

Draft Coventry Health and Wellbeing Strategy 2019-2023

1. Introduction

Our new Health and Wellbeing Strategy presents a real opportunity to make a difference to the health and wellbeing of everyone in our city. We have developed our Strategy in a context of change and uncertainty which brings both challenges and opportunities. Within our communities we see the legacy of austerity, most evident in the stubborn inequalities in our city, as well as the impact of ongoing economic uncertainty. Nationally, public policy is shifting – the NHS long-term plan confirms a greater focus on prevention, whilst health and social care integration is moving at pace, with changes to organisational structures emerging as local areas move towards new ‘integrated care systems’.

Within Coventry, the four years of our Strategy are framed by significant opportunities to promote and improve health and wellbeing in the city; the Coventry and Warwickshire Year of Wellbeing and Coventry European City of Sport in 2019, and Coventry UK City of Culture in 2021. Already the Year of Wellbeing is building momentum and commitment around health and wellbeing, and the European City of Sport is contributing to the physical activity agenda. The UK City of Culture programme is recognised as an opportunity to improve health and wellbeing outcomes for the city and accelerate efforts to address the wider determinants of health, such as jobs and economic growth, community cohesion and a sense of place, and raised aspirations and school attainment.

To address the challenges we are facing, and build on these opportunities, we are setting out a radically new approach in this Health and Wellbeing Strategy. The Strategy covers a period of 4 years, but we see this as an approach that could shape our work for the longer term. We set out high level ambitions that we think will stand the test of time, but with the ability to adapt our specific focus and evolve our approach to reflect the rapidly changing context in which we are working.

2. What is our Health and Wellbeing Strategy?

The Coventry Health and Wellbeing Strategy is the city’s high level plan for reducing health inequalities and improving health and wellbeing for Coventry residents.

The Strategy is owned by the Coventry Health and Wellbeing Board, which brings together senior leaders from Coventry City Council, West Midlands Police, West Midlands Fire Service, voluntary sector organisations, Coventry and Rugby Clinical Commissioning Group, acute and community NHS trusts, and local universities. The Health and Wellbeing Board has a statutory responsibility to understand current and future health and social care needs and to translate these findings into clear outcomes the Board wants to achieve.

This Strategy has been developed in partnership with senior leaders from across the public and voluntary and community sectors. It is informed by data and engagement evidence from our Joint Strategic Needs Assessment and learning from our 2016-19 Joint Health and Wellbeing Strategy, as well as drawing on national research and good practice. We consulted with

stakeholders, communities and the public on our proposals and have reflected the feedback in this final plan.

The Strategy sets out a four-year vision for health and wellbeing in Coventry and will be used by local health and care partners to inform plans for commissioning services and shape how we work together to meet health and social care needs and address the social determinants of health.

3. Our journey

Coventry has been tackling health inequalities as a Marmot City since 2013. Our Health and Wellbeing Strategy 2016-19 galvanised commitment to work in partnership around key priorities and clear benefits were realised through new partnership structures and collaborations with organisations that may not historically have recognised their role in contributing to health and wellbeing outcomes. Partnership is now in our DNA as a city.

However, we have recognised that although we have strong partnership working around specific priorities, we don't always join up what we do and make the connections between different areas of work and we don't always work as closely with our communities as we could. This means we miss opportunities to identify synergies and complementary activity and do not always get the best outcomes as a result.

To do this better we need to move to a 'population health' approach which takes a holistic view of everything that impacts on people's health and wellbeing across the whole population, with an emphasis on reducing inequalities in health as well as improving health overall.

4. Expanding our work – The case for change

We know from our analysis of evidence from data sources and from our engagement with residents and community organisations that:

- **Coventry has a growing, changing and increasingly diverse population.** Whilst population growth has been highest amongst 18-29 year olds, the growth of over-65s is expected to accelerate and outpace other groups within 10-15 years. This means there is a need to focus on preventative health amongst the working age population now to help manage future demand on health and care services. With population growth concentrated in certain parts of the city, there is an increasing imperative to take a place-based approach to service planning.
- **Overall health in the city is below average, with residents living in more deprived parts of the city not only living shorter lives but also spending a greater proportion of their lives in poor health.** Males living in some parts of the city can expect to live up to 10 years longer; and for females, the gap is 8 years. This difference is linked to a number of inequalities related to poverty. Premature mortality is also higher than average in the city and there are avoidable differences in health outcomes, particularly around issues such as alcohol use, obesity / physical activity, Tuberculosis and sexual health.

