



Coventry Health and Wellbeing Strategy 2016-2019





Health and Wellbeing Board members



Introduction

Coventry has the potential to become one of the most inventive, diverse, integrated and successful cities in modern Britain. To achieve this, we are committed to making big changes in how we work together across the public, private and voluntary sectors. We will work alongside local people to change the face of the city for the better and ensure that everyone can share in the benefits of economic growth, including our most vulnerable residents.

Creating health, wealth and happiness in Coventry requires more than simply managing people's health problems. People who have jobs, good housing and are connected to families and their communities feel and stay healthier, and live longer lives. A wealth of skills and capabilities lie within communities and individuals, which can be used and developed to improve health and wellbeing.

The Health and Wellbeing Strategy provides Coventry residents and organisations with a picture of what the Health and Wellbeing Board, through its members and wider partners, will deliver over the next three years and how we will work together to achieve this.

To ensure that the Health and Wellbeing Strategy and the work of the Health and Wellbeing Board maximises health, wealth and happiness, the strategy for 2016-2019 will focus on three priorities where the Health and Wellbeing Board believes it will make the biggest difference to the lives of Coventry people.

These 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

What is the Coventry Health and Wellbeing Strategy?

The Coventry Health and Wellbeing Strategy, also known as the Joint Health and Wellbeing Strategy, is the city's overarching plan for reducing health inequalities and improving health and wellbeing outcomes for Coventry residents. It sets out our three year vision for health and wellbeing, and the strategic priorities which have been identified to support this vision.


The strategy is owned by Coventry's Health and Wellbeing Board, a collaborative partnership which brings together senior leaders from Coventry City Council, West Midlands Police, West Midlands Fire Service, Coventry and Rugby Clinical Commissioning Group, acute and community NHS trusts, Coventry University, the

University of Warwick, Voluntary Action Coventry and Coventry Healthwatch. The Health and Wellbeing Board has a statutory responsibility to understand current and future health and social care needs through the Joint Strategic Needs Assessment, to promote partnership working and integration, and to improve commissioning and delivery arrangements.

The 2016 refresh of the Joint Health and Wellbeing Strategy reflects the progress made towards achieving the objectives originally agreed in 2013, and responds to the rapidly changing and increasingly challenging context for the wider determinants of health and the health and social care system.

The Coventry context and why we need to change

Coventry is a young, growing and diverse city


2.3%
345,000

Recent population estimates put Coventry's population at 345,500, an increase of 2.3% which is estimated to be amongst the highest in the UK.

Average age
33.5
years

The average age in Coventry is 33 and a half years, lower than England's average of 40 years, and a quarter of the population are aged under 25, which is in part due to the presence of two large universities, although there is still a significant number of older people.

6.5

years
lower than
England
average

26%
from BME
backgrounds

Coventry has a large proportion of people from black and minority ethnic (BME) communities. According to the most recent census, 26.2% of Coventry residents were from BME backgrounds, compared to the 14.6% average across England.

Coventry is also a city facing significant challenges

According to the Indices of Multiple Deprivation, a measure based on income, education, housing, employment, crime, health, access to services and the living environment, Coventry is amongst the most deprived fifth of all local authorities in England, and some wards in Coventry are among the most deprived in the country.

There is also considerable variation between different wards in the city, and high levels of inequality, which is reflected by variation in life expectancy and health outcomes.

This has a direct impact on the health and wellbeing needs of the city. Life expectancy for women is 82.3 years, and women can expect to live in good health for 62.7 years, which is similar to the average for England. Life expectancy for men is 78.6 years, and men in Coventry can be expected to live in good health for 60.8 years, which is lower than the average for England. Life expectancy and healthy life expectancy for both women and men is higher than for areas with similar levels of deprivation to Coventry. There are large inequalities in life expectancy across the city, reflecting inequalities in income, education, housing and employment.

Coventry's 2016 Joint Strategic Needs Assessment (JSNA) identifies the health and wellbeing needs of the city in detail, but key areas of need were identified through a review of data and information, a public call for evidence, a prioritization exercise workshops with stakeholders, which are covered in detail in the JSNA. Further analysis and work with stakeholders resulted in the identification of the three priorities in this Health and Wellbeing Strategy.

