



---

**To: Coventry Health and Wellbeing Board**

**Date:**

**From: Director of Public Health**

**Subject: Update on Joint Strategic Needs Assessment and Development of the Health and Well-being Strategy**

---

## **1 Purpose**

- 1.1 The current Health and Wellbeing Strategy for Coventry was published in December 2012, at this time the Health and Wellbeing Board existed in shadow form and became a statutory function in April 2013. Since then there have been a number of developments both in the city and nationally. Coventry has recently confirmed a partnership with the National Marmot team for the next three years and initiatives such as the Better Care Fund have provided a stimulus for further integration of health and social care.
- 1.2 This report provides an update on the Joint Strategic Needs Assessment (JSNA) process and the development of the new Health and Well-being Strategy for Coventry.

## **2 Recommendations**

The Board is asked to:

- consider the progress made to date on the JSNA;
- consider the list of topics identified through the review of evidence, the prioritisation matrix and feedback from Marmot Steering Group;
- Consider and agree Collaborate's proposal to support the further development of the Board.

## **3 Background**

- 3.1 The JSNA looks at the current and future health and care needs of the local population to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area. The JSNA should consider the needs arising from all factors that impact of the health and well-being of the local population including economic, education, housing and environmental factors.
- 3.2 National guidance suggests that the refresh of the JSNA should be a process that runs alongside and is linked to the development of the Health and Well-being Strategy. This process provides an opportunity for the Board to work together to understand and agree the needs of the local populations, whilst setting priorities for collective action.

## **4 Current Progress on JSNA**

- 4.1 The JSNA process started in April 2015, with a review of the 2012 Health and Well-being Strategy to understand what outcomes have been delivered. Alongside this, a wide range of data and information resources have been reviewed to identify the key health and social care issues affecting Coventry residents. This exercise has been largely desk based but has involved a number of stakeholders to this point, to ensure that this is as comprehensive as possible (the results of the review of evidence is attached at Appendix 1).
- 4.2 Between August and September, a Stakeholder Call for Evidence was undertaken. The purpose of this was to provide stakeholders with an opportunity to review the evidence collated so far, and to include additional issues for consideration in the JSNA. As part of the Call for Evidence, we received 53 responses from 28 separate organisations. Respondents showed support for the existing topics identified and also suggested three topics that they felt need further consideration. These were as follows:
- Education inequalities
  - Infant mental health
  - Premature deaths of people with learning disabilities.

## **5 Key messages from the JSNA so far**

- 5.1 The population of Coventry continues to increase:
- The City's total population is 337,400 (mid 2014). This is 7,600 more people than in 2013 when the population was estimated to be 329,800. This is an increase of 2.3%, compared to the England average of 0.8%.
  - Between June 2013 and June 2014 Coventry's population was growing at the 6<sup>th</sup> fastest rate out of all councils in Great Britain.
  - The main cause of population growth in Coventry between mid-2013 and mid-2014, as in recent years, was net international immigration – more people move to Coventry from overseas than move abroad from Coventry
  - Coventry has a younger population than the average for England, the average age of a Coventry resident is 34 years old compared to 40 years old nationally
  - The city is ethnically diverse, with some 33% of Coventry's inhabitants coming from ethnic minority communities compared to 20% for England as a whole
- 5.2 Life expectancy gaps:
- Overall, life expectancy in Coventry is increasing and the city currently has about 7,000 residents aged over 85, a group that is expected to grow. However, the city is still worse when compared to the West Midlands and England. Male life expectancy at birth in Coventry is 78.2 years, compared to 78.8 years in the West Midlands and 79.4 in England. Meanwhile, female life expectancy at birth in the city is 82.4 years, compared to 82.8 years in West Midlands and 83.1 in England.
  - There is also much inequality in life expectancy within Coventry. There is a large difference in life expectancy between men and women and those living in the least and most deprived wards in the city (a gap of 10.1 years for males and 8.7 years for females).
- 5.3 Quality of life indicators:
- 18.3% of Coventry's residents live in neighbourhoods that are amongst the 10% most deprived in England. This is higher than the both the West Midlands and England rates.
  - 7.5% of the city's working age population are unemployed, which is higher when compared to West Midlands and England

- There has been a rise in the proportion of the working age population without a formal qualification, from 14.4% in 2010 to 15.8% in 2013.
- 52.3% of key stage 4 pupils achieved 5 GCSEs A\*-C inc. English & Maths in 2013/14, compared to 56.8% in England

## 6 Priorities for Consideration

- 6.1 Due to the complex, multi-faceted nature of health and well-being, the different issues identified through the review of evidence and call for evidence require consideration as potential priority topics. In order to focus on the areas of 'greatest' need, a more robust, transparent and inclusive means of determining the City's health and wellbeing priorities has been developed. This has involved the use of a prioritisation matrix whereby each of the suggested topics was run through a 'prioritisation framework' and scored against a number of indicators, including the numbers of the population affected, scale of the impact and the economic costs associated with the issue (the prioritisation framework is attached at appendix 2).
- 6.2 The outcome of the prioritisation process highlighted the following as key areas of focus:
- 6.3 Health and care priorities:

