coventry population are from a minority ethnic group. During 2021-22, 15% of those in treatment are from a minority ethnic group.
	The relationship between the city's diversity and treatment services' diversity is unclear. There are numerous factors to consider when drawing comparisons between the two populations, such as cultural views towards drugs and alcohol, abstention rates, and the availability of culturally appropriate services. Coventry has a high proportion of minority ethnic groups with traditionally higher rates of abstinence and lower drinking levels. Abstinence is high amongst South Asians, particularly those from Pakistani, Bangladeshi and Muslim backgrounds, compared to people from white backgrounds. [10] It should also be noted here that research has found that Pakistani and Muslim men who do drink do so more heavily than other non-white minority ethnic and religious groups. [11]

[10] JRF, (2010), Ethnicity and alcohol: a review of the UK literature

[11] JRF, (2010), Ethnicity and alcohol: a review of the UK literature

PREVENTION

RECOMMENDATIONS

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 2

TITLE: To develop the approach to prevention for school-aged children.

There is an opportunity to develop the approach to school-age prevention activity.

Under the statutory guidance for Relationships, Sex and Health Education (RSHE), schools have a requirement to provide teaching about tobacco, alcohol, prescription drugs and illicit drugs.

In Coventry, as in most other areas, each school has developed its approach to Relationships, Health and Sexual Education (RHSE).

The international experience with prevention shows that support for front-line workers and evaluation of outcomes are critical for success. The Dame Carol Black Review highlights the need for high-quality teacher training programmes to deliver the new drug prevention curriculum.

The school survey highlighted several areas where schools may benefit from assistance with drug and alcohol-related needs. Areas highlighted included better support for families, training for staff, and difficulties in getting parents to engage with specialist services.

It is difficult to measure the current impact of RHSE education in schools concerning drug and alcohol awareness. In addition, there is a knowledge gap about how prevention is approached in schools.

Without a robust evaluation, it is not possible to say whether this key component of the prevention approach in Coventry is having the desired effect on reducing the harm caused by drug and alcohol use among children and young people.

Engagement work should be completed with key stakeholders to develop the approach to prevention in Coventry. The engagement exercise should cover schools' current approach to prevention across all age groups.

The engagement exercise should gather information on what assistance schools require concerning the drug and alcohol aspects of the RHSE curriculum. It should be a goal to have a consistent approach to RHSE across Coventry that can be evaluated regularly.

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 3

TITLE: To evaluate current diversionary activities for children and young people.

	Evidence shows that the same factors that increase childhood risk for drug use also increase the risk of alcohol and tobacco use, poor academic performance, mental health problems, and harm to self and others. Positive activities for young people outside of school hours are important.[12]
	Several diversionary activities are being funded in Coventry, allowing children and young people to participate in interventions that may otherwise not be available. Coventry City Council has funded Ecotherapy and Boxing classes for children and young people. Funding these activities is important in ensuring that all community members have access to activities promoting health and wellbeing. The effectiveness of these activities is currently being evaluated.
	There should be a further evaluation of the effectiveness of diversionary activities in improving outcomes related to drug and alcohol use. The findings of the evaluation should feed into future planning activity.

KEY FINDINGS

	There is a potential gap in community services for early adolescents. Mapping existing prevention services shows a potential gap in community services for the middle childhood and early adolescence part of an individual's life course.
	There are challenges to measuring the coverage and effectiveness of the prevention approach within schools. This part of the prevention approach has the opportunity to get key messages to a large portion of the community.

[12] DHSC, (2021), Review of drugs part two: prevention, treatment, and recovery

HARM REDUCTION

RECOMMENDATIONS

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 4

TITLE: To improve responses to the physical health problems that impact those with drug and alcohol issues, using the hepatitis C elimination model as a good practice example.

	As part of NHS England and NHS Improvement's national programme to eliminate hepatitis C as a major public health threat, there has been an increased focus on identifying and treating hepatitis C in Coventry. Other key aspects of the hepatitis C elimination drive that improved outcomes for patients were hospital services in-reaching into CGL, a wider range of partners supporting the delivery of medications to patients, and the training of hepatitis C peer champions.
	CGL data shows that between Quarter 4 2020/21 and Quarter 3 2021/22, an average of 10.4 patients were newly identified as being hepatitis C positive.
	There should be greater joint working between healthcare services and specialist substance misuse services to improve individuals' physical health. There should be on the physical health conditions that are prevalent in those with a drug and alcohol need, such as respiratory diseases and blood borne viruses.

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 5

TITLE: To improve service effectiveness by improving data collection from needle exchange in Coventry.

	There are various harm reduction initiatives in Coventry. Initiatives in Coventry include Naloxone prescribing and needle exchanges. Approximately 20 pharmacies in Coventry offer needle exchange services. Needle exchanges are an example of an evidence-based harm reduction initiative highlighted in the Dame Carol Black Review. Details of those who use needle exchanges are not currently collected.
	Needle exchanges help stop the spread of infection from drug-related litter and sharing of injecting equipment. The needle and syringe exchange schemes help support the health and wellbeing of the whole community and provide those who inject substances with a confidential service and direct access to a health professional who can help them engage with treatment services to address their drug misuse.
	The collection of information from the needle should be collected. This will help address intelligence gaps, potential unmet needs, and help with future planning.

KEY FINDINGS

	Drug use can cause a range of health-related problems, including:[13] • mental health problems such as anxiety, depression, psychosis, personality disorder and suicide • lung damage • cardiovascular disease • blood-borne viruses • arthritis and immobility among injectors • poor vein health in injectors • liver damage from undiagnosed and untreated hepatitis C virus (HCV) • sexual risk-taking and associated sexually transmitted infections (STIs) • overdose and drug poisoning
	The wide range of health problems caused by drug use means that those experiencing drug-related harms may seek help from various health and care professionals, including acute medical, primary care and psychiatric services. Professionals must follow the Making Every Contact Count approach to support people in making positive changes to their physical and mental health and wellbeing.

[13] OHID, (2022), Misuse of illicit drugs and medicines: applying All Our Health

RECOVERY

RECOMMENDATIONS

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 6

TITLE: To develop recovery options in line with national guidance and with input from those with lived or living experience of drug and alcohol addiction.

	For those who want to achieve and stay in recovery, CGL offers a range of structured and unstructured group programmes and peer support. Outside of specialist services in Coventry, several other services are aimed at helping individuals recover from their addictive behaviours (e.g., The Bridge, Recovery Academy, and Mutual Aid groups). The first Annual Report by the UK's first Drug Recovery Champion stated: "The creation of a Recovery-Orientated System of Care (ROSC) offers the best chance of helping people move on from drug dependence. At its best, ROSC is built on person-centred services and supports multiple non-linear pathways to recovery".
	The responsibility to help individuals recover from drug and alcohol addiction sits across all partners of the Partnership Board. Currently, the approach to recovery in Coventry is somewhat fragmented, meaning that interventions are not maximising their potential to help individuals achieve and maintain recovery.
	The engagement exercise completed as part of this needs assessment included a number of groups that focussed on the theme of recovery. Some key points from the engagement were: • A 'recovery hub' where all organisations offering recovery interventions could have a presence would be beneficial. Linked to the idea of a recovery hub is the availability of clear information detailing what recovery services are available in Coventry. • More diversionary activities would be appreciated by those in recovery. • The idea of recovery means different things to different people. There needs to be a range of options.
	The engagement exercises highlighted that there are existing services offering recovery options to those recovering from addiction in Coventry. However, these services are fragmented and what they offer is not widely known.

	The practitioner survey highlighted some potential gaps in the recovery offering in Coventry. There are opportunities for more recovery projects that focus on the health and wellbeing of those in recovery.
	The results of the practitioner survey indicate that there is not a full spectrum of recovery options in Coventry. This may impact the success of individuals from minoritised groups in achieving their version of recovery.
	There are opportunities to develop recovery services in Coventry in line with upcoming guidance and best practice. For example, the forthcoming clinical guidance on alcohol use will include a section on recovery and ROSCs. The recommendations and guidelines included in the document should be reviewed and adapted in Coventry. The views of individuals with lived and living experiences of addiction should inform the development of services. The engagement exercise completed as part of this assessment showed that there were individuals and services willing to be part of the recovery agenda in Coventry. Any development of recovery services should ensure that interventions address the needs of those from minoritised groups.

HIDDEN HARM

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 7

TITLE: To review the local response to the 'hidden harms' caused by adverse childhood experiences, such as parents with a drug or alcohol issue.

	There is no joint protocol between Children's Social Care and specialist substance misuse services in Coventry.
	In Coventry, stronger governance structures regarding parental drug and alcohol use can help inform: • How alcohol and drug treatment services can be part of local safeguarding arrangements • Data and information-sharing arrangements • A focus on early help and prevention for families affected by parental alcohol and drug use • A clear process for reporting and dealing with safeguarding concerns • A commitment to joint training between substance misuse and social services • A commitment to information–sharing by practitioners • A commitment to helping services to evaluate their practice and share good practice
	Compared to the Nearest Neighbours, the number of parents in treatment as a rate of the projected number of children affected by parental alcohol/substance misuse is low. In addition, the number of parents entering treatment has decreased. The school survey highlighted the difficulties in engaging parents with services, with little or no consequences for lack of engagement.
	The analysis completed indicates a potential unmet need for identifying parents with drug or alcohol needs. There is also likely to be an unmet need relating to children negatively impacted by parental dependence on alcohol and drugs. Parents' dependence on alcohol and drug use can negatively impact children's physical and emotional wellbeing, development, and safety. The impacts on children include[14]: • physical maltreatment and neglect • poor physical and mental health • development of health-harming behaviours in later life, for example, using alcohol and drugs at an early age, which predicts more entrenched future use • poor school attendance due to inappropriate caring responsibilities • low educational attainment

[14] Safeguarding children affected by parental alcohol and drug use

	• involvement in anti-social or criminal behaviour It is expected that the same factors are present in Coventry.
	Data from Children's Social Care assessments were analysed. Alcohol misuse relating to the child is less common than alcohol misuse for the parent. Drug misuse relating to the child appears to be less of an issue than drug misuse for the parent.
	In Coventry, "Alcohol misuse: concerns about parent" was identified in almost one-fifth of children's social care assessments, a higher rate than comparable areas and the England average. The high proportion of those with alcohol concerns identifies a need. The high identification rates could also indicate that social care practitioners know the signs of alcohol abuse. However, the low rates of parents engaged in treatment (see above) could indicate that the pathway between children's social care and treatment services needs to be developed. The "Drug misuse: concerns about parent" data shows a similar picture (identified in 17.5% of children's social care assessments). Again, this relatively high rate could indicate that social care practitioners are aware of the signs of drug abuse but that the treatment pathway for those identified should be developed.
	Coventry's response to identifying 'hidden harm' and providing interventions to children and young people impacted by parental drug and alcohol use should be reviewed. More should be done to identify parents misusing drugs or alcohol and encourage them to engage with services. The review should include an investigation of the response of children's social care services to children and families impacted by drug and alcohol use.

THE WIDER HEALTH IMPACTS OF ALCOHOL

RECOMMENDATIONS

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 8

TITLE: To complete an evaluation on alcohol-related hospital admissions and discharges.

Coventry has high rates of hospital admission episodes for alcohol-related conditions, particularly CVD.

Looking specifically at rates for admission episodes for alcohol-related conditions, Coventry ranks as one of the highest areas when compared to the Nearest Neighbours.

Compared to the Nearest Neighbours, Coventry ranks in the top quartile for alcohol-related cardiovascular disease and mental and behavioural disorders due to the use of alcohol.

Whilst nationally and for the NN, the rate for admissions due to mental and behavioural disorders due to the use of alcohol has seen a decrease when comparing 2020-21 against the previous year, Coventry has seen a slight increase.

The rates for admission episodes for alcoholic liver disease are higher than the national average and the NN average. The longer-term trend shows that in 2018-19, the rate in Coventry was below the NN average; however, the rate in 2020-21 is now greater.

Hospital admissions related to alcohol use indicate opportunities to improve the response to prevention in Coventry. The high rates indicate that individuals are not being identified at an early enough point.

Alcohol-related hospital admissions also have a high-cost implication for all partners, including NHS Trusts.

Coventry has relatively high rates for alcohol-related mortality, however the rates for mortality related to alcoholic liver disease are similar to nearest neighbours. The reasons for this are not known.

To complete an evaluation on alcohol-related hospital admissions and discharges to understand more fully the reasons for admission and opportunities to reduce admissions.

The current focus on the partnership approach to drug and alcohol needs is an opportunity to refresh the aims of all partners regarding identifying opportunities to reduce alcohol-related harm and set appropriate strategic aims.

THE WIDER HEALTH IMPACTS OF DRUGS

RECOMMENDATIONS

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 9

TITLE: To further investigate drug-related deaths to develop strategies and approaches that reduce deaths.

	**A decrease in drug-related deaths.** Coventry has seen a decrease in drug-related deaths. This is against the trend exhibited Nationally and by the Nearest Neighbours. In addition, the rate per 100,000 population is low.
	Detailed analysis of the drug-related deaths in Coventry was not available. It is not possible to draw conclusions and recommendations from the currently available data.
	The reasons behind drug-related deaths in Coventry should be investigated in more detail to increase knowledge of the drivers behind mortality and inform future planning activity.

SERVICE PROVISION - MENTAL HEALTH

RECOMMENDATIONS

AREA		OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 10

TITLE: To use the mental health transformation project to improve responses to the mental health needs of those with a drug or alcohol need.

	There are opportunities for better joint working between mental health and specialist substance misuse teams regarding treating patients with dual mental health and drug or alcohol needs. Feedback from drug and alcohol practitioners was that patients could be discharged from mental health services if they were not stable in their use of drugs or alcohol. This was also a recurring theme in the Dual Diagnosis Operational group.
	There are strong links between substance misuse and poor mental health. For some people, taking drugs can lead to long-term mental health problems or people with a mental health diagnosis may use drugs to help cope with the symptoms.[15] Release from mental health services can mean that a patient's mental health and trauma needs are unmet, which can impact their use of drugs and alcohol. Drug and alcohol practitioners can work with patients with complex mental health and trauma needs without appropriate training.
	There are high mental health and trauma needs of those with a drug or alcohol dependence. Drug and alcohol practitioners highlighted that they see a high number of patients who have experienced significant traumatic events. This was sometimes given as a reason for using drugs and alcohol to risky/ dangerous levels.
	Trauma (physical, sexual or psychological) and mental ill-health are the drivers and accompaniment of much addiction. Patients who use drugs or alcohol as a coping strategy may require a joined-up approach between mental health and substance misuse practitioners. In Coventry, there were some examples of good joint working between specialist drug and alcohol services and the Caludon Centre.
	The mental health and emotional wellbeing needs of those with a drug or alcohol problem should be part of the mental health transformation work. Opportunities for closer joint working between mental health services and specialist drug and or alcohol services should be explored. Any recommendations in the NHS England/ DHSC Action Plan concerning the mental health care of individuals with drug or alcohol dependence should also be followed.

[15] Mental Health Foundation, Drugs and mental health

SERVICE PROVISION – ACUTE HEALTHCARE

RECOMMENDATIONS

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 11

TITLE: To review the clinical treatment of opiate users in hospitals to identify improvements to the pathway.

	People who use illicit opioids are more likely to be admitted to hospital than people of the same age in the general population. Many admissions end in a discharge against medical advice, associated with readmission and all-cause mortality. Opioid withdrawal contributes to premature discharge.[16]
	Local data on the management of opioid withdrawal was not available for this needs assessment. However, anecdotal examples were provided of individuals choosing not to seek healthcare interventions because they believed they would not have access to opiate treatment while in hospital.
	There should be a review of the opiate prescribing practices within acute care settings in Coventry. The review should include an investigation of current prescribing practices' impact on patients with opioid addiction.

KEY FINDINGS

	One of the Alcohol Care Team (ACT) aims is to facilitate integrated alcohol care between secondary, primary and community care providers.[17] One of the core service components of the ACT is the planning of safe discharge, including referrals to community services.
	Due to several reasons, those receiving a detox with the ACT do not always engage with community treatment services. This could be related to a delay in referrals being made, the patient choosing not to engage with services, and delays in the treatment service contacting the patient.
	The ACT is a five-day-a-week service. Other services (Optimal Alcohol Care Teams) run a seven-day-a-week service (e.g. in Sandwell and Birmingham).
	Data from the ACT team was not available for inclusion in this document.

[16] Harris, M., Holland, A., Lewer, D. et al. Barriers to management of opioid withdrawal in hospitals in England: a document analysis of hospital policies on the management of substance dependence. BMC Med 20, 151 (2022). https://doi.org/10.1186/s12916-022-02351-y

[17] PHE, (2019), Alcohol Care Teams: Core Service Descriptor

	Anecdotally, it was estimated that 60 to 70% of individuals seen by the ACT were not known to specialist drug and alcohol services.
	While anecdotal, this information illustrates the unmet (treatment) need of individuals drinking to dependent levels.

SERVICE PROVISION - PRISONS

RECOMMENDATIONS

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 12

TITLE: To review the continuity of care between prison and community to ensure greater engagement in treatment services for those released from prison.

	The continuity of care between prison and the community can be improved. Looking at all releases, only 16% of those continuing substance misuse treatment on release from prison attended their appointment at a community team within three weeks of release.
	In Coventry, low proportions of individuals continue with their drug or alcohol treatment after their release from prison. Lack of engagement with treatment services reduces the risks associated with drug use upon release from prison and is one of the tools to help drug users move away from the cycle of incarceration. Opiate and crack users drive nearly half of all acquisitive crimes and homicides.[18] Engaging with treatment services increases the likelihood that individuals will achieve and maintain recovery from their addictions.
	Several services work with individuals being released from prison. One example highlighted in this needs assessment is the NHS RECONNECT service which will commence in the West Midlands in the next 12 months. NHS RECONNECT services provide continuity of care to individuals with an identified health need between prison and the community.
	The RECONNECT service is one of the services available to individuals approaching release from prison to improve continuity of care. RECONNECT services aim to improve the wellbeing of people leaving prison, reduce inequalities and address health-related drivers of offending behaviours. Whilst not a clinical service, RECONNECT offers liaison, advocacy, signposting, and support to facilitate engagement with community-based health and support services.
	There should be a review of the pathways between prison and the community. The review should look at engaging the maximum number of those with a drug or alcohol need in treatment services upon release from prison. The review should address the difficulties of coordinating the responses of all services that work with offenders and former offenders. Feedback from those with lived experience should form part of the review to understand the barriers to treatment services for individuals leaving prison. The review should also consider the wider criminal justice pathway, including diversionary tools to reduce the number of individuals sent to prison and access to specific drug and alcohol provisions in courts.

[18] DCB

SERVICE PROVISION – TREATMENT SERVICES

RECOMMENDATIONS

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 13

TITLE: To review treatment services to explore the potential for expansion and collaborative working.

