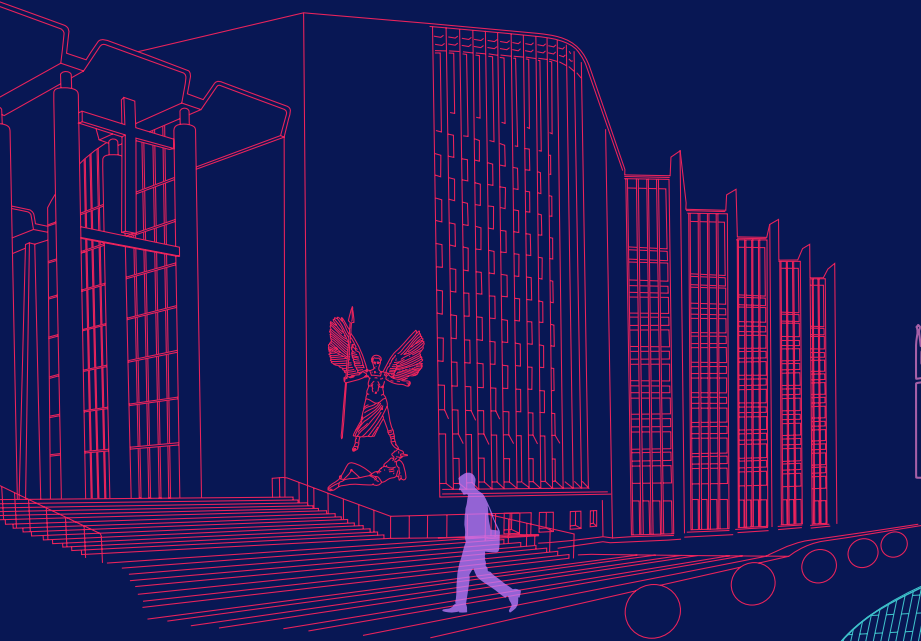


COVENTRY JOINT STRATEGIC NEEDS ASSESSMENT



# Coventry

## Citywide Profile 2019



Coventry City Council



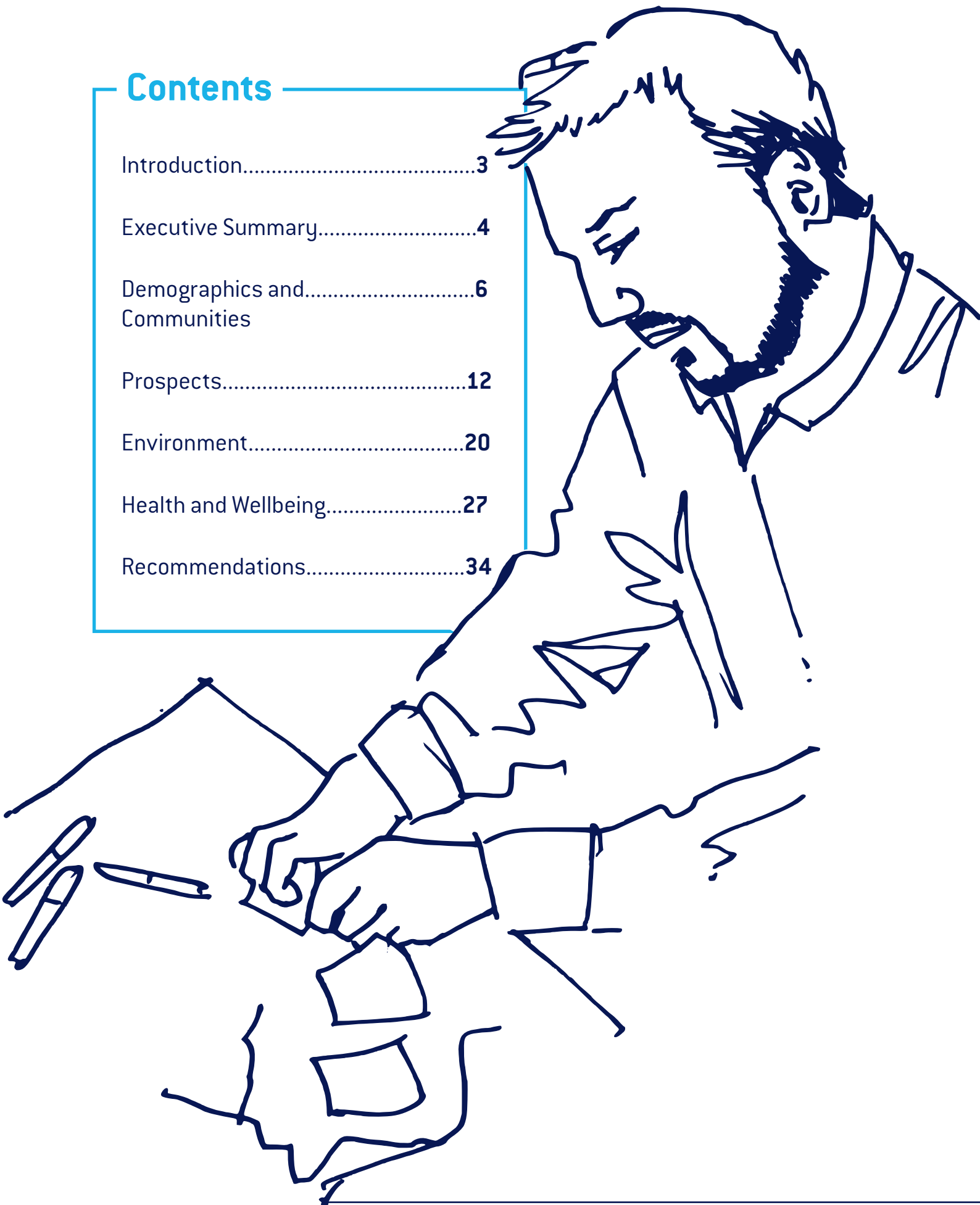
COVENTRY & WARWICKSHIRE  
YEAR OF WELLBEING  
2019



Coventry  
Health and Wellbeing

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# Introduction

## What is the Coventry Joint Strategic Needs Assessment (JSNA)?

Welcome to the Coventry Joint Strategic Needs Assessment (JSNA). The JSNA brings together evidence about the health and wellbeing of Coventry residents, to help leaders across health and care understand and work together to improve the health and wellbeing of the people of Coventry.

Health is more than the healthcare system: it is not just about NHS hospitals, doctors or nurses. Instead, health is about people's lives. Indeed, people's health is determined by their economic and social circumstances, such as:

- their communities; for example, whether they have access to a good network of family and friends;
- their prospects; such as whether they have access to good jobs and education; and
- their environment; such as whether they live in a good neighbourhood with access to green spaces.

These social circumstances determine people's health and wellbeing, and therefore, are known as social determinants of health.

This JSNA contains a full range of evidence to provide decision-makers with an understanding of local people and communities. It contains a lot of numbers and statistics, because these are essential to show the trends of how things have changed, as well as comparisons with other places. However, because health is about people, this JSNA also contains a lot of evidence from local people and local community groups.

## About this JSNA

The Health and Social Care Act of 2012 places a duty on Health and Wellbeing Boards to produce a

Joint Strategic Needs Assessment. In April 2018, the Coventry Health and Wellbeing Board authorised a move towards a place-based approach to the JSNA, with the production of a citywide JSNA analytical profile, plus JSNA analytical profiles for each of the city's eight Family Hub reach areas.

This JSNA is produced in 2019 by Coventry City Council with co-operation from partners across the Coventry Health and Wellbeing Board and ideas contributed by 70 community organisations and over 200 residents.

Each JSNA analytical profile is structured as follows:

- demographics and community;
- prospects;
- environment; and
- health and wellbeing.

For each topic area covered, the JSNA explores:

- Why is this an issue?
- What is the local picture? How does it compare?
- What is happening in the city? What else can be done?

In addition to the JSNA analytical profiles, detailed statistical data and evidence is available in the citywide intelligence hub at [www.coventry.gov.uk/jsna](http://www.coventry.gov.uk/jsna). The hub provides tools to compare and contrast metrics and indicators of all kinds.



# Executive summary

## Demographics and community

### **Organisations need to plan for a growing, changing and increasingly diverse population.**

The city has experienced a high rate of population growth in recent years, particularly amongst 18-29 year olds. However, the growth of over-65s is expected to accelerate and outpace other groups within 10-15 years. As the city grows, it is also becoming increasingly diverse. This is fuelled by births and international migration. In schools, about half of Coventry pupils are from Black and Minority Ethnic backgrounds.

### **Although the city is cohesive, people do not feel they have influence over local decisions.**

The city's diversity and cohesion are assets to Coventry. People from different backgrounds report that they mix and get on well with one another. More emphasis on increasing participation will reduce barriers to cohesion.

## Prospects

### **Employment and skills have continued to increase, particularly in highly skilled jobs.**

Employment has increased and unemployment has reduced. The city's advanced manufacturing sector is growing, helped by the increase in the city's working age population that is highly skilled and highly qualified. Education standards have also increased, with 94% of primary and 74% of secondary students attending a good/outstanding school; and fewer young people not in education, employment or training.

### **However, significant pockets of deprivation limit people's opportunities to succeed in life.**

Nearly 19% of Coventry neighbourhoods are amongst the 10% most deprived neighbourhoods in England. 10% of the population has no qualifications at all, limiting their ability to gain more rewarding employment in the city. To transform life chances in these areas and thereby increasing everybody's opportunity to succeed in life requires ensuring every child achieves a good level of development by the age of five. This is because **social inequalities are already established from the early years of life.**



## Environment

**The vast majority of people are satisfied with their local area as a place to live.** Most people live within walking distance of a general/grocery shop, public transport links, parks, pubs, GP surgery/health centre, or a place of worship, providing opportunities to socialise, exercise and enjoy their lives. However, **this masks pockets of dissatisfaction which could be further explored through a more detailed understanding of local needs.** The place-based JSNA profiles will explore these in more detail, for instance, addressing issues around access and affordability of housing; and local air quality.

