



To: Coventry Health and Wellbeing Board

Date: 13th January 2020

From: Richard Stanton, West Midlands Fire Service (Co-Chair Marmot Steering Group)

Title: Progress Update on Coventry's Marmot City Strategy 2016-2019

1. Purpose

1.1 The purpose of this paper is to present an update to Coventry Health and Wellbeing Board on the progress made against one of the priorities of the Coventry Health and Wellbeing Strategy 2016-2019 (Working together as a Marmot City to reduce health and wellbeing inequalities) and to set out how the Marmot Steering Group will lead and co-ordinate work to deliver the 'Wider Determinants' element of the population health model contained within the new Health and Wellbeing Strategy 2019-23.

2. Recommendations

2.1 Coventry Health and Wellbeing Board is recommended to:

- i. Endorse progress made against the Marmot Action Plan 2016–2019 and contribute comments and suggestions to support future planning
- ii. Agree the proposed future priorities and approach of the Marmot Steering Group in the development of a new three-year action plan

3. Information/Background

3.1 In 2013, six cities were designated *Marmot Cities* in England. Of these, Coventry was the only city to renew this commitment in 2016 and continue to adopt the 'Marmot Principles' to tackling health inequalities, based on the publication Fair Society, Healthy Lives (The Marmot Review) in 2010.

Coventry adopted the 'Marmot' approach in 2013, and since then this work has been led by the Marmot Steering Group, a partnership consisting of representatives from a variety of Coventry City Council (CCC) departments, the WM Fire Service, Voluntary Action Coventry, a variety of community partner organisations and advice services, Department for Work and Pensions, Public Health England, University College London, Positive Youth Foundation and WM Police.

3.2 A *Poverty Summit* was held in November 2018 to look at how Coventry could tackle the impact of Poverty. The Marmot Steering Group committed to taking forward priorities identified through this Summit.

3.3 In October 2019, a broad range of partners attended a '**Now What?**' workshop, attended by Professor Sir Michael Marmot, to review our future priorities. It was agreed that in addition to new priorities, we should continue to focus on the existing two priorities (below). Following this workshop, these new priorities have been themed and further prioritised by the group.

3.4 Public Health have been working with University College London's (UCL) Institute of Health Equity and Public Health England to evaluate the impact of the 'Marmot' approach in Coventry. The **Marmot Evaluation** will be published alongside the national evaluation in early 2020.

4. Progress against the Marmot Plan 2016 - 2019

4.1 The Steering Group monitored progress against these two key priorities:

- Tackling inequalities disproportionately affecting young people
- Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth' which will bring jobs, housing and other benefits to the city

Examples of new and existing work under these priorities:

- Business Rate Reduction Scheme¹ which aims to give 20 small businesses access to a grant of £2500 each if they take on a long-term unemployed person
- Family Health and Lifestyles' service development plans to drive the provision of increasing support to families across the social gradient (proportionate universalism).
- The Raising Aspirations Programme (Positive Youth Foundation) provides support for young people either excluded or on the verge of exclusion from education settings
- Partnership work is on-going with the Chamber of Commerce to support employers to provide and promote good quality jobs in Coventry. This includes representation from the Chamber on the Marmot Steering Group, and Council representation at the Chamber Coventry Branch Meeting to raise relevant issues with employers, particularly around work undertaken by the Poverty & Employment working group.
- A Poverty Summit was held in November 2018 to look at how Coventry could work to prevent and mitigate against the impact of Poverty. Findings have led to the development of new subgroups including:
 - Poverty and Employment Working Group
 - Benefits and Entitlements, leading to development of plans to pilot the Policy in Practice tool (a data tool that will allow people at financial risk to be identified). A proposal for a proof of concept project in homelessness prevention is currently being developed.

4.2 The outcomes relating to the two priorities being monitored include:

- Percentage of children achieving a good level of development at age 5 is improving
- Percentage of children achieving expected level of progress (national standard) in reading, writing and mathematics at the end of primary school is improving
- Percentage gap between the lowest achieving 20% children and the average child in the same area in the early years (age 5) has increased slightly
- Hospital admissions as a result of self-harm (10-24 years) is improving
- Number of households with dependent children accepted as homeless and in priority need have dropped significantly since last year
- Annual increase in gross disposable household income is improving
- Gap in the Job Seeker's Allowance (JSA) claimant rate between the most affluent and most disadvantaged areas is getting worse

¹ Grant to incentivise businesses to employ those who are long term unemployed and pay them at least £8.50ph on a full-time basis.