- **Despite the city’s comparatively good performance in the areas of education and skills and economic growth, significant pockets of deprivation limit people’s opportunities to succeed in life.** 19% of Coventry neighbourhoods are amongst the 10% most deprived nationally and by the age of five, fewer children achieve a good level of development (68%) than nationally (72%) or in similar places, with the more disadvantaged even further behind. We know that social inequalities and life chances are already established from these early years of life.
- **Increasing fear of crime impacts on residents’ health and wellbeing**, with an increase in violent crime (reflecting national trends) and people in the city reporting feeling increasingly unsafe. **Most notably nearly a third of young people feel unsafe in the city**, with only 16% of the city’s young people saying they felt very safe or safe in the city in 2018.
- **The city has a high level of homelessness, particularly amongst young people and families.** This is putting sustained and significant pressures on the local housing system. At any one night in 2017/18, between 190 to 250 Coventry families with dependent children spent the night living in emergency or temporary accommodation. We know that good quality housing for all leads to better health and wellbeing, as it affects early years outcomes, educational achievement, economic prosperity and community safety.

A significant part of the challenge in Coventry, as elsewhere, is to break the link between poor health and poverty.

Community organisations we spoke to told us that communities are best placed to address health challenges. This is because they have networks, understanding and legitimacy. However, their resources are limited and capacity is stretched. The public sector must therefore change how it works with communities, by shifting to an ‘enabling’ leadership style, joining forces and building capacity.

More information about the findings from our Joint Strategic Needs Assessment can be found at www.coventry.gov.uk/jsna/.

5. Our long-term vision for change: what do we want to achieve over the next 4 years?

We are proposing **three strategic ambitions** for the health and wellbeing of our residents which together encompass our **long-term vision for change** for health and wellbeing in Coventry.

The outcomes we hope to achieve are:

1. People are healthier and independent for longer

By this we mean promoting healthy lifestyles and behaviours to help people stay healthy and well and prevent limiting long-term health conditions. This also means, where people have existing health problems, preventing these from escalating to the point where they require significant, complex and specialist health and care interventions. It means helping people to age well, with health and social care working together to prevent long term health conditions and

slow the development of older people's frailty. The focus is on empowering people to take action to improve health and wellbeing for themselves and others (our Year of Wellbeing vision) and providing effective, timely and appropriate support where it is needed.

We will monitor our direction of travel against this ambition through key performance indicators, for example:

- Healthy life expectancy
- Physically active adults
- Screening and immunisations take-up
- Emergency readmissions
- Dementia diagnosis
- Premature mortality / morbidity (years lived with disease)

2. Children and young people fulfil their potential

By this we mean we want to work together as partners to make sure that every child in the city has the same opportunity to thrive. We want to make sure that every child has the best possible start in life because we know that getting this right is key to tackling health and social inequalities and preventing poor outcomes. This also means that all children are supported to reach their potential in school, further education and employment, and that families are supported to make healthy lifestyle choices. Improving opportunities for children and young people will help address concerns in the city around violence and exploitation and young people's mental health. With a younger than average population in the city, we know that a specific focus on children and young people in Coventry is important.

We will monitor our direction of travel against this ambition through key performance indicators, for example:

- Good level of development (5 year olds)
- Healthy weight Year 6 (childhood obesity)
- Young people feeling safe
- Proportion of young people progressing into sustainable education, employment or training
- Child and Adolescent Mental Health Services – demand / performance
- Children living in poverty

3. People live in connected, safe and sustainable communities

By this we mean working together to create communities that have a healthy environment, economic prosperity and where the social needs of people are met. This includes action to address climate change and improve air quality, for example through promoting active travel. It is also about working together in local places to build community resilience and promote community cohesion. It means building communities where everyone in our diverse population has a stake and has the opportunity to thrive – where people have access to jobs, secure housing, feel safe and are connected with people around them.

We will monitor our direction of travel against this ambition through key performance indicators, for example:

- Families in temporary accommodation
- Fuel poverty
- Self-reported wellbeing
- Gross Disposable Household Income
- Air quality (NO₂)
- Residents' self-reported ability to influence / improve local area

6. How we will do this – our population health framework

There is consensus nationally that to reduce health inequalities and improve health outcomes, we need a population health approach.