**Increasing fear of crime impacts on local residents' health and wellbeing.** Violent crime has increased, reflecting the national trend. The coverage in the media and social media impacts on residents' perceptions of safety, which, in turn, affects people's mental wellbeing. Consideration should be given to increasing social media presence to communicate with communities, with families and young people in particular.

## Health and wellbeing

Overall health in the city is below average, **with residents living in more deprived parts of the city not only living shorter lives**, but also spending a greater proportion of their shorter lives in poor health than those living in less deprived parts of the city. However, focusing solely on the most deprived areas is ineffective and may stigmatise people. Making things fairer requires **improving the health of all social groups, in a way that reflects each group's assets and needs.** This is called a "social gradient" approach. Examples of where a social gradient approach can be adopted include hospital accident and emergency, where vulnerable groups are more likely to be users of emergency admitted care services, and less likely to take up vaccinations and screenings.

**Communities are best placed to address health challenges. This is because they have networks, understanding and legitimacy.** However, their resources are limited and capacity is stretched. The public sector must, therefore, **change how it works with communities, by shifting to an 'enabling' leadership style; pooling engagement resources and building capacity.**

# Demographics and Communities



## Coventry City Centre



## Population

### Why is this an issue?

By understanding Coventry's changing demography and communities (that is, the characteristics of the city's population), local communities and organisations can ensure that the city has the right mix of services to meet the needs of its people.

### What is the local picture?

#### How does it compare?

Coventry's population is growing, changing and increasingly diverse. In the past ten years, Coventry's population has grown by a fifth, making it the second-fastest growing local authority outside of London. In 2016-17, its growth rate is the seventh highest.

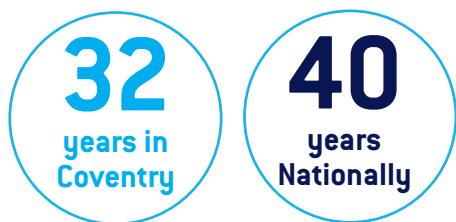
The city's growth is particularly high amongst 18-29 year olds. The biggest rate of growth is amongst 25-29 year olds across the city. This is followed by 18-24 year olds who are concentrated in the city centre and surrounding neighbourhoods. This includes an increase in the student population.

Coventry residents are, on average, eight years younger. The increase in young adults has continued to lower Coventry's median age. It is 32 years in 2017, compared to 40 in England or the region.

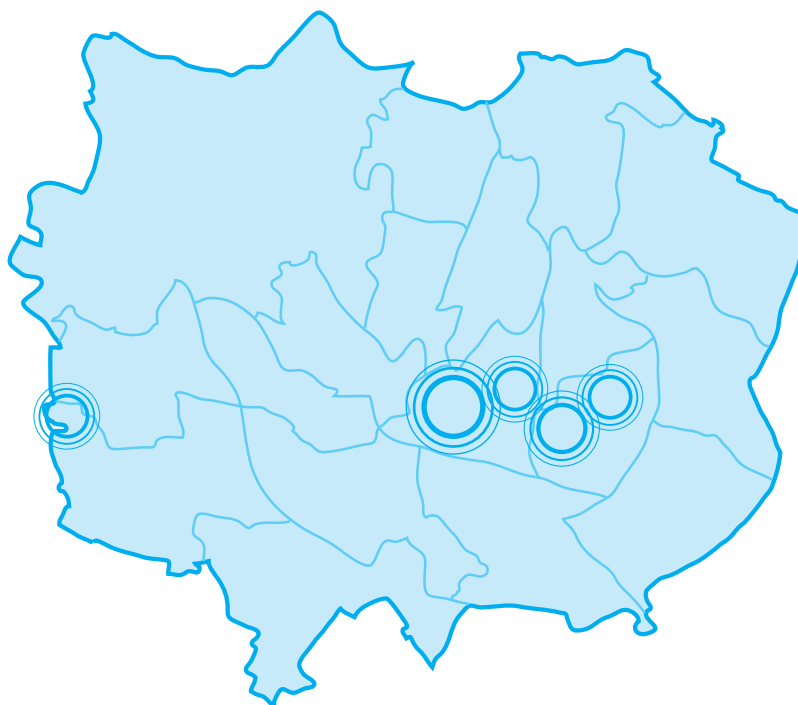
The number of older people is increasing – and this is expected to accelerate and outpace other groups. In 2017, 14% of Coventry's residents (nearly 50,000 people) were aged over 65, and 2% (7,000 people) were aged over 85. In a decade by 2029, the city should expect to have an additional 8,900 people aged over 65 and an additional 2,000 people aged over 85.

A third of the city's population growth is concentrated in one-tenth of the city, so local organisations may need to review the location of its services. Population growth has been concentrated in and around the city centre and a few new housing developments such as around Banner Lane, Lower Stoke and Wood End.

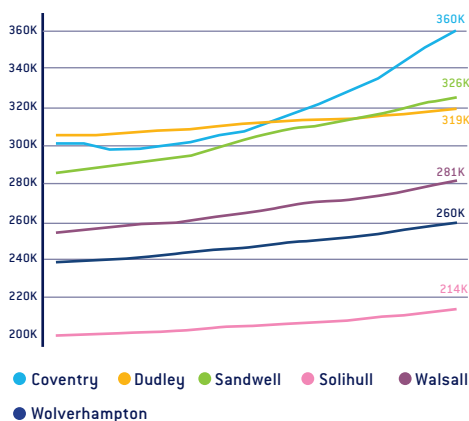
MEDIAN AGE, 2017



POPULATION GROWTH HOTSPOTS



POPULATION GROWTH



**What is happening in the city?  
What else can be done?**

With a growing young population, the city has had successes with adopting a partnership approach to increase opportunities for young people. The Coventry Youth Partnership has brought together 33 youth-focused organisations across the city, ranging from small local agencies to large national organisations, to leverage external funding to put on activities for young people. Many of these partners had not previously known of each other or been able to collaborate successfully. Equally there were significant challenges and complexities regarding bringing organisations together who had formerly competed for resources. By working in partnership, rather than in competition with each other, the city’s youth organisations can pool and co-ordinate resources and speak with one voice to external funders. They reached out to a range of funders to secure investment to undertake youth work and have been successful in securing significant funding not accessible to the Council.

There is, however, opportunity to do even more, by getting the public sector, universities, colleges,

schools and others to share their volunteers, resources and venues to increase the number of activities available for young people. 72% of young people said they did not take part in youth activities in their area, and almost two-thirds said they were not aware of activities for youth in their area.

Partners across Coventry must consider appropriate messaging to address local anxieties about the growing student population. While many residents agree that the city benefits from the expansion of the city’s two universities, the feelings are mixed, with some describing feeling ‘overwhelmed’ by the extent of student housing in the city centre, as if the city centre is no longer ‘for them’.

“ Local people don’t feel the city centre is for them anymore. Show them what there actually is in the city centre, show that it is not just the university. **Local resident** ”



Grassroot organisations help to bring the community together. They would be able to do more if there was investment into building their capacity and sharing expertise. The city has a range of local peer support groups that address specific needs and protected groups, e.g. age, gender, culture, religion, sexuality, and health needs. To individuals, these peer support groups form the bedrock of their social networks and interaction. For some, they may be their only form of social contact.



I used to go to the library but now I'm completely blind. I can't do it on my own. The group leader brings me here.

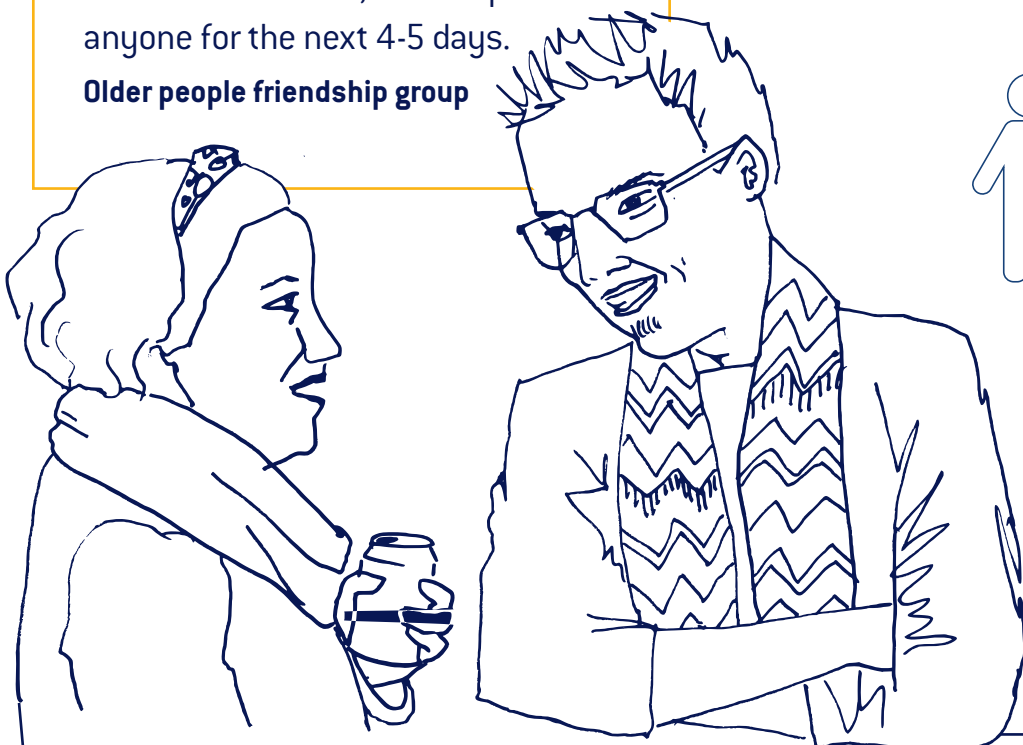
**Blind and visually impaired group user**

A lot of people are alone and they have no family. This group is the only time they see other people.

**Mental health peer support group**

If I don't come here, I don't speak to anyone for the next 4-5 days.

