



To: Coventry Health and Wellbeing Board

Date: January 25th, 2021

From: Sarah Raistrick, Chair Coventry and Warwickshire CCG

Sue Frossell, Consultant in Public Health

Title: Marmot Group Subgroup: Health Inequalities Call to Action

1 Purpose

The purpose of this paper is to present an update to Coventry Health and Wellbeing Board on the development of the Call to Action across Coventry and Warwickshire, to involve businesses and organisations in pledging to make changes to improve health and reduce health inequalities in the light of COVID19.

2 Recommendations

Coventry Health and Wellbeing Board is recommended to:

- Endorse the approach of the Call to Action to engage with businesses and organisations across Coventry and Warwickshire to raise awareness and support actions to tackle health inequalities
- Begin to consider what actions each member of the Board can take in response to the Call to Action. Two key recommended areas of focus are:
 - a. a robust review of HR equality policies and processes using a recognised tool and
 - b. embedding a social value approach.Both these core areas will enable a system-wide approach to reducing general health inequalities within our communities.

3 Information/Background

Health inequalities which result from social inequalities are unfair and avoidable differences in health across the population and between specific groups in society. In Coventry, men in the most deprived areas can expect to live an average of 10.7 years less than those in the most affluent areas and will live more of their life in poor health; for women, the gap in life expectancy is 8.3 years.

COVID19 and the response measures put in place nationally to combat it have had significant impacts on people's health and levels of equality. As well as the immediate impacts on health, people have lost jobs and income, had medical treatments cancelled, missed out on education

and been required to stay indoors for weeks or months. People's physical and mental health and wellbeing have been affected and the pandemic is intensifying and amplifying existing health inequalities.

The Sir Michael Marmot report, Build Back Fairer: The COVID19 Marmot Review (December 2020) highlights that:

- inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19
- the nation's health should be the highest priority for government as we rebuild from the pandemic
- the economy and health are strongly linked – managing the pandemic well allows the economy to flourish in the longer term, which is supportive of health
- reducing health inequalities, including those exacerbated by the pandemic requires long-term policies with equity at the heart
- to build back fairer from the pandemic, multi-sector action from all levels of government is needed
- investment in public health needs to be increased to mitigate the impact of the pandemic on health and health inequalities, and on the social determinants of health

Specific groups have been impacted more than others by COVID19. Research¹ has shown that women have been disproportionately affected by COVID, resulting in more women losing their jobs than men, women experiencing a greater drop in income than men and mothers carrying out 50% more childcare than pre-COVID.

A number of research papers² have demonstrated that the physical impact of the virus differs according to ethnic group which is mainly explained by these disparities include poor housing, larger households, less able to work from home and more likely to have essential worker status so have to continue working and commuting, and are more likely to be in roles with close proximity to others.

Individuals from Asian and Black ethnic groups are more likely to be infected by COVID19 compared to those of White ethnicity.

- Findings suggest that the disproportionate impact of COVID-19 on Black and Asian communities is mainly attributable to increased infection amongst these communities.
- Racism and structural discrimination may contribute to increased risk of worse clinical outcomes.
- White individuals may be more likely to access testing and therefore this could have an influence on the ethnicity and rates of infection.

At the Coventry Health and Wellbeing Board meeting on 27th July 2020, it was agreed that the Marmot Partnership Group would take the strategic lead on supporting the system to address

¹ <https://www.mckinsey.com/featured-insights/future-of-work/covid-19-and-gender-equality-countering-the-regressive-effects>; Covid-19 Report - The Impact on Women in Coventry, Coventry Women's Partnership July 2020

² Papers include: 'An Avoidable Crisis' Baroness Lawrence Review, 2020; 'Facing the Facts: Ethnicity and Disadvantage in Britain' Centre for Social Justice Nov 2020; 'Ethnicity and clinical outcomes in COVID-19: A systematic review and meta-analysis' Lancet Nov 2020

health inequalities relating to COVID19. This has resulted in the development of the health inequalities Call to Action. The Call to Action is a recognition that improving health and reducing inequalities can only be achieved by the joint efforts of organisations and businesses across the city in making changes that will have a combined impact for residents and communities.

4 Call to Action

Tackling health inequalities that have worsened because of the pandemic is not something that can be achieved by statutory agencies alone. The Call to Action recognises that if all organisations and businesses make small changes to address health inequalities, the overall impact on the city and its residents will be maximised.