The Joint Strategic Needs Assessment (JSNA)

A more detailed health profile for Coventry, which provides data for each stage of the life-course, as well as detailed analysis of a number of health conditions, is available within Coventry's Joint Strategic Needs Assessment (JSNA). The JSNA also outlines the process through which the priorities of the Health and Wellbeing Strategy were developed.

Read the JSNA online at www.coventry.gov.uk/jsna

1. Working together as a Marmot City: reducing health and wellbeing inequalities

The case for change

Tackling health inequalities will improve the health, wellbeing and life chances of the people of Coventry. Where someone is born, where they live, whether they work or not and what they do all affect how long someone will live, how healthy they will be and the quality of life they will experience.

Tackling health inequalities will reduce social, economic and financial costs. As well as the human cost, every year health inequalities cost the UK £31-£33 billion in lost productivity (estimated at £170 million in Coventry), £20-£32 billion in lost taxes and higher welfare payments, and an additional £5.5 billion in healthcare costs. Reducing health

inequalities, targeting resources based on need and investing in prevention and early intervention can:

- Improve health outcomes, wellbeing, mental health and community and social relations
- Improve educational attainment
- Increase productivity and skills, which will ensure the area is attractive to employers and develop the local economy
- Reduce the costs of welfare and healthcare
- Manage future demand for council services and associated costs including social care, child protection, housing, domestic and sexual violence and substance misuse.

How we are making a difference

In April 2013, the transfer of Public Health to local government provided Coventry with an opportunity to broaden the ownership of the health inequalities agenda. Coventry committed to delivering rapid change in health inequalities by 2015 and was one of seven cities in the UK invited to participate in the UK Marmot Network and become a Marmot City.

Over the last two years, partners across the city have worked together as part of the Marmot Programme to reduce health inequalities. In 2016, Professor Sir Michael Marmot's Team at University College London

and Public Health England committed to working with Coventry for a further three years to enable Coventry to build on progress made so far in tackling health inequalities.

As further planned spending cuts to services and welfare reforms create challenges for Coventry's most vulnerable residents, the Council is continuing to work with partners over the next three years to continue to accelerate progress made to date and improve the health, wellbeing and life chances of the people of Coventry.

Men in the most affluent areas of Coventry will live, on average 9.4 years longer than men in the most deprived areas, while for women the difference is 8.7 years. The difference is even greater for those who are homeless or who suffer from a mental health condition.



Continuing to work together as a Marmot City for the next three years with partners at Public Health England and the Institute of Health Equity will:

Facilitate partnership working between the Council's Place, People, Resources and Chief Executive's Directorates as well as wider public and voluntary sector partners and businesses

Provide Coventry with access to learning from other areas and raising the profile of Coventry as an exemplar city for reducing health inequalities

Enable Coventry to measure progress against local and national indicators

Provide Coventry with expertise to develop Coventry's capability to tackle health inequalities



Partners are working together on a number of projects initiated as part of the first two years of Coventry's Marmot City programme. In addition, for the next three years, the Marmot City priorities are tackling inequalities disproportionately affecting young people and ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth', which will bring jobs, housing and other benefits to the city.

