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**To: Coventry Health and Wellbeing Board**

**Date: 5<sup>th</sup> September 2016**

**From: Director of Public Health**

**Subject: Joint Strategic Needs Assessment and Joint Health and Well-being Strategy**

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## **1 Purpose**

- 1.1 To present the Joint Strategic Needs Assessment and Joint Health and Well-being Strategy to the Health & Well-being Board
- 1.2 To receive a brief update on each of the three priorities within the Health and Wellbeing Strategy.

## **2 Recommendations**

- 2.1 It is recommended that the Board agree and endorse the Joint Strategic Needs Assessment (JSNA) and Joint Health and Well-being Strategy.

## **3 Background**

- 3.1 The previous Health and Well-being Strategy came to an end in 2015, and work was undertaken to refresh the strategy during 2015. National guidance suggests that the JSNA should be refreshed alongside, and be linked to, the development of the Health and Well-being Strategy. This provides an opportunity for the Board to understand and agree the needs of the local populations, whilst setting priorities for collective action based on those needs. Accordingly, work was undertaken to revise the JSNA during 2015.

## **4 Joint Strategic Needs Assessment 2016**

- 4.1 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.
- 4.2 The JSNA process started in 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. In addition, 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, which were incorporated into the JSNA as appropriate.

4.3 The key messages from the JSNA are summarised below and the full document is attached as Appendix 1 to this report. The Board is asked to endorse the JSNA.

4.4 The population of Coventry continues to increase:

- The City's total population is 345,385 in 2015, compared to 337,428 people in 2014. This is an increase of 2.3%.
- The annual population increase between mid-2014 and mid-2015 in Coventry was estimated to be amongst the highest in the UK
- The main cause of population growth in Coventry in recent years is net international immigration and the number of births in the city
- Coventry has a younger population than the average for England, the average age of a Coventry resident is 33.5 years old compared to 40 years old nationally
- The city is ethnically diverse, with some 26.2% of Coventry's inhabitants coming from ethnic minority communities compared to 14.6% for England as a whole

4.5 Quality of life indicators:

- 18.5% of Coventry's residents live in neighbourhoods that are amongst the 10% most deprived in England. This is higher than both the West Midlands and England percentages.
- 6.2% of economically active working-age people in the city are unemployed which is higher than that seen within the West Midlands (5.7%) and Great Britain (5.4%).
- Within Coventry, 15% of working age residents do not have qualifications and this is higher than that of the West Midlands (13%) and England (9%).
- 51% of key stage 4 pupils achieved 5 GCSEs A\*-C inc. English & Maths in 2014/15, compared to 57.1% in England
- In March 2016, there were 582 looked after children; a rate of 78.5 per 10,000 children. This compares to 79.8 in the West Midlands Region and 64.6 in England.
- Male life expectancy at birth in Coventry is 78.6 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 82.3 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 9.4 years for males and 8.7 years for females).
- Based on 2012 estimates, approximately 67,028 people in Coventry aged 16-74 have a common mental health disorder

## **5 Joint Health and Well-being Strategy 2016 – 2019**

5.1 The Joint Health and Well-being Strategy provides Coventry with a picture of what the Health and Well-being Board will need to deliver over the next 3 years and how partners will work together to achieve this.

5.2 In 2015, the Health and Well-being Strategy Sub-group agreed an approach to the review of the Strategy and through its meetings in December 2015 and January 2016, the Board agreed its vision and three new priority areas where it was felt the Board could make the most difference. The Board is asked to endorse the Joint Health and Well-being Strategy attached at Appendix 2.

- 5.3 The Coventry Health and Wellbeing Board's vision for Coventry is that local people live happier, healthier, longer lives and have improved health and wellbeing during their lives. The three priorities agreed by the Board to help deliver its vision are:
- Working together as a Marmot City to reduce health and wellbeing inequalities
  - Improving the health and wellbeing of individuals with multiple complex needs
  - Developing an integrated health and care system that provides the right help and support to enable people to live their lives well
- 5.4 The priorities of the Board have been taken forward by a number of sub-groups of the Board, including the Marmot Steering Group, Multiple Complex Needs Board, and the Sustainability and Transformation Plan for Coventry and Warwickshire. Delivery plans have been developed for each area and an update on progress against each priority is provided through the briefing notes at Appendix 3.

**Report Author(s):**

**Name and Job Title:**

Robina Nawaz, Corporate Policy Officer  
Georgia Faherty, Programme Manager – Inequalities  
Liz Gaulton – Deputy Director of Public Health

**Directorate:** People

**Telephone and E-mail Contact:** [Georgia.Faherty@coventry.gov.uk](mailto:Georgia.Faherty@coventry.gov.uk), 024 7683 1950

Enquiries should be directed to the above person.

**Appendices**

Appendix 1: Joint Strategic Needs assessment  
Appendix 2: Joint Health and Well-being Strategy  
Appendix 3: Updates on Health and Wellbeing Strategy Priorities