
Health and Wellbeing Board
Cabinet
Council

19 October 2015
26 November 2015
1 December 2015

Name of Cabinet Member: Cabinet Member (Health and Adult Services) – Councillor Caan

Director Approving Submission of the report: Director of Public Health

Ward(s) affected: All

Title: Continuing as a Marmot City

Is this a key decision?

No – although this decision will affect more than two wards in the City, it is a continuation of an existing policy.

Executive Summary:

Coventry was one of seven cities in the UK chosen in 2013 to participate in the UK Marmot Network and become a Marmot City and develop a 'Marmot' approach to tackling health inequalities. In March 2015, Professor Sir Michael Marmot from University College London's Institute of Health Equity and key leaders from Public Health England recognised the progress Coventry has made, and committed to working together with Coventry acting as an exemplar City for its approach to reducing health inequalities for a further three years.

This will enable Coventry to accelerate the progress that has been made in reducing health inequalities over the last two years and to develop a more focused, multi-agency approach to ensure that resources and efforts are concentrated where they can make the biggest difference. As an exemplar City, Coventry will share learning with the wider system and disseminate findings to other areas. Public Health England and University College London will provide expertise and knowledge to support Coventry, and to develop Coventry's capability to measure the impact of the Marmot City programme.

As part of this, partners are working together to develop a Marmot strategy, which will form part of Coventry's overall Health and Wellbeing strategy and be overseen by Coventry's Health and Wellbeing Board. The strategy will consider the conditions which determine health, including: housing, employment, income, environment, and community, as well as access to health

services and the overall health of the population, with a particular focus on young people, jobs and the economy, and improving outcomes for people from diverse backgrounds.

Recommendations:

1. Health and Wellbeing Board is requested to:
 - (i) Approve the proposed partnership arrangement and approach
 - (ii) Make any comments or recommendations to Cabinet about the report and its proposed approach

2. Cabinet is requested to:
 - (i) Consider comments from the Health and Wellbeing Board
 - (ii) Approve the proposed partnership arrangement and approach
 - (iii) Make any comments or recommendations to Council about the report and its proposed approach
 - (iv) Ask Council to approve the proposed partnership arrangement and approach

3. Council is recommended to:
 - (i) Consider comments from the Health and Wellbeing Board and Cabinet
 - (ii) Approve the proposed partnership arrangement and approach

List of Appendices included:

None

Other useful background papers:

'Fair Society, Healthy Lives' (The Marmot Review):

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

'Making a Difference in Tough Times (case study report):

http://www.coventry.gov.uk/downloads/file/16043/coventry_a_marmot_city_-_making_a_difference_in_tough_times

'How Marmot Makes a Difference' (video): <https://www.youtube.com/watch?v=Bsul-ayjElw>

Has it been or will it be considered by Scrutiny?

Yes – Coventry's proposed approach to tackle health inequalities was considered by Scrutiny Board 5 on 1 July 2015.

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

Yes – Health and Wellbeing Board on 19 October 2015

Will this report go to Council?