**Older people friendship group**



**Diversity**

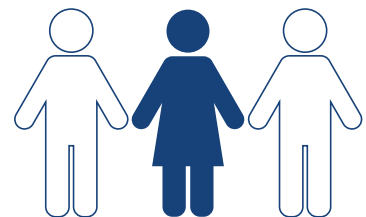
**Why is this an issue?**

The growth of new communities can change the age and ethnic profile of the city, which can have an impact on demand for local services such as schools and GP surgeries.

**What is the local picture?  
How does it compare?**

The city's growth is a consequence of international migration as well as births. As a result, the city is becoming increasingly diverse. In the 2011 census, 33% of the population identified as people of Black and Minority Ethnic (BME) background, compared to 22% in 2001. It is likely that the population has become even more diverse in recent years since 2011. Of the BME population, Asian Indian forms the biggest group. The most notable increases are amongst Black African, Asian Other and White Other groups. The biggest factor for population growth in Coventry is international migration. There have also been significantly more births (4,400) than deaths (2,900) in the city. The growth of the city's two universities contributed to the increase, but it is by no means the whole story.

**A DIVERSE POPULATION**

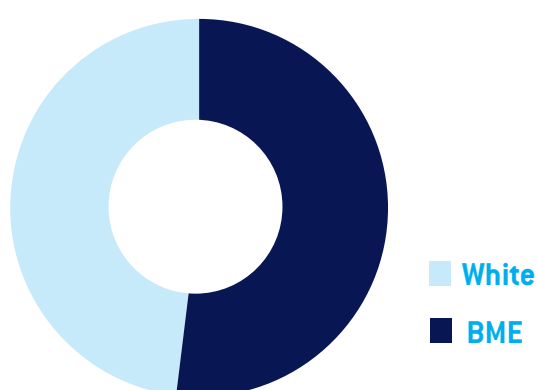


**33%**

of Coventry population are BME

The city is expected to become even more diverse, with nearly half of Coventry pupils from BME backgrounds. According to the latest school census, 52% of Coventry's school children are from a BME background, up from 38% in 2011. The biggest population growth in school children is seen in Black African, Asian Other and White Other groups.

### COVENTRY'S SCHOOL POPULATION



The composition of migrants is changing. In recent years, there has been an increase in new students coming from China and a decrease in new workers coming from Poland. In the last few years, the most common countries of origin for GP registrations for people newly resident in Coventry are, in order, China, India and Romania; but for National Insurance Number (NINo) registrations, they are, in order, Romania, India and Poland. The fact that China is significantly the highest out of GP registrations but not amongst the highest amongst NINo registrations suggests that a large number of the new arrivals from China are students. The number of people from Poland newly registering for a NINo has been on a decreasing trend recently.

Newly arrived communities do not change the city's overall health profile; however, there may be a number of specific health needs. Barriers to access should be delivered by a culturally competent health and social care workforce, one that makes use of the rich community assets in the city.

### What is happening in the city? What else can be done?

As it becomes more diverse, the city remains cohesive. 95% of residents have chatted with their neighbours (more than to say hello), with 72% chatting as often as more than once a week. 88% of adults think their neighbourhood is a place where people get on well together despite differences in ethnicity, faith, social backgrounds, and countries of origin. It is notable though, that this indicated a 6% drop from 2016 figures. Coventry residents have a good sense of belonging. 83% of adults felt a sense of belonging to Coventry, and 77% felt they belonged to their immediate neighbourhood. 27% have lived in the same neighbourhood for over 20 years.

#### GOOD NEIGHBOURS



However, the city must not become complacent and must be ready to stamp out signs of radicalisation and extremism. Some migrants reported feeling less safe and less welcome following the referendum to leave the European Union in 2016. In addition, some groups of people feel left behind by the rest of society and there are concerns that this may fuel the rise of extremist views and behaviours. Projects, such as Building Bridges, are an example of how a partnership approach of pooling resources between the public sector and voluntary/community organisations can help empower and build capacity/skills within local populations and newly arrived communities. These projects help to promote community cohesion.

Although the city is cohesive, people do not feel they have influence over local decisions. 61% felt they had no influence over decisions affecting their local area. Furthermore, there is a sense of negativity or resignation, with 55% saying that even if given the opportunity, they would probably not get involved to make improvements to their local area.

As the city becomes the UK City of Culture, there is a once-in-a-generation opportunity to bring communities together. In 2018, 22% of adults attended less than three cultural events in the city. The successful bid for the City of Culture title has improved perceptions of the city and there is an opportunity to convert this into sustained and lasting improvements for cohesion and engagement. Through the events programme for the European City of Sport 2019, Year of Wellbeing 2019 and City of Culture 2021, as well as the continuation of the volunteer-led Positive Images Festival, there is opportunity to improve connectivity and inclusion by identifying and building a pipeline of local talent within the city's diverse communities.



There are tons of good stuff that people don't know about. Lots of hidden gems that you don't know until you find them.

**Local community organiser**



There are barriers around communication and awareness in the city, but there are also examples where working together has improved matters. The city has a wealth of voluntary and community groups addressing specific issues – but these are often un-coordinated, which results in duplication of work, diluting the resource and capacity of these groups.

For example, in recent years the city experienced a growth in the number of foodbanks. This has meant each foodbank has less food to give and without co-ordination, signposting people to help has become more difficult. To address this, community organisers, academics, City Council representatives, and local business people worked together to form Feeding Coventry, which has grown a network of food providers working together to address the problems of malnutrition, food poverty, and limited access to nutritional food. Feeding Coventry also created a

space for different groups to discuss and develop co-ordinated approaches to food poverty and food security.

There is appetite across local and voluntary organisations for more joined-up working to improve awareness and communication of the activities and networks available in the city. The public sector has a responsibility to change how it works with community groups across and between sectors. For example, the Coventry Women's Partnership, a partnership between Foleshill Women's Training, Coventry Haven Women's Aid, Coventry Rape and Sexual Abuse Centre (CRASAC), Coventry Law Centre, and Kairos Women Working Together, helps women so they only have to tell their story once, while the partner organisations share the information amongst themselves to provide co-ordinated support.

Coventry SkyRide



# Prospects





Dol-y-moch Mile

## Best start in life

### Why is this an issue?

Avoidable differences in health that appear during pregnancy, birth and the early years impact on a person's lifelong health, happiness and productivity in society.

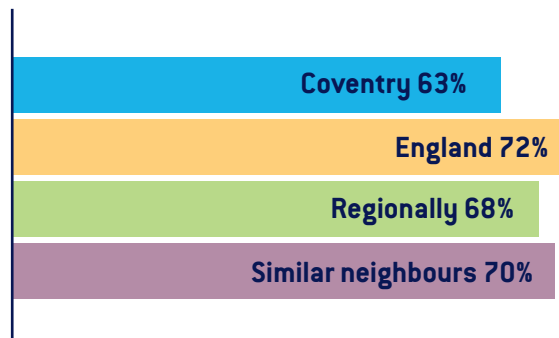
### What is the local picture?

#### How does it compare?

Avoidable differences in health emerge by the time a child reaches the age of five. At birth, Coventry appears to be better than the national average, with high rates of breastfeeding initiation, however by the age of five, fewer achieve a good level of development than in other similar places.

Breastfeeding rates in the city are significantly higher than average. 78% of mothers in Coventry initiated breastfeeding in the first 48 hours after delivery (2016/17) and 48% were still breastfeeding six to eight weeks after birth (2017/18) – both significantly higher than the national average.

## FREE EARLY EDUCATION TAKE UP RATES



By the age of two-and-a-half, 82% of Coventry toddlers are at the expected level of development. This is similar to the national average. Only 83% of Coventry toddlers were offered the tests though, which was lower than the national average (90%).

However, a relatively low proportion of parents of two-, three- and four-year olds in the city take up their entitlements for free education. All two-year olds whose parents claim certain benefits are entitled to 15 hours of free early education per week. Yet fewer than two-thirds (63%) of Coventry parents take up their entitlements – compared to 72% in



Coventry City of Sport 2019

England, 68% regionally, and 70% in places similar to Coventry. All three- to four-year olds are entitled to 15 hours free education, but only 89% of parents in Coventry take up their entitlements – compared to 94% in England, 96% regionally, and 94% in places similar to Coventry.

**By the age of five, fewer children achieve a good level of development (68%) than nationally (72%) or in similar places.** A child achieves a “good level of development” if they perform at the expected level in all the early learning goals: communication and language, physical development, personal, social and emotional development, and literacy and mathematics.

**Not only do fewer of the city’s children achieve a good level of development, but the most disadvantaged five-year olds in Coventry are also further behind.** The city’s lowest performing 20% of five-year-olds lag behind the rest by 37%. That is five percent wider than the gap nationally. Amongst children in receipt of free school meals, 55% achieve a good level of development, compared to 70% for all children.

**Girls do better than boys – but are still behind the national average.** In addition, only 64% of children of mixed ethnicity achieve a good level of development. While it is important to support the most vulnerable groups, it is essential to support all groups in a targeted way.

## % ACHIEVING A GOOD RATE OF DEVELOPMENT

68%  
Coventry

72%  
Nationally

### What is happening in the city? What else can be done?

The city’s family hubs help co-ordinate early intervention and support. Family hubs have brought together health visitors, social care, midwives, police and others to identify vulnerable families and put together a collaborative package of support. This will help to ensure that families have access to the support they need, including addressing maternal isolation, accessing activities to improve their children’s life chances, and providing help with finances.



“Many families eat junk food over healthy food because it is cheaper. The popularity of Coventry’s breakfast clubs reflects this type of poverty.” – **engagement professional**

“The choice between heating and eating is a real issue for many people.”

“The benefits system is stressful and detrimental to mental health and wellbeing. There is a perceived lack of support around assessments.”



There are ambitions for joint working between the public sector and voluntary sector. Family hubs and the out of hospital programme want to work collaboratively with community groups. Meanwhile, community/voluntary groups want to grow their impact – and see working with the public sector as one way to do so.

