



To: Scrutiny Co-ordination Committee
Date: 9th October
Subject: Coventry- A Marmot City

1 Purpose of the Note

- 1.1 To provide an overview of the Council's approach and progress to date as one of seven Marmot Cities working to improve life chances and reduce inequalities.

2 Recommendations

- 2.1 The Scrutiny Co-ordination Committee is requested to:
- 1) Endorse the approach taken to date to make Coventry a 'Marmot City'.
 - 2) Continue to provide strong leadership support to this agenda.

3 Information/Background

3.1 Coventry is one of seven councils across the country that's part of the UK Marmot Network – a new initiative aimed at tackling health inequalities. The other areas are; Newcastle City Council, Gateshead, Lancashire City Council, Stoke City Council, Bristol City Council, Somerset County Council. Becoming a Marmot city means Coventry has access to the international expertise of the Marmot team, to support local efforts to increase life expectancy in the city by 2015.

3.2 Considerable inequalities in Coventry exist in relation to life expectancy and years of life spent with ill health. As a Marmot City, Coventry is committed to delivering change in health inequalities by 2015. Coventry's participation in the Marmot Network was endorsed by both Labour Group and the Joint Health and Wellbeing Board in early 2013.

4. Progress to date

4.1 Coventry's Marmot Steering Group was formed in March 2013 and has been meeting bi monthly since. This consists of senior representation from across the Council, Voluntary Action Coventry, Coventry and Rugby Clinical Commissioning Group and is chaired by the Cabinet Member for Health and Adult Services. This Steering Group will act as the central vehicle for ensuring that we maximise the life opportunities for people in Coventry. After an initial steering group meeting, a Marmot workshop was then held with all Cabinet Members.

4.2 All directorates across the Council have been working to ensure the Marmot objectives are firmly embedded within work plans for 2013-2015. An overarching indicator set has also been developed to measure progress against both Marmot and the Health and Wellbeing Strategy. This has been externally reviewed by the National Marmot Team and some minor amendments

are currently being made. Appendix A entails a briefing paper that was discussed at the Health and Wellbeing Board in June. It outlines directorates and partners' level initiatives, as well as the suggested core indicator set.

5. Next steps

5.1 Public Health England will be hosting a regional Marmot workshop in October to enable the two local Marmot Cities (Coventry and Stoke) to share early learning across the region. This is an opportunity for the Council to showcase the progress to date and the ways in which partners across the city are working to maximise the life chances for people in Coventry. A video is currently being produced to showcase this work. This video will be a helpful way to engage with a wider range of stakeholders in the future and will be tabled at the Joint Health and Wellbeing Board in October.

5.2 Given the recent structural changes to Council directorates, it is anticipated that there will be some alterations to directorate Marmot plans. Existing plans may need to be merged and leads from the new directorates will need to be identified. The video currently being filmed will reflect these revised plans.

5.3 Further engagement is planned with wider key stakeholders, such as the fire service, the police and our local hospital trust. In addition to this, further engagement with Council officers will take place to ensure that everyone is clear on their commitment to this agenda.

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To: Joint Health and Wellbeing Board
Date: June 2013

Subject: Measuring progress against the Health and Wellbeing Board and Marmot priorities.

1 Purpose of the Note

- 1.1 To provide the Health and Wellbeing Board with an overview of the indicator set and work programme that has been developed to monitor and improve progress against both the HWBB priorities, as well as the Marmot work programme.

2 Recommendations

- 2.1 To endorse the approach that has been taken so far in identifying indicators to measure progress against the Health and Wellbeing Board and Marmot priorities.

3 Background

- 3.1 Coventry is now one of the seven Marmot Cities in England. This is a two year programme of work with external support from the National Marmot Team to accelerate activities to improve life chances and close the gap in inequalities for people in Coventry. The Health and Wellbeing Board priorities contribute significantly to this agenda.
- 3.2 A Marmot Steering Group was formed in March 2013 to act as the central vehicle for ensuring that Coventry maximises the life opportunities for the residents of Coventry. There is strong political commitment to this agenda. The steering group includes representation from all the directorates within the council, as well as Coventry and Rugby CCG (CRCCG) and Voluntary Action Coventry (VAC).

4 Measuring progress

- 4.1 The London Health Observatory and the UCL Institute of Health Equity have collated data for each Local Authority relating to key indicators that correspond closely to the indicators proposed in Fair Society, Healthy Lives. A copy of these indicators and Coventry's performance can be found in Appendix B. Whilst these indicators will prove helpful in measuring the shift required in health outcomes in Coventry, further work was needed to develop an indicator set that would measure the short term progress made in the city.

