



Health and Social Care Scrutiny Board (5)

Time and Date

11.00 am on Wednesday, 22nd October, 2025

Place

Committee Room 3 - Council House

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes**

(a) To agree the minutes of the meeting held on 17th September 2025
(Pages 3 - 8)

(b) Matters Arising

4. Improving Lives - Impact on Adult Social Care (Pages 9 - 22)

Briefing Note of the Director of Care, Health and Housing

5. Director of Public Health & Wellbeing - Annual Report (Pages 23 - 66)

Briefing Note of the Director of Public Health and Wellbeing

6. Work Programme and Outstanding Issues (Pages 67 - 76)

Report of the Scrutiny Co-ordinator

7. Any other items of Public Business

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

Private Business

Nil

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

Tuesday, 14 October 2025

Note: The person to contact about the agenda and documents for this meeting is Caroline Taylor, Governance Services caroline.taylor@coventry.gov.uk

Membership: Councillors F Abbott, S Agboola, S Gray, L Harvard, A Hopkins, S Jobbar, M Lapsa, C Miks (Chair), B Mosterman

By invitation: Councillors L Bigham (Cabinet Member for Adult Services), K Caan (Cabinet Member for Public Health, Sport, and Wellbeing), G Hayre (Deputy Cabinet Member for Public Health, Sport, and Wellbeing) and D Toulson (Deputy Cabinet Member for Adult Services)

Public Access

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Tom Robinson, Governance Services
tom.robinson@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 11.00
am on Wednesday, 17 September 2025

Present:

Members: Councillor C Miks (Chair)
 Councillor S Agboola
 Councillor S Gray
 Councillor A Hopkins
 Councillor S Jobbar

Other Members: Councillors L Bigham (Cabinet Member for Adults), K Caan,
 (Cabinet Member for Public Health, Sport and Wellbeing) and
 G Hayre, (Deputy Cabinet Member for Public Health, Sport
 and Wellbeing)

Employees (by Directorate)

Adult Care, Health & S Atkins, N Byrne, K Clarke, P Fahy, L Hay
Housing

Law and Governance G Holmes, C Taylor

Public Health A Duggal

Regeneration & Economy J Hunt, D Nuttall

Apologies: Councillors F Abbott, L Harvard, M Lapsa, B Mosterman and
 D Toulson (Deputy Cabinet Member for Adult Services)

Public Business

1. Declarations of Interest

There were no Declarations of Interest

2. Minutes

The minutes of the meeting held on 2nd April 2025 were agreed and signed as a true record.

There were no Matters Arising.

3. Adult Social Care Performance - Self-Assessment and Annual Report (Local Account) 2024/25

The Board considered a report and presentation of the Director of Care, Health and Housing, regarding the Adult Social Care Performance – Self-Assessment and Annual Report (Local Account) 2024/25.

The Annual Report covered performance and activity for the previous year along with examples and case studies of where a positive impact to people's lives had been made.

Since the introduction of the Local Authority Assessment Framework by the Care Quality Commission, the format of the Annual Report had followed each of the four CQC themes for inspection and the quality statements associated with these themes.

An accompanying Self-Assessment had also been produced to provide operational detail and Adult Social Care produced and published its first Self-Assessment in 2024 and both the Annual Report and Self-Assessment would be updated annually.

The approach taken to both the Self-Assessment and Annual Report demonstrated an open approach to success, challenges and where further development would take place to improve outcomes for people with care and support needs and their unpaid carers within Coventry. The Self-Assessment also provided the opportunity to present the context within which CQC would be inspecting Adult Social Care in Coventry.

The production of the 2024/25 report had drawn on the pool of feedback and information gathered over the year from a range of sources including social care staff, Partnership Boards, Adult Social Care Stakeholder Group, providers, partner organisations and people who had been in contact with Adult Social Care, along with their families and carers.

The Cabinet Member for Adult Services, Councillor L Bigham introduced the item, thanking the team and advising of the importance of the personal stories within the Annual Report.

The Cabinet Member for Public Health, Wellbeing and Sport, Councillor K Caan, commended the strategic partnerships in sport which worked with care homes and supported mental health.

The Director of Public Health and Wellbeing, A Duggal advised the Board that relationships were strengthening between Public Health and Adult Social Care to prioritise prevention and wellbeing.

Members of the Scrutiny Board, having considered the report and presentation, asked questions and received information from officers on the following matters:

- Changes to the front door responses and the early help team, with a better focus on signposting and prevention had affected the numbers using low-level support and short-term support.
- Spend had increased mainly due to the increase in the minimum wage as well as an increase in the complexity of care needs. However, the Council's costs were generally in line with the average of other local authorities.

- How elected members could promote the work of Adult Social Care and tell the positive story that there is to tell, to support the visibility and transparency of the service.
- The uptake of Bridgit Care for carers had been really positive and nearly 16,000 contacts had been made since February 2025. Highest access was at weekends when other services weren't accessible.
- There were positive relationships with all public sector partners, including the Fire Service.
- The biggest challenge to address for the service was one of hearing the voice of the most disenfranchised of society who don't access services. This was an area that Members could help the service with.

Members also requested:

- A further item on how Adult Social Care and Public Health were working together on prevention, prioritising wellbeing.
- The most recent LGA data showing spend comparison with other local authorities in the West Midlands.
- Data regarding the number of migrants delivering Adult Social Care in Coventry.
- Communications on key facts – how Council Tax is spent etc, so Members could sell the story to communities.
- A summary report regarding the uptake and impact of Bridgit Care.

RESOLVED that the Health and Social Care Scrutiny Board (5):

- 1. Consider the Adult Social Care Self-Assessment and Annual Report (Local Account) 2024-25 and submit any comments to Cabinet for their consideration on the context of the assessment and report.**

4. Training of Care Staff supporting patients with Dementia

The Board considered a Briefing note and presentation of the Joint Commissioning Manager – Dementia and Mental Health, regarding training and development for Care Staff Supporting People with Dementia.

The Alzheimer's Society recently published a report '*Because We're Human Too: Why dementia training for care workers matters and how to deliver it*', which expresses concern at low levels of dementia training amongst care staff – 29% nationally.

The report recommended local authorities, when commissioning adult social care services, included a contractual obligation for care providers to ensure staff undertook the Alzheimer's Society's dementia training programme at an annual cost of £2,000 per care home.

This briefing gave assurance to the Scrutiny Board that current training protocols for care homes were robust and appropriate within available resources. While some training delivered or procured by providers may differ in scope from that

recommended by the Alzheimer's Society, it nonetheless contributed to enhancing staff knowledge and the overall quality of dementia care.

The Cabinet Member for Adult Services, Councillor L Bigham commended the supportive partnership working in this growing and ever evolving area, where the importance of research and regular training of care staff was paramount.

The Cabinet Member for Public Health, Wellbeing and Sport, Councillor K Caan, referred to the importance of close partnership working with health partners, advising of current programmes and with a focus on prevention, in particular, early intervention.

Members of the Scrutiny Board, having considered the report and presentation, asked questions and received information from officers on the following matters:

- Engaging with faith groups to create awareness and identify early symptoms of dementia may help overcome stigmas from different communities to enable access to services.
- The Dementia Partnership Hub was an important partner in the provision of dementia support to the different communities within the city.
- Numbers of care home staff receiving dementia training fluctuated dependent on staffing numbers.
- Quality assurance visits to care homes helped to provide feedback on their care from staff, residents and their families. Officers worked closely with social care teams working with dementia patients in the community who provide feedback on their care.

Members also requested:

- The proportion of staff working directly with patients with dementia who have received Level 3 or higher qualification.

The Cabinet Member for Adults, Councillor L Bigham, endorsed that 50% of care home staff in Coventry had received formal dementia training which exceeded national performance by a wide margin and that the Dementia Hub and Forget-me-Not Café in the city had received national recognition.

RESOLVED that the Health and Social Care Scrutiny Board (5):

- 1. Consider the information provided in the Briefing Note and appendices.**
- 2. Identify any further comments or recommendations for the Cabinet Member.**

5. Cabinet Members' Portfolio Priorities and Work Programme 2025 - 2026

The Health and Social Care Scrutiny Board (5) noted the work programme and requested the inclusion of the following items:

- Play Zones – impact on the city
- Impact of climate change on health across the city

- UHCW performance
- Public Health and Adult Social Care working together on Prevention (2026-27 Work Programme)

The Board received a presentation of the Cabinet Member for Public Health, Wellbeing and Sport, Councillor K Caan's portfolio priorities for 2025-26, which included:

- To deliver a new Partnership Sport, Physical Activity and Movement Strategy (Community Conversations)
- Sport England Place Based Expansion funding bid submitted and secured
- To deliver the action plan for Playing Pitch and Outdoor sports strategy and Indoor Facilities Strategy
- To deliver the capital infrastructure for Playzones in 6 local communities
- To continue to grow Go CV for all residents inclusive of access
- Engaging community events for all, such as Childrens Mile, Sports Fest etc.

Members of the Scrutiny Board, having considered the report and presentation, asked questions and received information from officers on the following matters:

- All schools in Coventry had received invitations to the Children's Mile. Officers worked with all schools in the city to encourage and promote regular activity.
- Home educated children were encouraged to access sports activities.

The Cabinet Member for Adults, Councillor L Bigham, advised the Board of her portfolio priorities for 2025-26, which were:

- A focus on diversity of workforce - recruit for diversity and develop skills to meet the diversity challenge
- Digital challenge - updating technology - replacing Care Director - more accurate capturing of conversations with users and carers
- Embed strength-based work – building on team support and peer learning to develop strength-based practice of staff and people support
- Workforce resilience and supporting the wellbeing of the existing workforce.

RESOLVED that the Health and Social Care Scrutiny Board (5):

- 1. Consider the information shared regarding Cabinet Member priorities.**
- 2. Consider the draft Work Programme and include the following on the Work Programme 2025-26:**
 - **Play Zones – impact on the city**
 - **Impact of climate change on health across the city**
 - **Performance at UHCW**
 - **Public Health and Adult Social Care working together on Prevention – to be placed on the 2026/27 Work Programme**

6. Any other items of Public Business

There were no other items of public business.

(Meeting closed at 12.50 pm)

To: Health and Social Care Scrutiny Board (5)

Date: 22 October 2025

Subject: Improving Lives

1 Purpose of the Note

- 1.1 The purpose of this briefing note and accompanying presentation is to provide the Health and Social Care Scrutiny Board (5) with an update in respect of the Local Integrated Teams element of the Improving Lives programme approximately 12 months post implementation.
- 1.2 The focus is on the Local Integrated Teams element as the element of the programme directly relating to Adult Social Care.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board (5) are recommended to:
 - 1) Note the content of the report and presentation and support the next steps as identified in the presentation.

3 Information and Background

- 3.1 The Improving Lives programme, launched as a city-wide service in July 2024, integrates urgent response, therapy, adult social care, and community services through the One Coventry Integrated Teams. This person-centred approach prioritises supporting people at home, reducing unnecessary hospital admissions, and promoting independence. Key pathways include care at home, reablement beds, and discharge to assess, all enhanced by therapy-first and digital options. The programme has led to a marked reduction in discharge to assess beds and improved outcomes, with staff reporting more efficient, joined-up support. External recognition, including shortlisting for national awards, highlights the programme's innovative partnership working.
- 3.2 Our delivery partners for the programme, Newton Europe completed a post implementation Health Check in May 2025 which assessed the programme's effectiveness across hospital admission avoidance, hospital processes, and supported discharges. The health check identified areas of strong leadership to embed the Improving Lives model and retain the principles signed up to in the programme.

3.3 The health check also reminded the team that continuous focus and energy is required to meet and exceed performance targets and that changing behaviours and embedding change takes time.

3.4 Following the health check in May 2025 we have:

- Collectively reviewed the baseline and targets particularly in relation to long term support. This is monitored via monthly performance meeting within Adult Social Care as well as One Coventry Integrated Team (OCIT) Board and in OCIT weekly improvement cycles.
- Streamlined the transfer of cases exiting the Local Integrated Team into Adult Social Care Teams
- Continued to monitor capacity and demand especially in preparation for seasonal variation
- Provided further training and development for staff

3.5 Additional information on Improving Lives can be found in Appendix 1

4 Health Inequalities Impact

4.1 The programme appears to be having a positive impact. The access arrangements and joined up working is proving effective in supporting people in a timely and effective manner.

Appendix 1: Improving Lives - slides

Name of Author: Pete Fahy
Job Title: Director of Care, Health and Housing
Organisation: Coventry City Council
Contact details: Peter.fahy@coventry.gov.uk



Improving Lives

12 Months progress

Scrutiny Board 5

22 October 2025

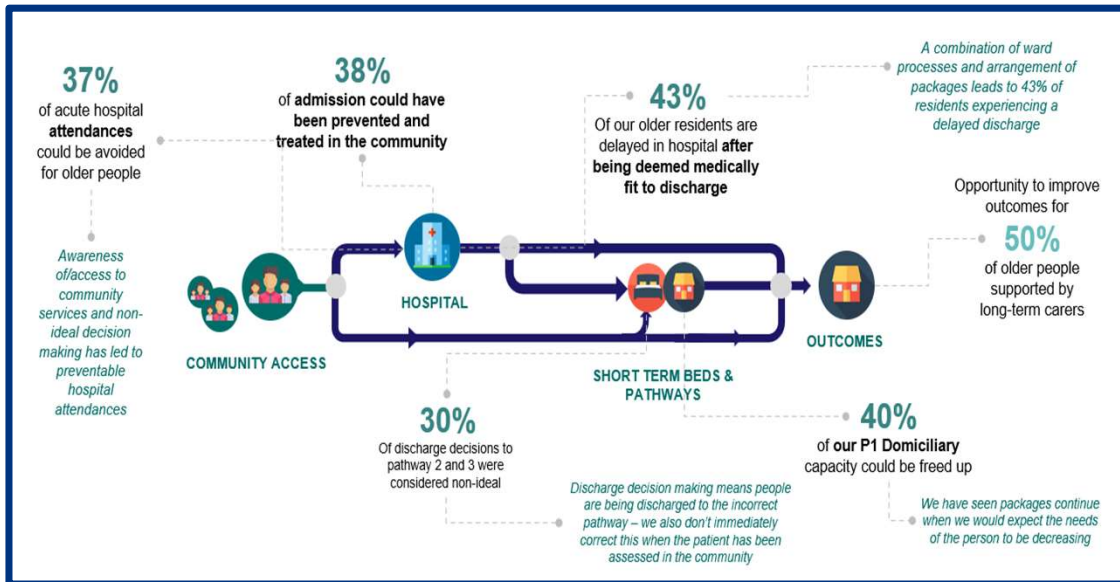
Purpose

- Review of progress with the Local Integrated Teams element of the Improving Lives programme since July 2024 implementation
- Summarise the next stages of service development

Improving Lives Partnership

Activity data, delivering change, achieving impact

The Opportunity



The Model

Community Services

UCR
Reablement
Response
Practitioners and
Therapists

UCR
Urgent Response
Practitioners and
Therapists

UCR
Admission Avoidance
Carers

Discharge to Assess
(D2A) Physiotherapy

Adult Social Care

Short Term Service
Pathway 1 –
Care at home

Short Term Service
Pathway 2 –
Reablement beds

Discharge to Assess
Occupational Therapy

**Promoting
Independence –**
Admission Avoidance
step up in community

UHCW

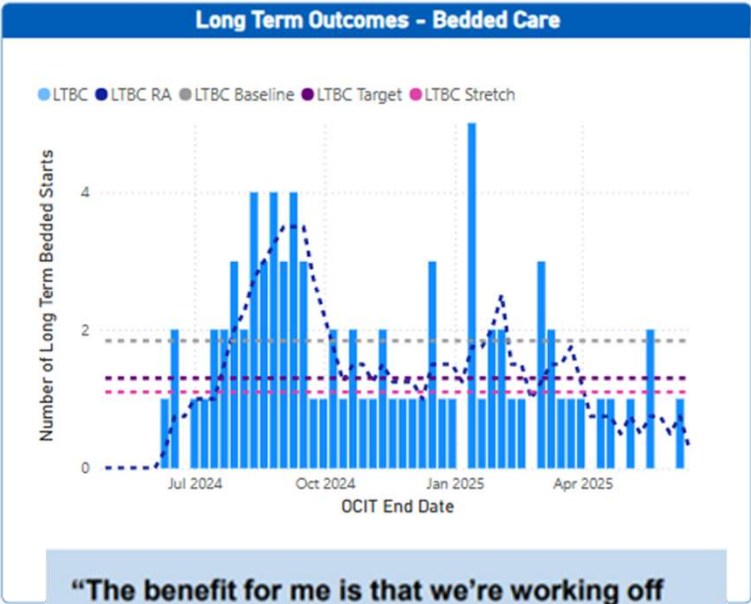
Hospital at Home
Onboarding / Med
Responsibility remains
with UHCW

**One Coventry Integrated Teams –
City Wide Services**

Improving Lives Partnership

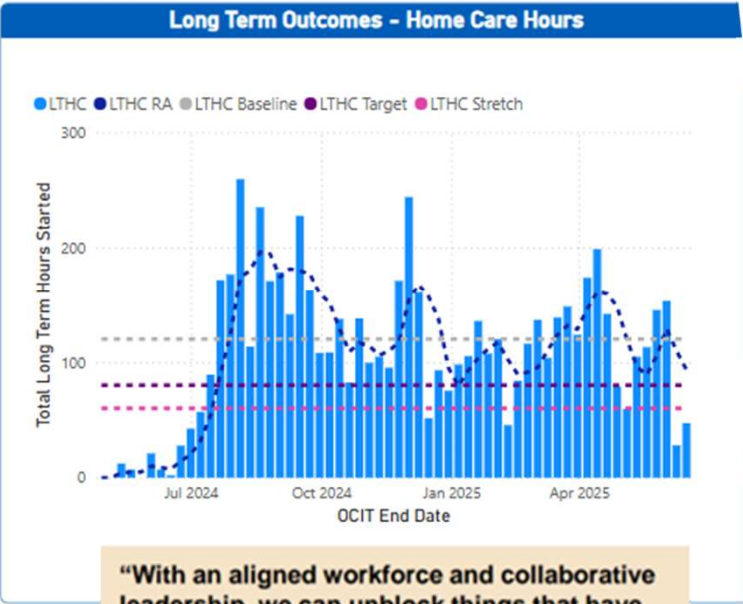
Activity data, action, tracking delivery, achieving impact

The Impact



"The benefit for me is that we're working off one patient referral, one overall assessment and I don't feel like I am repeating things that have been asked already"

- Physiotherapist, University Hospital Coventry and Warwickshire





"With an aligned workforce and collaborative leadership, we can unblock things that have previously been unfathomable. This programme has a voice and allows us to do things that the workforce have been wanting to do for years"

- Integration lead, Coventry and Warwickshire Partnership Trust

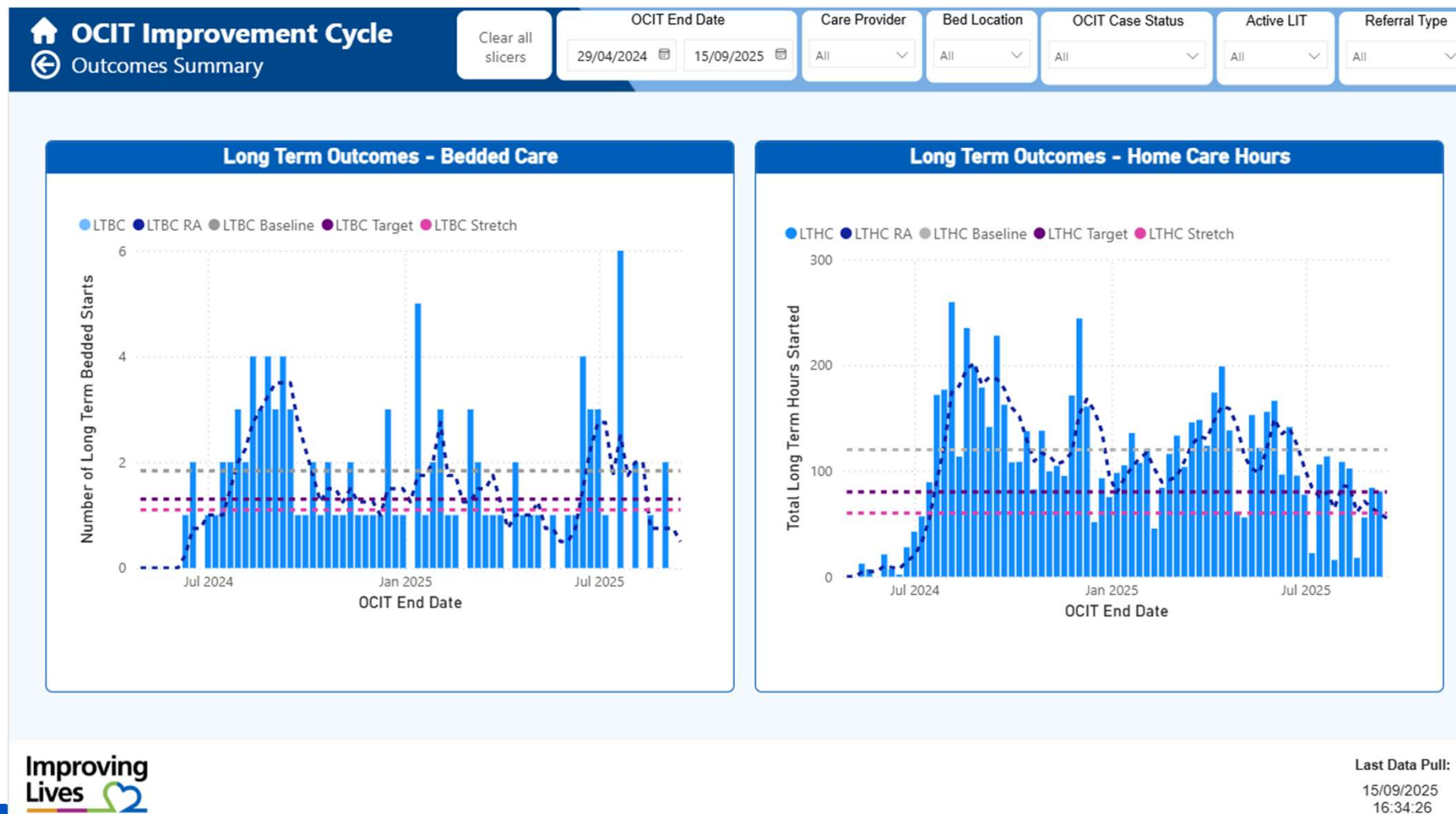


The day to day – Grip tool

<div>  OCIT Daily Grip Tool  Caseload LIT Comparison </div> <div> <div>Clear All Filters</div> <div>Care Provider</div> <div>Bed Location</div> <div>OCIT Case Status</div> <div>Case Owner</div> <div>Active LIT</div> <div>Referral Type</div> </div>								
	Current Care Type		LoS	Expected Outcomes		Specialist Involvement		
North LIT	Homecare	Bedded Care <small>[Not Including HWC]</small>	Average LoS in Care	Homecare	Bedded care	Therapy Input	Social Work Input	UEC Input
461 <small>[Click here for more detail]</small>	109 23.6%	29 6.3%	9.95	63 13.7%	7 1.5% HWC 3	191 41.4%	26 5.6%	28 6.1%
North East LIT	Homecare	Bedded Care <small>[Not Including HWC]</small>	Average LoS in Care	Homecare	Bedded care	Therapy Input	Social Work Input	UEC Input
350 <small>[Click here for more detail]</small>	159 45.4%	28 8.0%	9.96	69 19.7%	6 1.7% HWC 1	286 81.7%	20 5.7%	22 6.3%
South LIT	Homecare	Bedded Care <small>[Not Including HWC]</small>	Average LoS in Care	Homecare	Bedded care	Therapy Input	Social Work Input	UEC Input
373 <small>[Click here for more detail]</small>	122 32.7%	13 3.5%	9.25	36 9.7%	2 0.5% HWC 0	235 63.0%	53 14.2%	32 8.6%

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The day to day - outcomes



External recognition

UHCW AND COVENTRY PARTNERS SHORTLISTED FOR PROVIDER COLLABORATION OF THE YEAR IN THE 2025 HSJ AWARDS

University Hospitals Coventry and Warwickshire (UHCW) NHS Trust is proud to announce that it has been shortlisted, alongside Coventry partners, for the *Provider Collaboration of the Year Award* in the prestigious 2025 HSJ Awards.