Mental health and well-being	<ul style="list-style-type: none"> <li>-Mental health children &amp; adults</li> <li>-Dementia</li> <li>-Self-harm</li> </ul>
Long-term Conditions	<ul style="list-style-type: none"> <li>- Cancer</li> <li>- Cardiovascular disease</li> <li>- COPD</li> </ul>
Physical well-being	<ul style="list-style-type: none"> <li>- Obesity – diet &amp; physical inactivity</li> <li>- Substance misuse (smoking and alcohol)</li> </ul>
Infectious diseases	<ul style="list-style-type: none"> <li>- HIV</li> <li>- TB</li> <li>- Immunisations</li> </ul>
Resilience of health and social care system	<ul style="list-style-type: none"> <li>- Admissions to hospital</li> <li>- Winter deaths</li> <li>- Falls prevention</li> </ul>

Wider determinants priorities:

Children and Young people	<ul style="list-style-type: none"><li>- Teenage parents</li><li>- Vulnerable children and young people</li><li>- Educational attainment/employment opportunities</li></ul>
Economy and Health	<ul style="list-style-type: none"><li>- Jobs and economy</li></ul>
Housing and Health	<ul style="list-style-type: none"><li>- Homelessness</li><li>- Fuel poverty</li></ul>

- 6.4 As part of the JSNA development process a workshop was held with the Marmot Steering Group to understand what topics they felt were important. Feedback from the Steering Group indicates that improving outcomes for children and young people, ensuring that economic growth in Coventry benefits everyone, and embracing the cities diversity and improving outcomes across ethnicities were the most important areas to focus upon.
- 6.5 While outcomes have improved in Coventry and are now in line with or above the national average for a range of indicators affecting children aged 0-5 (e.g. breastfeeding initiation, school readiness at age 5), outcomes for older children and young people are below national and regional averages (e.g. NEETs, teenage pregnancy). The group felt that the focus for the next three years therefore needs to include children and young people aged 5-19.
- 6.6 Similarly, although there has been a slight increase in the proportion of working aged adults in employment in Coventry, overall employment rates are lower than regional or national averages, and there has been a rise in the proportion of the working age population without formal qualifications. The Steering Group felt that while getting people into work is critical to reducing health inequalities (particularly around mental illness), jobs need to be sustainable and offer a minimum level of quality, pay the living wage, offer opportunities for in-work development and flexibility to enable people to balance work and family life.
- 6.7 The main cause of recent population growth in Coventry is net international immigration – more people move to Coventry from overseas than move abroad from Coventry. As a result of recent and historic migration the city is ethnically diverse, with some 33% of Coventry's inhabitants coming from ethnic minority communities compared to 20% for England as a whole.
- 6.8 The Board is asked to consider the above topics and the feedback from the Marmot Steering Group.
- 6.9 A similar prioritisation discussion is planned with Health and Social Care Stakeholders and other partner organisations.

## 7 Next steps: Development of the Health & Well-Being Strategy

7.1 Collaborate, an independent policy and practice hub, has been working in Coventry over the last few months on a project looking at systems change and collaboration for those facing multiple complex needs. Collaborate has been commissioned by Coventry City Council to support the Board to develop a place-based approach to health which aims to put place, people and outcomes above institutions, sectors and silos. Collaborate has proposed holding a full day workshop with Board members to support the Board to reconceptualise its future role by agreeing its vision, principles, priority outcomes, and any supporting infrastructure and support the Board to consider what its role should be as system conveners and enablers. The outputs of the workshop, as well as the key priorities arising from the JSNA will be used to develop the new Health and Well-being Strategy. The Board are asked to consider and agree Collaborate's proposal. Collaborate's offer of support is set out in Appendix 3.

## 8 Timescales

8.1 The timescales for Board development and production of the Health and Well-being Strategy are as follows:

What	When
Discuss and agree approach to Board development	19 <sup>th</sup> Oct 2015
Board Development Day	Late Nov 2015
JSNA signed off and Board agree/sign off their priorities	7 <sup>th</sup> Dec 2015
Delivery Clinic	w/c 7 <sup>th</sup> Dec 2015
H& WB Strategy drafted	Dec 2015
Consultation on H&WB Strategy	Jan 2016
H&WB Strategy signed off	3 <sup>rd</sup> Feb 2016

### Report Author(s):

**Name and Job Title:** Robina Nawaz

**Directorate:** Chief Executive's, Coventry City Council

### Telephone and E-mail Contact:

Tel: 0247 683 3060

Email: [robina.nawaz@coventry.gov.uk](mailto:robina.nawaz@coventry.gov.uk)

### Appendices

Appendix 1: Health and Wellbeing Strategy 2012 Review

Appendix 2: Prioritisation Framework

Appendix 3: Collaborate Offer of Support to the Health & Well-being Board