

Coventry City Council
Minutes of the Meeting of Scrutiny Co-ordination Committee held at 11.00 am on
Wednesday, 7 October 2020
This meeting was held remotely

Present:

Members: Councillor R Brown (Chair)
Councillor N Akhtar
Councillor A Andrews
Councillor J Clifford
Councillor L Kelly
Councillor G Ridley
Councillor R Singh

Employees: V Castree, Law and Governance
S Frossell, Public Health
L Gaulton, Director of Public Health and Wellbeing
G Holmes, Law and Governance
K Lees, Public Health
J Roy-Gardner, Community Resilience
P Singh, Economic Growth
A West, Law and Governance

Apologies: Councillor R Ali, Deputy Cabinet Member for Public Health and Sport
Councillor K Caan, Cabinet Member for Public Health and Sport
Councillor G Duggins, Cabinet Member for Policy and Leadership
Councillor L Kelly
Councillor C Mijs
Councillor K Sandhu

Public Business

25. Declarations of Interest

There were no declarations of interest.

26. Minutes

The Minutes of the meeting held on 16 September, 2020 were agreed as a true record. There were no matters arising.

27. Health Inequalities

The Chair, Councillor Brown introduced the item on Health Inequalities and the link to the ONE Coventry Plan, which referenced people in Coventry having lower life expectancies than the national average. Councillor Brown expressed disappointment that the Cabinet Member was not present at the meeting.

The Committee received a presentation from the Director of Public Health and Wellbeing. The presentation outlined the following:

- The COVID19 pandemic had highlighted health inequalities with evidence showing that it would continue to widen existing health inequality gaps.
- The people worst affected by the virus were generally those who had worse health outcomes before the pandemic.
- One of the pillars of the Joint Health and Wellbeing Strategy was to address the wider determinants of health.
- There had been a system-wide response to the pandemic. The national NHS response to COVID19 included eight urgent actions on inequalities
- Seven recommendations had developed by Public Health England to reduce the disproportionate impact of COVID-19 on people from Black and Minority Ethnic groups.
- The West Midlands Combined Authority established a 'Regional Health Impacts of COVID19' Task and Finish Group.
- The Marmot Partnership had mobilised quickly as a whole system to respond to COVID19 and a Call to Action to address health inequalities had been agreed by the Health and Wellbeing Board.
- Coventry City Council had supported a number of work streams to assist the Economy and Businesses. These included; the management of Government COVID19 grants and support; developing Coventry Employment and Skills Plan: the negotiation of Getting Building Fund for priority capital projects; hosting webinars for Coventry City Council's Small and Medium Enterprise support programmes and green recovery and the ongoing work of the Job Shop including a Youth Hub.
- There had been work collaboratively with the Council, private and voluntary sectors to strengthen the business support ecosystem. This included utilising the range of support available for recruitment, grants, bespoke training offers, skills development, redundancy and help with staff wellbeing.
- Coventry City Council had been working with communities prior to COVID19, however the pandemic had strengthened this work. The work was led through the Community Resilience Team. During the pandemic, five new social supermarkets and ten emergency food hubs had opened, Children had been supported with breakfast and activity packs over school holidays; Community networks had been established; places of worship and faith groups had been supported to enable worship to take place in line with COVID-19 guidelines and Migrant Health Champions had been supporting their communities.
- There was work taking place to put learning into practice to get the messaging right and to the right places, working with communities to achieve this. A network of over 200 Community Messengers had been established across the City who would deliver COVID-19 and Public Health messages to communities as well as gathering intelligence. COVID-19 Community Advisors had also been recruited and were working across the City.
- The next steps were outlined. These included a drive to embed health inequalities as a key theme across all our corporate priorities; plans were in place to strengthen the connection between Health Inequalities and the statutory obligations for Equalities, to include inequalities in life chances and the implementation of local recommendations from the national Public Health England report and the COVID19 Health Impact Assessment.
- A Call to Action was being launched. This included asking employers and organisations to consider what actions they could take to help reduce health

inequalities. A key focus would be on businesses and communities. It was requested that Councillors support and input on delivering the Call to Action and working with businesses to respond. Accountability for the Call to Action sat with the Health and Wellbeing Board.

Following the presentation, Members raised a number of questions and issues, and received the following responses;

- The disparity of around ten years in life expectancy across the City was noted as a concern.
- It was acknowledged that COVID-19 would exacerbate health inequalities and potentially lead to a number of additional poorer health outcomes for individuals.
- The report estimated there had been 23,000 cancers undiagnosed in England since the beginning of lockdown. Officers would ask whether statistics had been modelled on this for the region.
- Information would be circulated on the current healthy life expectancy gap. Prior to the pandemic, Coventry's healthy life expectancy had been improving.
- Life expectancy figures had been improving but, along with national figures, stalled which was linked to restraints on the economy.
- Concern was raised about the levels of childhood obesity in the City – almost 40% of 10-11 year olds were overweight. It was reported that there was lots of work taking place to reduce obesity across all age groups. The Coventry Health Challenge had just been launched. One of the key messages was that if you catch COVID, and are as healthy as possible, you were more likely to have a mild illness and recover well. It was recommended that, given the relationships which had been established with supermarkets during the pandemic which were stronger than they had been, officers would explore opportunities to work with them to ask them to support the Be Healthy Coventry agenda.
- Access to GP appointment in a timely manner was a key element of health inequalities. Coventry and Rugby Clinical Commissioning Group would be asked to provide details of GP access across the City for circulation to the Board.
- Supplementary planning guidance had been developed, and been used, to object to takeaways close to schools.
- Members would be provided with information on health promotion through Community Resource Centres via the Community Resilience Team as there was concern they were underutilised.
- There had been research nationally into why BAME communities had been disproportionately affected by COVID-19. The reports did not indicate a genetic link, but suggested it was due to existing inequalities such as poverty and housing as well as higher numbers in occupations which tended to be more front facing and commuting habits, as there was higher use of public transport.
- Local Universities would be approached regarding a possible ethnographic study of a population.
- Quality employment opportunities were key to addressing health inequalities. Much had been done to support businesses during the pandemic, including the distribution of over £50m businesses through the Small Business Grant Fund; Retail Hospitality & Leisure Grant Fund and Discretionary Grant scheme.

Councillor Brown thanked Liz Gaulton and her team for the work being done to address health inequalities.

RESOLVED that:-

- 1) **The inclusion of health inequalities considerations in everything that goes to Scrutiny Boards and Scrutiny Co-ordination Committee be supported.**
- 2) **The inclusion of health inequalities considerations at the beginning of new service or policy development or at the beginning of the review of existing services or policies be encouraged.**
- 3) **The Call to Action on health inequalities be endorsed and supported.**
- 4) **Public Health be recommended to explore opportunities to work with supermarkets to support the Be Healthy Coventry agenda with a view to tackling obesity.**
- 5) **Public Health be requested to speak to the local universities regarding undertaking an ethnographic study of a population to gather qualitative data to better understand the impact of inequalities on BAME groups.**
- 6) **The following information be circulated to the Committee:**
 - i. **An update from the CCG on access to GP appointments in areas of high health inequality and local estimates in relation to undiagnosed cancers as a result of the pandemic**
 - ii. **Current healthy life expectancy in Coventry**
 - iii. **Information from the Community Resilience Team regarding work to promote health lifestyle messages in Community Resource Centres.**

28. Scrutiny Co-ordination Committee Work Programme 2020/2021 and Outstanding Issues

The Committee considered and noted their Work Programme for 2020/21.

29. Any Other Items of Public Business

There were no items of urgent public business.

(Meeting closed at 12.05 pm)