The Trust's shortlisted entry, **The Coventry Improving Lives Programme**, was chosen following a rigorous judging process and has been recognised as a standout example of excellence in healthcare delivery.

This year's awards attracted more than 1,250 entries from across the health sector – showing the scale of the Trust's achievement.

Winners will be announced at the awards ceremony on **20th November 2025**.

COUNCIL'S PARTNERSHIP WORK SHORTLISTED FOR DIGITAL HEALTH AWARD

Adult Services' work with University Hospitals Coventry and Warwickshire (UHCW) NHS Trust has been recognised for its technological innovation and expertise.

The pair have been shortlisted in two categories in this year's Health Service Journal (HSJ) Digital Awards.

The HSJ Digital Awards 2025 shine a light on organisations driving meaningful change through technology, improving patient outcomes, streamlining processes and enhancing the overall quality of care.

One nomination is shortlisted in the 'Improving Out of Hospital Care through Digital' category for a project enabling an integrated community model to support people in Coventry towards improved outcomes.

The other is in the 'Connecting Health and Social Care through Digital' category for health and care partners working together to improve outcomes for Coventry people.

Positive Impacts of the Programme

- Multi-disciplinary working embedded with the person at the centre
- Less time in hospital or admission to hospital avoided
- More people supported at home with improved outcomes
- Therapy first approach to promoting independence
- Access to digital options to support independence
- Support tailored to meet people's needs
- Staff co-located in multi-disciplinary teams with single line management structure and joint health and Social Care Leadership
- Less 'handoffs' /referrals to other services
- Reduction in discharge to assess (D2A) beds from 83 to 40
- Support is co-ordinated and more joined up
- Weekly improvement cycles in place to monitor demand, capacity and outcomes

Health Check May 2025

Newton Europe, our delivery partner returned in May 2025 to undertake a HealthCheck on how the programme was performing 6 months after their delivery partner contract ended in November 2025.

This HealthCheck looked across all three programme elements:

- **Hospital Front Door:** How effective UHCW and other partners are at admission avoidance
- **Hospital Processes:** How effective hospital processes are at moving people through at an appropriate level of effectiveness to avoid unnecessary
- **Supported Discharges:** One Coventry Integrated Teams (this is the joint teams we are part of with UHCW community teams)

Action following health check and next steps

The health check identified areas of strong leadership to embed the Improving Lives model and retain the principles signed up to in the programme.

The learning from the health check is that continuous focus and energy is required to meet and exceed performance targets and that changing behaviours and embedding change takes time.

Processes that were designed in the programme have been largely continued however the governance needs to be maintained to drive improvement and oversight.

Following the health check in May 2025 we have:

- Collectively reviewed the baseline and targets particularly in relation to long term support. This is monitored via monthly performance meeting within Adult Social Care as well as One Coventry Integrated Team (OCIT) Board and in OCIT weekly improvement cycles.
- Streamlined the transfer of cases exiting the Local Integrated Team into Adult Social Care Teams
- Continued to monitor capacity and demand especially in preparation for seasonal variation
- Provided further training and development for staff

Next steps

- There are further areas of development for the OCIT model that are being explored including the transfer of Pathway 3 (NHS single agency discharges requiring nursing) and Fast track support (urgent nurse provided home support).
- OCIT also forms a key part of our Neighbourhood Health model as we develop this with Health Partners following the successful selection of Coventry as a Neighbourhood Health Forerunner Site.

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To: Health and Social Care Scrutiny Board (5)

Date: 22 October 2025

Subject: Hope and Unity Not Hate - Annual Report of the Director of Public Health 2024

1 Purpose of the Note

- 1.1 The Director of Public Health (DPH) has a statutory responsibility to write an independent annual report, and the Local Authority a statutory duty to publish it. For 2024 the DPH for Coventry has chosen to focus annual report on the city's cultural diversity and the health inequalities facing our vibrant migrant populations. The report can be found at Appendix 1.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board (5) are recommended to:
- 1) To note the findings and recommendations of the Annual Report Public Health 2024 for Coventry
 - 2) Endorse the recommendations contained in the report.

3 Background and Information

- 3.1 The Director of Public Health (DPH) has a statutory responsibility to write an independent annual report, and the Local Authority a statutory duty to publish it. The DPH for Coventry has chosen to focus their 2nd annual report on the health of migrants in Coventry.
- 3.2 The report contributes to the creation of the conditions that enable change to happen. It provides a platform improving outcomes in population health and healthcare in particular:
- Reducing health inequalities by describing the need for tailored approaches for migrants in Coventry
 - Prioritising prevention and wider determinants to protect the health and wellbeing of people and communities
 - Making services more effective through greater collaboration and integration.
- 3.3 The DPH for Coventry chose to focus their 2nd independent annual report on the health of migrants in Coventry. The report was published in December 2024.

- 3.4 Coventry is a city that has long been influenced by migration, with residents hailing from a rich tapestry of backgrounds and cultures. The report examines the migrant health and wellbeing including the impact of social determinants of health (e.g. accessibility of healthcare, discrimination, and stigma).
- 3.5 The report illustrates new and longstanding protective and risk factors that influence migrants' ability to rebuild their lives, integrate and thrive. The narrative recognises that changes to the legal frameworks have had an impact on migrant health, with positive and negative effects. It highlights that Coventry's experience of supporting migrants contains a range of successful policy and practice that supports integrations. It also notes that continued collaboration across ICS partners (including the voluntary sector), and involving the views of new migrants, is vital for future proofing support and integration pathways.
- 3.6 The issues, action underway and recommendations are captured in chapters covering:
- Refuge, protection and opportunity
 - Understanding migrant communities and groups – including local factors that shape migrant health
 - Migrant community health patterns and trends in Coventry
- 3.7 The report contains 15 recommendations for action grouped by level of priority. Successful delivery of the recommendations will contribute to an improvement in the efficacy, quality and value for money of health and social care interventions across Coventry and the wider system.

4 Supporting System Wide Synergies and Cost-effectiveness

- 4.1 The independent annual report produced by the Coventry Director of Public Health has incorporated first hand insights and intelligence from local migrant communities. The production of the report is part of a range of public health activities that have engaged with and captured the voices of migrant communities and groups. The benefits include:
- Building understanding of community's needs, experiences, ideas and aspirations for health and care. Engagement with migrant groups has been part of the development process.
 - Building relationships based on trust, especially with marginalised groups and those affected by health inequalities.
 - Providing clear and accessible public information.
 - Using community-centred approaches that empower people and communities, making connections with what works already.
 - Learning from what works and build on the assets of all health and care partners – networks, relationships and activity in local places
- 4.2 Year one action to deliver on the recommendation of the report has engaged partners from across the ICP.

5 Health Inequalities Impact

5.1 This report details health inequalities that affect our migrant population. It can be used as a resource when designing services for this population and contains a small number of recommendations for the local public health system.

Appendix 1: Hope and Unity Not Hate – Migrant Health and Wellbeing in Coventry -
Director of Public Health Annual Report 2024

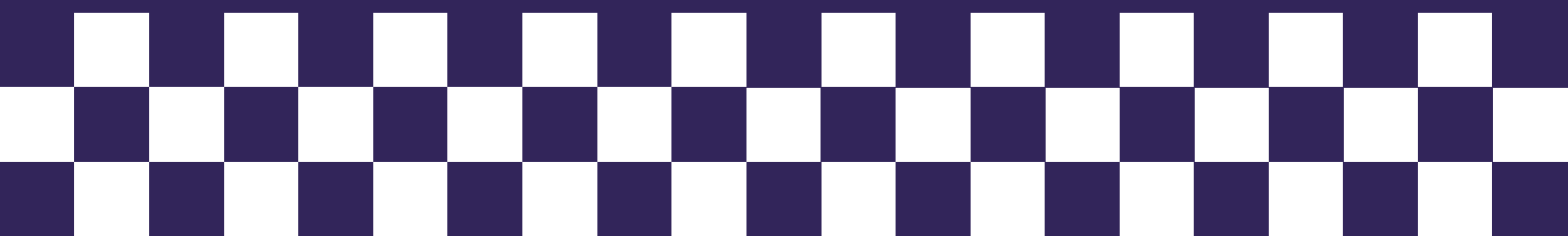
Appendix 2: Recommendation Action Plan

Name of Author	Dr Allison Duggal
Job Title	Director of Public Health and Wellbeing
Organisation	Coventry City Council

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HOPE AND UNITY NOT HATE

MIGRANT HEALTH AND WELLBEING IN COVENTRY



20
24

**DIRECTOR OF
PUBLIC HEALTH**
INDEPENDENT
ANNUAL REPORT



Dedicated to Dudley Walton
and James Williams for their
valued guidance and wisdom.



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Coventry Moves, Coventry UK City of
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FOREWORD

**Councillor
Kamran Caan**

Cabinet Member for
Public Health
and Sport



Welcome to the Director of Public Health's Report on Migration and Health in Coventry 2024.

Our city, shaped by people from different backgrounds and cultures, proudly upholds its status as an International City of Peace and Reconciliation - a commitment deeply rooted and demonstrated since before the Second World War. As Coventry grows more multi-cultural, it is essential we understand the contributions that our migrant populations make alongside their health and wellbeing needs.

The COVID-19 pandemic revealed stark health inequities amongst migrant groups, with language barriers, economic vulnerability, and sociocultural factors leaving some groups disproportionately impacted. As we 'build back fairer' an equitable approach rooted in migrant perspectives is critical.

The report marks a decade since Coventry City Councils Migration Team and Coventry Migration Network, were founded amidst the 2014 Syrian civil war and refugee crisis. Our experiences, show that challenges and opportunities evolve continually, creating new needs and strengths. The report explores

the landscape of migrant health and wellbeing, examining key social determinants such as access to health and social care, discrimination, stigma and education. It also highlights community-driven solutions like social support networks, empowerment through representation and culturally competent services, which benefit the whole city.

My sincere thanks to our partners and Coventry's migrant communities for sharing your insights to inform this work.

I am confident these findings will help Coventry become an even healthier and more inclusive home for all.

INTRODUCTION

My annual report for 2024 focuses on the city's cultural diversity and the health inequalities facing our vibrant migrant populations.

In Coventry, diversity isn't just a buzzword - it's our strength.

Much like other cosmopolitan cities across the UK, Coventry serves as a melting pot where migrants from all walks of life enrich and strengthen our communities. History, art and music fill our streets particularly through pioneering Two Tone bands like The Specials and The Selecter. This rich culture heritage earned Coventry its prestigious UK City of Culture status for 2021-2022.

Coventry's commitment runs deeper than celebration. In the last decade alone, Coventry has welcomed more than 1,000 refugees, continuing our city's proud tradition of peace and reconciliation. Our experience over time has shown that by promoting fairness and embracing change, we help everyone in our city reach their potential and contribute to Coventry's success.

This report shines a light on the systemic obstacles facing our newly arrived and settled migrant residents. It examines the concerning divides that can negatively influence healthy life expectancy compared to non-migrant residents. Issues such as language barriers,

lack of healthcare, unstable housing, mental strains and discrimination compromise the health of too many. Whilst we have experienced economic growth, migration-linked to poverty persists, perpetuating disadvantages including the disproportionate impact of the rise in cost-of-living.

Culture and communities are crucial assets as we navigate challenges together, developing inclusive approaches to support health, wellbeing and resilience. Our collaborations with community champions exemplify this ethos, demonstrating the power of grassroots public health initiatives. This type of approach took centre stage during our public health response to Covid, leveraging cultural and community touchpoints to allow key messaging to reach wider audiences.

Overall migration to Coventry is on an upward trend, meaning that the demographics of our city will continue to evolve. By upholding the "Marmot Principles", proactively confronting systemic barriers and promoting preventive strategies we can tap into the inherent strengths that our diversity brings.

Allison Duggal

Director of Public
Health and
Wellbeing



I hope you are inspired by the initiatives and commitment to building a healthier, more inclusive Coventry.

*Acknowledgements: I am grateful to the public health team for all their assistance with this report. In particular, I would like to thank the following:
Peter Barnett, Tom Evans, Tim Healey, Navjot Johal, Inderjit Kaur, Holly Little, Lily Makurah, Nia Morgan, Rayyan Nasser, Mitali Vithal, Olga Yilmaz.*

EXECUTIVE SUMMARY

“The experience of migration is a key determinant of health and well-being” (World Health Organization).

This year’s report explores integration, health inequalities and the challenges of achieving good health and wellbeing faced by migrant communities in Coventry. It identifies approaches to promote health equity and improve the appropriateness of essential care for diverse migrant populations. The report also recognises the strengths of migrant communities and the opportunities to leverage community assets.

Diverse groups have made the journey to Coventry and established a new life. We are hopeful that the path to integration for future new arrivals can be informed by the lessons we have learned and shaped by the insights of migrants with lived experience of Coventry life.

Chapter 1: Why People Migrate

Migration is a complex phenomenon driven by various factors operating at different levels. This chapter explores the reasons behind human movement, focusing on the different motivations that bring people to Coventry. Recognising the economic, social, and political forces shaping migration patterns is important to appreciating the influences on personal and community decisions.





Chapter 2: Refuge, Protection and Opportunity

Coventry has a long and rich history of welcoming people from around the globe, both as a place of refuge and a destination for those seeking opportunities. This chapter delves into the history of migration to Coventry highlighting the different groups of newcomers who have contributed to our city’s economy and culture.

RECOMMENDATIONS	
	Explore and expand opportunities for the co-production of local statutory sector strategies and frameworks with migrant groups as part of fostering community ownership and trust in services.
	Engage community partners in the next phase of the Coventry City Council “Our Coventry” integration programme for newly arrived migrants to deepen activities that address social determinants of health through early, preventative action within communities.

Chapter 3: Understanding Migrant Communities and Groups





Appreciating the interactions between **identity, migration experiences**, and the impact of **social determinants** is crucial to addressing health disparities among Coventry’s migrant communities. These factors shape health outcomes and inform effective strategies to improve health equity and wellbeing.

RECOMMENDATIONS	
	Build research partnerships between Coventry City Council’s Migration team, the Voluntary Sector and the Coventry Health Determinants Research Collaboration to understand migrant health challenges and asset-based solutions.
	Improve cultural competence across local services by the NHS and local authority working in collaboration to develop culturally sensitive policies and interventions (including information and engagement) that better respects diverse traditions and beliefs.
	Invest in robust translation and interpretation services to ensure that all residents can effectively engage with health programmes (prevention, treatment and care). Measurements of appropriateness to include consistency of arrangements for migrants where English is not a first language and choice.
	Schedule a series of asset based deeper dives into sub-groups of migrants with the aim of learning from their experiences to close equalities gaps (e.g. young people, women, older people).



Chapter 4: Health Inequalities and Vulnerability





A person’s decision to migrate and their health outcomes are shaped by many of the same factors (i.e. their economic and social situation, political and living environment, and demographic background). Research and lived experiences of migrants in Coventry helps reveal why some migrant groups experience better health outcomes than others.

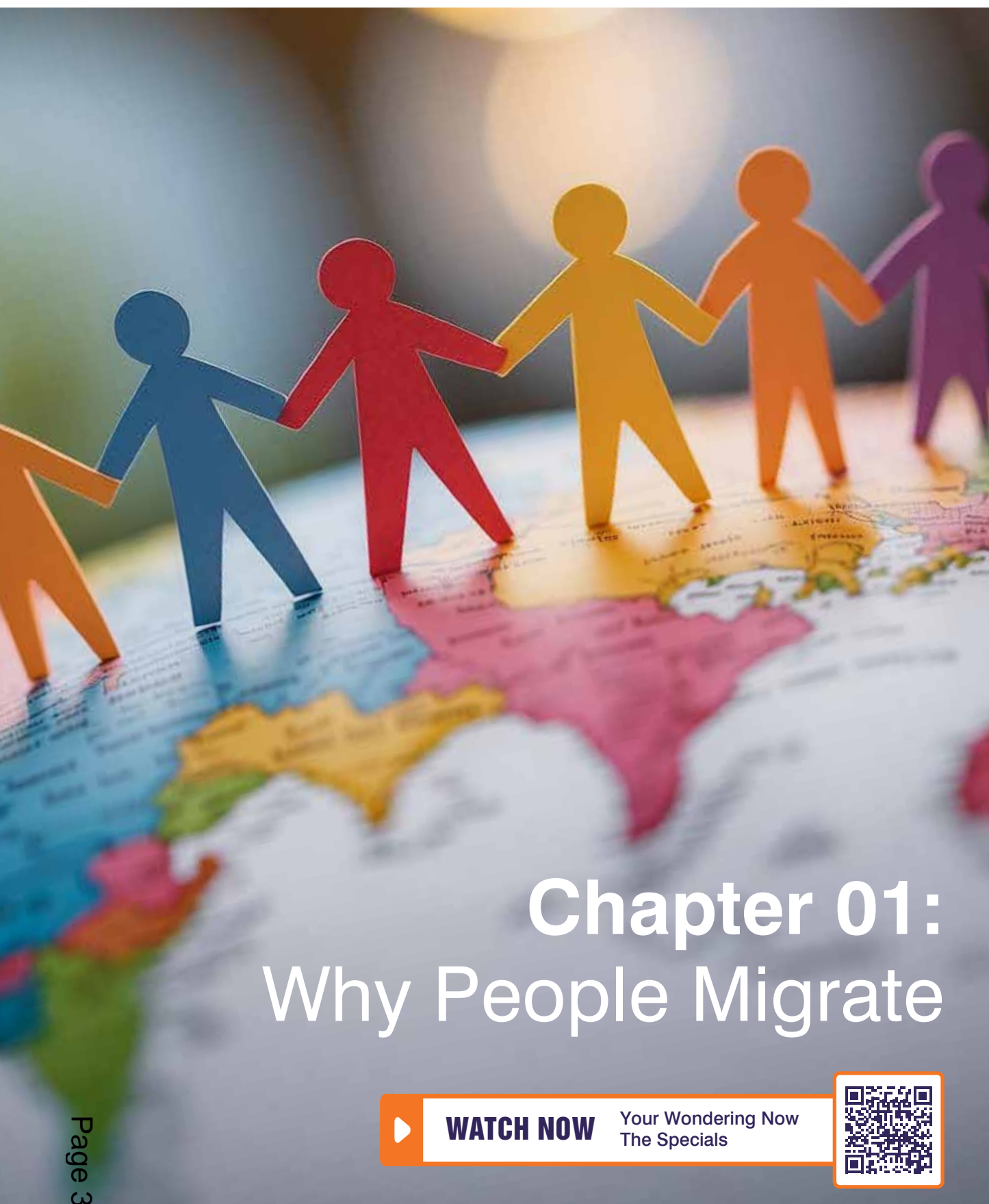
RECOMMENDATIONS	
	Build on the Wellbeing Monitor community engagement project (focused on Black African Communities) to establish sustainable models of building health literacy and service delivery that supports prevention, earlier diagnosis and treatment.
	Build on local specialist support and advocacy for survivors of modern slavery through targeted training for professionals in Coventry on exploitation indicators and rights to care.
	Strengthen partnership working to reduce infant mortality including delivery of joined up early years and parenting support involving the NHS, voluntary sector and local authority.
	Strengthen partnership working to deliver improvements in maternity care including building on the specialist refugee and asylum seekers midwife to improve access, quality and cultural competency.



Chapter 5: Migrant Community Health Patterns/Trends in Coventry

Coventry’s evolving demographic makeup has brought distinct health patterns and challenges for the city’s migrant communities. Factors like health behaviours, socioeconomic deprivation, and cultural differences contribute to disparities in issues ranging from cardiovascular disease to mental health. By developing inclusive strategies to support the wellbeing of Coventry’s migrant residents we can tackle the root causes driving poorer outcomes.