- 4.2 An accelerated pace of change is required in Coventry to achieve the overall Marmot objective of reducing inequalities by 2015. The Marmot Steering Group has been working to collate a range of indicators to monitor inequalities in Coventry. A similar exercise has also been undertaken to develop a Health and Wellbeing Board indicator set that will measure progress against the priorities within the strategy. As there is considerable overlap between the indicators, the two indicator sets have been amalgamated to produce one inequality indicator set. Appendix A provides an overview of this combined indicator set.
- 4.3 The Marmot work programme is based around the concept of ensuring that what we do impacts those most in need. The ideal indicator or way of measuring this would measure the difference between the best and the worst 'performing', and we could monitor how successful our efforts were at closing the 'gap'. Unfortunately finding an indicator that measures this 'gap' can be difficult.
- 4.4 When we measure anything, we need a big enough 'sample' or numbers involved to make sure that any changes are a result of what we are doing, rather than simply due to chance. When we try and measure the 'gap' the sample size we have is necessarily made smaller as we have to divide it into groups. This means that when we try and measure this, what we see could be caused by chance. For example; when we try and measure numbers smoking in the city as a whole, we can be reasonably confident that the changes are actually happening. If we tried to analyse this sample to see if we had seen a change in smokers in the most socioeconomically deprived groups we would have to divide the numbers into groups. As a result of this, the numbers are much lower and any change is more likely to be down to chance. Therefore, it isn't fair to judge our efforts against this measure.
- 4.5 Therefore, some of the indicators within the set are not necessarily measuring the 'slope' or gap. This doesn't mean they are not useful locally though. For example, we already know that there are links between unemployment or obesity and socioeconomic deprivation. By ensuring the work programs that accompany the indicators are targeted primarily at the most disadvantaged in society, seeing wholesale reductions in these measures we should be seeing some improvements for those that really need it.

5 Programme of Work

During the development of the Marmot indicators, directorates across the City Council have been reviewing their contributions to improve life chances for the people of Coventry. The indicators have all been assigned a lead organisation or directorate. Key areas of work and ownership of indicators across the Council and CRCCG are outlined below.

6 Coventry City Council: City Services and Development Directorate (CSDD)

CSDD have identified the major opportunities for maximising the Marmot agenda as:

- Ensuring the Job Shop is utilised as much as possible in Coventry. The Job Shop provides a range of support to unemployed and under-employed people in Coventry.
- Increase access into Occupational Health for Job Shop customers and workless families with complex social problems.
- Barrier Breaking Service - support to all Employment Team customers which can include specialist training, childcare, debt advice, referral to health support, confidence building and the direct purchase of other support that enables disadvantaged people to obtain and sustain work.
- To deliver and create the Coventry Apprenticeship and Skills Hub for young people aged 18-24 years- Youth Zone.
- To provide intensive support for workless households and families with complex social barriers to work, enabling positive lifestyle changes and the development of skills for work.
- To implement the Coventry Sport Strategy in 2013.
- Promote and help businesses to attain recognised high standards in their approach to employee's health and wellbeing via the Workplace Well Being Charter.
- Reduce the number of homes where people cannot afford sufficient heating. Provide advice and practical solutions to reduce levels of fuel poverty in the city.
- Create a coherent and safe cycle network that will link together the main residential areas, employment areas, local centres, railway stations and the city centre as part of the Cycle Coventry Project.
- CSDD senior management team will take part in various initiatives during 'Men's Health Week'.

CSDD will monitor progress against:

Indicator	Target
Intensive support for workless families back into work	441 referrals, 41 people into sustained employment and 10 young people into positive destinations.

Number of people assisted via the Job Shop	2500
Number people supported into work via the job shop.	1000
Number of young people into positive destinations including jobs, placements, apprenticeships etc.	250
Employment support to people with severe and enduring mental ill-health and autism.	60 engaged, 15 into employment and 8 into positive destinations
Investment into the city by March 2014.	£60 million
Number of jobs created in the city by March 2014	1250

7 Coventry City Council: Finance and Legal Services

Key areas of focus for Finance and Legal Services (FLS) will be:

- To approve and launch the Business Charter and receive annual reports from businesses relating to social responsibility deliverables. This will support raising awareness of inequalities amongst businesses.
- To incorporate the key Marmot principles into the Councils approach to Public Services (Social Value) Act 2013. This will support raising awareness of inequalities across Council employees.
- To develop targeted communication to people in receipt of benefits.

FLS will monitor progress against:

Indicator	Target
Business's signed up to the business charter and providing an annual report on social responsibility deliverables.	To be determined
Incorporation of Marmot principles into the supply chain.	To be determined

8 Coventry City Council: Chief Executives Directorate

8.1 Public Health Department

The Public Health Department have committed to delivering against a number of initiatives intended to focus on reducing inequalities in Coventry.

