Joint Strategic Needs Assessment (JSNA)

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Coventry Joint Strategic Needs Assessment (JSNA)

Purpose

The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of the local community. It is intended to inform and guide the planning and commissioning of health, wellbeing and social care services within a local area. It considers factors that impact on the health and wellbeing of the local community including economic, education, housing and environmental factors; as well as local assets that can help improve things and reduce inequalities.

Coventry Joint Strategic Needs Assessment (data refreshed January 2018)

Population		Crime		Mental health	
Total population 352,900	Average age 33 years	14.5 (per 1,000 people) recorded violent crime incidents	70.2 (per 100,000 population) hospital admissions for violent crime, including sexual violence	1 in 6 people in Coventry are estimated to be affected by a common mental health condition	23.3% employment rate of people experiencing mental health problems
Year on year increase 2.18%	BME of total population 33.4%	7,050 domestic violence offences, crime and non-crime In 2016-2017	24.8 (per 1,000 of the adult population) recorded crimes in 2016-2017	30.2 (per100,00 population) cases of first episodes of psychosis among people aged 16-64 years old	1011 adults estimated to have prevalence of borderline personality in 2016

Economy **Housing** **Physical wellbeing**

165,800
economically active residents in employment.
Highest since 2004

69.9%
of people are employed

30%
of working age residents qualified to higher education level (2014)

7.6%
self-employed

133,696
household spaces
(2011 census)

14.4% (19,000)
of all households are in in fuel poverty (2015)

31%
of households are one person households
(2011 census)

635
statutorily homeless households
(4.1 per 1,000 households)
2015/16

2,000
adults in Coventry use opiates and/or crack cocaine on a regular basis

16.3%
prevalence of adult smokers

1 in 5
adults drink above recommended safe levels of alcohol

64%
of adults in the city have excess weight

Skills and education

65.4%
of children aged five at a good level of development

57.4%
children eligible for free school meals do not do as well as others

95.8%.
pupils attending a primary school
rated good or outstanding

Up 9 places on 2016 in expected standard for Reading, Writing and maths

Demand for care

4%
increase in new requests for adult social care support

30%
of the total council budget is spent on adult social care

56,274
people of all ages have their everyday activities limited a little by a long-term health problem or disability

76.3%
of adults with a learning disability live in a stable and appropriate accommodation

Long-term conditions

390
(per 100,000 population)
premature deaths

107th
(out of 150 local authorities)
in premature deaths

50.7
(per 100,000)
cardiovascular disease mortality within female population

127.9
(per 100,000)
cardiovascular disease mortality within male population

Infectious diseases

Over 90%
of target achieved for all childhood vaccines

69.3%
of over-65s received Influenza vaccine (2016-17)

25.8 (per 100,000)
local incidence of Tuberculosis

51.6%
of under 65s received Influenza vaccine (2016-17)

Vulnerable children and young people

656
(48 per 10,000 children)
looked after children
(Oct 2017)

90.5%
of LAC had up-to-date health assessments

25.10%
of children are in relative poverty and living in low income households

25.6
(per 1,000 females aged 15-17 years)
conceptions in women aged under 18 years

Life expectancy

82.3 years
female life expectancy at birth

78.4 years
male life expectancy at birth

62.9 years
male's healthy life expectancy

63.8 years
female's healthy life expectancy

Inequalities

46th
in England for the proportion of most deprived 10% neighbourhoods

38th
of most deprived 10% of the local authorities in England

Towards a place-based Joint Strategic Needs Assessment (2019)

The Coventry Health and Wellbeing Board looking to work towards a place-based JSNA for 2019 onwards:

- **Towards a place-based approach for the Joint Strategic Needs Assessment (9 April 2018)**

Further information

- **Coventry Health and Wellbeing Strategy**
- **JSNA presentation (2018)**
- **Facts about Coventry**
- **Supporting evidence for the JSNA — need assessments and analysis**

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Governance and ownership

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Governance and ownership

Ownership

The JSNA is owned by Coventry's Health and Wellbeing Board (HWBB), a meeting place for local commissioners across the NHS, people in public health and social care, councillors and representatives of HealthWatch. The group work to improve the health and wellbeing of local people and reduce health inequalities through the development of the Health and Wellbeing Strategy. Board members work together to understand their local community's needs, agree priorities and encourage commissioners to work together in order which results in better services. Coventry's Health and Wellbeing Board meets every two months. The Board is supported by a Delivery Group and has regular development sessions with a wider range of stakeholders.

- **Find out more about the Health and Wellbeing Board**

Priorities

The Council's overall priorities are set out in the Council Plan. The priorities of the Council Plan are delivered through key strategies – of which the Health and Wellbeing Strategy is one of those strategies.

- **Find out about the Council Plan**

Downloads

- **Download previous Joint Strategic Needs Assessment (JSNA)**

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Developing the JSNA

National guidance recommends that the process of developing the JSNA runs alongside and is linked to the development of the Health and Wellbeing Strategy. In Coventry, we are updating the JSNA alongside a new Health and Wellbeing Strategy. Together, this gives the HWBB information that they need to work together to understand and agree the needs of the local populations, whilst setting priorities for collective action.

The current JSNA process started in April 2015. It started with a review of the 2012 Health and Wellbeing Strategy, alongside a wide ranging study of data, information and resources about the key health and social care issues affecting Coventry residents. This exercise was largely desk based; but involved representatives from across health and care to ensure it was as comprehensive as possible.

In August to October 2015, a stakeholder call to evidence was undertaken. This gave various organisations working for the health and care of Coventry people 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 organisations. The priorities and themes that emerged from this process were incorporated into a long list of potential topics that were then rationalised.

Due to the complex, multi-faceted nature of health and wellbeing, the different issues identified through the review of evidence and call for evidence required 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 involved the use of a prioritisation matrix whereby each of the suggested topics was 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.

- **Find out about the prioritisation matrix (PDF)**

The outcome of the prioritisation process highlighted the following key areas of focus:

Themes	Sub-themes
Mental health and wellbeing	Children and adults mental health Dementia

	Self-harm
Long-term conditions	Cancer Cardiovascular disease COPD
Physical wellbeing	Obesity - diet & physical activity Substance misuse (smoking and alcohol)
Infectious diseases	HIV Tuberculosis Immunisations
Resilience of health and social care system	Admissions to hospital Winter deaths Falls prevention
Children and young people	Teenage pregnancy and teenage parents Vulnerable children and young people, including looked after children Educational attainment / employment opportunities
Economy and health	Jobs and economy
Housing and health	Homelessness Fuel poverty

Prioritisation

In November 2015 to January 2016, a number of Health and Wellbeing Board sessions were held to present the outcomes of the prioritisation process. These sessions identified a manageable number of priority health and wellbeing needs to be addressed through the Health and Wellbeing Strategy. The above topics were discussed at these sessions, with attendees receiving short evidence-based presentations around why these topics should be considered as a priority in Coventry. Health and Wellbeing Board members then debated the case for final selection and ranked those topics that they felt needed to be addressed through the revised Health and Wellbeing Strategy. The following topics were chosen by the Board:

- working together as a Marmot City to reduce health and wellbeing inequalities;
- improving the health and wellbeing of individuals with multiple complex needs; and
- developing an integrated health and care system that provides the right help and support to enable people to live their lives well.

These issues have been integrated into the new Health and Wellbeing Strategy for 2016-2019, and will be reviewed again in 2019-2020.

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Population

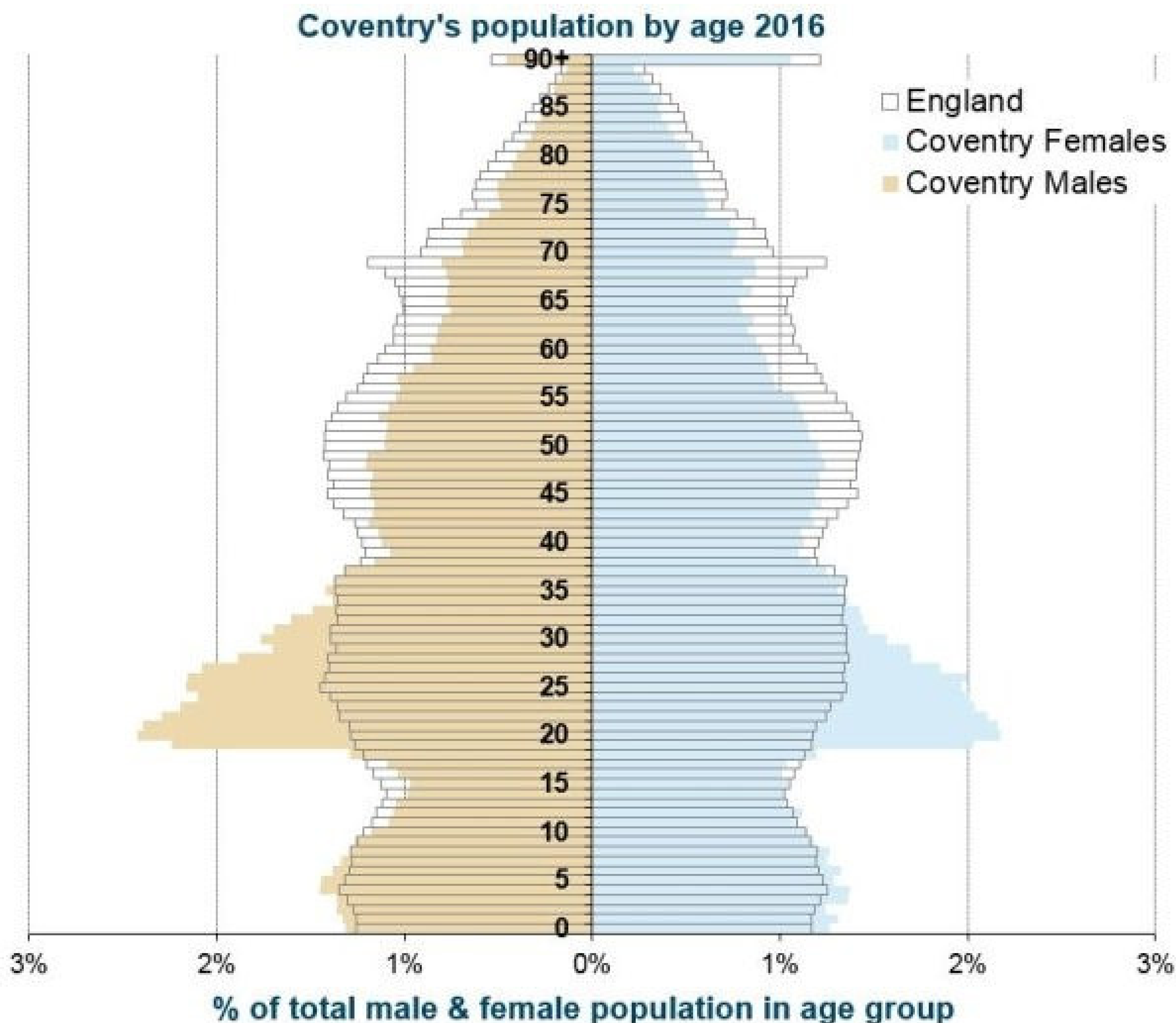
Total population 352,900	
Year on year increase 2.18%	Average age 33 years
14.1% of total population 65 years +	BME of total population 33.4%
Female life expectancy 82.4	Male life expectancy 78.5

Latest estimates

The latest Office of National Statistics (ONS) population estimate for Coventry is 352,900 people in 2016; compared to 345,385 in 2015; a 2.18% year on year increase. As has been the case in recent years, the annual population increase between mid-2015 and mid-2016 in Coventry was estimated to be amongst the highest in the UK. Coventry's growth rate since 2000 is now slightly higher than the national average, and the main factors causing population growth in Coventry are international migration and the number of births in the city.

Coventry is a relatively young city and has been becoming younger on average in recent years; with an average age of 33 years; lower than England's average of 40 years, see Figure 1 Coventry Population Pyramid 2016. Specifically, Coventry has a large proportion of people between 20 and 25 years, in part due to the presence of two large universities, Coventry University and the University of Warwick. However, using the most recent ONS estimates, there is still a significant number of older people, with **49,595 aged over 65**.[i] Coventry has a large proportion of people from black and minority ethnic (BME) communities. The most recent census recorded that **33.4% of Coventry residents were from BME** backgrounds, compared to the 14.6% average across England.[ii]

Figure 1 Coventry Population Pyramid 2016



The main cause of population growth in Coventry can be linked to net international migration. This means that there are less people migrating abroad from the city than there are people migrating to the city from abroad. This can be seen as a result of the number of international students studying at local universities in the Midlands. [iii] ONS data suggests that over **78,000 Coventry residents were born abroad**.[iv]

- **Read the population estimate 2016 report**.

Migrant Health Needs Assessment

The Migrant Health Needs Assessment estimates that over **80% of recent migrants in Coventry are aged between 15 and 44** years and have broadly similar general health needs to people of a similar age born in the UK, although some issues affecting particular communities within primary care were identified.

It is important to consider that migrants are a diverse group and health needs will vary significantly and, additionally, that migration is a dynamic process which is influenced by a myriad of geopolitical, social and economic factors. Furthermore, the term 'migrant' is a far-reaching term, encompassing a range of experiences, for instance, it includes economic migrants, international students, asylum seekers and refugees and each group is likely to have different health needs.

The Migrant Health Needs Assessment identifies that over 100 languages are spoken in Coventry and 9% of households do not have a single person within the home who speaks English as a first language. It is also identified that barriers to accessing appropriate services, discrimination, income inequality and potential social isolation may have an impact on health inequality. It is also noted that the importance of health promotion and disease prevention measures are often overlooked when considering the specific health needs of the diverse migrant community.[v]

- **Read the Migrant Health Needs Assessment**.

Population projections

Population projections from the ONS are calculated by casting forward the patterns of change in births, deaths and migration from today. Using this methodology, Coventry's population is projected to increase to 361,400 in 2021, a 7.2% increase from 2015. The ONS, however, emphasise that these estimated projections do not take into account changes in government policy or economic factors which may have an impact on population levels.[vi]

No official population projections based on ethnicity are produced which limits modelling on this topic.[vii]

Ageing population

When projections from 2016 and 2020 are compared, there is an increase in the **number of people aged 65 years and older (49,595 to 52,500 in 2020).** However, the proportion of Coventry's population aged 65 years and older is projected to stay constant from 2016 to 2020 (around 14%) as an increase in Coventry's population is also predicted.[viii]

Improvements in mortality rates have been greater for men than women, with the number of men aged 75 years and older increasing by 149% since mid-1974. By comparison, the number of women in the same age group has increased by 61%.[ix] This difference is also represented in population projections where it is estimated that the number of males aged over 65 years will increase by 8% in 2020 and number of females aged over 65 years is projected to increase by 4%.

Furthermore, the live birth rate (per 1,000 females aged 15-44 years) has reduced from 68.8 in 2011 to 62.3 in 2015, and has been predicted to remain constant in the near future.[xi] This again suggests that Coventry will follow predicted national trends and will have an increasing population aged over 65 years.

Age friendly cities

Coventry has received designation as an age friendly city. Age friendly cities is an international initiative led by the World Health Organisation (WHO) to engage cities to be more age friendly, value older people and ensure that older people have a good quality of life. The initiative provides a vehicle for a variety of organisations to work together to promote and improve the health and well-being of older people, whilst also valuing the positive contribution they can make to the city.

The work continues to improve our understanding of issues facing older people such as social participation, transport and communication.

- **Read the age friendly cities baseline assessment for Coventry**.

Impact of an ageing population: potential social isolation

While just under a third of households in Coventry were reported in 2011 to be single-person households, there are also projected increases in people aged 65 years and older who are living alone. This may indicate a potential increase in possible levels of social isolation; however the number of people aged over 65 years living alone can only be considered to be a proxy measure. Nevertheless, it may be relevant to consider how

this could impact the provision of future services. The King's Fund notes the importance of working to reduce social isolation and supporting people to maintain their independence.[xii]

In 2017, 6,720 of the population of Coventry aged 65-74 years were projected to live alone and this is projected to increase to 6,690, in 2020, an increase of 1.4%. For the proportion of the population aged 75 years and older, the number of people living alone is projected to increase from 11,696 to 12,558 in 2020, an increase of 7.4%.[xiii]

The impact of this on future service provision and health outcomes is an area for further consideration. The *Marmot Review: Fair Society, Healthy Lives* considers that social networks and social participation can be considered protective factors against dementia or cognitive decline for those aged over 65 years.[xiv] It is also referenced that those who are socially isolated are between two and five times more likely to die prematurely than those who have stronger social ties. Social networks are also seen to have a greater effect on the risk of mortality, in that they help people to recover once they have become ill.

The Adult Social Care Outcomes Framework reports results from the annual Adult Social Care Survey (2016/17) and the biannual Carers Survey (2016/17) which asks whether social care users and carers have as much social contact with others as they would like.[xv] 51.8% of adult social care users are reported to have as much social contact as they would like. This stands higher than reported rates for the West Midlands (46.1%) and England (45.4%). In terms of those providing care, 31.5% of carers aged 18 years and over state they have as much contact as they would like which stands at a similar proportion to the West Midlands (36.9%) and England (35.5%). However, there will be a number of factors which could influence individuals' response to this question such as the severity of health and social care needs of the person for which care is provided, along with the level of demand that is placed on carers.

Age Friendly City Initiative and its governance board have prioritised social isolation because it recognises that it is a serious issue for many older residents in Coventry. In terms of the loneliness index 2that based on 2011 Census figures, Coventry ranks 59 out of 326 (1 being the worst and 326 being the best) at a Local Authority level. Nobody is immune to being socially isolated, but some older people are at greater risk than others, due to personal or wider societal barriers such as personal health, mobility, income, retirement (other changes such as caring, giving up driving), transport, physical environment (lack of public toilets), housing, fear of crime etc.

The evidence is overwhelming in terms of its impact; it can have a detrimental effect on a person's mental and physical health. It also impacts on a person wellbeing and increase the onset of frailty and functional decline. It can have far reaching consequences the wider communities. Research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day (Holt-Lunstad, 2010). 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).

Increasing demand for residential care home places

Along with projected increases in the Coventry population aged over 65 years old, it is also projected that there will be an increase in the population who will be in residential care homes. In 2015, it was projected that 1,324 people will reside in a care home with or without nursing provision and in 2020 this number is projected to increase to 1,454, an increase of ten percentage points.[xvi] It should be considered that this would also include those who self-fund their care as well as those accessing local authority support. The Adult Social Care Outcomes Framework notes there are 768 permanent admissions to residential and nursing care homes per 100,000 of the population aged 65 years and older.[xvii]

Unpaid care

With a projected increase in the population aged 65 years and older, it is also relevant to consider the role of informal and unpaid care in filling potential gaps in health and social care service provision. Projected numbers of people providing unpaid care are estimated to increase and there is a notable projected increase in the number of people aged 65 years and older providing 50 hours or more of care a week. Of the projected 4157 people in 2020 aged over 65 who are estimated to provide more than 50 hours of care a week, it is projected that 717 will be aged over 85 years. [xviii] Consequently, it is relevant to consider how the system responds to the needs of ageing carers and Coventry City Council's Carers' Strategy should be considered as part of this. [xix]

Better care

Coventry's better care vision is "through integrated and improved working, people will receive personalised support that enables them to be as independent as possible for as long as possible". Four core projects are now operating:

- urgent care – reducing emergency admissions to hospital;
- home first – providing short-term support to maximise independence (and therefore reduce pressures on residential care by providing a single point of access to short-term support at home;
- long-term care – integrated working that ensures people receive personalised support that enables them to be as independent as possible for as long as possible within their local community; and

- dementia – enabling people and their carers to live as independently as possible, and to 'live well'.

Children aged 0-15 years

The latest population estimate for 2015 suggests there are 67,767 children aged 0-15 living in Coventry. [xx] These include: 23,714 aged 0-4; 26,016 of primary school age (aged 5-10); 18,037 of secondary school age (aged 11-15).

Children aged under 5

There are relatively more households with dependent children in Foleshill – and in particular, 1 in 10 children in that ward are aged under 5, comprising 11% of the total population of the ward. Radford, Henley, Holbrook and Longford wards are also noted to have higher populations of children aged under 5 and it is notable that the wards with higher populations of under 5 years tend to be in those wards with higher levels of deprivation. A more even distribution of children aged 5-14 years is seen across Coventry.

Population projections for those aged between 0-15 show that increases across all age ranges are predicted; see Table 1 Population projection children aged 0-14, 2016 compared to 2021.[xxi]

Table 1 Population projection children aged 0-14, 2016 compared to 2021

Age	2015	2021
0-4	23,573	26,000
5-9	22,973	24,000
10-14	18,971	22,000
Total <15s	65,517	72,000

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[i] Coventry City Council, Coventry's population estimate and ONS, Population estimates for UK, England and Wales, Scotland and Northern Ireland 2015

[ii] Coventry City Council, Detailed census 2011 statistics at city level

[iii] Coventry City Council, Coventry's population estimate 2015

[iv] ONS, Population by country of birth and nationality 2014

[v] Coventry City Council, Migrant health in Coventry health needs assessment

[vi] ONS. 2012-based subnational population projections for England.