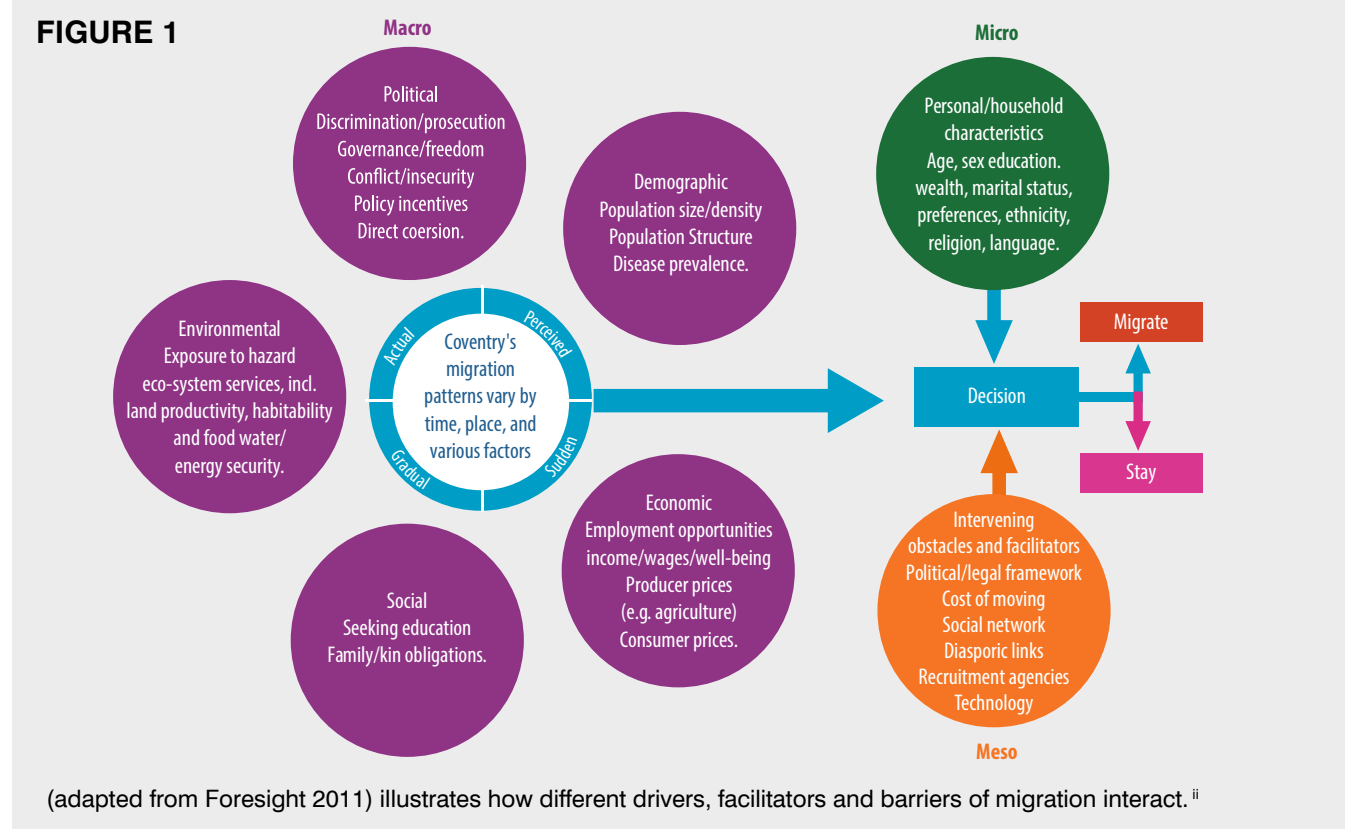
RECOMMENDATIONS	
	Enhance outreach and support including building on existing community champions networks, deepening links with trusted leaders and regular mapping of community assets.
	Develop the Coventry and Warwickshire Partnership NHS Trust (CWPT) young people’s mental health pilot to incorporate approaches that are trauma-informed, age appropriate and relevant to young people newly arrived in Coventry.
	Build on local tailored health protection campaigns to maximise: a. Uptake of vaccination to align with UK immunisations schedule b. Engagement in age or other appropriate screening c. Awareness of infectious disease.
	Leverage innovative technologies to enhance health literacy and service delivery for refugees and asylum seekers, starting with the NHS funded Virtual Reality Project (hosted by George Elliot NHS Trust in partnership with Coventry University, and Coventry City Council).



TYPES/DRIVERS OF MIGRATION

People arrive in Coventry for a range of reasons, the broad context for migration is set by five primary macro-level factors: economic; demographic; social; political; and environmental factors.

FIGURE 1



Micro-level factors (e.g. age, gender, and income), determine how these macro-level drivers influence individual or household migration decisions. For instance, younger migrants may be drawn to Coventry's educational institutions, while families might consider the availability of housing and health services.

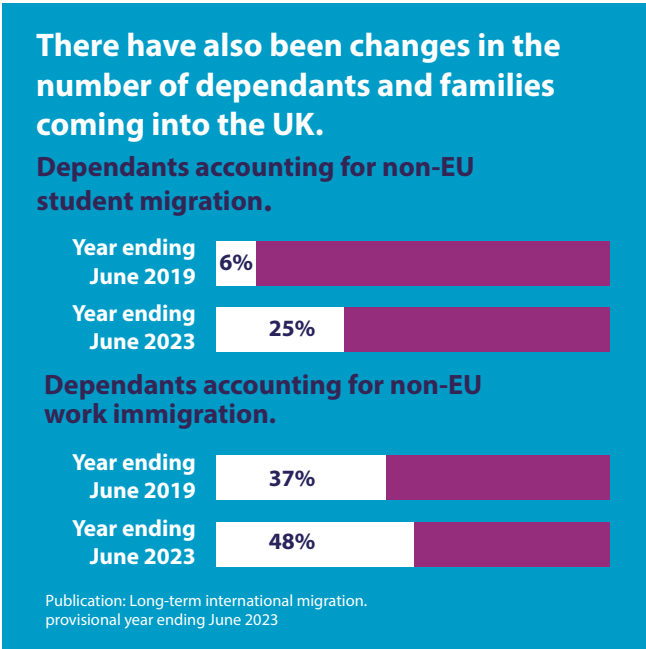
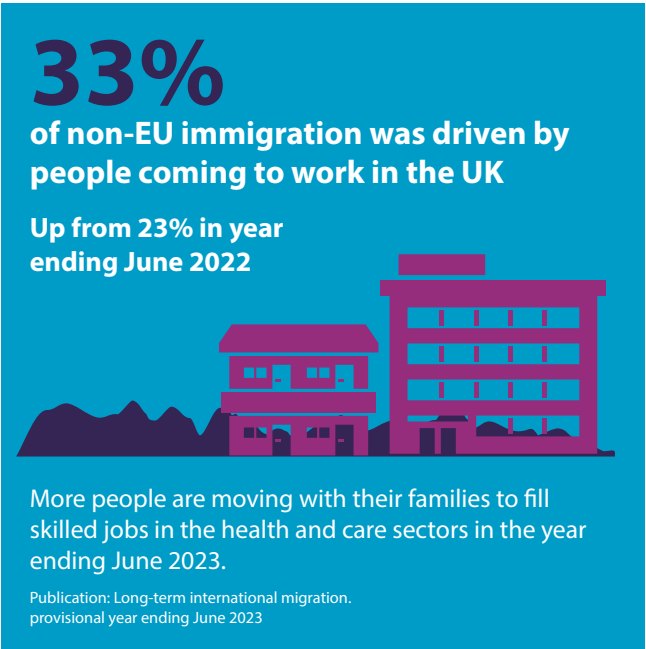
Sitting between micro and macro, there are meso-level factors that play a role in facilitating or impeding migration. This includes migration policies (local and national) and the cost-benefits of moving (human, financial, physical, and psychological).

The interaction between these three sets of drivers influences how many people migrate to Coventry from overseas and:

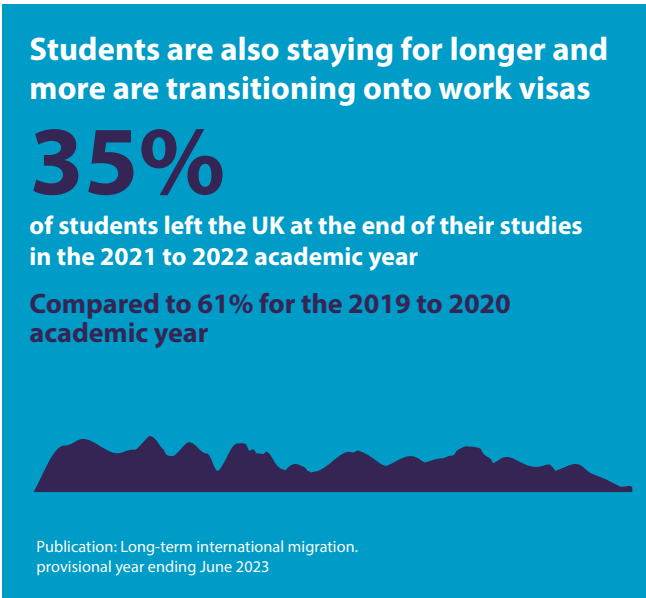
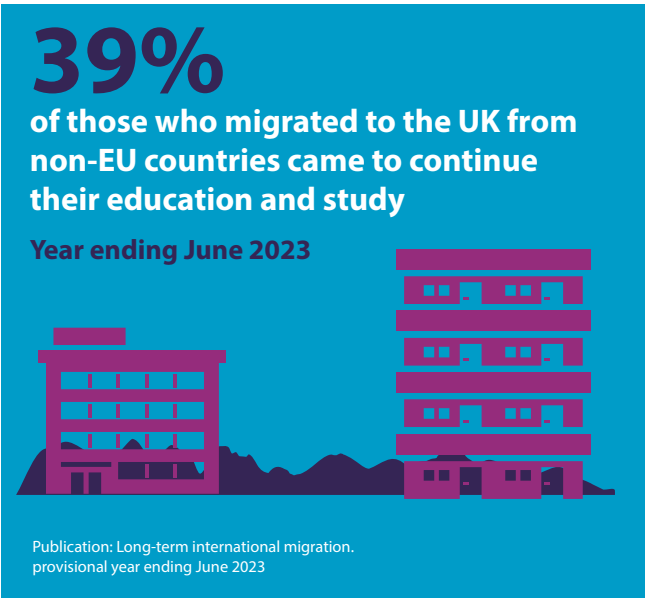
- from which countries of origin or communities
- to which destinations within the city
- the modes of entry
- the type of reception they receive
- the level of diversity of the migrant population

Understanding these dynamics helps tailor public health and social interventions to better meet the needs of migrant populations. Coventry has taken this into account to inform local policies and support services (e.g. language classes and employment assistance programmes) to help the resettlement and integration process for migrants.

Why are people coming to the UK?






Reference iii



Reference ix

How Migration Affects Health

Key Factors before, during and after migration that influence health throughout migrants' lives are shown below (Adapted from Shor & Roelfs^v) to reflect the Coventry experience:

	Origin Effects (Pre-Migration)	Selection Effects (During Migration)	Destination Effects (Post Migration)
Country Level Foundations  Macro	Development & Affluence of Country of Origin Exposure to health risks (e.g. exposure to pollution, lower quality of healthcare) Climate conditions/ change	Immigration Policies & Routes (e.g. Skilled work visas, Refugee Resettlement) Application Processes	Access to healthcare for migrants Affordability of healthcare system Integration policies Discrimination (including racism)
Individual Level  Micro	Socioeconomic status Health behaviours Diet & nutrition Demographics (e.g. Age, ethnicity, race, gender, LGBTQ+)	Job Market Skills Education Language Capability Reason for migration being to seek protection Long term return Migration to origin country	Visible Ethnic Minority Status (Racialised communities) Socioeconomic status Physiological stress of discrimination and racism Health Behaviours Demographics (e.g. Age, ethnicity, race, gender, LGBTQIA+)
 Coventry's approach to welcoming migrants includes actions to address the Social Determinants of Health such as employment as well as the effects of both country and individual level factors on health outcomes.			



Chapter 02: Refuge, Protection and Opportunity



LISTEN NOW

Footsteps to Freedom Coventry City Council Refugee Week Podcasts



MIGRATION AND COVENTRY'S RENEWAL

Successive waves of migrants have brought unique perspectives and strengths to life in Coventry. We are a city with a long history of opening our doors to newcomers, this tradition has contributed to Coventry's economic prosperity.

As an illustration, in the 19th and 20th century, Coventry became a haven for skilled Jewish migrants fleeing Germany. Drawn to our city's growing watchmaking and motor industries, they sought refuge from anti-Semitic persecution and economic hardship in their homeland^{vi}. They brought with them specialised expertise in precision engineering and craftsmanship which helped establish Coventry as a prominent centre for watchmaking and automotive vehicles. This bolstered our city's economic prosperity, an impact that extended far beyond their immediate needs for safety.

Coventry's established diaspora communities are rooted in the migration patterns generated as the city recovered from the ravages of the Second World War. In the immediate aftermath of the War, Coventry embraced displaced Europeans from Poland and Ukraine as they rebuilt their lives. Migrants from Commonwealth countries, particularly the Caribbean, were invited to come to the UK to help stimulate and rebuild economic growth, powering manufacturing and automotive industries, in turn creating more local and regional jobs. Skilled migrants from these countries continue to have very high participation rates in our workforce. This is very notable in the public sector where skilled staff from overseas have critically underpinned services and helped fill labour shortages in the NHS^{ix}, social care and transport.



Philip Cohen, a notable Jewish Watchmaker in 19th century Coventry. Image courtesy of Coventry Archives^{vii}

Seigfried Bettmann a bicycle, motorcycle, car manufacturer and initiator of the Triumph Motorcycle Company^{viii}. (Triumph became one of the most famous motorcycle trade-names in the world).



Migrants have played a vital role in shaping Coventry's cultural identity and diversity. From pre- and post-war immigration to those seeking refuge, each wave of arrivals has contributed to the city's rich and evolving tapestry. Their traditions, perspectives, and

creativity have enhanced Coventry's social fabric, influencing its cuisine, arts, and broader cultural landscape. The city's cultural diversity inherently enhances public health by fostering social inclusion, reducing isolation, and strengthening community resilience.

Spotlight:

May Parsons – COVID Vaccine Pioneer^x



On December 8th 2020 matron May Parsons, a Filipino-British nurse with nearly two decades of NHS service, administered the world's first COVID-19 vaccine outside clinical trials. This landmark event took place in Coventry and demonstrated the crucial contributions of migrant healthcare workers to the UK's health system. Recognising the disproportionate impact of COVID-19 on Black and ethnic minority communities Parsons emphasised the resilience of healthcare workers, stating,

“Obviously in the Filipino community and BAME communities we've had the highest deaths, but we are still here, we haven't stopped working.” Parsons further highlighted the challenges faced by these staff, including the fear of transmitting the virus to loved ones, while expressing hope for greater appreciation of their sacrifices. “I'm hoping that people value the sacrifices we make and the risks we take to keep their families looked after.”

Migration as Part of Economic Growth

A pattern of people moving into Coventry from across the UK, Europe, Asia, the Caribbean and Africa continued through the 20th century. Catalysed by Coventry's emergence as a global leader in engineering and manufacturing excellence, skilled workers continue to replenish Coventry's businesses economy and academic environment. Migrants have brought fresh talent, expertise and an entrepreneurial spirit that have contributed to Coventry's economy seeing strong growth in recent years.

Coventry is being recognised as a national centre for a number of expanding business sectors accompanied by jobs and other economic opportunities in key sectors (e.g. advanced manufacturing and engineering; energy and low carbon; business, professional & financial services; digital, creative, and gaming). Alongside this our two universities (Coventry and Warwick) act as an international academic hub, generating a talent and innovation pipeline across many industries (e.g. creative, technology and healthcare).

Migrants Shaping Coventry's Future.

Coventry's transformation has been shaped by leaders who arrived as newcomers and rose to positions of influence. Their journeys demonstrate how migrants can not only integrate into their new communities but actively shape policies, initiatives and innovation to benefit all residents.



Councillor Bea Christopher,

Coventry's first Black female

councillor. Born in London to Nigerian parents, she relocated to Coventry ten years ago and has since become a prominent advocate for women, young people, and migrant communities.

Her focus is on leading on issues such as mental health, employment support, and community cohesion, she ensures that migrants are seen as valuable contributors to the city's social and economic growth.



Kumar Bhattacharyya, a migrant from India, left a lasting mark on Coventry's transport sector. As a

professor and founder of the Warwick Manufacturing Group (WMG), he championed innovation in manufacturing and mobility. Through WMG, he revitalised Coventry's automotive industry, encouraging the adoption of advanced manufacturing techniques and attracting new investment.



Councillor Seyi Agboola,

The first Coventry councillor from a black African background

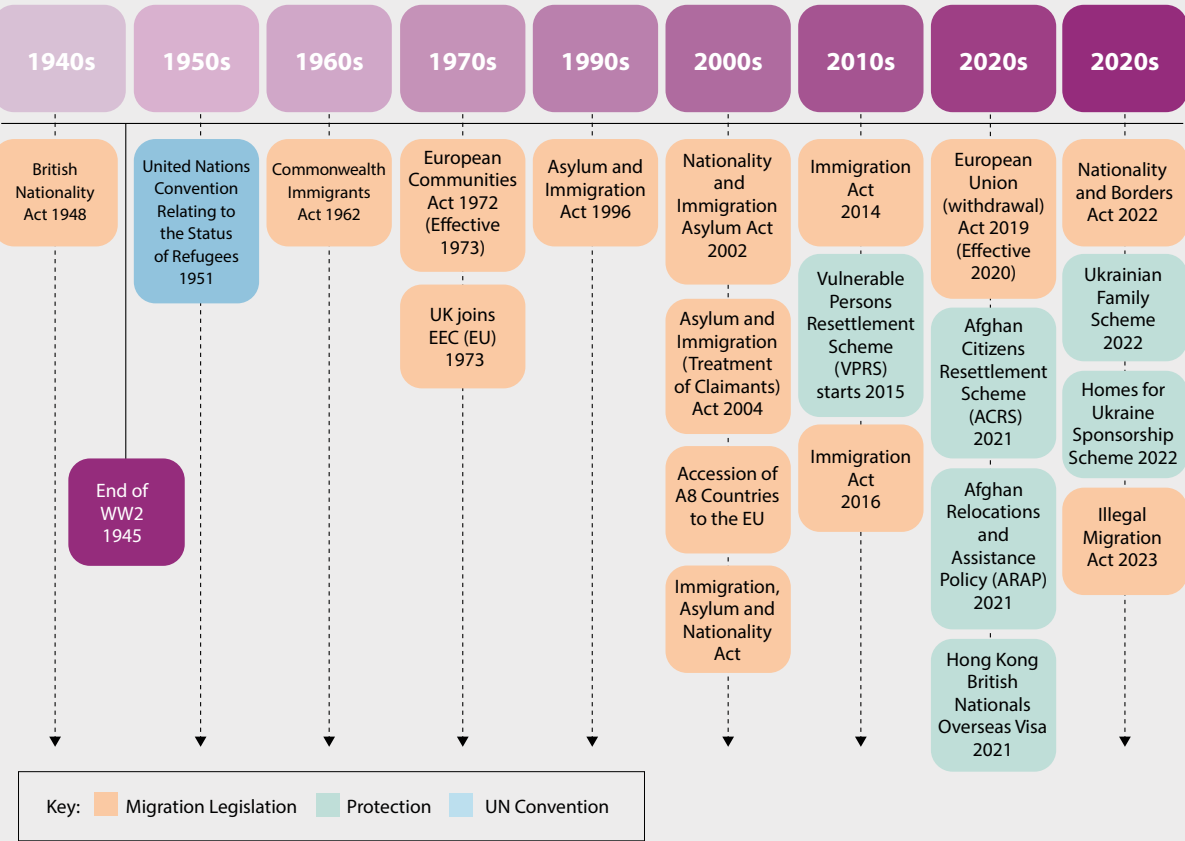
arrived in Coventry from Nigeria as an international student in 2007. Councillor Agboola brings a unique perspective to his role and has risen to become a key figure in local government. He now serves as the Deputy Cabinet Member for Housing and Communities, a portfolio that includes overseeing the Inclusive Cities initiative.

In his role, Agboola is particularly focused on involving newly arrived communities in civic and cultural engagement. He sees the skills and experiences of migrants as valuable assets contributing to Coventry's growth and prosperity. His work aims to ensure that all newcomers receive support in understanding life in the UK, with a particular emphasis on employment and language assistance.

Routes to Refuge and Protection

The legal framework covering immigration has significantly changed since the 1940's. The options for legal routes to the UK have decreased over time with restrictions linked to income, professional status and/or understanding of English language and culture.

Timeline: 1951 UN Refugee Convention, UK Legislation and Protection Pathways



The increased focus on limiting immigration has also made it harder for people to seek safety in the UK (e.g. Nationality Borders Act 2022, Illegal Migration Act 2023). There are several protection pathways for migrants seeking refuge and Coventry stands committed to offering protection and support to new arrivals from different backgrounds and contexts. The tone of post-migration integration policies influence a broad spread of outcomes. Policies that are hostile to migrants needs (e.g. access to education) and foster negative discrimination erode both quality of life and health.

As a proud City of Sanctuary, Coventry has made active efforts to build a local environment that facilitates integration, starting from day one in the city. The Council's Migration Team (established in 2014) collaborates with local voluntary and community organisations to provide crucial services that support those seeking sanctuary. Global crises have a direct impact on the patterns of migration and urgency to respond.

The timeline (below) illustrates key moments since the inception of the team indicating conditions that people have left behind and challenges that they have overcome to reach Coventry.

Timeline of conflicts and humanitarian support programmes:



National policy governs the rights and entitlements of migrants, with significant variations between individuals/communities

depending on the reason for arrival and/or immigration status (e.g. asylum seekers are excluded from working).