- Enabling Coventry City Council to consider the impact on health, to ensure that any decision that is taken maximises health gain to reduce inequalities. This will be achieved by developing and implementing a health impact assessment tool across the council.
- Tackling physical activity and sedentary behaviour, utilising local leadership to encourage people to be more active.
- Producing a model to support community asset based working in Coventry.

- Stop smoking initiatives and migrant health needs assessment.
- Developing a more effective JSNA process; which will expand to include the wider determinants of health and greater use of multiple data sources, mapping and consultation processes.
- Establishing the impact of the economic downturn of health inequalities in Coventry and mitigate the effects cost neutrally.

Public health will monitor progress and work to improve performance against the following:

Indicator	Target
Assessment of well being via the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) from the Coventry Household Survey.	No target can be set due to the yearly variation.
Percentage of children aged 4-5 classified as overweight or obese.	To reduce obesity levels to 9.2%.
Household Survey data - smoking prevalence in the over 16s.	22.6% by 2014
People presenting with HIV at a late stage of infection 2) Re - Audit of number of HIV tests done in general practice across Coventry	Target is to see a yearly increase in the number of HIV tests done in General Practice across Coventry.
Breastfeeding rates at 6-8 weeks	To increase breastfeeding rates by 2% each year.
Making Every Contact Count- Numbers trained at UHCW and CWPT.	2013/14- 800 to be trained at UHCW, 1300 trained at CWPT
Levels of physical activity (measured via the Coventry Household Survey)	Suggested increase of 1% per annum (to be agreed).
Levels of physical activity (Active People Survey, Sport England)	Suggested increase of 1% per annum (to be agreed).
Number of women that successfully quit smoking for 4 weeks during pregnancy.	140 women annually (35 per quarter).
Number of Health Impact Assessments performed during the pilot phase	To be determined
Number of school playgrounds and gates with smoke-free signage up	April 2014- 70% of schools with signage.

8.2 Coventry City Council: Communications Department

- The Communication department will provide continued support to all directorates once plans are confirmed.
- Coordination of the Godiva Festival which will take place on 6th/7th July. Coventry City Council Staff will be trained to deliver brief interventions and advice to families in relation to health.

- Godiva Comes Home will take place on 10th August. The ring road will be closed off and people will be encouraged to utilise the space, making links with the physical activity and sedentary behaviour work programme.

Indicator	Target
% of families engaged with at Godiva	Direct engagement with 50% of visitors to family field at Godiva Festival on health/activity issues.

9 Coventry City Council: Customer and Workforce Services

- Increase recruitment to the City Council from areas in Coventry with high unemployment rates.
- Use the Occupational Health Services to deliver evidence-based health checks on men aged 40 and over working in City Services, with referral to NHS services as needed.
- To utilise the contact centre in delivering key public health messages.

Indicator	Target
Number of male employees aged <=40 receiving a health check	90% of male employees in City Services to receive a health check by occupational health or their own GP in 2013/14
Run bespoke recruitment campaigns in wards with lowest life expectancy	3 bespoke recruitment campaigns in 2013/14

10 Coventry City Council: Children, Learning and Young People's Directorate

CLYP will contribute to the Marmot agenda by working to:

- To improve educational attainment in primary schools and establish school improvement networks.
- To improve readiness for school through specific initiatives such as encouraging the take up of 2 year old nursery places and achieving good foundation stage results.
- Link the family information service to actively link with the Job Shop initiative.
- To launch a Prevention and Early Intervention Strategy for Coventry.

CLYP will monitor:

Indicator	Target
Key Stage 2 attainment	Target will be developed in November 2013
Narrowing the gap between the lowest achieving 20% in Foundation Stage profile and	Target will be developed in November 2013

the rest	
Inspection/review visit judgements	All good/outstanding by September 2015
Take up rates of 2 year old nursery places	2100 children in places by September 2014

11 Coventry City Council: Community Services Directorate

Key areas of focus for Community Services align both the Marmot agenda and the “A Bolder Community Services Programme” (ABCS) programme which has five key principles underpinning it:

- To protect our most vulnerable residents
- Using resources effectively
 - With much reduced resources we will need to make choices between what we are required to do and what we would like to do. This will mean stopping some areas of activity.
- Working with residents, communities and partners to get things done
 - We will expect people to use more of the resources available to them i.e. families, friends and communities and be less reliant on the City Council
 - City Council support to be as last resort.
- Being honest, fair and transparent when we make decisions
- Reviewing and improving services

Using these overarching principles whilst focusing our support on reducing health and social inequalities, it is intended that the proposed Marmot indicators be monitored over a period of 2 years to enable a judgement to be made as to the adequacy and effectiveness of our approach, whilst recognising influences external to the directorate (e.g. the Comprehensive Spending Review, Recession or Benefit Reforms).