### CASE STUDY

The Real Junk Food Project is a pop-up café that takes place every week at the Families for All Family Hub. The café provides local families with fresh meals on a 'pay-as-you-feel' basis. Through this, families can make social connections, find activities for their children, and access help from Family Hub staff informally. This partnership is increasing the capacity and reach of both the Family Hub & the Real Junk Food Project, enabling both parties to help more vulnerable families.



An example of partnership working is the MAMTA service, a culturally-sensitive child and maternal health programme for BME women. The service works with midwives, health visiting teams and other health professionals to educate women on health improvement in Foleshill and St Michael's by using bilingual peer support and community engagement. The centre has also partnered with Coventry University on a research project called Learning about Infant Feeding Together (LIFT) aimed at improving support for parents.

## Education and skills

### Why is this an issue?

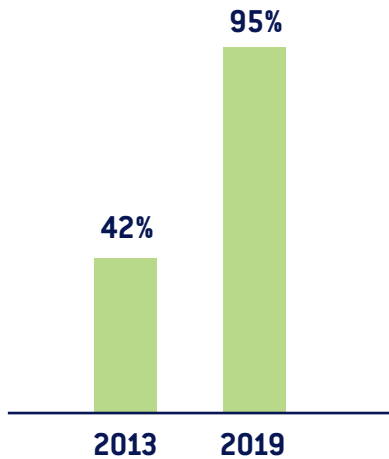
Lack of educational attainment and low aspirations are major causes of a wide range of social disadvantages later in life, including poor employment prospects, social alienation and mental and physical health problems. To help children and young people realise their full potential in life, these barriers should be addressed through championing high levels of educational attainment and raising their aspirations.

### What is the local picture? How does it compare?

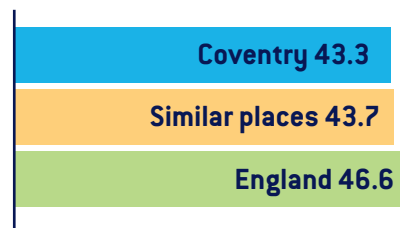
95% of the city's primary school pupils attend a good or outstanding school – but there is no room for complacency. Primary school ratings by Ofsted, the inspector for schools, show that Coventry primary schools have consistently improved over the years, rising from 42% in 2013, to 95% in 2019.

However, Coventry's performance at the end of year 2 (key stage 1) is below that of similar places. Overall, Coventry's performance in writing and maths has improved in 2018; Coventry is at the same level as the England average for maths but is marginally lower for writing.

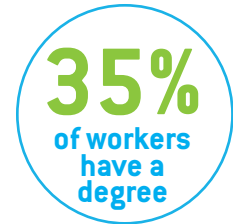
### % OF GOOD OR OUTSTANDING PRIMARY SCHOOLS IN COVENTRY



### COVENTRY'S PUPIL ACHIEVEMENT SCORES (END OF YEAR 11)



### UNIVERSITY STUDENT NUMBERS



At the end of year 6 (key stage 2), 62% of Coventry children met the expected standard in reading, writing and maths. This is slightly better than the 61% in similar places, and Coventry is making improvements at a faster rate than nationally, narrowing the gap with the England average (64%). However, there is still room for improvement: the city's negative expected progress score suggests that on average, pupils in Coventry perform worse at the end of year 6 than expected, compared to those with similar prior attainment nationally.

In 2018, the higher performing groups in key stage 2 include: pupils with a Bangladeshi, Indian, Pakistani or Other Asian background; and pupils whose first language is not English. The lower performing groups in key stage 2 include: pupils with an education health and care plan, pupils receiving special educational needs support, pupils eligible for free school meals; pupils who joined the school in year 5 or year 6, and pupil with a Black Caribbean ethnic background.

**In secondary education, pupils in Coventry achieve a lower level of attainment and progress than average.** 74% of Coventry's secondary school pupils attend a school that is rated good or outstanding by Ofsted. This is 9 percentage points below the England average.

In 2018, the city's progress 8 score, which is the government's value-added measure of progress

made by pupils in secondary school up to year 11 (key stage 4), was below average (-0.08). However, Coventry's progress 8 measure is ahead of similar areas (-0.14) and improved from 2017 (-0.12). Recent research into the progress 8 measure, however, suggests concerns around its reliability and potential for bias because it does not take context into account.

Coventry's attainment 8 score, which is the government's preferred measure of pupil achievement at the end of year 11 (key stage 4), was 43.3 in 2018. This has increased from 42.8 in 2017; but remains lower than the figure of 43.7 for similar places, and 46.6 for England. From 2017 to 2018, Coventry's attainment 8 score improved by 0.5, faster than England's rate of improvement of 0.2, therefore closing the gap by 0.3. Attainment 8 scores are calculated for each pupil, by adding up the points achieved in their eight English Baccalaureate subjects taken at GCSE and dividing by 10. A school or city's attainment 8 score is then calculated by averaging all the pupil's scores.

37.5% of pupils in Coventry achieved a "strong pass" of grades 9-5 in English and Maths in 2018, up from 36.2% in 2017. This compares to 38.6% in similar places and 43.3% in England.

60.2% of pupils in Coventry achieved a "standard pass" of grades 9-4 in English and Maths in 2018, up from 58.3% in 2017 and better than the 59.5% in similar places. However, this is below the national average of 64.2%.



In 2018, the higher performing groups in key stage 4 include: pupils with an Indian, Bangladeshi, Other Asian or Any Other background; and pupils whose first language is not English. The lower performing groups in key stage 4 include: pupils who joined in year 10 or year 11, pupils with an education health and care plan, pupils receiving special educational needs support, and pupils eligible for free school meals and/or have accessed free school meals at some point in the last six years.

For 16-18 year olds (at key stage 5), Coventry's average point score is Grade C, which is slightly below the average of Grade C+.

**More young people in Coventry finishing school or college progressed into sustained education, employment or training. Fewer young people are not in education, employment or training (NEET).** It is estimated that 380 Coventry 16-17 year olds are NEET or whose activity is not known. This is equivalent to 5.4% of that age group and is lower than the regional or England rates. The city continues to have a slightly higher than average percentage of young people proceeding from school or college to a sustained education, employment or training destination in the year after completing their key stage 3 qualifications.

**Coventry is home to two successful universities.** There were 56,700 students at Coventry University and the University of Warwick in 2016/17 – with the number of full-time students more than doubling since 2004/05. The proportion of students from outside of the European Union (EU) has grown, rising from less than one in six in 2004/05 to one in four in 2016/17.

**Over one-third of the city's working age population is highly qualified. However, there are significant pockets of deprivation which limit people's opportunities to succeed in life.** In 2018, 35% of Coventry's working age population is qualified to level 4 or above, which means they have a foundation degree or above. This has increased by over 10 percentage points over the past decade and the city is the second highest within the West Midlands



10% of the city's working age population has no qualifications at all. This may limit their ability to gain more rewarding employment in the city or push them to be redeployed as the city's jobs increasingly require qualified people.

### **What is happening in the city? What else can be done?**

**Despite the presence of two top universities and the network of prestigious companies based in the city and region, there is pessimism amongst some young people regarding their career opportunities.** Some young people are unaware of the city's growing advanced manufacturing sector and the successful games industry in the sub-region.

**Young people's aspirations could be raised by** improving their awareness of the significant and growing opportunities in highly paid jobs available in the city, and the companies' need for people with the right skills and qualifications.

**Innovative approaches can be used to help adults learn skills from one another and build a sense of community at the same time.** The city's Time Union is a system of mutual exchange, where members share their time, assets, and skills on an hour to hour basis. So far, members have exchanged cinema trips and lessons in areas such as languages, fitness, DIY, career and life coaching, filmmaking and crafts.

## Economy and growth

### Why is this an issue?

Being in meaningful paid employment is a protective factor for health. Increasing the quality and quantity of work, and thereby addressing the unequal distribution of income, wealth and power, will contribute to reduce avoidable health inequalities.

### What is the local picture?

#### How does it compare?

In recent history, while Coventry has been a major population centre, business activity has lagged, limiting the prosperity of residents. In the past thirty years, given its size, the city has performed below average according to measures of local economic performance, such as gross value added (GVA).

**In more recent years, the city has experienced good growth, which has led to increased job opportunities.**

In recent years, growth in Coventry's GVA has been healthy, rising faster than the national average. Indeed, the city's GVA per head is now above that of similar places, so overall economic performance is no longer low relative to similar places. This has increased opportunities, with the number of jobs, productivity, and the number of small to medium sized enterprises (SMEs) all improving faster than the national rate, albeit from a low base.

**Coventry residents are taking advantage of the growing opportunities, with more residents in employment and fewer unemployed.** The number of Coventry residents in employment has been increasing strongly for last few years. The employment rate is 72%, with 169,900 of 236,000 working age residents in paid work. This rate is lower than the England average, but is in line with other similar areas with a high number of full-time students. Unemployment rate stands at 4.5%, which is lower than pre-recession levels but in line with the regional and England figures. There appears to be inequalities in employment, with residents of White British ethnicity having higher employment rates than amongst residents from BME backgrounds overall.

## EMPLOYMENT



**72%**  
of working-aged  
people in Coventry  
are employed

## INNOVATION - NUMBER OF PATENTS

(per 100,000 residents)



**The city is now home to some world-class, innovative business clusters.** Successful, world-class business sectors in the city and region include advanced manufacturing and engineering (particularly in aerospace and automotive industries); energy and low carbon; connected autonomous vehicles; business, professional & financial services; and digital, creative and gaming. In 2017, the city is ranked second of 63 city clusters across the UK for the rate of patent applications per population, an indication that the city is innovative.

**However, this has yet to translate into higher average incomes for Coventry residents.** While GVA per head is higher than the average for similar places, gross disposable household income (GDHI) per head is lower than the average for similar places. This means that Coventry residents have lower incomes than expected given the level of business activity in the city.