[vii] ONS, Frequently asked questions about population projections

[viii] Projecting Older People Population Information System (Poppi), Population figures, Percentage of total population

[ix] Coventry City Council, Population estimates and projections age group analysis for JSNA 2015

[x] Poppi, Population by gender/age

[xi] ONS, Birth summary tables, England and Wales, 2014 and Coventry City Council, Children's demographics: A general profile of Coventry by ward

[xii] King's Fund, Making the best use of the Better Care Fund: Spending to Save?

[xiii] Poppi, Living Status, Living Alone

[xiv] Fair Society, Healthy Lives (The Marmot Review)

[xv] Public Health England, Adult social care outcomes framework

[xvi] Poppi, Living Status, Living in a care home

[xvii] Public Health England, Adult social care outcomes framework

[xviii] Poppi, Support arrangements, Provision of unpaid care

[xix] Coventry City Council, Carers' strategy

[xx] ONS Population Estimates for UK, England and Wales, Scotland and Northern Ireland 23 June 2016

[xxi] ONS, Subnational Population Projections, 2012-based projections

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Housing

133,696 household spaces (2011 census)	Over 88,000 dwellings required for Coventry and Warwickshire From 2011-2031	635 statutorily homeless households (4.1 per 1,000 households) 2015/16	£1.5m overspend in 2017/18 on homelessness
31% of households are one person households (2011 census)	31% of households having dependent children (2011 census)	(44%) Foleshill has the highest number of households with dependent children	Wainbody (30%) and Whoberley (23%) have lower levels of households which include dependent children
14.4% (19,000) of all households are in in fuel poverty (2015)	96.4% of households have central heating	18.7% excess winter mortality the death rate was higher during the winter months (2013-2016)	Winter deaths has been on the increase since 2010 18.7% in 2013-2016 17.8% in 2010-2013 16.8% in2006-2009

Household composition

In the 2011 census, **31% of households in the city were one person households**, with a similar proportion **(31%) having dependent children**. This figure is slightly higher than the rate of households including children in England (29%). Of these households, 12,400 are lone parent households (10% of all households with children) and this is higher than the rate for England (7%).

At a ward level, Foleshill has the highest number of households with dependent children (44%). Both Wainbody and Whoberley have lower levels of households which include dependent children (30% and 23% respectively) and both of these areas are known to have a high number of students residing there.[i]

Housing demand

Since 2013, Coventry is the fastest-growing city in terms of population outside of London and the South East, with a 2.18% year on year increase in population. Combined with continuing job growth, there is an on-going demand for housing.

As part of the Council's evidence gathering for the local plan, it commissioned a strategic housing market assessment which surveyed housing supply and demand. In 2011, the vast majority (82%) of the 133,185 homes in Coventry were in private ownership[ii], while around one in five (18%) of homes in 2011 were considered affordable housing and were mainly owned by registered providers. Affordable housing is strongly concentrated in areas such as Tile Hill, Hillfields, Willenhall, Bell Green and Alderman's Green and that there was over-provision of housing in council tax bands A and B (71% of the total housing stock) and an under-provision of properties in bands E and above. An over-representation of terraced housing is also reported and this is supported by the 2011 Census where it is noted that 43% of housing in Coventry was terraced.[iii] In contrast, 10% of households in the city are detached and over a quarter (28%) are semi-detached.

It is known that poor housing conditions, including overcrowding and homelessness, are associated with an increased health risk, specifically of cardiovascular diseases, respiratory conditions and mental health problems.[iv] In Coventry, as of the 2011 census, 61% of homes were owner occupied (69% in 2001) and 17% were rented from the Housing Association or a Social Landlord (18% in 2001).[v] In addition, 9.5% of housing was deemed overcrowded. This is defined as those households that have at least one less room than required based on the size and profile of the household.[vi]

Increasing the supply, choice and quality of housing is a key priority of the Council set out in the Council Plan, and while it is unable to build its own housing, the Council is supportive of developers to build larger family homes in the city and purpose-built student accommodation.[vii] Coventry is co-operating with its neighbouring local authorities with a view to build 25,000 homes within the city's boundary, and another 18,000 homes outside of the boundary.

The city has also seen a substantial growth in student numbers, from approximately 24,500 full-time students in 2005 to 43,000 by 2015. In recent years, the city has seen a stepped increase in the number of purpose-built student accommodation being developed; a market response to not only the sustained growth in the student population but also the increasing status of both universities. Evidence from both universities suggest that there will be a continuing demand for purpose-built student accommodation – and indeed, another 30 sites are in the pipeline, with 22 under construction.

Housing requirement

Coventry is part of the Coventry and Warwickshire Housing Market Area. Based on the most recent population projections, the housing requirement for Coventry and Warwickshire from 2011-2031 is for just over 88,000 dwellings – including 42,400 to meet Coventry's need. An assessment of land availability indicates that Coventry has enough land for just 24,600 houses; so the Council has entered into formal agreements with the Warwickshire districts (except Nuneaton and Bedworth) to redistribute the remaining 17,800 houses required outside of the city's boundaries. Of the 24,600 houses, around 17,000 can be accommodated on brownfield sites, with the remaining 7,000 needing to be on previously undeveloped, greenfield land.[viii]

Homelessness

Homelessness is defined as households accepted as homeless and in priority need in this section. In 2017, **572 households were accepted as homeless**. This compares to 635 households in 2015/16, and 533 in 2014/15.[ix] For 2017, Coventry's rate of statutory homelessness was 4.0 per 1,000 households, which is notably higher than both the West Midlands (3.3) and England (2.5).[x]

Coventry is facing a large increase in homelessness, which has resulted in a £1.5m overspend in 2017/18 mainly due to the unfunded cost of housing families in temporary accommodation (mainly bed & breakfast rentals) which cannot be reclaimed from the Department for Work and Pensions as housing benefit subsidy.

Predominant reasons for homelessness include the loss of rented accommodation due to termination of a short hold tenancy (27%), the violent breakdown of a relationship (16%), and parents no longer willing or able to accommodate their offspring (14%, 2012 figures). The most common reason for being deemed a priority need is where a household contains dependent children (67%), and the predominant household composition is a lone female parent (52%, 2012 figures).[xi]

Research from Shelter, a housing and homelessness charity, shows that low income, unemployment and poverty are almost universal factors in homelessness.[xii] Certain groups of people in society are more likely to be economically and socially disadvantaged; groups such as lone parents, people with mental health problems, care leavers and other people leaving institutions, and people from ethnic minorities are suggested to be more likely to experience homelessness.

Income deprivation is associated with homelessness, as is alcohol and substance misuse.[xiii] Consequently, homelessness deepens an existing inequality. Nationally, the average age of death of someone who is homeless is 47 years. Being homeless is associated with a 3-fold risk of chronic lung disease, a 3-fold risk of suicide and a 7-fold increased risk of HIV and hepatitis compared to the general population.[xiv] Identifying and managing those vulnerable to homelessness can prevent the consequences of housing loss.

Medical students from Warwick Medical School carried out a health needs audit of 44 people who sleep rough in Coventry. The results of this audit indicated that the most commonly reported health issues were dental and joint problems. In addition, high levels of depression and anxiety were also reported.[xv]

Barriers restricting the access of appropriate healthcare were also identified and included difficulty in obtaining primary care appointments when people did not have a fixed address, along with difficult relationships with healthcare professionals and the problem of accessing appropriate mental health support when there is also a dual diagnosis of substance misuse. Patients who are homeless are also noted to have a tendency to present late with advanced illnesses.

Fuel poverty

A household is said to be in fuel poverty if it has fuel costs that are above the national median average level and, were that amount to be spent, the household would be left with an income below the official poverty line.[xvi] Around **19,000 households in Coventry were fuel poor in 2015** down from 20,600 in 2013. This equates to 14.4% of all households, and is higher than rates in the West Midlands and significantly higher than England (13.5% and 11% respectively).[xvii] There has been little change in the proportion of fuel poor households in Coventry since 2011. Within Coventry, **96.4% of households have central heating** that ranges from 94.9% in Longford to 98.9% in Wainbody.[xviii]

Fuel poverty is associated with income deprivation, and the majority of those who are fuel poor are in the lowest deprivation deciles.[xix] The elderly are particularly vulnerable to ill health when living in a cold home. Interventions for fuel poverty, such as utilising energy efficient measures, and providing central heating, can prevent cold-related ill health and reduce hospital admissions and excess winter deaths.[xx]

See also:

- **Fuel poverty and the Council**
- **Fuel poverty profile**

Winter deaths

Excess winter deaths are the additional deaths from all causes that occur during the winter months over and above what would be expected in the non-winter months. The number of excess winter deaths is dependent upon factors such as the ambient outdoor temperature and the level of disease in the population. Around 130 excess winter deaths occur in Coventry every year. The excess winter mortality index is a measure of the excess winter mortality compared to the average non-winter mortality for that year. **The excess winter mortality index of all ages in Coventry is 18.7.4% in 2013-2016** (this means that the death rate was 18.7% higher during the winter months). Winter deaths has been on the increase since 2010 (17.8% in 2010-2013) and (16.8% from 2006-2009). [xxi] There is little difference in the excess winter mortality index between Coventry, the West Midlands and England as a whole.

The majority of excess winter deaths are due to cardiovascular and respiratory diseases, such as influenza, and most deaths occur in those aged over 75 years.[xxii] Addressing fuel poverty and improving influenza vaccination rates in eligible people may help reduce excess winter deaths.

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[i] Coventry City Council, Children's demographics: A general profile of Coventry by ward

[ii] Coventry City Council, Strategic housing market assessment

[iii] Coventry City Council, Detailed census 2011 statistics at city level

[iv] World Health Organisation, International workshop on housing, health and climate change: meeting report

[v] Coventry City Council, Detailed census 2011 statistics at city level

[vi] Coventry City Council, 2011 census overcrowded housing (% of households)

[vii] Coventry City Council, Council plan 2015/16 end of year performance report, globally connected: supply, choice and quality of housing

[viii] GL Hearn, Strategic Housing Market Assessment

[ix] Headline Statistics March 2018 and Coventry City Council, Council plan 2015/16 end of year performance report

[x] Public Health England, public health outcomes framework

[xi] Coventry City Council, Supporting document for the Coventry housing and homelessness strategy 2013-18, The Coventry context and the Coventry homelessness review

[xii] Shelter, Shelter factsheet: homelessness.

[xiii] Shelton KH., Taylor PJ., Bonner A., van den Bree M., Risk factors for homelessness: evidence from a population-based study. Psychiatr Serv 2009; 60 (4): 465-72

[xiv] Crisis, Homelessness: a silent killer

[xv] Alexander, A., White, F., Yousaf, H., Knott, G. and Chauhan, V. Provision of healthcare for homeless people in Coventry, Warwick Medical School

[xvi] Gov.uk, Fuel Poverty Statistics

[xvii] Public Health England, public health outcomes framework

[xviii] Public Health England, Local health http://www.localhealth.org.uk/

[xix] New Policy Institute, Cold and poor: an analysis of the link between fuel poverty and low income

[xx] UK Health Forum, Fuel poverty: how to improve health and wellbeing through action on affordable housing.

[xxi] Public Health England, public health outcomes framework

[xxii] ONS, Excess winter mortality in England and Wales 2014/15 (provisional) and 2013/14 (final)

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Skills and education

Early years	65.4% of children aged five at a good level of development	57.4% children eligible for free school meals do not do as well as others	(46%). lowest rates of good development at age five are is in Edgwick in Foleshill
Primary education	95.8%. pupils attending a primary school rated good or outstanding	114th nationally pupils at expected standard for Reading, Writing and maths	Up 9 places on 2016 in expected standard for Reading, Writing and maths
Secondary education	75% of Coventry children are attending a school rated good or outstanding	Improvement from 59% in May 2016	Coventry closed the gap it with the statistical neighbour average of still static at 77%

Educational attainment

Children's educational attainment is primarily monitored at age 5, 7, 11, 16 and 18. That is:

- Early years foundation stage and school readiness at age 5
- Key stage 1 assessments at age 7
- Key stage 2 assessments at age 11
- GCSE (Key stage 4) examinations at age 16
- A-Levels (key stage 5) examinations at age 18

The information below sets out the latest available information, for 2015; but going forward the government is changing the way that educational attainment is reported and new targets will be established later in 2016. However, future data will not be comparable to existing data.

Early years

In summer 2017 there was strong improvement in the proportion of **children aged five at a good level of development, with 65.4%** of Coventry children achieving this level. However improvement across England overall was greater (69.3%) and Coventry's performance remains worse than the national average. That said, Coventry's performance is comparable to local areas with a similar level of need and deprivation as Coventry.[i]

A measure of deprivation is the number of children eligible for free school meals (FSM). While **children eligible for FSM do not do as well as others 57.4%**, it is encouraging that they do better on the whole than the national average for children eligible for FSM 54.4%[ii]. The areas with the lowest rates of good development at age five are Edgwick in Foleshill (46%) and Wood End, Henley Green & Manor Farm (49%).

Primary education

Education, children's services and schools are regulated and inspected by Ofsted. Coventry's primary school performance in the Ofsted league tables of local authorities have significantly improved over the past few years: in 2011/12, Coventry came bottom overall with 42% of pupils attending a school that was rated good or outstanding; and by May 2016, this has improved to 88%, better than the national average of 86% and the statistical neighbour average of 83%. **By October 2017 the rate of pupils attending a school that was rated good or outstanding has improved further to 95.8%.**

This was achieved through continued and sustained work: in early 2013, an area inspection of Coventry schools found that "there is still some way to go in establishing a widely understood and methodically delivered strategy for improvement"[iii] while in 2013-2015, Coventry's education improvement strategy set out a series of school improvement networks, that is, peer-led and peer-supported networks to raise standards in Coventry's schools and academies.[iv]

There was a **9 points increase in percentage of pupils at expected standard for Reading, Writing and maths, from 49% to 58% compared to a 8 point increase nationally to 61%**. The gap with national has therefore narrowed to 3%. Coventry is now ranked 114 nationally – up 9 places on 2016. There are clear inequalities with some key groups, set out below, with notably lower attainment rates than average. These inequalities have some what improved from last year, although the performance of disadvantaged pupils is no different from the national average.

Figure 2 Key stage 2 gaps in attainment between key groups and the city average

Difference between following groups and the national comparator type in achieving expected standard in Reading, Writing and Maths at Key Stage 2.					
Title	Previous Performance (2016)	Half Year 2017/18 or latest data	The difference between Coventry and National Average for the 2017-18	National Average	Progress since last year
Black African	48%	56%	-5%	61%	✓
Black Caribbean	29%	31%	-22%	53%	✓
Black Other	58%	49%	-8%	57%	X
Asian Indian	57%	70%	2%	68%	✓
Asian Pakistani	49%	51%	-5%	55%	✓
Asian Bangladeshi	57%	71%	7%	64%	✓
Asian Chinese	50%	91%	14%	77%	✓
White	49%	58%	-3%	61%	✓
White and black African	44%	71%	9%	62%	✓
White and black Caribbean	42%	46%	-8%	54%	✓
White and Asian	55%	60%	-9%	69%	✓
Any other mixed	47%	60%	-4%	64%	✓
Roma/Gypsy	7%	11%	-5%	16%	✓
Irish	76%	73%	5%	68%	X
Traveller of Irish Heritage	67%	na	na	na	Not Available
Transient	26%	31%	-12%	43%	Not Available
Pupil Premium	38%	46%	-1%	47%	✓
Looked After Children	33%	na			Not Available
Special Educational Needs	11%	-16%	-2%	18%	✓
Boys	44%	54%	-3%	57%	✓
Girls	53%	62%	-3%	65%	✓

Secondary education

As of March 2017, **75% of Coventry children are attending a school rated good or outstanding by Ofsted**. This is **an improvement from 59%** in May 2016. Coventry also closed the gap with the statistical neighbour average of still static at 77% but still lower than the national average of 83%. This improvement in performance is reflected in GCSE results too for 2017. More than half of Coventry secondary schools have recorded improved results in this year's new, tougher GCSE exams in either English or maths. Provisional figures for the city at 19 schools where students took the new style exams suggested that 11 schools improved on last on last year in either English or maths or in some cases both.

Figure 3 Key stage 4 gaps in attainment between key groups and the city average

Difference between following groups and the national comparator type in achieving "Attainment 8" at Key Stage 4.					
Title	Previous Performance (2016)	Half Year 2017/18 or latest data	The difference between Coventry and National Average for the 2017-18	National Average	Progress since last year
Black African	48%	45%	-2	47%	=
Black Caribbean	43%	40%	0	40%	✗
Black other	53%	40%	-2	42%	✗
Asian Indian	55%	52%	-3	55%	✗
Asian Pakistani	49%	42%	-3	45%	✗
Asian Bangladeshi	55%	50%	0	50%	✗
Asian Chinese	59%	70%	8	62%	✓
White	47%	41%	-5	46%	✗
White and Black African	45%	46%	-1	47%	✓
White and black Caribbean	42%	34%	-7	41%	✗
White and Asian	46%	42%	-10	52%	✗
Any other mixed	49%	46%	-2	48%	✗
White Roma Gypsy	20%	20%	2	18%	✓
Transient	42%	34%	2	32%	✗
Pupil Premium	40%	35%	-2	37%	✗
White Boys Pupil Premium	34%	26%	-5	31%	✗
Special Educational Needs	30%	23%	-4	27%	✗
Looked After Children	27%	na		na	Not Available
Boys	45%	39%	-4	43%	✗
Girls	51%	46%	-3	49%	✗

Like at key stage 2, inequalities between groups are evident: it is notable that the inequalities have widened by key stage 4 for disadvantaged pupils and looked after children.

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[i] Public Health England, public health outcomes framework, school readiness

[ii] Public Health England, public health outcomes framework, school readiness free school meals

[iii] Coventry City Council, School improvement networks and system leadership in Coventry: evaluating progress, areas for development and possible next, steps September 2014

[iv] Coventry City Council, Coventry Education Improvement Strategy 2013-2015

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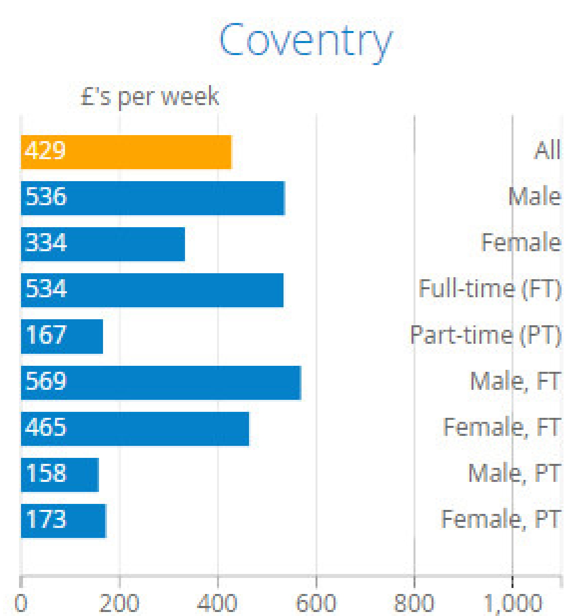
Economy and business

165,800 economically active residents in employment. Highest since 2004	69.9% of people are employed	7.6% self-employed	£429 median full-time gross weekly earnings
68.2% of economically active females in employment	£569 gross weekly pay for full-time working males	£465 gross weekly pay for full-time working females	4.3% of economically active working-age people are unemployed
77.8% of economically active males in employment	26.9% economically inactive population	24,300 inactive students in the city	13,000 economically inactive people who look after the family or home
15% of working age residents do not have qualifications (2014)	30% of working age residents qualified to higher education level (2014)	14,030 people claiming employment and support allowance	

There is a clear association between being in good quality employment and better health. As a proportion of the economically active population, **69.9% of people in Coventry are employed** (compared to 74.4% in Great Britain and 72% across the West Midlands) and **7.6% are self-employed** in Coventry (compared to 10.6% in the UK and 9.50% across the West Midlands). **The Median Full-time gross weekly earnings in Coventry is £429** compared to £514.9 in West midlands and £550.4 in the UK. There is also a gender difference within the city with **77.8% of economically active males in employment** compared to **68.2% of females.** The **gross weekly pay for males living in Coventry and working full-time is £569 and £465 for females**. While higher than the gross weekly pay rates for the West Midlands, the weekly pay rates are lower than compared to Great Britain (£570.40 for males and £471.60 for females). In 2014, 31% of employee jobs in Coventry were part-time and this is a similar level to that seen in the West Midlands and Great Britain.[i]



https://www.ons.gov.uk/visualisations/nesscontent/dvc126/

Across Coventry, **4.3% of economically active working-age people are unemployed** which is better then than that seen within the West Midlands (5.1%) and Great Britain (4.6%). This equates to 7,500 people. There are **165,800 economically active** residents in employment and this is the highest number of people in employment since quarterly records began in 2004. .[ii]

Of the **economically inactive population (26.9%)** in the city, 39% are students and the number of economically inactive students in the city has increased to 24,300 over the last ten years. In addition, there is **13,000 economically inactive people who look after the family or home** in the City.[iii]

Employment and support allowance

There are three levels of employment and support allowance (ESA): support group, assessment rate and work related activity group (WRAG). Those in the work related activity group are considered capable of work at some point in the future and able to take steps towards moving into work.[iv] Just over a fifth (17.7%) of the 14,030 people claiming ESA are in this group as of May 2017, with 15.7% of claimants having their assessment processed.[v]

Across those who are claiming ESA, just under half (47.7%) are claiming due to mental and behavioural disorders with 14.4% claiming due to diseases of the musculoskeletal system and connective tissue. Of those in the work related activity group, 48.6% of claims are recorded to be due to mental health or behavioural conditions.