	There has been an increased demand for children and young person services. Positive Choices referrals have increased by 50% between 2020-21 and 2021-22. Feedback from practitioners highlighted the complex needs that those referred to Positive Choices have.
	The increase in the demand for Positive Choices has several impacts. Firstly, waiting times for interventions are increasing, meaning that vulnerable young people can have long periods without help with their needs. Secondly, the increase in demand places increasing pressure on staff members, whose caseloads have increased and are now at maximum capacity.
	Several issues relating to the specialist drug and alcohol workforce were raised as part of the practitioner engagement. Nationally, it has been recognised that the drug treatment and recovery workforce has deteriorated significantly in "quantity, quality and morale" in recent years.[19]
	Practitioners from specialist services fed back that they are working with large caseloads of individuals, impacting the quality of interventions they can provide. Other areas of concern, such as a lack of experience working with individuals suffering from addiction and staff pay levels, were also raised.
	To review and explore the potential for expanding young people and adult services. The review should include the service model, collaborative working opportunities, and referral pathways into the service. The review should cover the accessibility and availability of services to ensure they are available to all sections of the community. The review should also listen to the views of the specialist drug and alcohol workforce regarding service development and consider any workforce development guidance that emerges from the Government's ten-year Drug Plan.

[19] DCB

SERVICE PROVISION – TIER FOUR SERVICES

RECOMMENDATIONS

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 14

TITLE: To develop a strategy to increase the use of tier 4 services in Coventry.

	**More individuals should be using tier 4 services.** Nationally, there is a target for all local authorities to have 2% of their treatment population complete rehabilitation by 2025. This is the equivalent of c.40 individuals. In 2020-21, 18 individuals successfully completed rehabilitation.
	In Coventry, practitioners believed that there were some challenges associated with getting individuals to apply for residential rehabilitation places.
	A plan should be developed that aims to increase the use of tier 4 services. The plan should include a review of the pathway into residential rehabilitation to ensure that the numbers entering rehabilitation are maximised.

STAKEHOLDER ENGAGEMENT

RECOMMENDATION

AREA		OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 15

TITLE: To develop an ongoing programme of engagement with communities to inform service development and delivery.

	As part of this needs assessment, a survey was run asking for the views of the wider population of Coventry on alcohol and drug-related topics. The survey received a low response rate.
	Some technical issues on the Let's Talk Coventry consultation hub can partially explain the low response rate.
	A full stakeholder engagement was completed as part of this needs assessment. Comprehensive one-to-one interviews were completed with key stakeholders across Coventry. Focus groups were completed with staff from several key areas, including adult social care, health and wellbeing services, and treatment services. Surveys were completed with practitioners, the wider community, and specialist surveys for GPs and schools. Focus groups were completed with specialist drug and alcohol service users in Coventry, CGL and Positive Choices.
	The engagement provided the needs assessment with additional information that would not have been otherwise available through quantitative data sources. The findings from the engagement have been included throughout the document.
	The practitioner surveys allowed practitioners to provide their views on various areas. The results showed that there are areas where practitioners think needs are not being met.
	While the results are not a definitive guide to unmet needs, they provide a general guide to areas that may require further exploration. It may be worth considering building the re-running of the practitioner survey into the Partnership Board's activity to monitor the impact of any actions on front-line practitioners.
	This needs assessment included various engagement exercises. These have proved invaluable in providing information that was otherwise not collected. There is an opportunity to develop a programme of engagement that can inform the development of treatment and recovery services.

THE TREATMENT SYSTEM

KEY FINDINGS

Individuals in treatment achieve various positive outcomes with housing, health improvements, and harm reduction. The following information is based on an analysis of National Treatment Drug Monitoring System data relating to those starting treatment, those in treatment, and those completing treatment.

	YOUNG PEOPLE
	There has been a significant decrease in the number of Young People in-treatment.
	Commissioners and the service provider are aware of the reduction of young people in (tier 3) treatment. There has been a drive from the young person's service to provide earlier preventative interventions for all those on their caseloads. Positive Choices offer services across various risky behaviours, including drug and alcohol use. Most of the young people the service sees require preventative drug and alcohol interventions. Preventative work may have impacted the numbers requiring a structured treatment intervention.
	Across all substance type groups, the number and rate of new presentations who live with children under 18 decreased in 2021-22 compared to previous years.
	Reducing the number of individuals presenting to treatment services may reduce the number of children and young people falling into the 'hidden harm' cohort.
	The Youth Offending Service saw a decrease in its referrals to Positive Choices. This is despite drug offences being the most common offence type for community resolutions within the YOS.
	Feedback from YOS practitioners for the reduction in referrals was related to the following: • The young person not consenting to a referral. (Potentially due to a Positive Choices worker not being on-site in the YOS). • The substance misuse needs are a secondary need, e.g. a symptom of their mental health/ emotional wellbeing needs.
	PROPORTION IN-TREATMENT
	In Coventry, 13% of the expected alcohol-dependent adults were in treatment during 2021-22, lower than the 20% reported nationally. The estimated unmet need in Coventry has increased from 84% in 2020-21 to 87% in 2021-22.
	A high number of the alcohol-dependent population are not accessing treatment, which potentially means their risks are not being met. Having a lower rate than England would indicate that there are gaps in effective identification.
	In Coventry, 53% of the expected opiate users were in treatment during 2021-22, the same as the rate reported nationally. The estimated unmet need in Coventry has decreased from the 51% in 2018-19 and 2019-20.
	In Coventry, 61% of the expected crack users were in treatment during 2021-22, higher than the 42% reported nationally. The estimated unmet need in Coventry has decreased from 48% in 2018-19 to 39% in 2021-22.

	In Coventry, 54% of the expected opiates and/or crack users were in treatment during 2021-22, higher than the 46% reported nationally. The estimated unmet need in Coventry has decreased from the 50% in 2018-19 and 2019-20.
	The estimated unmet need figures should be used as a guide to inform treatment penetration. The figures should be used alongside other findings to inform how successfully individuals are being identified and engaged in treatment.
	NEW PRESENTATIONS
	The needs assessment included a detailed analysis of new presentations to treatment. For example, the largest source of referrals is from self, family and friends. In 2021-22, this group accounted for 75% of the total referrals and was similar to the previous years.
	DEMOGRAPHICS
	The needs assessment included a detailed analysis of the demographics of those in treatment. For example, 4-5% of new presentations in 2021-22 were recorded on NDTMS as gay/lesbian and bisexual. This rate is slightly higher than in previous years due mainly to a reduction in "not stated".
	IN TREATMENT
	The needs assessment included a detailed analysis of the demographics of those in treatment. For example, females accounted for 33% of those in treatment during 2021-22. This is up from 29% in 2018-19.
	SUCCESSFUL COMPLETIONS
	The needs assessment included a detailed analysis of the demographics of those in treatment. For example, excluding opiate users, successful completions as a proportion of all in treatment has decreased since 2018-19.
	The findings from the needs assessment are useful for forming part of the drug and alcohol-related evidence base in Coventry.

THE WIDER PICTURE – POLICE

RECOMMENDATIONS

AREA		OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 16

TITLE: To investigate increases in drug and alcohol-related recorded crimes to inform future planning.

	There have been increases in alcohol-related crimes. Based on the data provided for this Needs Assessment, for the 12 months to June 2022, a total of 4837 offences were recorded with an alcohol marker. There have been significant increases in three years' worth of police data. Incidents have increased from 2040 in 2020 to 4837 in 2022.
	The increase in alcohol-related crimes will impact a wide range of areas in Coventry, including residents' quality of life, demand for police resources, and treatment services. It is unknown if the increase in alcohol-related recorded crime is fully reflective of the true picture in Coventry or a result of changes in how data is recorded.
	There have been increases in drug-related crimes. 2726 drug-marked offences in Coventry were recorded for the 12 months to June 2022. This represents a 44% increase from the previous year and a 130% increase from the recorded number two years ago.
	The Crime Survey for England and Wales found that victims of any crime, including fraud (13.2%) in the last year, were more likely to have used any drug compared with people that were not a victim of crime (8.3%).[20] This highlights a potential drug and alcohol need among the victims of crime in addition to perpetrators. Similar to alcohol-related crimes, it is not known if the increase in crimes is a true reflection of the picture in Coventry.
	Drug and alcohol-related crimes impact many areas in Coventry; however, it is not known if this reflects the true picture in Coventry. The reasons for the increased number of drug and alcohol-tagged offences should be further explored as a true picture is required to reflect future planning.

KEY FINDINGS

	The needs assessment included a detailed analysis of drug and alcohol-flagged crime patterns in Coventry. For example:

[20] ONS, (2022), Drug misuse in England and Wales: year ending March 2020

	Violence without injury, violence with injury, stalking and harassment, criminal damage, and public fear are the five offence types that account for 82% of alcohol-flagged crimes.
	The findings from the needs assessment are useful for forming part of the drug and alcohol-related evidence base in Coventry.
	West Midlands Police are leading on the regional approach to County Lines. Since 2018, West Midlands Police have implemented a partnership approach to combatting County Lines.
	Data on County Lines was not provided for this needs assessment. It should be ensured that individuals arrested by the police as part of their County Lines approach are given appropriate help regarding drug and alcohol needs.

THE WIDER PICTURE – ANTI-SOCIAL BEHAVIOUR

KEY FINDINGS

	The needs assessment included a detailed analysis of drug and alcohol-flagged ASB incidents from the police. For example, alcohol and drug-flagged ASB incidents are down from the previous year.
	In completing this needs assessment, full ASB data could not be provided due to how the information is captured in Coventry. Only needle-find data was provided, and we found that reports of needles have decreased year-on-year. It was also found that St Michael's Ward accounts for 45% of the total amount of needles collected.
	Data collected by ASB teams can provide evidence in addition to that collected by the police regarding drug and alcohol-related activity. This information is not available in Coventry. It would be useful for the ASB team to work jointly with the Drug and Alcohol Partnership Board to discuss how their data collection may be developed to help inform the Partnership's goals.

THE WIDER PICTURE – LICENSING

RECOMMENDATIONS

AREA			OUTCOME FRAMEWORK AREA					

RECOMMENDATION NUMBER: 17

TITLE: To develop joint working between Licensing and Trading Standards and the Partnership Board.

	In Coventry, the Licensing team work closely with licensed premises regarding the responsible selling of alcohol. Licensing data is being collected for use in this document.
	Licensing practitioners highlighted a desire for joint work between themselves, the police, and the Public Health Team to ensure a consistent approach to addressing alcohol and drug needs.
	There are opportunities for more joined-up working between licensing, trading standards and other partners.

THE WIDER PICTURE – HOUSING

KEY FINDINGS

There has been an increase in the number and rate of households owed a prevention or relief duty where drug or alcohol needs were identified.

146 households identified with a drug need were owed a duty in 2020; this increased to 266 in 2021.

There were 80 households identified with an alcohol need in 2020; this increased to 198 in 2021.

In 2020, the rate in Coventry was lower than the average for the Nearest Neighbours. The increase in 2021 now means the Coventry rates are higher than the Nearest Neighbours average.

For Coventry, the increases in those identified with a drug or alcohol need could result from the additional outreach work completed by the rough sleeper team. The outreach work of housing staff in temporary accommodation properties is also likely to increase the identification of those with drug and alcohol needs.

Despite this, housing practitioners still fed back that there are still unidentified drug or alcohol needs among the cohort they work with. Increasing the identification of those engaging with housing services with a drug or alcohol need should be a service goal.

THE WIDER PICTURE – WORKFORCE DEVELOPMENT

RECOMMENDATIONS

AREA			OUTCOME FRAMEWORK AREA					
								

RECOMMENDATION NUMBER: 18

TITLE: To develop the skills and knowledge of the wider workforce concerning drug and alcohol-related needs.

	There are opportunities to increase the knowledge and confidence of practitioners across all services regarding identifying those with drug or alcohol needs and working with them. Practitioners across several services highlighted the difficulties they faced in getting individuals to admit a drug or alcohol need and then agreeing to a referral to specialist services. Feedback from those working in front-line services indicates there is still work to be done in identifying and engaging those with a drug or alcohol need.
	The Dame Carol Black report highlights the importance of various agencies and areas concerning working with those with a drug or alcohol need. All agencies have an important role in identifying and supporting individuals in treatment and recovery.
	The partnership board should work together to identify the skills and knowledge gap regarding drug and alcohol needs among their workforce. This should lead to developing a robust and effective workforce development and training programme for staff from all partners.

THE WIDER PICTURE – DATA COLLECTION

RECOMMENDATIONS

AREA			OUTCOME FRAMEWORK AREA					
RECOMMENDATION NUMBER: 19 TITLE: To develop the availability of accurate and robust data to inform and develop the drug and alcohol strategy.								
	The needs assessment included a large scoping exercise of data sources that could help describe the drug and alcohol landscape of Coventry.							
	The needs assessment contains a detailed analysis of the data that was supplied. The needs assessment includes an audit of which partners supplied data for the needs assessment.							
	The partnership board should work together to ensure that all relevant data sources are made available to develop and inform the response to drug and alcohol needs in the city.							

Coventry Drug and Alcohol Strategy 2023 – 2033

(Final draft for Health and Wellbeing Board)

Introduction

The Governments' National Drug and Alcohol Strategy 'From Harm to Hope'

During 2020 Dame Carol Black was commissioned by the Home Office to complete an Independent Review of Drugs to inform the Government's thinking on what could be done to tackle the serious drug harms affecting individuals and communities in the UK.

In 2021 a two-part report was published with the aim of ensuring that vulnerable people with substance misuse problems get the support that they need to recover and turn their lives around. The report contained 32 recommendations for change across various government departments and other organisations, to improve the effectiveness of drug prevention and treatment and to allow greater opportunities for long term recovery.

Following this review, the government published "From Harm to Hope", a 10-year national plan to tackle substance misuse, cut crime and save lives. The plan is backed with additional funding over a 3-year period to:

1. Break drug supply chains
2. Deliver a world class treatment and recovery system
3. Achieve a shift in the demand for drugs

Coventry Drug and Alcohol Strategy 2017-2020

The most recent Drug and Alcohol Strategy in Coventry expired in 2020. Work on a new strategy was paused during the Covid pandemic and then awaiting publication of the new national strategy. The previous strategic priorities were to:

1: Prevent people from taking drugs or drinking harmful levels of alcohol and intervene early to minimise harm

2: Support those with drug and/or alcohol problems and those with multiple, complex needs

3: Promote sustainable recovery and enable people to live healthy, safe and meaningful lives

Some of the key achievements from the previous strategy were:

1. The implementation and delivery of Coventry's Young Person's Service "Positive Choices"
2. The introduction of the CARA (Coventry Alcohol Response Ambulance) a local non-emergency ambulance service to help to reduce the number of hospital admissions and drug and alcohol related deaths.

3. The launch of the West Midlands Residential Rehabilitation Framework, ensuring that those identified as needing this treatment option received high quality placements.

The new national strategy signals a shift in approach around drugs and alcohol to a whole system approach through local partnerships to reduce the harmful effects of drugs and alcohol on both individuals and on wider communities. A systems approach allows for shared responsibility and accountability and enables communities and stakeholders to come together with a shared understanding of the needs of those in Coventry and provide greater opportunities for change.

The Current Picture in Coventry

Coventry is a growing city, with the population expected to increase by 11% (to 419,366) by 2030. Births and international migration are driving the growth in the population. The presence of two universities, Coventry and Warwick, is another major reason for the city's increased population, particularly among younger adults.

Coventry has significant pockets of deprivation, with nearly 19% of Coventry neighbourhoods in England's 10% most deprived neighbourhoods. Deprived areas are more likely to have greater proportions of black and minority ethnic groups and are more likely to suffer from health inequalities. In Coventry, areas such as Foleshill, one of the most deprived neighbourhoods, had an estimated 69% non-White British population. (ref: JSNA)

Coventry Local Needs Assessment

A needs assessment (attached ***Appendix 1***) was completed in 2022, including significant engagement with stakeholders and service users. The key findings are summarised here.

In Coventry, there is a disproportionate amount of harm caused by alcohol use. Alcohol-related mortality and hospital admission rates are higher than the national average and amongst its nearest neighbours. Despite a decrease in admissions at the start of the COVID-19 pandemic (between 2020-21 and 2019-20), alcohol-related hospital admission rates are still high among males and females. There is work to be completed on identifying those with an alcohol need earlier to try and reduce hospital admissions and deaths.

Analysis of unmet need information indicates the work to be done to encourage those with an alcohol need to seek help. Data on unmet needs shows that only 13% of those with a dependent alcohol problem are accessing treatment services, a much lower figure than the England average of 20%. Over the past year, there has been an increase in the proportion of alcohol users accessing services. The increase in engagement was partially attributed to the new methods of accessing services introduced during the COVID-19 pandemic (phone appointments and virtual access).

In Coventry, unmet needs analysis indicates good engagement with services from those using opiates. 53% of the estimated opiate-using population are accessing treatment services which is the same as the England average.

Coventry has a low age-standardised mortality rate for deaths related to drug poisoning (2019-21) compared to its nearest neighbours. There has been an 83% decrease in drug-related deaths related to drug poisoning in Coventry between 2020 and 2021. The decrease is against national trends (+5%) and that of the nearest neighbours (+11%). Deaths relating to drug misuse reduced from 24 in 2020 to 14 in 2021.

Regarding drug-related hospital admissions, Coventry has lower-than-average rates than its nearest neighbours.

In 2021, only 13% of Coventry residents leaving prison in drug or alcohol treatment continued treatment in the community, lower than the national average of 37%. The reasons for low engagement rates following a stay in prison need to be understood. Work already underway by Public Health and CGL (local treatment provider) has already started to make improvements and will continue to be build on as the workstream progresses.

Needs Assessment: Summary of Recommendations

- Develop an approach that targets school aged children and review the current offer for diversionary activities and young person's drug and alcohol treatment offer
- Improve the responses for those accessing support for substance use that have needs relating to physical and mental health
- Improve the collection of and use of available data sources to manage and monitor the reduction of harms associated with drug and alcohol use
- Review current treatment provision and improve delivery of continuity of care, effective and accessible evidenced based treatment interventions, and reduction in drug and alcohol related harms and deaths.
- Develop a programme of service user, stakeholder, and community engagement to inform and support the strategy for Coventry.
- Carry out a training needs analysis and development plan to upskill the wider workforce to support those with drug and alcohol treatment needs.
- Develop a solid link with colleagues in regulatory authority services to allow for a joined-up approach to reducing the harms of drugs and alcohol on the people of Coventry.
- Develop a recovery framework to support those in need to achieve long term maintenance and recovery from drug and alcohol use and to live lives free from associated harms.
- To better understand alcohol and drug related crime in Coventry and develop a plan to tackle these. To develop an approach linking criminal justice pathways with treatment and recovery
- To use the mental health transformation project to improve responses to the mental health needs of those with a drug or alcohol need.

Coventry Drug and Alcohol Strategy 2023 – 2033

Our Vision

For people in Coventry to live their lives free from the harms associated with substance use.

