



To: Scrutiny Co-ordination Committee

Date: 7th October 2020

Subject: Health Inequalities

1 Purpose

- 1.1 This report provides an update to the Board on health inequalities; the impact of COVID19 and emerging work to address this. It provides Scrutiny Co-ordination Committee the opportunity to offer insight and support into the on-going work.

2 Recommendations

- 2.1 Scrutiny Co-ordination Committee are recommended to:
- 1) Support the inclusion of health inequalities considerations in everything that goes to Scrutiny Boards and Scrutiny Co-ordination Committee.
 - 2) To encourage the inclusion of health inequalities considerations at the beginning of new service or policy development or at the beginning of the review of existing services or policies.
 - 3) To endorse and support the Call to Action on health inequalities.

3 Information/Background

- 3.1 The COVID19 pandemic has shone a light on health inequalities, showing the stark reality that the circumstances you are born into, and in which you live your life, can have very real consequences for your health.
- 3.2 In Coventry, men in the most deprived areas can expect to live an average of 10.7 years less than men from the most affluent areas, with the gap for women being 8.3 years. National and regional evidence shows that COVID19 has and will continue to widen existing health inequalities, both through the direct impacts of the virus and the indirect impacts of the control measures imposed.¹
- 3.3 People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas. The mortality rates from COVID19 in the more deprived areas were more than double the least deprived areas, for both males and

¹ <https://www.wmca.org.uk/media/4122/regional-health-impact-of-covid19-v5.pdf> (Appendix A)

females. This is greater than the inequality seen in mortality rates in previous years, indicating greater inequality in death rates from COVID19².

- 3.4 National analysis has shown that people from most BAME groups have a higher risk of dying from COVID19 than those of white ethnicity.³ In statistical analyses, these risks were reduced when socio-economic, household and geographical characteristics and factors relating to occupation were accounted for, suggesting that some, but not all, of the increased risk of death is due to these. At the time of the 2011 Census, one in three Coventry residents (33%) were from BAME groups and among children attending Coventry schools in January 2020, 53% were from BAME groups⁴.

4 System-wide Responses

- 4.1 The **NHS** has also recognised the impact of COVID19 on health inequalities and are working collaboratively with communities and partners to address these. In response to COVID19 the eight urgent actions on inequalities that the NHS have identified are⁵:

- 1) Protect the most vulnerable from COVID19
- 2) Restore NHS services inclusively, so that they are used by those in greatest need
- 3) Develop digitally enabled care pathways in ways which increase inclusion
- 4) Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes
- 5) Particularly support those who suffer mental ill health
- 6) Strengthen leadership and accountability
- 7) Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities
- 8) Collaborate locally in planning and delivering action to address health inequalities

- 4.2 In addition, there is a consensus across partners in the Coventry and Warwickshire Health and Care Partnership about the need for a focus on health inequalities, as articulated in their shared system vision. The NHS Long Term Plan also directs systems that addressing inequalities should be a priority.

- 4.3 The Population Health and Prevention Enabling Delivery Group is overseeing work to understand the emerging population health needs and risks arising from the pandemic and to plan for mitigating the impact on population health in any second wave and post pandemic. This includes a specific emphasis on addressing

²

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf (Appendix B)

³ Office for National Statistics. Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 15 May 2020

[\[https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020\]](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020). Accessed 2020 Jul 02.

⁴ Coventry Health and Wellbeing Board. *Coventry Joint Strategic Needs Assessment. Coventry Citywide Profile 2019*. Coventry; Coventry City Council; 2019; Department for Education, Schools, pupils and their characteristics 2020.

⁵ https://www.england.nhs.uk/wp-content/uploads/2020/08/C0716_Implementing-phase-3-v1.1.pdf (Appendix C)

inequalities and a Coventry and Warwickshire Health Inequalities Task and Finish Group is leading this work. They will make recommendations to the Population Health and Prevention Enabling Delivery Group about the longer-term system approach to inequalities and how this should be implemented.

4.4 The **WMCA** has established the Regional Health Impacts of COVID19 Task and Finish Group to focus on the relationship between disparities analysis from the PHE review and wider health inequalities in the region (see Appendix A). This will include:

- Coordinating work by partners and stakeholders around COVID19 and linking to the wider determinants of health
- Drawing on other streams of work around the region on COVID19 and health inequalities
- Sharing work across different organisations and synchronising use and outputs of work.
- Identifying a series of interventions that might be made in response to their findings
- Feeding into national level discussions about the health impact of COVID19

4.5 The **Marmot Partnership** work to date has been built on and mobilised quickly as a whole system to respond to COVID19. Following the Coventry Health and Wellbeing Board meeting on 27th July 2020, the following recommendations have been approved:

- The Marmot Partnership Group take the strategic lead on supporting the system to address health inequalities relating to COVID19.
- The work of the Marmot Partnership Group should include leading on implementing the recommendations developed by Public Health England (PHE) to reduce the disproportionate impact that COVID19 has had on people from Black, Asian and minority ethnic (BAME) groups⁶.
- The Marmot Partnership Group provides a progress update in 6 months to the Health and Wellbeing Board
- A Call to Action will act as an overall stimulus to reduce health inequalities in Coventry and focus on a range of areas, including BAME, Business and Skills Development and supporting communities.

