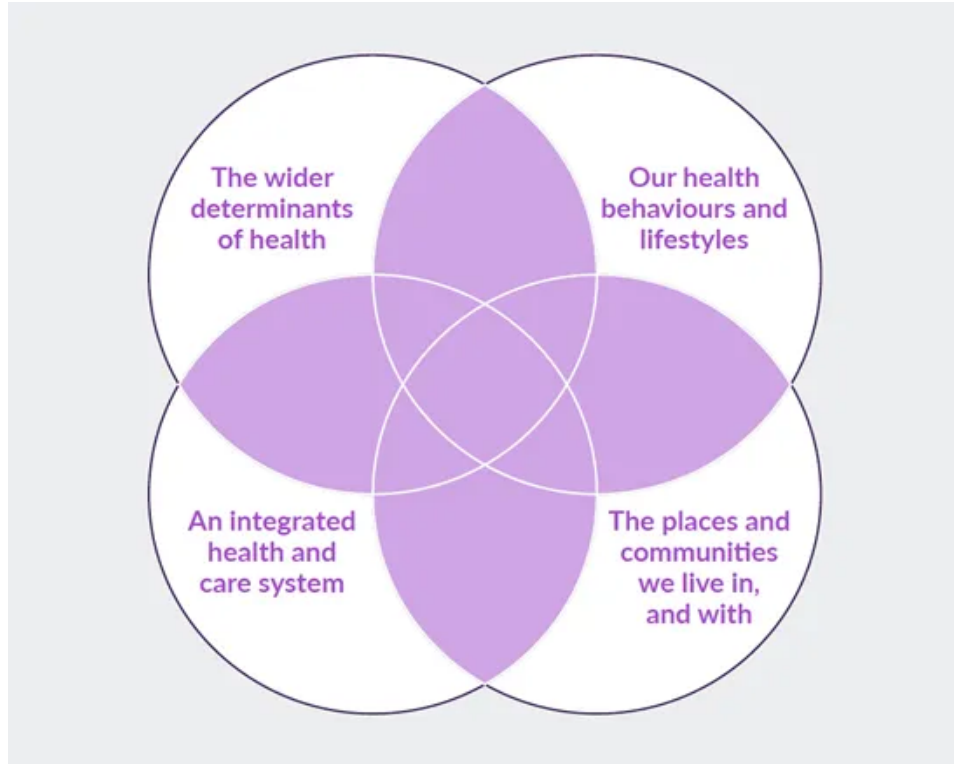


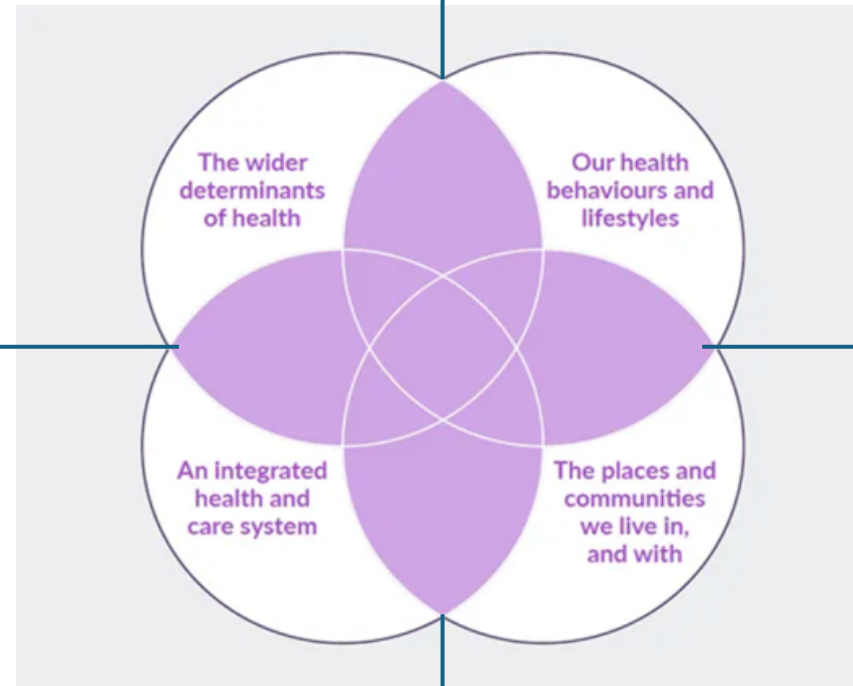
Appendix 1 - Proposed approach to developing the Health and Wellbeing Board



- Use the Health and Wellbeing Board to connect different programmes and strategies using the King's Fund model – focus on the overlaps
- Mapping against JSNA emerging findings to understand where we have strong partnerships / activity and where we need to do more
- Mechanism to mobilise partnerships and hold partners to account around the intersects and connections

Making the most of connections

Better understanding of industries with a high prevalence of smoking



PHM work on long term conditions & worklessness

Requirement for providers to work with communities to co-deliver services

Infrastructure to enable funding to left shift to community sector

JSNA Citywide profile – emerging key messages

Addressing Coventry's challenges requires place-based, preventative, and proportionate action, focused on:

- Early childhood and families
- Mental health and wellbeing
- Poverty, housing security, and employment quality
- Supporting communities experiencing long term deprivation.