Our Aims

- To reduce the availability of illicit drugs and reduce the risks to health associated with harmful drinking
- To reduce drug and alcohol related crime in Coventry
- To take a life course approach to prevention and early intervention for substance misuse
- To reduce the harms caused by drug and alcohol misuse to individuals and families, including drug related deaths and hidden harms for children.
- To increase engagement of users in treatment services and improve outcomes, including improved support for mental health and employment as part of the treatment pathway
- To increase the number of people achieving long term recovery from drug and alcohol misuse

TACKLING DRUGS AND ALCOHOL TO BUILD A BETTER COVENTRY

Primary Strategic priorities

Reduce drug and Alcohol Related Crimes

- Maximise routes from the Criminal Justice System into effective treatment – to include Custody Settings, CSTR's and DIP testing
- Work in partnership to share data and Intelligence in order to identify individuals and communities at risk
- Ensure clear focus around drug and alcohol related crime within the Crime Reduction Strategy.

Reduce Drug and Alcohol Supply

- Improved collaboration between Public Health and Licensing and Trading Standards Teams, to include shared local awareness campaigns and better use of shared data and resources.
- Reduction in County Lines activity across the city

Reduce overall Drug and Alcohol Use

- Increase early engagement with adults and children and young people about the harms associated with drug and alcohol use. (To include recreational use).
- Develop a Wider Workforce Development Plan
- Develop a Prevention Strategy taking a Life course approach

Long Term Strategic priorities

Reduce Drug and Alcohol Related Harms and Deaths

- Reduce the number of Drug and Alcohol Related Deaths and develop an approach which allows for better shared learning
- Evaluate the current harm reduction Initiatives and identify opportunities to further expand provision
- Increase recognition of Hidden Harms and support for parents

Increase Engagement in Drug and Alcohol Treatment

- Increase capacity and quality of treatment services – identify use early and offer a range of accessible, evidenced based interventions at all stages of a person's treatment journey. Develop wider health support including a mental health treatment offer (as part of MH transformation) and improved support for physical health Increase Continuity of Care rates in Coventry by 40% in year one and up to 60% by year three Ensure that treatment services are culturally accessible and appropriate for those in need.

Improve Long Term Recovery

- To develop a city-wide Recovery offer/ framework in line with National Guidance where individuals thrive and support each other through a joined- up approach and lived experience
- Develop effective, accessible pathways of support, challenging barriers through the Partnership Board e.g. housing, employment
- Review of the local offer for families and carers of those with drug and alcohol needs.

Strengthening Partnerships and Working as a System * Staff Training * Equality and Diversity

How we will deliver the strategy

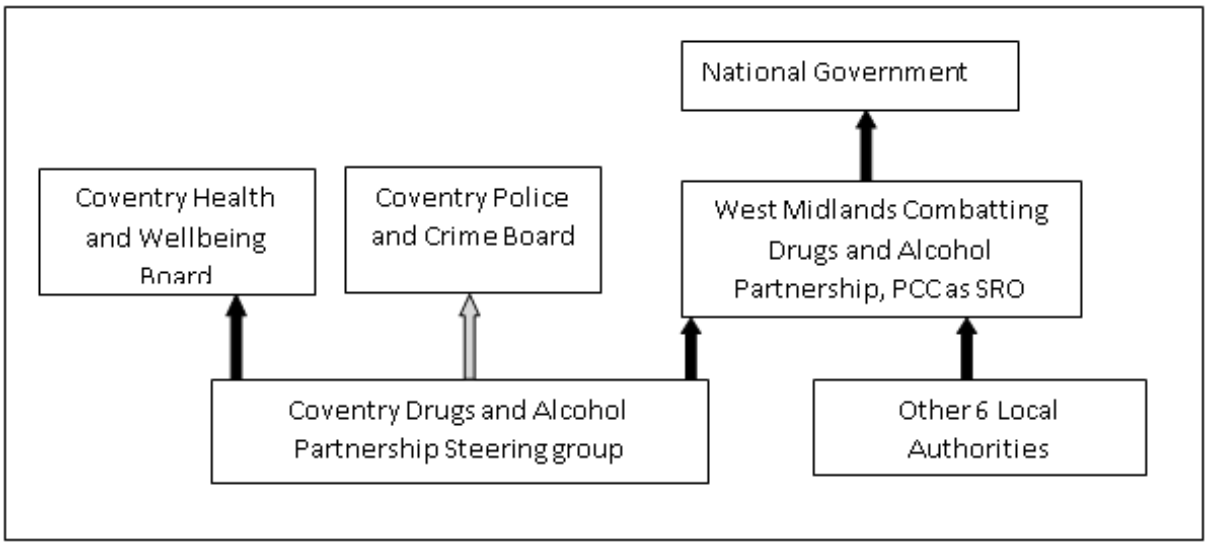
Partnerships and Governance

Key stakeholders involved in the development and delivery of this strategy are:

- Police
- Public Health
- Housing
- Education
- Employment
- ICB
- DWP
- WMAS
- Youth Justice
- Regulatory Authorities
- Children's Social Care
- Adult Social Care
- Education
- Coventry Probation
- FDAC
- Coventry University
- Warwick University
- Change Grow Live Drug and Alcohol Services for Young People and Adults
- Cranstoun Drugs and Alcohol service
- Specialist Midwifery Services
- CWPT
- UHCW

As part of the delivery of the national strategy, each area was asked to identify a Senior Responsible Officer, for the West Midlands this is the Police and Crime Commissioner. A West Midlands Combatting Drugs and Alcohol Partnership has been established, with representation from each of the seven local authorities. A West Midlands strategy and action plan has been developed, picking up areas which benefit from working on a wider footprint.

Locally a Drugs and Alcohol Partnership Steering Group has been established, accountable to the Coventry Health and Wellbeing Board and reporting into the Police and Crime Board. The governance structure is summarised below:



Local Strategic Alignment

There are a number of local strategies that will contribute towards delivering the aims of this strategy including (but not limited to):

- Health and wellbeing strategy
- One Coventry Plan
- Marmot Partnership strategy
- Early Help Strategy
- Serious Violence Strategy (in preparation)
- Parenting Strategy
- Equality, Diversity, and Inclusion Strategy
- Domestic abuse strategy
- Integrated Care System strategy

Principles of how we will work

1. To work as a system, taking shared ownership and responsibility for the Drug and Alcohol strategy.
   - Work in partnership to share data and Intelligence to identify individuals and communities at risk
   - Identify opportunities to share and better utilise available data

2. To champion the voice of our service users and wider communities across all of our work.
   - Involving service users and those with lived experience in decision making

3. To ensure cultural consideration and competence in the delivery of all strategic priority areas.

4. To ensure a focus of Prevention and Early Intervention across all outcome areas

Structures for delivery

Core Subgroups/ Workstreams

- Treatment Quality, Capacity and Accessibility - Adults
- Treatment Quality, Capacity and Accessibility – Young people
- Reducing Deaths
- Recovery, community and aftercare
- Early Help
- Local intelligence and response
- Criminal Justice
- Prevention

Action and Delivery Plan

Please see attached ***Appendix 3***

How we will monitor progress

We will develop a dashboard and performance framework against our 6 strategic priorities. This will include the relevant indicators from the national drugs and alcohol outcomes framework plus locally relevant indicators. Examples of indicators are show in the table below:

	Example metrics
Reduce drug and alcohol related crimes	Crimes in Coventry with a drug or alcohol marker recorded, by type and location of crime Hospital admission for sharp object injury
Reduce drug and alcohol supply	Closure of county lines OCG disruptions Drug seizures Measures of work carried out by licencing team
Reduce overall drug and alcohol use	Local surveys Health service data on use Measures of work with schools
Reduce drug and alcohol related harms and deaths	Deaths, deaths in treatment, hospital admissions, ED attendances, ambulance data, hep C prevalence, needle exchange
Increase engagement in drug and alcohol treatment	People in / completed treatment

	Use of community sentences Continuity of care numbers Provision of mental health support
Improve long term recovery	Numbers in stable accommodation Numbers in work / volunteering / in education Engagement with community-based recovery organisations

Initial Subgroups	Treatment (YP's)	Treatment (Adults)	Deaths	Recovery, Community and Aftercare	Early Help	Local Intelligence and response	Criminal Justice	Prevention
Young people or Adults?	separate groups	Separate Groups	Adult	Both	Both	Both	Both	Both
Workstream Lead	Public Health	Public Health	Public Health	Change Grow Live	Joint Led - Public Health and Early Help	Joint Led - Police and Regulatory Authority	Coventry Probation	Education?

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Initial Subgroups	Treatment (YP's)	Treatment (Adults)	Deaths	Recovery, Community and Aftercare	Early Help	Local Intelligence and response	Criminal Justice	Prevention
YP/ Adult?	separate groups	Separate Groups	Adult	Both	Both	Both	Both	Both
Lead	Public Health	Public Health	Public Health	Change Grow Live	Joint Led - Public Health and Early Help	Joint Led - Police and Regulatory Authority	Coventry Probation	Education?
To include - Action Plan priorities and possible workstreams	Service User/ Lived experience	Service User/ Lived experience	Service User/ Lived experience	Service User/ Lived experience	Service User/ Lived experience	Service User/ Lived experience	Service User/ Lived experience	Service User/ Lived experience
	Outcome Measures/ Data	Outcome Measures/ Data	Outcome Measures/ Data	Outcome Measures/ Data	Outcome Measures/ Data	Outcome Measures/ Data	Outcome Measures/ Data	Outcome Measures/ Data
	Accessibility	Accessibility	Drug Related Death Panel and Process	Diversionary activities	Hidden Harm	Identify areas of focus	Continuity of Care	Education
	Family and Carers support	Family and Carers support	Alcohol?	Employment	Pathways	Links with Community Safety Partnership	Pathways	Coventry student populations
	Harm Reduction	Harm Reduction	LDIS (local drug information systems)	Housing	Wider Workforce development		Community sentence treatment requirements (CSTR's)	Primary Care

	Mental and Physical Health Access	Mental and Physical Health Access	Overdose prevention and harm reduction	Community engagement			CRRB - Coventry reducing reoffending board	Wider workforce development
	Wider workforce development	Wider workforce development					Exploitation	Addressing stigma
	Quality, Capacity and Performance	Quality, Capacity and Performance						Trauma informed practice
	Transitions - age 18-25	Womens Treatment						
		Residential Rehab						

Year 1 Priorities

Action	Outcome Area	How?	Who	When	completed
Write and sign off strategy and delivery plan priorities	All	present to partnership on 19.6.23, present to H&WBB on 26.7.23	Public Health and Partnership	Jul-23	
Monitor and review engaement from partners, to ensure buy in to the strategy across the whole system	All	attendance of steering group to be monitored quarterly, barriers to be shared with steering group	Steering Group	ongoing - review each quarter	
Agree subgroups and workstreams	All	consult with steering group on 19.6.23, agree leads	Amander	Sep-23	
Form Local Death Review Panel	Reduce harms and deaths	Agree chair and membership, agree ToR	Amander	Sep-23	
Align prevention workstream and Early Help strategy to form subgroup	Reduce Use	agree ToR for Prevention subgroup, report progress to steering group, agree baseline measures	Amander/ Nigel Patterson	Jul-23	
Sign off local LDIS	Reduce Harms and Deaths	fresh current LDIS, work in partnership with WCC, sign off through steering group	Amander	Aug-23	

Agree and implement a plan to improve Continuity of care rates	Reduce Crime, Increase engagement in treatment	ongoing audit of cases, joint working with CGL, Prisons and probation, monitor though NDTMS and outconmes dashboard	Paul Hargrave / CGL	Ongoing - review Dec 23	
Map subgroup priorities against other local strategies and agree lines of communication between relevant strategic groups	All	present strategy to wider PH team, map current relevent strategies and boards/ meetings	Public Health	Sep-23	
Agree Local priority dashboard measures	All	agree basline measures, consult with partners	Steering Group	Dec-23	
Agree priorities for 3rd year SSMTRG funding	All	evaluate current additional funding spends, agree local priorities	Public Health	Nov-23	

Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 26th July 2023**

From: Peter Fahy – Director of Adult Services and Housing

Title: Better Care Fund Year End Reporting 22/23

1 Purpose

To seek formal approval of the Coventry Better Care Fund Year End Template 2022/23.

2 Recommendations

The Board are asked to note the content of this report and to approve the attached Better Care Fund Year End Template for 2022/23.

3 Information/Background

The Better Care Fund (BCF) started in 2015 with an aim of bringing together the NHS, social care and housing services so that older people, and those with complex needs, can manage their own health and wellbeing, and live independently in their communities for as long as possible.

It is based on the concept of a pooled budget between Clinical Commissioners and Local Authorities with one party agreeing to 'host' the pool which is managed by a s75 legal agreement. The Coventry BCF pool is hosted by Coventry City Council and is managed through the Adult Joint Commissioning Group.

The governance associated with the BCF programme requires approval by the Integrated Care Board (ICB) and the City Council through the Health and Well Being Board. As the Integrated Care System (ICS) develops there is likely to be an increasingly role for Care Collaboratives in the oversight of the BCF.

Revised policy guidance is expected later in 2022 which will inform this direction of travel.

The national process requires the year end template submission to be signed off by the HWBB, and if not signed off at the point of submission, details of the next meeting where it will be approved were required to be submitted.

The return deadline was 23rd May 2023 and the return has been submitted indicating sign off will be at the HWBB meeting on 26th July 2023.

4 Options Considered and Recommended Proposal

The Board are recommended to approve the year end reporting template.

Report Author(s):

Name and Job Title:
Ewan Dewar, Head of Finance

Telephone and E-mail Contact:
024 7697 2309
ewan.dewar@coventry.gov.uk

Enquiries should be directed to the above person.

2022/23 Better Care Fund Year End Template

Better Care Fund 2022-23 End of Year Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) To confirm actual income and expenditure in BCF plans at the end of the financial year
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICB's, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in due course.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the template can then be later resubmitted with the remaining sections completed.

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.
Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.
If there are any new scheme types not previously entered, please enter these in the bottom section indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:
1. Scheme impact
2. Narrative describing any changes to planned spending – e.g. did plans get changed in response to pressures or demand? Please also detail any underspend.
3. Assessment of the impact the funding delivered and any learning. Where relevant to this assessment, please include details such as: number of packages purchased, number of hours of care, number of weeks (duration of support), number of individuals supported, unit costs, staff hours purchased and increase in pay etc
4. Any shared learning

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2022-23 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS Minimum Contribution
National condition 3: Agreement to invest in NHS commissioned out-of-hospital services
National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning
This section captures a confidence assessment on achieving the plans for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.
The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Dischaege to usual place of residence and avoidable admissions at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:
- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes and the unavailability of published metric data for one/two of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Income and Expenditure

The Better Care Fund 2022-23 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Adult Social Care discharge fund.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2022-23 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2022-23 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2022-23.

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2022-23 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please include actual expenditure from the ASC discharge fund.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2022-23.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 through a set of survey questions
These questions are kept consistent from year to year to provide a time series.
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2022-23
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.
SCIE - Integrated care Logic Model

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Better Care Fund 2022-23 End of Year Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

			Checklist
			Complete:
Health and Wellbeing Board:	Coventry		Yes
Completed by:	Ewan Dewar		Yes
E-mail:	ewan.dewar@coventry.gov.uk		Yes
Contact number:	02476 972309		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no, please indicate when the report is expected to be signed off:	Wed 26/07/2023	<< Please enter using the format, DD/MM/YYYY	Yes

template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

<< Link to the Guidance sheet

Better Care Fund 2022-23 End of Year Template

3. National Conditions

Selected Health and Wellbeing Board: Coventry

Confirmation of Nation Conditions			Checklist
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:	Complete:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes		Yes
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes		Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes		Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes		Yes

Better Care Fund 2022-23 End of Year Template

4. Metrics

Selected Health and Wellbeing Board: Coventry

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	832.0	Not on track to meet target	Failure to achieve standard. Direct access pathways and SDEC recording as admitted patients across two of the local acute providers hinders transparent understanding and achievement and	NA	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	96.8%	On track to meet target	NA	Target was exceeded and within top figures nationally	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	698	On track to meet target	NA	Provisional figures show target has been exceeded. 23/24 planning template is using different denominator which means whilst still exceeding our plan the figure will be different.	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	84.0%	Not on track to meet target	NA	Provisional figures show outturn position is marginally lower than target so whilst not achieving target still compares well with comparators	Yes

Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Coventry

Income

	2022-23
Disabled Facilities Grant	£4,181,686
Improved Better Care Fund	£15,787,327
NHS Minimum Fund	£28,941,709
Minimum Sub Total	£48,910,722

	Planned	Actual		
NHS Additional Funding	£39,732,860	Do you wish to change your additional actual NHS funding?	Yes	£49,732,860
LA Additional Funding	£49,182,700	Do you wish to change your additional actual LA funding?	No	
Additional Sub Total	£88,915,560			£98,915,560

	Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£137,826,282	£147,826,282

ASC Discharge Fund

	Planned	Actual		
LA Plan Spend	£1,292,552	Do you wish to change your additional actual LA funding?	No	
ICB Plan Spend	£2,616,241	Do you wish to change your additional actual ICB funding?	No	
ASC Discharge Fund Total	£3,908,793			£3,908,793

	Planned 22-23	Actual 22-23
BCF + Discharge Fund	£141,735,075	£151,735,075

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23	Further investment by ICB to deal with pressures

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

Expenditure

	2022-23
Plan	£137,826,282

Do you wish to change your actual BCF expenditure?	Yes	Yes

Actual	£118,810,374

Yes

	ASC Discharge Fund
Plan	£3,908,793

Do you wish to change your actual BCF expenditure?	Yes	Yes

Actual	£1,787,773

Yes

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23	A number of schemes are multi year schemes which are susceptible to in year slippage, and discharge funding was received late in the year and was not able to spent within relevant timescales

Yes

Better Care Fund 2022-23 End of Year Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF.
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Coventry

Part 1: Delivery of the Better Care Fund			
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding			
Statement:	Response:	response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Whilst the ICS has continued to bed in, the BCF has remained as a strong tool for joint working across the system	Yes
2. Our BCF schemes were implemented as planned in 2022-23	Agree	The majority of schemes were implemented as planned however a greater focus on discharge did reduce capacity to deliver some aspects	Yes
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Agree	The BCF remains a preferred mechanism for joint working across the system reflected by the continuing strong investment in its schemes	Yes

Part 2: Successes and Challenges			
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.			
4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	3. Integrated electronic records and sharing across the system with service users	Following implementation of the ICR system at the end of last year the system is now seeing growing usage from staff who have access to it, maximising information availaility to support decision making.	Yes
Success 2	Other	The Improving Lives for Older People Programme is now progressing, bringing together a system approach to improvement ensuring that efficient and effective decision making drives the most appropriate discharge routes for people, maximising independence.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	6. Good quality and sustainable provider market that can meet demand	Recruitment and Retention of care staff remains a significant challenge in maintaining and increasing capacity	Yes
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Whilst additional funding for Fair Cost of Care provided additional funding to some elements of the market within ASC, this also created challenges as ICB's were not funded to match similar increases. Inflationary issues have added further significant financial pressures	Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board: Coventry