4.6 **Businesses** have taken action to protect their workforces. They have utilised the range of support available for recruitment, grants, bespoke training offers, skills development, redundancy and help with staff wellbeing. Businesses have been articulating their needs in terms of additional support requirements to make adjustments and become COVID19 safe to Local Authorities, Chamber, Growth Hub and Federation of Small Businesses, amongst others. The local business support ecosystem has mobilised itself where possible, working collaboratively with

6

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf (Appendix B)

council, private and voluntary sectors, to strengthen this ecosystem and deliver such support.

4.7 **Coventry City Council** has been supporting businesses and the economy including with:

- Award of Government COVID19 grants. These include small businesses and retail and hospitality firms; business rate relief for 2020/21; discretionary grants to SMEs (Small and Medium sized Enterprises)
- Support with accessing other Government schemes. These include loan schemes and the coronavirus job retention scheme
- Coventry Employment and Skills Plan: response to COVID19. This plan has identified priority areas including supporting young people (16-24); helping those 50+; supporting BAME communities; rapid response to redundancy; long term unemployed; supporting those with complex barriers; enabling digital inclusion and mental wellbeing and social isolation
- Negotiation of Getting Building Fund for priority capital projects
- Webinars for Coventry City Council's SME support programmes and green recovery
- Job Shop continued operations
- Thrive at Work Wellbeing Award, which supports workplace wellbeing and the mental and physical health of employees

4.8 **Inclusive growth** is about a more deliberate and socially purposeful model of economic growth – important not only for growth, but also by how well it is shared across the whole population and place. Coventry City Council are working toward ensuring Coventry residents benefit from economic recovery. Employment and skills support schemes are now running until 2023, In addition, employment and skills and SME support offers are being integrated.

4.9 Coventry City Council had been working with communities prior to COVID19, however the pandemic has strengthened this work. The aim of the Community Resilience Team is to give people greater influence and control over what happens in their communities and the area that they live in. The Community Resilience Team does this by working with individuals, small or large voluntary organisations and communities to identify and build on already existing strengths and skills within neighbourhoods.

4.10 Via the **Community Network** (the extra staff deployed to it, the many community and voluntary groups in the city and the individual volunteers who came forward) the following were established:

- 5 new social supermarkets were set up (Stoke Aldermoor, Stoke Heath, Canley, Cheylesmore and Willenhall), and 10 emergency food hubs with 26,232 people supported by foodbank and social supermarkets April to September 2020. This

equates to twice the level of people receiving emergency food supplies in comparison to pre-COVID19.

- Service information and Public Health messages disseminated through the social supermarkets and food hubs
- Over 2,000 children supported with breakfast and activity packs over the 5 weeks of the school holidays. Each pack has contained 5 days of breakfasts and activities and approximately 1,500 of these were given out each week
- Community networks established consisting of local volunteers to support local people in their area
- 52 funding applications (£545,997) made to support the voluntary sector with £352,745 successfully awarded to date

4.11 Through strengthening support for communities, places of worship and **faith groups** have been able to adjust their religious practice and behaviours in light of COVID19.

4.12 **Migrant Health Champions** have been supporting their communities and disseminating messages alongside Public Health to help keep communities safe and well.

4.13 Moving forward, work with partners and communities to design culturally competent messages to reach into the heart of communities. To reach this goal, over 150 **Community Messengers** (number still rising) are in place to give out messages about COVID19 and other priority Public Health issues. These are people already in community organisations who will give general messaging and bring back local intelligence from communities. Their remit is to include harder to reach groups. This engagement and participation approach will be used as the blueprint for future engagement work.

4.14 **COVID19 Community Advisors** have been seconded from CCC departments such as libraries. They are going out into communities to support businesses and the community itself to be COVID19 safe. They can be allocated to specific areas in the city that are identified as hot spots. They respond to community concerns that may have been raised (either through the Community Messengers or directly to the council by the community). The Community Advisors signpost people to resources or provide resources where necessary and the Advisors feedback as necessary to the COVID19 mobilisation groups.

5 Next Steps

5.1 Strengthen and embed our focus on reducing health inequalities as a key theme across all of Coventry City Council's corporate priorities.

5.2 Implement local recommendations from the national PHE report and the recommendations from the Coventry and Warwickshire COVID19 Health Impact Assessment⁷.

⁷ <https://democracy.warwickshire.gov.uk/documents/s8449/Background%20Paper%20for%20COVID-19%20Health%20Impact%20Assessment.pdf> (Appendix D)

- 5.3 Launch a Call to Action to employers and organisations to ask them to consider what actions they can take to help reduce health inequalities, with a particular focus on businesses and communities and driving through actions around BAME, employment and skills, housing and families with 0-5 year olds. This work is being led by the Marmot Partnership Group.
- 5.4 Utilise the collective local knowledge and expertise from members of the Scrutiny co-ordinating committee to inform and support our approach.

Report Author(s):

Names and Job Title:

Liz Gaulton, Director of Public Health and Wellbeing

Sue Frossell, Consultant in Public Health

Telephone and E-mail Contact:

Liz.Gaulton@coventry.gov.uk

Tel: 024 7697 6954

Sue.Frossell@coventry.gov.uk

Tel: 024 7697 7409

Enquiries should be directed to the above