**There are significant pockets of multiple deprivation in the city and not everybody is taking advantage of the city's growth and transformation.** 18.5% of the city's neighbourhoods are amongst the 10% most deprived areas in England. In total the city is the 46th most deprived local authority area out of 326 across England. Furthermore, the city has a notably higher proportion of households with no working age adult works (17%). One-third of Coventry households with children are regarded as low-income families (33%).

### What is happening in the city? What else can be done?

Uncertainty over Brexit, the departure of the United Kingdom from the European Union (EU), is affecting business confidence and investment. This may have an impact on the recent improvements to the local economy. According to the local Chamber of Commerce, 47% of exports from the West Midlands go to the EU and 62% of goods imported into the West Midlands come from the EU. The majority of businesses in the region (96%) are not supportive of a “no deal” Brexit; with 47% of businesses looking for an EU deal which would enable the UK to stay in both the single market and customs union.

**While more residents are employed, data does not shed light on Coventry residents’ job security nor job quality. Supporting businesses to improve their workplace wellbeing will improve health.**

The improving employment rate has been driven by increases in both full-time and part-time work, suggesting there has been more choice for people seeking employment. While having a job is an important protective factor for health, the quality of the job, such as fair pay, work-life balance and opportunities for progression, also makes a difference on health and productivity. In the West Midlands, the Thrive at Work workplace health and wellbeing awards are the region’s standard of good practice and a quality mark for health and wellbeing in the workplace. The awards support employers

across the West Midlands to improve the health and wellbeing of their staff, engage and communicate with employees more effectively, and help to achieve a range of business and organisational outcomes.

**By working in partnership, advice and support agencies can be more effective in helping the city’s most vulnerable residents share in the benefits of the city’s growth.** For example, the city’s Universal Credit working group and Welfare Reform Working Together Group brings together local advice agencies supporting some of the most vulnerable residents in the city to share updates, learning and collaborate on best practices.



Losing benefits is almost the difference between life and death [£] – if they get sanctioned if they are late or miss an appointment and money stops straight away.

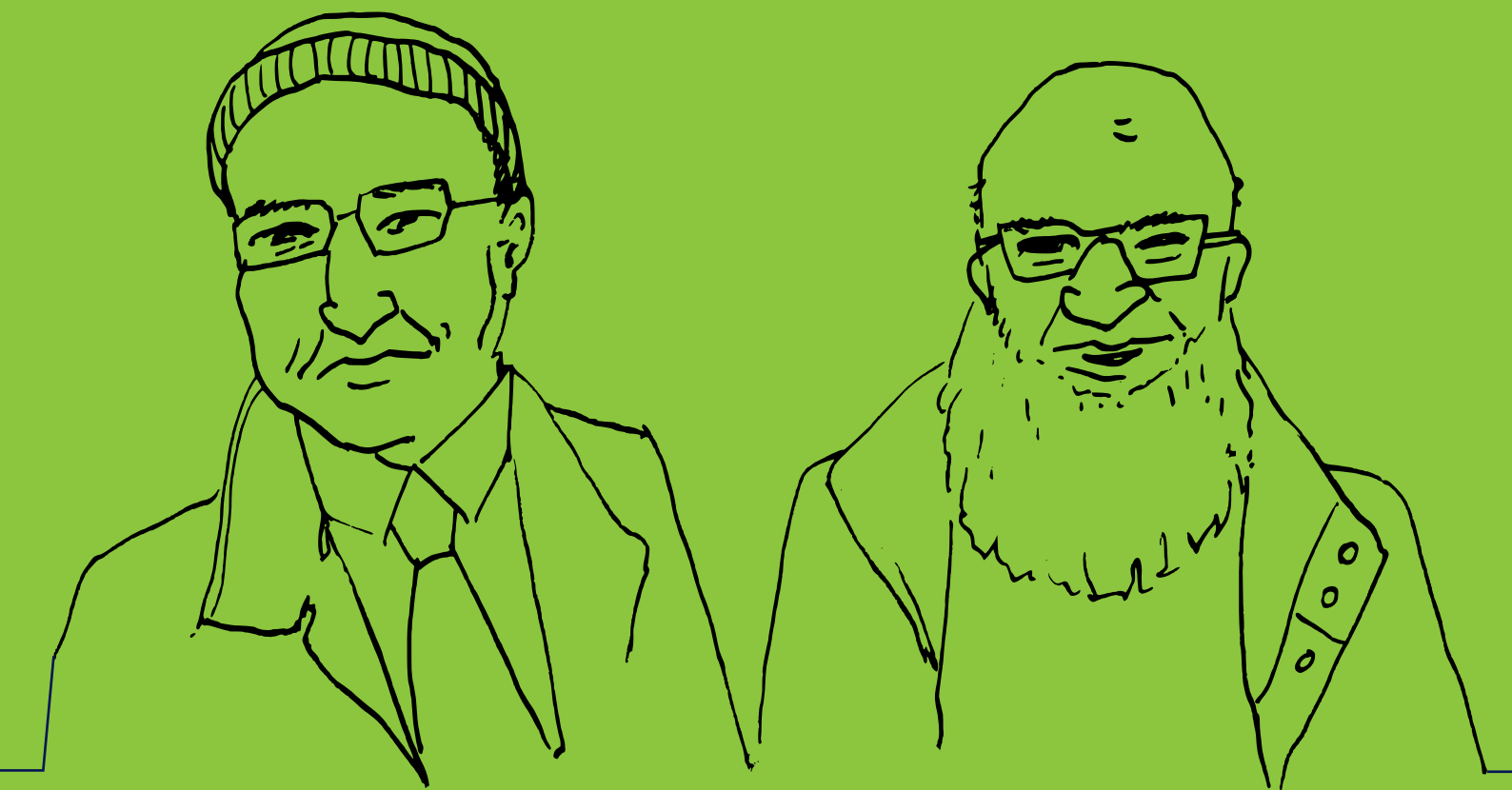
Government sanctions mean people cannot afford food to feed their families. Kids were going to school tired because they weren’t getting proper nutrition.



Many community and voluntary groups, including a substantial number of faith-based groups, are addressing the needs of the city’s most vulnerable residents such as rough sleepers and refugees, by providing food, clothes and charitable donations. A number of these groups feel that they would benefit from co-ordinating resources, better collaboration and having a networked approach.



# Environment





War Memorial Park

## Localities and neighbourhoods

### Why is this an issue?

The quality of the built and natural environment, such as the local neighbourhood, access to local shops and services, and access to parks and green spaces, affects the health and wellbeing of everyone.

### What is the local picture?

#### How does it compare?

The majority of residents (84%) are satisfied with their local areas as a place to live. Most Coventry residents live within a 20-minute walk of a general/grocery shop, public transport links, parks, pubs, GP surgery/health centre, and a place of worship. However, half of the residents did not think their area had changed much in the last two years; a quarter felt it had become worse to live in, and only 9% thought their area had improved.

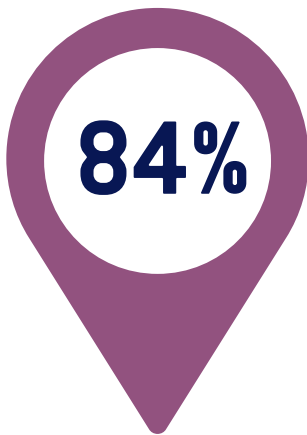
There are 2,000 hectares of green spaces in the city. However, there is considerable variation across the city. Over 20% of Coventry's total area are green

spaces, and 430 green spaces across the city have no entry restriction. Despite this, Coventry trails behind regional average for green space provision by population.

Some residents have no access to green spaces nearby, and there is a lack of access to outdoor sports facilities. Residents in the Mosaic and Moat family hub areas enjoy more access to green spaces than others. By ward, residents in Henley and Wainbody enjoy access to over 100 hectares of green space. In contrast, those in Upper Stoke, Lower Stoke, Radford, and Foleshill have access to levels below the average of 62.3 hectares. The three most frequently visited green spaces in Coventry are War Memorial Park, Allesley Park, and Coombe Abbey Park.

**Certain parts of the city have poorer air quality than EU and international standards.** Poor air quality is a big contributor to mortality and exacerbates certain health conditions. Research suggests that long-term exposure to particulate air pollution contributes to

**SATISFACTION WITH LOCAL AREA**



of local residents are satisfied with where they live

**GREEN SPACE**



**FUEL POVERTY**



**NITROGEN DIOXIDE LEVELS**



**SUSTAINABLE TRANSPORT**



smart, hybrid low-emission buses

death rates at a similar level as obesity and alcohol. Air quality particularly affects the most vulnerable, including elderly people, pregnant women, children, and people with cardiovascular and/or respiratory disease. In Coventry, nitrogen dioxide (NO<sub>2</sub>) is one of the pollutants of concern. While 85% of locations measured had a safe level of NO<sub>2</sub>, there are areas beyond safe levels, including Ball Hill, Foleshill and the Holyhead Road/ring road junction.

**What is happening in the city?  
What else can be done?**

Cleanliness has an impact on residents' perception of safety and community cohesion. In some areas, littering, fly-tipping and dog fouling were major issues.

Public transport companies can help encourage people to shift to more environmentally friendly forms of transport, helping reduce carbon emissions. National Express's Platinum service offer more comfortable seats, free Wi-Fi and on-board USB power to encourage non-bus users to make use of the new, smart hybrid low-emission buses that are compliant to Euro 6 standards. 17 such buses are now in operation in Coventry.

**Housing and homelessness**

**Why is this an issue?**

Historically, housing is only considered in relation to health in terms of support to help vulnerable people to live healthy, independent lives and reduce the pressure on families and carers. However, it is now recognised that good quality housing for all leads to better health and wellbeing, as it indirectly affects early years outcomes, educational achievement, economic prosperity and community safety.

Conversely, rough sleeping and homelessness significantly impacts on a person's mental and physical health, and the longer someone experiences rough sleeping, the more likely they will develop additional mental and physical health needs, develop substance misuse issues and have contact with the criminal justice system.