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulation.
The actual number column is used to understand the benefit from the fund. This is different for each sheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.
1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed based care).
2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.
3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.
4) For 'improvement retention of existing workforce', please state the number of staff this relates to.
5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.
6) For 'Assistive Techonologies and Equipment' , please state the number of unique beneficiaries through the fund.
7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
7 Day Brokerage	Additional or redeployed capacity from current care workers	Costs of agency staff	£34,500	£0	0	hours worked	Yes	Not required due to market saturation	No	See Col L	
Additional Care Capacity to support complex discharges	Additional or redeployed capacity from current care workers	Costs of agency staff	£62,426	£4,170	0	hours worked	Yes	Original scheme within internal HWC was not deemed achievable on review due to difficulties in obtaining relevant staffing so these cost relate to setup of	No	Scheme not progressed in expected timescale so too early to tell. Replacement independent sector scheme will test out step down to specialist dementia housing	
Additional OT's to enhance reablement	Additional or redeployed capacity from current care workers	Costs of agency staff	£101,010	£43,546	1,323	hours worked	No		Yes	Increased capacity to enable quicker review and discharge from ST pathways to free up capacity	
Additional SW's to enhance reablement	Additional or redeployed capacity from current care workers	Costs of agency staff	£134,680	£120,205	3,283	hours worked	No		Yes	Increased capacity to enable quicker review and discharge from ST pathways to free up capacity	
Additional TL to manage expanded discharge team	Additional or redeployed capacity from current care workers	Costs of agency staff	£14,265	£6,809	170	hours worked	No		Yes	Increased capacity to enable quicker review and discharge from ST pathways to free up capacity	
Community Pathway Coordinators	Additional or redeployed capacity from current care workers	Costs of agency staff	£28,530	£0	0	hours worked	Yes	Difficulty recruiting prevented this scheme being progressed	No	See Col L	
Equipment deliveries	Additional or redeployed capacity from current care workers	Costs of agency staff	£14,040	£3,029	113	hours worked	No		Yes	Limited uptake of hours however this enabled speedier processing and delivery	
Equipment Purchases	Assistive Technologies and Equipment	Other	£50,000	£0	0	Number of beneficiaries	Yes	This project was designed to look at potential delays due to funding from additional equipment requirements. This was not identified as an issue	No	See Col L	
Expansion of IDT	Additional or redeployed capacity from current care workers	Costs of agency staff	£129,870	£0	0	hours worked	Yes	Difficulty recruiting despite a rolling advert prevented this scheme being delivered as planned	No	See Col L	
Flow Team Expansion	Increase hours worked by existing workforce	Overtime for existing staff.	£73,250	£82,480	0	hours worked	No		Yes	Increased capacity in hopsital flow teams allowed better bed monitoring and flow of patients through MH Hospital	
Hospital Team expansion	Additional or redeployed capacity from current care workers	Costs of agency staff	£85,000	£230,000		hours worked	Yes	Expansion of the Hopsital discharge team was greater than planned and the cost of doing so per unit of agency was also much greater than originally planned	Yes	Increase capacity enabled quicker reviews to increase hospital flows	
Housing Support	Other		£7,500	£0	0	N/A	Yes	Scheme did not progress	No	See Col L	
Increase CH provider review capacity	Additional or redeployed capacity from current care workers	Costs of agency staff	£50,000	£27,081		hours worked	No		Yes	Scheme focus was on short term additional capacity to manage complex cases and enabled earlier discharge opportunities	

Increased flow in CHC pathways	Additional or redeployed capacity from current care workers	Costs of agency staff	£213,000	£0	0	hours worked	Yes	Difficulty in recruiting to short term funding aligned with difficuty in finding placements due to saturated market	No	See Col L	
Increased Home Support Hours	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£200,000	£0	0	Hours of care	Yes	Commissioning additonal long term capacity from the market was not possible within timescales	No	See Col L	
Increased step down bed Capacity	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£378,000	£0	0	Number of beds	Yes	Change in scope of other discharge funding	No	See Col L	
MH Discharge	Additional or redeployed capacity from current care workers	Costs of agency staff	£55,315	£17,483	352	hours worked	No		Yes	Additional Capacity enabled swifter discharge	
Pathway 1 hours	Reablement in a Person's Own Home	Reablement service accepting community and discharge	£488,634	£425,293	24,044	Hours of care	No		Yes	24,044 of additional hrs delivered	
Pathway 1 workforce incentives	Improve retention of existing workforce	Incentive payments	£150,900	£75,510	37,455	number of staff	No		Yes	37,455 hours paid at enhanced rate	
Pathway 2 beds	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£608,005	£549,764	133	Number of beds	No	ICB scheme requirements reduced due to difficulty in finding palcements. Saturated market and several provders exiting the market hindered any availability.	Yes	545 weeks of beds (LA), 134 weeks of beds (ICB)	Has led to fee rate inflation due to capacity in the market and
Pathway 3 MDT	Additional or redeployed capacity from current care workers	Costs of agency staff	£153,920	£15,191	430	hours worked	Yes	Difficulty recruiting prevented full scheme being progressed	No	See Col L	
Physio capacity	Additional or redeployed capacity from current care workers	Costs of agency staff	£86,580	£0	0	hours worked	Yes	Scheme did not progress	No	See Col L	
Removal of Barriers to discharge	Other		£200,000	£0	0	N/A	Yes	This fund was setup to deal with any identified additional barriers to discharge. As there was no measurable increase the fund wasn't used	No	See Col L	
Response coordination	Other		£249,368	£10,513		N/A	Yes	Small use of co-ordination due to limited need	No	See Col L	
Retention	Improve retention of existing workforce	Retention bonuses for existing care staff	£250,000	£0		number of staff	Yes	Options were reviewed regarding a potential scheme, however to make a noticeable incentive across the market, a much greater level of spend would have	No	See Col L	
Transport	Other		£90,000	£0		N/A	Yes	Deemed not required	No	See Col L	
Schemes added since Plan											
Nursing Beds	Residential Placements	Nursing home		£176,699	25	Number of beds	Yes	Increase in need for further Nursing beds	Yes	Additional Nursing Capacity was made available to support discharge	

Planned Expenditure	£3,908,793
Actual Expenditure	£1,787,773
Actual Expenditure ICB	£495,220
Actual Expenditure LA	£1,292,553

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 26th July 2023**

From: Peter Fahy – Director of Adult Services and Housing

Title: Better Care Fund Plan 2023/2025

1 Purpose

To seek formal approval of the Coventry Better Care Fund Plan 2023/25 submissions.

2 Recommendations

The Board are asked to note the content of this report and to approve the attached Better Care Fund Plan 23/25 submissions attached.

3 Information/Background

The Better Care Fund (BCF) commenced in 2015 with an aim of bringing together the NHS, adult social care and housing services so that older people, and those with complex needs, can manage their own health and wellbeing, and live independently in their communities for as long as possible.

It is based on the concept of a pooled budget between Clinical Commissioners and Local Authorities with one party agreeing to 'host' the pool which is managed by a s75 legal agreement. The Coventry BCF pool is hosted by Coventry City Council.

This planning process spans two years for 2023/24 and 2024/25 although final funding for the second year is not yet confirmed. Planning Guidance was not published until 12th April 2023 and the narrative plan and template was required to be submitted within a very tight timescale of 28th June 2023.

The submissions were approved by the ICB Executive Committee on 27th June 2023.

The national process requires the plan to be signed off by the HWBB, and if not signed off at the point of submission, details of the next meeting where it will be approved were required to be submitted. With the return deadline being 28th June, this report is presented at HWBB on 26th July 2023 as the next available meeting at which to seek approval. Alongside the Narrative Plan and planning template attached. Following submission, a regional and national approval process will be completed.

As the pooled budget in the main deals with ongoing health and social care activities, this plan represents a continuation of existing work to support the requirements of the Better Care Fund.

4 Options Considered and Recommended Proposal

The Board are recommended to approve the Better Care Fund Plan 23/25 submissions.

Report Author(s):

Name and Job Title:
Ewan Dewar, Head of Finance

Telephone and E-mail Contact:
024 7697 2309
ewan.dewar@coventry.gov.uk

Enquiries should be directed to the above person.

2023 – 2025 Better Care Fund Planning Template

BCF Planning Template 2023-25

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

3. The checklist helps identify the sheets that have not been completed. All fields that appear highlighted in red with the word 'no', should be completed before sending to the Better Care Fund Team.

4. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.

5. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

6. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

7. Please ensure that all boxes on the checklist are green before submission.

8. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority.

4. Capacity and Demand

Please see the guidance on the Capacity&Demand tab for further information on how to complete this section.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2023-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations and allocations of ASC Discharge Fund grant to local authorities for 2023-24. The iBCF grant in 2024-25 is expected to remain at the same value nationally as in 2023-24, but local allocations are not published. You should enter the 2023-24 value into the income field for the iBCF in 2024-25 and agree provisional plans for its use as part of your BCF plan

2. The grant determination for the Disabled Facilities Grant (DFG) for 2023-24 will be issued in May. Allocations have not been published so are not pre populated in the template. You will need to manually enter these allocations. Further advice will be provided by the BCF Team.

3. Areas will need to input the amount of ASC Discharge Fund paid to ICBs that will be allocated to the HWB's BCF pool. These will be checked against a separate ICB return to ensure they reconcile. Allocations of the ASC discharge funding grant to local authority will need to be inputted manually for Year 2 as allocations at local level are not confirmed. Areas should input an expected allocation based on the published national allocation (£500m in 2024-25, increased from £300m in 2023-24) and agree provisional plans for 2024-25 based on this.

4. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2022-23 (**i.e. underspends from BCF mandatory contributions**) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, units, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Condition 4 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs

- You will need to set out the expected number of outputs you expect to be delivered in 2023-24 and 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.
- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.
- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

6. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

7. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£) 2023-24 & 2024-25:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend. This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This is a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2023-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2023-24.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2023-24. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:
https://future.nhs.uk/bettercareexchange/view?objectId=143133861
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Falls
- This is a new metric for the BCF and areas should agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
- This is a measure in the Public Health Outcome Framework.
- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
- Please enter provisional outturns for 2022-23 based on local data for admissions for falls from April 2022-March 2023.
- For 2023-24 input planned levels of emergency admissions
- In both cases this should consist of:
    - emergency admissions due to falls for the year for people aged 65 and over (count)
    - estimated local population (people aged 65 and over)
    - rate per 100,000 (indicator value) (Count/population x 100,000)

- The latest available data is for 2021-22 which will be refreshed around Q4.
Further information about this measure and methodolgy used can be found here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2022-23, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2023-24 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

4. Residential Admissions:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

8. Planning Requirements

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Planning Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2023-2025 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

HM Government

NHS England

Better Care Fund 2023-25 Template

2. Cover

Version 1.1.3

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

			Complete:
Health and Wellbeing Board:	Coventry		Yes
Completed by:	Ewan Dewar		Yes
E-mail:	ewan.dewar@coventry.gov.uk		Yes
Contact number:	02476972309		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no please indicate when the HWB is expected to sign off the plan:	Wed 26/07/2023	<< Please enter using the format, DD/MM/YYYY	Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Kamram	Caan	kamrancllr.caan@coventry.gov.uk	Yes
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Phil	Johns	philip.johns@nhs.net	Yes
	Additional ICB(s) contacts if relevant		Madi	Parmar	madi.parmar@nhs.net	Yes
	Local Authority Chief Executive		Julie	Nugent	julie.nugent@coventry.gov.uk	Yes
	Local Authority Director of Adult Social Services (or equivalent)		Peter	Fahy	peter.fahy@coventry.gov.uk	Yes
	Better Care Fund Lead Official		Ewan	Dewar	ewan.dewar@coventry.gov.uk	Yes
	LA Section 151 Officer		Barry	Hastie	barry.hastie@coventry.gov.uk	Yes
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->						

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Capacity&Demand	Yes
5. Income	Yes
6a. Expenditure	No
7. Metrics	Yes
8. Planning Requirements	Yes

<< Link to the Guidance sheet

Better Care Fund 2023-25 Template

3. Summary

Selected Health and Wellbeing Board: Coventry

Income & Expenditure

Income >>

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£4,181,686	£4,181,686	£4,181,686	£4,181,686	£0
Minimum NHS Contribution	£30,579,810	£32,310,627	£30,579,810	£32,310,627	£0
iBCF	£15,787,327	£15,787,327	£15,787,327	£15,787,327	£0
Additional LA Contribution	£56,501,301	£33,765,635	£56,501,301	£33,765,635	£0
Additional ICB Contribution	£40,856,116	£41,727,664	£40,856,116	£41,727,664	£0
Local Authority Discharge Funding	£2,213,359	£3,674,174	£2,213,359	£3,674,174	£0
ICB Discharge Funding	£2,346,237	£3,616,000	£2,346,237	£3,616,000	£0
Total	**£152,465,836**	**£135,063,113**	**£152,465,836**	**£135,063,113**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£8,638,206	£9,127,128
Planned spend	£21,076,325	£22,313,177

Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£11,136,308	£11,766,623
Planned spend	£11,505,752	£12,088,935

Metrics >>

Avoidable admissions

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	191.8	148.8	207.6	146.2

Falls

		2022-23 estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,148.0	1,865.0
	Count	1138	971
	Population	51541	52078

Discharge to normal place of residence

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	97.4%	97.4%	97.4%	97.4%

Residential Admissions

		2021-22 Actual	2023-24 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	810	672

Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	84.1%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2023-24 Capacity & Demand Template

3. Capacity & Demand

Selected Health and Wellbeing Board: Coventry

Guidance on completing this sheet is set out below, but should be read in conjunction with the guidance in the BCF planning requirements

3.1 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.
Pathway for each month. The template aligns tothe pathways in the hospital discharge policy, but separates Pathway 1 (discharge home with new or additional support) into separate estimates of reablement, rehabiitation and short term domiciliary care)

If there are any trusts taking a small percentage of local residents who are admitted to hospital, then please consider aggregating these trusts under a single line using the '**Other**' Trust option.
The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2023-24
- Data from the NHSE Discharge Pathways Model.
- Management information from discharge hubs and local authority data on requests for care and assessment.

You should enter the estimated number of discharges requiring each type of support for each month.

3.2 Demand - Community

This section collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the Planning Requirements.

The units can simply be the number of referrals.

3.3 Capacity - Hospital Discharge

This section collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Short term domiciliary care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Short-term residential/nursing care for someone likely to require a longer-term care home placement

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

3.4 Capacity - Community

This section collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 7 types of service:

- Social support (including VCS)
- Urgent Community Response
- Reablement at home
- Rehabilitation at home
- Other short-term social care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

Virtual wards should not form part of capacity and demand plans because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, pease select the relevant trust from the list. Further guidance on all sections is available in Appendix 2 of the BCF Planning Requirements.

Any assumptions made. Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have been used to derive the number of expected packages.			Complete:
	3.1 Demand-Hospital (NHS data limitations). No P0 included as available NHS data doesn't identify voluntary sector.	3.1	Yes
	Discharge capacity is community step up as well but not possible to split	3.2	Yes
	All P1 included in reablement.	3.3	Yes
	P2 care home and comm. Reablement in P2 reablement and designated setting and hospice as 'Other short term P1&2'. UCR data not available due	3.4	Yes

3.1 Demand - Hospital Discharge

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you need)	Pathway	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
GEORGE ELIOT HOSPITAL NHS TRUST	Social support (including VCS) (pathway 0)	0	0	0	0	0	0	0	0	0	0	0	0
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRU		0	0	0	0	0	0	0	0	0	0	0	0
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE N		0	0	0	0	0	0	0	0	0	0	0	0
GEORGE ELIOT HOSPITAL NHS TRUST	Reablement at home (pathway 1)	5	6	5	5	5	5	6	6	5	5	5	6
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRU		15	16	15	15	15	15	15	15	15	15	14	16
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE N		206	220	203	205	205	203	210	211	203	206	198	216
GEORGE ELIOT HOSPITAL NHS TRUST	Rehabilitation at home (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRU		0	0	0	0	0	0	0	0	0	0	0	0
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE N		0	0	0	0	0	0	0	0	0	0	0	0
GEORGE ELIOT HOSPITAL NHS TRUST	Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRU		0	0	0	0	0	0	0	0	0	0	0	0
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE N		0	0	0	0	0	0	0	0	0	0	0	0
GEORGE ELIOT HOSPITAL NHS TRUST	Reablement in a bedded setting (pathway 2)	1	1	1	1	1	1	1	1	1	1	1	1
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRU		1	1	1	1	1	1	1	1	1	1	1	1
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE N		81	87	82	81	81	80	83	83	82	81	78	85
GEORGE ELIOT HOSPITAL NHS TRUST	Rehabilitation in a bedded setting (pathway 2)	1	1	1	1	1	1	1	1	1	1	1	1
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRU		0	0	0	0	0	0	0	0	0	0	0	0
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE N		8	9	8	8	8	8	8	8	8	8	8	9
GEORGE ELIOT HOSPITAL NHS TRUST	Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	0	0	0	0	0	0	0	0
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRU		0	0	0	0	0	0	0	0	0	0	0	0
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE N		0	0	0	0	0	0	0	0	0	0	0	0
Totals	Total:	318	341	322	317	317	314	325	326	322	318	306	335

3.2 Demand - Community

Demand - Intermediate Care												
Service Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	0	0	0	0	0	0	0	0	0	0	0	0
Reablement at home	45	45	45	45	45	45	45	45	45	45	45	45
Rehabilitation at home	0	0	0	0	0	0	0	0	0	0	0	0
Reablement in a bedded setting	8	8	8	8	8	8	8	8	8	8	8	8
Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

3.3 Capacity - Hospital Discharge

Capacity - Hospital Discharge														Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly		
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	ICB	LA	Joint
Social support (including VCS)	Monthly capacity. Number of new clients.															
Reablement at Home	Monthly capacity. Number of new clients.	205	185	202	189	200	206	195	211	188	217	200	226			100%
Rehabilitation at home	Monthly capacity. Number of new clients.															
Short term domiciliary care	Monthly capacity. Number of new clients.															
Reablement in a bedded setting	Monthly capacity. Number of new clients.	102	98	88	88	88	88	88	98	98	98	98	98	46%	54%	
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.															
Short-term residential/nursing care for someone likely to require a longer-term care home placement	Monthly capacity. Number of new clients.															