Areas of focus and what we hope to achieve

Tackling inequalities disproportionately affecting young people

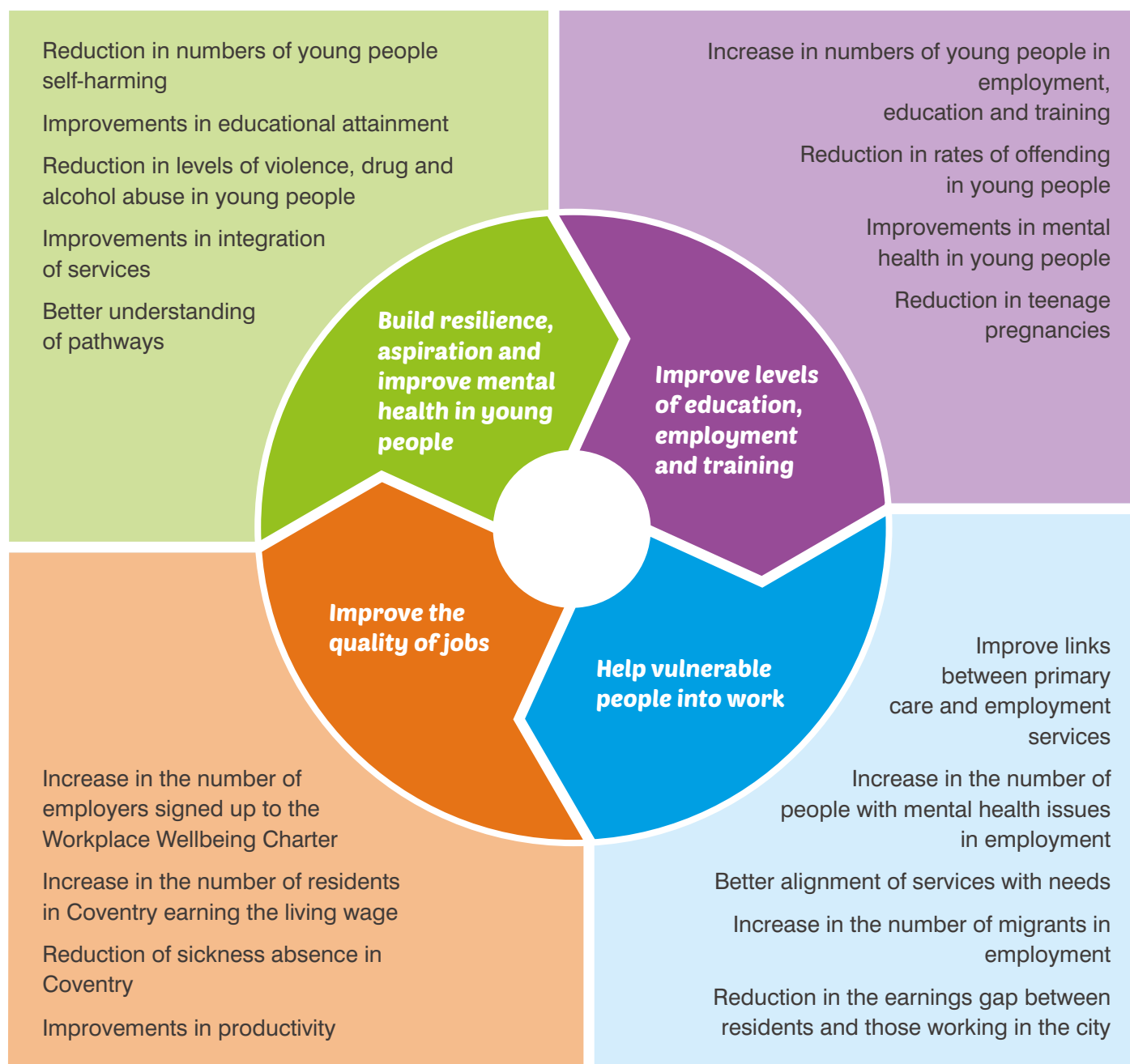
Inequalities in educational attainment, high numbers of 16-18 year olds not in education, employment and training and poor mental health in young people can lead to increases in health inequalities and poorer health and social outcomes for the people of Coventry. In addition, high rates of teenage pregnancy can lead to poorer outcomes for both teen parents and their children, creating a cyclical effect which promotes further inequalities. Tackling these issues involves

building resilience in young people, so that they are able to cope with the pressures they face and develop the skills that will help them to flourish. The key areas of focus for the next three years will be to build resilience, aspiration and improve mental health in young people and improve levels of education, employment and training so that young people are supported to live happy and healthy lives, whatever their background.

Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth', which will bring jobs, housing and other benefits to the city

Inequalities in employment, pay below the living wage, the decline in intermediate occupations and rise of lower paid jobs are likely to lead to increases in health inequalities and poorer health and social outcomes for the people of Coventry. There are economic as well as social benefits to addressing these issues. Investing in the workforce through paying employees a competitive wage, recruiting locally, providing attractive benefits, career progression, a good working environment and looking after the health of employees will increase recruitment and retention and improve productivity for

businesses in Coventry. Tackling these issues requires a broadening of the Marmot agenda to the private sector and businesses. Working with organisations such as the Local Enterprise Partnership, the Chamber of Commerce and businesses across the City is essential in order to nurture 'Good Growth' in Coventry. The key areas of the focus for the next three years are to help vulnerable people into work, to improve the quality of jobs, and to create health promoting workplaces, so that growth in Coventry benefits everyone and contributes to a reduction, rather than an increase, in inequalities.



