



To: Scrutiny Co-ordination Committee

Date: 10th February 2016

Subject: Coventry: a Marmot City

1 Purpose of the Note

- 1.1 The purpose of this paper is to provide Scrutiny Co-ordination Committee with an overview of what it means for Coventry to be a Marmot City, what the benefits have been to date, the financial implications of being a Marmot City and an outline of the next phase of Coventry's Marmot City work.

2 Recommendations

- 2.1 That Scrutiny Co-ordination Committee considers the following when undertaking their scrutiny role:
- 1) That health, equality and social value are reflected in council policies and decision making
 - 2) That resources are targeted based on need and that proportionate universalism is embedded in decision making

3 Information/Background

3.1 What does it mean to be a Marmot City?

- 3.2 To improve the health, wellbeing and life chances of the people of Coventry, reducing inequality is vital. 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 what quality of life they will experience. Recent statistics from Public Health England show that men in the most affluent areas of the city will live, on average, 9.8 years longer than men in the most deprived areas, while for women the difference is 8.5 years.

- 3.3 These inequalities in life expectancy and health arise out of inequalities in society – they are not inevitable – and there are ethical, social and economic reasons why they should be prevented. As well as improving health outcomes, reducing inequality in society has been shown to lead to improvements in wellbeing, better mental health, better community and social relations, reduced levels of violence and better educational attainment.

- 3.3.1 Professor Sir Michael Marmot's 2010 report *Fair Society, Healthy Lives* ('The Marmot Review') provides evidence on the most effective ways of reducing inequalities. The review demonstrates that it is crucial to consider the conditions which determine health – housing, employment, income,

environment and community – as well as health services and the overall health of the population. Improving these conditions requires action across the Council and its partners. The review also states that focusing solely on the most disadvantaged will not reduce health inequalities. In order to reduce inequalities, actions taken must be universal, but with a scale and intensity that is proportionate to the level of disadvantage (proportionate universalism).

3.3.2 In April 2013, the transfer of Public Health to local government provided Coventry with an opportunity 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.

3.3.3 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.

3.3.4 Being a Marmot City has enabled Coventry to take a partnership approach to reducing inequalities. Working across Coventry City Council and with West Midlands Police, West Midlands Fire Service, Coventry and Rugby CCG and Voluntary Action Coventry has impacted on the wider determinants of health set out in the Marmot Review. Being a Marmot City has also changed the way partners work in order to ensure that programmes and services are inclusive of all Coventry residents, but that additional resources, promotional activity, some specific services and easier access options are concentrated in areas with poorer outcomes, in line with proportionate universalism.

3.4 **What are the benefits of being a Marmot City?**

3.4.1 Being part of the Marmot Network has provided Coventry with access to the international expertise of the Marmot Team based at University College London. Since 2013, being a Marmot City has brought together partners from different parts of Coventry City Council and from other public and voluntary organisations, whose decisions and activities have an impact on health.

3.4.2 Over the last two years the Public Health department has worked across the Council, with the People, Place and Resources directorates as well as and with colleagues from Coventry and Rugby Clinical Commissioning Group, West Midlands Police, West Midlands Fire Service and Voluntary Action Coventry to develop a number of innovative projects and initiatives which are starting to yield positive results for the people of Coventry. These projects and initiatives are focused around the six policy objectives from The Marmot Review. Some example of these projects and initiatives are included in the case study report, 'Making a difference in tough times', which can be accessed via this link: http://www.coventry.gov.uk/downloads/file/16043/coventry_a_marmot_city_-_making_a_difference_in_tough_times and a full list can be found in Appendix 1.

3.4.3 Since Coventry became a Marmot City in 2013 there has been progress in outcomes across health and across society. As well as a narrowing of the life expectancy gap (from 11.2 years to 9.8 years for men and from 8.6 years to 8.5 years for women), 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.

3.4.4 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 over the last two years and achievements to date, and committed to working in partnership for a further three years, with Coventry acting as an exemplar City for its approach to reducing health inequalities.