Yes – on 1 December 2016

Report title: Coventry continuing as a Marmot City

1. Context and background

- 1.1 Tackling health inequalities will improve the health, wellbeing and life chances of the people of Coventry. Where someone is born, where they live, whether they work or not and what they do all affect how long someone will live, how healthy they will be and the quality of life they will experience.
- 1.2 Inequalities are unfair: people in lower socio-economic groups are more likely to experience chronic ill health and die earlier than those who are more advantaged, and inequalities affect everyone, as there is a social gradient to health: the better the conditions in which you are born, grow up and live, the more likely you are to enjoy better health and a longer life.^{1 2} Statistics from Public Health England show that men in the most affluent areas of Coventry will live, on average 9.8 years longer than men in the most deprived areas, while for women the difference is 8.5 years, and the difference is even greater for those who are homeless or who suffer from a mental health condition.
- 1.3 Tackling health inequalities will reduce social, economic and financial costs. As well as the human cost, every year health inequalities cost the UK £31-£33 billion in lost productivity (estimated at £170 million in Coventry), £20-£32 billion in lost taxes and higher welfare payments, and an additional £5.5 billion in healthcare costs.³ Spending on late intervention (youth economic inactivity, crime and anti-social behaviour, child protection and safeguarding, youth substance misuse) is estimated at £6.5bn for local government nationally (£117m in Coventry), compared to £800m on early intervention (£4m in Coventry)⁴. Reducing health inequalities, targeting resources based on need and investing in prevention and early intervention can:
 - Improve health outcomes, wellbeing, mental health and community and social relations
 - Increase productivity and improve educational attainment, which will ensure the area is attractive to employers and develop the local economy
 - Reduce the costs of welfare and healthcare
 - Reduce future demand for council services and associated costs including social care, child protection, housing, domestic and sexual violence and substance misuse.
- 1.4 Tackling the causes of health inequalities cannot be done through health services alone. The transfer of public health services to local authorities in April 2013 provided Coventry with an opportunity to continue to broaden the ownership of the health inequalities agenda. Coventry committed to delivering rapid change in health inequalities by 2015 and was one of seven cities in the UK invited to participate in the UK Marmot Network and become a Marmot City. Being part of the Marmot Network has

¹Acheson, *Independent inquiry into inequalities in health report*, London: The Stationery Office, 1998

²Dahlgren, Whitehead, *Policies and strategies to promote social equity in health*, Stockholm: Institute of Futures Studies, 1991

³Chi Onwurah, 'MP urges action on health inequalities', *Westminster Briefing*, 2010

⁴Hardoon Chowdy and Carey Oppenheim, 'Spending on late intervention: how we can do better for less', Early Intervention Foundation

provided Coventry with access to the international expertise of the Marmot Team based at University College London.

1.5 Being a Marmot City has brought together partners from different parts of Coventry City Council and from other public sector and voluntary organisations, whose decisions and activities have an impact on health. Since Coventry became a Marmot City in 2013, there has been progress in outcomes across health and across society.⁵ The life expectancy gap in Coventry between the most affluent and most deprived has narrowed (from 11.2 years to 9.8 years for men and from 8.6 years to 8.5 years for women), and there have been improvements in educational development, health outcomes, life satisfaction, employment and reductions in crime in priority locations:

- Breastfeeding initiation has increased from 74.9% to 75.9%, and is better than the national average (73.9%).
- Nearly 60% of reception pupils in 2014 left their first year of education with a 'good level of development'. This is an increase of 4% compared to 2013, and Coventry is now above the regional average and in line with the national average.
- 42.3% of reception pupils with free school meal status left their first year of education with a 'good level of development', significantly above the regional and England average of 36%.
- 5.5% of those who completed an NHS Health Check were identified as having a long term condition and placed on a disease risk register with their GP, and over 58% of health checks have been delivered in GP practices in the two most deprived quintiles in the city.
- In 2014/15 3,000 smokers were supported to achieve a 4-week quit and Coventry is in the top 5 authorities nationally in terms of the proportion of smokers that it reaches through these services.
- There has been an increase in the number of physically active adults (from 49.4 to 52%), and the number of physically active adults in Coventry is now similar to the national average.
- There has been a 22.5% reduction in crime in priority locations.

1.6 A national conference 'Making a Difference in Tough Times' was held in Coventry on the 26th March to share the city's achievements as a Marmot City, where Professor Sir Michael Marmot congratulated Coventry on its approach and progress achieved so far. Partners also worked together to develop a [case study report](#) and [film](#).

2. Options considered and recommended proposal

2.1 In March 2015, the Institute of Health Equity committed to continue to work with Coventry in principle for a further three years. In April 2015, Public Health England also indicated a willingness to support Coventry for this period. The main purpose of this partnership is to continue to develop and embed the approaches that have been introduced over the last two years, enable Coventry to measure progress against local

⁵ More information on progress to date can be found in the report *Making a Difference in Tough Times*, and video *How Marmot Makes a Difference*, which can be accessed via the following link: http://www.coventry.gov.uk/info/176/policy/2457/coventry_a_marmot_city

and national indicators, provide Coventry with access to learning from other areas and raise the profile of Coventry as an exemplar city for reducing health inequalities.