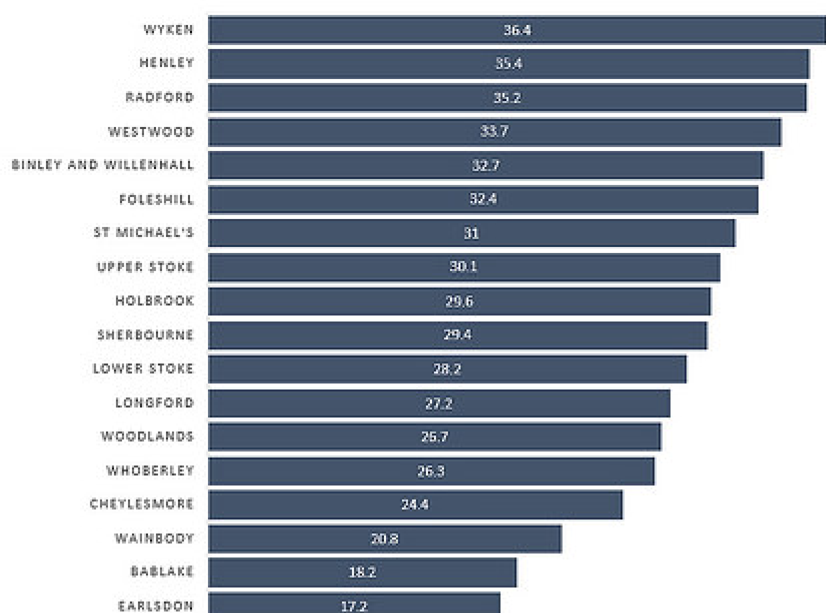
Research from the Institute for Fiscal Studies notes there is systematic growth in the proportion of ESA claimants in any age group with mental and behavioural disorders as the principal health condition behind their claim.[vi] Perhaps to be expected, the report indicates that physical health problems become more prevalent as claimants age and a higher proportion of ESA claims of younger men and women relate to mental and behavioural disorders. This demonstrates the importance of focusing on interventions that support mental wellbeing when people are progressing towards the labour market.

Jobseekers allowance

As of October 2017, there were 2745 people claiming jobseekers allowance (JSA), that's is a rate of 1.2 per 1,000 residents.[vii] However, this is not considered an official measure of unemployment as not all people who are unemployed will claim JSA and this is further complicated by welfare reform which has meant that a proportion of ESA claimants have been found fit to work and moved onto JSA, along with the effects of claimant commitments required to access JSA which has seen an increase in the number of sanctions limiting access to this benefit.

There is employment inequality within the city, with 35.4% of Henley working-age residents claiming out-of-work benefits for over 12 months as of November 2017 (including Employment and Support Allowance) compared to 17.2% of those in Earlsdon in the same period.[viii]

Percentage of total number of out-of-work benefits claimants for over 12 months



Impact of welfare reform

Since April 2013 there has been a series of on-going reforms to welfare and it has been difficult to demonstrate the impact of these reforms to Coventry due to accessibility of data. Nevertheless, the total value of benefits that can be claimed had previously been capped at £26,000 which affected 127 households (as of July 2015). There are plans to reduce the cap to £20,000. It is unknown how many households across the city will be affected as it is not known how many households receive benefits between £20,000 and £26,000 in total.[ix]

It has already been noted that 21.3% of those claiming ESA are in the work related activity group and there are proposals for the level of benefit claimed by this group of claimants to be aligned to the rate claimed for JSA. This will represent a 30% cut in benefits.

Furthermore, it has also been suggested that those aged between 18 and 21 will not be automatically entitled to claim housing benefit. As of July 2015, there were 832 housing benefit claimants aged between 18-21 years across the city.[x] This offers only an indication of the possible impact of this welfare reform and it has been suggested that vulnerable people will be excluded from this reform, consequently, the impact of this on Coventry is not yet known.

While the effects of the full package of welfare reform cannot be demonstrated as yet, this is something that will need to be monitored to understand the impact on the social determinants of health and inequality in the city.

Wider economic performance

Coventry's 2016 Economic Review notes that after the recession, job creation broadly had little impact on employment levels in the city. However, from 2012 to 2016, resident employment levels have increased which suggests more residents have moved from unemployment into employment rather than becoming economically inactive.[xi]

At £22,165 per head in 2015, Coventry's GVA compares well to the average of £20,942 across the WMCA, but compares to £27,291 in Warwickshire and £26,159 in England. GVA growth across the West Midlands has grown slower than nationally. [xiii]

The Council's Jobs and Growth Strategy has the objective of ensuring that businesses continue to recognise Coventry as the right place for them to invest.[xiv] In particular, there is also a focus on young people and improving the skills levels of local residents. 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%). However, just under a third (**30%) are qualified to higher education level** (January-December 2014), while this is higher than the level seen in the West Midlands (29%), it is lower than that seen in England (36%).[xv]

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[i] Nomis, Labour market profile- Coventry

[ii] Coventry Headline Statistics

[iii] https://www.nomisweb.co.uk/reports/lmp/la/1946157187/printable.aspx

[iv] Gov.uk, Carers and disability benefits, employment and support allowance

[v] Nomis, DWP benefits, benefit claimants, employment and support allowance

[vi] Banks, J., Blundell, R. and Emmerson, C., Disability Benefit Receipt and Reform: Reconciling Trends in the United Kingdom Journal of Economic Perspectives, Volume 29, (2), pp. 173–190

[vii] Nomis, DWP benefits, benefit claimants, employment and support allowance

[viii] Department for Work and Pensions, Working age client group data, and Local government inform plus, Adults (16-64) population

[ix] Coventry City Council, The Impact of the July 2015 budget on Coventry infographic

[x] Coventry City Council, The Impact of the July 2015 budget on Coventry infographic

[xi] file:///C:/Users/cvali312/Downloads/Coventry_Economy_jan_2017.pdf

[xii] Coventry City Council, Council Plan 2015/16 end of year performance report

[xiii] Coventry Council Plan 2017-18 half year Performance Report

[xiv] Coventry City Council, Jobs and growth strategy.

[xv] Coventry City Council, Coventry headline statistics

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Crime and violence

Reported and recorded incidents of violence

Data from 2016/17 indicates that there were **15.5 recorded violent crime incidents (including sexual violence) per 1,000 people** in Coventry. The rates are lower than national and regional figures; England (20.0) and the West Midlands (19.7).[i]

Regarding **hospital admissions for violent crime** (including sexual violence) for 2014/15 to 2016/17, Coventry's figures are **58.7 per 100,000 of the population**. This is higher than the West Midlands (41.4) and England (42.9). When compared to areas of a similar level of deprivation, it can be seen that Coventry has the fifth highest rate of hospital admissions for violent crime (out of 15 local authorities).

Domestic violence and abuse

Domestic abuse is defined as incidents of threatening behaviour, violence or abuse of any sort between adults, aged 16 years or above, who are family members, or previous or current partners.

There has historically been under-reporting of domestic violence and abuse. Improved working by the police and other agencies are encouraging people to report the crime. There has been an increase in domestic violence and abuse cases involving children, and this is thought to be the result of better recording - the risk, harms and threats to children are better identified and recorded, enabling agencies to respond to the needs of families and intervene earlier as required.

Data from the West Midlands Police shows that there were **5,771 incidents of domestic violence and abuse** recorded between April 2016 and March 2017. This is a reduction of 201 incidents (-3.4%) from the same time period in 2015/16. These included both crime and non-crime incidents.

When looking at the rates of **domestic violence and abuse recorded** by the police, this stands at **24.8 recorded crimes per 1,000 of the adult population in 2016-2017**, an increase from 21 in 2015/2016, 19 in 2013/14 and 13 in 2012/13. This level is broadly similar to the reported level for England and the West Midlands.[ii]

An increase in these figures is seen to be a result of improvements in the identification and recording of incidents, and may also be attributed to activities encouraging reporting. Such an increase is also seen in other areas of the West Midlands and at a national level.

- **Find out more on the profile for domestic violence and abuse**.

Sexual violence

Similar to incidents of violence, this indicator only include crimes that have been reported to and recorded by the police. In 2016/17, Coventry had a rate of **1.6 sexual offences per 1,000 population**, which is lower than West Midland's 2.0 and England's 1.9 .For both Coventry and England, there has been a trend of yearly increase since 2010/11. [iii]

As noted in the review of the Health and Wellbeing Strategy for Coventry, this increase can be attributed to a range of possible factors. There has been wider encouragement for those who have experienced sexual violence to report these crimes. It has also been noted that there has been an increase of disclosures of historic sexual abuse and so an increase in the reported numbers should be seen as an improvement as crimes which may have gone unrecognised are now being reported. [iv]

[i] Public Health England, public health outcomes framework

[ii] Public Health England, public health outcomes framework

[iii] Public Health England, public health outcomes framework

[iv] Coventry City Council, Joint health and wellbeing strategy for Coventry 2012- review

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Inequalities

Inequalities

People who live in some parts of Coventry have worse health prospects than those who live in other parts of the city. Reducing these variations across the city is the key component of Coventry's participation as a Marmot city.

Marmot

The Marmot Review, *Fair Society: Healthy Lives,* notes that "people with a higher socioeconomic position in society have a greater array of life chances and more opportunities to lead a flourishing life".[i] The social determinants of health refers to the conditions in which people live, including where someone is born, where they live and whether they are in employment; these conditions are influenced by an array of external factors, including social and economic policies and have an impact on the health and social outcomes attained.[ii]

Coventry is one of seven cities in the UK which was invited to participate in the UK Marmot Network and become a Marmot city, ensuring the activities of Coventry City Council and our partners are focused on reducing health inequalities across the city. Coventry City Council has committed to work with partners across the city and revise its Marmot strategy which will be progressed over the next three years.

Reducing inequality across Coventry will have an impact on the life chances and health outcomes of people across the city. Understanding inequality, both its impact and what contributes to inequality across the city, will help support the identification of priorities and ensure that resources are effectively targeted. The following sections intend to explore the nature of inequality across the city.

- **Find out more about Marmot**.

English indices of deprivation

The English indices of deprivation is a measure of relative deprivation in small areas in England. It looks at deprivation across a set of various domains, including employment, income, health, education, crime, access to services and the living environment.[iii] It is important to note that this measure only acts as a broad indication of which areas could be prioritised to address multiple deprivation. An area has a higher deprivation score than another if it has a higher proportion of people who are considered deprived.

When English local authorities are ranked in terms of 'how deprived' the most deprived 10% of the local population are, Coventry is ranked as 38th most deprived. When considering the proportion of small neighbourhoods that are identified as the most deprived 10% in the England, Coventry is the 46th most deprived local authority. When looking at rankings, Coventry is ranked lower when looking at the proportion of most deprived neighbourhoods in each area, while the city is ranked higher when an average across the whole city is used. This demonstrates inequality across the city. For example, when looking at an average of scores across the city, Coventry is ranked 54th, demonstrating a 'better performance' than when looking at the proportion of neighbourhood's population considered to be the most deprived 10% in England.

- **Read the English indices of deprivation reports**.

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[i] UCL Institute of Health Equity, Fair Society, Healthy Lives: The Marmot Review

[ii] World Health Organisation, Social Determinants of Health

[iii] Coventry City Council, The English indices of deprivation 2015, Summary for Coventry

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Life expectancy

Life expectancy at birth

As of 2014-16, Coventry's **life expectancy at birth is 82.4 years for females and 78.5 years for males**.[i] Life expectancy in Coventry is lower than the national average (83.1 for females and 79.5 for males), but is at the level expected given the city's level of deprivation. However there remains a wide inequality gap: a man from the most deprived area in Coventry can expect to die 9.4 years younger than one from the least deprived area; and for a woman, the difference is 8.7 years. This compares to national figures of 9.2 and 7.0 respectively. Premature mortality (deaths under the age of 75) is higher in Coventry because of higher rates of premature mortality from cardiovascular disease, cancer and respiratory disease. Wards with poorer outcomes include Longford, Lower Stoke, Upper Stoke, Binley and Willenhall, Radford, St. Michael's, and Foleshill.

www.coventry.gov.uk/infoandstats/

- **Male life expectancy at birth**
- **Female life expectancy at birth**

Disability-free life expectancy

While life expectancy is increasing, data indicate that for males, disability-free life expectancy is decreasing and a similar trend has been demonstrated for women, however the difference is not as great.[ii] This indicates that while there have been improvements in life expectancy rates, these have not been matched by increasing the amount of time people spend in good health which may have an impact on service demand and quality of life. Further work to understand the relationship between increasing disability-free life expectancy and the effects this has on life expectancy may be a further area of analysis.

Healthy life expectancy at birth

In terms of healthy life expectancy, that is, years a person would expect to live in good health based on mortality rates and self-reported good health, the figures for Coventry in 2014-16 are 62.2 years for males and 62.9 years for females. While this is higher than West Midlands region's figures of 62.6 years (males) and 63.2 years (females), it is below the England figures of 63.3 (males) and 63.9 (females) respectively. The West Midlands Combined Authority is committed to increase healthy life expectancy to 62.3 years for males and 63.9 years for females by 2030.[iii]

Healthy life expectancy in Coventry 2009-2013

Coventry's bus route 10 crosses the city's more affluent and more deprived neighbourhoods.
This helps to illustrate the stark differences in healthy life expectancy across the city –
a gap of 16 years for males and 15 years for females.

20 December 2017

www.coventry.gov.uk/infoandstats/

What drives inequality in life expectancy?

By looking at data about the causes of death, it is possible to identify priorities that can have the greatest impact on reducing health inequalities.

Figure 4 Life expectancy gap between Coventry as a whole and England by broad cause of death 2010-2012 below indicates the contribution each broad cause of death has on the discrepancy in life expectancy between Coventry and England. When comparing Coventry with England, it can be seen that cancer has the greatest contribution to the gap in life expectancy for females, 43.9% of the gap in life expectancy is attributed to cancer, with respiratory disease contributing to 14.1% of the life expectancy gap.

Compared to females in Coventry, circulatory disease, including coronary heart disease and stroke, has a bigger effect on the life expectancy gap between males in Coventry and England. Cancer also has a smaller impact when compared to females at 9.9%. However, respiratory disease has a greater contribution at 26.5%.

When looking at the factors that contribute to the gap in life expectancy for males, if the most deprived quintile had the same mortality rates attributed to respiratory diseases as the least deprived quintile, then data indicate that 1.68 years could be added to life expectancy.

It can be seen that digestive diseases, which also include alcohol-related conditions such as chronic liver disease and cirrhosis, explain 14.1% of the gap in life expectancy, which is higher than that seen for females (8.9%). If rates of digestive disease were the same in the most deprived quintile as the least then this would add 1.1 years to life expectancy for males across the city.

This is also supported by looking at data which identifies the life expectancy gained if the most deprived 20% of neighbourhoods had the same mortality rates for causes of death that are wholly attributable to alcohol as the least deprived 20%. It can be seen that males would benefit from an average of 0.59 years gained compared to 0.23 years gained for females.[iv]

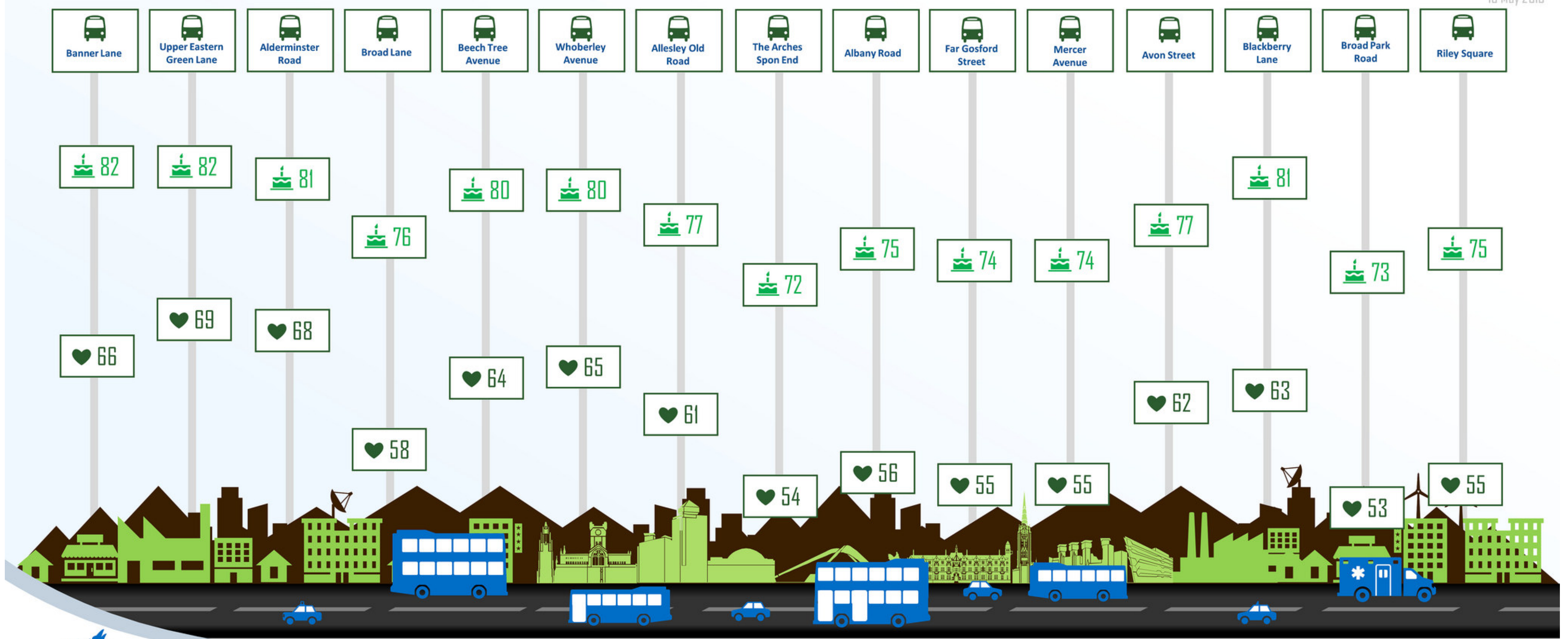
In line with the Marmot principle that health is socially determined, there are greater gains to be made in life expectancy if the gaps between the most and least deprived quintile in the city are addressed.

The gap between Healthy life expectancy at birth and Life expectancy at birth

Healthy life expectancy vs Life expectancy at birth for Coventry Males 2009-2013

Coventry's bus route 10 crosses the city's more affluent and more deprived neighbourhoods.
This makes it useful to help illustrate the stark differences in life expectancy and healthy life expectancy across the city.