3.4 Capacity - Community

Capacity - Community														Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly		
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	ICB	LA	Joint
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			
Urgent Community Response	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			
Reablement at Home	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			
Rehabilitation at home	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			
Reablement in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0			

Better Care Fund 2023-25 Template

4. Income

Selected Health and Wellbeing Board: Coventry

Local Authority Contribution Disabled Facilities Grant (DFG)	Gross Contribution Yr 1	Gross Contribution Yr 2	Complete:
Coventry	£4,181,686	£4,181,686	Yes
DFG breakdown for two-tier areas only (where applicable)			
Total Minimum LA Contribution (exc iBCF)	**£4,181,686**	**£4,181,686**	

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2	
Coventry	£2,213,359	£3,674,174	Yes

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2	
NHS Coventry and Warwickshire ICB	£2,346,237	£3,616,000	Yes
Total ICB Discharge Fund Contribution	£2,346,237	£3,616,000	

iBCF Contribution	Contribution Yr 1	Contribution Yr 2	
Coventry	£15,787,327	£15,787,327	Yes
Total iBCF Contribution	**£15,787,327**	**£15,787,327**	

Are any additional LA Contributions being made in 2023-25? If yes, please detail below	Yes

Yes

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding
Coventry	£55,232,987	£30,929,620	Additional LA contribution
Coventry	£1,268,314	£2,836,015	DFG bf
Total Additional Local Authority Contribution	**£56,501,301**	**£33,765,635**	

Yes

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS Coventry and Warwickshire ICB	£30,579,810	£32,310,627
Total NHS Minimum Contribution	**£30,579,810**	**£32,310,627**

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	Yes

Yes

Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box clarify any specific uses or sources of funding
NHS Coventry and Warwickshire ICB	£40,856,116	£41,727,664	Additional ICB Poolng
Total Additional NHS Contribution	**£40,856,116**	**£41,727,664**	
Total NHS Contribution	**£71,435,926**	**£74,038,291**	

Yes

	2023-24	2024-25
Total BCF Pooled Budget	**£152,465,836**	**£135,063,113**

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

Better Care Fund 2023-25 Template

5. Expenditure

Selected Health and Wellbeing Board: Coventry

<< Link to summary sheet

Running Balances	2023-24 Income	2023-24 Expenditure	2023-24 Balance	2024-25 Income	2024-25 Expenditure	2024-25 Balance
DFG	£4,181,686	£4,181,686	£0	£4,181,686	£4,181,686	£0
Minimum NHS Contribution	£30,579,810	£30,579,810	£0	£32,310,627	£32,310,627	£0
iBCF	£15,787,327	£15,787,327	£0	£15,787,327	£15,787,327	£0
Additional LA Contribution	£56,501,301	£56,501,301	£0	£33,765,635	£33,765,635	£0
Additional NHS Contribution	£40,856,116	£40,856,116	£0	£41,727,664	£41,727,664	£0
Local Authority Discharge Funding	£2,213,359	£2,213,359	£0	£3,674,174	£3,674,174	£0
ICB Discharge Funding	£2,346,237	£2,346,237		£3,616,000	£3,616,000	£0
Total	**£152,465,836**	**£152,465,836**	**£0**	**£135,063,113**	**£135,063,113**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2023-24 Minimum Required Spend	2023-24 Planned Spend	2023-24 Under Spend	2024-25 Minimum Required Spend	2024-25 Planned Spend	2024-25 Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£8,638,206	£21,076,325	£0	£9,127,128	£22,313,177	£0
Adult Social Care services spend from the minimum ICB allocations	£11,136,308	£11,505,752	£0	£11,766,623	£12,088,935	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No

>> Incomplete fields on row number(s):

60, 61,

									Planned Expenditure										
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Expected outputs 2023-24	Expected outputs 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Averag
1	Care Act Implementation	Respite Services	Carers Services	Respite services		125	125	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contributio	Existing	£299,523	£299,523	100%
1	Care Act Implementation	Care Act related funding support	Care Act Implementation Related Duties	Other	Care Act Impact				Social Care		LA			Private Sector	Minimum NHS Contributio	Existing	£109,000	£109,000	0%
1	Care Act Implementation	Changes to eligibility Criteria	Care Act Implementation Related Duties	Other	Eligibility Criteria				Social Care		LA			Private Sector	Minimum NHS Contributio	Existing	£177,000	£177,000	0%
1	Care Act Implementation	Advocacy	Care Act Implementation Related Duties	Other	Advocacy				Social Care		LA			Private Sector	Minimum NHS Contributio	Existing	£98,087	£98,087	21%
1	Care Act Implementation	Practice Development	Care Act Implementation Related Duties	Safeguarding					Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£42,994	£45,427	0%
1	Care Act Implementation	Carer Support	Carers Services	Carer advice and support related to Care Act duties		146	146	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contributio	Existing	£50,731	£50,731	5%

10	Protecting Social Care	Maintaining Packages	Residential Placements	Care home		220	220	Number of beds/Placements	Social Care		LA			Private Sector	Minimum NHS Contributio	Existing	£8,637,088	£9,125,948	29%
10	Protecting Social Care	HWC Short Term Beds	Home Care or Domiciliary Care	Other	HWC ST Tenancy	3900	3900	Hours of care	Social Care		NHS			Local Authority	Additional NHS Contributio	Existing	£206,729	£218,430	25%
11	Reablement/Discharge to Assess	HWC Short Term Beds	Home Care or Domiciliary Care	Other	HWC ST Tenancy	7956	7956	Hours of care	Social Care		LA			Private Sector	Additional NHS Contributio	Existing	£429,323	£453,623	51%
11	Reablement/Discharge to Assess	Short Term Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		53	53	Number of Placements	Social Care		NHS			Local Authority	Minimum NHS Contributio	Existing	£191,999	£202,866	5%
11	Reablement/Discharge to Assess	Short Term Home Support	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		838	844	Packages	Social Care		NHS			Private Sector	Minimum NHS Contributio	Existing	£937,006	£990,041	31%
11	Reablement/Discharge to Assess	Social Worker & Brokerage Funding	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	Additional NHS Contributio	Existing	£155,210	£159,866	1%
11	Reablement/Discharge to Assess	React SW Posts	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	Additional NHS Contributio	Existing	£119,179	£122,754	1%
11	Reablement/Discharge to Assess	Analyst	Enablers for Integration	Joint commissioning infrastructure					Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£16,926	£17,434	100%
11	Reablement/Discharge to Assess	Dementia/Integrated MH Commissioning post	Enablers for Integration	Integrated models of provision					Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£72,136	£74,300	100%
11	Reablement/Discharge to Assess	Therapy & Case Management Team	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		NHS			Local Authority	Minimum NHS Contributio	Existing	£785,062	£808,614	7%
11	Reablement/Discharge to Assess	Care Home Quality Monitoring Post	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes					Social Care		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£44,100	£44,982	100%
11	Reablement/Discharge to Assess	Care Home Infection Control Post	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes					Social Care		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£44,100	£44,982	100%
11	Reablement/Discharge to Assess	Pathway 3 Nursing Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		192	192	Number of Placements	Social Care		NHS			Private Sector	Additional NHS Contributio	Existing	£1,268,741	£1,340,552	30%
13	Voluntary Sector Review	PI Vol Sector Support	Prevention / Early Intervention	Other	PI Support				Community Health		LA			Charity / Voluntary Sector	Additional NHS Contributio	Existing	£272,435	£272,435	50%
13	Voluntary Sector Review	MH Vol Sector Support	Prevention / Early Intervention	Other	MH Support				Community Health		LA			Charity / Voluntary Sector	Additional NHS Contributio	Existing	£431,916	£431,916	59%
13	Voluntary Sector Review	LD Vol Sector Support	Prevention / Early Intervention	Other	LD Support				Community Health		LA			Charity / Voluntary Sector	Additional NHS Contributio	Existing	£38,139	£38,139	4%
13	Voluntary Sector Review	Carer Support	Carers Services	Carer advice and support related to Care Act duties		242	242	Beneficiaries	Community Health		LA			Charity / Voluntary Sector	Additional NHS Contributio	Existing	£83,365	£83,365	8%
13	Voluntary Sector Review	MH Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Mental Health		LA			Charity / Voluntary Sector	Additional NHS Contributio	Existing	£116,825	£116,825	25%
2	Community Support Services	Integrated Equipment Store	Assistive Technologies and Equipment	Community based equipment		331	331	Number of beneficiaries	Social Care		Joint	28.0%	72.0%	Local Authority	Additional NHS Contributio	Existing	£165,644	£174,996	11%
2	Community Support Services	Equipment Contract	Assistive Technologies and Equipment	Community based equipment		3752	3827	Number of beneficiaries	Community Health		NHS			Private Sector	Additional NHS Contributio	Existing	£1,294,808	£1,320,704	100%
2	Community Support Services	Wheelchair Service	Assistive Technologies and Equipment	Community based equipment		819	852	Number of beneficiaries	Community Health		NHS			NHS Community Provider	Additional NHS Contributio	Existing	£1,328,874	£1,355,451	100%

2	Community Support Services	Integrated Equipment Store	Assistive Technologies and Equipment	Community based equipment		517	517	Number of beneficiaries	Social Care		Joint	28.0%	72.0%	Private Sector	Additional NHS Contributio	Existing	£258,809	£273,481	17%
9	Out of Hospital & Nursing Care	Nursing Beds	Residential Placements	Nursing home		4496	4691	Number of beds/Placements	Continuing Care		NHS			Private Sector	Additional NHS Contributio	Existing	£13,188,992	£13,756,118	
9	Out of Hospital & Nursing Care	Care Home Beds	Residential Placements	Care home		3202	3408	Number of beds/Placements	Continuing Care		NHS			Private Sector	Additional NHS Contributio	Existing	£5,195,018	£5,418,404	
9	Out of Hospital & Nursing Care	Community Care	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£19,074,058	£20,221,692	
9	Out of Hospital & Nursing Care	Community Care	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Community Provider	Additional NHS Contributio	Existing	£2,814,996	£2,061,365	
3	Dementia	Arden Memory Service	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Mental Health		NHS			NHS Mental Health Provider	Additional NHS Contributio	Existing	£1,370,693	£1,403,589	
3	Dementia	Community Dementia Support	Integrated Care Planning and Navigation	Other	Support mechanisms for people				Mental Health		NHS			NHS Mental Health Provider	Additional NHS Contributio	Existing	£2,418,914	£2,476,968	
12	Urgent Care	Urgent Care	Community Based Schemes	Low level support for simple hospital discharges (Discharge to					Acute		NHS			NHS Acute Provider	Additional NHS Contributio	Existing	£7,464,299	£7,710,621	
8	Mental Health Resource Centre	MH Resource Centre	Community Based Schemes	Other	Community Based MH Support				Mental Health		LA			Local Authority	Additional NHS Contributio	Existing	£219,046	£225,617	54%
6	LD Care Homes	Pooled Provider arrangement	Residential Placements	Learning disability		5	5	Number of beds/Placements	Continuing Care		LA			Private Sector	Additional NHS Contributio	Existing	£991,017	£1,265,705	36%
6	LD Care Homes	LD Development Centre	Community Based Schemes	Other	LD Day opportunity				Continuing Care		NHS			NHS Community Provider	Additional NHS Contributio	Existing	£709,911	£724,110	100%
7	LD Compact	LD Compact	Other						Social Care		NHS			Local Authority	Additional NHS Contributio	Existing	£313,233	£322,630	57%
19	Discharge Fund	Hospital Discharge Grant Schemes	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process support/core costs					Social Care		NHS			Private Sector	ICB Discharge Funding	Existing	£2,346,237	£3,616,000	100%
9	Out of Hospital & Nursing Care	Older People Care Placements and other Nursing Placements	Residential Placements	Care home		367	367	Number of beds/Placements	Social Care		LA			Private Sector	Additional LA Contributio	Existing	£14,400,169	£15,063,525	48%
13	Voluntary Sector Review	Voluntary sector funding funding to support PI	Prevention / Early Intervention	Other	PI Support				Community Health		LA			Charity / Voluntary Sector	Additional LA Contributio	Existing	£275,689	£269,189	50%
13	Voluntary Sector Review	Voluntary sector funding funding to support MH	Prevention / Early Intervention	Other	MH Support				Community Health		LA			Charity / Voluntary Sector	Additional LA Contributio	Existing	£301,091	£301,091	41%
13	Voluntary Sector Review	Voluntary sector funding funding to support LD	Prevention / Early Intervention	Other	LD Support				Community Health		LA			Charity / Voluntary Sector	Additional LA Contributio	Existing	£821,637	£761,126	96%
11	Reablement/Discharge to Assess	Pathway Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		232	221	Number of Placements	Social Care		LA			Private Sector	iBCF	Existing	£836,713	£836,713	20%
11	Reablement/Discharge to Assess	Short Term Home Support	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		406	386	Packages	Social Care		LA			Private Sector	iBCF	Existing	£454,000	£454,000	15%
11	Reablement/Discharge to Assess	Community PI Team	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Local Authority	iBCF	Existing	£352,153	£352,153	3%
11	Reablement/Discharge to Assess	Short Term Home Support	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		495	518	Packages	Social Care		LA			Private Sector	Additional LA Contributio	Existing	£554,089	£607,810	19%

11	Reablement/Discharge to Assess	Pathway Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		73	73	Number of Placements	Social Care		LA			Private Sector	Additional LA Contributio	Existing	£264,116	£279,435	6%
11	Reablement/Discharge to Assess	Pathway Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		88	86	Number of Placements	Social Care		LA			Local Authority	Additional LA Contributio	Existing	£317,852	£326,611	7%
11	Reablement/Discharge to Assess	HWC Short Term Beds	Home Care or Domiciliary Care	Other	HWC ST Tenancy	3744	3744	Hours of care	Social Care		LA			Local Authority	Additional LA Contributio	Existing	£199,926	£203,326	24%
2	Community Support Services	Integrated Equipment Store	Assistive Technologies and Equipment	Community based equipment		807	807	Number of beneficiaries	Social Care		Joint	28.0%	72.0%	Local Authority	Additional LA Contributio	Existing	£403,985	£370,982	27%
2	Community Support Services	Integrated Equipment Store	Assistive Technologies and Equipment	Community based equipment		1306	1306	Number of beneficiaries	Social Care		Joint	28.0%	72.0%	Private Sector	Additional LA Contributio	Existing	£653,314	£652,969	45%
2	Community Support Services	Carers Services	Carers Services	Other	Carers Support Officer	1474	1474	Beneficiaries	Social Care		LA			Local Authority	Additional LA Contributio	Existing	£85,746	£88,561	8%
2	Community Support Services	Carers Services	Carers Services	Other	Carers Direct Payments	1474	1474	Beneficiaries	Social Care		LA			Private Sector	Additional LA Contributio	Existing	£138,767	£138,767	13%
2	Community Support Services	Carers Services	Carers Services	Carer advice and support related to Care Act duties		2058	2058	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Additional LA Contributio	Existing	£711,513	£711,513	66%
3	Dementia	Dementia Care Home Placements	Residential Placements	Care home		136	136	Number of beds/Placements	Social Care		LA			Private Sector	Additional LA Contributio	Existing	£5,330,414	£5,754,342	17%
3	Dementia	Dementia Care Home Placements Internal	Residential Placements	Care home		42	42	Number of beds/Placements	Social Care		LA			Local Authority	Additional LA Contributio	Existing	£1,642,237	£1,687,489	5%
3	Dementia	Dementia Hub	Community Based Schemes	Other	Dementia Hub offering advice/support				Social Care		LA			Local Authority	Additional LA Contributio	Existing	£333,498	£341,791	100%
4	Disabled Facility Grants	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants		476	558	Number of adaptations funded/people	Social Care		LA			Private Sector	DFG	Existing	£3,073,045	£3,781,686	83%
4	Disabled Facility Grants	Use of DFG grant for other social care capital schemes	Other						Social Care		LA			Local Authority	Additional LA Contributio	Existing	£1,268,314	£500,000	62%
4	Disabled Facility Grants	Warm Homes Scheme	DFG Related Schemes	Discretionary use of DFG		46	46	Number of adaptations funded/people	Social Care		LA			Private Sector	DFG	Existing	£353,000	£400,000	10%
4	Disabled Facility Grants	Use of grant for other social care capital schemes - Childrens	Other						Social Care		LA			Private Sector	DFG	Existing	£486,364	£0	24%
4	Disabled Facility Grants	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants		0	344	Number of adaptations funded/people	Social Care		LA			Private Sector	Additional LA Contributio	Existing	£0	£2,336,015	0%
4	Disabled Facility Grants	Use of grant for other social care capital schemes - Adaptations to	Other						Social Care		LA			Private Sector	DFG	Existing	£269,277	£0	7%
5	Integrated Commissioning	Joint Commissioning Posts	Enablers for Integration	Joint commissioning infrastructure					Social Care		LA			Local Authority	iBCF	Existing	£71,140	£71,140	6%
14	Whole Population Prevention	Mental Health Practitioner	Prevention / Early Intervention	Other	AMP				Social Care		LA			Local Authority	iBCF	Existing	£70,995	£70,995	1%
14	Whole Population Prevention	Community Based Support	Prevention / Early Intervention	Other	Community Based Vol Support				Social Care		LA			Charity / Voluntary Sector	iBCF	Existing	£149,997	£149,997	6%
14	Whole Population Prevention	Affordable Warmth Support	Prevention / Early Intervention	Other	Affordable Warmth Support				Social Care		LA			Private Sector	iBCF	Existing	£23,200	£23,200	100%

15	Winter Pressures	Pathway Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		75	75	Number of Placements	Social Care		NHS			Private Sector	iBCF	Existing	£500,000	£500,000	12%
15	Winter Pressures	7 Day working costs for Hospital Social Work Team	High Impact Change Model for Managing Transfer	Flexible working patterns (including 7 day working)					Social Care		LA			Local Authority	iBCF	Existing	£627,460	£627,460	100%
15	Winter Pressures	Care Home Liaison	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes					Social Care		LA			Local Authority	iBCF	Existing	£47,966	£47,966	100%
15	Winter Pressures	Housing Related support for people moving to care settings	Housing Related Schemes						Social Care		LA			Local Authority	iBCF	Existing	£43,519	£43,519	100%
15	Winter Pressures	Street Triage Capacity	Prevention / Early Intervention	Other	Street Triage				Social Care		NHS			NHS Community Provider	iBCF	Existing	£157,000	£157,000	100%
15	Winter Pressures	Mobile Night Carers	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		88	88	Packages	Social Care		LA			Private Sector	iBCF	Existing	£373,484	£373,484	100%
16	Development Fund	Development Fund for further improvement	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process support/core costs					Community Health		NHS			NHS Community Provider	Additional LA Contributio	Existing	£4,516,099	£0	50%
16	Development Fund	Development Fund for further improvement	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process support/core costs					Community Health		NHS			Private Sector	Additional LA Contributio	Existing	£4,516,099	£0	50%
17	Improving Lives	System level programme to deliver best outcomes and support more people	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process support/core costs					Community Health		NHS			Private Sector	Additional LA Contributio	Existing	£7,000,000	£0	100%
18	Population Health Management	Populatrion Health Management Capacity	Prevention / Early Intervention	Risk Stratification					Community Health		NHS			Local Authority	Additional LA Contributio	Existing	£626,667	£0	44%
18	Population Health Management	Populatrion Health Management Capacity	Prevention / Early Intervention	Risk Stratification					Community Health		NHS			Private Sector	Additional LA Contributio	Existing	£800,000	£0	56%
1	Care Act Implementation	Care Act implementation	Carers Services	Other	Enhanced Carer Support	1029	0	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Additional LA Contributio	Existing	£357,205	£0	
6	LD Care Homes	Pooled Provider arrangement	Residential Placements	Learning disability		8	8	Number of beds/Placements	Social Care		LA			Private Sector	Additional LA Contributio	Existing	£1,516,068	£1,392,408	55%
8	Mental Health Resource Centre	MH Resource Centre	Community Based Schemes	Other	Community Based MH Support				Mental Health		LA			Local Authority	Additional LA Contributio	Existing	£20,349	£0	5%
7	LD Compact	LD Compact	Other						Social Care		NHS			Local Authority	Additional LA Contributio	Existing	£134,815	£0	25%
10	Protecting Social Care	Sustaining OP ASC	Home Care or Domiciliary Care	Domiciliary care packages		524037	524037	Hours of care	Social Care		LA			Private Sector	iBCF	Existing	£10,454,534	£10,454,534	100%
10	Protecting Social Care	Integrated Care Record	Enablers for Integration	Data Integration					Social Care		LA			Private Sector	iBCF	Existing	£74,000	£74,000	6%
10	Protecting Social Care	Additional Support/Service Improvement Posts	Other						Social Care		LA			NHS	iBCF	Existing	£28,000	£28,000	100%
10	LD Care Homes	Pooled Provider arrangement	Residential Placements	Learning disability		1	1	Number of beds/Placements	Social Care		LA			Private Sector	iBCF	Existing	£233,535	£233,535	3%
10	Protecting Social Care	Sustaining ASC	Residential Placements	Care home		12	12	Number of beds/Placements	Social Care		LA			Private Sector	iBCF	Existing	£455,000	£455,000	1%
10	Protecting Social Care	Front Door Team	Other						Social Care		LA			Local Authority	iBCF	Existing	£146,883	£146,883	1%