Over the coming 3 years, Community Services has a comprehensive programme of reviewing every aspect of commissioning, provision and capacity. This programme is driven by the need to meet growing demand in terms of complexity, demographics, and average length of episode, whilst facing a significant real terms reduction in available resources. The programme has been considered and supported through the political process, and agreed as part of the Council’s Medium Term Financial Plan up to and including 2015/16

There is a range of detailed work going on across the directorate, including the recommissioning of a range of aspects of social care and housing related support, the introduction of the Making Every Contact Count (MECC) methodology to the directorate, the re-commissioning of domestic violence and abuse services, rolling out “Care 4 Your Area”, the delivery of the Troubled Families

Programme, and a review of neighbourhood working and developing proposals which promote the asset based approach across the whole city. Specific areas of focus include:

- MECC training to public facing staff across the directorate
- Improving the city's and the council's understanding and support for people affected by welfare reform
- Public safety promoting and piloting an asset based approach to their work
- Improving the housing offer for vulnerable adults and older people

Community services will monitor progress against the following indicators.

Indicator	Target
% of DV incidents (DV & Crime) involving children	To reduce levels of DV (Crime and non-crime. In 2012/13 the level was 62.6%, As this constitutes a new indicator, target to be developed by October 2013
Referrals to Sexual Assault Referral Centre	As this constitutes a new service, a multi-agency target will be developed by October 2013
Active use of books on prescription service	To increase participation year on year by 5%
The number of participants reporting physiological improvements upon completion of a 10 week One Body One Life programme.	To increase levels of improvements to 75%
% of women totally or partially breastfeeding at 6/8 weeks after delivery following intervention by the infant feeding team	To increase breastfeeding levels by 6% PA for 2 years
Involuntary Homelessness	To further reduce levels of involuntary homelessness, maintaining last year's levels by a further 6% PA
People with a learning disability having a health check	To increase health check levels by 10% over 2 year period.

12 Coventry and Rugby Clinical Commissioning Group (CRCCG)

The CCG have identified 3 priority areas for 2013/14; cervical screening, smoking cessation in pregnancy and alcohol related hospital admissions. The targets below relate to activity across both Coventry and Rugby.

Indicator	Target
Smoking In Pregnancy - Smoking at time of delivery (SATOD) data is collected by the acute trust and also by community midwives in Rugby and Coventry.	13.4% (Coventry and Rugby target)- Reduction in the number of women smoking at time of delivery

Hospital admissions wholly attributable to alcohol (including alcoholic liver disease).	To halt the rise on the number of hospital admissions wholly attributable to alcohol (including alcoholic liver disease). Target for 13/14 same as forecast for 12/13 at 3100 admissions.
5-year coverage for cervical screening, defined as the percentage of eligible women (aged 25 – 64) who have had an adequate test in the last 5 years.	Increase uptake to 78% by end of 2013/14 (Equates to around 17 additional women to be screened)

- In relation to cervical screening, the CCG will be identifying poor performers, developing a local performance dashboard and reviewing ways to engage to improve performance.
- To halt the rise of alcohol related admissions in Coventry, the CCG will be implementing an Alcohol Liaison Nurse Pilot, as well as looking at ways of identifying and targeting repeat attenders at A&E.
- The CCG has access to 3,600 local health champions in Coventry.

13 Voluntary Action Coventry (VAC)

VAC is keen to support the Marmot agenda by taking some of the key initiatives already identified out to the local communities which the voluntary sector is working with. VAC currently has 400 voluntary members with a range of skills and assets in Coventry.

14 Next Steps

The National Marmot Team will be reviewing Coventry's contribution to the Marmot agenda and providing expertise around measuring inequalities in Coventry over the next two years. Further work will be done to establish a reporting structure and a way in which performance against the indicators can be presented in an accessible way. A communications plan is also in development to ensure that other key stakeholders are provided with the opportunity to contribute to the agenda.