3.5 Next Steps

3.5.1 In March 2015, Professor Sir Michael Marmot committed to continue to work with Coventry for a further three years, in partnership with colleagues from Public Health England. Council agreed to continue as a Marmot City at their meeting on 1st December 2015.

3.5.2 Working together as a Marmot City with partners at Public Health England and the Institute of Health Equity will:

- 1) 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.
- 2) Provide Coventry with expertise to develop Coventry's capability to reduce health inequalities through:
 - a. Ensuring health and social value are reflected in council policies and decision making
 - b. Ensuring services and interventions are evidence based and commissioned for outcomes
 - c. Ensuring resources are targeted based on need and that proportionate universalism 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
- 3) Provide Coventry with access to learning from other areas and raise the profile of Coventry as an exemplar city for reducing health inequalities.
- 4) Enable Coventry to measure progress against local and national indicators.

3.5.3 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 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).

3.5.4 While there has been progress in tackling health inequalities in Coventry, there remains a life expectancy gap of 9.8 years for men and 8.5 years for women between the most affluent and most deprived residents. In addition, further planned spending cuts to services and welfare reforms will create challenges for Coventry's most vulnerable residents, and while the number of jobs and businesses in Coventry is growing, economic inequality is widening. 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.

3.5.5 Scrutiny Co-ordination Committee can help by challenging policies and strategies brought to the Board to ensuring health, equality and social value are reflected in council policies and decision making and that resources are targeted based on need and that proportionate universalism¹ 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.

3.5.6 On the 5 and 6 January 2016, Coventry City Council hosted a peer support visit focusing on Health in All Policies. This was delivered by the Local Government Association (LGA), Association of Directors of Public Health (ADPH) and Public Health England (PHE). Coventry is one of a number of pilots across the country that has been visited by a team of peer reviewers to assess how the Council is addressing the wider determinants of health across all of its functions, and the extent to which it is maximising the impact of all its policies and services on keeping people healthy and tackling health inequalities. This is a sector led improvement process designed to complement the Health and Wellbeing Peer Challenge which took place back in 2013, and focuses primarily on the role of the Council and how the Council is acting as a leader for Public Health in the wider system. Once the feedback from this visit has been received, Scrutiny Co-ordination Committee can help by enforcing the recommendations.

3.6 Financial implications of being a Marmot City

3.6.1 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. 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.

3.6.2 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.

3.6.3 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.

3.6.4 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 has been requested from Coventry City Council budgets for this programme.

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Appendix 1 – Marmot projects and initiatives: Council and wider partners

4.1 Giving every child the best start in life

Public Health: Acting Early Programme, School Nursing Service, Stop Smoking Services, Breastfeeding support and Advice Services, Antenatal groups for BME communities

4.2 Enabling all children, young people and adults to maximise their capabilities and have control over their lives

Public Health: Mental health assets and needs assessment, drug and alcohol treatment services, sexual violence support service, Ending Female Genital Mutilation in Coventry Programme

People Directorate: Winter Night Shelter, Salvation Army Housing Service, the Pod

West Midlands Police: Mental Health Street Triage, Liaison and Diversion Scheme

4.3 Creating fair employment and good work for all

Place Directorate and Resources Directorate: Shared Apprenticeship Scheme, Small business friendly procurement policy

Place Directorate: Workplace Charter for Health and Wellbeing, Coventry Job Shop

4.4 Ensuring a healthy standard of living for all

West Midlands Fire Service: Home Safety Checks, Dementia and Safeguarding Training, Coventry Contact and Connect Service

4.5 Creating healthy and sustainable places and communities

Place Directorate: Cycle Coventry, Fuel Poverty, Healthy Takeaways, Age Friendly City, Local Plan, parks and green spaces

4.6 Strengthening the role and impact of ill health prevention

Public Health: Integrated sexual health services, early intervention service, health checks, TB Nursing service, seasonal flu campaigns, Keeping Coventry Warm, Air Quality Alliance

West Midlands Fire Service: Making Every Contact Count

Coventry and Rugby CCG: Cervical screening, Better Care Fund, Urgent Care Board

Voluntary Action Coventry: Innovation and Development Fund