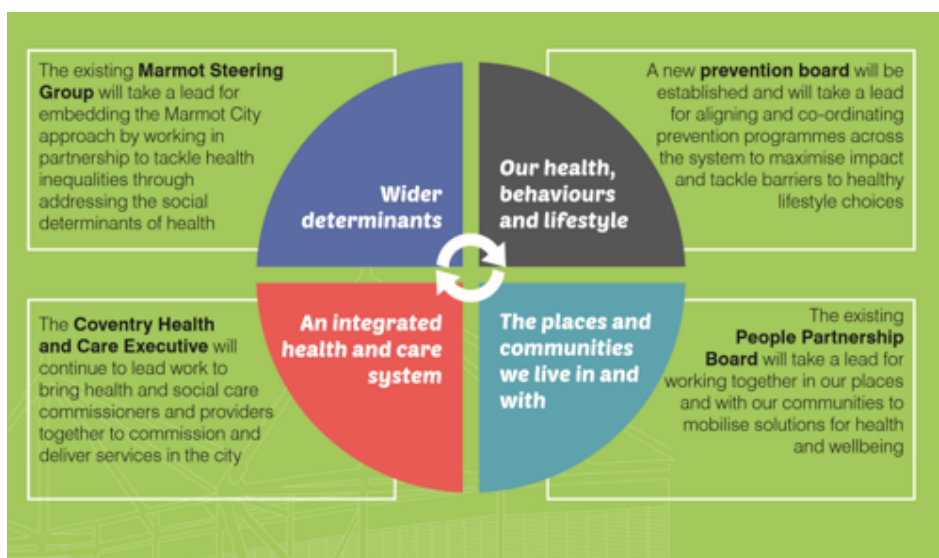
- Percentage of Coventry households that are workless is improving, although Coventry remains below the national average
- The indicator for households in temporary accommodation has worsened over the last year and remains above the national average

5. Planned Refresh of the Marmot Action Plan

5.1 A refresh of the Marmot Action Plan will take place to reflect the revised Health and Wellbeing Strategy, the findings of *the Marmot Evaluation*, the new priorities identified in the *'Now What?' workshop* and the recommendations of the Director of Public Health's (DPH) Annual Public Health Report on Health Inequalities, *Bridging the Health Gap*².

5.2 The revised Coventry Health and Wellbeing Strategy takes a population health approach which allows us to take a holistic view of everything that impacts on people's health and wellbeing across the whole population, with an emphasis on reducing inequalities in health as well as improving health overall.

5.3 A key element of the population health model is *'Wider Determinants'*, and a key role for the Marmot Steering Group is to embed the Marmot City approach through working in partnership, with the aim of reducing health inequalities by addressing the social determinants of health, as set out in the diagram below.



5.4 Public Health have been working with the UCL Institute of Health Equity and Public Health England to evaluate the Marmot work and consider the next steps for Coventry and the implications for other organisations seeking to work within the Marmot framework.

The interim key findings from the evaluation are:

- 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 been partially or completely cut since 2010.

² https://www.coventry.gov.uk/downloads/file/31254/director_of_public_health_report_2019_-_bridging_the_gap

- The evaluation found that for many organisations, joining the Marmot Steering Group was based on already understanding 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.
- The Marmot City title has successfully been used as evidence of commitment to addressing social determinants of health when applying for grant funding.
- Being a Marmot City, programmes are 'co-produced' by partners rather than delivered, meaning 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.
- Being a Marmot City can be seen as a mechanism for achieving health in all policies, but from interviews it was the relationships and sense of shared purpose that made people willing to work as partners.
- In terms of population health outcomes, given both the time-scales and complexity of the system it operates in, it is not possible to attribute trends in health or inequalities, whether positive or negative, to the Marmot City approach. Nevertheless, one comprehensive measure of changes in inequality is the Index of Multiple Deprivation, a relative measure which ranks every neighbourhood in the country by indicators of deprivation. **Between 2015 and 2019, Coventry saw a reduction in the number of neighbourhoods among the 10% most deprived in England from 18.8% to 14.4%.** This improvement is **unique among cities in the West Midlands.** The indicators of health and inequality present a mixed picture overall, for example average healthy life expectancy has improved, but inequality in life expectancy has widened, reflecting a national pattern of falling life expectancy in females within the lowest income decile.

5.5 Following the *Marmot 'Now What?'* workshop, the key priorities identified for the next three years (1920 -1922) will be

- Tackling inequalities disproportionately affecting young people
- Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth' which will bring jobs, housing and other benefits to the city
- 0-5 years olds (focus area to be determined)
- Income inequality

5.6 Relevant broader recommendations from the Director of Public Health's (DPH) Annual Report on Health Inequalities and the Marmot Evaluation will be incorporated through discussion at the next Steering Group meeting.

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