**What is the local picture?  
How does it compare?**

While house prices tend to be lower than the regional level, rental prices appear to be slightly higher. Just over half (51%) of residents live in privately-owned

properties. The city's house prices on average have increased by £9,400 (+7%) per year over the last five years. This increase is higher than West Midlands region's (+£7,600 per year), but lower than England's (+£10,200 per year). Despite such increase, house prices remained lower than the regional (by £13,000) and national (by £64,000) median prices.

Just over a quarter of residents rent from private landlords. In October 2017-September 2018, the mid-point of available rental prices in Coventry was £625 per month. Rental prices in Coventry appear to be slightly higher than the regional levels and are rising slowly towards the national levels. The differences in purchase and rental prices may reflect the demand for student accommodation in the city – and may eventually be offset as purpose-built student accommodation blocks come on stream.

**Fuel poverty is more prevalent in Coventry than in the region or England.** 15% of all households are considered to be in fuel poverty. Fuel poverty is concentrated around parts of the city with higher levels of privately rented housing.

**The city has a high level of homelessness, particularly amongst young people and families. This is putting sustained and significant pressures on the local housing system.** At 3.9 households per 1,000 in 2017/18 (555 households), the statutory homelessness rate in the city has dropped to the lowest level in a decade but remains higher than the region and England.

In addition to statutory homelessness, the Council helped prevent 650 households from becoming homeless through advice and support. Furthermore, 2,300 households sought help from the Council as they had nowhere to return to spend the night.

A lot of families are struggling. At any one night in 2017/18, between 190 to 250 Coventry families with dependent children spent the night living in emergency or temporary accommodation.

**What is happening in the city?  
What else can be done?**

**There are concerns around the poor quality of some privately rented accommodation.** Residents spoke of poor conditions, and the difficulty of communicating with certain landlords and feeling a lack of control over the situation. In particular, vulnerable adults did not always receive the support they needed.



The condition of the house is really bad and I had to empty the toilet myself with buckets for six months. We reported it to the Council and the landlord did the minimum repairs.

**Tenant attending event at a family hub**

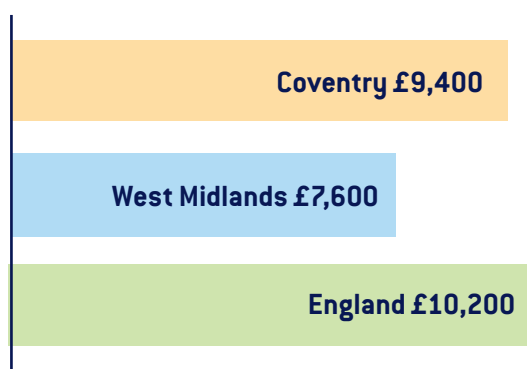


**HOME OWNERSHIP**



**51%**  
of local residents live in privately owned properties

**HOUSE PRICE INCREASE**



**HOMELESSNESS**



**555**  
households are homeless



If they give you a flat they should ensure it is clean and safe. I was left with broken furniture. They left me some drawers. **Refugee**

A couple with four children are living in a two-bedroom flat with one bathroom; with the four children aged from 3 months to 12 years old sharing one bedroom. This is particularly hard in mornings when the children have to get ready for school and parents for work.

**Worker at the Real Junk Food Project**

I've been living in a hotel for nine months in the city centre. It is very hard for the children.

**Mother of six, attending Stay and Play at a family hub**



Rough sleepers may be prevented from accessing support for fear of losing their 'spot'. Rough sleepers may sometimes be disinclined to engage with services or attend night shelters for fear of losing their spot on the street. The cost of travel has also been a barrier for homeless people to access support. Rough sleepers, particularly those who are at multiple disadvantage, may be furthermore disinclined to reach out for help due to fear and distrust of services.

**People with lived experiences of homelessness have a unique and essential role to play in helping to prepare people to accept and receive support.**

The Ayriss Recovery Coventry (The Arc CIC) is a drug and alcohol outreach/support service in Coventry. The Arc is made up of experts by experience – that is, people with first-hand, lived experiences of being at “rock bottom”, such as rough sleeping or misusing drugs and alcohol. They understand the pain and desperation of having been there and are able to use their empathy and understanding to build connections between local services and people who are rough sleeping or misusing drugs and alcohol. The Arc CIC is one of the founding partners of the STEPS for Change street homelessness hub in Coventry City Centre, a drop-in facility where rough sleepers and those at risk of homelessness can seek support from a variety of partner agencies.



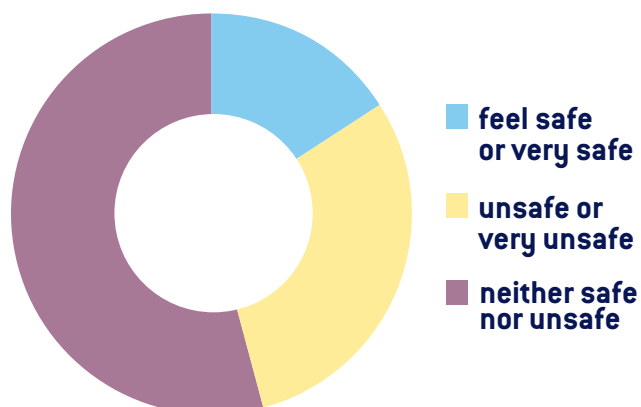
Some people are becoming homeless because they've been sanctioned. They can't take loans because they can't pay it back.

**Mental health support group**





## YOUNG PEOPLE'S PERCEPTION OF SAFETY



Knife Angel sculpture

## Crime

### Why is this an issue?

Being a victim of crime, and being worried about crime, impacts on a person's perception of their quality of life in the neighbourhood and has a negative effect on a person's mental and physical wellbeing.

### What is the local picture?

#### How does it compare?

**There has been an increase in violent crime.**

Recorded crime and recorded violent crime against the person have increased, echoing the national trend. In Coventry, violence against the person increased by about a quarter in the last year. Over the last two years, the increase in Coventry has been lower than that of England. Against a national surge of violent crime against the person, Coventry's rate remained lower than regional and is average amongst similar places.

**People in the city report feeling increasingly unsafe.**

In 2018, fewer Coventry residents (74%) said they felt safe in the neighbourhood at night than two years ago (85%). This is not unique to Coventry and is in line with the national average. Perception of safety is important, as people who said they felt safe also tended to be more satisfied with their neighbourhood, with the city centre, and feel more strongly that they could influence their local area.

Coventry residents appreciate the city's parks and open spaces, yet some do not feel safe and therefore do not use them as often as they would like. Some families reported preferring their children to stay indoors as they were worried about safety in parks. There is an element of 'safety in numbers' where families tended to feel more comfortable with using a park when an organised event or activity was taking place.

Coventry's youth offending rates are low. In 2018/19, there has been a further reduction in first time entrants to the youth justice system (93, down from 126); and reduction in the number of substantive offences (479, down from 582). However, many of the young people known to youth offending face complex needs including mental health issues, poor educational attainment, and poor school attendance. This will have an impact on their life chances.

**However, nearly a third of young people feel unsafe in the city.**

In 2018, only 16% of the city's young people felt very safe or safe in the city; and 30% said they felt very unsafe or unsafe in the city. The remainder were in-between and did not feel strongly either way.

Young people voiced concerns about knife crime, and some alluded to postcode gangs, citing fear about stepping on another gang's turf. Almost a third of young people said it was easy to buy illegal drugs in their area. There is a perception that social media may be disproportionately affecting



perceptions of safety and facilitate crime; for instance, it was pointed out that Instagram was used to sell illegal drugs.

### **What is happening in the city? What else can be done?**

**Organised events can help address and improve perceptions of safety.** Organised events in parks have helped transform the perceptions of safety in local parks, encouraging people to make use of local green spaces and thus helping to improve their health and wellbeing. In Canley, the local community put on a series of daily events in the park during the school holidays, which helped residents build a sense of ownership of their park and keep out gangs. Similarly, in Edwick Park, volunteers from the local church helped to clean up the park and host activities, successfully attracting residents to the park.

**Local groups, young people and people with lived experience have vast insights and expertise. They should have more opportunities to shape services.** Local groups report that young people do not feel they can influence services. To appropriately tackle issues such as knife crime and substance misuse requires the voice of young people: holding young people and adults accountable, without demonising anyone. This also requires working beyond city boundaries particularly in relation to issues around County Lines, substance misuse, knife crime and criminal exploitation.



Train police officers to speak to young people, with young people in attendance! **Youth survey participant**

Adults do not always see things through young people's eyes.

**Young person professional**



Coventry has had success in working this way: volunteers with lived experiences of drug and alcohol misuse are members of the city's Multiple Complex Needs Board. As experts by experience, these volunteers worked closely with the police and the Council to influence the city's approach to working with rough sleepers who misuse drug and alcohol, and to shape the city's housing and homelessness strategy.

**Dealing with 'challenging' behaviour requires partnership working.** Young people with behaviours regarded as 'challenging' may fall outside the family hub support system. Some ethnic minority communities fed back that they did not know where to access help to guide their younger children. There is scope for developing partnerships with schools, colleges and universities to address this in local areas, for instance: making use of the facilities of the city's two universities to provide a space for youth groups and simultaneously raise aspirations; making use of student volunteering networks already in place, such as Warwick Volunteers; and connecting businesses across the city with youth mentoring schemes such as One Million Mentors.

**Violent crime is a public health problem, not solely a police enforcement problem.** National and international evidence suggests that violence is a consequence of preventable factors such as adverse childhood experiences and harmful social influences. A public health approach to tackling knife crime will be beneficial. Addressing social influences through the better use of social media will also help, as it is where most young people and families get their news and information.

# Health and Wellbeing



## Life expectancy

### Why is this an issue?

Life expectancy and healthy life expectancy are extremely important summary measures of overall population health. The Marmot Review, Fair Society, Healthy Lives, demonstrates clear and significant links between avoidable differences in health outcomes and deprivation, where people experiencing multiple deprivation not only living shorter lives, but spend a greater portion of their shorter lives with a disability or in poor health. As a Marmot city, Coventry has adopted and embedded the principles of Marmot, tackling the social conditions that can lead to health inequalities, and working to improve the areas in which people are born, grow, live, work and age.

