

Executive Summary Bridging the Health Gap

Tackling health inequalities in Coventry, a Marmot City

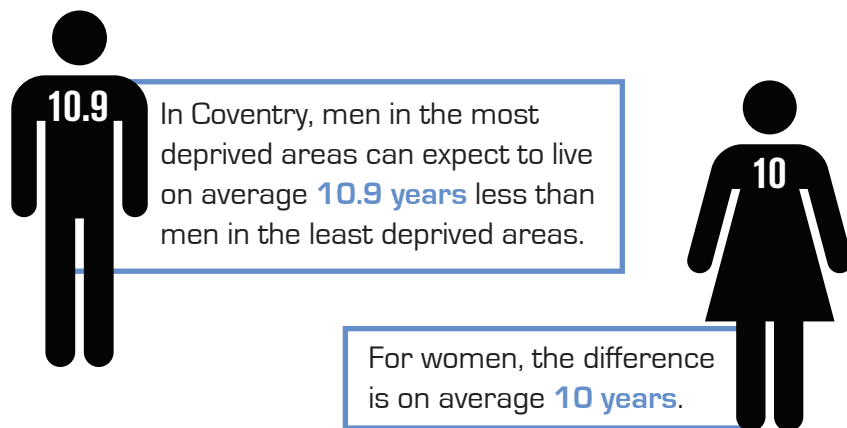


Executive Summary

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.



There is a gradient that can be applied to health inequalities which demonstrates the greater the level of deprivation the more years that a Coventry resident will live in ill health and the higher the likelihood of dying at a younger age.



Inequality in healthy life years, the number of years a person can expect to live in good health, is even greater, with men in the most deprived areas experiencing **17.1 years** fewer in good health than those living in the least deprived areas. Women in the most deprived areas of Coventry can expect **18 years** fewer in good health than those in the least deprived areas.

People from different black and minority ethnic (BAME) groups can experience significant health differences, which may previously have been masked by people being considered under a general 'BAME' category. National data shows that **35% of people with of Pakistani or Bangladeshi origin** live on a low income compared to **14% of the White** population, and average unemployment rates are three times higher in the Black population than in the White population.

35%

14%

A significant proportion of this difference in life expectancy is explained by higher rates of premature deaths from the five biggest 'killers', which are:



The Determinants of Health

Overcoming health inequalities is not something that one organisation alone can achieve. Through its work as a Marmot City, Coventry has embedded a partnership approach that draws on the strengths and assets of the many statutory and community organisations in the City. Only by everyone doing their bit, either for themselves, for the community or for their organisation can the health gap be robustly and sustainably bridged.

Communities and housing play a key role in health inequalities. Living in a cold, poorly insulated home has a direct impact on health and mental wellbeing and can also impact on a child's health and development.

In Coventry, **15.3%** of households are estimated to be in fuel poverty, ranging from **38%** in areas of greatest deprivation to **5%** in the most affluent areas.



There is growing evidence of the health benefits if there is access to good quality green spaces, including improved mental and physical wellbeing, lower rates of obesity and better self-rated health status.

Air pollution impacts significantly upon health, specifically heart and respiratory disease, and often the greatest levels of pollution are experienced by those living near busy roads and in the most deprived areas. Children, old people and those with long term conditions are most at risk from the effects of air pollution.



Good employment can be protective of health. People who are long-term unemployed have a reduced life expectancy and experience worse health than people in work. Employment in Coventry is currently at **72%** and unemployment levels vary between areas, with the highest rates experienced in areas of most deprivation.