2.2 As further planned spending cuts to services and welfare reforms create challenges for Coventry's most vulnerable residents, the council must continue to work with the NHS, police, fire service, voluntary sector, and private sector over the next three years to continue to accelerate progress made to date and improve the health, wellbeing and life chances of the people of Coventry. Working together as a Marmot City with partners at Public Health England and the Institute of Health Equity will:

- Facilitate partnership working between the Council's Place, People, Resources and Chief Executive's Directorates as well as wider public and voluntary sector partners and businesses.
- Provide Coventry with expertise to develop Coventry's capability to reduce health inequalities through:
 - Ensuring health and social value are reflected in council policies and decision making
 - Ensuring services and interventions are evidence based and commissioned for outcomes
 - Ensuring resources are targeted based on need and that proportionate universalism⁶ is embedded throughout the council and its partners so that interventions and projects are targeted at the right people and in the right places to have maximum impact on health inequalities in Coventry
- Provide Coventry with access to learning from other areas and raising the profile of Coventry as an exemplar city for reducing health inequalities.
- Enable Coventry to measure progress against local and national indicators.

2.3 Coventry will continue to work with Sir Michael's team at University College London and with Public Health England to ensure that the Marmot principles which aim to reduce inequality and improve health outcomes for all have been embedded into the core functions of the council and its partners. Public Health will be working with partners to develop a Marmot Strategy, which will form part of Coventry's Health and Wellbeing Strategy, as well as further indicators for the next three years based on the Marmot policy objectives outlined in '[Fair Society, Healthy Lives](#)'.

2.4 Over the next three years, the strategy will focus on improving outcomes for young people, and on ensuring that economic growth in Coventry is 'good growth' which benefits the most disadvantaged citizens and improves both health and economic benefits to businesses. As the strategy is developed, the health outcomes and wider outcomes which the partnership hopes to achieve will be clarified in further detail, but initial analysis suggests that the programme will concentrate on the following Marmot policy objectives and, as well as reducing the life expectancy and healthy life expectancy gap, will aim to achieve the following outcomes:

- **Enable all children, young people and adults to maximise their capabilities and have control over their lives** (Reduction in the number of young people aged 16-18 who are not in education, employment or training, reduction in under 18 conceptions, increase in the proportion of children achieving five A*-C grades at GCSE, improvements in young people's mental health and a reduction in the

⁶ Actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage

number of young people admitted to hospital for self harm, with an aim to see particularly rapid improvements in the most deprived areas of the city).

- **Create fair employment and good work for all** (Increase in the proportion of working age adults in employment, reduction in employment inequality, improvements in the health of employees, increased productivity, increased income for Coventry residents, with an aim to see particularly rapid improvements in the most deprived areas of the city).
- **Improving health outcomes for a diverse population** (understanding and addressing the health, wellbeing and wider needs of migrant populations, including asylum seekers and refugees, supporting diverse communities and ensuring people from diverse backgrounds are able to access a full range of services).

3. Results of consultation undertaken

- 3.1 The strategic direction of Coventry's Marmot City programme for the next three years has been established through consultation with the Public Health department, representatives from the Council's People, Place and Resources directorates and wider partners including West Midlands Police, West Midlands Fire Service, Voluntary Action Coventry, Coventry and Warwickshire Local Enterprise Partnership and Coventry and Rugby Clinical Commissioning Group. In addition, as part of the 2015 JSNA process, a call-for-evidence went out to stakeholders in Coventry to enable wider agencies and individuals to contribute to the process.
- 3.2 Further consultation is planned over the next month to enable both internal and external partners to contribute to the further development of the strategy and action plan, including a stakeholder workshop which is planned for November.