In the last year (April 2023 – March 2024) the Migration team welcomed and supported:

147 Refugees (resettled)
65 Adults, 82 Children
Top 5 origin countries are Afghanistan, Syria

286 Hong Kong (British National Overseas) visa holders
194 Adults, 92 Children

382 Asylum seekers (temporary accommodation)
369 Adults, 13 Children
Top 5 origin countries are Iran, Eritrea, Afghanistan, Sudan, Iraq

1483 Asylum seekers (dispersed accommodation)
121 houses occupy families ^A
Top 5 origin countries are Iran, Eritrea, Afghanistan, Sudan, Iraq

142 142 Homes for Ukraine scheme arrivals
115 Adults, 27 Children

180 180 European Union resettlement scheme ^B
Top 5 origin countries are Slovakia, Poland, Czech Republic, Romania, Portugal

A Details of the number of children within families not available
B Details of number of children within this scheme not available

Coventry's Diverse Migrant Profile

Coventry's population has steadily increased, growing from 301,300 in 2002 to 355,600 in 2022^{xi}. These figures include an increase in net international migration, from 1,900 in 2002 to 17,500 in 2022. During 2022, 17,135 of the international arrivals registered for National Insurance Numbers with most applicants coming from India, Nigeria, and other Asian countries^{xii}.

In addition to this, during the 2021/22 academic year Coventry University and the University of Warwick attracted a total student population of 67,015^{xiii}. More than a third of these were from overseas, including 19,645 non-EU students and 4,525 EU students^{xiv}.

Coventry's population is shaped by migration patterns and integration trends.

The 2021 Census reveals that 7,123 residents (2.1%) had migrated from other countries in the year leading up to the census compared to 37,500 (10.9%) arriving from elsewhere in the UK^{xv}.

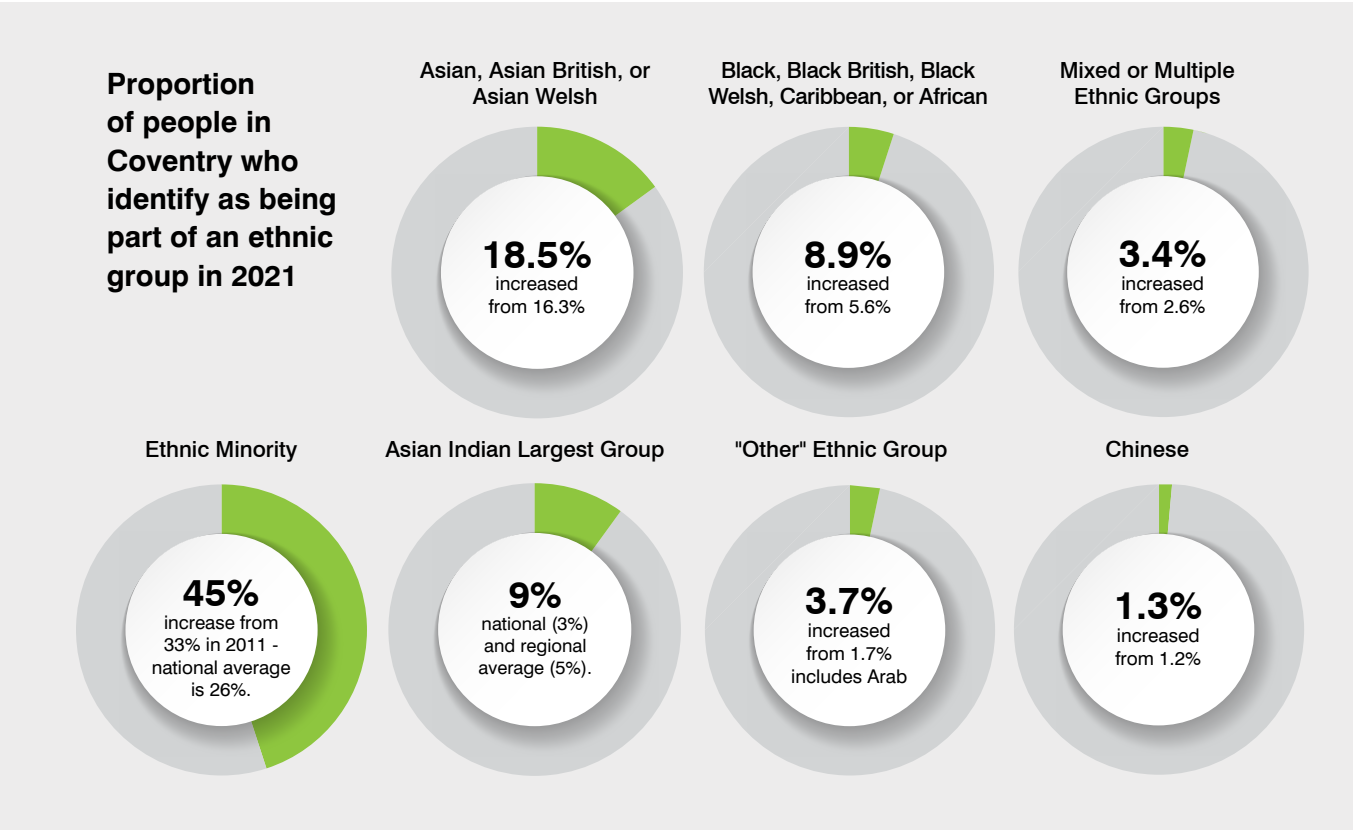
The palette of countries of origin for Coventry's migrant population is dynamic. The top countries of birth are ^{xvi} :



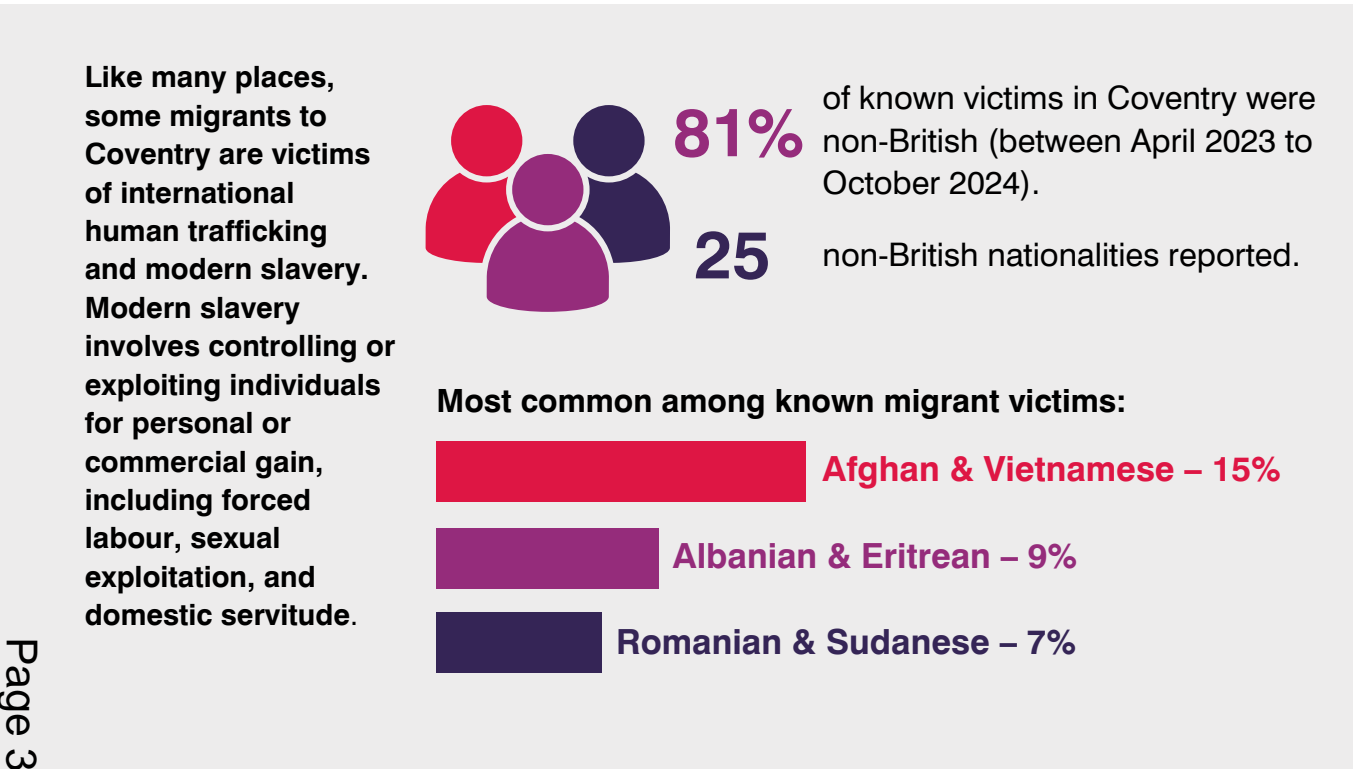
* Countries identified by UN as one of the least developed countries in the world ^{xvii}



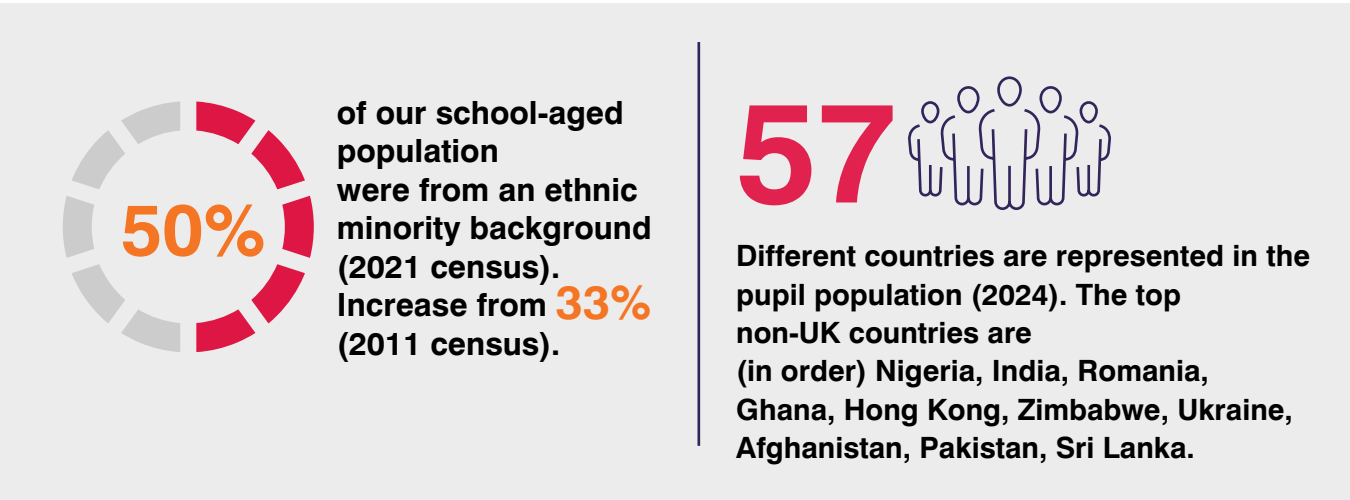
Changing Ethnic Demographics



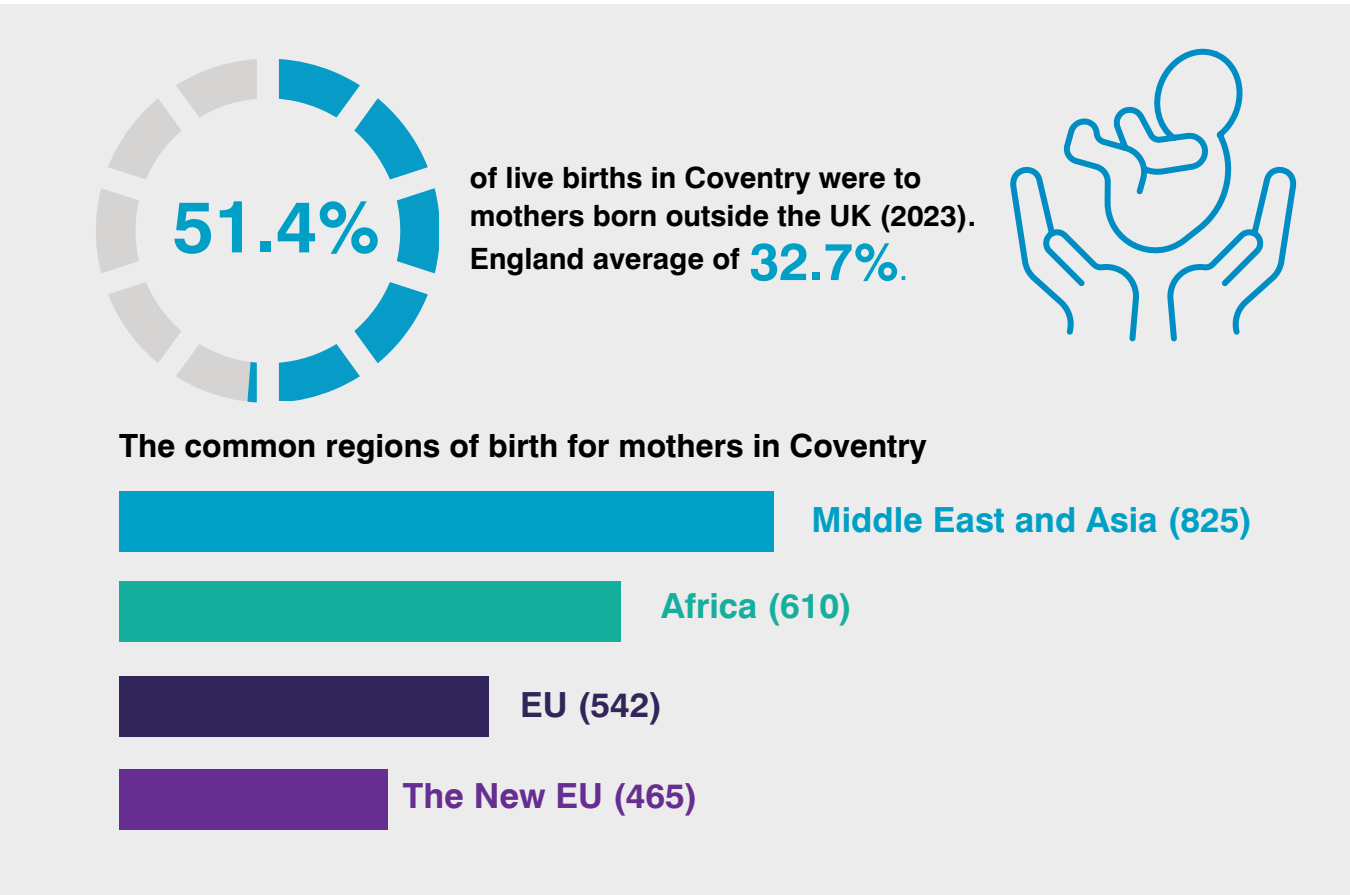
Victims of human trafficking and modern slavery

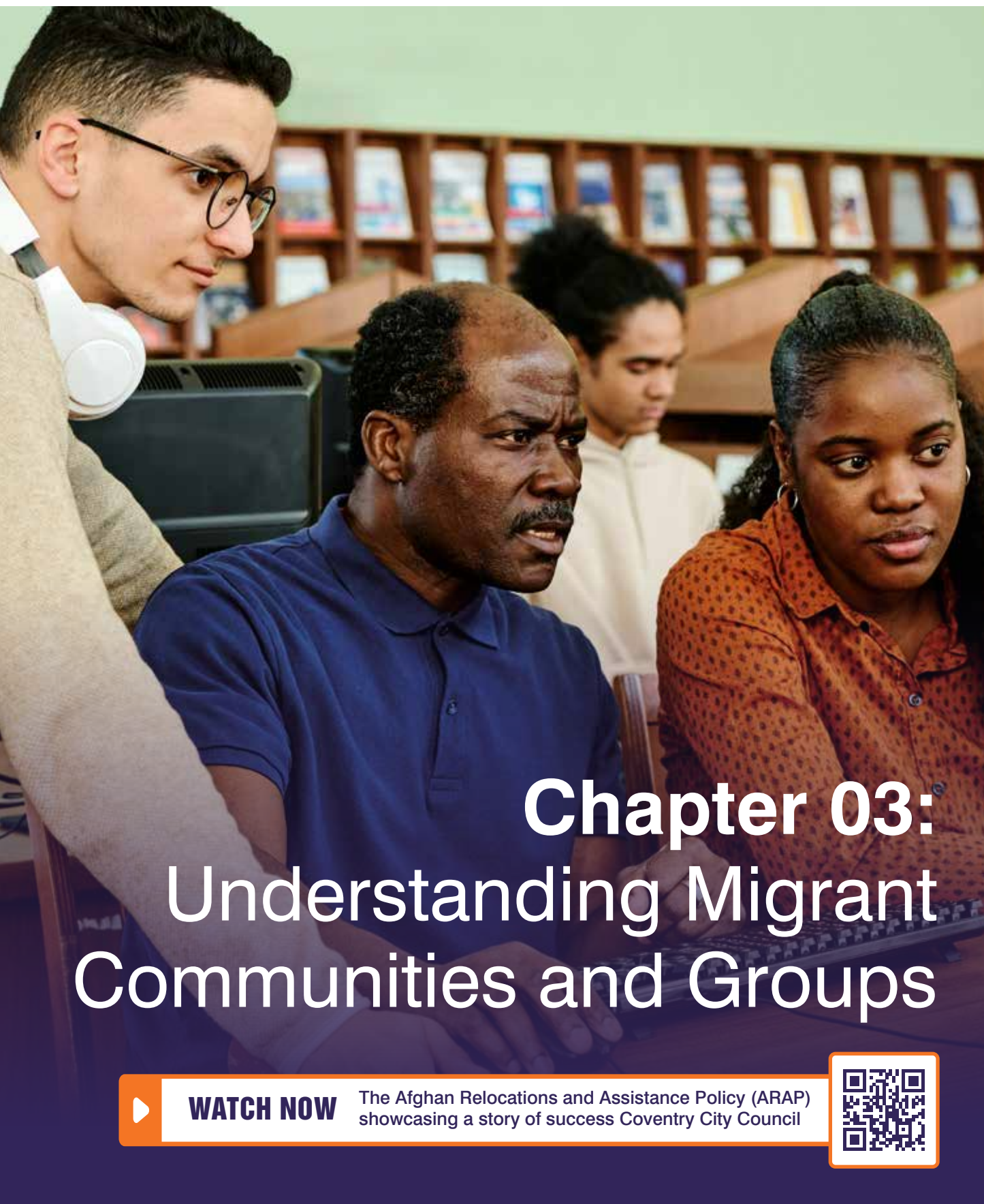


Ethnic and Cultural Diversity in Schools



Birth Trends





Chapter 03: Understanding Migrant Communities and Groups

WATCH NOW The Afghan Relocations and Assistance Policy (ARAP) showcasing a story of success Coventry City Council



LOCAL FACTORS SHAPING MIGRANT HEALTH

Social Determinants of Health

The key factors that influence migrant health and outcomes – from a Coventry migrant perspective.



Housing and Living Conditions:

- Overcrowded or substandard housing can increase risks of communicable diseases and mental health issues, impacting overall life quality. Stable housing promotes mental well-being.



Employment and Income:

- Employment affects access to essentials like healthy food and healthcare. Job insecurity or exploitation can elevate stress and mental health challenges.



Education and Language Proficiency:

- Educational access and language skills influence healthcare access and provider communication. Limited literacy impedes understanding of health information.

Intercultural Reasoning Cultural Beliefs and Practices:

- Health beliefs among migrants may differ from UK norms, influencing healthcare interactions. Stigma around conditions like mental illness can prevent care-seeking.

Cultural Competency within the Provider-Patient Relationship:

- Culturally sensitive healthcare builds trust, while training providers in cultural competence improves patient experiences and health outcomes.



Mental Health Psychological Stressors:

- Trauma from war, displacement, or exploitation often has lasting mental health impacts. Adapting to a new environment can further stress mental health.

Social Isolation and Support Networks:

- Social isolation due to limited support networks impacts well-being, while community networks enhance emotional resilience and mental health.

Discrimination and Racism:

- Systemic and interpersonal discrimination can create chronic stress, mental health vulnerabilities, and healthcare access barriers. Experiences of racism may reduce migrants' willingness to seek medical care and lead to unequal healthcare treatment.



Accessibility of Healthcare, Eligibility and Entitlements:

- Language difficulties and limited knowledge of healthcare systems can delay medical care. Uncertainties about eligibility hinder timely access to services.
- Limited income or lack of insurance may restrict access to appropriate treatment.

Digital Inclusion:

- Limited access to the internet or digital devices can restrict migrants' ability to access healthcare, employment, education and social connections.
- Low digital literacy and limited access to technology prevents individuals navigating online services, booking appointments and/or understanding health information. Targeted digital literacy and device distribution programmes can improve access and engagement.



Neighbourhoods, Housing and Living conditions

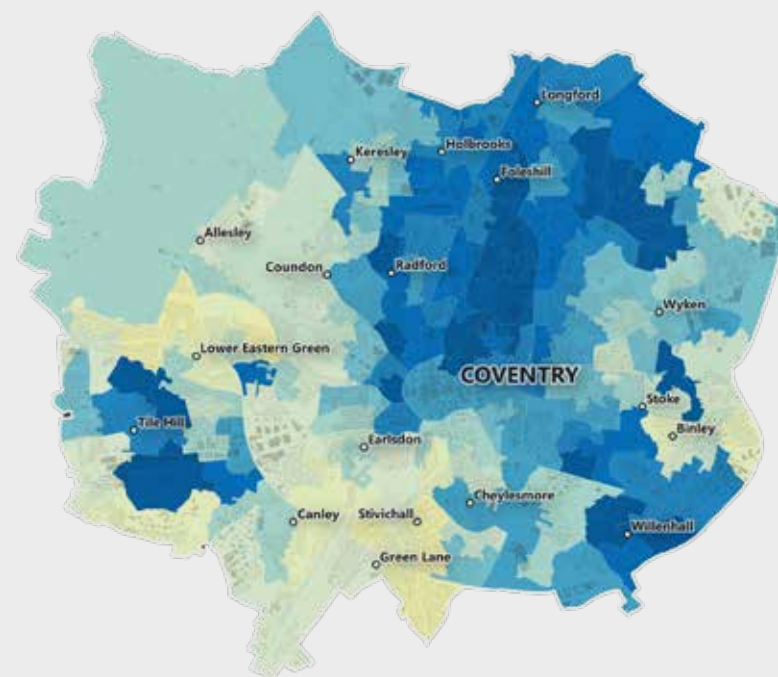
Health and wellbeing in Coventry is below average, with residents in more deprived areas experiencing shorter lives and more of their lives in poor health compared to those in less deprived areas^{xxi}.