18 May 2018



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Healthy life expectancy vs Life expectancy at birth for Coventry Females 2009-2013

Coventry's bus route 10 crosses the city's more affluent and more deprived neighbourhoods.
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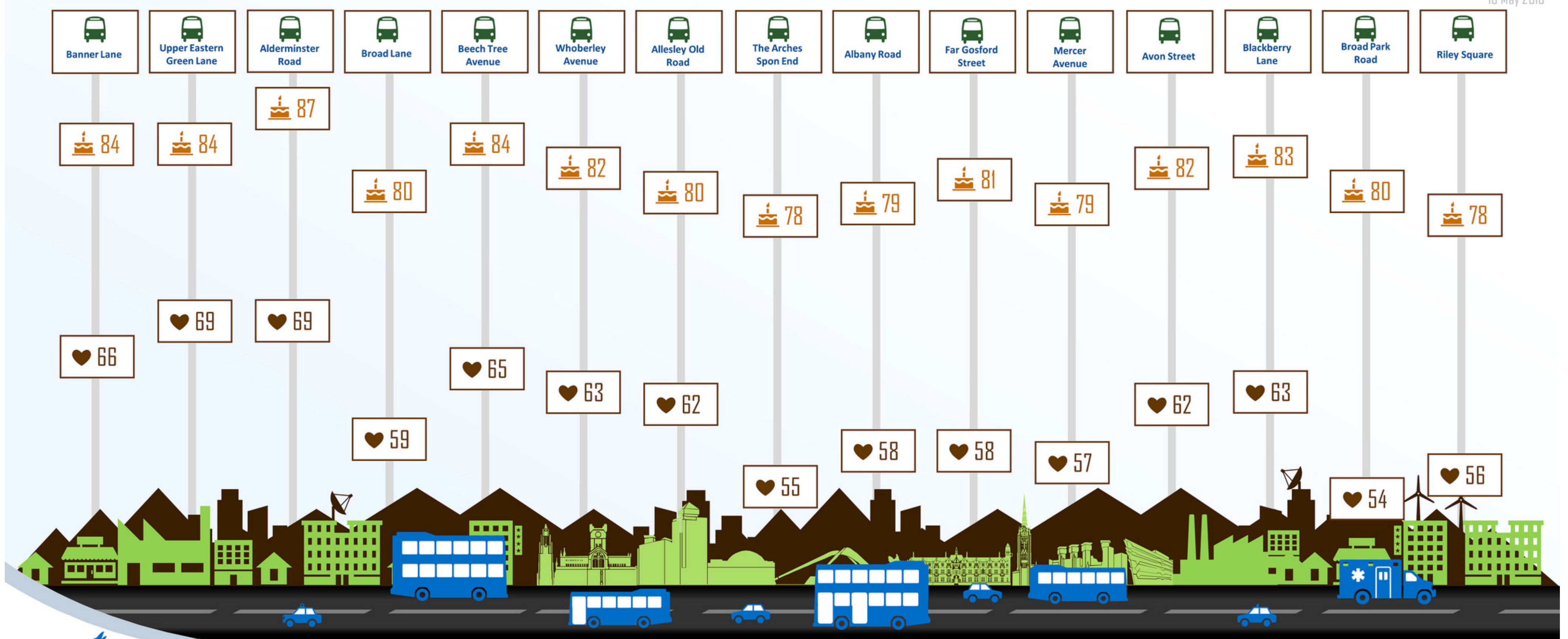

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Between 2009 and 2013, the average difference between life expectancy at birth and healthy life expectancy at birth in Coventry is 16.8 years for males, and 20.7 years for females. Based on the 2009-2013 data, even though females on average live 4.3 years longer than males, their healthy life expectancy is only 0.5 years longer than males.

Given that the average life expectancy for males between 2009 and 2013 was 77.8 years, this means they would enjoy good health for approximately 78% of their lives. For Coventry females then, despite having a higher average life expectancy at 82.2 years, they have a comparatively lower percentage of life in good health at 75%.

---

[i] Public Health England, public health outcomes framework

[ii] ONS, Sub-national health expectancies, disability-free life expectancy by upper tier local authority: England 2009-11

[iii] **Council Plan end of year performance report**

[iv] Public Health England, The segment tool 2015- segmenting life expectancy gaps by cause of death

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Vulnerable children and young people

Looked after children and safeguarding

Looked after children

Looked after children are children in the care of the local authority, either under a care order issued by the court, or voluntarily accommodated under arrangements with their parents/guardians. They may be placed in a number of settings for instance, with parents or relatives, with foster carers, or in a residential setting.

According to the Department of Education, as of March 2017, there were **620 looked after children in Coventry; a rate of 81 per 10,000 children**. This compares to 75 in the West Midlands Region and 62 in England.**[i]**

Children subject of a child protection plan

Children are made the subject of a child protection plan (CPP) when they are considered to be at risk of physical, sexual or emotional harm or neglect. Nationally the numbers have increased. It is unclear whether the rise in numbers is due to changes in the thresholds, increased awareness & referrals to social care due to the media coverage of high profile cases, or whether there has been an increase in the neglect, abuse or misuse of children.

According to the Local Authority Interactive Tool (LAIT), there were **510 children with a child protection plan** in Coventry in 2017.**[ii]**

Educational attainment and employment outcomes

In 2016, 14% of Coventry children looked after continuously for at least twelve months achieved five or more A*-C GCSEs including English & Maths; lower than to regionally (17.1%) and nationally(17.50).**[iii]**

In 2015, 51% of care leavers are not in education, training or employment.This compares to regionally (41%) and nationally (39%).

It is suggested that placement moves, and related placement instability can impact on the psychological, social and academic outcomes achieved by a looked after child and can also inhibit the development of secure attachments.[v] Therefore, further understanding of the experiences of those who previously have been looked after children will identify the impact this has had on their outcomes.

Health assessments

Under the performance assessment framework, local authorities in England are monitored on the uptake of annual health checks for children who were being 'looked after'. Children who have been looked after for 12 or more months are expected to have a health assessment. The health checks are a key tool in ensuring the health needs of all looked after children are identified. Initial and annual health assessments are important to ensure prompt identification of pre-existing, emerging and changing health needs.

In 2017, 90.5% of children looked after continuously for 12 months or more had up-to-date health assessments, down from 94.7% in 2014/15. This, however, may represent an administrative delay. The equivalent figures for **dental assessments is 77.3%**, down from 92.2% in 2014/15.[vi]

In terms of immunisation, 2014/15 data show that 84.8% of looked after children who have been looked after for at least 12 months were up to date in terms of their immunisations compared to 84.1% in the West Midlands and 87.8% in England.[vii]

Pupils receiving free school meals

In 2014, universal free school meals were introduced for all pupils in reception or years 1 and 2 in state-funded schools and this has meant that parents of infants do not have to register to get free school meals, nevertheless, schools and parents are still urged to register as eligible for Free School Meals as this is a criterion for the pupil premium payment.

In 2016, 17.8% of pupils in Coventry are eligible for, and claiming Free School Meals, compared to 16.9% in the West Midlands and 14.3% in England.[viii]

Special educational needs (SEN)

The number of pupils with special educational needs (SEN) has increased from 1,228,785 in January 2016 to 1,244,255 in January 2017. While this is the first annual increase since 2010, the percentage of pupils with special educational needs remains stable at 14.4%.

The most common primary types of needs have remained the same as in 2015, and 2016 that is, 25.2% of pupils on SEN support have Moderate Learning Difficulty as a primary type of need; and 26.9% of pupils with a statement or EHC plan have Autistic Spectrum Disorder as a primary type of need.[x]

In 2017**, 13.2% of pupils in Coventry have a statutory plan of SEN (statement or EHC plan) or are receiving SEN support (previously school action and school action plus). This compares to a national average of 11.3%**.[xi]

Across England, the proportion of pupils with statements or education, health and care (EHC) plans ranges from 0.8% to 4.5%. **Coventry has a value of 2.3% (2017),** compared to a national average of 2.8%.

Looked after children with SEN

In Coventry, **looked after children that are on SEN support stands at 37.7%** compared to 30.1% in all English Metropolitan boroughs and 31.80% in the West Midlands. **Looked after children that have a statement of SEN or EHCP stands at 25.%** compared to 27% in all English Metropolitan boroughs and 24.2% in West Midlands.

Children in need with SEN

Children in need are legally defined as children who need local authority services to achieve and maintain a reasonable standard of health or development. These are also children who need local authority services to prevent further harm to their health and development and also children who are disabled.

In Coventry, **29.1% of children in need are on SEN support** and **12.2% of children in need have a statement of SEN or EHC plan (in 2016)**. This compares to In all English metropolitan boroughs, 26% of children in need are on SEN support and 20.7% have a statement of SEN or EHC plan

and in the West Midlands 24.7% of children in need are on SEN support and 19.9% have a statement of SEN or EHC plan

SEN support primary need

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for them. All pupils with SEN have an assessment of their primary need. The following charts show the breakdown of need in Coventry by primary (Figure 7), secondary (Figure 8) and special schools (Figure 9), compared to the national averages and ranked by prevalence.

Figure 7 SEN Primary Need: Primary Schools (2017)

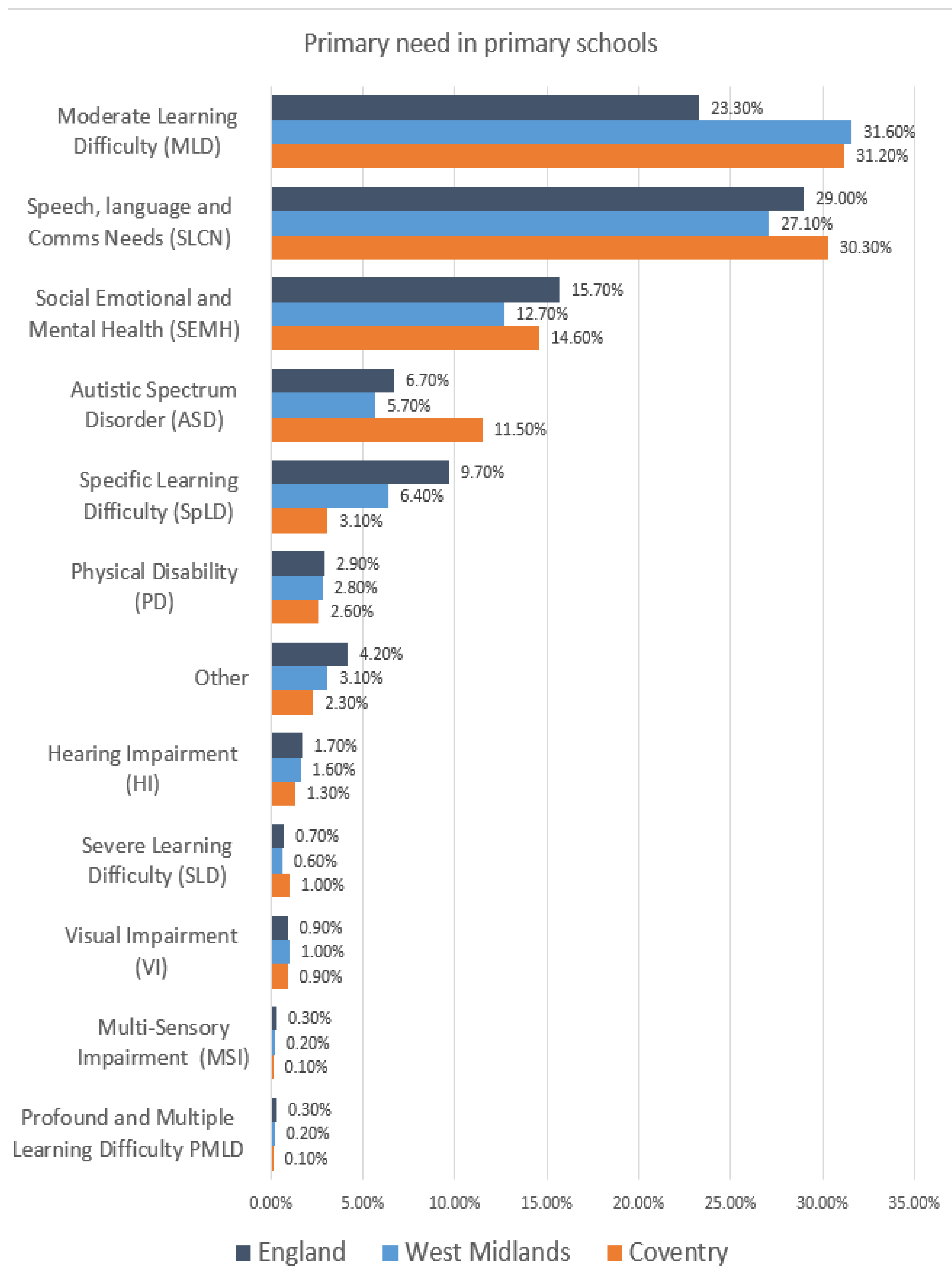


Figure 8 SEN Primary Need: Secondary Schools (2017)

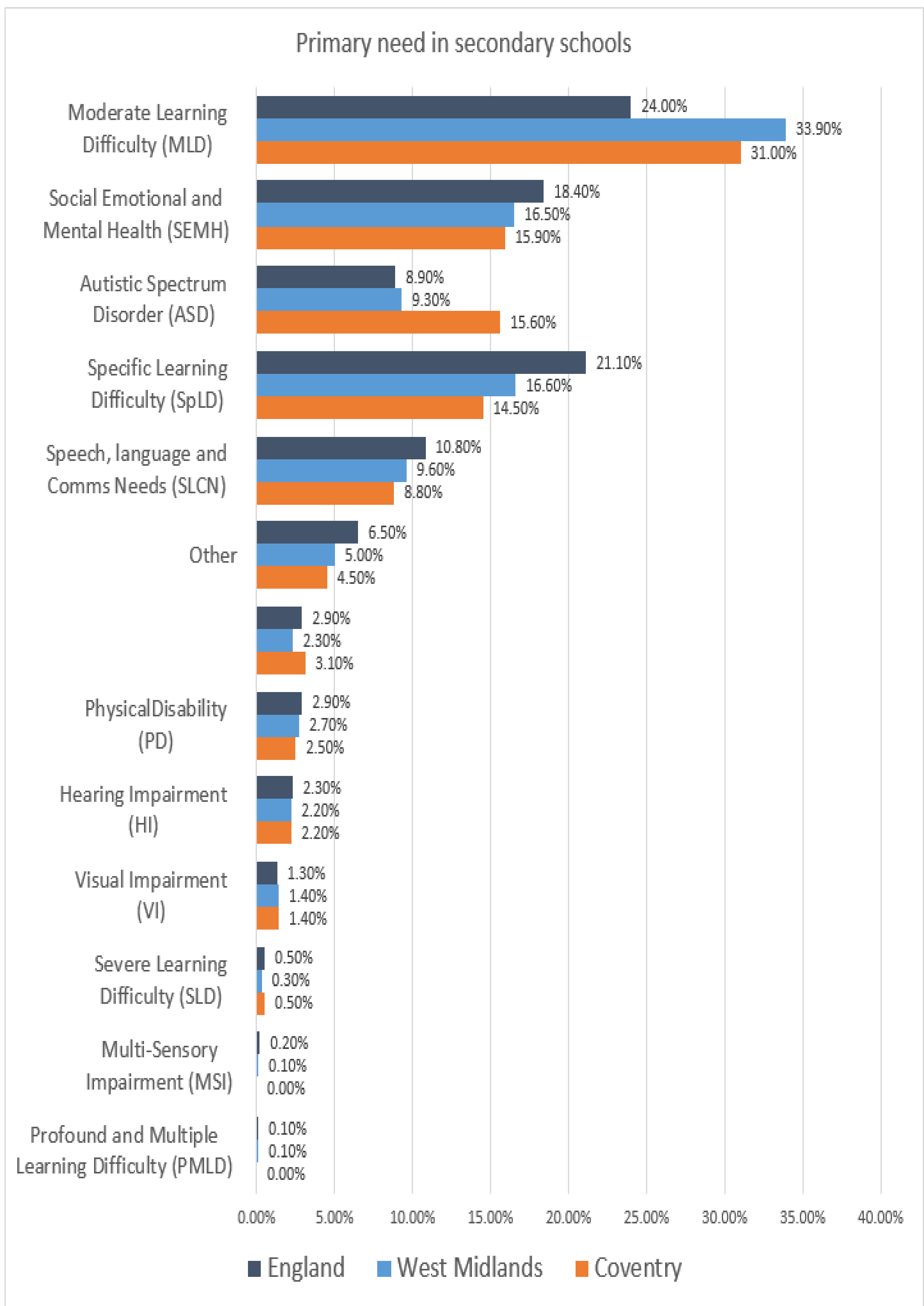
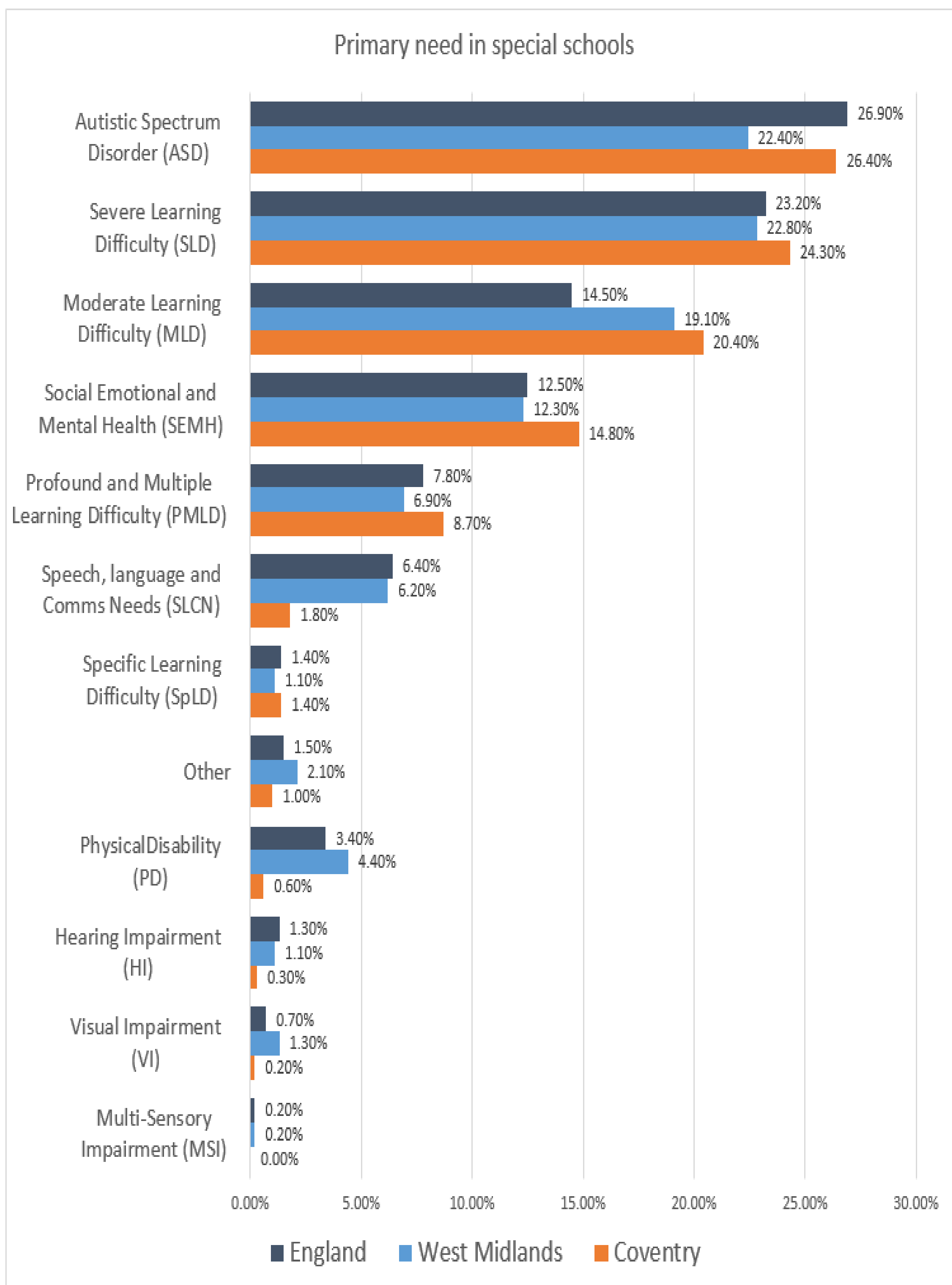


Figure 9 SEN Primary Need: Special Schools (2017)



Child poverty

Marmot suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.

Under the Child Poverty Act (2010), a household is said to be in relative poverty when their income is less that 60% of the current median income. [xii] This figure stands at 18.4% before housing costs have been considered.[xiii] Child poverty differs significantly between wards: in St Michael's, 47% of children are in relative poverty after housing costs; whereas in Earlsdon, 9% meet this criteria.

25.10% of children in Coventry are in relative poverty and living in low income households.

See also:

- **Profile on child poverty**

Teenage pregnancy and teenage parents

Teenage pregnancy is associated with negative impacts on outcomes, not just for the parent but also the children. Teenage parents are prone to poor antenatal health, lower birth weight babies and higher infant mortality rates; and their health, and that of their children, is likely to be worse than average. National research shows that the majority of teenage parents and their children live in deprived areas and often exhibit multiple risk factors for poverty, experiencing poor health, social and economic outcomes and inter-generational patterns of deprivation.[xiv] Teenagers who become pregnant are more likely to drop out of school, missing a key phase of their education, leading to low educational attainment and no or low-paying, insecure jobs without training.[xv] In addition, the children themselves run a much greater risk of poor health, and have a much higher chance of becoming teenage mothers themselves.[xvi]

In Coventry, data indicates that, in 2016, there were **26.6 (down from 39.5 in 2013) conceptions per 1,000 women aged 15-17 years**. In total this equates to 143 teenage conceptions in Coventry. .[xvii] This is higher than the levels seen in the West Midlands (21.4) and England as a whole (18.8) . The teenage conception rate has been reducing significantly over the previous years. The rate of teenage conceptions is known to be ten times higher in the most deprived areas. There are **5.5 conceptions per 1,000 females aged 13-15 years compared to 4.3 in West Midlands and 3.7 in England**. Following national trends, the under 18s (Figure 10) and under 16s (Figure 11) conception rate, and in particular, the decrease in under 16s conceptions are closing on the national rate.