10	Protecting Social Care	LD PI Team	Prevention / Early Intervention	Other	LD PI Team				Social Care		LA			Local Authority	iBCF	Existing	£150,990	£150,990	100%
10	Protecting Social Care	DP Support Post	Personalised Budgeting and Commissioning						Social Care		LA			Local Authority	iBCF	Existing	£41,766	£41,766	18%
10	Protecting Social Care	Additional Support/Service Improvement Posts	Other						Social Care		LA			Local Authority	iBCF	Existing	£408,992	£408,992	100%
10	Protecting Social Care	Integrated Commissioner	Enablers for Integration	Integrated models of provision					Social Care		LA			Local Authority	iBCF	Existing	£50,000	£50,000	4%
10	Protecting Social Care	Nurse Contribution	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care		NHS			NHS	iBCF	Existing	£8,000	£8,000	0%
10	Protecting Social Care	Trechnology & Improvement	Other						Social Care		LA			Private Sector	iBCF	Existing	£28,000	£28,000	100%
20	Autism Assessment	To reduce waiting times for Autistic Diagnosis	Other						Community Health		NHS			NHS Community Provider	Additional LA Contributio	New	£5,000,000	£0	100%
11	Reablement/Discharge to Assess	ICB Discharge Fund bf - no clarity if can be used or will need paying back	Other						Other	Disch funding bf. No clarity on future use	NHS			NHS	Additional LA Contributio	Existing	£2,332,957	£0	100%
19	Discharge Fund	Adult Social Care Discharge Fund - ST HS	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		939	1536	Packages	Social Care		LA			Private Sector	Local Authority Discharge	Existing	£1,050,001	£1,802,500	35%
9	Out of Hospital & Nursing Care	OP Community Packages - DP	Personalised Care at Home	Other	OP DPs				Social Care		LA			Private Sector	Additional LA Contributio	Existing	£1,978,685	£1,978,685	100%
19	Discharge Fund	Adult Social Care Discharge Fund - ST Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		242	372	Number of Placements	Social Care		LA			Local Authority	Local Authority Discharge	Existing	£875,000	£1,411,674	20%
19	Discharge Fund	Adult Social Care Discharge Fund - SW/OT Support	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge Teams supporting					Social Care		LA			Local Authority	Local Authority Discharge	Existing	£182,157	£250,000	2%
19	Discharge Fund	Other Discharge Schemes - HWC Dementia Pilot	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		9	9	Packages	Social Care		LA			Local Authority	Local Authority Discharge	Existing	£32,000	£32,000	100%
19	Discharge Fund	LDA Support	Other						Social Care		LA			Local Authority	Local Authority Discharge	Existing	£74,201	£178,000	0%

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate

6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.

15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care and Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed Based Intermediate Care Services	Number of placements
Home Based Intermeditate Care Services	Packages
Residential Placements	Number of beds/placements
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2023-25 Template

6. Metrics for 2023-24

Selected Health and Wellbeing Board: Coventry

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2022-23 Q1	2022-23 Q2	2022-23 Q3	2022-23 Q4	Rationale for how ambition was set	Local plan to meet ambition	Complete:
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	248.6	205.6	264.4	203.0	Coventry 113th of 152 LAs nationally 22-23. Ambition to move improve to national median LA position.	The Improving Lives Programme is reviewing hospital pathways which will provide opportunities to improve this position once implemented	Yes
	Number of Admissions	803	664	854	-			
	Population	366,785	366,785	366,785	366,785			
		2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4			
	Indicator value	191.8	148.8	207.6	146.2			Yes

>> link to NHS Digital webpage (for more detailed guidance)

8.2 Falls

		2021-22 Actual	2022-23 estimated	2023-24 Plan	Rationale for ambition	Local plan to meet ambition	
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,142.5	2,148.0	1,865.0	Coventry ranks 79th of 152 Las 21-22, marginally above median. As such ambition is to move to upper quartile.	The UCR available offers a falls pathway to support people to remain at home without the need for a potential admission. This is expected to contribute to improvements in the position	Yes
	Count	1,135	1138	971			Yes
	Population	50,439	51541	52078			Yes

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2022-23 Q1	2022-23 Q2	2022-23 Q3	2021-22 Q4	Rationale for how ambition was set	Local plan to meet ambition	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (Sitrep data - available on the Better Care Exchange)	Quarter (%)	97.4%	97.1%	96.8%	96.8%	Coventry is in the top 5 LAs nationally 22-23. Stretch ambition to maintain at highest quarter acheivement of 22-23.	Activity to maintain this level of delivery will be continued	Yes
	Numerator	8,307	8,000	8,074	7,925			
	Denominator	8,527	8,242	8,344	8,184			
		2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4			
	Quarter (%)	97.4%	97.4%	97.4%	97.4%			
	Numerator	8,363	8,084	8,184	8,027			Yes
	Denominator	8,587	8,300	8,402	8,241			Yes

8.4 Residential Admissions

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition	
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	810.5	698.5	712.1	672.1	Whilst target for 22/23 was not achieved, the outturn position still showed improvement on previous position. Target set to demonstrate further improvement beyond last years target	The Improving Lives programme seeks to improve our approach to ensuring the right care is received in the right place at the right time. Early diagnostic work suggested there are opportunities to support more people at home which will	Yes
	Numerator	409	360	367	350			Yes
	Denominator	50,463	51,541	51,541	52,078			

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	84.0%	84.0%	81.1%	84.1%	22/23 showed a reduction on previous position and target so 23/24 target set to bring level back up to previous achievements before looking to improve further	As aprt of wider review of community services, step up support will be looked at to ensure opportunities outside of return to hospital are available	Yes
	Numerator	482	482	439	455			Yes
	Denominator	574	574	541	541			Yes

Please note that due to the demerging of Cumbria information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- Actuals and plans for Cumberland and Westmorland and Furness are using the Cumbria combined figure for all metrics since a split was not available; Please use comments box to advise.
- 2022-23 and 2023-24 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2021-22 estimates.

Better Care Fund 2023-25 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Coventry

	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	Complete:
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated approval? *Paragraph 11* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned? Have all elements of the Planning template been completed? *Paragraph 12*	Expenditure plan Expenditure plan Narrative plan Validation of submitted plans Expenditure plan, narrative plan	Yes	HWB are yet to confirm the plan, however the plan is on the first meeting of the new Municipal year on 26th July			Yes
	PR2	**A clear narrative for the integration of health, social care and housing**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs *Paragraph 13* • The approach to joint commissioning *Paragraph 13* • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered *Paragraph 14* - Changes to local priorities related to health inequality and equality and how activities in the document will address these. *Paragraph 14* The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. *Paragraph 15*	Narrative plan	Yes				Yes
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? *Paragraph 33* • Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? *Paragraph 33* • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils? *Paragraph 34*	Expenditure plan Narrative plan Expenditure plan	Yes				Yes
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4	**A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home**	Does the plan include an approach to support improvement against BCF objective 1? *Paragraph 16* Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? *Paragraph 19* Does the narrative plan provide an overview of how overall spend supports improvement against this objective? *Paragraph 19* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? *Paragraph 56*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan	Yes				Yes
Additional discharge funding	PR5	**An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? *Paragraph 41* Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? *Paragraph 41* Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? *Paragraph 44* Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'? If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? *Paragraph 51*	Expenditure plan Narrative and Expenditure plans Narrative plan Narrative and Expenditure plans	Yes				Yes

NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	PR6	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? *Paragraph 31* Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? *Paragraph 32* Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? *Paragraph 34* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? *Paragraph 66* Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? *Paragraph 38*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan Expenditure plan Narrative plan	Yes				Yes
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	PR7	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? *Paragraphs 52-55*	Auto-validated on the expenditure plan	Yes	Expenditure Tab			Yes
Agreed expenditure plan for all elements of the BCF	PR8	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? *Paragraph 12* Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? *Paragraph 12* Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? *Paragraph 13* Is there confirmation that the use of grant funding is in line with the relevant grant conditions? *Paragraphs 25 - 51* Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? *Paragraph 41* Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? *Paragraph 15* Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support?	Auto-validated in the expenditure plan Expenditure plan Expenditure plan Expenditure plan Expenditure plan Narrative plans, expenditure plan Expenditure plan	Yes				Yes
Metrics	PR9	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Have stretching ambitions been agreed locally for all BCF metrics based on: - current performance (from locally derived and published data) - local priorities, expected demand and capacity - planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? *Paragraph 53* Is there a clear narrative for each metric setting out: - supporting rationales for the ambition set, - plans for achieving these ambitions, and - how BCF funded services will support this? *Paragraph 57*	Expenditure plan Expenditure plan	Yes				Yes

HM Government

NHS England

BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans. Although the template is optional, we ask that BCF planning leads ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 25 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

Cover

Health and Wellbeing Board(s).

Coventry

Bodies involved strategically and operationally in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils).

The following organisations/partnerships have been involved in developing and reviewing the schemes and joint integration activities as set out in this Better Care Fund (BCF) Plan for 2023 - 2025 (and supporting BCF Planning Template), that will be submitted to NHS England for assurance:

- Representatives on the Coventry Adult Commissioning Group – commissioning and finance leads from the City Council and the Integrated Care Board (ICB) Note: this is the agreed S75 governance arrangement which remains in place
    - Membership includes:
    - Commissioning, delivery, finance and Public Health representation from Coventry City Council (CCC);
    - Clinical, commissioning and finance leads from Coventry and Warwickshire Integrated Care Board (CWICB);

- NHS operational teams across discharge, admission avoidance and hospital flow – influences BCF indirectly through feedback on system issues and how resolved.

- Coventry Care Collaborative – a newly formed group as part of our 'place arrangements' who have been briefed on the purpose and outturn from previous years BCF to influence future delivery. This influence in the previous plan has led to the dec
    - Membership includes:
    - Coventry City Council
    - Coventry and Warwickshire ICB
    - Coventry and Warwickshire Partnership Trust
    - University Hospital Coventry and Warwickshire
    - VCSE
    - Coventry Healthwatch
    - Primary Care

Coventry Health and Wellbeing Board members will be asked to approve the plan at their first meeting of the new municipal year on 26th July 2023

How have you gone about involving these stakeholders?

An exercise to review progress of existing elements of the BCF plan started in August 2022. As part of this exercise, schemes were reviewed to establish whether they were still delivering services that were a priority reflecting the challenging financial. The joint review comprised staff from the Local Authority and Integrated Care Board (ICB) with feedback from partner agencies involved in supporting the system.

The review focussed on assuring that schemes continued to respond to current system pressures/priorities and are as efficient and effective as possible; taking into account whether there are alternative ways of achieving similar outcomes or alternative funding arrangements.

High level review outcomes identified that the majority of schemes were well established with positive impact evidenced across health and social care and if withdrawn would have a detrimental impact to our population.

In advance of receipt of the Better Care Fund Policy Framework and Planning Requirements, draft schemes, activities, and priorities to be delivered through the Better Care Fund local delivery programme (the Better Together Programme) were discussed and agreed in meetings and through wider engagement with the partners listed above, ready for the start of the 2023/24 year.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

This narrative plan is produced when we are already into year one of its delivery, this is however not a 'brand new plan' but an evolvement of previous BCF plans based on changing requirements, priorities and resources.

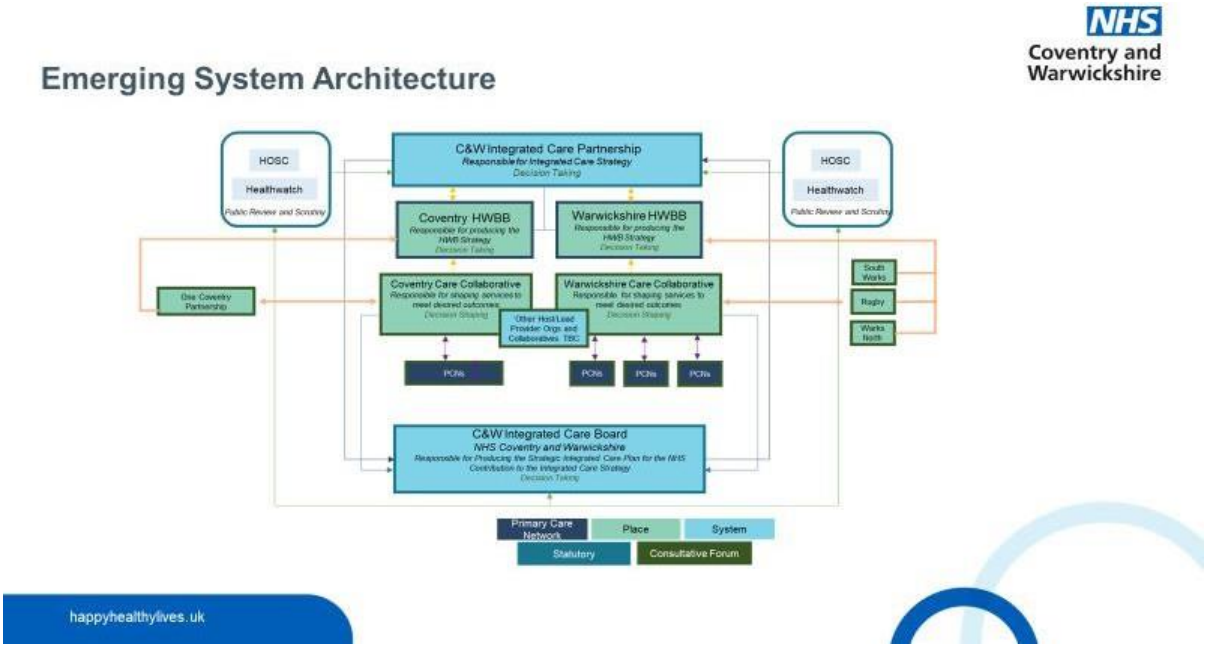
The plan evolves within the spirit of working together to support the individual. We operate within a dynamic environment and through working constructively with NHS partners have been able to adapt and flex the plan in real time dependant on pressures and priorities. In this spirit, which we consider is at the essence of collaborative and user focussed working the organisations and people within them who contribute and influence how BCF is applied locally is much greater than the chief officers who 'sign off'.

Governance decisions regarding the BCF for Coventry are made with Coventry and Warwickshire ICB and approved through Coventry Health and Wellbeing Board.

Governance of the implementation of the Better Care Fund is through the Adult Commissioning Group which is the agreed S75 governance arrangement

Integrated Care System governance arrangements

The illustration below summarises the emerging Coventry and Warwickshire Integrated Care System architecture. This is evolving and the Coventry Care Collaborative will have a key role in future BCF planning. This body is currently in place but operating as a 'consultative forum', and over the period of this BCF plan the Care Collaborative is expected to develop into a sub-committee of the ICB. It is not intended for the Care Collaboratives to have delegated authority for decision making in respect of BCF so these decision-making responsibilities will remain with the ICB and HWBB respectively. The Care Collaborative will however make formal recommendations to the ICB in respect of BCF once established as a sub-committee.



Approval timetable

The following confirms the governance route for signing off the plan:

Organisation		Review and Decision / Approval Date
Partnership	Adult Joint Commissioning Group	15th June 2023
ICB	Executive	27th June 2023
Partnership	Health and Wellbeing Board – review, and Approval	26th July 2023
	Submission deadline	28th June 2023

Executive summary

This should include:

- Priorities for 2023-25
- Key changes since previous BCF plan.

The Better Care Fund has been one of the key contributors over a number of years towards building stronger partnerships and integration between the commissioners and providers of health and care services in Coventry.

Despite significant pressures across the system including a continual reduction in social care resources and increasing acuity of need, partners have strived to make a sustained difference to the way services are organised and delivered. The use of the iBCF/BCF and now the Hospital Discharge Fund has been a significant factor as to how the City Council has been able to increase capacity in the hospital discharge team, increase discharge destination capacity and avoid the need for service reduction proposals with NHS colleagues for a number of years.

By working together, the expertise and strengths within the system have been acknowledged and resulted in opportunities to adapt how services are commissioned and delivered in response to local needs and pressures.

Since the 2022/23 plan was approved the Integrated Care System (ICS) has continued to develop along with the introduction to geographical collaboratives of the new Coventry and Warwickshire Integrated Care System. These are currently in a 'collaborative committee' stage without formal delegated responsibility but are intended to develop to the point of being sub-committees of the ICB within the life of this BCF plan.

Locally our BCF Plan for 2023/25 will continue to build on our long-term vision, as outlined in our original submission in 2015/16, our updated 2017-19 plan, and builds on the progress made from 2016-23.

The majority of schemes and activities in our BCF plan for 2023/25 continue on from previous years, with key priorities described in the following section.

Joint Priorities for 2023/25

As outlined in our Coventry and Warwickshire ICS Five Year Joint Forward Plan, enabling and supporting people to maintain their independence at home is at the heart of our approach. The work that we are doing through our Improving Lives Programme in Coventry is underpinned by this principle and an opportunity to transform our local offer (see further detail related to this priority below).

Relationships are robust across health and care partners with commitment to working together and sharing learning to improve population health and individual outcomes. We have a number of joint strategies and delivery plans that run through 2023 – 2025 that will continue to be a focus for us to improve our support offer for people, including, but not limited to, people with dementia, autism and informal carers.

We continue to work together to consider new ways of working including how to maximise the use of remote and digital technology to meet people's health and care needs. We also collaborate to support market shaping and development to ensure that we have a sustainable care market able to meet the needs of our residents.