Our population health framework will underpin everything we do as a health and wellbeing system in Coventry to achieve our long-term vision for change. Taken from a [model developed by the King's Fund](#) (a national health and care think tank), this is based on four components that impact on people's health and wellbeing. For us in Coventry this means:

- **Wider determinants** – embedding the Marmot City approach by working in partnership across different services and organisations to tackle health inequalities through addressing the social determinants of health such as income and wealth, education, housing, transport, environment and leisure; to break the link between poverty and poor health
- **Our health behaviours and lifestyles** – aligning and coordinating prevention programmes across the system to maximise impact and tackle barriers to healthy lifestyle, including around mental wellbeing, diet, exercise, smoking and drugs and alcohol
- **The places and communities we live in and with** – working together in our places and with our communities to mobilise solutions for improved health and wellbeing, informed by our understanding of local needs and assets from our place-based JSNAs
- **An integrated health and care system** – health and social care commissioners and providers working together in a joined-up way to commission and deliver seamless local services in Coventry

We plan to invest our energies and resources in making sure we get these foundations right and we will make sure that all of our plans and activities consider each of these components and – most importantly – the connections between them. The Health and Wellbeing Board will be the place where these connections are made at a strategic level.

7. Our short-term focus

We have identified **three areas of focus** that we will use to bring our population health framework to life – they will be our test bed for learning how to do things differently and change the culture of how we work.

These are specific areas where we want to make a tangible difference in the next 12-18 months by working together in partnership. We know that there is a wealth of great work already being done in these areas and our challenge is to add value as partners by making connections and creating energy and momentum to upscale existing activity. We will look at each area through the lens of our population health framework, identifying how each component contributes to addressing the issue and links to the others.

We think that these are all areas that – if we make a difference here – will impact positively on other health and wellbeing issues and priorities for the city.

1. Loneliness and social isolation

The Campaign to End Loneliness cites growing research evidence about the detrimental impact of loneliness and social isolation on health and wellbeing:

“Loneliness and social isolation are harmful to our health: research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day (Holt-Lunstad, 2015). Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill (Marmot, 2010). Loneliness increases the likelihood of mortality by 26%.”

Tackling loneliness and social isolation can also help to reduce the burden on health and care services, building resilience that enables people to remain independent for longer and addressing social needs outside of formal settings.

We know from our engagement that loneliness and social isolation affects people of all ages and there is a real opportunity for partners to work together differently to empower communities and individuals to become better connected and more resilient in combating loneliness and isolation.

This could mean:

- tackling the social, economic and environmental barriers to connectedness throughout the life course, including poverty
- Facilitating, empowering and working with existing networks and social activities that promote healthy lifestyles
- understanding, mobilising and strengthening local community assets to prevent loneliness and social isolation
- building on community-based integrated care models such as Out of Hospital care models (including care navigators) and social prescribing

2. Young people’s mental health

Nationally the latest evidence suggests that one in ten young people has some form of diagnosable mental health condition and that children with a mental health problem face unequal chances in their lives. According to Coventry and Warwickshire Children and Young People’s Child and Adolescent Mental Health Services (CAMHS) Transformation Plan 2015 – 2020, children’s mental health problems are four times more common in the poorest income

households than the highest, especially among boys. The citywide Joint Strategic Needs Assessment highlights mental health issues amongst the complex needs facing many young people known to youth offending services.

Long waiting lists and a lack of access to specialist and urgent care are key concerns locally, especially when crossing the barrier between adolescent mental health and adult mental health, and there are known pressures on acute child and adolescent mental health services at University Hospital. The CAMHS Transformation Plan also reports that, in Coventry, mental health problems are presenting at younger ages, offering opportunities for intervention, resilience building and practical support which will have lifelong impact.

There are real opportunities for partners to work together differently to develop preventative strategies to tackle the causes of mental ill health amongst children and young people, as well as provide more effective support to young people at risk of or experiencing mental ill health.

This could mean:

- tackling the social, economic and environmental causes that can trigger mental ill health at an early age
- investing in programmes and activities for children and young people that promote healthy lifestyle choices and prevent harmful behaviours
- working with communities to facilitate positive networks and activities for young people
- public sector partners working together to target resources and invest in early intervention in a more coordinated way to prevent crisis and provide timely and appropriate support for children's mental health.

3. Working differently with our communities

Our engagement with communities and community organisations during the JSNA and Health and Wellbeing Strategy development has revealed an appetite for a change in approach to how we work together in our places and with our communities. Communities want to be part of the change and want to work *with* statutory partners, not to be "done to".