### What is the local picture?

#### How does it compare?

Overall health in the city is below average. The increase in life expectancy has stalled. Life expectancy in the city is currently 82.4 years for females and 78.3 for males. It has consistently remained below the regional and national averages.

Healthy life expectancy, which is the number of years a person can expect to live in good health, is at 63.5 years for females and 62.9 for males. This is just below the regional and national averages but is not significantly different.

The gap between healthy life expectancy and life expectancy is referred to as the 'window of need'. It is the average number of years that a person can expect to live with poor health, during which they will be likely to need support from the health and care system.

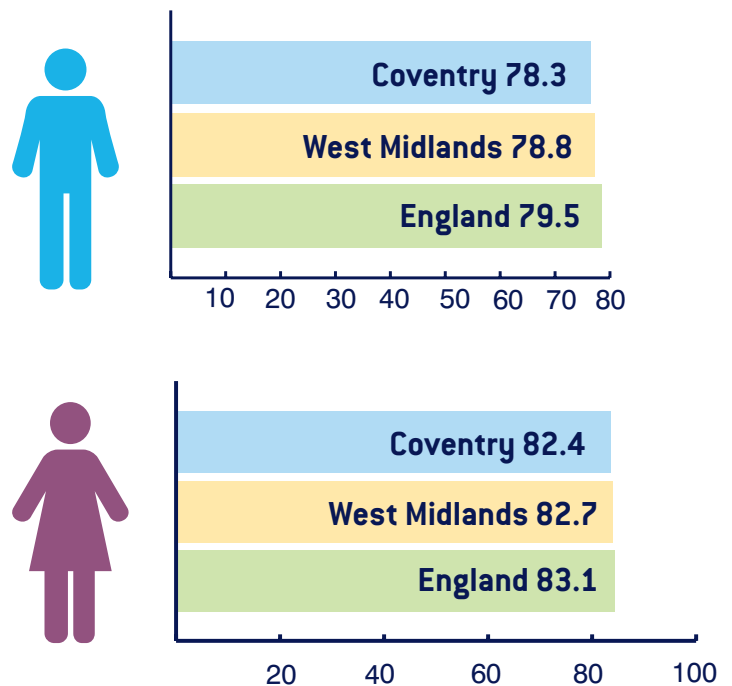
In Coventry, females can expect to live almost a quarter of their lives in poor health (18.9 years) whilst males can expect to live just over a fifth of their lives in poor health (15.4 years).


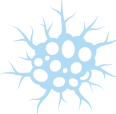




There are significant inequalities across Coventry's neighbourhoods and the extent of the inequality is relatively large compared to other areas. Indeed, the

level of inequality in Coventry is amongst the highest in the region and the highest when compared to similar places. Males living in less deprived parts of the city can expect to live up to 10 years longer; and for females, the gap is 8 years. Furthermore, the 'window of need' is wider in the city's most deprived areas. **This means that people in more deprived parts of the city not only live shorter lives, but also spend a greater proportion of their shorter lives in poor health compared to those living in less deprived parts of the city.**

Comparing Coventry's health outcomes to other areas', premature mortality (deaths amongst residents aged under 75 years) is higher than average, particularly for cardiovascular diseases amongst males. Males and females in Coventry tend to be affected by different causes of premature death. The differences are most significant in causes of death that are considered preventable, where the deaths could potentially be prevented by public health interventions. A comparison of premature mortality for males and females is set out in the table on page 29.

### LIFE EXPECTANCY AT BIRTH



Cause of premature mortality	Coventry males		Coventry females	
	Compared to the region	Compared to England	Compared to the region	Compared to England
<b>All preventable causes</b>	Worse	Worse		Worse
 <b>Cardiovascular disease</b> (including heart disease and stroke) – preventable	Worse	Worse		
 <b>Cancer</b> – preventable		Worse	Worse	Worse
 <b>Cancer</b> (in over 65-year olds)		Worse	Worse	Worse
 <b>Liver disease</b> (including alcoholic liver disease) – preventable		Worse		
 <b>Respiratory diseases</b> – preventable		Worse	Worse	Worse
 <b>Communicable diseases</b> (including influenza)		Worse	Worse	Worse

**What is happening in the city?  
What else can be done?**

Preventable deaths can be avoided by addressing the social conditions that lead to poor health, such as people’s prospects and opportunities; housing and environment; as well as behavioural and lifestyle changes. These are explored throughout this JSNA.

**Health protection**

**Why is this an issue?**

Before the introduction of widespread immunisation and vaccinations, infectious and communicable diseases (diseases that can spread from one person or living organism to another) were a major and widespread cause of death and permanent disability, especially among children.

To stop the spread of vaccine-preventable diseases and ensure herd immunity, it is important to maintain 95% vaccination coverage. Monitoring health protection coverage helps to identify possible drops in immunity before levels of disease rise.

**What is the local picture?  
How does it compare?**

Coventry has high rates for some communicable diseases. Coventry has one of the highest rates of Tuberculosis (TB) but this is improving. It is higher than national and regional averages and high compared to similar places. There are some local populations with higher rates of TB, for example, some of the city’s newly arrived communities from countries with high rates of TB, as well as vulnerable groups facing severe and multiple disadvantage including rough sleepers, people who misuse drugs and sex workers.

Coventry also has a higher prevalence of diagnosed HIV. This may be a result of recent migration from countries with higher rates of HIV. Areas of the city with comparatively higher prevalence of diagnosed HIV include Wood End, Henley Green, Manor Farm and Willenhall.

**Childhood vaccination take-up rates in Coventry dropped notably in 2017/18.** Several different childhood vaccinations including DTaP/IPV/Hib (a vaccination that protects babies against six serious childhood diseases: diphtheria, hepatitis B, Hib

[Haemophilus influenzae type b], polio, tetanus and whooping cough [pertussis]] and measles, mumps and rubella (MMR) saw a notable drop to well below the 95% threshold. This needs to be investigated, as to whether this is a data quality issue, or a reflection of actual low take-up.

#### **Cancer screenings for at-risk populations are low.**

The coverage of screening for cancers such as breast cancer, cervical cancer and bowel cancer across at-risk populations are below the national average.

#### **What is happening in the city?**

##### **What else can be done?**

A culturally competent approach that recognises the city's diverse communities is essential. With the help of partner organisations, the city's health services have been able to reach out to communities with greater prevalence of certain conditions. For example, Foleshill Women's Training (FWT) has partnered with local GP practices to increase cervical screening rates for BME women aged 25-64; and the Highlife Centre is working with local community and religious groups to encourage people to get tested for HIV, Hepatitis B and C and TB.

### **Demand and access**

#### **Why is this an issue?**

The demand for health and care services is expected to increase as the city's population grows and ages. To manage this growth, there is a need to shift the emphasis to proactive and preventative care. This means ensuring people have better general health regardless of where they live, requiring fewer visits to hospital and shorter stays if they need inpatient care; and remodelling urgent and emergency and planned care, so that it can cater to the expected increase in demand.

#### **What is the local picture?**

##### **How does it compare?**

Hospital data suggests that Coventry residents do not appear to have unusually high numbers

attending accident and emergency. However, Coventry residents appear to be relatively heavy users of emergency admitted care services when compared both nationally and regionally, particularly amongst vulnerable people, such as young people, older people, people with mental health issues and behavioural risk issues. Further research is needed to determine how much of this is avoidable, and how much is due to admission thresholds at University Hospital Coventry and Warwickshire (UHCW).

#### **What is happening in the city?**

##### **What else can be done?**

Improving people's awareness of support groups and available activities can be a more efficient and effective way to help them meet their health needs. However, these groups need support to build their capacity and to ensure their sustainability. The city has a range of peer support groups, where people use their own experiences to help each other. These include groups aligned to people's gender, ethnicity, religion, sexual orientation and health condition, as well as groups bringing different people together. Forms of peer support include community groups; mentoring; befriending; self-help groups; online communities and support groups. Through peer support groups, people can talk to others who have faced similar situations, allowing them to share their feelings and experience; share ideas to cope; build confidence; and build a sense of community and belonging. Peer support groups empower people to take control of their health and wellbeing.

Examples include Grapevine Coventry and Warwickshire, a charity which, amongst other activities, supports a peer-led project for people with learning disabilities and/or autism to run sessions for themselves. Carriers of Hope, a volunteer-led service that offers parenting skills training to pregnant asylum seekers, refugees, and migrant families, and a baby bag to help them with hospital stays.

Community groups are best placed to address health challenges, because they are trusted, and have the networks, understanding and legitimacy to do so.

The health and care system needs to recognise this and change the way they work with them by:

- shifting to an ‘enabling’ leadership style to support communities in maintaining their health and wellbeing;
- pooling engagement resources to maximise public sector resources and recognise that community groups are even more poorly resourced; and
- helping to build capacity by sharing skills, facilities and resources with communities.

Only by doing so – shifting to a social model of health – will the city truly be able to shift resources and meet the demand for health and care.



I want to be able to access support when I need it but how can I find that information? Unless you get a referral from a professional, you can't find it. **Resident**

I visited a White British retired couple – they did not know how to access services. It is not just new communities that have difficulty with this. **Health visitor**

Proof of identity can hinder access to services - not everybody has photo ID. **Asylum seeker**

I still get confused about who to talk to, who is the right person; by the time I get to the right person and gain their confidence, they change their responsibility or will have left.

**Local person accessing service**



In so many situations, services ask so many questions and, if people don't answer, that's where it stops. People don't want to talk so personally to someone they just met so don't get the support. On the spot sometimes, it's hard to say spontaneously.

**Local person reflecting on access to services**

It is getting better, but GPs don't know enough about learning difficulties and making reasonable adjustments.