Figure 10 Conceptions to under 18s

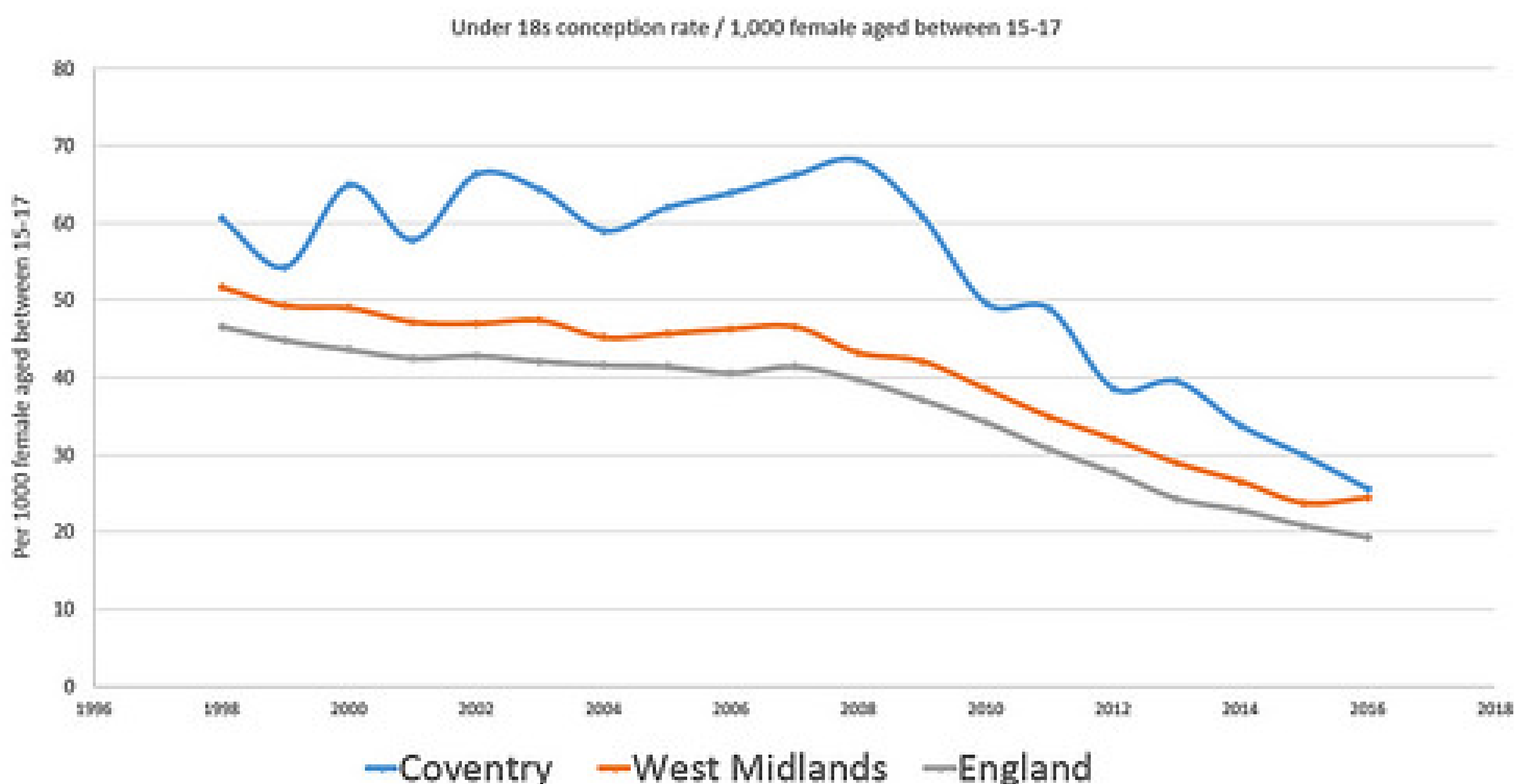
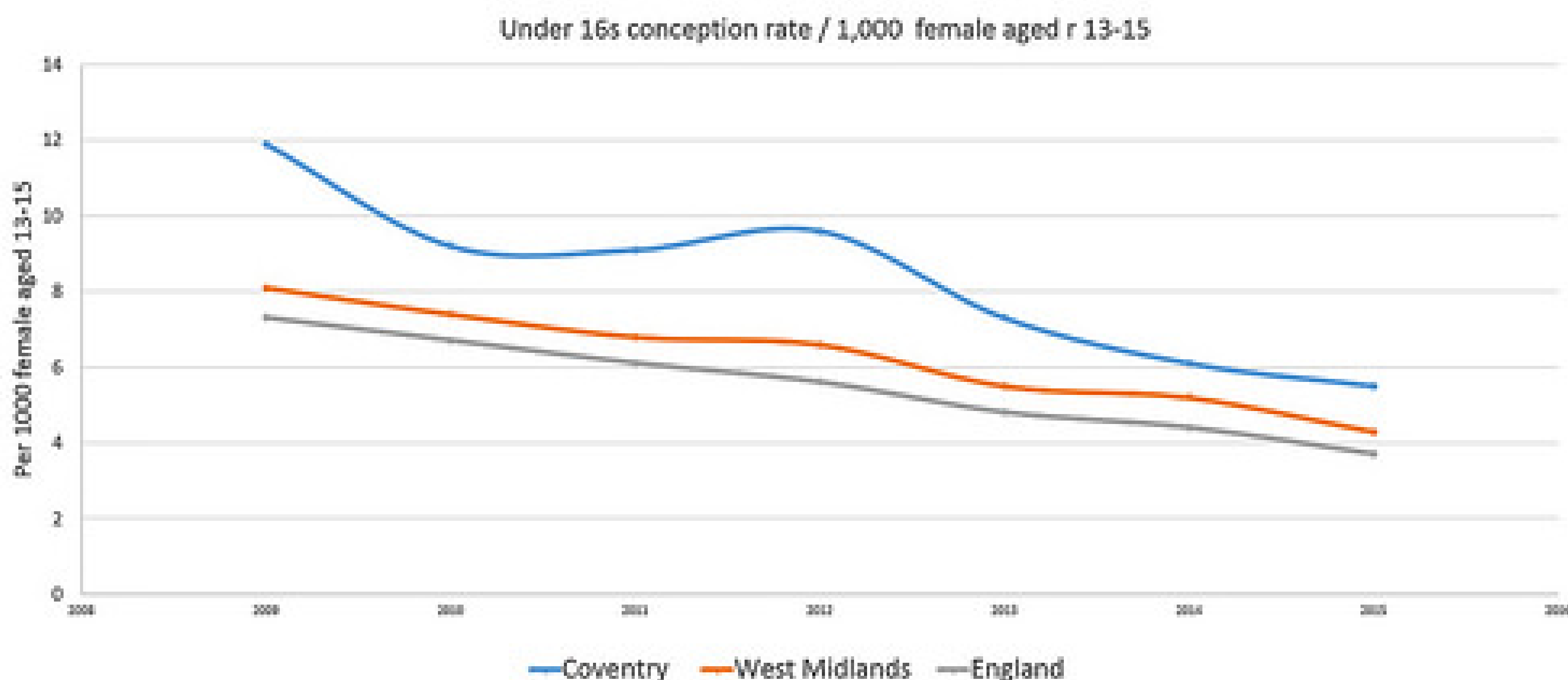


Figure 11 Conceptions to under 16s



Young people not in education, employment or training (NEET)

The proportion of 16-17 year olds estimated to be not in education, employment or training (NEET) is 6.8% in 2016, compered to West Midlands Region (7.3%) and England (6%).[xviii] Note that young people not known to their local authority are excluded from these figures, nor are young people who are taking a gap year or who are in custody.[xix] Consequently, in areas where there is a high number of 'unknowns' such estimates are likely to be less accurate.

School leavers who are NEET are no longer developing their skills and thus are more likely to suffer from low pay at work, both now and in the future. Having poor, or no, qualifications have a significant impact on future employability. It is known that being NEET for longer than 6 months is associated with an increased risk of having a criminal record, and of poor health and depression in the future.[xx] There are greater levels of young people who are NEET in more deprived areas; while other factors that increase the risk include learning disabilities, parenthood and having responsibilities as a carer.[xxi]

In April 2016, Prospects, a careers guidance organisation, was jointly commissioned by Coventry City Council and Warwickshire County Council to monitor and respond to the needs of NEETs.[xxii]

Child sexual exploitation and female genital mutilation

Although the true extent of sexual violence, exploitation and female genital mutilation (FGM) is unknown, Coventry has the highest number of reported sexual assault offences per person in the West Midlands, 8.5% more than the second most affected regional area (Birmingham). It is estimated that approximately 42,460 adults living in Coventry have been victims of sexual violence at some stage of their adult lives, and there are an estimated 10,000 victims of rape and sexual abuse in the 0-16 year age band. Data for the prevalence of FGM is limited, but according to the 2011 Census data 3% (868) children aged 0-15 and 7% (5,422) women aged 16-49 living in Coventry were born in regions likely to be affected by FGM, and approximately 1.2% of women accessing UHCW's delivery services in 2014/15 were affected by FGM.

Sexual violence and exploitation, FGM and domestic violence have serious and long term health and social impacts on individuals and the Council deliver a range of programmes, services and interventions to prevent sexual violence, exploitation and FGM taking place and to support victims of domestic violence, sexual violence and FGM.[xxiii]

Child sexual exploitation

Child sexual exploitation (CSE) is a form of sexual abuse where a child or young person is exploited and receives something in 'exchange' for sexual activity. There is no specific criminal offence of CSE, however it can include other offences such as sexual assault, trafficking and abduction.[xxiv] Across the West Midlands region, 754 children have been identified as being at risk of CSE and 15% of children identified were seen to be at the highest level of risk.

The Council commission a sexual violence support service, which is provided by CRASAC and provides free and confidential support and information to anyone from the age of 5 years old who has been affected by sexual violence, including victims, parents, partners, supporters and professionals. The service provides a telephone helpline, counselling provision, independent sexual violence advisor (ISVA) support, and befriending and mentoring. Support from CRASAC enables victims of sexual violence to improve their confidence, know their rights, where to access help and support and results in a reduction of symptoms such as panic attacks, sleeping difficulties and improvements in other aspects of health and wellbeing.[xxv]

Since March 2015 there has been a multi-agency CSE team, Horizon[xxvi], which is made up of social workers, children and family workers, police and more recently a health worker. Horizon have been involved in awareness raising sessions for neighbourhood policing teams, taxi drivers, hotel staff, licensed premises staff, pharmacist and GPs. Training has also been delivered to place based services within the local authority to encourage a more joined up approach, with CSE now being a standing item at several place based meetings. In March 2016, Horizon also launched the CSE pledge urging both organisations and individuals to know the signs of CSE and how to report concerns. The awareness raising is critical as there is a need to understand the scale of the problem in order to tackle it effectively. Over the past 12 months, due to the success of the awareness raising, there has been a steep upward trajectory in relation to the number of children that are being identified as being at risk, or experiencing CSE. Where young people are identified Horizon staff work with the young person to build an enduring relationship to reduce the risk around that young person. Changes in risk are carefully monitored to ensure that the work of the team is effective; between May 2016 and June 2016 the risk for 55 young people reduced.

Disruption of locations and offenders is critical if CSE is to be tackled. The team have secured a number of innovative civil orders by working closely with the police and community safety, including: securing a Public Space Protection Order (PSPO) at a known local hotspot. This was reported positively by the local media and re-enforced the message that CSE will not be tolerated in Coventry; and securing a risk of sexual harm order in respect of an individual who was deemed to be risky to children.

- Learn about Coventry Horizon at **www.coventry.gov.uk/coventryhorizon/**.

Female genital mutilation (FGM)

FGM is a complex issue. It is illegal in the UK to undertake FGM, or to take a British national or a permanent resident abroad for FGM to be carried out. However, despite the harm it causes, some people from practising communities see it as a part of their cultural identity.[xxvii]

Estimates suggest that, at a national level, 137,000 females live with FGM and it is suggested there are 60,000 girls aged 13 and under who are at risk of FGM.[xxviii]

Between April 2014 and February 2017, it was identified that **27 women who accessed University Hospitals Coventry and Warwickshire midwifery services had been affected by FGM**. This equates to 0.43% of births, out of a total of 6252 births during that time period.[xxix]

In addition, since October 2015, regulated health and social care professionals and teachers in England and Wales have been required to report known cases of FGM in those aged under 18 years. **From April 2016 to April 2017, West Midlands Police received 146 such referrals, with 20 of these referrals originating from Coventry**.[xxx]

Coventry City Council was the first Council to support a motion to condemn FGM. Since then a number of actions have been taken to gather knowledge an intelligence on the extent of FGM in Coventry and to tackle FGM through addressing the barriers faced by professionals and engaging with communities to change attitudes.

Coventry City Council commission Coventry Haven (in partnership with CRASAC and Birmingham and Solihull Women's Aid) to provide a specialist FGM service, which is designed to prevent FGM through: the development of a city wide FGM awareness campaign, designed by community members and young people, which includes information leaflets and electronic resources; providing bespoke training to professionals, young people and communities practising FGM; focusing on asset building within communities to develop their skills to tackle FGM; and empowering frontline professionals, affected girls and young women through developing support groups, community engagement and training.

The service has now been running for over two years, and from June 2015 to February 2016 recruited 21 volunteer community champions from ten different countries of origin who are working with communities to raise awareness and change attitudes to FGM. The service has also attended over 50 community groups and provided over 20 training sessions to around 400 professionals and community group members. The service has also provided one to one support to 26 people who have experienced FGM. The service will run until the end of May 2017, with an evaluation planned to take place next year.

The Council's public health team have worked along with the CCG and safeguarding board to update policies and procedures to ensure that consistent messages are cascaded to frontline staff, and to develop and implement FGM risk assessment tools.

In addition, the Council have supported Coventry University in their development of a web app, 'Petals', for young people. Researchers at Coventry University have created the new app, endorsed by the NSPCC, to help protect young girls and women from female genital mutilation (FGM). The app, which works across most mobile devices such as smartphones, tablets and lap tops via an internet browser, is aimed primarily at young girls living in affected communities and at risk from FGM. Coventry City Council have now commissioned Coventry University to produce a new web app, 'Petals for professionals' which includes information on the signs that someone may be at risk of FGM, how to have appropriate conversations, and more information about the mandatory reporting requirements.

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[i] **Gov.uk, Children looked after at 31 March, by local authority** (comparator data) and Council Plan 2015/16 end of year performance report

[ii] **Local Authority interactive tool (LAIT)**

[iii] **Local Authority interactive tool (LAIT)**

[iv] **Gov.uk, Children looked after in England, including adoption.**

[v] **Research in practice, fostering and adoption, placement stability and permanence**

[vi] **Coventry City Council, Children's Services Performance 2014-15 and 2015-16 (draft report to Scrutiny Board 2, based on February 2016 data, 14 April 2016)**

[vii] **Gov.uk, Children looked after in England including adoption: 2014 to 2015, data by local authority** (comparator data) and **Children's Services Performance 2014-15 and 2015-16 (draft report to Scrutiny Board 2, based on February 2016 data, 14 April 2016)** (local data)

[viii] **Public Health England, Free school meals: uptake amongst all pupils**

[x] **Gov.uk Statistical First Release Special educational needs in England: January 2016**

[xi] Local Area SEND Report, July 2017

[xii] Gov.uk, 2013 Children in low-income families local measure

[xiii] Coventry City Council, Council and democracy, performance, child poverty

[xiv] Department of Health, Teenage pregnancy strategy: beyond 2010

[xv] Mayhew, E. and Bradshaw, J., (2005), Mothers, babies and the risks of poverty. Poverty No.121 p13-16

[xvi] Teenage Pregnancy Atlases, Forecasts and other Resources

[xvii] Headline Statistics March 2018

[xviii] NEET data by local authority

[xix] Gov.uk, NEET data by local authority

[xx] Public Health England, Reducing the number of young people not in employment, education or training (NEET)

[xxi] Bloomer E., Allen J., Donkin A., Findlay G., Gamsu M., The impact of the economic downturn and policy and Public Health England, Reducing the number of young people not in employment, education or training (NEET)

[xxii] Prospects press release, Young people in Coventry & Warwickshire to benefit from new careers support, 7 April 2016

[xxiii] Briefing Note to Councillor Lapsa, 21 July 2016 Further information on work undertaken and planned to tackle FGM and sexual exploitation, as requested at the Council Meeting on 12 July 2016

[xxiv] Coventry City Council, Local safeguarding children board, tackling child sexual exploitation across the West Midlands metropolitan region, assessment: October-December 2015

[xxv] Briefing Note to Councillor Lapsa, 21 July 2016 Further information on work undertaken and planned to tackle FGM and sexual exploitation, as requested at the Council Meeting on 12 July 2016

[xxvi] Briefing Note to Councillor Lapsa, 21 July 2016 Further information on work undertaken and planned to tackle FGM and sexual exploitation, as requested at the Council Meeting on 12 July 2016

[xxvii] Home Office, guidance, female genital mutilation: resource pack

[xxviii] Coventry City Council, Report to Scrutiny Coordination Committee, September 2015, female genital mutilation

[xxix] Coventry City Council, Report to Scrutiny Coordination Committee, female genital mutilation

[xxx] Coventry City Council, Report to Scrutiny Coordination Committee, female genital mutilation

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Mental health and wellbeing

1 in 6 people in Coventry are estimated to be affected by a common mental health condition	67,000 common mental health disorders population aged between 16-74 years	5% of people in Coventry report low life satisfaction	23.3% employment rate of people experiencing mental health problems
30.2 (per100,00 population) cases of first episodes of psychosis among people aged 16-64 years old	1011 adults estimated to have prevalence of borderline personality in 2016	4,890 people within Coventry and Rugby CCG area have dementia (2017) 60% of these will have a formal diagnosis (national target 67%)	
0.60% prevalence of dementia in 2015-16 (Up from 0.45 in 2010-11)	£32,250 estimated annual cost of supporting each person with dementia	72 (per 100,000 children) child and adolescent admissions for mental health	Less than 10 per 100,000 Suicide rates

Good mental wellbeing plays an important role in the promotion of both physical and mental health.

Wellbeing and good mental health are fundamental in helping individuals achieve their potential, whether that is in education, employment of socially. It is also a key part of good physical health. Poor mental health is associated with various experiences that cause problems in people's lives. This includes substance abuse, poorer employment prospects and worsening social disadvantage.

Mental health and many common mental disorders are influenced by a wide range of social, economic and environmental factors. Mental health problems are increasing and they place an enormous strain on individuals, families and even the local community. Because of this, national policy now demands that mental health be treated on the same level as physical health.

See also:

- **Mental health and wellbeing assets and needs analysis**
- **Data appendices for the mental health and wellbeing assets and needs analysis**

Adult mental wellbeing

At least one in four British adults will experience some form of mental health problem in any given year. Those who live in more deprived conditions are twice as likely to be affected by mental health. There are many factors that can be caused by or be a consequence of mental health problems such as unemployment, deprived income, substance and alcohol misuse and crime and violence. Addressing mental health needs can result in positive implications elsewhere. The estimated annual costs of tackling mental health in the UK, including spending in health and social care, is now over £20 billion.[i]

Approximately 1 in 6 people in Coventry are estimated to be affected by a common mental health condition at any one time.[ii] Common mental health disorders include conditions such as depression, anxiety, phobias, obsessive-compulsive disorder (OCD), eating disorders and post-traumatic stress disorder (PTSD). The mental health and wellbeing assets and needs assessment for Coventry and Rugby estimated that there are over 67,000 noted common mental health disorders in the Coventry population aged between 16-74 years.[iii] However, it is expected that the total number of people who are affected by a common mental health condition will be lower as there may be an overlap as it may be possible that someone could experience more than one mental health disorder.[iv] Included in this figure are 25,000 people with a depressive or anxiety disorder, and a further 500 with a psychotic disorder. 5% of people in Coventry report low life satisfaction on direct questioning. Given that many mental health problems are not formally diagnosed, and that not all people will actively seek or engage with services, these figures are likely to be an underestimation. The King's Fund estimates that 35% of those with depression and 51% of those with anxiety disorders do not seek support from services.[v]

The prevalence of common mental health diagnoses in Coventry is higher than in both England and in cities with similar deprivation. For example, 14.9% of 16-74 year olds in Coventry are estimated to suffer from mixed anxiety and depressive disorders, compared with 13.7% nationally.[vi] The prevalence of mixed anxiety and depressive disorder appears to have risen across the country including Coventry.

Mental health disorders can impact on an individual's ability to sustain employment, as demonstrated by the employment rate of people experiencing mental health problems, which for Coventry stands at 23.3%. This is established from responses to the Labour Force Survey which indicates the proportion of respondents who report that they have a mental illness and are in employment as a percentage of all respondents who report that they have a mental illness.