2. Improving the health and wellbeing of individuals with multiple complex needs

Case for change

There are an estimated 60,000 people in England facing multiple/complex needs. People with multiple, complex needs are defined as those experiencing at least two of the following: substance misuse, mental ill health, physical ill health and domestic abuse.

Research by the Lankelly Chase Foundation suggests that 58,000 people have contact with homelessness, substance misuse and criminal justice services each year, and a further 164,000 people are in contact with two of these service groups. Within the West Midlands, it is estimated that there are 12,870 people who suffer from at least two issues (e.g homelessness, offending and substance misuse); 3,940 people who suffer from all three issues and a further 1,729 people who require contact with relevant agencies. Similarly, Making Every Adult Matter estimate the number of individuals in England with 'multiple needs and exclusions' was 56,000 in the prison and homeless populations alone.

Individuals facing multiple/complex needs often rotate through various welfare and justice systems. This can deepen the problems in their lives at a cost to them and society; being affected by multiple issues means that this group often struggle to engage with everyday life and mainstream services. They can often feel on

the margins of society. The Lankelly Chase research found that quality of life for those facing complex needs tends to be much poorer than that reported by other low income and vulnerable groups. Experiences of social isolation, trauma, exclusion and poverty in childhood and adulthood are all too common. Of those engaged with criminal justice, drug and alcohol treatment and homelessness services, 55% also have a diagnosed mental health issue.

In addition to the moral case, there is a compelling financial case to improving outcomes for people with multiple needs. As more people find themselves on the margins of society facing a number of problems, this imposes a greater cost on public services, with recent research finding that £19,000 per person per year is spent on individuals with a combination of problems, at a total estimated annual cost of £4.3 billion. Spending still tends to be focused on expensive crisis care services, rather than co-ordinated and preventative support. One recent study found that better coordinated interventions from statutory and voluntary agencies can reduce the cost of wider service use for people with multiple needs by up to 26%.

How we are making a difference

This is a real opportunity to reduce vulnerability and the number of people who are not able to make a positive contribution to their communities and societies. People with multiple and complex needs are a significant source of repeat demand for public services and also amongst the 'hardest to help'. Consultation conducted by the WMCA with individuals with complex needs suggests:

- Current systems are too complicated and need to be made simpler for all to understand
- Services are often focused on a single problem and can't provide multi-faceted help needed

- Information is often not shared resulting in the need to 'tell your story' several times
- The best approaches are those which empower individuals and enable them to build their confidence and self-esteem

Services are also focused on expensive crisis care, rather than on coordinated and preventative support that would deliver better results as well as value for money. Savings cannot be made, and outcomes cannot be improved, unless action is taken to reform the services that vulnerable and disadvantaged people rely on.

Service providers and commissioners will work together to improve the lives of the most excluded people with the most complex needs by:

- Enabling people with multiple and complex needs to manage their lives better through access to services that are more person-centred and co-ordinated. Services will be built on the strengths of individuals - presuming that people can improve their own circumstances and life chances with the right support
- Tailoring and better connecting services and empowering users to take part fully in effective service design. Services will take a whole person approach and address the combination of factors that affect the individual in a way that is simple and straightforward for individuals to navigate
- Working together to deliver and commission services for groups of people with complex needs across the city. Better co-ordination of service provision between those delivering and commissioning services
- Facilitating and promoting interagency collaboration to bring together the best levels of expertise, knowledge and resources
- Encouraging individuals with multiple complex needs to share their experiences so that future processes can be designed and delivered sustainably and learning can be shared amongst service providers

Areas of focus and what we hope to achieve

This work aims to improve the health and wellbeing of those individuals experiencing multiple, complex needs, which can be defined as a combination of:

- mental ill health;
- substance misuse;
- violence and sexual abuse;
- reducing the risk of people developing complex multiple needs (focus on adverse childhood experiences).

This will help to ensure that individuals who face substantial challenges and have multiple complex needs can live healthier lives, free from addiction, substance dependency and fear of harm. It will help enable individuals with multiple complex needs to retain a sense of independence, self-worth and self-esteem, so that everyone in Coventry is able to take personal responsibility for their future and make a positive contribution to their community.