**Person with learning disabilities reflecting on health services**



“

Staff are aware of the system of hospital passports [for a person with learning disability to give hospital staff helpful information about their interests, likes and dislikes] but don't use them. A man became dehydrated in hospital as he wouldn't drink anything offered: staff labelled him as presenting with 'challenging behaviours' because they hadn't checked his hospital passport, which would have told him that his favourite colour was red. Luckily he was hydrated before things got really serious, but this situation could have been avoided if it was the norm to read a person's hospital passport.

**Professional, reflecting on support for people with learning disabilities in hospital**

”

## Lifestyles

### Why is this an issue?

Individual behaviours, such as eating enough fruits and vegetables, smoking, alcohol consumption, and physical activity can affect health. These lifestyle behaviours are strongly influenced by the environment in which people live. For example, people living in a 'food desert', with limited access to affordable and healthy food, are more likely to eat unhealthily; an unsafe environment is likely to discourage people from walking or cycling; and social and cultural influences, including friendship groups, advertising and media, play an important role in determining people's lifestyles.

These lifestyle risk factors – poor diet, physical inactivity, excessive alcohol consumption and smoking – are all linked to ill health and premature death. Having a combination of the risk factors contributes to greater ill health. People facing poorer social circumstances are more at risk of having multiple risk factors, exacerbating avoidable differences in health.

### What is the local picture? How does it compare?

Between one-in-five and one-in-six Coventry adults smoke. While deaths caused by smoking is relatively high in the city (283 per 1,000 in 2015-17 compared to 262.6 in England), there has been evidence of improvement as smoking prevalence continues to decrease and the recorded quit rate in Coventry is relatively high.

At city level, alcohol consumption is not especially high. This may be due to the cultural mix of the city, where some may be less likely to drink or do not drink at all. Further research at a local level is needed to explore whether acute problems of alcohol consumption amongst smaller groups of residents are masked.

However, alcohol is causing disproportionate harm. Alcohol-related mortality and health problems are relatively high in Coventry. The premature mortality rate due to alcohol-related causes is higher than the





national average and similar places. It is particularly high amongst men. The rate of admissions to hospital that were broadly related to alcohol is also high.

Levels of physical activity in Coventry are relatively low and are declining. In 2017/18, just over half (53%) of adults in Coventry took part in 150 minutes of moderate intensity activity per week, which is the level amount of physical activity recommended by the chief medical officer. This is significantly lower than that of similar areas, and West Midlands (58%) and England (62%) averages.

Almost a quarter of children in year 6 are obese. In 2017/18, nearly a quarter (23.5%) of Coventry children in year 6 were measured as 'obese' (956 children), an increase from one in ten (10.5%) in reception year (454 children). At reception, Coventry's obesity rate is slightly higher than the England average; but by year six, the city's obesity rate is much higher. This has consequences on a person's future quality of life, as obesity can lead to serious and potentially life-threatening conditions including type 2 diabetes, coronary heart disease, breast cancer, bowel cancer and stroke.

There is some indication that sexual health is an issue in Coventry. The city has relatively high rates of abortion and high prevalence for some sexually transmitted infections (STIs). Abortion rates per 1,000 female population aged 15-44 are higher in Coventry than regionally or nationally. The city has a particularly high rate of abortions amongst females aged 25 years and over; and a lower rate of abortions that occur under 10 weeks' gestation.

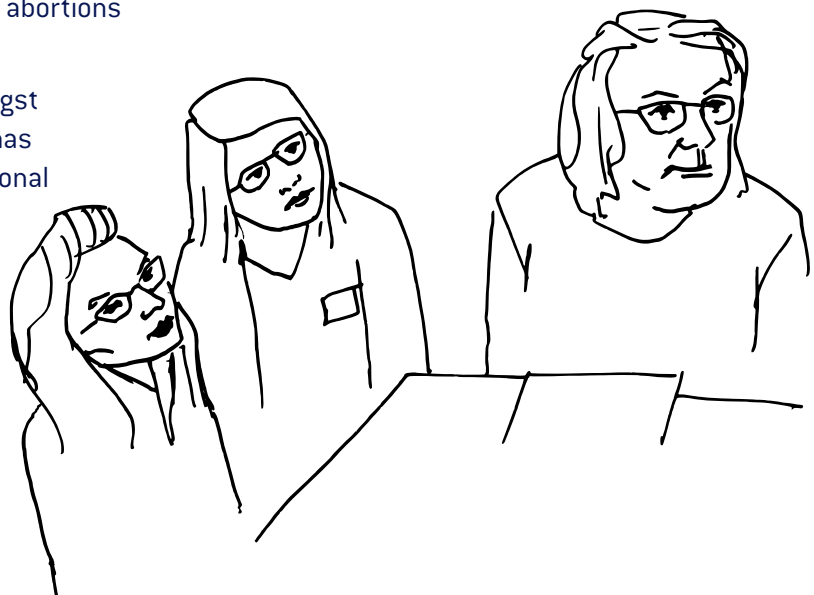
There were over 2,100 STI diagnoses amongst Coventry residents in 2017; the local rate has remained consistently higher than the national and regional average for several years.

Teenage conception rate is still higher than the national average but have fallen significantly. Coventry used to be one of the areas in the country with the highest rate of teenage conceptions. This is no longer true, and Coventry's current rate is not regarded as especially high.

**What is happening in the city?  
What else can be done?**

Recognising that lifestyle factors are rooted in socio-economic conditions means taking a citywide, integrated working approach to tackle health inequalities and to create health-sustaining, health-promoting environments. For instance, this may include:

- Addressing food deserts by creating better public transport links to/from sources of affordable and nutritious food;
- Reducing risky behaviours by shifting social norms and linking people to peer support groups, such as encouraging them to use health check services, sexual health check services, stop smoking services, and improving their access to psychological therapy drop-in sessions and baby clinics within the community; and
- Developing integrated strategies that bring together the promotion of physical activity, transport infrastructure investment, active travel plans and air quality improvements.



# Recommendations

## DEMOGRAPHICS AND COMMUNITY **Harnessing the city's growth and diversity**

- The city must be prepared for a growing, changing and increasingly diverse population.
- With the anticipated growth in older people, there is a need to focus on preventative health amongst the working age population.
- As population growth is concentrated in certain parts of the city, access to services should be reviewed.
- The city's rich community assets can help address specific needs related to newly arrived communities.
- Increasing participation and involvement will help maintain cohesion and reduce radicalisation and extremism.

## PROSPECTS **Helping people to access opportunities and thrive**

- Good growth in the city has created many well-paid jobs. There is a need to address skills shortages – from raising aspirations amongst schoolchildren to retaining skilled professionals and graduates in the city.
- As a person's lifelong health, happiness and productivity in society are influenced by their early years, continued investment into early identification and intervention is critical.
- Young people's aspirations may be raised by improving their awareness of the significant and growing opportunities in highly paid jobs available in the city, which require people with the right skills and qualifications.
- Organisations working together can help to address poverty and its impacts, and to ensure inclusive growth for the city's most vulnerable residents.

## ENVIRONMENT **Connected, safe and sustainable communities**

- A more detailed understanding of local needs should be developed through the place-based JSNA profiles, to address pockets of dissatisfaction with local neighbourhoods, and issues such as access and affordability of housing and local air quality.
- Perceptions of safety should be addressed through a partnership approach.
- Partners in the city should make better use of social media, which is how an increasing number of families and young people obtain and consume news and information.
- A joined-up approach is essential for tackling the city's homelessness and rough sleeping problem, recognising the intersection of severe and multiple disadvantages faced by people.
- Partners should look to provide more opportunities for people to shape services, including involving people with lived experiences.
- The city should champion the emerging public health approach to tackling knife crime.

## HEALTH AND WELLBEING **Healthy and independent for longer**

- As life expectancy is below average and health outcomes are worse in more deprived areas, a targeted approach of appropriate support to each group is essential to improve health and wellbeing for all groups.
- Further investigation at a locality level as to whether avoidable differences in health are widening – and the reasons for it – will help identify local priorities.
- In line with the shift to focus onto prevention, a community-informed and culturally competent approach is essential to increasing screening and vaccination rates.
- The city's rates to emergency admitted care services appear high especially for some vulnerable groups, and further investigation will help determine how much of this is down to admission thresholds.
- Further work is required at a local level, through the place-based profiles, to understand the city's avoidable differences in health outcomes, particularly around issues such as alcohol use, obesity/physical activity, Tuberculosis, sexual health (including HIV) – and the consequential impacts on the demand for health and care services.

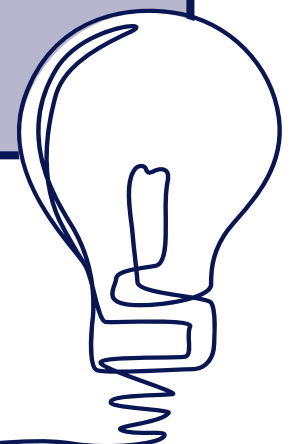
## APPROACH **Working together in our places and with our communities**

Health is determined by people's social circumstances such as their communities, prospects and environment; and similarly, this approach to addressing and improving these circumstances must also be rooted in local people and communities. Growing this capacity in the communities require improving connectivity. This can be done by:

- distributing leadership – valuing the community leaders that are already working in this space as they have the trust, networks, understanding and legitimacy, and getting behind existing partnerships;
- joining forces – getting the public sector to work together by pooling resources to build capacity and connections, investing resources to enable communities to maximise social action;
- grassroots activities – making social action activities across the different sectors more visible; and
- forging links – building links and generating connectivity by helping partners and communities share what they do, and helping them learn from, and build partnerships, with each other.

### Further information

Further information, which includes the citywide intelligence hub data profiling tool and the data correlation tool, book of indicator definitions, and place-based profiles will be available online **at [www.coventry.gov.uk/jsna](http://www.coventry.gov.uk/jsna)**





**Coventry Health and Wellbeing Board**

Insight Team  
Coventry City Council  
June 2019  
[www.coventry.gov.uk/jsna](http://www.coventry.gov.uk/jsna)