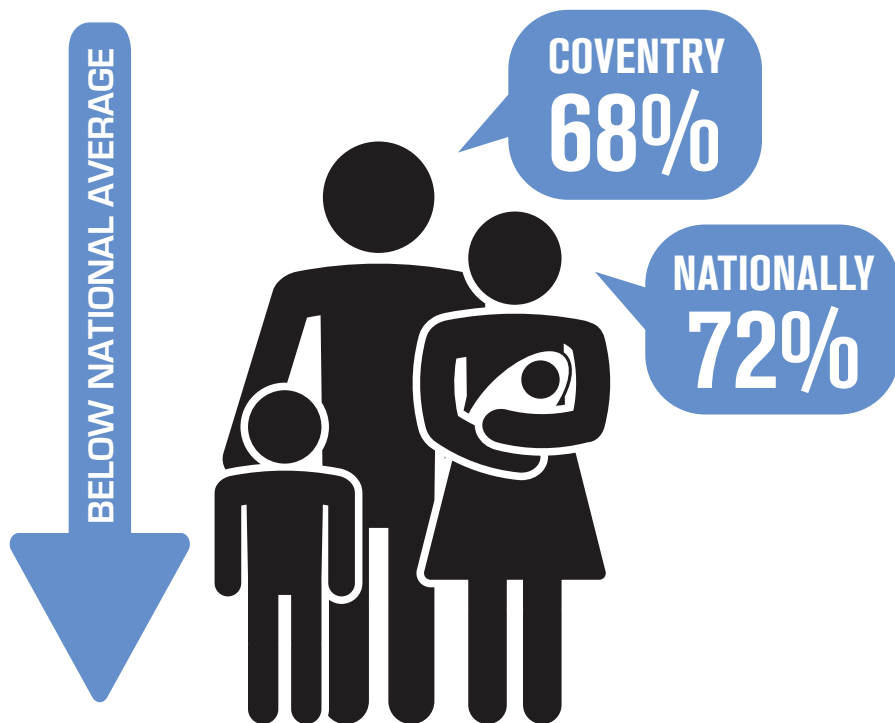
The circumstances into which a child is born and spends their early years have a significant bearing on their lifelong health, happiness and productivity in society. Intervention during the early years is crucial to reduce the impact of inequalities as the child grows up.

Breastfeeding provides the best possible nutritional start in life for a baby and in Coventry, breastfeeding rates are above average. However, the entitlement to free early years care has a relatively low take-up in the city.



By the age of five, children's development in Coventry is below the national average, with the most disadvantaged in the city even further behind their peers.

By the age of five, fewer children achieve a good level of development (**68%**) than nationally (**72%**). A child achieves a "good level of development" if they perform at the expected level in all the early learning goals: communication and language, physical development, personal, social and emotional development, and literacy and mathematics. This continues into year 6 (age 10), where the proportion of children reaching the expected standards in reading, writing and maths is below the national average.

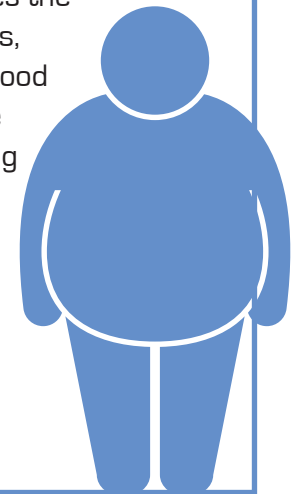


The proportion of 16 and 17 year olds who are not in education, employment or training is lower in Coventry than the national average. However, the level of qualifications gained by people in Coventry are generally worse than the country as a whole, with some areas of city having over 28% of residents who have no qualifications.

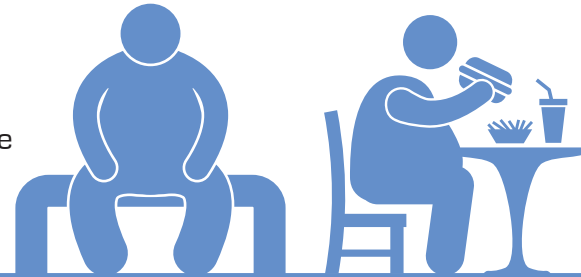
28%
OF RESIDENTS
HAVE NO
QUALIFICATIONS

Lifestyle factors are driven by environmental factors. A person who has poor housing, who is unemployed or who lives a distance from a quality green space is more likely to display one or more lifestyle factor which will be detrimental to their health.

Overweight and obesity rates are directly proportional to levels of deprivation. Being obese raises the risk of contracting other health conditions, including joint and back problems, high blood pressure, coronary heart disease, stroke and type 2 diabetes. At the age of starting school in Coventry, **24% of children** in Coventry are overweight or obese. This increase to **38% by year 6**. Overweight and obesity rates continue to increase in adulthood, with almost **65% of adults in Coventry** classed as overweight or obese.