Improving the health and wellbeing of individuals with multiple complex needs will also lead to a reduction in offending, anti-social behaviour and demand for services. Through managing demand, delivering better co-ordinated services and empowering and enabling individuals to maximize control over their lives, this work can deliver financial savings for public services as well as improved outcomes for the most vulnerable individuals in Coventry.

3. Developing an integrated health and care system that provides the right help and support to enable people to live their lives well

Case for change

The health and care system locally and nationally faces real challenges. Rising patient expectations, an ageing population, the rising prevalence of chronic disease, combined with shrinking resources is

putting real pressure on the health and care system. Organisations are taking a systems approach to reducing demand and delivering care that is fit for the future in this challenging environment.

How we are making a difference

The development of the Sustainability and Transformation Plan (STP) in Coventry and Warwickshire provides an opportunity for collaboration to tackle these challenges, through shifting the focus of policies and plans from organisations to places. The aim of the STP is to create a future health and social care system in which people are enabled to stay well and are supported to manage their health and care as independently as possible. Integration of health and care to improve outcomes for local people and manage demand at a time of reducing public

sector resource will necessitate working more closely across organizational and geographical boundaries.

Coventry and Warwickshire Health and Wellbeing Boards are working together to develop and deliver the Sustainability and Transformation plan, and organisations are harnessing voluntary sector resources in system transformation through working with Voluntary Action Coventry to develop solutions with focus on early help, proactive and preventive care and building resilience.

Areas of focus and what we hope to achieve

The key components of the STP are:

Proactive and preventative care that focuses on keeping people well and providing ongoing support to patients and service users through integrated teams that bring together different professionals from health, social care and beyond. By keeping patients well and improving their outcomes, demand and pressure on more expensive parts of the health and social care system will be reduced.

We will work with a range of agencies, including the public, voluntary and community sectors to proactively manage patients with different needs. We will enable people most in need to live independent and fulfilled lives by working

with them and local communities to develop stronger networks and personalised support. This approach will facilitate strengthened links with community groups and the voluntary sector and connect people to their local networks to promote independence and self-care.

We will develop a preventative health offer across the city, which is adapted for each locality based on health priorities and needs of each locality.

Planned care (treatment that is planned in advance, not carried out in an emergency) will be delivered as effectively and efficiently as possible, underpinned by effective co-ordination across the system. Patients will be supported in the most appropriate setting and will be helped to

access their care in a planned way through earlier intervention where appropriate.