Wider determinants of health

Working in partnership across the city to strengthen the Marmot approach, including applying principles of proportionate universalism and addressing the social determinants of health to achieve better health equity.

Key issues

Coventry has a **high concentration of deprivation**, particularly in **income, child poverty, employment, and health**.

Inequalities are widening between the most and least deprived areas, affecting life expectancy, healthy life expectancy, education outcomes, and employment.

Clear **pattern of disadvantage** accumulating **across the life course**.

Early years, education, employment, housing, and health are deeply interconnected, and **inequalities emerge early and persist**.

By age 5, children in Coventry are less likely to achieve a good level of development than nationally, and large gaps are already evident for children from deprived households and some ethnic groups.

Attainment KS2 & 4 are below national average. Persistent and large gaps for FSM, SEND and children in care.

Absence, exclusions and suspensions higher than average, especially for vulnerable groups.

Wider determinants of health

Working in partnership across the city to strengthen the Marmot approach, including applying principles of proportionate universalism and addressing the social determinants of health to achieve better health equity

Key issues

Life expectancy and healthy life expectancy remain below national averages, with stark differences between neighbourhoods.

The local economy has grown and productivity is relatively strong. However, employment rates are below national averages, unemployment has risen, and youth unemployment remains high.

Many residents are in **low paid or insecure work**, and household **incomes remain below national levels**.

Fuel poverty and financial insecurity affect a substantial proportion of households.

Economic growth is not translating into widespread prosperity for residents.

Closing this gap requires a stronger focus on:

- o **Skills and progression**
- o **Fair pay and job quality**
- o **Supporting residents into stable, secure work**

Our health, behaviours and lifestyle

Aligning and coordinating prevention programmes across the system to maximise impact and tackle barriers to healthy lifestyle choices

Key issues

While **smoking continues to fall** and some healthy behaviours are improving, **obesity, physical inactivity, and alcohol related harm remain major challenges.**

Dietary habits in Coventry are constrained by cost, time, and the local food environment. While most residents value healthy eating, fewer than a quarter meet the **5-a-day recommendation, takeaway consumption is common, and food insecurity** affects a small but significant proportion of households. Coventry has a higher density of **fast-food outlets** (124.5 per 100,000) than regional and national averages.

Physical inactivity is improving, but **excess weight** remains a major challenge in Coventry. **A quarter of adults are inactive, and over two-thirds are overweight or obese.** While rates in younger children are relatively better, **obesity rises sharply by Year 6** and remains high in adulthood.

Smoking prevalence fluctuates but has fallen since 2013. **Smoking prevalence** among people aged 15 and over in Coventry stands at **15.6%, which is higher than the national average.**

Alcohol causes disproportionately high harm in Coventry. Although more residents report not drinking, the city continues to experience **higher-than-average hospital admissions, mortality, and premature deaths linked to alcohol** - particularly among men and older adults.

The places and communities we live in and with

Working together in our places and with our communities to mobilise solutions informed by our understanding of local assets from our citywide JSNA

Key issues

Growing population increasing **pressure on housing, schools, health services and infrastructure.**

Growth uneven across neighbourhoods, with some communities experiencing very rapid change.

Increasing diversity creating need to **improve equitable access to services**, ensure **provision is culturally competent and inclusive**, and **support integration, language access, and community cohesion.**

High levels of private renting, overcrowding and non-decent housing, and housing affordability worsening.

Homelessness pressures are severe, with high numbers of households in temporary accommodation, particularly families with children.

Strong sense of belonging but trust, neighbourhood engagement and active participation lower than national.

Loneliness a concern particularly for **older people, disabled residents**, and those in **deprived areas.** Strong communities reduce demand on public services, but this requires investment in neighbourhood-level capacity, safe spaces, and trusted local organisations.

An integrated health and care system

Health and social care commissioners and providers working together to commission and deliver services in Coventry

Key issues

Coventry sees **higher than average infant mortality and stillbirth rates.**

Demand for mental health services, particularly for children and young people has increased greatly.

Coventry performs **well in some early outcomes** (e.g. breastfeeding rates, smoking in pregnancy, child development at age 2).

However, **antenatal booking, early health visits, and developmental review coverage are below average**, risking missed opportunities for early support.

Premature mortality (deaths amongst residents aged under 75 years) in Coventry is **higher than both the regional and national averages** for both male and females and has remained consistently so.

Biggest causes of death locally: cancer, CVD, digestive diseases, respiratory diseases

Increasing 85+ creating future pressures on health and care services