Furthermore, it is also relevant to consider the interaction between mental health and physical health, in particular the mental health needs of people with long-term conditions. Nationally, it is estimated that at least 30% of people with a long-term physical health condition have a co-morbid mental health problem with 12-18% of NHS expenditure on long-term conditions linked to poor mental health and wellbeing. It is estimated that there are approximately 99,000 people (30%) in Coventry with a long-term condition, with 30% of people with a long-term condition affected by co-morbid mental health problems. This co-morbidity is estimated in Coventry to cost at least £6.1m per annum.[viii]

Severe mental illness

Severe mental illness is generally used to refer to conditions that include psychotic symptoms and includes bipolar disorder, schizophrenia, along with other psychotic conditions.

Psychosis is a serious mental health problem which can cause hallucinations or delusions which mean that people can perceive things differently to others and this can severely disrupt emotions and behaviour.[ix] Rather than being a condition on its own, psychosis is a result of other conditions. **Across Coventry, there are 30.2 cases per 100,00 population of first episodes of psychosis among people aged 16-64 years old**; this is compared to 24.2 per 100,000 of the population at a national level.[x] It is estimated that approximately 20% of people with psychosis will attempt to commit suicide at some point in their life and 1 in 25 people with psychosis will commit suicide.[xi] Coventry's Mental Health Needs and Assets Assessment estimates that 516 people aged 18 to 64 live with a psychotic disorder.

The prevalence of borderline personality disorder is estimated to be 0.3% in males and 0.6% in females aged between 18-64 years, if these prevalence rates are applied to Coventry, this equates to **1011 adults in 2016 estimated to have prevalence of borderline personality disorder**. [xii]

The average life expectancy of people with serious mental illness is 20 years shorter than the average and this excess premature mortality is largely attributed to cardiovascular disease and the increased prevalence of lifestyle risks that can contribute to cardiovascular disease (including higher rates of inactivity and higher rates of smoking and obesity).

Dementia

As the numbers of people living to old age increase in Coventry (despite the continued fall in the city's average age) the number of people with dementia will be increasing too. People with dementia typically experience a progressive decline in their memory, reasoning, communication skills

and the ability to carry out daily activities. Alongside this, individuals may also experience behavioural and emotional symptoms. Most people with dementia in Coventry live at home, with support from friends and family members and caring for someone with dementia can increase the risk of depression and physical illness. As a result, dementia causes distress and upheaval for the lives of many family members and carers, so the impact of increases in the numbers of people suffering from dementia has an impact right across the community.

As of November 2017, an estimated **4,890 people within Coventry and Rugby CCG area have dementia**. Although approximately only 2,935 of these will have a formal diagnosis, and thus have access to related services.[xiii] There is a current national target for 67% of cases of dementia to be diagnosed.[xiv]

The prevalence of dementia in the city is increasing, **from 0.45% in 2010/11 to 0.60% in 2015/16,** and this is reflective of the increasing proportion of older people.[xv]

In line with global trends, the prevalence of dementia is expected to double by 2030.[xvi] National prevalence estimated for males aged 70-74 stands at 3.1% and for females this is 2.4%. This increases to 16.7% for males and 22.2% for females aged 85-89 and for those aged 90 years and older, the increase is even starker at 27.9% for males and 30.7% for females.[xvii]

The estimated annual cost of supporting each person with dementia is £32,250, and this is in addition to the potential difficulties that are met by family and carers.[xviii] Coventry's Living Well with Dementia Strategy 2014-17 notes that most people with dementia in Coventry live at home and are supported by friends and family.[xix]

Early diagnosis of dementia would allow timely access to services that can help maintain quality of life. It is known that dementia is under diagnosed in some BME communities, and measures to increase awareness of the condition may encourage prompt diagnosis and the access of appropriate support.[xx]

See also:

- **Coventry Living Well with Dementia Strategy**
- **Health-related quality of life for older people indicator**

Children and young people mental wellbeing

The most common mental health issues in childhood and adolescence include emotional disorders, such as anxiety, and conduct disorders, including antisocial or aggressive behaviours, and these particularly affect children with learning disabilities.[xxii] This can result in poor social functioning, impaired academic performance, and an increased risk of smoking and drug use. In the UK, 10% of 5 to 16 year olds are estimated to have a mental health disorder and this is based on the prevalence from an ONS survey, mental health of children and young people in Great Britain (2004).[xxiii] Consequently, this only provides an approximation of prevalence. Child and adolescent admissions for mental health in Coventry are reducing but are still of concern, with **72 admissions per 100,000 children** per year.[xxiv]

Given that half of mental illness begins before the age of 14 years,[xxv] [xxvi] 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age.[xxvii]

Self-harm and suicide

The incidence of reported self-harm in the UK has risen over the last 20 years, especially among young people.[xxviii] It is unclear the extent to which self-harm is increasing and to what extent the growth could be attributable to increased recognition and recording.

Self-harm rates are closely linked with deprivation within Coventry, with a four-fold difference in hospital admissions for self-harm between the least and most deprived wards. Suicide rates in Coventry previously averaged **10 per 100,000** of the population per year over the previous decade. This figure has been falling and now stands lower than the regional and national rates of 10.0 and 9.9 per 100,000, respectively, although not significantly so. Even though the overall numbers are small, the consequences of suicide impact on surviving family and friends, and can greatly damage social networks.

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Physical wellbeing

Substance misuse

Illicit drugs are known to have a variety of detrimental effects on physical and mental wellbeing.[i] [ii]

The Coventry drugs strategy estimates 2,000 adults in Coventry use opiates and/or crack cocaine on a regular basis.[iii] The prevalence of opiate or crack users amongst those aged 15 to 64 years in the city is 9.2 per 1,000, lower than cities of a similar deprivation profile, but still higher than the England average of 8.4 per 1,000. The number of hospital admissions due to substance misuse in young people aged 15 to 24 years is significantly lower than the country's average (65.8 compared to 88.8 per 100,000 respectively).[iv]

Early intervention in substance misuse can prevent loss of employment and income, decrease drug-associated crime, and limit the risk of further physical and mental health conditions as a result of substance misuse, such as blood borne virus infection. Treatment data from 2016 notes the percentage of **opiate users who completed treatment and who did not re-present within 6 months stands at 4.9% in Coventry**, compared to 5.7% in the West Midlands and 6.7% in England.[v] Nevertheless, it should be considered that these data would not record those individuals who have not re-engaged with services but who may potentially be misusing drugs.

Deaths from drug misuse is at a rate of 3.7 per 100,000 population. this is lower than the regional figure of 4.3, as well as the national figure of 4.2.

See also:

- **Our drugs and Alcohol strategy 2017-2020**

Alcohol

Alcohol is the most widely available drug in the UK and is used sensibly by the majority of the population. It is part of our social fabric and a major contributor to the economic vibrancy of the community.

While many people enjoy alcohol responsibly, it is estimated that approximately nine million adults in England drink alcohol at levels that may pose a risk to their health.[vi] The widespread harms of excessive or chronic alcohol overconsumption range from liver disease to an increase in domestic violence and other crimes. The direct annual costs to the NHS are £3.5 billion, with the indirect societal costs approaching £21 billion.

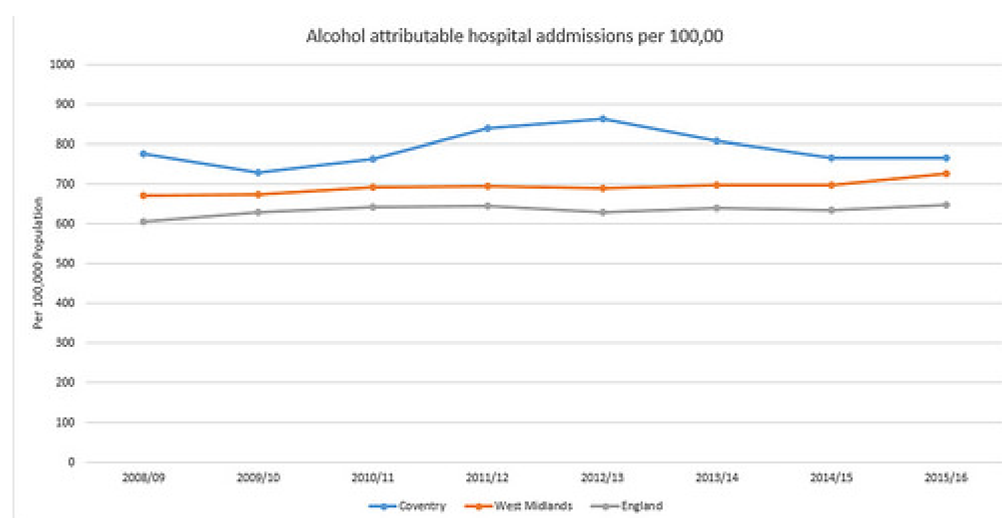
There are over 14,000 high-risk drinkers in Coventry, defined by the consumption of 50 or more units per week for men and 35 or more units per week for women.[vii] Within the city, alcohol is estimated to be a contributing factor in 38,000 emergency department attendances and 3,100 crimes annually, and is cited as an issue in one in five child protection cases.

There were **2,348 alcohol-related hospital admissions in 2015/16 at a rate of 767 per 100,000**, no change from the pervious year. This is significantly higher than in the West Midlands and England (697 and 641 per 100,000 respectively), but hospital admission rates have been reducing year-on-year for the last three years faster than the national average. (Figure 12).[viii] Within Coventry, alcohol-related hospital admissions vary considerably; for example, admissions are twice as likely in Foleshill compared to Wainbody. Furthermore, Coventry's alcohol strategy indicates that alcohol-related health harms increase with age and that almost 60% of patients admitted to hospital to receive treatment for alcohol-related conditions were aged 55 years or older.

See also:

- **Our Drugs and Alcohol Strategy 2017-2020**
- **The alcohol and drugs needs assessment**
- **Alcohol profile**
- **Liver disease profile**

Figure 12 Alcohol-Related Hospital Admissions



Interventions are available to reduce the levels of harmful drinking. Specialist alcohol treatments for those with alcohol dependence, including detox programmes and group therapy, can reduce drinking levels, with knock-on effects on health, healthcare costs and behaviour.[ix]

The number of people reported to be **in treatment at specialist alcohol misuse services in 2016/17 stands at 422, with 37.1% of those receiving a service recorded as having successfully completed treatment** according to 2016 data.[x] This is defined as those who left treatment who do not re-present within 6 months. This figure is lower than the rate for the West Midlands (38.2%) and England (38.7%). Similar to reported outcomes for drug treatment services, this would not record those individuals who may have relapsed and not re-engaged with services.

At the time of writing, the UK chief medical officers have proposed that guidelines on recommended levels of alcohol consumption are modified so that both men and women are advised that they are safest not to drink regularly more than 14 units of alcohol a week and, if this amount is consumed, that this should be spread across three days or more.

Coventry's alcohol strategy 2013-16 notes that around one in five adults in Coventry (around 52,500 people) drink above recommended safe levels of alcohol (using previous chief medical officer guidelines). The results of Coventry's household survey also suggests that 29% of respondents drank more than the recommended amount one day a week. This is lower than 2012 figures, where 33% indicated they drank more than the recommended amount one day a week (based on guidelines current in 2013). Nevertheless, 41% of respondents claimed they did not consume more than the recommended amount on any day in the week.[xi]

Smoking

Tobacco is the biggest contributor towards premature and preventable mortality, accounting for approximately 100,000 deaths a year in the UK.[xii] It accounts for one in six deaths in England, and annually costs the NHS £2 billion.[xiii] The risk of a young person starting smoking is significantly increased if their parents smoke.[xiv] Furthermore, Coventry's smoke-free strategy highlights that the vast majority of smokers started

using tobacco products while still a teenager, with national research indicating that 80% of smokers started smoking before the age of 16.[xv] Smoking is also linked with an increased risk of alcohol and substance misuse.

See also:

- **Smoke-free strategy 2015-2020 (PDF)**
- **Smoking profile**
- **Tobacco joint strategic needs assessment support pack**

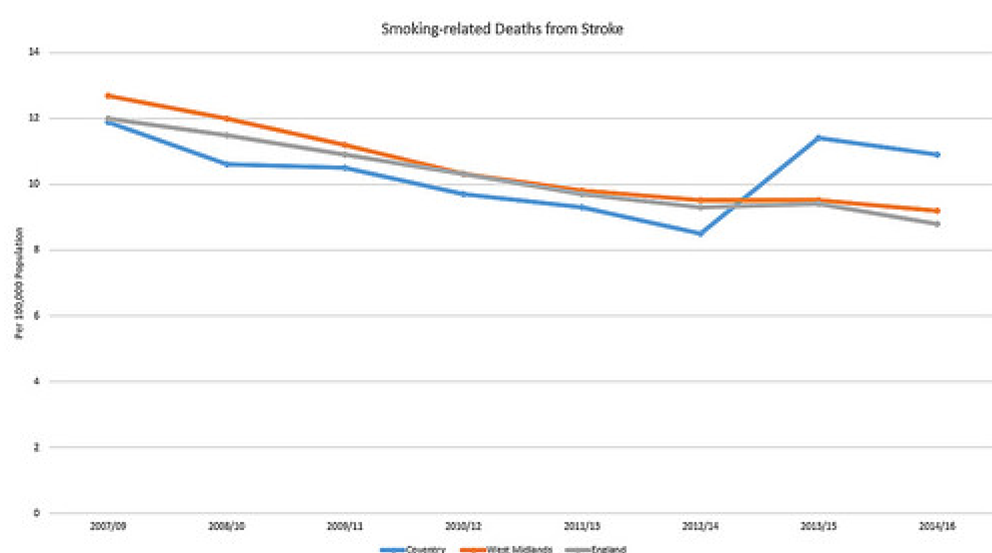
Public Health England estimates that, in 2016, **the prevalence of adult smokers in Coventry stands at 16.3%** This means approximately 37,000 adults self-reportedly use cigarettes. Meanwhile, the Household Survey estimates there are 47,000 smokers. The figures in 2016 shows a decreased from 2013's figures of 18.5%. An estimated 5.8% of 15-year-olds self-identify as regular smokers.[xvi] In addition, **13.5% of 15 year olds state that they currently use, have previously used, or tried e-cigarettes**. Smoking prevalence figures are lower than that reported for England (18%) and broadly lower than in cities of a similar level of deprivation. Nevertheless, the data does not identify how many cigarettes are smoked, and so the figures reported above include both heavy smokers and occasional smokers.

Nationally, there is an increased prevalence of smoking in areas of greater deprivation. Although accurate data are not available, there is estimated to be a wide range of teenage smoking rates within Coventry, from 3% in Foleshill to 12% in St Michael's.[xvii]

Furthermore, there is also an economic impact of smoking as, on average, smokers take eight days more sick leave a year compared to non-smokers.[xviii]

Smoking-related hospital admission rates in **Coventry in 2015/16 were 1647 per 100,000** and are slightly lower than the figures for the West Midlands as a whole (1,741 per 100,000). [xix] Encouragingly, smoking-related deaths from heart disease and stroke have been reducing in Coventry (Figure 13), in line with national figures, although lung cancer deaths are higher compared to England (70.7 compared to 59.5 deaths per 100,000 of the population respectively).

Figure 13 Deaths from stroke attributable to smoking



Stop-smoking interventions can help reduce smoking-related morbidity and mortality.[xx] In Coventry, the 4-week quit rates are higher than those seen nationally, with 3,218 self-declared successful four-week quits per 100,000 smokers aged over 16 years compared to 1,738 per 100,00 smoker in West Midlands and 1,627 per 100,000 smokers nationally, although it will take some time before this translates to an improvement in longer-term outcomes.[xxi]

Physical activity

Active lifestyle

People with a physically active lifestyle, defined as doing more than 150 minutes of moderate physical activity per week, have a 20-30% lower risk of cardiovascular disease compared to those who are not active.[xxii] Research suggests that levels of physical inactivity are greater in more socio-economically deprived areas, in men and in older people (over 65 years).[xxiii]

Obesity and excess weight

Excess weight (defined as weight that is in excess of the ideal body weight) and obesity are associated with a myriad of health problems. These include heart disease, stroke, high blood pressure, diabetes and arthritis.[xxiv] For instance, 90% of adults with type 2 diabetes are estimated to be overweight or obese.[xxv] The consequences of obesity and excess weight cost the NHS £6 billion annually.[xxvi] Data from 2015-2016 indicate that in Coventry, **64% of adults in the city have excess weight** and this is slightly higher than regional average which stands at 63.9%, and the national average of 61.3%, but the prevalence of excess weight and obesity is known to be rising overall. There is a clear deprivation-related inequality within the city, with proportions of obesity ranging from 17% in Wainbody to 30% in Longford.[xxvii] Certain ethnic groups also display increased proportions of obesity, particularly those of South Asian origin.[xxviii]

Being overweight or obese in early life increases the risk of adult obesity, along with a higher risk of premature mortality in adulthood.[xxix] The National Child Measurement Programme measures a child as obese if their BMI is in the top 5% of the national child population in the year 1990. In the words of Public Health England, “Children with a body mass index (BMI) greater than or equal to the 95th centile of the British 1990 growth reference (UK90) BMI distribution have been classified as obese. Children with a BMI greater than or equal to the 85th centile of the British 1990 growth reference (UK90) BMI distribution have been classified as overweight including obese (excess weight).” Based on this definition, **of children in reception in Coventry, 22.9% have excess weight (including obese) in Coventry (2016-17),** which is lower than regional levels of 24.2% but higher than national level of 22.6%. By **year 6 of school, these proportions have increased, with 38.2% of children having excess weight (including obese) (2016-17)** This compares to 37.1% regionally and to 34.2% nationally (Figure 14).

As with adults, there is a significant inequality in childhood excess weight across the city, with some wards having levels 50% higher than others. The local proportions of excess weight in children have remained stable over the previous five years. Early interventions are available to tackle childhood obesity and there is the opportunity to encourage participation.[xxx] Reducing excess weight and obesity will not only improve health outcomes, but also quality of life.

Figure 14 Reception: Prevalence of overweight (including obese)

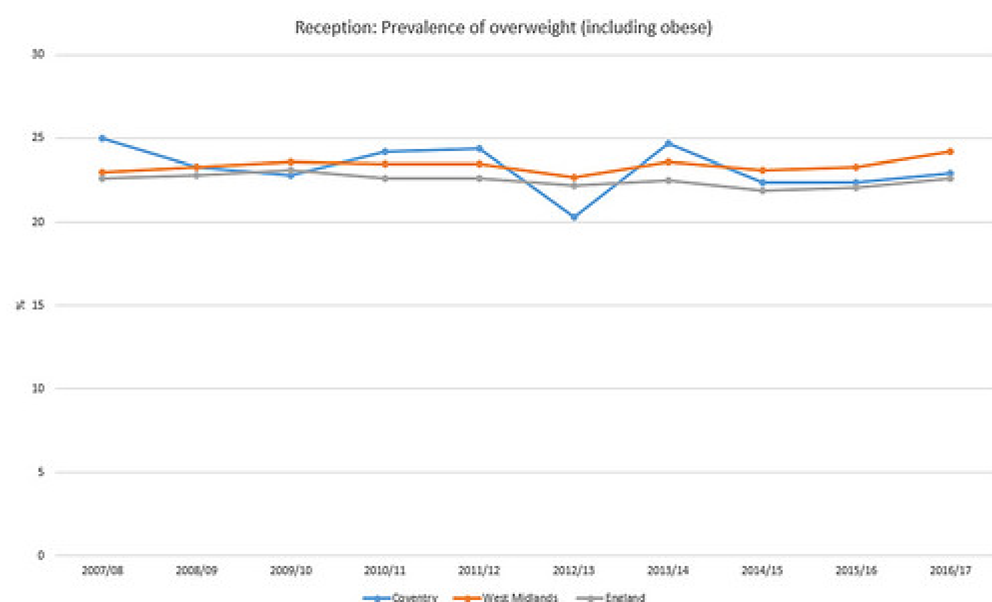
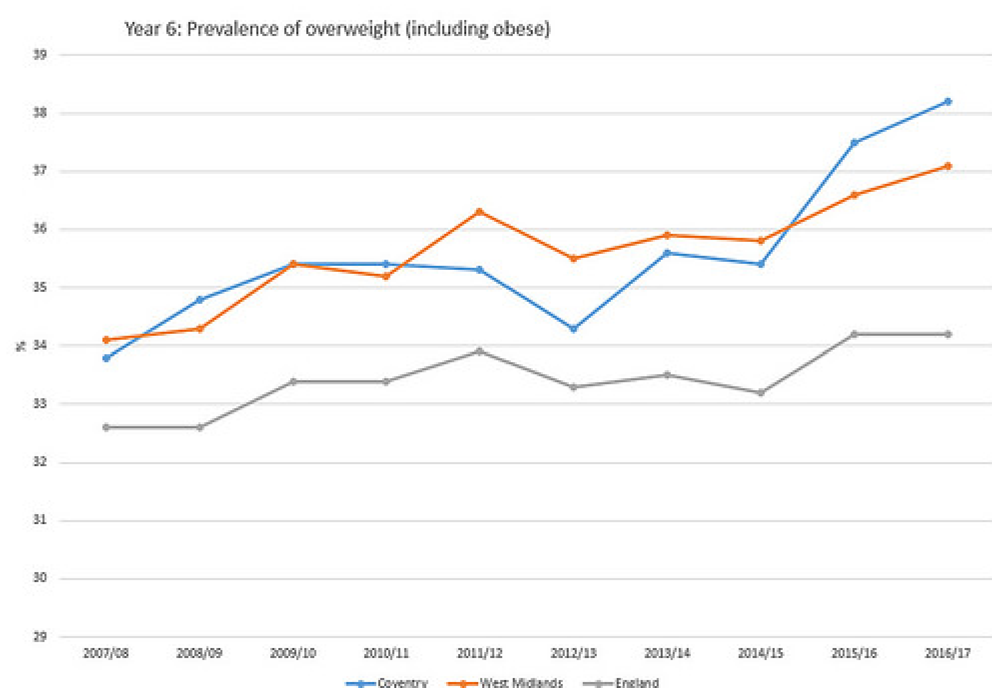


Figure 15 Year 6: Prevalence of overweight (including obese)



See also:

- **Find out more on about childhood obesity**.
- **Our Shape Up Coventry - annual report 2016/17**

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[xxii] British Heart Foundation National Centre, Making the case for physical activity (PDF)

[xxiii] UK Active. Turning the tide of inactivity. and BHF National Centre Interpreting the UK physical activity guidelines for older adults (65+) (PDF)

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Long-term conditions

390 (per 100,000 population) premature deaths	107th (out of 150 local authorities) in premature deaths	9th (out of 15 local authorities with a similar level of deprivation) in premature deaths	996 under 75years old cancer deaths (2014-16)
49.4% of cancers are diagnosed at stages 1 or 2	66.6 (per 100,000 of the population) premature mortality rate from lung cancer	88.5 per year (per 100,000) cardiovascular disease mortality in the under-75s	127.9 (per 100,000) cardiovascular disease mortality within male population
6.5% of GP-registered patients aged 17 years and older diagnosed with diabetes	1.6% of GP-registered patients have Chronic obstructive pulmonary disease	57.8 (per 100,000) preventable cardiovascular disease mortality in under-75s	50.7 (per 100,000) cardiovascular disease mortality within female population

Overview

At a national level, it is estimated that approximately 15 million people have a long-term condition.[i] Research indicates the high-level resource implications of providing care to people with long-term conditions, with estimates made that approximately 70% of health spend is accounted for by 30% of the population with 50% of all GP appointments, 64% of appointments as an outpatient and 70% of bed days attributed to long-term conditions.