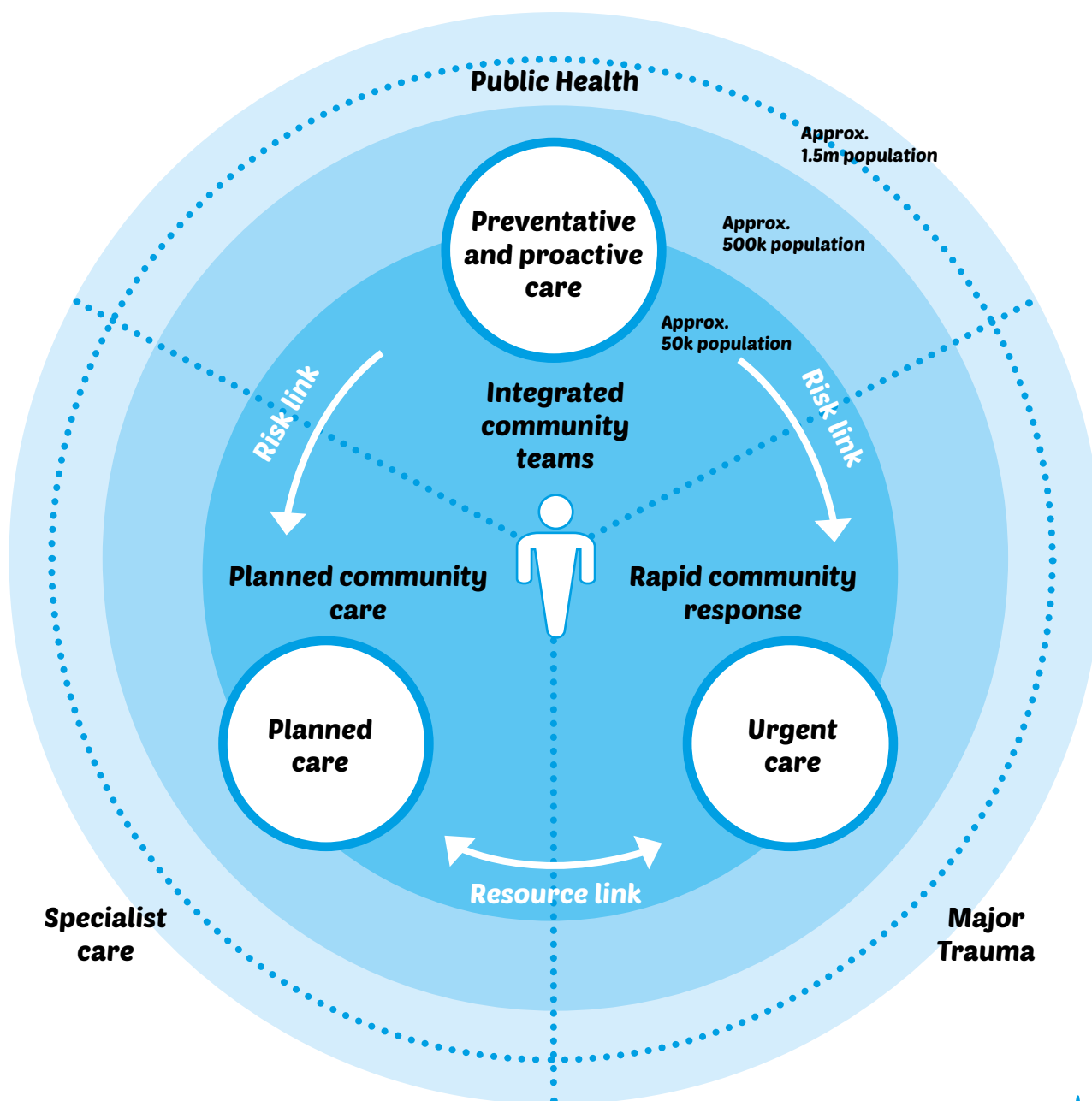
We will ensure that planned care is delivered across a range of settings, and will be co-ordinated care across all services, so that services are delivered in a joined-up way and are centred around the needs of patients.

We will ensure that patients are discharged in a safe and timely manner back to their chosen setting, with care provided seamlessly from hospital to the community.

Urgent and emergency care provision is safe, efficient and easily accessible. We will

develop models of care and support which provide alternatives to hospital for people with urgent but non-life threatening needs. These services will be delivered as close to people's homes as possible, minimising disruption and inconvenience for patients and their families.

Our current support mechanisms are mainly focused on ensuring patients can be effectively discharged from hospital. However, we know that to avoid hospital re-admissions, targeted support for individuals who are at risk of admission is needed. We will provide a rapid response within community settings that are able to resolve potential crisis situations and avoid hospital admissions.



A transformational approach

To create a healthy, wealthy and happy city, we are going further and wider in our approach. We are transforming the way work as organisations and as a city, so that everything we do helps to improve health and wellbeing and to reduce inequalities.

We are:

Ensuring health, and the conditions which affect health, are considered in policies and decision making across Coventry City Council and other organisations in Coventry.

Considering health, and health inequalities in all decision making helps avoid harmful health impacts, particularly on the most vulnerable people in the city.

Commissioning in new ways, which maximises health outcomes and social value from investments.

Commissioning for social value encourages contracted organisations to recruit local people, offer apprenticeships and training opportunities, pay the living wage, support the most vulnerable people, and to promote environmental, social and economic sustainability.

Enabling and empowering local people, communities and groups to use and develop their own skills and potential to take control over their own lives.

Enabling people to feel empowered to take control builds resilience

and social capital in communities, helps people to remain economically secure, reduces pressure on services and ultimately improves health and wellbeing outcomes.

Targeting resources based on need, and targeting interventions in the right places –

providing universal services and interventions which are open to all, but with a scale and intensity that is proportionate to the level of disadvantage that our residents face. Targeting resources in this way will ensure that we have maximum impact where it is most needed, and will contribute to a reduction in health inequalities.

Prioritising prevention and early intervention.

By intervening before something happens, and responding quickly to problems we improve health and social outcomes for Coventry people and manage demand for health and care services.

Across everything we do:



Ensure health, social value and asset based approaches are reflected in policies and decision making



Ensure prevention and early intervention are prioritised



Ensure resources are targeted based on need and that interventions are targeted in the right places