Residents in high deprivation areas face complex and interconnected challenges that impact their health and well-being. These issues are shaped by multiple social determinants requiring targeted support to improve outcomes.

Deprivation in Coventry

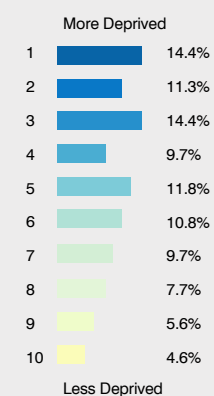
Coventry's Indices of **Multiple Deprivation (IMD)** highlights stark disparities across the city, with specific wards facing some of the highest levels of deprivation in England. Wards such as

Foleshill, St Michael's, Longford, Willenhall
and **Henley** experience the most significant
socio-economic challenges, impacting health,
housing, education, and employment.



Local authority profile

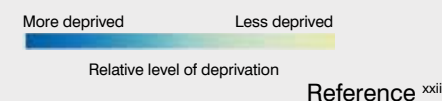
% of LSOAs in each national deprivation decile



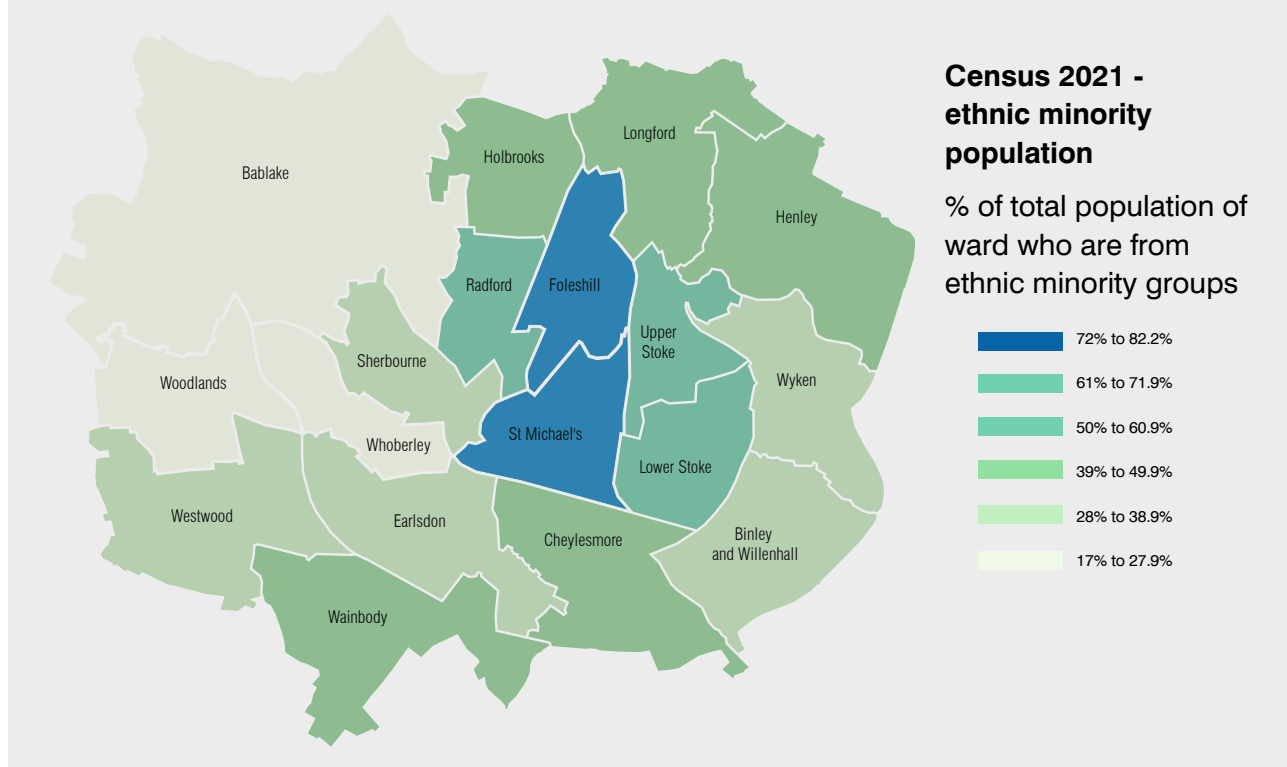
What this map shows

What this map shows

This is a map of Index of Multiple Deprivation (IMD) 2019 data for **C Coventry**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the data relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).



Coventry Ethnic Group Population Density Map (Ward Level)^{xxiii}



There is a significant variation in ethnic composition across Coventry's 18 wards representing a wide range of backgrounds. Different ethnicities are more prevalent in

certain wards, with Foleshill having the highest proportion of ethnic minority residents at 82%, followed by St. Michael's at 74%. Both wards are among the most deprived in Coventry.

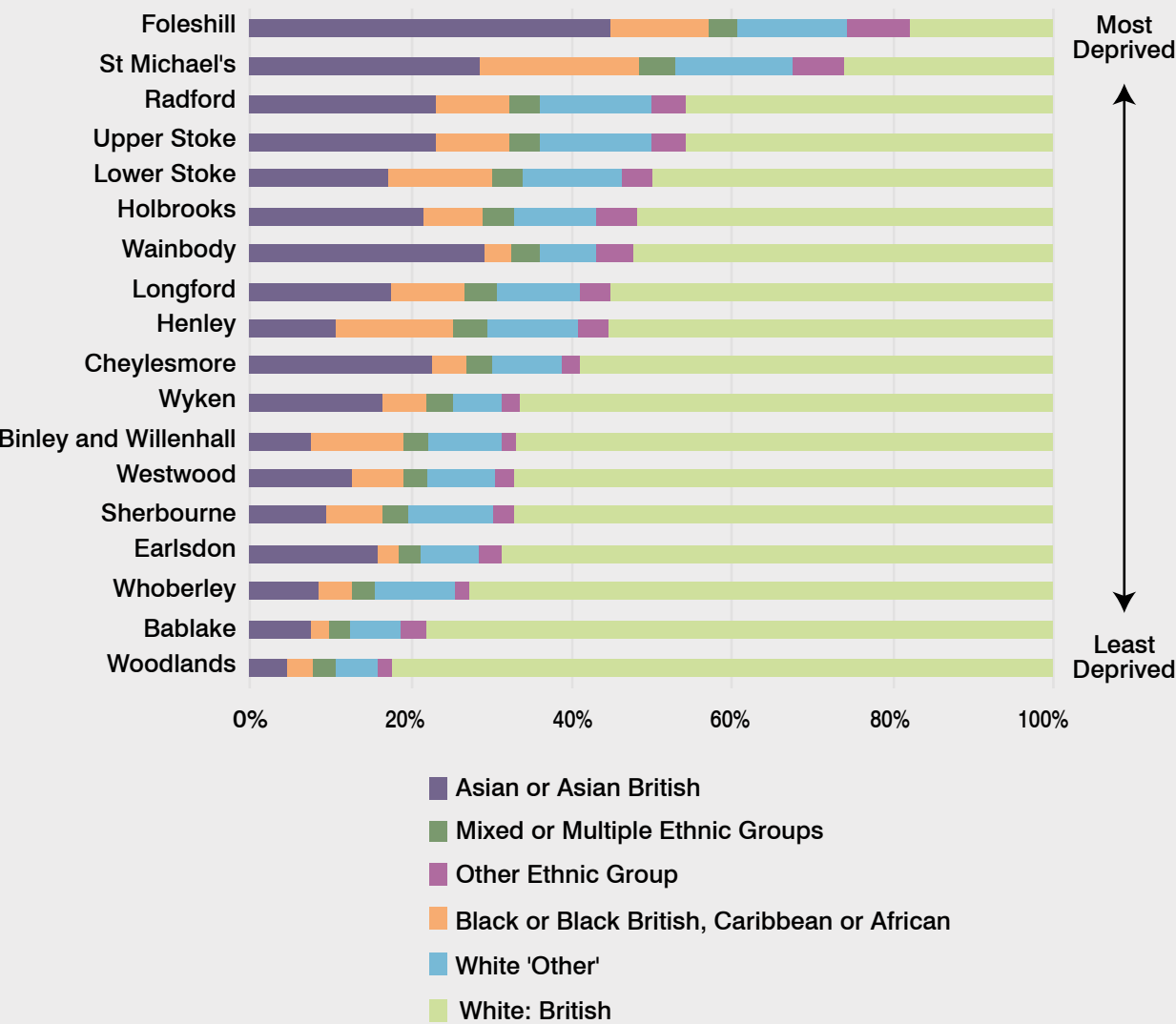
Deprivation in Coventry is strongly linked to ethnicity, with Bangladeshi, Gypsy or Irish Traveller, and Black communities facing the greatest disparities. These groups

are concentrated in deprived wards like Foleshill and St. Michael's, where poor health outcomes, economic inactivity, and inadequate housing intersect.

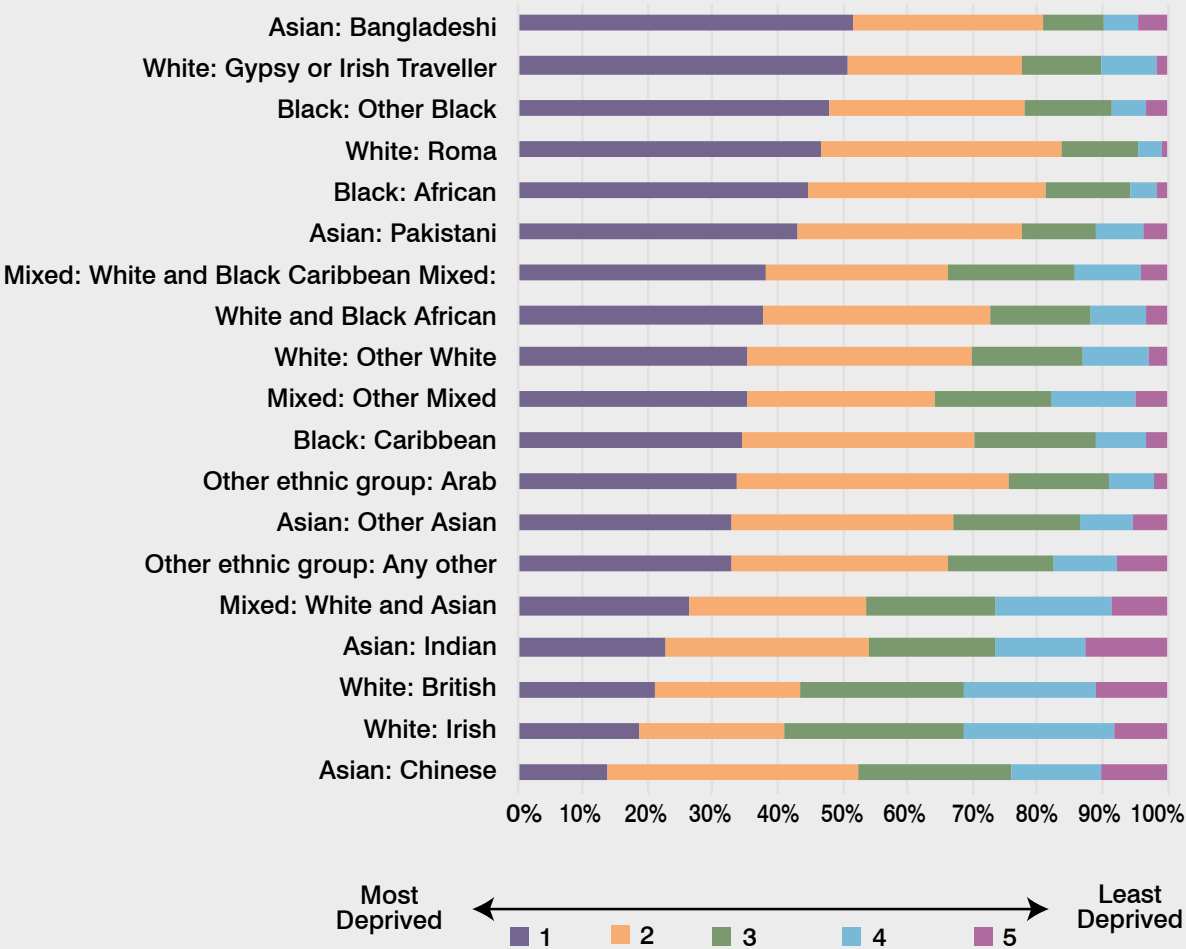
Limited access to quality healthcare, higher disease burdens, and lower educational

attainment further increase inequalities, reducing life expectancy and workforce participation.

Percentage of ethnic groups in each ward (areas are ranked in order of IMD level starting from most deprived to least)



Percentage of ethnic groups living in deprived neighbourhoods (IMD Quintiles)

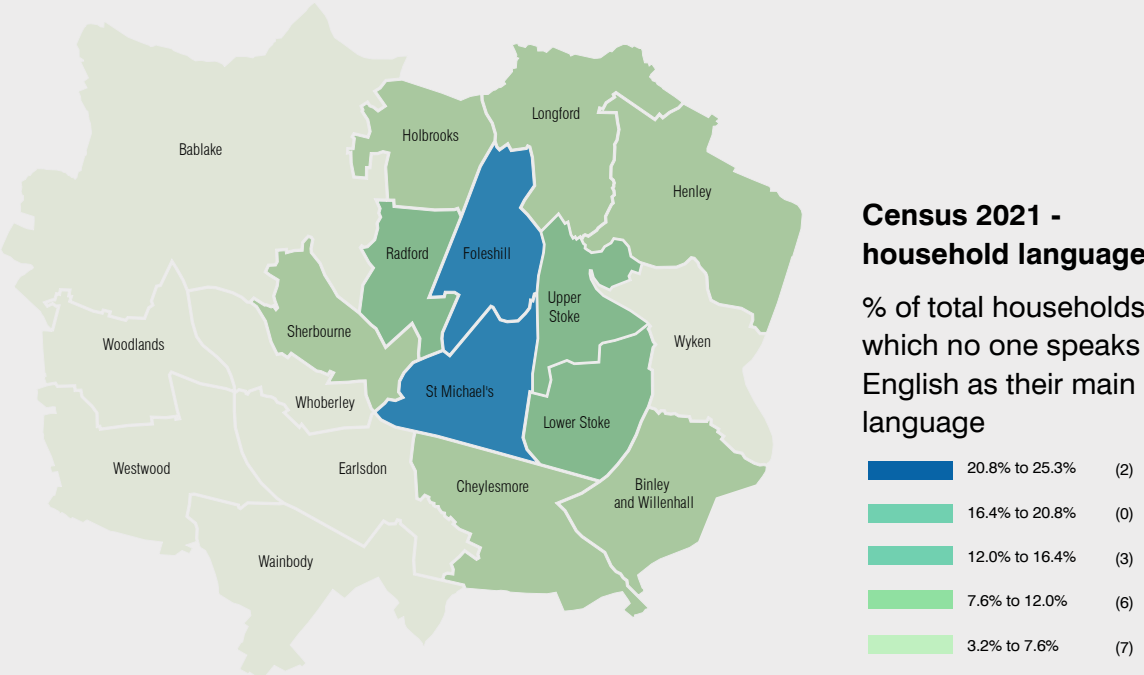


Languages in Coventry

Over 100 languages are spoken in Coventry. Whilst English is the main language for most (82.5%):

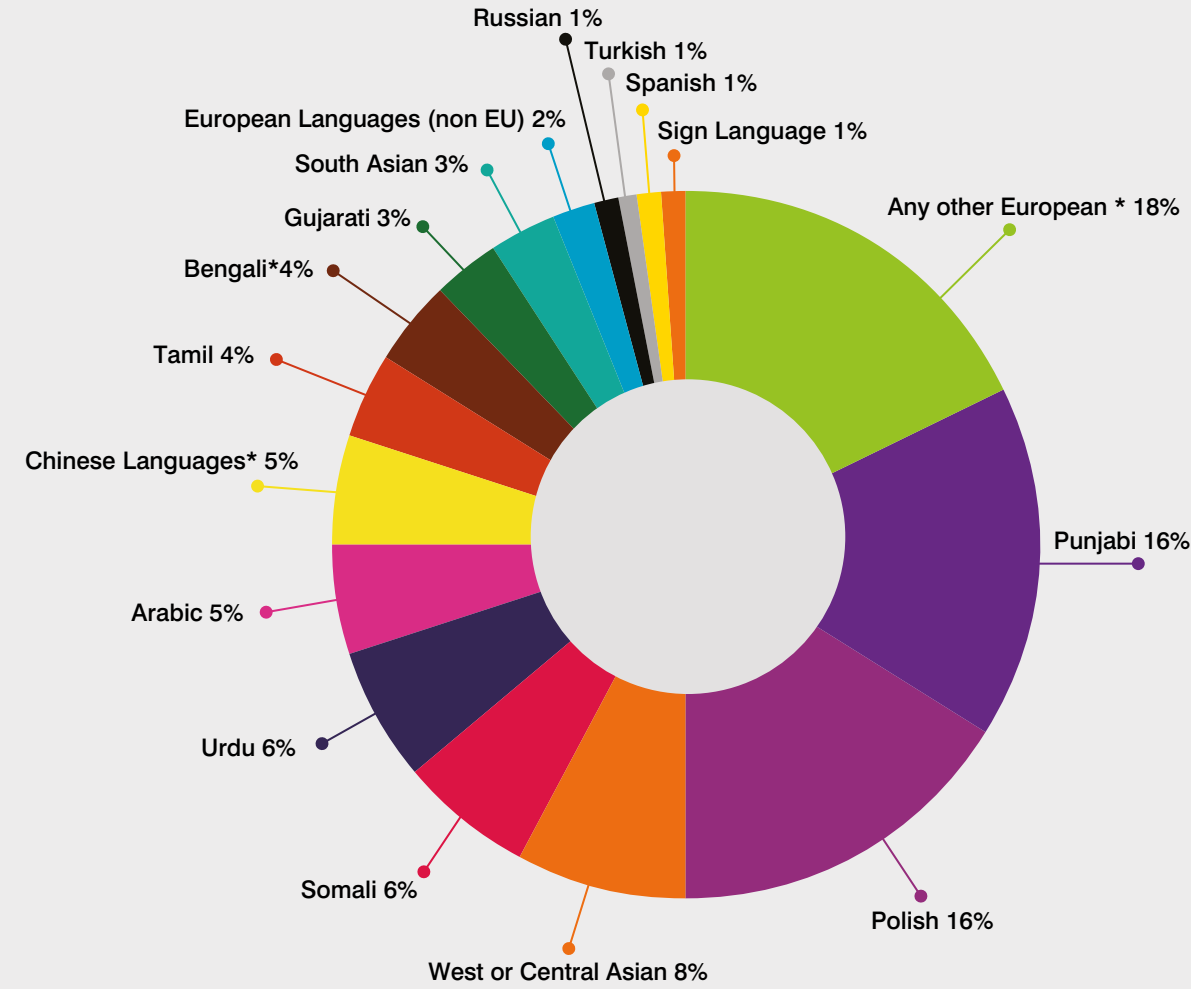
16.9% of Coventry residents who do not speak English as their main language also report not speaking it well. 2.6% of residents cannot speak English at all. This issue is particularly pronounced in Foleshill West where over a quarter of households have no residents who speak English as their main language^{xxiv}.

Households where no people have English as a main language in Coventry (ONS, 2021)^{xxv}

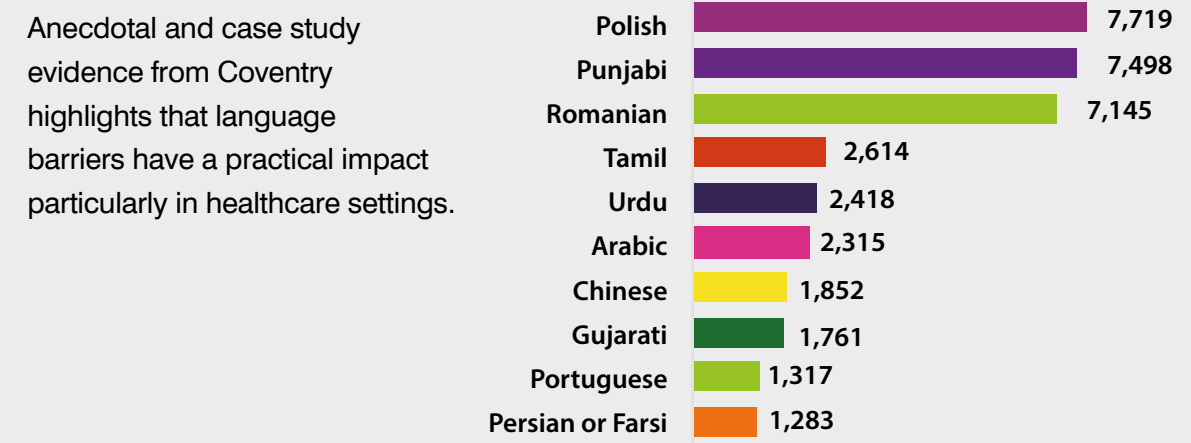


The most recent (2024) Coventry schools data indicates that at least 47 different languages are represented in the pupil population. English remains the top language followed by (in order) Romanian, Cantonese, Arabic, Urdu, Ukrainian, Yoruba, Shona, Pashto / Pakhto, Malayalam, Tamil and Hindi.

A breakdown of the languages spoken in Coventry by residents who cannot speak English well or cannot speak English (aged 3+).