Appendix A

Health and Wellbeing Board Indicator Set

Health and Wellbeing Board Priority	Indicator	Lead Organisation/ directorate	Baseline	Target
Healthy Communities	Assessment of well being via the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) from the Coventry Household Survey.	CCC- Public Health	2011- 52.2 Score 2012- 54 Score 2013- 50.7 score	No target can be set due to the yearly variation.
	Interquartile range (75th percentile – 25th percentile) of annual earnings	CCC	Coventry= 17,510 (England 20,563, West Midlands 18,048)	Less income inequality in Coventry when using the IQR. It is not possible at this stage to set a target.
	Intensive support for workless families back into work	CCC- CSDD	Not available	441 referrals, 41 people into sustained employment and 10 young people into positive destinations.
	Percentage of children aged 4-5 classified as overweight or obese	CCC- Public Health	Obesity (2011/12) - 11.2%	Reduction to 9.2% in levels of obesity.
	% of DV incidents (DV & Crime) involving children	Community Safety Partnership	Combination of data sources: Number of DVA reported incidents involving children (2012-13 62.6% involved children) DV Issues identified during Single Assessment, including new LAC and children subject to child protection plans.	Reduction in % of DV incidents (DV & Crime) involving children from range of data sources.
	Referrals to Sexual Assault Referral Centre	Community Safety Partnership	Service opened March 2013 - no baseline data available	Increase in both self referrals to the SARC, as well as overall referrals. No target set yet.
Reduce Variation	Household Survey data - smoking prevalence in the over 16s.	CCC- Public Health	2012- 23.7% 2013- 21.7%	22.6% by 2014, 20.0% by 2015. This projection is based on trend line of historical data.
	1) PHOF 3.04 - People presenting with HIV at a late stage of infection 2) Re - Audit of number of HIV tests done in general practice across Coventry	CCC- Public Health	2009-2011 Coventry= 61.48% England= 49.99%	Target is to see a yearly increase in the number of HIV tests done in General Practice across Coventry. Rationale behind this choice is due to lag time in data publication of late HIV presentations (via SOPHID)
	Smoking In Pregnancy - Smoking at time of delivery (SATOD) data is collected by the acute trust and also by community midwives in Rugby and Coventry.	CCG	Q3 2012/13 = 14.5% Q4 2012/13 = 13.1%	13.4% (Coventry and Rugby target)- Reduction in the number of women smoking at time of delivery
	Hospital admissions wholly attributable to alcohol (including alcoholic liver disease).	CCG	2011/12= 2890 admissions 2012/13= forecasted outturn 3100 admissions	To halt the rise on the number of hospital admissions wholly attributable to alcohol (including alcoholic liver disease). Target for 13/14 same as forecast for 12/13 at 3100 admissions.
Healthy People	Key Stage 2 attainment	CCC-CLYP	Baseline data will be available in July 2013	Target will be developed in November 2013
	Narrowing the gap between the lowest achieving 20% in Foundation Stage profile and the rest	CCC-CLYP	Baseline data will be available in July 2013	Target will be developed in November 2013
	Breastfeeding rates at 6-8 weeks	CCC- Public Health	Q3 2012/13 position was 44.5%. Awaiting annual total for 12/13.	Increase in breastfeeding rates 2% each year. It is possible to measure this indicator across the gradient but data not currently accessible.
Improve Outcomes	MECC- Numbers trained at UHCW & CWPT	CCC- Public Health	Not available	2013/14- 800 to be trained at UHCW, 1300 trained at CWPT (Total Staff at UHCW = 5,000, CWPT= 4,172)
	The indicator is 5-year coverage for cervical screening, defined as the percentage of eligible women (aged 25 – 64) who have had an adequate test in the last 5 years.	CCG	76.6%- 5 year coverage in 2012/13	Increase uptake to 78% by end of 2013/14 (Equates to around 17 additional women to be screened within each practice).

Appendix B

National Marmot Indicators

National Marmot Indicators			
Indicator	Coventry	West Midlands	England
Male life expectancy at birth (2008-2010 in years)	77.2	77.9	78.58
Inequality (slope index of inequality) in male life expectancy at birth (2006-2010 in years)	11.7	9	8.9
Inequality in male disability free life expectancy at birth (1999-2003)	16.6	11.3	10.9
Female life expectancy at birth (2008-2010 in years)	81.6	82.2	82.57
Inequality (Slope index of inequality) in female life expectancy at birth (2006-2010 in years)	7.9	5.8	5.9
Inequality in female disability free life expectancy at birth (1993-2003)	14.5	9.2	9.2
Children achieving a good level of development at age 5 (%) 2011	59.1%	59.9%	58.8%
% 16-19 year olds not in employment, education or training (NEET) Nov 2010-Jan 2011	7.0%	7.0%	6.7%
People in households in receipt of means-tested benefits (2008)	18.9	17	14.6
Inequality in percentage receiving means-tested benefits (2008 %points)	40	35.3	29

Accessed via:

http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/marmotindicators.aspx