There is a real opportunity to mobilise health and wellbeing solutions through assets that already exist in our communities. We want to see a shift in culture and behaviours amongst statutory partners which will include:

- **Empowering and enabling community solutions** by valuing the community leaders who have trust, networks, understanding and legitimacy; and getting behind existing partnerships
- Facilitating forums and networks to **enable better collaboration and communication** between public and third sector partners and within the third sector, by helping partners and communities share what they do and learn from - and build partnerships with - each other
- Taking forward work to change the way we **commission services to better recognise social value**
- Providing **practical support to strengthen the community sector**, including by pooling resources to build capacity and connections and enable communities to maximise social action

Central to this area of focus will be ensuring more effective engagement with and involvement of groups and populations that may be under-represented and more difficult to engage with within our diverse communities. A renewed focus on working with our communities to mobilise solutions will cause us to talk to, and work more closely with, representative groups and organisations.

What difference can partners make?

Place-based Joint Strategic Needs Assessments

In 2018, Coventry Health and Wellbeing Board agreed to take a place-based approach to the JSNA, based around the 8 family hub geographies, reflecting both national policy direction towards population-based health and care systems (based on populations of 30-50k) and a sub-regional move in Warwickshire towards a place-based approach. The JSNA is also being used as a vehicle for engaging and involving local partners and stakeholders, to give more in-depth understanding of the assets and needs of geographical areas within the City and support programmes and strategies which are founded on community resilience and service delivery at locality level.

Over the next 2 years locality profiles will be developed, based on the collection of 'hard' evidence from data sources, as well as consultation with local stakeholders - organisations and individuals - to understand the key issues facing local communities. The first two locality profiles – for the 'Moat' and 'Families for All' Family Hub areas – will be published summer 2019.

This local community focus and understanding provides a valuable basis through which to mobilise community solutions by building networks and increasing the visibility and connections between existing activities.

8. Making it happen - leadership and accountability

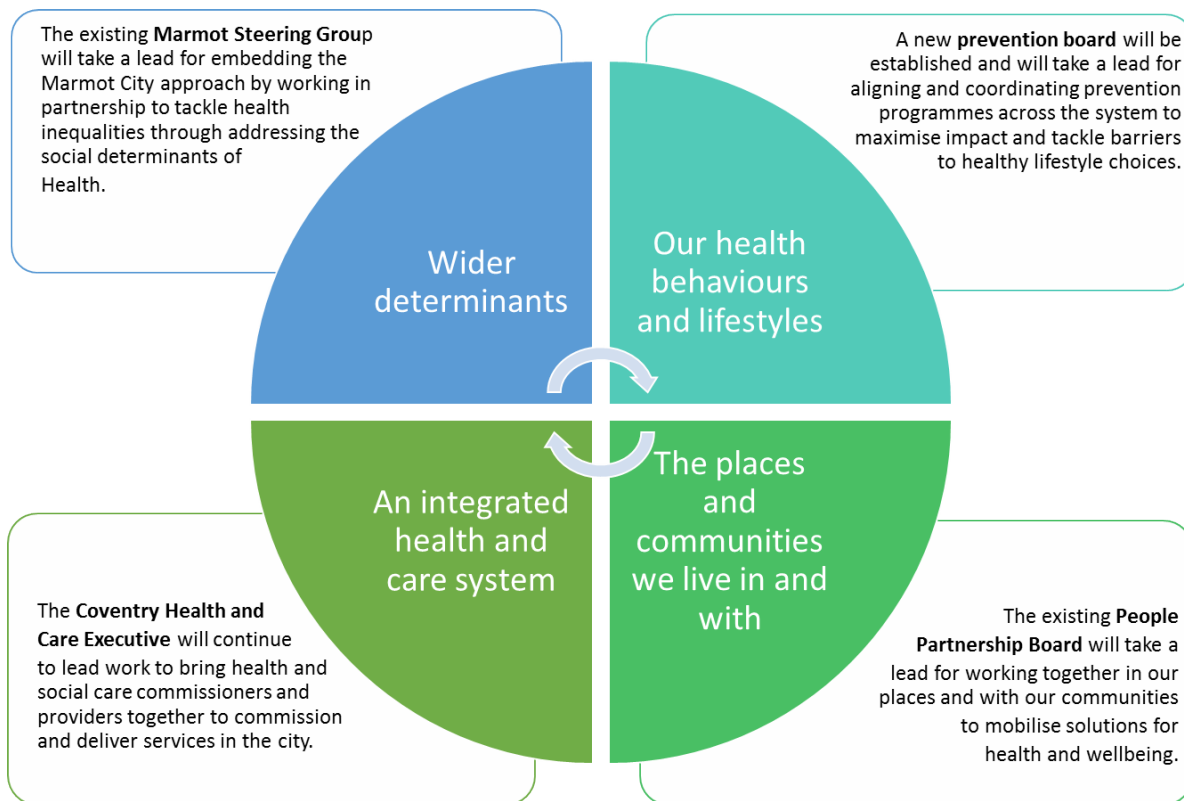
We are putting in place clear leadership and accountability for turning the Strategy into reality.