Top 10 most spoken languages after English



e 44 **DISCRIMINATION AND RACISM**

Health impact

Experiences of discrimination and racism, whether interpersonal or systemic, can have a profound impact on the mental and physical health of migrant populations. Chronic stress, anxiety, depression, and other mental health problems are often linked to experiences of discrimination. Additionally, racism can manifest in healthcare settings, leading to unequal treatment and poorer health outcomes for ethnic minorities.

“ They call you call you names and things like that. You know, so sometimes it makes you feel a bit uncomfortable. But at the same time, you’re already in it, so you just gotta carry on....

White European migrant' experiences

The experiences of white European migrants, particularly those from countries like Poland, often contrast with those from racial and ethnic minority backgrounds. These migrants may not face the same levels of discrimination and may find it easier to integrate into British society due to shared cultural values and norms, as well as the prevalence of English language education in their home countries.

Ola, from Poland arrived in the UK in 2004, describes her experience as relatively smooth.

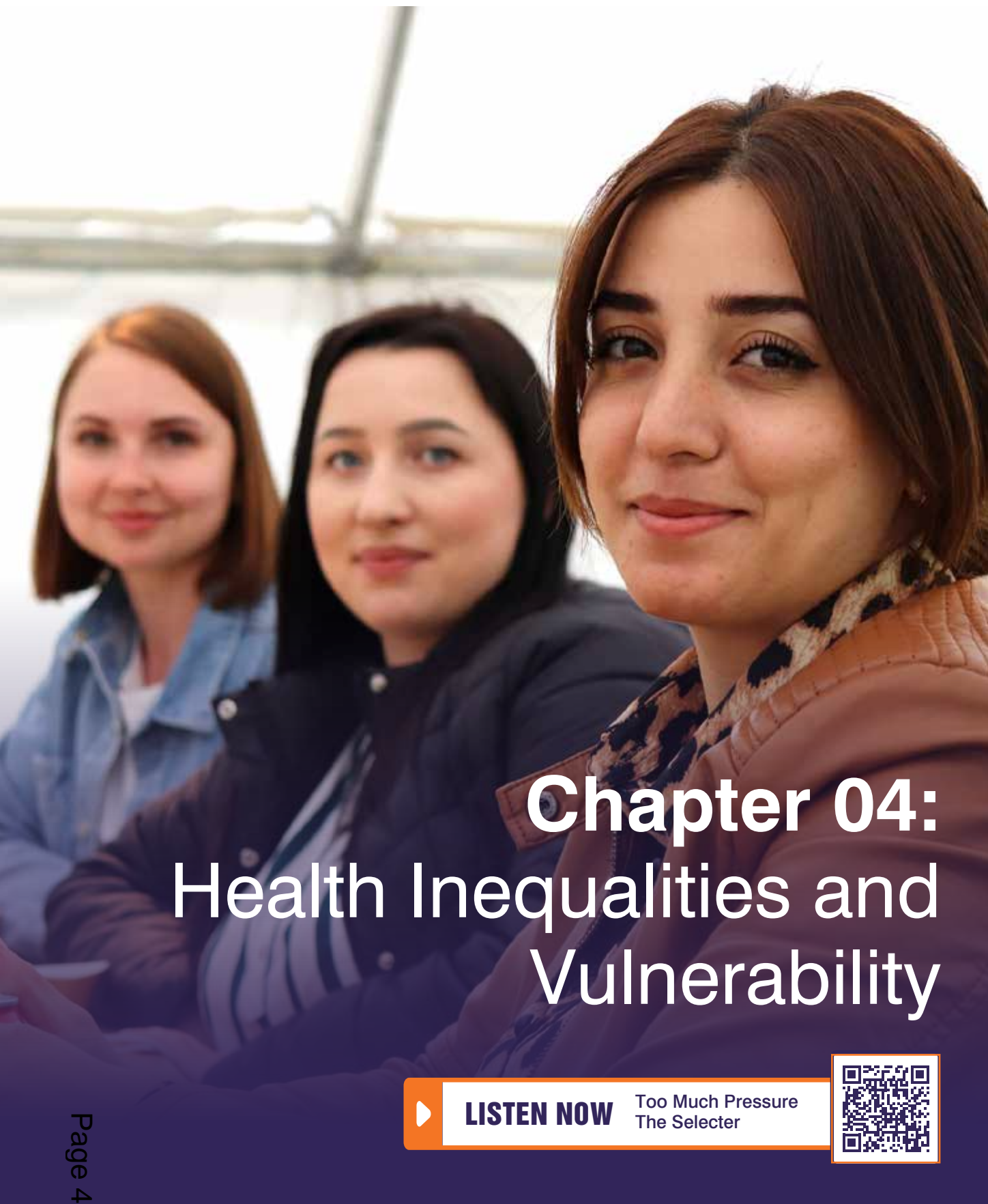
“Really the British people are very open. They were not like, oh, I don’t help you. I always met such lovely people that helped me. So it was easy, everything was easy.”

Discrimination across migrant groups

Research supports the notion that migrants from Eastern European countries, including Poland, generally experience less discrimination and have an easier time integrating into the UK compared to migrants from other regions. A study by the Migration Observatory at the University of Oxford found that Eastern European migrants reported lower levels of discrimination than migrants from other regions, and were more likely to feel they belonged in the UK ^{xxvi}. This is attributed to factors such as perceived cultural proximity, higher levels of English language proficiency, and the fact that many Eastern European migrants came to the UK through established channels like the EU accession process, which granted them certain rights and protections.

The Homes for Ukraine scheme, launched in March 2022, allowed UK residents to sponsor and host Ukrainian refugees fleeing the war. This initiative demonstrated a significant outpouring of public support with over 100,000 Ukrainians finding homes in the UK through the sponsorship scheme. The approach also highlighted disparities in the reception of different migrant groups. Whilst the migrant experience is varied and complex, migrants from Eastern European countries like Poland and Ukraine may have a more positive experience in the UK compared to migrants from other regions. This is not to say that these migrants do not face any challenges, but rather that their experiences may be shaped by different factors than those of migrants from other backgrounds.





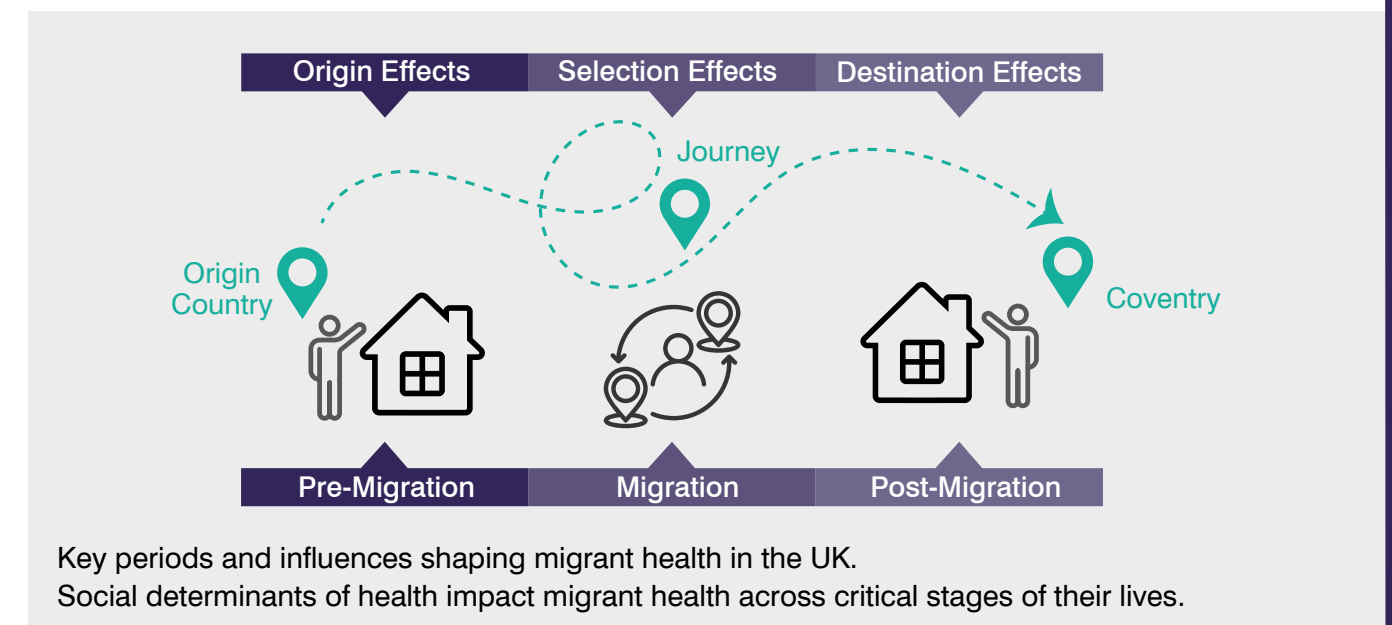
Chapter 04: Health Inequalities and Vulnerability

▶ LISTEN NOW Too Much Pressure
The Selector



Health and life expectancy are influenced by several factors with four primary elements shaping the health outcomes of migrants^{xxvii} :

- Conditions experienced in their country of origin (pre-migration)
- Experiences during migration itself (the journey)
- Living conditions in Coventry following their arrival (post-migration)
- Selection effects of national and local policies that determine who migrates and under what circumstances



On arrival in the UK, migrants are usually healthier and younger than the average person of the same ethnicity in both their country of origin and the UK-born population^{coviii xxx}.

Major studies^{xxx} have found that many migrants show a mortality advantage when compared to the wider population in their destination country.

No significant mortality advantage was observed for migrant children, young people under 29 years old or those aged 60+ years old.



Overall
25% lower risk of death from all causes



MEN
19% lower risk of death from all-causes



WOMEN
19% lower risk of death from all-causes



AGE

30-39 YRS

23% lower risk of death from all-causes

40-49 YRS

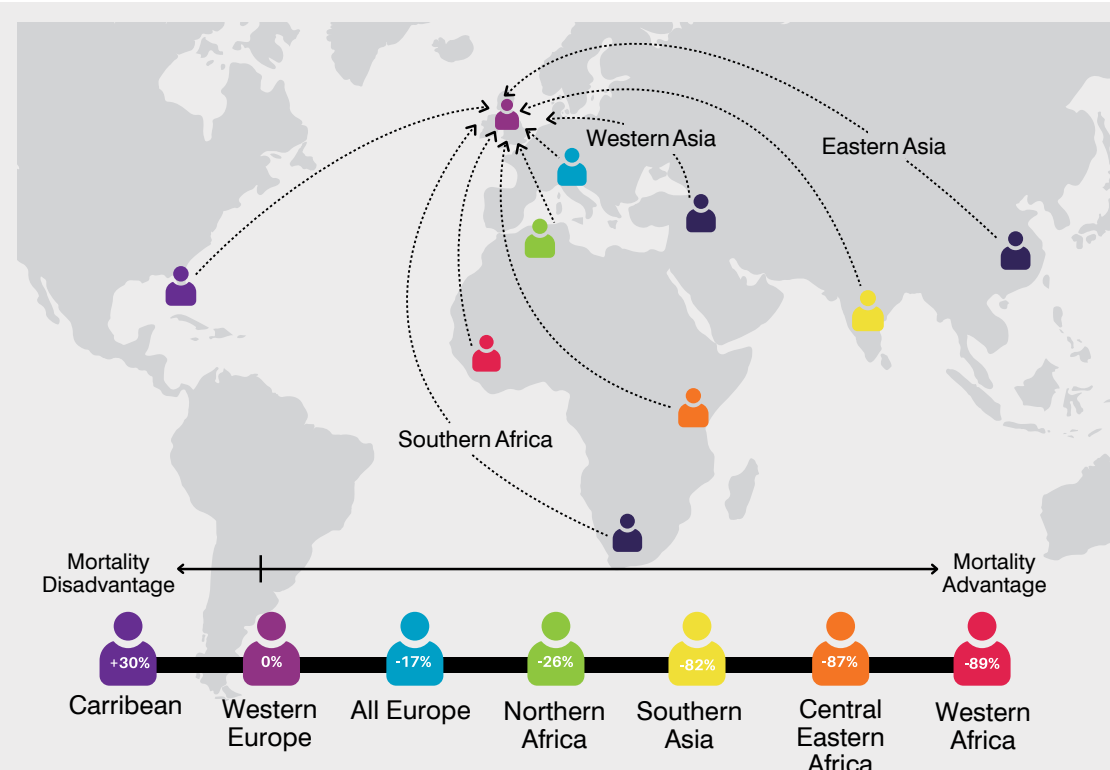
26% lower risk of death from all-causes

50-59 YRS

14% lower risk of death from all-causes

- The level of mortality advantage (or disadvantage) amongst people that have moved to the UK varies by region of origin^{xxxi}. For example, migrants from low-middle

income regions (except the Caribbean) show over 20% lower death risk from all causes than the UK population.



Digital Inclusion has emerged as a super determinant of health

Digital technologies have increasingly become a central route to accessing essential local and national information, advice, and services. Wherever access to reliable internet, appropriate devices and/or digital literacy skills is limited, this can create significant barriers to healthcare, employment, education, and social participation. As a result, digital inclusion has emerged as an important element of supporting good health and wellbeing for all.

Migrants who lack digital access or skills can struggle to book appointments, navigate online health resources, and/or access core services provided by the statutory and voluntary sector. This has the effect of generating and/or reinforcing health, social and economic inequalities. The negative impact of digital

exclusion is particularly pronounced among newly arrived migrants, older migrants, and those with limited English proficiency. Targeted interventions to minimise digital exclusion are an important way of reducing inequalities. Tactics adopted in Coventry include #CovConnects which is a city-wide digital inclusion initiative featuring community-based digital literacy and technology access projects. Where appropriate, health related interventions have also developed multilingual online and printable health resources. By promoting and facilitating digital inclusion, policymakers and service providers can help migrants to engage with increasingly digital health and care systems including access to information that is vital to protecting and improving their overall health and well-being.

Socioeconomic status before and during migration affects the mortality advantage

In low and middle-income countries, individuals with higher socioeconomic status are better able to avoid health risks (e.g. infectious diseases, malnutrition, conflict, violent crime) including better access to private healthcare^v. This group

are also more likely to meet visa requirements (e.g. language skills, job qualifications). The selection effects of this results in the healthiest and wealthiest migrating, with many returning to countries of origin after work /or study

Health inequalities for vulnerable groups are often overlooked

Although migrants generally live longer than members of the receiving community, significant ethnic health disparities exist in the UK. Viewing migrants as a single group can obscure the challenges faced by vulnerable groups, who often have complex health needs and encounter additional barriers.

The Coventry & Warwickshire Health Inequalities Strategic Plan (2022-27)^{xxxiv} follows the **Core20plus5** framework and identifies newly arrived communities, including refugees, asylum seekers and undocumented migrants, as requiring targeted support to increase health equity.

For example:

- Refugees, prioritised for resettlement to the UK by The United Nations High Commissioner for Refugees due to vulnerability and medical needs, frequently arrive with conditions that limit daily activities^{xxxv}.
- Asylum seekers, impacted by difficult journeys and current living conditions, are more likely to experience health issues that affect their work capacity^{xxxvi}.

Vulnerable Groups

Some migrant groups face a higher risk of health issues due to increases susceptibility to harm (e.g. abuse, violence) and limited access to their human rights before, during, and after migration. UK government identifies the following vulnerable groups:

- Asylum seekers and refugees
- Unaccompanied children
- Victims of human trafficking
- Undocumented migrants
- Low paid migrant workers

Migrant women (especially pregnant women and survivors of gender-based violence), LGBTQIA+ individuals, migrants living with disabilities, older migrants, ethnic and religious minorities are at higher risk of vulnerability^{xxxiii}.



HEALTH ADVANTAGES DECLINE OVER TIME

The overall migrant health advantage declines over time as longer residence periods and older age are both associated with poorer health^{xxxvii}. Evidence of this was highlighted during the

COVID-19 pandemic when ethnic minority communities and vulnerable migrant groups were at increased risk of infection and over-represented amongst cases and deaths^{xxxviii}.





Health Behaviours associated with ethnicity have both protective and risk effects

Health behaviours (e.g. smoking, drinking alcohol, diet) influence migrant health both pre-migration and in Coventry. Migrants from many regions have more nutritious diets and are less likely to drink alcohol than the Coventry-born population^{xxxix}. Most international migrants to Coventry are from ethnic minority groups, within

this the majority are racialised groups.

Mary from Nigeria said,
“Doctors used to ask me Mary do you smoke?
I say smoking, for what? I don’t smoke. I don’t drink. I don’t take alcohol. I take tea.”

Differences in Health Behaviours amongst ethnic groups in England^{xi}

Differences in Health Behaviours	
	Diet: All ethnic minority groups are more likely to eat the recommended 5 portions of fruit and vegetables a day in comparison to the white British and Irish population
	Alcohol Consumption: Ethnic minority groups, including ‘Other’ White men and women, are more likely to be non-drinkers and/or drink less than 14 units of alcohol a week compared to the White British and White Irish population. 15% of white British women and 9% of White British men are non-drinkers. Higher risk drinking (i.e. over 14+ units of alcohol per week) differs by ethnicity. 18% of white British women and 36% of white British men engage in higher risk drinking.
	Tobacco Smoking: Cigarette smoking is less prevalent in Indian, Black African and ‘other’ minority people than the White British population. Irish, other White, Pakistani, Bangladeshi, and Black Caribbean men are all more likely to be current smokers than the White British population.
	Physical Inactivity: Non-white ethnic minority men and women are more likely to be physically inactive (defined as doing less than 30 minutes exercise per week) than the White British population.

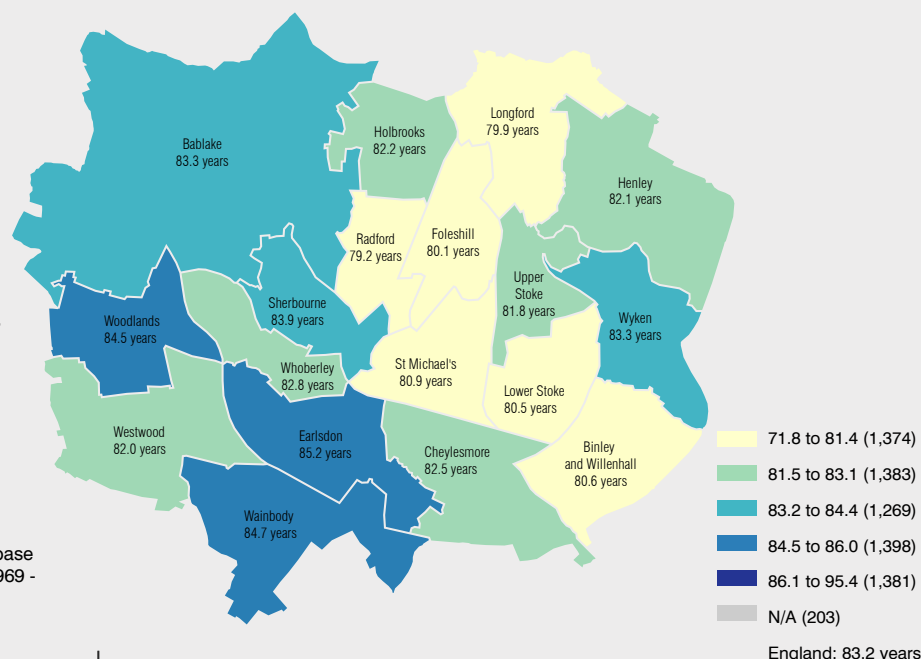
Health Inequalities Driven by Deprivation

Poorer health outcomes and health inequalities are driven by deprivation in a nuanced way with people living with bad or very bad health for longer. The most-deprived areas of Coventry also have the highest proportions of people that identify as being from an ethnic minority group. Here, males live around 10.7 years less than

males in the least-deprived areas. The difference in life expectancy for females is 7.8 years^{xli}. The wards with the lowest life expectancies at birth in Coventry also correspond with the places where most migrant households that speak a main language other than English^{xlii}.

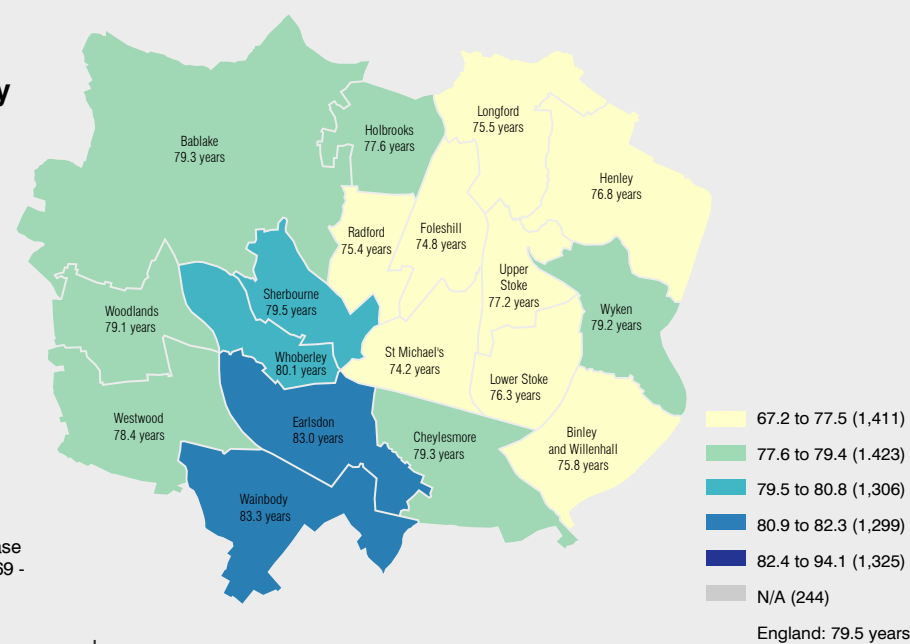
Ward 2021 (Electoral Best Fit) 11 Life expectancy at birth for females, 2016 to 2020 (years)

Source: The Office for Health Improvement and Disparities analysis of ONS death registration data and mid-year population estimates.



Ward 2021 (Electoral Best Fit) Life expectancy at birth for males, 2016 to 2020 (years)

Source: The Office for Health Improvement and Disparities analysis of ONS death registration data and mid-year population estimates.