Priorities for 2023-25

The following priorities are in place to support the two BCF Objectives to 1. Enable people to stay well, safe, and independent at home for longer and 2. Provide the right care in the right place at the right time:

1. Improvement activity being delivered through the Better Care Fund
    a. Further Implementation and take up of the Integrated Care Record in Social Care – will improve information sharing and access to records held in health and social care and ultimately enhance patient/resident experience
    b. Improvement on Disabled Facilities Grant (DFG) processing and activity to improve ability to support people at home through adaptations, including adaptations to temporary accommodation
    c. Further development and implementation of 'Improving Lives for Older People' programme focussed on a whole pathway improvement from admission avoidance through to discharge. A core objective of this programme is to provide health care and support to people at home and prevent issues of 'flow' through reducing the need for people to transfer to hospital in the first place through greater integrated working and approaches

National Condition 1: Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person-centred health, social care and housing services including:

- Joint priorities for 2023-25
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to continued integration of health and social care. Briefly describe any changes to the services you are commissioning through the BCF from 2023-25 and how they will support further improvement of outcomes for people with care and support needs.

Health, social care and wider partners within Coventry and Warwickshire have previously through the BCF developed a variety of integrated and joint working arrangements, which have formed the foundation of the Coventry and Warwickshire ICS.

These arrangements continue with a joint commitment that the BCF will support with oversight to potentially transfer to Care Collaboratives. Proposals for how this will happen have yet to be developed.

Whilst it is not specifically stated, the intentions are to ensure health activity is established more widely through the schemes extending into Mental Health and Disability, primarily Learning Disability. The BCF in Coventry has historically provided financial support into the Mental Health system through Street Triage and the provision of an additional Approved Mental Health Professional (AMHP) supporting the Acute Hospital in-reach teams (AMHAT) reflecting the integrated approach to support that exists through the successful S75 agreement in place between the City Council and Coventry and Warwickshire Partnership Trust. This will now be extended to cover elements of discharge facilitation and admission avoidance for adults with learning disability and/or autism to support the collaborative commissioning intentions of the Joint Team in place.

Integrated commissioning is well embedded in Coventry supported by established integrated roles:

- A joint Commissioning Manager post Learning Disabilities (CCC/ICB)
- A joint Commissioning Manager post Dementia & Mental Health (CCC/ICB)
- An integrated care quality team (CCC/ICB)
- An Integrated Commissioning team for People with Disabilities, (WCC/CWICB/Coventry City Council),
- A Public Health Senior Commissioning Manager line managed through adult social care commissioning

From 2021 the Council introduced 7-day brokerage cover which is now well embedded alongside the Community Discharge Team offer. This has served to improve flow from hospital particularly at weekends and for extended hours during the week. Although not an integrated health and care function there is alignment between the two with shared market intelligence specifically supporting Pathway 3 (ICB) discharges at weekends and over bank holidays as needed. In addition, the Council formalised the interim support to care homes by including Care Home Liaison within the Community Discharge Offer following on from the successful BCF pilot previously in place.

Work continues across health and care partners to support development of the Coventry and Warwickshire Integrated Care System (ICS). The Integrated Care Board (ICB) and Integrated Care Partnership (ICP) are now formally constituted, and the 2 geographical care collaboratives are now established and were formally in place from 2022. A key component of the ICS, the care collaboratives are a partnership of organisations responsible for organising and delivering health and care within Coventry and Warwickshire respectively. In Coventry it is proposed that the

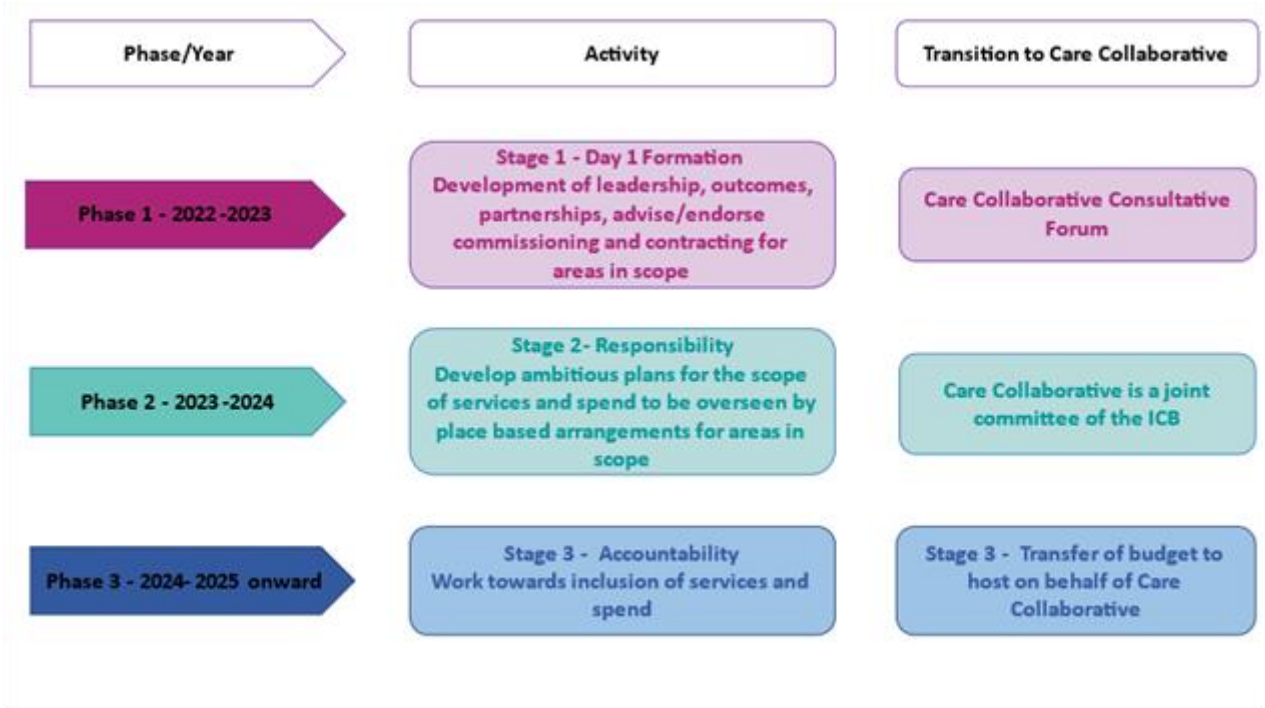
collaborative will be hosted by University Hospital Coventry and Warwickshire (UHCW) and the chair is the Director of Adult Social Care and Housing in Coventry endorsing both the partnership and the primacy of place.

The Care Collaboratives:

- Are the foundation for the integration of health, social care and public health services, and population health at Coventry level and Warwickshire level.
- Are the entities that the ICB will delegate NHS resource to for the services agreed in scope (from April 2023 subject to assurance of readiness to operate). Current services in scope for Care Collaborative delegation include urgent and emergency care, out of hospital, Continuing Healthcare for adults and the BCF.
- Will be held to account by the ICB for the delivery of identified metrics/outcomes associated with functions and resources delegated to them.

To develop the Care Collaborative approach Coventry and Warwickshire ICB are facilitating 3 workstreams focused on Care Collaborative development including transfer of responsibilities, governance, and assurance. The workstreams are overseen by a Programme Board. An outline of the work programme is provided below alongside the current plans for phasing work and associated governance arrangements from the ICB to Care Collaboratives.

The local collaborative is now in phase 2 with the ambitious plans for delivery detailed within the ICB strategy with both Coventry and Warwickshire Councils leading on 'supporting people at home'. Key measures of success are being developed and agreed



There are existing integrated service arrangements that exist and offer a firm basis to develop integrated partnerships and/or working arrangements further. The formal S75 arrangements across Coventry and Warwickshire with Coventry and Warwickshire Partnership Trust (CWPT) being one example of how the system has approached collaboration and cooperation to secure best outcomes for local people.

National Condition 2

Use this section to describe how your area will meet BCF objective 1: **Enabling people to stay well, safe and independent at home for longer.**

Please describe the approach in your area to integrating care to support people to remain independent at home, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to help people to remain at home. This could include:

- steps to personalise care and deliver asset-based approaches
- implementing joined-up approaches to population health management, and proactive care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at place or neighbourhood level, taking into account the vision set out in the Fuller Stocktake
- how work to support unpaid carers and deliver housing adaptations will support this objective.

Adult Social Care in Coventry has adopted the ICS vision to ensure strength-based approaches are in place to enable people to live as independently as possible and optimise individual choice and control. We have a specific offer in place which is readily available to describe our intentions, how we will deliver them and what people of Coventry can expect from us.

Promoting Independence is an ethos well embedded in Coventry with therapy first approaches as being central to delivery both in terms of equipment and in reablement of those experiencing adverse events. This has been recognised at a national level and we have seen significant improvement in the numbers of people accessing this service from community and Hospital then remaining independent after intervention.

There are strong and productive partnership arrangements in place that have provided a firm foundation for the delivery of more integrated care with the Improving Lives programme building on this in terms of how we can reduce admissions through a combining efforts and resources and make discharge more effective and support greater independence, reducing reliance on long term options. Trials are currently in progress and show promising outcomes for people. Multi-disciplinary team working is embedded in our reablement offer and we have a range of co-commissioned preventive support in place including supports for unpaid carers.

Adult Social Care works closely with system partners including Primary Care to make effective plans for surge activity across the year. This is developed and monitored via the Care Collaborative and the Mental Health Collaboratives that are in place and include Primary Care representatives.

DFG application has been broadened to embrace autism and learning disability particularly focused on discharge from long stay hospital. The needs of unpaid carers is included within the assessment process to facilitate safe and effective care at home and the revised Housing Assistance Policy supports this financially by enabling provision of small adaptations without charge.
We have a jointly commissioned equipment provision, managed by ASC but agreed annually with the ICB. This provides timely support for residents to enable them to remain in the community and facilitates timely hospital discharge as 7-day working is delivered through the service.

Adult Social Care works closely with Council colleagues in support of the One Coventry plan., this includes the local development of community prototypes that will be designed to support people with Learning Disability into employment and to develop models of support from the community for family carers. That avoid the need for statutory based intervention.

National Condition 2 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support people in the community. This should include:

- learning from 2022-23 such as
    - where number of referrals did and did not meet expectations
    - unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
    - patterns of referrals and impact of work to reduce demand on bedded services – e.g. improved provision of support in a person's own home, plus evidence of underutilisation or over-prescription of existing intermediate care services);
- approach to estimating demand, assumptions made and gaps in provision identified
- planned changes to your BCF plan as a result of this work.
    - where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?
    - how have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

As part of the response to the hospital discharge reporting, improvements were made to systems to capture short term services linked to discharge/community step up. This has provided better information to demonstrate numbers of new people requiring short term services and enabling us to plot this through the year, factoring in the financial resources available to us through the Hospital Discharge Fund.

Our Market Sustainability Planning work has not highlighted any significant gaps in the market for good quality intermediate care. Our historic Short Term Home Support Block contracts have led to hours being funded that were not then needed/delivered and this is being taken into account as short term home support is re-procured later in 2023.

A base of block contracts are used to ensure a minimum level of support is always available, which is then topped up with further spot provision to reflect demand ebbs and flows. This has meant in the majority of cases short term support can be secured in reasonable timescales.

In a very few cases, however, people with more complex needs including, those with significant mental health issues and behaviours that challenge, wait longer than we would like for short term support. Our systemwide review looking at planning for the coming winter has identified this as a priority for focussed attention.

The 'Improving Living' Lives Programme is reviewing whether opportunities exist for meeting needs through more appropriate pathways, e.g. those that may have been placed in a short-term bed previously can have their needs met at home. Baseline work completed suggests opportunities do exist to improve the customer experience.

National Condition 2 (cont)

Describe how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25, and how these services will impact on the following metrics:

- unplanned admissions to hospital for chronic ambulatory care sensitive conditions
- emergency hospital admissions following a fall for people over the age of 65
- the number of people aged 65 and over whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population.

With funding in the main static, there is limited resource available for new schemes. In recognition of the need for further investment to support Autism diagnosis, funds were invested at the end of 22/23 which have been brought forward into 23/24 to support diagnosis. Hospital Discharge funding confirmation should ensure existing baselines of additional pathway 1 and pathway 2 activity can be maintained during 2023/24 and further expanded in 2024/25.

The Improving Lives for Older People Programme is providing a review of pathways to support more people at home following hospital admission, which will ultimately support the reduction of the number of people needing to be admitted to residential or nursing provision and ultimately influence future commissioning activity. We continue to make best use of Short-Term services following hospital admission, but in addition we are seeing an upward trend in the use of short-term services for those in the community to provide a period of enablement and to avoid a hospital admission. Approximately 70% of those accessing short term services do not require long term services.

We work jointly with partners to offer an Urgent care response, which supports people to remain healthy and as independent as possible without the need for a hospital admission. This offer, as part of UCR is demonstrating good outcomes for people as well as reducing the need for long term support. UCR also offers a falls pathway to support people to remain at home without the need for a hospital admission. This is supported through partnership working and the addition of specific domiciliary hours to facilitate urgent care.

Our enablement approach and use of short-term services to support hospital discharge and hospital avoidance is well embedded with a therapy led approach. The effectiveness and flow through the pathways are monitored via weekly MDT's, made up of internal and external partners. Therapy interventions, provision of equipment and consideration of Adaptations are core elements within our approach.

Adult Social care is working with partners in the development of proactive care model, which makes best use of population health management to understand the specific needs of the whole population and the impact of wider determinants. As well as risk stratification to identify emerging risk cohorts. Staff currently attend MDT's with PCN leads to support vulnerable people within the community to remain healthy at home. This approach will develop further with the progression of proactive care model.

National Condition 3

Use this section to describe how your area will meet BCF objective 2: **Provide the right care in the right place at the right time.**

Please describe the approach in your area to integrating care to support people to receive the right care in the right place at the right time, how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support safe and timely discharge, including:

- ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support, in line with the Government's hospital discharge and community support guidance.

- How additional discharge funding is being used to deliver investment in social care and community capacity to support discharge and free up beds.

- Implementing the ministerial priority to tackle immediate pressures in delayed discharges and bring about sustained improvements in outcomes for people discharged from hospital and wider system flow.

A hospital discharge programme group exists and is represented by all primary organisations supporting patients from hospital. Information in respect of discharge and delays are monitored on a regular basis through the forum with regular reporting into the aging well board and the local urgent and Emergency Care Board. This considers the elements of the high impact change model.

There is a strategic, tactical and operational oversight of demand and capacity across the system six days a week. Enabling robust management of required actions to secure discharge at earliest opportunity, using "why not home, why not today" ethos.

BCF funding continues to be used for a number of preventative initiatives that support people in their own homes through, for example, investment in affordable warmth initiatives, amelioration of loneliness, targeted funding for deprived communities including through our Healthier Communities together initiative. This funding supplements the Councils Preventative Support Grant funding which supports a range of coproduced outcomes largely through voluntary sector grants. Our close working between Adult Social Care and Public Health commissioners joins up preventative support particularly in the areas of drugs and alcohol, healthy lifestyles and sexual health.

Our integrated approach to commissioning of pathway support has reablement, strengths-based working and promotion of independence at its heart supporting both step up and step-down support. We have retendered our short term bedded support with new contracts that were effective from early October 2022 and which have centred on the twin aims of ensuring sufficiency of provision and improving outcomes for people. This proved successful in sustaining our performance and reducing escalation during the winter period

Joint preparatory work has commenced for recommissioning of pathway 1 home support services by Spring 2024 with different models being considered and again an emphasis on improved independence outcomes. The models will be informed by the work being undertaken across the system to improve experiences for those at risk of or do find themselves admitted to hospital. Early modelling suggests a revised service offer is achievable that secures assessment at home and utilises community resources differently to achieve this.

Hospital Discharge funding confirmation for 23/24 and 24/25 should ensure existing baselines of additional pathway 1 and pathway 2 activity can be maintained during 2023/24 and further expanded in 2024/25. This alongside the delivery of the Improving Lives for Older People Programme will support discharge and free up hospital beds.

National Condition 3 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support discharge from hospital. This should include:

- learning from 2022-23 such as
    - where number of referrals did and did not meet expectations
    - unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
    - patterns of referrals and impact of work to reduce demand on bedded services – e.g. improved provision of support in a person's own home, plus evidence of underutilisation or over-prescription of existing intermediate care services);
- approach to estimating demand, assumptions made and gaps in provision identified
- planned changes to your BCF plan as a result of this work.
    - where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?
    - how have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

THIS SECTION IS IDENTICAL TO ONE INCLUDED ABOVE UNDER NATIONAL CONDITION 2 WHERE THE SUBMISSION CAN BE FOUND

National Condition 3 (cont)

Set out how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25 and how these services will impact on the following metrics:

- Discharge to usual place of residence

Set out progress in implementing the High Impact Change Model for managing transfers of care, any areas for improvement identified and planned work to address these.

During the pandemic the local system had worked collaboratively and productively together to deliver the principles of effective and safe discharge. This included:

- A focus on 'home first'
- Focus on reablement and assessment outside of the acute hospital
- Establishing and monitoring the 4 discharge pathways.
- Delivery of discharges across the 7-day week

This supported the work that had already started across Coventry to address the delays, build on the improved performance during the pandemic

In January 2021 the local health and social care system embarked on a significant review of discharge to determine the effectiveness, the improvements required and to make recommendations in terms of admission and discharge activity. This work was led by Newton and the initial diagnostic findings highlighted several opportunities to improve and inform discharge practices.