Calls will go out to private businesses, statutory and voluntary agencies, with tailored messaging designed to inform and encourage organisations to pledge to make a small number of changes as a result of COVID and the widening health inequalities. Information about the Call to Action will include how taking action can benefit the individual business or organisation, as well as explaining the advantages to the wider community if health inequalities are reduced.

The Call to Action will be themed to specific areas and will be system wide. Although it will encourage organisations to consider a number of ways that they could make change to tackle health inequalities, the two core areas of focus will be:

- Review/update of HR policies and processes to ensure that there is no unconscious bias and that there are no barriers for BAME employees in recruitment or progression.
- Development of a social value policy or inclusion of social value approaches in procurement and other processes, to ensure wider benefits to the community through core social value such as offering apprenticeships to local people as part of a local project, as well as added social value which adds value over and above the goods or works being provided.

The Call to Action is being managed by the Inequalities Team in Public Health and will be overseen by the Marmot Partnership. Discussions are in place with the Economic Development team regarding their involvement in the Call to Action and any resources that they can make available, considering their close links with local businesses. The Call will also be supported by the newly formed Coventry and Warwickshire Anchor Alliance.

Discussions are underway with Warwickshire County Council to establish the Call to Action across the county. It is likely that the approach will be aligned across Coventry and Warwickshire rather than being directly integrated.

Additionally, the Coventry and Warwickshire Inequalities Task Group, which feeds into the Population Health and Prevention Board have created an action to consider how the Call to Action can best be used to influence actions across the health system.

Support for businesses and organisations

A website is in development to provide further information about the Call to Action and showcase the actions taken by organisations. The site will also contain a range of materials, templates and toolkits that will support businesses and organisations to take action to proactively work to reduce inequalities, such as to:

- Implement a social value policy/approach which is integral to their procurement and service delivery processes.

- Carry out a review of HR policies to ensure they do not place unnecessary barriers to employment, skills development or career progression for those from BAME groups.

All organisations will be encouraged to sign up to the Thrive at Work accreditation. Other suggested changes include signing up to the Disability Confident scheme, implementing the real living wage for low paid staff, and increasing the number of young people taken on as apprentices.

We will ensure that businesses are aware of the services available to them from the Coventry Job Shop and the Employer Hub.

Below is a draft list of suggested actions that businesses and organisations can consider, and this will be developed and expanded during the period of the programme:

- Have a social value policy – as above
- Review HR policies – as above
- Implement the Real Living Wage
- Identify barriers to employment that could be removed through more flexible working practices
- Families with 0-5s – explore support for women in less secure jobs, with increased childcare demands, reduced income and/or higher likelihood of job loss
- Strengthen investment into early years services
- Offer additional skills development/employment/apprenticeships/ kickstartWork with the Employer Hub Kickstart programme to provide a work placement for a young person to local young people
- Achieve the ‘Thrive at Work’ workplace wellbeing accreditation
- Identify and develop specific staff through training and mentoring
- Support the Digital First programme in Coventry, reducing digital exclusion and helping more people use online services effectively
- Provide staff with digital skills training
- Achieve the Disability Confident accreditation
- Provide staff with equality training

Proposed Timescale (2020-2021):

It is intended for the Call to Action to be a year-long programme, engaging with as many businesses and organisations as possible through a variety of means, including social media and online promotion, direct engagement through colleagues in Economic Development, Employer Hub, and the Chamber of Commerce. Below is a draft timescale for the programme.

- November – January: Develop branding and website and consider feasibility of launch event
- January: Initial call goes out to the Marmot Partners in their role as exemplar employers in reducing health inequalities.
- January - February: Work with partners and organisations who can support and promote the CTA
- January – work with Warwickshire CC to develop a joint approach
- March: Develop case studies of work done by Marmot partners

- March: Work with Comms to produce Communications Plan
- April: Launch event
- April: Launch of website to give information about Call to Action, examples and suggestions of actions organisations can take
- May – September: Promotion of Call to Action via CCC Comms, Economic Development, Marmot Partners
- October – December: Follow-up with organisations on actions taken and impact achieved
- December: Evaluation summary of the achievements, impact on key indicators where appropriate

5 Options Considered and Recommended Proposal

Coventry Health and Wellbeing Board is recommended to:

- Endorse the approach of the Call to Action to engage with businesses and organisations across Coventry and Warwickshire to raise awareness and support actions to tackle health inequalities
- Begin to consider what actions each member of the Board can take in response to the Call to Action. Two key recommended areas of focus are:
 - a. a robust review of HR equality policies and processes using a recognised tool and
 - b. embedding a social value approach.
 Both these core areas will enable a system-wide approach to reducing general health inequalities within our communities.

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