Whilst some impacts of deprivation are mitigated for migrants and people from ethnic minority groups due to 'healthier' behaviours, significant

Increased risk of type 2 diabetes

In 2021/22 7.1% (24, 527 people) of Coventry patients aged 17 years and older were recorded as having Diabetes^{xliii}. This has increased from 5.7% (16,514) in 2010/11 and mirrors the national trend. In the UK prevalence of type 2 diabetes is:

- More than twice as common amongst people from Black African, Black Caribbean, South Asian and 'Other Ethnicity' groups in comparison to the White British population^{xliii}.
- Higher (x1.75) amongst foreign born population than UK born population. The increased prevalence is lowest amongst people who arrived to work or study.
- Higher amongst African Caribbean migrants (10%) in comparison to the UK-born population of the same ethnicity (7%).
- Higher amongst South Asian migrants (14%) in comparison to the UK-born population of the same ethnicity (11%)^{xliii}.

inequalities in health outcomes persist in comparison to the White British population.

Evidence indicates that the efficacy and appropriateness of diabetes prevention and treatment interventions is influenced by the cultural competency of health professional (e.g. understanding different staple foods and proposing culturally relevant alternatives).

My grandmother had diabetes in Jamaica.... She would drink condensed milk with a coffee. Everything that you shouldn't do, and I think that's carried on over here with a lot of the older generation they've got diabetes... When you get diagnosed with diabetes and they tell you that you need to cut out X,Y and Z. But they don't tell you what to replace it with necessarily. Culturally...I think there's stuff around that to make [advice] for particular communities and diets. Everybody doesn't have the same diet.'



Poor Mental Health & Limited Support Access

Vulnerable migrant groups are at greater risk of mental health problems than the wider population^{xlv}. Pre-migration experiences such as war, conflict and hardship can cause significant stress, added to this migration journeys can be long, dangerous and traumatic. These create major risk factors for poor mental health that are exacerbated when traumatisation is prolonged (e.g. modern slavery^{xlvi}). Looking at worldwide prevalence of specific mental health conditions amongst asylum seekers and refugees:

- Depression prevalence around 31.5%^{xlvii}. This is significantly higher than the 2021/22 overall levels for the adult population in Coventry adults (11.9%)^{xlviii}.
- Post-traumatic stress disorder (PTSD) prevalence of 31.5%. This translates to being three-times more likely to experience PTSD during their lifetime than the overall UK population^{xlix}.

Modern Slavery Survivors' Health Challenges

Survivors of modern slavery often experience significant mental and physical health issues. Studies show that 41% are diagnosed with complex PTSD, and many experience abuse-related injuries, malnutrition, and illness. Health services play a vital role in identifying and supporting these individuals, with Coventry's mental health services and

For those who experience trauma, access to support and integration services is a protective factor that reduces the risk of experiencing longer term mental health problems.

Even (aged 40) from Eritrea, *'It's the most difficult time of anyone's life, that who came through that way. Because [They] would abuse you. They will hit you. They will rape you. Sometimes it's just... horrible, but there's no choice. You just need to get over there.'*

Khaled (aged 54) from Syria *'[Here] there is no pressure, no stress... [There]... mind always working always working: What tomorrow? What's will happen? Especially that you know Middle East... not majorly stable. Here when you put your head on your pillow you know you will go sleep, you don't need more than 5 minutes.'*

hospitals frequently being key contact points. Survivors are vulnerable to receiving poor advice, aggravated by a lack of awareness about their rights and local services. Misunderstanding around their eligibility to register with a GP further limits access to help, support and healthcare.

Loneliness During Cultural Adaptation

A common feature whilst adapting to a new culture, loneliness is a recognised contributor to poor mental wellbeingⁱ. For migrants, wellbeing is supported by developing community connections which enables adaption and the creation of a sense of belonging. The psychological stress of adjusting to a new culture can be heightened by direct discrimination and/or racism (e.g. in labour market) in receiving communities that acts as blocker to integration.

Cultural Barriers to Service Access

Cultural stigma surrounding several health issues (e.g. mental health, learning disability, sexual health) can prevent migrants from getting the treatment they need and exacerbate problems.

Tailored interactive promotion, that displays awareness of cultural differences can help change opinions reduce stigma and increase likelihood of seeking help.

Iryna (aged 48) arrived in Coventry aged 36. *'When I came it was psychologically a bit difficult, because I was very busy in Ukraine, having friends and always on the telephone... Suddenly everything stopped and you're just starting a new life. I was sitting at home trying to find a job and failed'*

'The social club [Ukrainian Association Coventry] opens every Friday – Saturday and that helped me a lot to adapt here in Coventry... that was very welcoming from them, which is very very important. I think I would struggle without that social club and without my husband's support'.

'Here is different and much better because they give a lot of interest in mental health for all the people. If you have some mental health issue, it's normal here, not what you call... bad, or stigma'. Asma (aged 30) from Syria.

Lower Protection from Infectious Diseases

Migrants are far more likely to die (56%) from infectious diseases than the overall population in the UKⁱⁱ. In most cases, the infections of concern are treatable. The higher risk is linked to: differences in prevalence around the world; variation in vaccination schedules; lower uptake of testing in some communities; and delayed treatment, for example:

- **50% of people given late diagnosis of HIV were from Black African communities^c:** Coventry has a HIV incidence rate with 2022 data showing that 3.8 people per 1,000 adults^{D iii}.in our city live with HIV compared to 2.3 per 1,000 for Englandⁱⁱⁱ. The risk is highest for people who have previously lived in Sub-Saharan Africa.
- **Members of communities that have newly arrived from a country with high rates of tuberculosis (TB) have an increased risk of active and latent TB:** 2020-22 data shows that^{iv} Coventry has a three-year TB incidence rate of 15.6 per 100,000 adults compared to the England rate of 7.6 per 100,000. Non-UK born individuals accounted for 79.1% of new TB diagnoses in England during 2022. Trends in Coventry largely reflect this pattern.
- **Higher risk of TB-HIV Co-infection for some communities^{iv}** – The high prevalence of HIV and TB in Sub-Saharan countries means that African migrants are particularly at risk from co-infection from both diseases.
- **95% of people given a new chronic Hepatitis B diagnosis in the UK are migrants^{vi}.** Most acquired the infection in their country of origin, either at birth or in early childhood. The risk of hepatitis is greatest if migrants have at lived or had medical treatment in countries with high rates of Hepatitis B and Hepatitis C viruses. This includes all African, Asian, Caribbean, Eastern and Southern European, and Middle Eastern countries.
- **Coventry and national trends show lower** vaccination coverage amongst some migrant groups (eg. asylum seekers, refugees, people from low-middle income countries). Alongside this, where income is low income and living conditions are overcrowded and/or poorly ventilated, the chances of infections spreading are increased.

Pregnancy Experiences and Outcomes

National data consistently shows inequalities in adverse health outcomes of mothers and babies with racially minoritised backgrounds. In 2022, 58.2% of livebirths in Coventry were to parents where at least one was born outside of the UK compared to the average of 30.3% across England and Wales^{vii}. Our city has a high level of stillbirths at 5.4 stillbirths per 1,000 births recorded during 2022/23^{viii}. Our infant mortality rate at 5.9 per 1,000 live births is also higher than the England average.

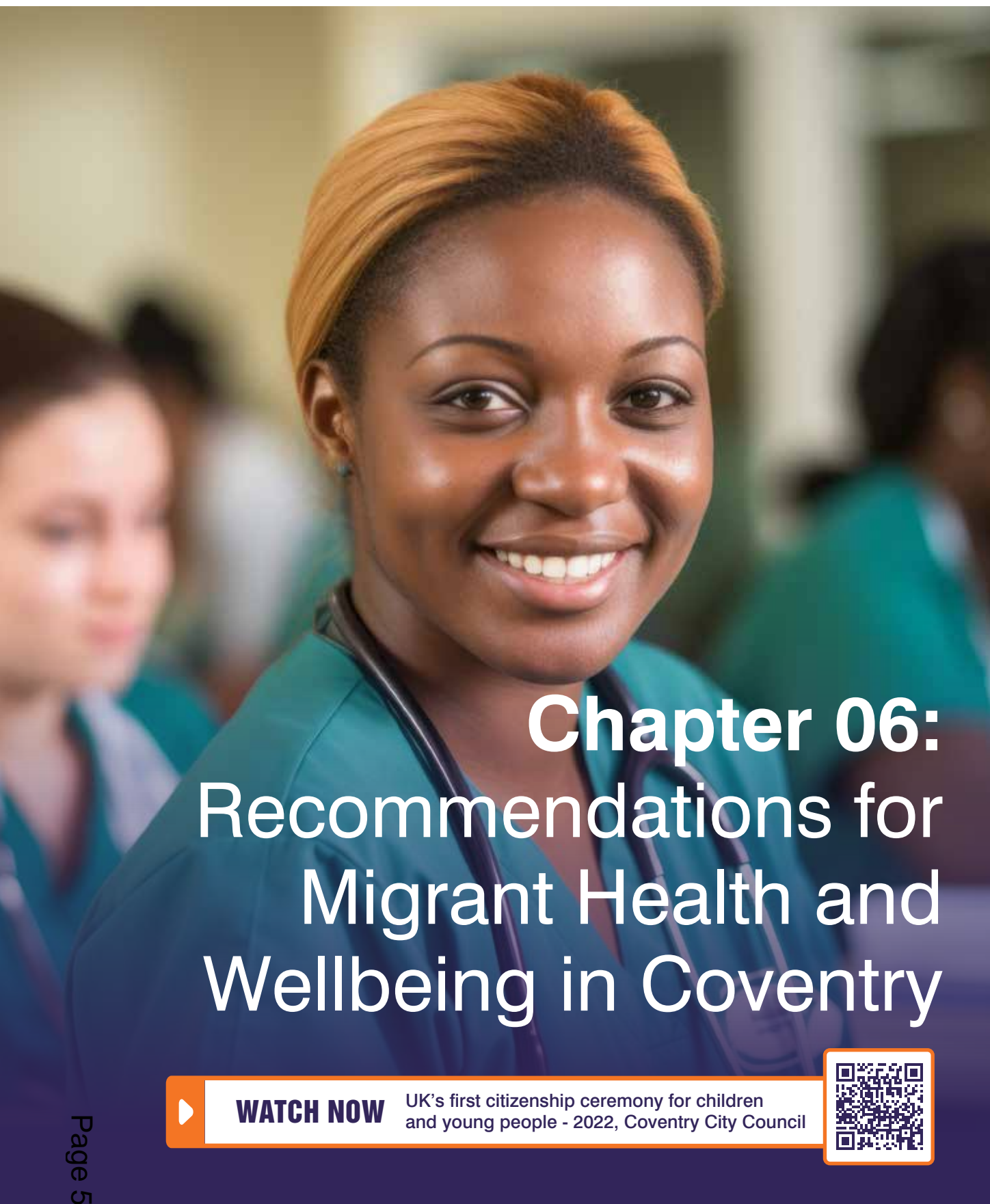
A 2023 Healthwatch Coventry and Carriers of Hope report captured the maternity experiences of asylum seekers and newly arrived women^{ix}. This highlighted challenges in navigating the system, accessing care (e.g.

financial barriers), communication problems, poor experiences due to clinician attitudes, and lack of culturally sensitive care. These exacerbated complications associated with trauma, poverty, malnutrition, inadequate housing, and female genital mutilation (FGM) which are also more common amongst this group^x. Feedback and experiences in the report included:

“ We go in for routine appointments, but we don’t see the midwives as people that can help our anxieties”

“ Women cannot ask for a woman doctor instead of a man and they just have to take whoever is on duty.”





Chapter 06: Recommendations for Migrant Health and Wellbeing in Coventry



WATCH NOW

UK's first citizenship ceremony for children and young people - 2022, Coventry City Council



PRIORITISATION OF RECOMMENDATIONS

CONSIDERS THEIR IMPACT, FEASIBILITY, AND
ALIGNMENT WITH PUBLIC HEALTH PRIORITIES:

Highest Priority

1. **Engage community partners in the next phase of the Coventry City Council “Our Coventry” integration programme** for newly arrived migrants to deepen activities that address social determinants of health through early, preventative action within communities.
2. **Improve cultural competence across local services** by the NHS and local authority working in collaboration to develop culturally sensitive policies and interventions (including information and engagement) that better respects diverse traditions and beliefs.
3. **Strengthen data collection and enhance the Joint Strategic Needs Assessment (JSNA)** so that the full picture of migrant health needs is captured (including both quantitative and qualitative sources).
4. **Develop the Coventry and Warwickshire Partnership NHS Trust (CWPT) young people’s mental health** pilot to incorporate approaches that are trauma-informed, age appropriate and relevant to young people newly arrived in Coventry.
5. **Enhance outreach and support including building on existing community champions networks**, deepening links with trusted leaders and regular mapping of community assets.

Medium Priority

6. **Build research partnerships** between Coventry City Council’s Migration team, the Voluntary Sector and the Coventry Health Determinants Research Collaboration to understand migrant health challenges and asset-based solutions.
7. **Leverage innovative technologies** to enhance health literacy and service delivery for refugees and asylum seekers, starting with the NHS funded Virtual Reality Project (hosted by George Elliot NHS Trust in partnership with Coventry University, and Coventry City Council).
8. **Strengthen partnership working to deliver improvements in maternity care** including building on the specialist refugee and asylum seekers midwife to improve access, quality and cultural competency.
9. **Strengthen partnership working to reduce infant mortality including delivery of joined up early years and parenting support** involving the NHS, voluntary sector and local authority.
10. **Invest in robust translation and interpretation services** to ensure that all residents can effectively engage with health programmes (prevention, treatment and care). Measurements of appropriateness to include consistency of arrangements for migrants where English is not a first language and choice.

Lower Priority (Still Important)

11. **Build on local tailored health protection campaigns to maximise:**
 - uptake of vaccination to align with UK immunisations schedule
 - Engagement in age or other appropriate screening
 - Awareness of infectious disease.
12. **Explore and expand opportunities for the co-production of local statutory sector strategies and frameworks** with migrant groups as part of fostering community ownership and trust in services.
13. **Build on the Wellbeing Monitor community engagement project** (focussed on Black African Communities) to establish sustainable models of building health literacy and service delivery that supports prevention, earlier diagnosis and treatment.
14. **Build on local specialist support and advocacy for survivors of modern slavery** through targeted training for professionals in Coventry on exploitation indicators and rights to care.
15. **Schedule a series of asset based deeper dives** into sub-groups of migrants with the aim of learning from their experiences to close equalities gaps (e.g. young people, women, older people).



APPENDIX:

Definitions and Glossary

- **Migration:** Migration is a major life transition that has the potential to impact on the mental health and wellbeing of individuals, both positively and negatively, during the short and long-term.
- **Migrants:** People who have moved to Coventry from another place. This report focuses on those who have journeyed to Coventry from a home in another country rather than relocating from another part of the UK. Some migrants have lived here for a long time and are settled, while others are new arrivals. Some come looking for new opportunities, while others have left difficult situations behind. No matter their background or reason for moving, migrants are a valued part of our community.
- **Integration:** The two-way process of mutual adaptation between migrants and the societies in which they live, whereby migrants are incorporated into the social, economic, cultural and political life of the receiving community. It entails a set of joint responsibilities for migrants and communities and incorporates other related notions such as social inclusion and social cohesion. They bring with them different experiences, skills, and ideas, making our city richer and more interesting.
- **Refugee:** Someone who has a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion; and is outside the country of their nationality; and is unable, or owing to their well-founded fear unwilling, to avail themselves of the protection of that country. In the UK, a person becomes a refugee when government agrees that their application for asylum meets this definition (taken from the Refugee Convention). Refugee status in the UK may also be obtained after being accepted onto one of the dedicated resettlement schemes prior to arrival.
- **Asylum Seeker:** A person who is forced to leave their own country and have formally claimed asylum under the 1951 United Nations Convention on the Status of Refugees, on the grounds that if they returned to their country of origin, they have a well-founded fear of persecution based on race, religion, nationality, political belief, or membership of a particular social group. They remain an asylum seeker whilst their application (or appeal against refusal of their application) is pending. If an application for asylum is successful, they are granted "Refugee" status.
- **The Vulnerable Children's Resettlement Scheme,** Vulnerable Person's Resettlement Scheme (both up to 2020/21) or the UK Resettlement Scheme (from 2020/21) refer to specific programmes where the Home Office and United Nations Human Rights Committee identify the most vulnerable refugees for resettlement. The refugee resettlement programme is how we refer to this programme in the Council, where we accept referrals to welcome and resettle these families in our city.

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Acknowledgements

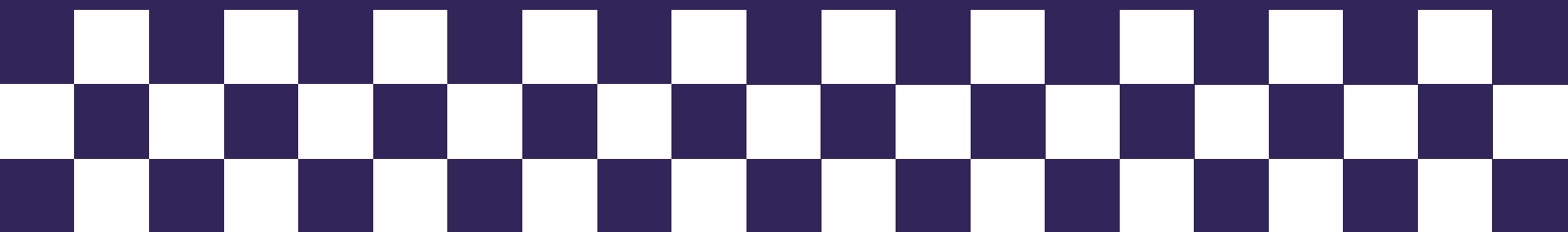
I would like to give special thanks to my editorial team for making this report possible and accessible.

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Navjot Johal (Programme Delivery Manager – Migration),
Led by Lily Makurah (Consultant in Public Health).



Coventry City Council

December 2024



Coventry DPH Annual Report 'Hope and Unity not Hate' 2024 Recommendations Action Plan: Migrant Health

Year One Action Plan Time Horizon: 1st April 2025 to March 2026.

Prioritisation of recommendations considers: Alignment with public health priorities, Feasibility and Impact

Highest Priority Recommendations

1. Engage community partners in the next phase of the Coventry City Council “Our Coventry” integration programme for newly arrived migrants to deepen activities that address social determinants of health through early, preventative action within communities.

Action	Lead/s	Start date	End date	Dependencies	Quarterly review of progress
A. Hold quarterly strategic meetings for Our Coventry delivery partners to develop and build on actions informed by wider social determinants of health data and insights, aligning with annual report objectives.	Coventry City Council Migration Team	April	September	Nil identified	June quarterly meeting held; key priorities agreed included No Recourse to Public Funds (NRPF) support and co-ordination of employment support pathways.
B. Schedule quarterly meetings as part of the Our Coventry programme's year two schedule.	Coventry City Council Migration Team	April	December	Nil identified	All quarterly meeting dates for year two have been set and shared with partners.
C. Agree specific activities for each partner with appropriate KPI's	Coventry City Council Migration Team	April	February	Existing skills and capacity to deliver	Monthly 1:1 meetings with each delivery partner in progress; KPIs for all partners agreed and incorporated into monitoring framework.

2. Improve cultural competence across local services by the NHS and local authority working in collaboration to develop culturally sensitive policies and interventions (including information and engagement) that better respects diverse traditions and beliefs.

Action	Lead/s	Start date	End date	Dependencies	Quarterly review of progress
A. Engage members of the Integrated Care Partnership (ICP) Newly Arrived Communities Committee to agree outline approach	Coventry City Council Migration Team	April	November	Restructure with the NHS (ICB and NHS England)	Planning underway with final date to be confirmed.

				may affect reach and pace	
Engage the Coventry Migration Network through a focussed workshop to agree commitments	Coventry City Council Migration Team	April	November	Restructure with the NHS (ICB level and NHS England) may affect reach and pace	Planning underway.
C. Joint action plan agreed with partners, including the faith and voluntary, community and social enterprise (VCSE) sector	Coventry & Warwickshire NHS ICB	July	January	Restructure with the NHS (ICB level and NHS England) may affect reach and pace	Initial informal discussions with ICP Newly Arrived Communities Committee members underway.
3. Strengthen data collection and enhance the Joint Strategic Needs Assessment (JSNA) so that the full picture of migrant health needs is captured (including both quantitative and qualitative sources).					
<i>Action</i>	<i>Lead/s</i>	<i>Start date</i>	<i>End date</i>	<i>Dependencies</i>	<i>Quarterly review of progress</i>
A. Agree relevant data sets and other sources of intelligence	Coventry City Council Public Health	April	March	Restructure with the NHS (ICB level and NHS England) may affect reach and pace.	Gaps in existing assessment and sources of intelligence captured. Capacity to develop revised approach included in new public health business plan.
B. Agree format, level of detail and frequency of publication	Coventry City Council Public Health	April	March	Availability of appropriate data and staff/expertise.	Dependent on outcome of stage A.
4. Develop the Coventry and Warwickshire Partnership NHS Trust (CWPT) young people's mental health pilot to incorporate approaches that are trauma-informed, age appropriate and relevant to young people newly arrived in Coventry.					
<i>Action</i>	<i>Lead/s</i>	<i>Start date</i>	<i>End date</i>	<i>Dependencies</i>	<i>Quarterly review of progress</i>
A. Agree costed action plan	Coventry and Warwickshire NHS ICB	April	September	Restructure with the NHS (ICB level and NHS England) may affect reach and pace.	Draft plan in place including contributions from both NHS ICB and Coventry City Council
B. Delivery phase underway with evaluation arrangements in place	Coventry & Warwickshire NHS ICB	September	March	Restructure with the NHS (ICB level and NHS England)	Staff identified to accommodate delivery model. Evaluation priorities in discussion.