Also, relevant to the analysis on long-term conditions is the fact that people will often have two or more long-term conditions simultaneously. While the number of people with one long term condition is projected to be relatively stable at a national level over the next ten years, the number of people with multiple conditions is projected to rise to 2.9 million in 2018, from 1.9 million in 2008.[ii]

Premature mortality

Premature mortality is defined as deaths in the population aged under 75 years.[iii] In terms of all premature deaths, **Coventry is ranked as the 107th local authority (out of 150) with 2790 total premature deaths that is a rate of 390 deaths per 100,000 of the population in 2014-2016**. Comparing the rate of premature deaths in Coventry with local authorities that have a similar level of deprivation, Coventry is ranked 9th out of 15 local authorities.[iv] Nevertheless, as noted below, there are areas where Coventry's performance (deaths per 100,000 population) could be improved compared to data at a national level and such data could support the identification of future priorities.

National comparisons[v]

The graphics below in Figure 16 -19 set out some national comparators.

Figure 16 Number of premature deaths by Cancer cause compared to all local authorities in England

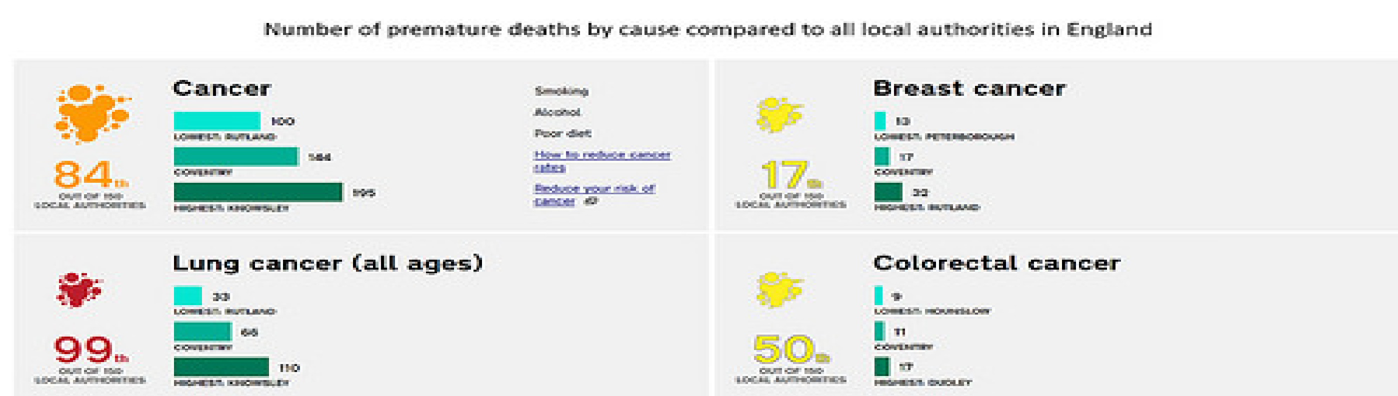


Figure 17 Number of premature deaths by Cancer cause compared to local authorities with a similar level of socioeconomic deprivation

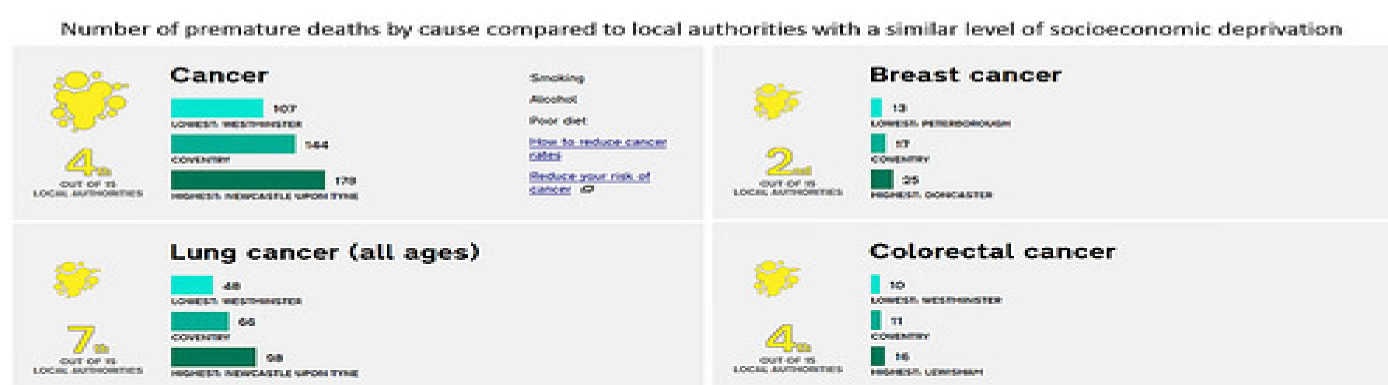


Figure 18 Number of premature deaths by Heart Disease and Stroke cause compared to local authorities with a similar level of socioeconomic deprivation and by all Local authorities in England

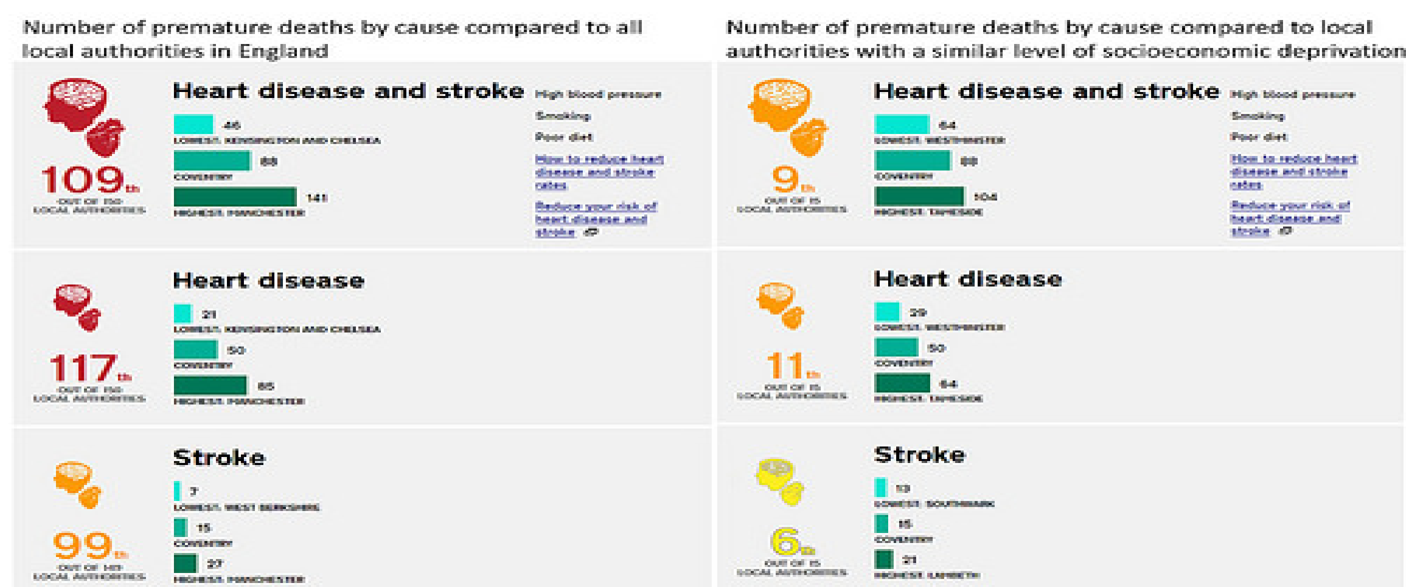
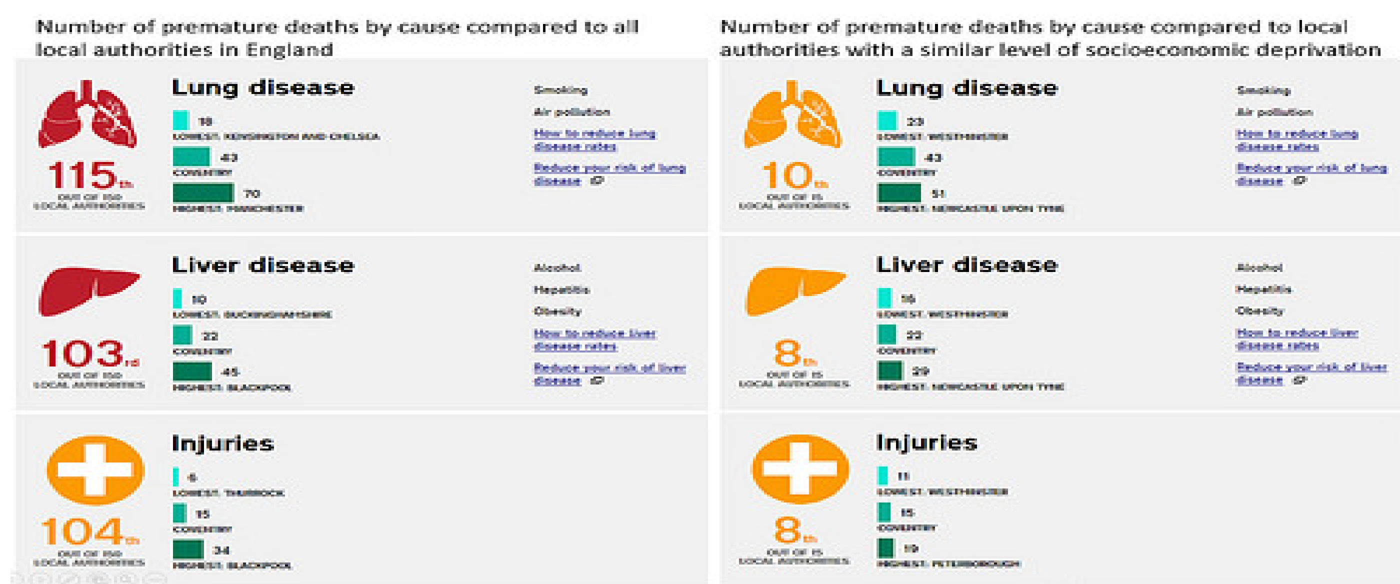


Figure 19 Number of premature deaths by other causes compared to local authorities with a similar level of socioeconomic deprivation and by all Local authorities in England



Cancer

Cancer can affect a diverse range of tissues and organs, and thus is a heterogeneous group of conditions. The overall incidence of cancer is increasing. The NHS spends almost £6 billion on the diagnosis and treatment of cancer annually, and the cost is expected to rise.[vi]

In Coventry, there are approximately **996 (under 75years old) cancer deaths in 2014-16 that is a rate of 143.7 per 100,00** (Compared with 141.9 per 100,00 in West Midlands and 136,8 per 100,00 in England) . Mortality is not the inevitable end-point of cancer and, whilst survival patterns depend on the location and type of cancer, overall survival from most forms of cancer are improving nationally.[vii] Early diagnosis and treatment improves the chances of survival from any cancer and in **Coventry, 49.4% of cancers are diagnosed at stages 1 or 2**, compared to 52.4% for England and 52.10% for the West Midlands. This is defined as new cases of cancer diagnosed at stage 1 or 2 as a proportion of new cases of cancer diagnosed.[viii] Nevertheless, there are concerns surrounding the robustness of these data as the staging data of cancer is sometimes not recorded and where this is the case, a lower proportion of cases diagnosed at stage 1 or 2 will be suggested.

Preventable cancer mortality rates in the under-75s (per 100,000 per year) is decreasing in Coventry, from 103.9 in 2010-12 to 86.6 in 2014-16, although rates are significantly higher than in England overall (79.4 per 100,000 per year). There is also wide variation in deaths from cancer in those aged under 75 years, per 100,000 of the population from 144 in Binley amd Willenhall to 75 in Wainbody.[ix]

Screening rates for breast cancer and cervical cancer are significantly lower than the regional and national figures, with only 72.7% of women attending screening appointments (Compared with 75.7% nationally and 71.8% in West Midlands).

Specific cancers vary in their incidence, but the most common cause of cancer mortality, both locally and nationally, is lung cancer. Smoking is the major risk factor for developing lung cancer, and hence a vast proportion of lung cancer deaths is deemed preventable (89%).[x] The **premature mortality rate from lung cancer is 66.6 per 100,000 of the population in Coventry**, which is higher than both the West Midlands and England (which have mortality rates of 56.8 and 57.7 per 100,000 of the population per year, respectively). The incidence of lung cancer is variable within Coventry; for example in Longford 146 and Upper Stoke 113 compared to 86.3 in Foleshill. Many factors have been associated with the development of lung cancer and other cancers, such as age, smoking, alcohol, obesity and poor diet, and the variations in lung cancer rates seen both within Coventry, and between Coventry and the rest of England, may in part be due to differences in the prevalence of these risk factors.

See also:

- Local data on cancers detected at an early stage at **http://www.coventry.gov.uk/downloads/file/17115/**.
- Cancer information tools at **http://www.ncin.org.uk/cancer_information_tools/**.

Cardiovascular disease

Cardiovascular disease (CVD) is a general term that encompasses a disease of the heart or blood vessels.[xi] It is the cause of more than a quarter of all deaths in the UK, with annual costs to the NHS and the economy estimated at over £15 billion.[xii] Many modifiable risk factors exist for this condition, including hypertension, high cholesterol, obesity and diabetes.[xiii]

In Coventry, the **mortality rate from cardiovascular disease in the under-75s is 88.5 per 100,000 per year** according to 2014-16 data (compared to 78 per 100,00 in West Midlands and 73.5 in 100,00 in England) , although cardiovascular mortality has generally been decreasing over the previous decade, both locally and nationally. Across Coventry, there is also a difference between the mortality rates for males and females with a rate of 127.9 deaths per 100,000 within the male population and 50.7 per 100,000 within the female population.[xiv]

In addition, within the UK, CVD mortality is 50% higher in the most deprived communities compared to the least deprived.[xv] This inequality is apparent within Coventry. For example, there are more than twice the number of emergency admissions for heart attacks in Foleshill (192.3 per 100,00) compared to Earlsdon (83.3 per100,00).[xvi] When looking at levels of deaths from coronary heart disease in those aged under 75 across the city, it can be seen that St. Michael's ward has the highest rate at 216.8 deaths per 100,000 of the population, with Earlsdon having the lowest rate at 74 deaths.

Many cardiovascular deaths can be prevented or delayed by simple lifestyle interventions. The **preventable mortality rate in under-75s from CVD in the city is 57.8 per 100,000** of the population per year – significantly worse than the regional rate of 49.7 and national rate of 46.7 per 100,000 of the population per year. Again, there is a difference between preventable mortality rates in Coventry between males and females, with a rate of 91.1 per 100,000 of the population for males and 25.9 for females.[xvii]

- Find out more on the cardiovascular disease profile for Coventry and Rugby at **http://fingertips.phe.org.uk/profile/cardiovascular/data#gid/8000061/pat/110/ati/19/page/0/par/ONS_1.02/are/E38000038**.

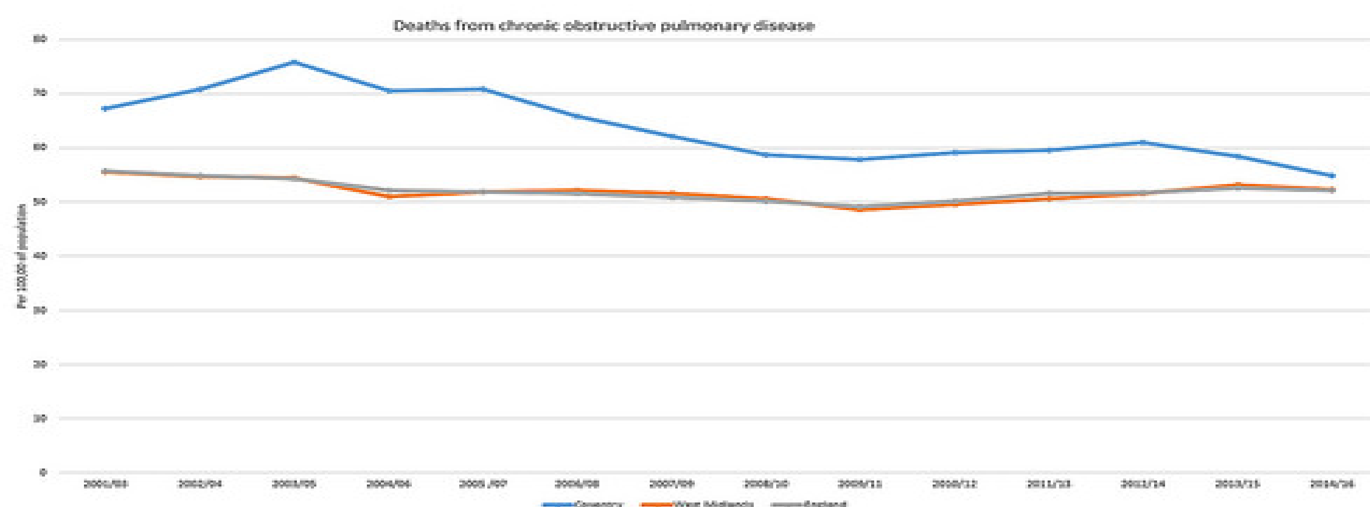
Chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD) occurs secondary to long-term smoking, predominantly affects people over the age of 40, and is characterised by shortness of breath, a persistent cough and frequent chest infections and includes conditions such as chronic bronchitis, emphysema and chronic obstructive airways disease.[xviii] COPD is associated with a reduced quality of life, frequent hospital admissions and significant mortality.[xix]

Data from the Coventry and Rugby Clinical Commissioning Group suggest that 1.6% of GP-registered patients have documented COPD, compared to the national proportion of 1.8%. Emergency admissions for COPD are four times more common within residents of Binley and Willenhall (226.3 per 100,00 population)compared to Earlsdon (49.8 per 100,00 population), and this difference may well be due to the underlying variations in smoking rates.[xx] Improvements in the medical management of COPD are estimated to reduce admissions by 5%, but smoking interventions and the prevention of respiratory infections (for example via influenza vaccinations) will have a greater benefit on reducing the prevalence and admission rates of COPD.[xxi]

There has been little change in the incidence of COPD-related mortality locally or nationally over the previous five years. COPD mortality rates in Coventry (54.9 per 100,00 population) are higher than West Midlands (52,3) and in England (53,2) per 100,000 per year – see Figure 17).

Figure 20 Deaths from chronic obstructive pulmonary disease (per 100,000 of the population)



Looking at deaths from *all respiratory diseases* at all ages across the city, a wide variation can be seen from 147.3 deaths per 100,000 of the population in Foleshill compared to 51.3 in Wainbody.