- **Our strategic ambitions**

The Health and Wellbeing Board will have oversight of progress against our strategic ambitions. The direction of travel indicators will be developed into a performance dashboard for the Board and the Board will receive an annual performance report on progress.

- **Our population health framework**

To ensure we get the foundations right, we have identified groups and boards to lead on each of the four components of our population health framework:



These groups and Boards will report to the Health and Wellbeing Board on work in relation to each component of the population health framework, and on the extent to which each component is being considered and reflected in the plans and activities of health and wellbeing partners.

In addition, we will require that it is clear how every item brought to the Health and Wellbeing Board relates to our population health framework.

- **Our areas of focus**

For each area of focus a senior sponsor will be identified from the Health and Wellbeing Board, and a task group will be formed to progress activity. These task groups will develop detailed action plans, with clear performance measures, based around the four components of our population health framework.

In developing their action plans, the task groups will engage with partners and communities on their specific area of focus and explore further any related ideas and suggestions put forward through the Health and Wellbeing Strategy consultation. The approach will be to build on and make connections between existing activity and mobilise resource across the health and wellbeing system.

We will routinely monitor and report progress against the plans to the Health and Wellbeing Board. The intention is to evaluate the overall impact made and review these areas of focus after 12-18 months.

9. Our ways of working

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

- **Prioritising prevention:** we will tackle the causes of health-related problems to reduce the impact of ill-health on people's lives, their families and communities. We will seek to address the root causes of problems, listening to local people's priorities and acting on their concerns.
- **Strengthening communities:** we will support strong and stable communities. We will listen to residents to understand what they want from the services we provide and encourage them, to lead change themselves where possible.
- **Co-ordinating services:** we will work together to design services which take account of the complexity of people's lives and their over-lapping health and social needs. We will focus on the best way to achieve good outcomes for people, reducing the number of interactions people have with our services and avoiding multiple interventions from different providers.
- **Sharing responsibility:** we value the distinct contributions by all organisations that are represented on the Health and Wellbeing Board. We will maintain partnerships between the public sector, voluntary and community sector, local business and residents, recognising that we share a responsibility to transform the health and wellbeing of our communities. We will pool resources, budgets and accountabilities where it will improve services for the public.



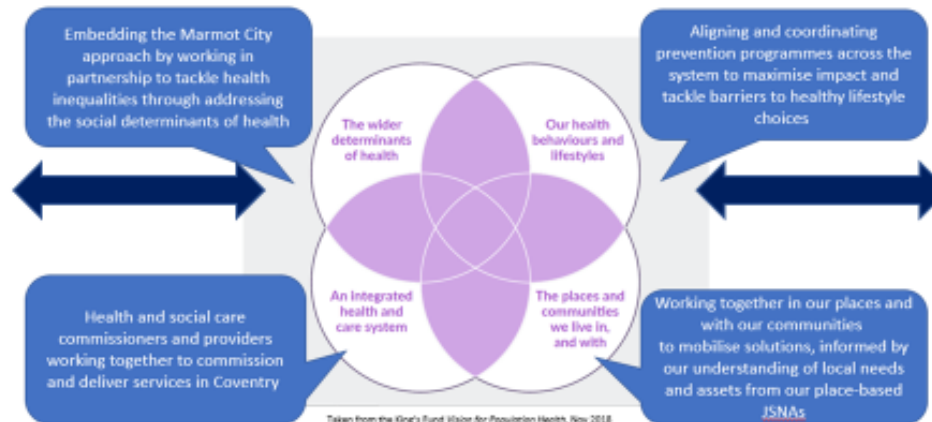
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Coventry Health and Wellbeing Strategy 2019-2023

Strategic Ambitions

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

Our population health framework



Short-term focus

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

Our shared values and behaviours

Prioritising prevention

Listening and strengthening communities

Co-ordinating services

Sharing responsibility