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				may affect reach and pace.	
C. Business plan for continuation submitted reviewed by NHS ICB	Coventry & Warwickshire NHS ICB	January	March	Restructure with the NHS (ICB level and NHS England) may affect reach and pace.	Evaluation priorities (to contribute to business plan) in discussion.
5. Enhance outreach and support including building on existing community champions networks , deepening links with trusted leaders and regular mapping of community assets.					
<i>Action</i>	<i>Lead/s</i>	<i>Start date</i>	<i>End date</i>	<i>Dependencies</i>	<i>Quarterly review of progress</i>
A. Link the priorities with existing community champion networks including 'HARP community connectors'	Coventry City Council Public Health	April	October	Confirmation of priorities	Mapping of priorities in progress.
B. Through the Coventry University Research Centre for Peace & Security 'HARP Research Event' start to initiate support to generate a community champion action plan.	Coventry City Council Public Health	April	October	Agreement on scope from stakeholders;	Health Access Refugee Programme (HARP) have secured funding for a HARP Research Event Provisional date of 17 th October Planning underway.
C. Agree action plan	Coventry City Council Public Health	April	December	Outcomes of joint workshop; Agreement/sign-off from network leads	Dependent on B
D. Review delivery against action plan	Coventry City Council Public Health	April	March		Not started

Medium Priority Recommendations

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6. Build research partnerships between Coventry City Council's Migration team, the Voluntary Sector and the Coventry Health Determinants Research Collaboration to understand migrant health challenges and asset-based solutions.

Action	Lead/s	Start date	End date	Dependencies	Quarterly review of progress
A. Agree priorities for partners based on jointly recognised gaps	Coventry Health Determinants Research Collaboration	August	December	Partner capacity and agreement to engage in joint approach;	Not started
B. Scope funding and other resourcing opportunities	Coventry Health Determinants Research Collaboration	October	March	External funding opportunities; Partner capacity and agreement to engage in resource mapping	Not started
C. Develop outline research/action research proposal(s)	Coventry City Council Public Health	November	March	External funding opportunities;	Not started

7. Leverage innovative technologies to enhance health literacy and service delivery for refugees and asylum seekers, starting with the NHS funded Virtual Reality Project (hosted by George Elliot NHS Trust in partnership with Coventry University, and Coventry City Council).

Action	Lead/s	Start date	End date	Dependencies	Quarterly review of progress
A.					
B. Develop VR health literacy content tailored for refugees and asylum seekers	Coventry City Council Migration Team	April	December	Content brief agreed; focus group engagement with target communities	Pilot content developed covering UHCW access. Next: expand content to additional health topics 'Maternity services' based on pilot feedback.
C. Pilot VR content in community and health settings	Coventry City Council Migration Team	April	January	Completion of VR content; training of facilitators	Piloting in community centres and hubs planning underway.
D. Evaluate pilot and agree scale-up plan	Coventry City Council Migration Team	April	March	Completion of pilot; evaluation framework in place	To be developed

Listening. Learning. Leading.

8. **Strengthen partnership working to deliver improvements in maternity care** including building on the specialist refugee and asylum seekers midwife to improve access, quality and cultural competency.

Action	Lead/s	Start date	End date	Dependencies	Quarterly review of progress
A. Review current maternity care provision for refugees and asylum seekers, including the role of the specialist midwife	Coventry & Warwickshire NHS ICB	April	January	Restructure with the NHS (ICB level and NHS England) may affect reach and pace.	Maternity care included as a substantive item on the <i>ICP Newly Arrived Communities Committee</i> . Agreement that a review of the model of care for Coventry should be reviewed to identify opportunities to improve outcomes so that they at last match Warwickshire. Appropriate ICB lead to navigate next steps being identified. Link in with the HARP programme.
B. Develop joint improvement plan to address access, quality, and cultural competency gaps (with who?)	Coventry & Warwickshire NHS ICB	April	March	Restructure with the NHS (ICB level and NHS England) may affect reach and pace.	Dependent on outcome of stage A.

9. **Strengthen partnership working to reduce infant mortality** including delivery of joined up early years and parenting support involving the NHS, voluntary sector and local authority.

Action	Lead/s	Start date	End date	Dependencies	Quarterly review of progress
A. Light touch review of current approach to reducing mortality and opportunities to improve outcomes a. universal b. specific population groups	Coventry City Council Public Health	April	March	Public health staff capacity: Restructure with the NHS (ICB level and NHS England) may affect reach and pace.	Changes in public health team have temporarily limited capacity. Timelines to be reviewed once new Consultant in Public Health in post.
B. Agree joint priorities	Coventry City Council Public Health	September	December	Public health staff capacity: Restructure with the NHS (ICB level and NHS England) may affect reach and pace.	Dependent on outcome of stage A.

<p>Page 66</p> <p>9. Schedule joint workshop focussed on generating joint action plan</p>	<p>Coventry City Council Public Health</p>	<p>December</p>	<p>January</p>		<p>Dependent on outcome of stage B.</p>
<p>10. Invest in robust translation and interpretation services to ensure that all residents can effectively engage with health programmes (prevention, treatment and care). Measurements of appropriateness to include consistency of arrangements for migrants where English is not a first language and choice.</p>					
<i>Action</i>	<i>Lead/s</i>	<i>Start date</i>	<i>End date</i>	<i>Dependencies</i>	<i>Quarterly review of progress</i>
<p>Light touch review of current offer including a comparison with the “best in class” solutions used in Cities that have a similar proportion of residents require interpretation support</p>	<p>Coventry & Warwickshire NHS ICB</p>	<p>April</p>	<p>March</p>	<p>Restructure with the NHS (ICB level and NHS England) may affect reach and pace.</p>	<p>Coventry DPH report recommendations included in the agenda of the ICP Newly Arrived Communities Committee. Agreement to support all components including this action. Progress paused due to changes in the ICB (linked to restructure). Timelines to be reviewed once an appropriate ICB lead has been identified.</p>

Lowest Priority Recommendations

11. Build on local tailored health protection campaigns to maximise:

- uptake of vaccination to align with UK immunisations schedule
- Engagement in age or other appropriate screening
- Awareness of infectious disease.

Action	Lead/s	Start date	End date	Dependencies	Quarterly review of progress
A. Light touch review of last 36 months of campaigns and options to boost through increased: <ul style="list-style-type: none"> • community involvement • targeting and tailoring • innovation • access opportunities 	Coventry & Warwickshire NHS ICB	April	March	Restructure with the NHS (ICB level and NHS England) may affect reach and pace.	Initial discussions at Coventry Immunisations Board have agreed this approach for immunisations. Screening discussion have been limited due to incoming changes in the commissioning/leadership arrangements for this theme. Timeline for actions to be reviewed once new NHS arrangements are clearer. Momentum on community engagement has been continued by Coventry City Council Public Health through launch of a 2025 health protection small grants scheme that is innovating ways to promote uptake of vaccination and awareness of infectious disease.
B. Agree joint action plan	Coventry & Warwickshire NHS ICB			Restructure with the NHS (ICB level and NHS England) may affect reach and pace.	Dependent on outcome of stage A.

12. Explore and expand opportunities for the co-production of local statutory sector strategies and frameworks with migrant groups as part of fostering community ownership and trust in services.

Action	Lead/s	Start date	End date	Dependencies	Quarterly review of progress
Pilot co-production in one priority statutory strategy (e.g. Public Health or Housing)	Coventry City Council Migration Team	April	March	Migration team staff capacity.	Action paused due to increased pressure on local areas to respond to new government priorities. This has limited the capacity across the team.

<div> <div></div> <div>Evaluate pilot, capture lessons learned, and develop framework for embedding co-production across other strategies</div> </div>	Coventry City Council Migration Team	April	March	Migration team staff capacity.	Dependent on outcome of stage A.
13. Build on the Wellbeing Monitor community engagement project (focussed on Black African Communities) to establish sustainable models of building health literacy and service delivery that supports prevention, earlier diagnosis and treatment.					
<i>Action</i>	<i>Lead/s</i>	<i>Start date</i>	<i>End date</i>	<i>Dependencies</i>	<i>Quarterly review of progress</i>
A. Establish a health literacy advisory working group or strengthen existing forums for co-production	Coventry City Council Public Health	April	March	Public health team capacity	Capacity to develop limited by increased pressure on Council and NHS resources. Action paused.
B. Pilot co-production using one health theme as an example (e.g. mental health)	Coventry City Council Public Health	April	March	Public health team capacity	Dependent on outcome of stage A.
14. Build on local specialist support and advocacy for survivors of modern slavery through targeted training for professionals in Coventry on exploitation indicators and rights to care.					
<i>Action</i>	<i>Lead/s</i>	<i>Start date</i>	<i>End date</i>	<i>Dependencies</i>	<i>Quarterly review of progress</i>
Develop targeted training content on exploitation indicators and survivor rights to care	Coventry City Council Modern Slavery Lead	April	November	specialist input from NGOs and key agencies	Scoping of training content underway
Deliver training sessions to frontline professionals across health, housing, social care, and voluntary sectors	Coventry City Council Modern Slavery Lead	April	January	Finalised training content; scheduling with partner agencies	Dependent on outcome of stage A.
Evaluate training impact and integrate feedback into safeguarding procedures	Coventry City Council Modern Slavery Lead	April	March	Completion of training delivery; feedback from attendees	Dependent on outcome of stage A.
15. Schedule a series of asset based deeper dives into sub-groups of migrants with the aim of learning from their experiences to close equalities gaps (e.g. young people, women, older people).					
<i>Action</i>	<i>Lead/s</i>	<i>Start date</i>	<i>End date</i>	<i>Dependencies</i>	<i>Quarterly review of progress</i>

Identify priority sub-groups for deeper dives (e.g. young people, women, older people) through data analysis and community consultation	Coventry City Council Public Health	April	March	Public health staff capacity: Restructure with the NHS (ICB level and NHS England) may affect reach and pace	Changes in public health team combined with restructuring of ICB have temporarily limited capacity. Timelines to be reviewed once new Consultant in Public Health in post.
Develop engagement plans and tools tailored to each sub-group	Coventry City Council Public Health	April	March	Public health staff capacity: Restructure with the NHS (ICB level and NHS England) may affect reach and pace	Dependent on outcome of stage A.
Deliver deeper dive sessions, capturing lived experience and community-led solutions	Coventry City Council Public Health	April	March	Public health staff capacity: Restructure with the NHS (ICB level and NHS England) may affect reach and pace	Dependent on outcome of stage A.
Analyse findings, identify equality gaps, and recommend actions for service improvement	Coventry City Council Public Health	April	March	Public health staff capacity: Restructure with the NHS (ICB level and NHS England) may affect reach and pace	Dependent on outcome of stage A.

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Agenda Item 6

Health and Social Care Scrutiny Board Work Programme 2025/26

Last updated: 10 September 2025

17 September 25
Adult Social Care Performance - Self-Assessment and Annual Report (Local Account) 2024/25 Cabinet Member Portfolio Priorities Training of Care Staff supporting patients with Dementia
22 October 25 (moved from 8th)
Improving Lives – Impact on Adult Social Care Director of Public Health's Annual report
19 November 25 (moved from 12th)
Young person's risky behaviours service Prioritisation of NHS Services
17 December 25
UHCW Performance – to take place at the hospital
21 January 26
25 February 26
Virtual Beds Update end of 25/26 Update on The Physical Activity and Sport Strategy Age UK
1 April 26
Primary Care Healthwatch Annual Report (April 26)
TBC
Digital Access to Health ICB efficiency savings – 25/26 - Update on ICB Blueprint / ICB Clustering Integrated Health and Care Delivery Plan Safeguarding Adults Annual Report Disabled Facilities Grant Public Health and Social Care - Prevention Rugby St Cross Mental Health Community Pharmacists Trans/Non-binary/Intersex Health Ambulance Service / Fire Service / WMP Access to Dentistry and All age Oral Health Age UK Health and care of students in Coventry Neighbourhood Health Early Adopter Programme Impact of Climate Change on Health Family Health and Lifestyles Service

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
17 September 25	Adult Social Care Performance - Self-Assessment and Annual Report (Local Account) 2024/25	To consider the Cabinet Report of 30 th September 2025 and identify any further recommendations.	Andrew Errington / Cllr Bigham / Pete Fahy
	Cabinet Member Portfolio Priorities	To invite Cllrs Caan and Bigham to identify their priorities for the coming year to identify future items and hold Cabinet Members to account	Cllr Caan / Cllr Bigham
	Training of Care Staff supporting patients with Dementia	Sufficiency of training of care staff who support patients with dementia	Cllr Bigham Pete Fahy Jon Reading
22 October 25 (moved from 8th)	Improving Lives – Impact on Adult Social Care	A follow up item from the meeting on 10 th April 2024, to review following 12 months of implementation of a whole city approach To include clarification around how ASC is allocated based from need. (Referred from SCRUCO Transformation Programme Item)	Pete Fahy UHCW Cllr Bigham Cllr Caan
	Director of Public Health's Annual report	This report focuses on the city's rich cultural diversity and health inequalities that are facing migrant populations.	Cllr Caan, Allison Duggal
19 November 25 (moved from 12th)	Young person's risky behaviours service	Update on service development before recommissioning	Cllr Caan/ Rachel Chapman
	Prioritisation of NHS Services	Led by ICB	Rose Uwins

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
17 December 25	UHCW Performance – to take place at the hospital	To consider steps being taken in the light of the league table position. To include: Updates on waiting times – complaints on hospital appointments availability. Review following 12 months of SB5 last visit - to identify any changes and improvements	UHCW Andy Hardy Cllr Caan
21 January 26			
25 February 26	Virtual Beds Update end of 25/26	Update on the development of Virtual Wards	UHCW/Pete Fahy / Cllr Bigham
	Update on The Physical Activity and Sport Strategy	Progress of the draft Physical Activity and Sport Strategy to be brought back to the Board in the 2025/26 Municipal Year. To include the 6 play zones being delivered across the city and work to encourage older people to be active, as well as link with Public Health	P Fahy / J Hunt / D Nuttall / Cllr Caan
	Age UK	Update around work undertaken of experience of elderly in A&E - 'Corridor Care'	
1 April 26	Primary Care	Update in 12 months time - To cover access to GP's and other primary care, particularly in relation to reducing pressure on A&E	R Uwins / Alison Cartwright / Cllr Caan

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		For Coventry City Council to use its resources to work as a conduit with community organisations to improve knowledge of and access to the NHS for all residents of Coventry	
	Healthwatch Annual Report (April 26)	To consider the work of Healthwatch and how scrutiny can use their findings	
TBC	Digital Access to Health	Partners supporting switch to digital To include: The number of patients using the NHS App month by month including a demographic breakdown if available. How to raise awareness of the NHS App including linking with the Council's Digital Inclusion Team and Cov Connects on Digital Inclusion.	Rose Uwins / A Duggal / Caan
	ICB efficiency savings – 25/26 - Update on ICB Blueprint / ICB Clustering	An item requested at the meeting on 17 th January to look in more detail at the proposed actions to make significant efficiency savings at the ICB. To include an update on the future plans around the ICB Blueprint. Transition plan expected from September - SB5 involvement to oversee the implementation of the transition plan	Rose Uwins

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Integrated Health and Care Delivery Plan	To identify which of the 3 areas of focus the board would like to look at. Including work with newly arrived communities. Understand how the transition to this cluster will be managed - What will be the positive/negative impacts for coventry residents from the clustering	ICB Rose Uwins
	Safeguarding Adults Annual Report	Update	R Eaves Cllr Bigham
	Disabled Facilities Grant	Delivery and waiting times	Cllr Bigham Pete Fahy / Sally Caren / Aideen Staunton
	Public Health and Social Care - Prevention	How Public Health and Social Care are working together to prevent ill health.	P Fahy Cllrs Caan/ Bigham
	Rugby St Cross		Justine Richards – Jamie Deas Cllr Caan
	Mental Health	Mental health services, particularly the demand and availability of local services, and the impact of long wait times. To include input from the Crisis teams.	CWPT
	Community Pharmacists	To include Pharmacy First	

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Trans/Non-binary/Intersex Health		A Duggal Cllr Caan
	Ambulance Service / Fire Service / WMP	Partnership working - Improved partnership working between the ambulance, fire and police services. To include WMFS to provide further information on safe and well, or strong checks that's provided within the City	Kirsty Tuffin and Vivek Khashu, Rachel Danter ICB Area Manager – Matthew Stanton
	Access to Dentistry and All age Oral Health	Update from recommendations raised during January 2025 - Public Health to work collaboratively with the ICB on the following: o dental promotion o promotion of dental hygiene in school settings o appointment availability across the city o dental availability and awareness in areas of inequality and deprivation across the city.	
	Age UK	Update around work undertaken of experience of elderly in A&E - 'Corridor Care'	

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Health and care of students in Coventry	Visit to Warwick University for members, health, and care of students in the City	
	Neighbourhood Health Early Adopter Programme	SB5 involvement potentially if the bid is successful	Pete Fahy Cllr Bigham
	Impact of Climate Change on Health	How health services are geared up to respond to the impact of climate change on health	Cllr Caan Cllr O'Boyle Allison Duggal/ Rhian Palmer
	Family Health and Lifestyles Service	Referred from SB2 - To looking in more detail at how the service is tackling health inequalities and targeting services at those in need on a localised basis. School nurse and health visiting provision. Also how the service is supporting Early Help. from Dec25/Jan26	A Duggal / Cllr Caan

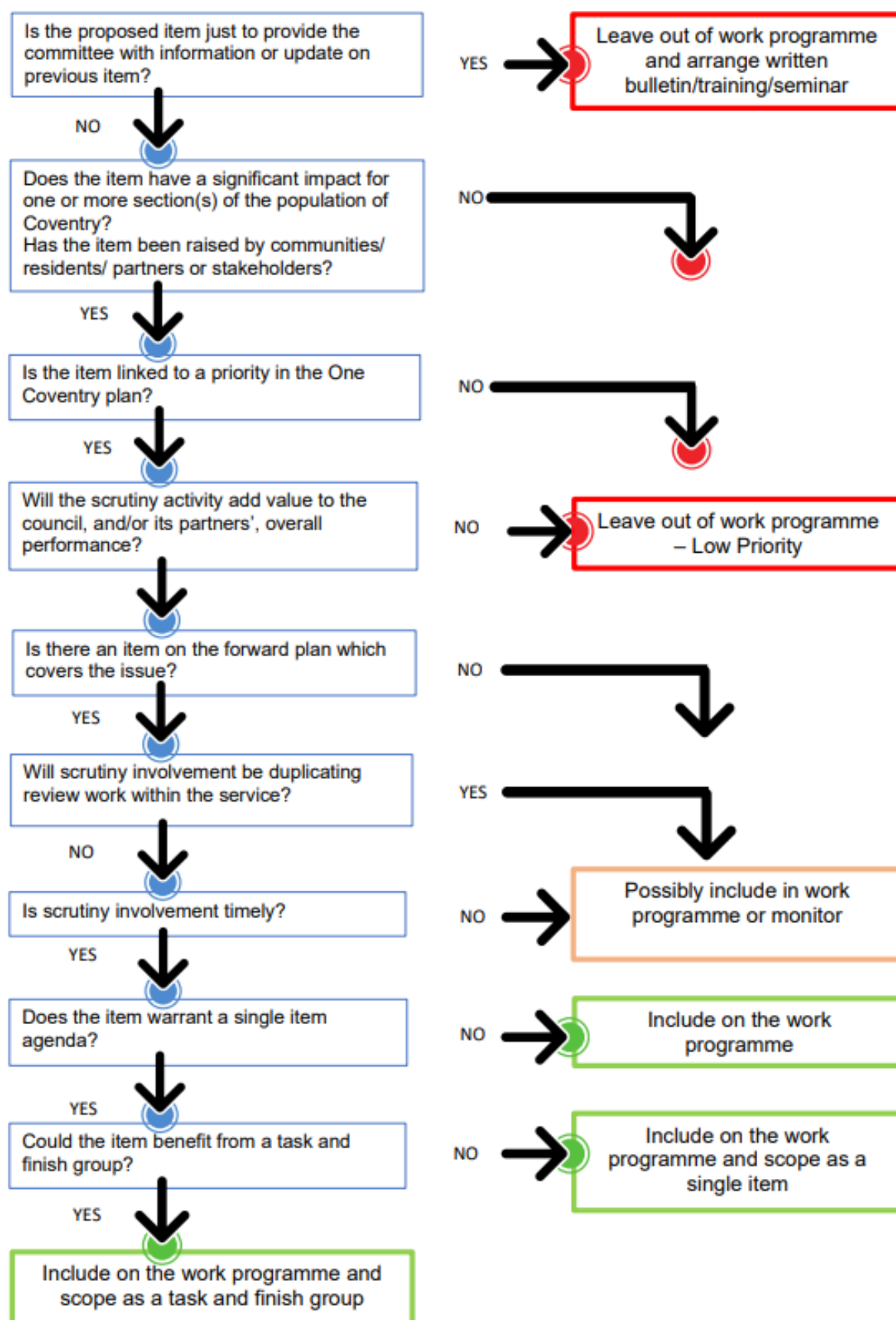
Frequently Used Health and Social Care Acronyms

- ASC – Adult Social Care
- CQC – Care Quality Commission
- CWPT – Coventry and Warwickshire Partnership Trust
- CWS – Coventry Warwickshire Solihull
- DFG – Disabled Facilities Grant

Health and Social Care Scrutiny Board Work Programme 2025/26

- DPH – Director of Public Health
- ENAS – Extended non-attendance at school
- EOL – End of Life
- GEH – George Elliott Hospital
- JHOSC – Joint Health Overview and Scrutiny Committee
- H&WB – Health and Wellbeing
- H&WBB – Health and Wellbeing Board
- HOSC – Health Overview and Scrutiny
- ICB – Integrated Care Board
- ICP – Integrated Care Partnership
- ICS - Integrated Care System
- LMC – Local Medical Council
- MAT – Multi Academy Trust
- MSP – Making Safeguarding Personal
- PCN – Primary Care Network
- SAB – Safeguarding Adults Board
- SAR – Safeguarding Adults Reviews
- SWFT – South Warwickshire Foundation Trust
- UHCW – University Hospitals Coventry and Warwickshire
- WMAS – West Midlands Ambulance Service
- WMFS – West Midlands Fire Service

Work Programme Decision Flow Chart



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