Diabetes

Diabetes affects almost 3.5 million people in the UK, with a further half a million people likely to have the condition but be unaware of it.[xxii] Type 2 diabetes (adult-onset) is the most common form. Diabetes can lead to a multitude of other medical problems, including heart disease, renal failure, amputations and blindness, and this condition is associated with an annual NHS spend of £9.8 billion.[xxiii] The proportion of those aged 17 years and older registered with a GP who have been diagnosed with diabetes has increased from 5.6% in 2010/11 to 6.5% in 2014/15, and these figures are almost similar to the regional average (7.3%) and national average (6.4%).[xxiv] Type 2 diabetes is up to six times more common in people of South-Asian origin and three times more common in people or Afro-Caribbean origin.[xxv][xxvi]

[i] Department of Health, Long-term conditions compendium of information: 3rd edition (PDF)

[ii] Department of Health, Long-term conditions compendium of information: 3rd edition (PDF)

[iii] Public Health England, Age standardised rate of mortality considered preventable definition

[iv] Public Health England, Premature mortality, longer lives

[v] Public Health England, Premature mortality, longer lives infographics

[vi] Nuffield Trust, NHS spending on the top three disease categories in England

[vii] Walters, S., Benitez-Majano S., Muller P., et al. Is England closing the international gap in cancer survival? Br J Cancer 2015; 113 (5): 848-60

[viii] Public Health England, public health outcomes framework **www.phoutcomes.info** the proportion of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas, and melanomas of skin, diagnosed at stage 1 or 2

[ix] Public Health England, Local health profiles

[x] Cancer Research UK, Statistics on preventable cancers

[xi] NHS Choices, Cardiovascular disease

[xii] British Heart Foundation, Cardiovascular disease statistics - headline statistics

[xiii] Grundy SM., Pasternak R., Greenland P., Smith S., Jr., Fuster V. Assessment of cardiovascular risk by use of multiple-risk-factor assessment equations: a statement for healthcare professionals from the American Heart Association and the American College of Cardiology. Circulation 1999; 100(13): 1481-92

[xiv] Public Health England, public health outcomes framework

[xv] Marmot M, Bell R. Fair society, healthy lives. Public Health 2012; 126 Suppl 1: S4-10

[xvi] Public Health England, Local health profiles

[xvii] Public Health England, public health outcomes framework

[xviii] NHS Choices, Chronic obstructive pulmonary disease

[xix] Mannino DM., Kiriz VA., Changing the burden of COPD mortality. Int J Chron Obstruct Pulmon Dis 2006; 1(3): 219-33

[xx] Public Health England, Local health profiles

[xxi] National Institute for Health and Clinical Excellence (2011), Chronic obstructive pulmonary disease: costing report, and Strategies for improving outcomes of COPD exacerbations

[xxii] Diabetes UK, Facts and stats (PDF)

[xxiii] NHS England, Action for diabetes (PDF)

[xxiv] Public Health England, public health outcomes framework

[xxv] NHS Choices, Type 2 diabetes- causes

[xxvi] Public Health England, Diabetes prevalence model (APHO), key findings for England

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Demand for care

4%
increase in new requests for adult social care support

30%
of the total council budget is spent on adult social care

56,274
people of all ages have their everyday activities limited a little by a long-term health problem or disability

76.3%
of adults with a learning disability live in a stable and appropriate accommodation

2,704
(per 100,000 population)
Emergency hospital admissions due to falls in people aged 65 and over

30% of people aged 65+ and about 50% of people aged 80+ experience at least one fall a year

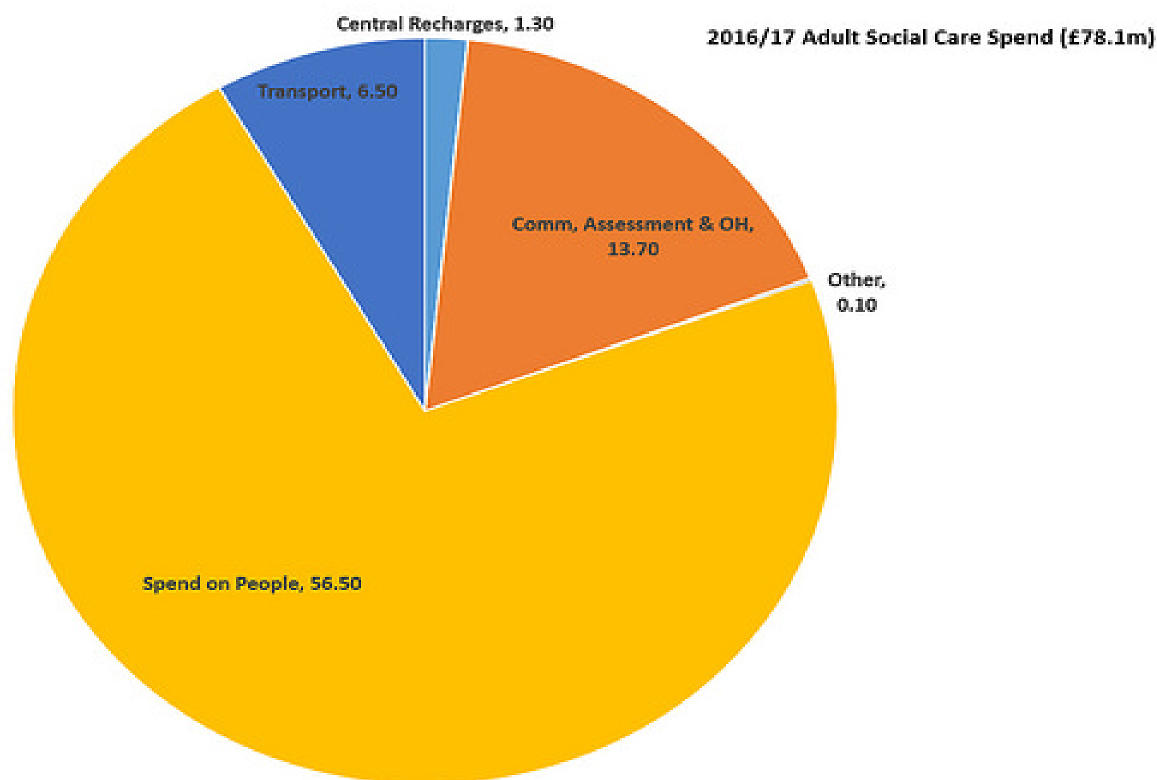
Adult social care

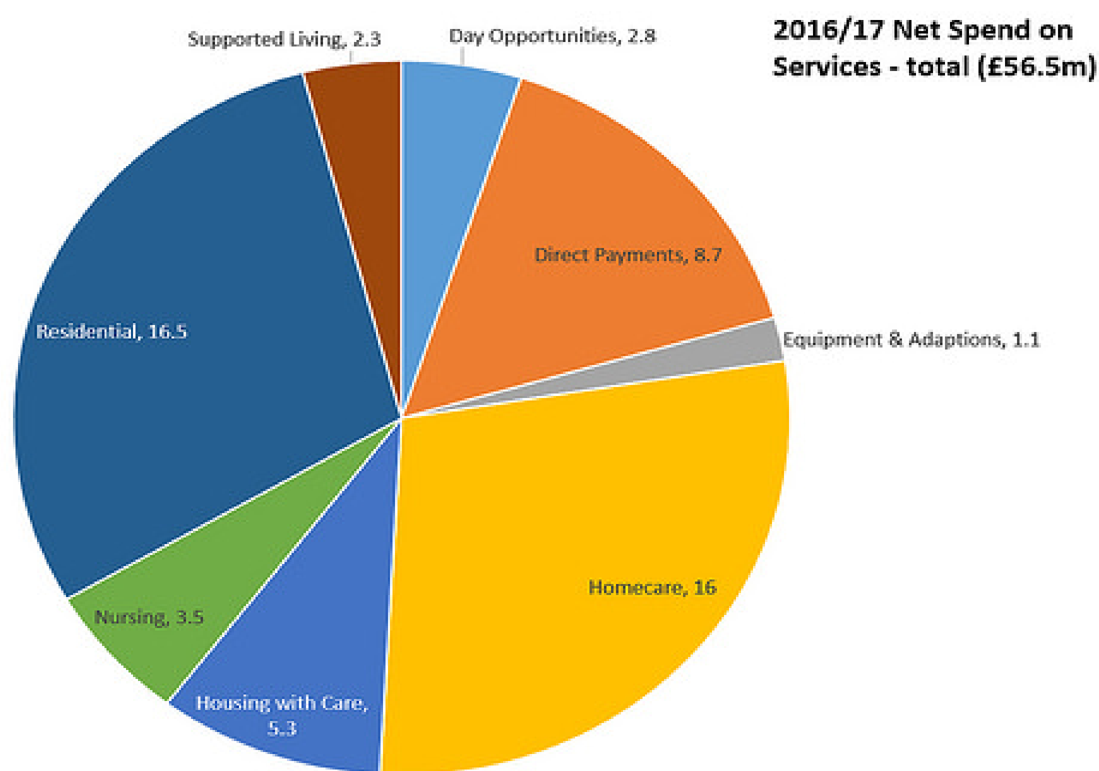
There has been an increase of 4% in new requests for adult social care support from 9,296 in 2015/16 to 9,691 in 2016/17. However there has been a reduction in numbers of people supported during the year (7% from 4,889 to 4,531). This may be explained by a combination of factors including increased awareness of Adult Social Care and taking an approach that works with people to meet eligible needs in ways other than the provision of services.

Another reason behind this is that there has been an increase in new people who received Short Term Support to Maximise Independence (STSMI) in comparison to 2015/16, with the same proportion of people continuing to live at home following the end of this support (67%).

The council spend on ASC is relatively significant, accounting for approximately 30% of the total council budget in 2016/17 was spent on ASC, equating to a net spend of £78.1m.[i] Therefore it is important to understand the demand for care and attempt to predict this going forward, in an attempt to best allocate decreasing Government funding and increase efficiency of service.

Figure 21 Allocation of net spend for adult social care in 2016-17





See also:

Annual Report for Adult Social Care 2017

Disabilities

Adults who consider that their day-to-day activities limited due to a health problem or disability which has lasted, or is expected to last, at least 12 months, are far less likely to report their general health as good (35% compared to 89% for those who don't).[ii] According to the 2011 census, 56,274 people of all ages declared that their everyday activities are limited a little or a lot by a long-term health problem or disability. **Coventry (76.3%) is doing well in terms of the proportion of adults with a learning disability who live in a stable and appropriate accommodation**

compared to the West Midlands (67.9%) and England (75.30%).

Falls and frailties

Falls pose a particular issue for older people, with over 65 year olds at most risk. Falls and related injuries are a major cause of disability and a leading cause of mortality in people aged 75 and over in the UK.[v] **Emergency hospital admissions in coventry due to falls in people aged 65 and over is 2,704 per 100,000 population** in 2015-16, this compared to West Midlands 2,185 and England 2,169 per 100,00 population

In terms of the impact this has, it is estimated that around 30% of people aged 65+ and living at home, and about 50% of people aged 80+ and living at home or in residential care, will experience at least one fall a year. It has been noted that falls prevention services are amongst the strongest sets of evidence for their effectiveness. If help is offered after a first accident, the likelihood of that person having a second fall is reduced by 75%, thus saving money for NHS and social care, and achieving better outcomes for people.[vi] Coventry has increased preventative approaches and also increased the use of technology to enable people to live independently in their own home. Part of this is an enhance Telecare offer across the city, providing support in the community and enabling people to maximise their independence.[vii]

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[i] Coventry City Council, Adult Social Care Annual Report 2017

[ii] Coventry City Council, Life in Coventry Survey 2016

[v] NICE

[vi] Bolton, J., Predicting and Managing Demand in Social Care, Discussion Paper 2016, p.13 (PDF)

[vii] Coventry City Council, Adult Social Care Annul Report 2014/15

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Infectious diseases

Over 90% of target achieved for all childhood vaccines	69.3% of over-65s received Influenza vaccine (2016-17)	51.6% of under 65s received Influenza vaccine (2016-17)
25.8 (per 100,000) local incidence of Tuberculosis	85.4% the treatment completion rate for people diagnosed with Tuberculosis	14.6 (per 100,000 per year) new diagnoses of HIV in adults aged 15 years and over

Immunisations

The primary aim of immunisation is to protect the individual who receives the vaccine and this makes them less likely to be a source of infection to others. In the UK diseases which once caused significant morbidity and mortality are now only seen in relatively small numbers as a result of effective immunisation campaigns.

Widespread immunisation decreases the risk of communicable disease in the individual and to the population, and thus prevents subsequent morbidity.

Childhood immunisations

It is important that new parents remain aware of the need to protect their children against diseases such as whooping cough, measles, rubella and diphtheria which can cause significant morbidity. Advances in medical research and vaccine technology result in more potentially life threatening disease being protected against, for example the introduction of a vaccine against HPV for teenage girls in 2008.

All children are eligible for the national childhood immunisation schedule, with additional vaccines given to specific high-risk groups. For example, measles, mumps and rubella used to be common childhood diseases. Following the introduction of the MMR numbers of cases were low. However in recent years coverage of the MMR reduced, again because of ill-unfounded concerns about safety, and there continues to be outbreaks of measles across the country.

Fortunately, Coventry continues to achieve the >90% target for all childhood vaccines.[1]

Influenza

Influenza vaccinations have the potential to reduce morbidity and mortality in those infected with the virus, as well as to prevent the spread to those who are not immunised. Currently, the influenza vaccine is available to the over-65s, to children aged 2 to 7, to pregnant women and to other high-risk groups. In Coventry, around 37,500 people are eligible for the ‘flu vaccine. **In the over-65s, 69.3% received the vaccine in 2016/17 and** is currently similar to the national and regional vaccination rates. Fewer eligible people under the age of 65 are successfully vaccinated, with only 51.6% receiving the vaccine in 2016/17. This is higher than the regional average (49.5) and national average (48.6%), but more needs to be done to attract the large proportion of eligible under-65s who did not attend for immunisation in previous years.

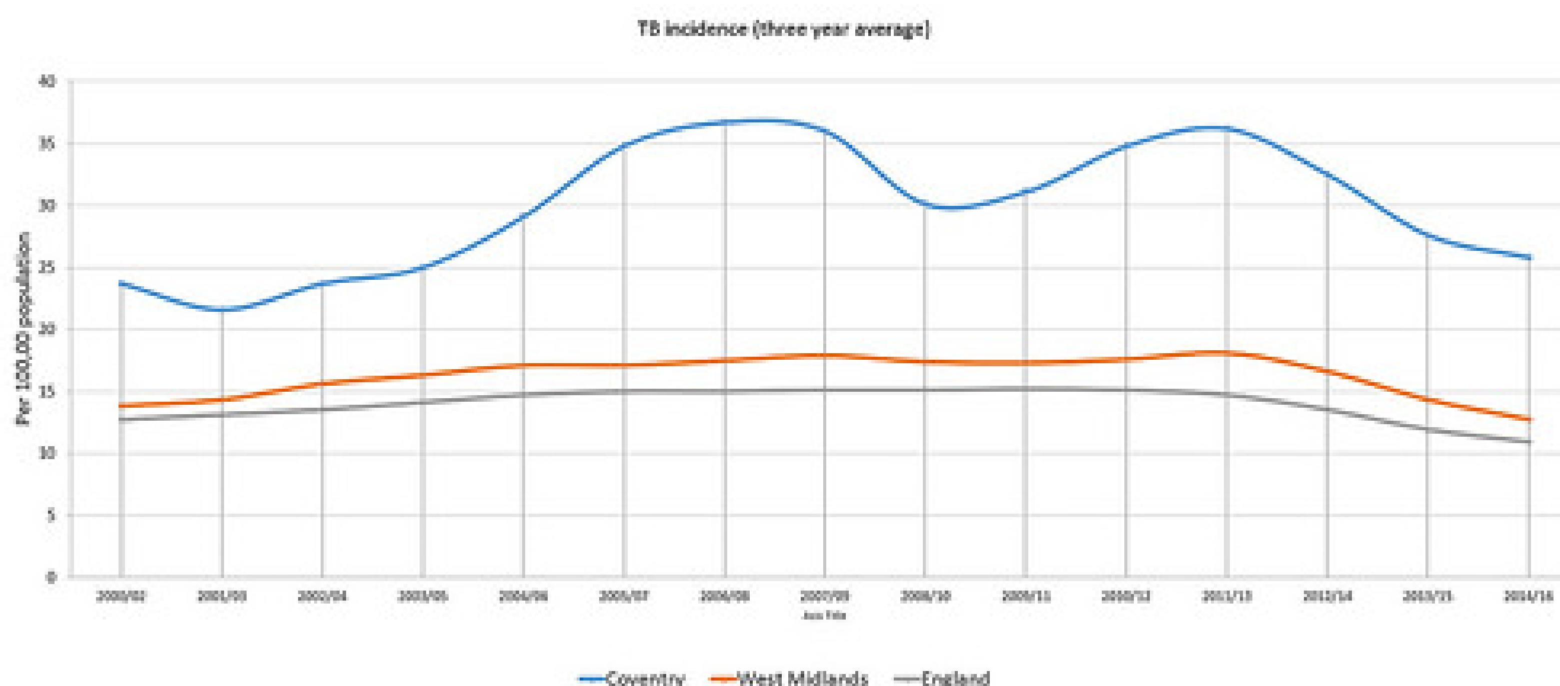
Tuberculosis

The incidence of tuberculosis (TB) has been relatively stable across the UK over the previous few years.[2] However, the incidence of TB in the UK is much higher than in most Western European countries despite widespread efforts to improve prevention, treatment and control. **In Coventry, local incidence of TB is at a rate of 25.8 per 100,000** – significantly higher than the incidence in the West Midlands and England (12.7 and 10.9 per 100,000 respectively). Geographically, Foleshill and St Michaels electoral wards had higher rates of tuberculosis when compared with the average for the City.[3]

TB infection is associated with certain ethnic groups (e.g. South Asian and African communities), especially in those born abroad.[4] The Migrant Health Needs Assessment indicates that 73% of diagnosed TB cases were in individuals who were non-UK born, this is similar to the national level where 75% of all notifications for tuberculosis are in individuals from countries with a higher prevalence of TB.

Risk factors related to TB include poor nutrition, alcohol and substance misuse, and poor housing conditions. Vaccinations of high-risk groups can reduce the infection rate, and the disease is less likely to spread if those that are infected are diagnosed promptly and receive appropriate treatment.[5] In Coventry, the treatment completion rate for people diagnosed with TB is 85.4%.(2013)[6] This is better than the national average of 84.8%, but still means that a proportion of those diagnosed do not complete treatment and are thus still potentially able to transmit the disease to others.

Figure 21 Incidence of tuberculosis (three-year average number of reported new cases per 100,000 population)



Sexually transmitted infections

HIV

Human immunodeficiency virus (HIV) infection is an important public health issue as it is currently incurable and is associated with significant morbidity. Coventry has the highest prevalence of HIV infection in the West Midlands, and there are 640 people with a known diagnosis of HIV in the city. **The rate of new diagnoses of HIV in adults aged 15years and above in Coventry is 14.6 per 100,000 per year** – significantly higher than the West Midlands and England (which have rates of 8.6 and 10.3 per 100,000 year).[7] A major concern is the late diagnosis of the disease in many cases, as a good life expectancy can be achieved if antiretroviral therapy is instituted early.[8] The proportion of people with HIV in Coventry presenting late in the disease process (as defined by a low concentration of the specific white blood cells that are attacked by the virus) has reduced from 61% in 2009-11 to 54.1% in 2012-14 and **52.8 in 2014-16.** However, this is significantly worse than in West Midlands (44.1%) and England as a whole, where 40.1% of HIV diagnoses present late.

The prevalence of HIV is 30 times higher in black-African communities than in the general UK population, and this may be contributed to by infections acquired abroad coupled with HIV-related stigma.[9] HIV is also associated with deprivation, with infection being three times more common in the most deprived areas. The early diagnosis and management of HIV significantly improves both quality of life and survival, and reduces the risk of disease transmission. More, therefore, needs to be done to improve the early detection of HIV infection.

- **Find out more on the HIV profile**.

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[1] Public Health England, public health outcomes framework

[2] Public Health England, public health outcomes framework

[3] Coventry City Council, Migrant health in Coventry health needs assessment

[4] Public Health England, Tuberculosis in the UK (PDF)

[5] Roy A., Eisenhut M., Harris RJ., et al. Effect of BCG vaccination against mycobacterium tuberculosis infection in children: systematic review and meta-analysis. BMJ 2014; 349: p.4643

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[7] Public Health England, Sexual and reproductive health profiles

[8] Samjim, H., Cescon, A., Hogg RS., et al. Closing the gap: increases in life expectancy among treated HIV-positive individuals in the United States and Canada. PLoS One 2013; 8 (12): e81355

[9] Public Health England HIV in the United Kingdom (PDF)

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