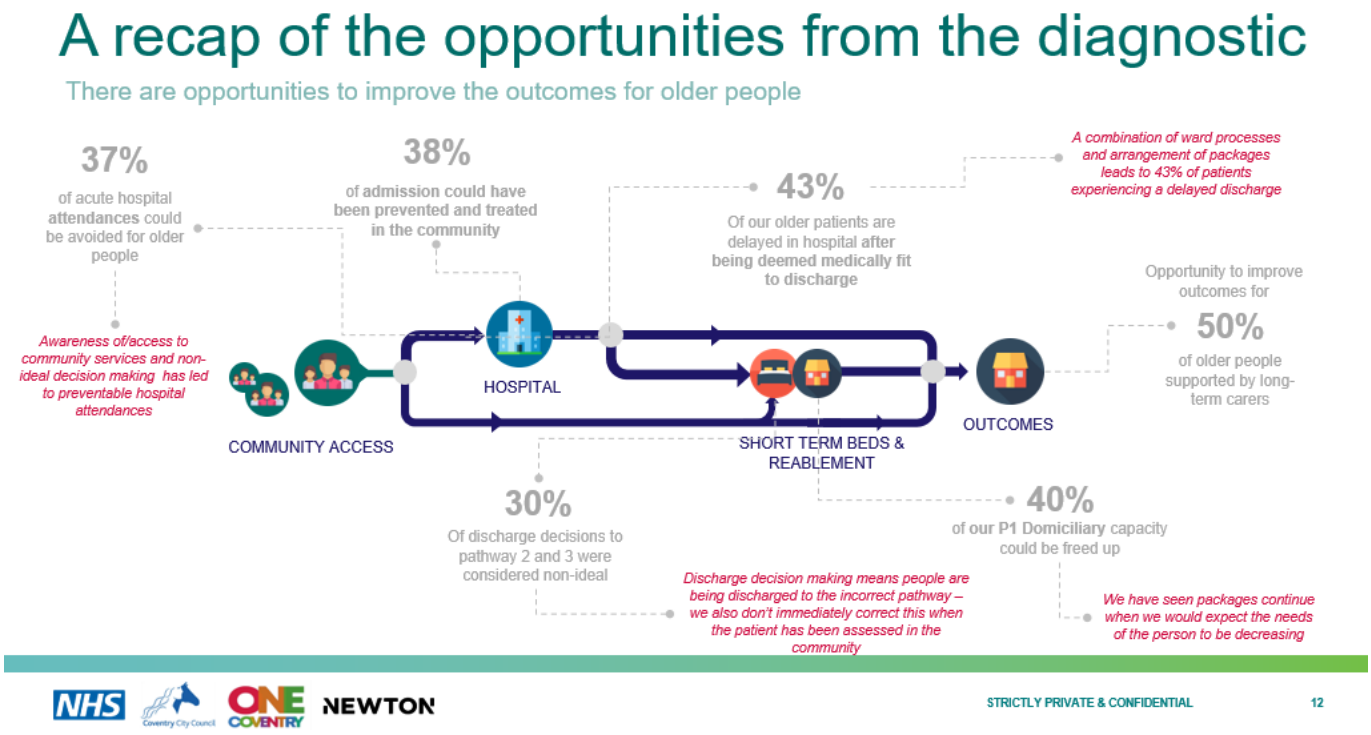
From 01/04/22 NHS bodies and local authorities were mandated to adopt discharge process that 'best suits' the local population. The work already started via Newton meant that the local system was well placed to deliver the aspirations of the revised guidance and in working systemically as part of the ICS.

The programme of work being undertaken sits firmly within the overall programme of the Discharge Delivery Board led by the Director of System Transformation/Urgent Care Lead at the ICB but exists as a specific work programme for the Coventry system.
The Programme is designed to deliver a fundamental change to the way in which we support people in Coventry so that people's experience of care is dictated by what they need either before or post admission

Initial findings:

The analysis provided by Newton was extensive measuring data from across University Hospital Coventry and Warwickshire, Coventry and Warwickshire Partnership Trust and Coventry City Council.

A summary of findings is included below:



This provided the compelling narrative for change for the local system not only to improve experience but to utilise resources more effectively and release associated savings.

Subsequent to this Newton have been engaged via formal contract to facilitate the development of new models, trial new ways and implement within a challenging time frame.

This programme of work is now included with thin the 5-year plan for the ICS and will significantly contribute to the aims and objectives of the 'supporting people at home' element of the plan. These aims are:

1. An improved and more responsive coordination and delivery of health and care within an individual's own home when urgent and emergency care is required – this will help prevent people making unnecessary visits to hospitals.
2. Where ongoing support (health or care or both) is required to enable people to continue to live independently, this will be reliable, sustainable, and responsive to change as people's requirements change.
3. Where people are required to visit hospital for treatment, this will be undertaken in a patient-centred and effective manner, with the focus on returning home as soon as possible.
4. Where people have had a change in their health as a result of deterioration or a specific episode in their life, they will be supported to recover and re-able to maximise their individual outcomes.

Objectives to be achieved in relation to acute health process for residents/registrants are:

- Developing a front door process that can accurately determine the needs of a patient and direct them to the most appropriate service. This objective is focused on reducing non-ideal admissions to UHCW.
- Reducing the delay to a patient stay in hospital, specifically their treatment time, delays in determining if they can be discharged from hospital and the discharge process. This workstream is focused on reducing the overall length of stay for an 18+ patient in UHCW.

One Coventry Integrated Team:

- This project area is focused on creating a single Coventry integrated team of professionals that can effectively and efficiently provide care to people in Coventry, providing an alternative to being admitted to UHCW and support patients after a period of care in UHCW.

A benefits realisation board is in place to track the benefits delivered by the programme with benefits to be tracked across five key areas:

- Bed based intermediate care demand
- Demand for ongoing home support
- Demand for ongoing residential/nursing care
- Demand for acute beds
- Demand on Emergency Department

The future model is now established, and this is outlined in the graphic below:

Planning the future model:
The improvement work is being delivered through work programmes with strategic leadership to each programme that enables confirm and challenge. Staff were pre-selected to enable the right input, decision making and autonomy to develop and trial new models of working. The workstreams are facilitated by Newton and formal governance in place to oversee the work with the SRO role undertaken by the Chief Strategy Officer at UHCW.

Regular programme board meetings take place alongside regular leads meetings to maintain focus, track progress and agree actions as required.

The graphic below provides the latest update shared at the 'bringing it all together' event 2023

Workstream Updates

Hospital Processes

Improving processes that happen entirely on the hospital site. This includes ED decision making, ward flow and discharge processes

Key Updates

- Agreed first flow trial with design team – begin this in wards this week. ED trial starting on 27th
- Front Door: increasing identification & referrals to UCR from ED
- Processes to drive weekend discharges determined to drive flow & P0 discharges
- Booked in the initial UCR engagement – goal to have clinician who can identify ideal UCR patients in ED

Interfaces

Making sure that every connection in Coventry works. Giving the right visibility at the right time across the hospital and community

Key Updates

- Identifying most important connections to facilitate across end-to-end urgent and emergency pathway
- Building understanding of what data visibility the local integrated teams will need to pull the right patients onto their caseload
- Initial engagement with decision-makers across key intervention points prior to hospital (WMAS, GPs etc.) to understand how we can most effectively design referral routes which work for them

One Coventry Integrated Team

Building the integrated care model ensuring that we have the ability to proactively intervene in the community and actively lead discharge planning.

Key Updates

- First trial is starting **next week** which will see us bring all organisations together to provide wrap around reablement for each individual. We will be trialling:
  - Assessments at home
  - Empowering carers to challenge POC
  - Working as an integrated team
- Starting next week, we are starting studies to access the benefit of Virtual Wards across all acute wards

National Condition 3 (cont)

Please describe how you have used BCF funding, including the iBCF and ASC Discharge Fund to ensure that duties under the Care Act are being delivered?

In respect of delivery of duties under the Care Act the BCF, iBCF and ASC Discharge Fund supports the following:

Ensuring that people with the appearance of care and support needs receive services that prevent their care needs from becoming more serious, or delay the impact of their needs

The funding provides resources for a range of services that prevent or delay the care and support needs. A key element of this is the resources being used for the provision of short term reablement services. These are services provided through Discharge to Assess pathways as well as services provided to people presenting in the community who would benefit from a period of short-term support. As approximately 70% of people who receive short term support do not require an ongoing care and support service the effectiveness of using the resources to meet this requirement of the care act is significant. The resources do not simply provide home care and residential beds but also the therapy and social work support required to enable people to achieve their optimal level of functioning.

For people with lower level needs the iBCF funding resources schemes such as the Befriending service which is aimed at supporting the physical and mental wellbeing of older people and in doing so prevent the onset of care and support needs. The evidence for the effectiveness of this is more limited

Support to carers is also included within the fund and there is no question as to the importance of supporting carers to continue caring in respect of its impact on preventing both the condition of the carer and the cared for from becoming more serious.

People can get the information and advice they need to make good decisions about care and support

As part of our information and advice offer the resources enables information to be provided to people as to what they might expect when they come into contact with social care and/or are planning for discharge from hospital

The Heart of England Carers Trust, funded from the Carers element of the funding provide an extensive information and advice offer which would not be possible without the resources contained within this fund.

On a wider context the City Council has an extensive information and advice network provided through the voluntary and third sector and our library and community information services. Although not directly funded from the iBCF or ASC discharge grant it is possible that should this funding not be available the extent of information and advice services provided by the local authority would not be sustainable as a whole.

To have a range of provision of high quality, appropriate services to choose from

The iBCF and ASC Discharge Fund provides resource for an increasingly diverse range of provision. For example, within this plan short term home support will be re-commissioned with the objective of increasing the number of providers from 3 to 6. For bedded provision an increasing number of locations are available enabling people to be supported closer to family members where possible.

The use of the resource to also fund social work and occupational therapy input means that there is an increased capacity to engage with people on the outcomes they would like to achieve beyond an initial service and work with them to achieve this.

Through supporting our commissioning capacity, we are able to better monitor the standard of services and gather feedback to ensure that quality improves where required.

Supporting unpaid carers

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

The majority of support for carers is delivered through carers Trust Heart of England (CTHE) who are commissioned by the Council to deliver assessments and jointly commissioning with Coventry and Warwickshire Integrated Commissioning Board to arrange and deliver a broad range of services which include:

- Carers short breaks
- Care provision in the event of an emergency (CRESS)
- Holistic support and advice e.g. cost of living, benefits, getting back into work, carers health etc
- Preventative Support e.g. groups dealing with grief, developing emotional resilience, social support groups (including for young carers, people from the City's diverse communities etc)
- Support for working carers
- Carers direct payments

The strong partnership working throughout the Covid pandemic with the Carers Trust continues, particularly as we support carers to face rising costs of utilities and general cost of living pressures.

Coventry carers plan is in draft form to be approved in July 2023. It outlines a number of improvement actions to support carers who are still feeling the impact of the Covid pandemic and has been designed to reflect a number of sources of feedback on carers' experiences.

The plan incorporates a review and recommissioning of residential respite care, further promotion of the use of direct payments; improving access to and quality of carers assessments and reviews; a number of initiatives to recognise and supporting carers in the community; employment support; and improvements in access to information advice and training and development opportunities.

We have recently reviewed, with ICB partners, our grant aid agreements for carers services with an up to two years extension with a likelihood of formal tendering going forward.

Feedback from our CQC readiness review has informed our approaches going forward particularly I respect of ongoing preventative support for carers

Other work continues with partners to increase awareness of needs e.g. amongst GPs, PCNs and social prescribers. This is in partnership with a recently identified ICB carers lead.

Disabled Facilities Grant (DFG) and wider services

What is your strategic approach to using housing support, including DFG funding, that supports independence at home?

Housing and Homelessness Services in Coventry were moved under the remit of the Director of Adult Social Services enabling even closer working between of the teams, which was already in place. This has already led to innovative solutions for individuals that may otherwise have been placed in a residential home.

Our housing function is connected to hospital discharge work where a place of residence may be a reason for delay and through our vulnerable persons panel, we have in place a multi-agency forum to discuss particularly challenging complex cases.

Our use of DFG is targeted on adaptations that support people to remain in their own homes although a challenge has existed in capacity in the local contractor market to complete required works during the pandemic. Further revisions to our existing RRO policy now provide further opportunities to support people that due to existing DFG restrictions may not have been financially achievable. The Regulatory Reform has also enabled us to provide a Warm Homes Scheme to insulate the properties of vulnerable people most impacted by low temperatures through either a health or social care need.

As well as individual private dwellings we have used DFG flexibilities for making improvements to dwellings within group settings such as housing with care enabling us to use DFG to benefit as many people as possible.

This programme continues to include a new scheme to fund adaptations in temporary accommodation to enable vulnerable people to have improved access to more suitable housing support options.

In 2022 the Council revised the Housing Assistance Policy to include new options and in doing so the areas where discretionary funding could be provided has expanded enabling more flexible arrangements and support to people reinforcing our policy objective of enabling people to remain at home through promoting independence.

The discretionary ability that this enables is:
· Removal of financial assessment where the grant does not exceed £6000
· The ability to ‘top-up’ the grant where the value exceeds £30000
· Assistance to meet the client’s assessed contribution
· The provision of at home safely scheme
· Discretionary use of DFG for heating and insulation
· Assistance to move to a more suitable home
· Funding for respite care while work required to provide an adaptation is carried out

In more recent month's links have been established with the Transforming Care programme of work to look at how DFG can be used to support discharge facilitation of long stay patients or admission avoidance though adaptions to people’s homes.

We continue to work alongside Foundations to develop our DFG offer and DFG use is monitored on a regular basis within the Directorate and the City Council.

Additional information (not assured)

Have you made use of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use a portion of DFG funding for discretionary services? (Y/N)

Y

If so, what is the amount that is allocated for these discretionary uses and how many districts use this funding?

As a unitary authority Coventry has no districts. Specific allocations for discretionary uses have not been identified as we wanted to maintain maximum flexibility within the grant to maximise the support to people

Equality and health inequalities

How will the plan contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include

- Changes from previous BCF plan
- How equality impacts of the local BCF plan have been considered
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Changes to local priorities related to health inequality and equality and how activities in the document will address these
- Any actions moving forward that can contribute to reducing these differences in outcomes
- How priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.

Coventry has a robust approach to health inequalities that capitalises on the strategic and operational expertise of our cross-sector partners. Taking action to reduce inequalities at a system, City and organisational level occurs through the following mechanisms:

- Coventry and Warwickshire ICS Health Inequalities Strategic Plan
- Coventry Health and Wellbeing Strategy 2019-2023
- Director of Public Health Annual Report 2020/21
- Evidence and data gathering through Joint Strategic Needs Assessment (JSNA)

System Approach (Coventry and Warwickshire)

System partners benefit from our Joint Strategic Needs Assessment (JSNA) approach when researching and targeting population health inequality, and commissioning and joint commissioning activities and services. By placing health inequality at the heart of our long-term approach to population health and wellbeing, we rive the foundational principle of equity through every aspect of system working.

We share a Health and Care Partnership system with Coventry, and all strategy, prioritisation and implementation of work is endorsed through it. The Integrated Care System (ICS) has three core purposes:

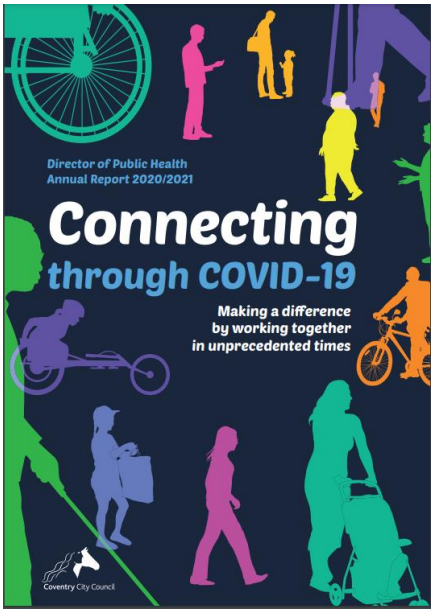
1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and travel for money

The recently agreed Health Inequalities Strategic Plan for Coventry and Warwickshire (2022-2027), sets out how, as a system, we will reduce health inequalities in Coventry and Warwickshire. The Strategic Plan outlines how it will take into account delivery of the key elements of the NHS Long Term Plan and the NHS CORE20+5 framework. As part of our CORE20+5 approach we will be working to improve the health of those in the 20% most deprived lower super output areas (LSOAS), plus inclusion health groups including gypsies, roma and traveller communities, people experiencing homelessness, and newly arrived communities.

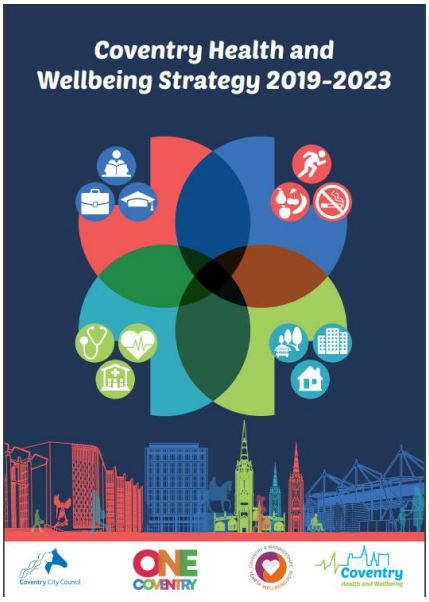
Services and schemes commissioned through the BCF will support delivery of this Strategy, and in particular two of the Major Inequalities Work Programmes ***(please refer to pages 18 to 22 of Appendix 1 as part of the Supporting Information):***

- Long term conditions and prevention
- Urgent Care Development

As well as the ‘Transient and newly arrived communities’ Plus Group through the work of the Housing Partnership and the links to Assistive Technology, Virtual Wards with the Digital Transformation Strategy; and the Strengths / Asset based approach, self-management, social prescribing and personal health budgets with the personalisation enabling workstreams.



COVID-19 and the necessary lockdown restrictions to control its spread have had an impact on our health, the economy, and how we function as a society. COVID-19 has replicated existing health inequalities with the burden falling on the most vulnerable, the most deprived and the more marginalised, and, in some cases, has increased them. Understanding both the positive and negative impact of COVID-19 will help us to recover from the pandemic and protect and improve the health and wellbeing of Coventry residents. Following the Coventry and Warwickshire COVID-19 Health Impact Assessment, the Director of Public Health annual report focused on the impact of COVID-19. on health inequalities and made a series of recommendations to the Coventry Health and Wellbeing Board (HWBB) based around community connections (community messengers), partnerships and engagement.



The Coventry Health and Well-Being Strategy for 2019-2023 identifies three objectives based on reducing health inequalities:

People are healthier and independent for longer
Children and young people fulfil their potential
People live in connected, safe and sustainable communities

Reducing Health inequalities run through this strategy and have a long an embedded history of how we work in Coventry back to being a Marmot City. Essentially, this work is part of the DNA of how we do things.

How is the BCF plan is contributing to reducing health inequalities in Coventry?

The BCF Plan is one of a number of vehicles for how we are reducing health inequalities in Coventry, a number of the projects funded through the BCF are specifically supporting community and voluntary sector organisations to reach out to diverse communities to provide preventative support that improves long term health outcomes. Our commissioning work around D2A increasingly challenges providers of social care on how they are providing services that are culturally appropriate for the range of people that may use them.

A public health consultant is a key member of the Joint Commissioning Group which oversees the BCF Plan, and this means that there is a robust connection between decision making bodies, allocation of BCF funds to address inequalities and frontline services.

Three projects previously mentioned in this plan that have a direct contribution to reducing health inequalities are:

We used BCF funding to pump prime HOECT (Heart of England Carers Trust) to commence work to reach out to hard to reach communities – as a result of this HOECT have secured further funding to continue and embed this work

Our DFG grant is being used to undertake adaptations to temporary accommodation. This will directly improve our support to people who are homeless who require adaptations to live independently

In order to promote workforce diversity in the context of meeting the needs to new communities we have undertaken targeted recruitment for refugees in the City. As well as an equality impact this also has an economic impact in supporting people into employment.

Preventative support grants enable a range of support directed to vulnerable adults experiencing inequalities this includes people with mental ill health and hard to reach communities.

Specific services such as Street Triage reach out to those experiencing mental ill-health and offer support, guidance and where necessary secure statutory based provision for those who are harder to reach via more traditional services

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