Physical inactivity presents a significant risk to health and is linked to the increase in obesity. In Coventry, only **53%** of adults report that they meet the recommended **150 minutes** of activity per week, and studies show that people living in the most deprived areas are twice as likely to be inactive as those living in the most affluent areas.

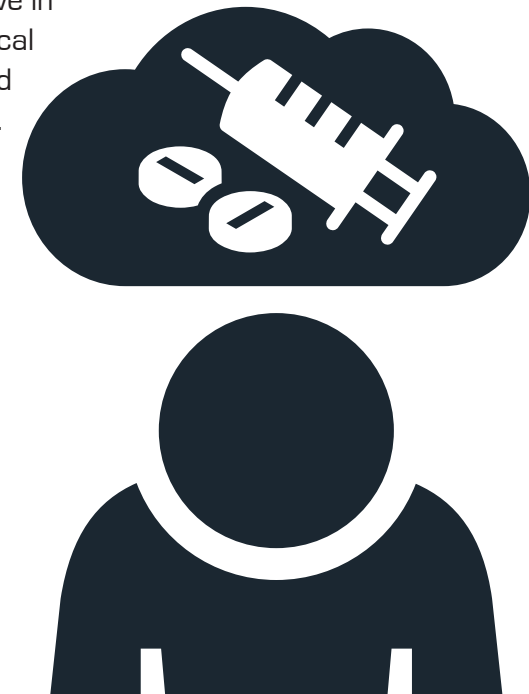


53%
OF ADULTS

Smoking is the single biggest preventable cause of death and illness in England and there is a clear link with health inequalities. In Coventry, **33%** of adults who smoke live in the **10%** most deprived neighbourhoods. Coventry has a very successful smoking cessation service, however, national data shows that people from deprived neighbourhoods, whilst more likely to take up smoking cessation services, are less likely to be successful due to the additional barriers they face.



There are established links between health inequalities and substance misuse. In Coventry, hospital admissions for alcohol related illnesses are much higher than national rates, as well as higher rates of alcohol related deaths. In relation to drug abuse, almost twice the proportion of those in treatment live in the most deprived local authorities compared to the least deprived.



In 2013, organisations in Coventry committed to becoming a Marmot City to reduce differences in health outcomes, and that commitment remains in place. Being a Marmot City has provided a platform from which to bring together organisations across the public and voluntary sector. These include the West Midlands Police and Fire Service, many community and voluntary sector organisations such as Voluntary Action Coventry, Positive Youth Foundation and Foleshill Women's Training.

The evaluation of the Marmot City approach examined why and how Coventry have adopted the recommendations made in the Marmot Review since 2013. The approach has been about embedding the Marmot recommendations in the activities of the Council and Marmot City partner organisations. The values underpinning the approach are described throughout this report: of partnership working and sharing responsibility for the social determinants of health. The evaluation examined what being a Marmot City has involved in Coventry, what other influences have driven action, and what the impacts have been on services and ways of working. Coventry has been a Marmot City for six years, which is not long enough to show major impacts on health,

but over the long term as the approach evolves, we hope that it contributes to reduced health inequalities between communities in Coventry. The evaluation is described in more detail in [chapter 3](#) of this report.

Coventry will be the 2021 City of Culture. This is an exciting opportunity to explore ways in which arts and culture can be used to increase health and wellbeing in local communities. One of the specific aims of City of Culture will be to use programmes and events to address issues such as social isolation and mental wellbeing within communities.

Coventry offers a range of employability support for people seeking work and for those further away from the job market who need support in other issues before they can consider the challenge of employment.

Supporting businesses to support their employees is key to ensuring that local jobs are quality jobs. The "Thrive at Work" Award offers employers an opportunity to gain recognition and accreditation for recognising and promoting workplace health and wellbeing.



WEST MIDLANDS FIRE SERVICE



Recommendations

- 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 the 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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or format please contact Public Health Coventry
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