



To: Coventry Health and Wellbeing Board

Date: 14th October 2019

From: Liz Gaulton, Director of Public Health and Wellbeing, Coventry City Council

Title: 2019 Director of Public Health's Annual Report

1 Purpose

This paper presents the 2019 Director of Public Health's Annual Report which includes recommendations for the Health and Wellbeing Board partners across Coventry.

2 Recommendations

The Health and Wellbeing Board is asked to:

1. Note the content and recommendations of the 2019 DPH Annual Report;
2. Support the dissemination of the report; and
3. Endorse the actions proposed.

3 Information / Background

This year's DPH Annual Report is entitled: 'Bridging the Gap: Tackling Health Inequalities in a Marmot City'. The report focuses on health inequalities in Coventry, the determinants that contribute to these inequalities and the work being carried out to address them.

Health inequalities are differences in health between different groups of people or communities. They are determined by a range of factors including the kind of life a person is born into, where they live, the environment they grow up in, education and employment chances and lifestyle choices such as smoking, drinking, diet and physical activity. Failure to take action on social inequalities which are avoidable and can be prevented through coordinated action across all the areas of society is a matter of social injustice.

Health inequalities are important because they have a significant impact on how long a person will live and the number of years they will live in good health. People in more affluent areas will live a longer life, with more years of good health, than people living in more deprived areas. In Coventry, this gap between groups can result in men in some areas of the city living on average 10.9 years less than people in better off areas. For women, the gap is 10 years. The gap in the number of years lived in good health is even bigger, with men in the most affluent areas experiencing 17 more years in good health than men in less affluent areas, and for women, the gap is 18 years.

There is no single solution to tackling health inequalities and in this report, we set out the reasons that these differences exist and how Coventry is working in a partnership approach, bringing together individuals, communities, organisations, businesses and universities, to reduce inequalities and improve health and wellbeing for all citizens.

4 Tackling Inequalities as a Marmot City

Since 2013 Coventry has committed to being a Marmot City, and to working in partnership with local organisations as well as the Institute of Health Equity (University College London) and Public Health England to address health inequalities in the City.

The Marmot City approach has recently been evaluated. The evaluation involved interviewing a wide range of people within Coventry City Council and partner organisations to find out what being a Marmot city has meant for how they work. It examined the history of the approach and how it has developed in Coventry.

Key Findings of the evaluation included:

- The Marmot City approach did not receive any funding except time as a resource, and aimed to achieve public health objectives within a climate of diminishing resources.
- The impact of austerity on the Council's finances and on partner organisations has made it more difficult to continue business as usual, and many services such as children's centres, libraries and youth centres have ceased or been reduced significantly.
- The evaluation found that for many organisations, joining the Marmot City Steering Group was based on an existing understanding of the impacts of social determinants on health, and a willingness to work in partnership to reduce the impacts of austerity as much as to reduce health inequalities.
- Many said that the benefit of being a Marmot city is that it makes clear the values that should underpin decisions. The Marmot principles connect to every function of the Council and help to communicate the role that everyone has in supporting the health of the community. This has influenced work in transport, housing, procurement, education and early years.
- The approach has been iterative, for example the steering group membership, the indicators they report, and their activities have evolved in response to changing needs and opportunities over time.
- It is 'co-produced' by partners rather than delivered. This means it relies on the active participation of Steering Group members and partner organisations to drive action. Many of the activities influenced by the Marmot City status do not have a direct link back to the Steering Group.
- Being a Marmot City has made it possible to embed consideration of the impacts that Council policies and investments have on health inequalities across the organisation.
- More engagement with partners before setting priorities and agreeing indicators would have encouraged more organisations beyond the Council to see getting involved as a valuable use of their time.

- It is very difficult to demonstrate impact on nationally reported health indicators because there are many other factors that also impact the health of the population. Nevertheless, many indicators of inequality are worsening, and indicators of inequality in the early years (0-5 year olds) are a particular concern. There seems to be a growing gap in outcomes such as school readiness between children from deprived backgrounds and the rest of the population, and this gap continues to expand throughout their years in school.

Following this evaluation, the Marmot Steering group members will be reviewing progress to date and agreeing the future of the membership and how we progress action on the Marmot Review recommendations in October 2019.

The recommendations of the report are to:

1. Review and revise the Marmot Action Plan taking account of the findings in the evaluation and considering how a One Coventry approach can help to embed partnership working and promote ownership of initiatives throughout organisations and community groups, and how using a place-based strategy as set out by Public Health England can facilitate effective action through civic, service and community interventions.
2. Improve partnership-working with Place Directorate within Coventry City Council to ensure that public realm works and developments in the city take account of their potential impacts on health inequalities and use initiatives in a proactive way to reduce inequalities.
3. Utilise community asset based approaches to improve health and wellbeing, maximising the legacy of City of Culture 2021.
4. Ensure there are strong links with the Skills Board and Local Enterprise Partnership to promote skills development to enable Coventry citizens gain the necessary qualifications and skills to fill local jobs.
5. Recognise and respond to barriers and challenges which may prevent people in some groups within Coventry from engaging with services which promote healthy lifestyles such as the 'Coventry on the Move' programme.
6. Council and partners to embed an integrated early help offer which improves life chances for more vulnerable families.
7. Evaluate the impact of the Year of Wellbeing and examine ways in which the Health and Wellbeing partnerships have raised the profile of health and wellbeing and maximise the legacy that can be achieved.
8. Maximise the opportunities available with the NHS as a key partner, through implementation of the NHS Plan around prevention and health inequalities and the Coventry and Warwickshire Health and Care partnership.
9. Mobilise the 2019-2023 Health and Wellbeing Strategy to ensure that the priorities are addressed, utilising the population health framework to underpin change.

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Appendices

Coventry Director of Public Health Annual Report 2019