4. Timetable for implementing this decision

- 4.1 A launch event is provisionally planned for 27 January 2016 for Coventry City Council to launch its intention to partner with UCL's Institute of Health Equity and Public Health England (PHE) for a further three years. Professor Sir Michael Marmot, Director of UCL's Institute of Health Equity will be attending as well as Dr Annmarie Connolly, Director of Health Equity and Impact at Public Health England and Councillor Ann Lucas and Dr Martin Reeves from Coventry City Council.
- 4.2 Once developed, the Marmot Strategy will then run from April 2016 – March 2019 and be published on the Council's internet pages and shared with partners. The Marmot Steering Group, directly accountable to Coventry's Health and Wellbeing Board, will provide strategic leadership to oversee the further development and implementation of the strategy, driving forward an action plan in collaboration with wider stakeholders.

5. Comments from Executive Director, Resources

5.1 Financial implications

- 5.1.1 Over the last two years, individual 'Marmot' projects and initiatives have been funded via a number of different routes, and this will continue for the next three years.

- 5.1.2 Funding and support has been and will continue to be provided by partner organisations (such as West Midlands Police, West Midlands Fire Service, Voluntary Action Coventry, Coventry and Rugby CCG), and opportunities for external funding are being assessed.
- 5.1.3 As part of the partnership arrangement between UCL's Institute of Health Equity and Public Health England, both organisations have agreed to provide support and expertise to Coventry to ensure actions taken to reduce health inequalities are as effective as possible. Public Health England have also agreed to provide some resource in the form of a secondment to develop indicators to ensure Coventry is able to measure the impact of the Marmot City programme.
- 5.1.4 Part of the purpose of the Marmot City work is to make a difference within existing resources, and release funding through doing things differently. This ensures the work is sustainable and can be rolled out to other areas, even while there are funding challenges within the public sector.
- 5.1.5 Other costs (such as staff time to co-ordinate the programme and communications costs) will be met within the existing Public Health budget. Therefore, no new money is being requested from Coventry City Council budgets for this programme.

5.2 Legal implications

- 5.2.1 In April 2013 when the Health and Social Care Act 2012 came into force, local authorities took on a new legal responsibility for protecting and improving the health of the people in their areas, including reducing health inequalities. The new role of local authorities complemented existing Council functions which aim to improve the wellbeing and life chances of local people.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

- 6.1.1 Continuing as a Marmot City for a further three years will contribute to the achievement to a wide range of key objectives for Coventry City Council, including:
- Reducing health inequalities
 - Promoting the growth of a sustainable Coventry economy
 - Helping local people into jobs
 - Reducing the impact of poverty
 - Improving the quality of life for Coventry people
 - Making communities safer, cleaner and greener
 - Improving educational outcomes
 - Improving the health and wellbeing of local residents
 - Protecting and supporting the most vulnerable people
 - Maximising the use of assets and empowering strong and involved communities

6.2 How is risk being managed?

6.2.1 There are no specific risks identified in this report. However, risks associated with the delivery of relevant services are managed through the directorate and corporate risk registers, in conjunction with partners across the city. Regular reviews of each risk are undertaken, and mitigating actions put in place to ensure the overall risks are reduced as much as possible.

6.3 What is the impact on the organisation?

6.3.1 None – the Marmot City programme is already on-going within the Council. Extending this for a further three years does not require substantial changes that would impact on the organisation.

6.4 Equalities / EIA

6.4.1 An Equalities Impact Assessment is not appropriate for this work, although the aim of the Marmot partnership and strategy for the next three years is to reduce health inequalities across the City.

6.5 Implications for (or impact on) the environment

6.5.1 No significant impact to note at this stage.

6.6 Implications for partner organisations?

6.6.1 Partner organisations in Coventry and nationally are committed to reducing health Inequalities. Partner organisations form the multi-agency Steering Group which oversees the Marmot City programme in the City. The re-launch of Coventry's Marmot City programme and new partnership arrangements reaffirm the commitment of partners (including statutory, non-statutory and third sector) to working together and sharing information.

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