



To: Scrutiny Co-ordination Committee

Date: 6th October 2021

Subject: Coventry as a Marmot City – Update Report

1 Purpose

1.1 This report provides an update to Scrutiny Co-ordination Committee on the work of the Marmot Partnership Group on tackling health inequalities. It provides Scrutiny Co-ordination Committee the opportunity to offer insight and support into the on-going work.

2 Recommendations

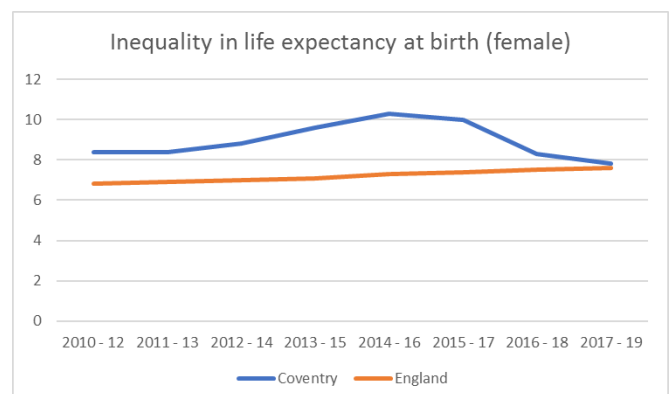
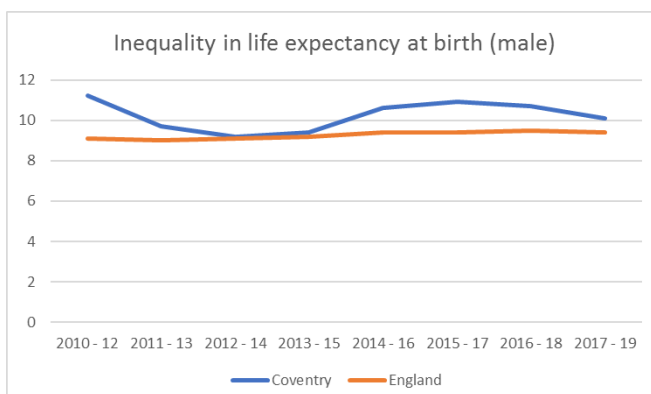
2.1 Scrutiny Co-ordination Committee are recommended to:

- 1) Support the work of the Marmot Partnership in tackling inequalities through the Call to Action
- 2) Acknowledge the work that has been achieved to date in embedding the Marmot approach in Coventry
- 3) Ensure that there is synergy between the refresh of the indicators in the One Coventry Partnership Plan with those in the Marmot Action Plan
- 4) Ensure that Councillors consider health inequalities in recommendations made by Scrutiny Boards through the inclusion of a health inequalities assessment in all reports.
- 5) Encourage Councillors to raise awareness in their local communities of the services available pertaining to our Marmot and wider Public Health offer.

3 Information/Background

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.

Data from PHE shows us that health inequalities in the period 2017-19 were improving in Coventry, with the gap in life expectancy between the least and most affluent reducing for both men and women in the city, as highlighted in the graphs below.



Healthy life expectancy at birth has stayed the same for men and increased for women in Coventry between 2016 and 2019. For women in Coventry, healthy life expectancy is now at 64.2 years, the highest it has been in ten years, and exceeding the regional and national average. Men in Coventry have a slightly shorter healthy life expectancy than the national average.

Another positive indicator is Coventry's position in the indices of multiple deprivation. This is based on a range of indicators and places local authorities in a ranking from most deprived (position 1) to least deprived. During the period 2015 to 2019, Coventry was the only local authority in the West Midlands which significantly improved its position in the Index, as demonstrated in the table below.

Across the West Midlands Region, only Coventry and Staffordshire saw an improvement in the relative ranking at the local authority level.

	2019	2015	Change in rank
Birmingham	6	11	✗ Got worse
Coventry	81	59	✓ Improved
Dudley	104	111	✗ Got worse
Sandwell	8	12	✗ Got worse
Solihull	206	210	✗ Got worse
Walsall	31	41	✗ Got worse
Wolverhampton	19	19	⚖ Stayed the same
Herefordshire	83	88	✗ Got worse
Shropshire	100	107	✗ Got worse
Staffordshire	116	115	✓ Improved
Warwickshire	119	120	✗ Got worse
Worcestershire	105	110	✗ Got worse

However, these figures are from the period prior to COVID19 and it is likely that inequalities will have worsened, locally and nationally. One area of particular concern is that life expectancy for women in Coventry has decreased slightly between 2017 and 2019. Both the England and West Midlands average increased slightly during the same period.

Although we have yet to see the full impact of the pandemic, it is clear that there has been a disproportionate impact on people in Black and Minority Ethnic communities, with Black patients 30% and Asian patients 49% more likely to die within 30 days of hospital admission for COVID compared to patients from white backgrounds of a similar age and baseline health. Infection rates were higher in areas of Black and Minority Ethnic communities. Reasons identified for this disproportional affect include over-exposure to the virus through poor working conditions, crowded and poor-quality living conditions and are more likely to have co-morbidities which increase the risk of serious illness. The Black and Minority Ethnic communities are over-represented in shutdown and self-employed sectors leading to a loss of income as a result of the pandemic.

4 Work by the Marmot Partnership to impact health inequalities

4.1 Coventry has been a Marmot City since 2013. Since this time, organisations across the city have committed to work together to reduce differences in health outcomes between the most affluent and most deprived areas of the city. Coventry was one of seven cities in the UK to become a Marmot City and received national expertise and support from the Institute of Health Equity and Public Health England to reduce health inequalities. In 2016, Coventry committed to a further three years working in partnership with IHE and PHE, and subsequently this has increased to an on-going agreement. At that point, Coventry was the only one of the initial 7 cities to remain as a Marmot City, reflecting the on-going commitment to acknowledge the inequalities in the city and the importance of the work to tackle this on a long-term, partnership basis. Since 2016, Coventry has focussed on two key aspects of the Marmot Principles – tackling inequalities that disproportionately affect children & young people and ensuring that all residents benefit from good growth in the city.

Case study: Giving every child the best start In life

There are a number of services and teams contributing towards parenting programmes, childcare and early years development, many of which also contribute to tackling childhood obesity, nutrition and physical activities as well as wellbeing and mental health.

The following teams and services contribute towards children achieving a healthy weight as part of wider programmes to help tackle inequalities in early years:

- The Family Health & Lifestyles Service provides
 - Health visitors
 - School nurses
 - Be Active, Be Healthy
 - Infant feeding
- Positive Choices (Early Intervention and Young Person’s Substance Misuse Service)
- Public Health team and Wellbeing for Life
- Holiday Activity and Food fund
- Primary Care Networks (PCN) Health Coaches
- Kooth – online mental health support

4.2 Coventry has received nationwide recognition for its achievements as a Marmot City and has been approached by many other local authorities from across the country, and in some cases, from other countries, to learn from our experience. We have maintained effective relationships with the Institute of Health Equity and Sir Michael Marmot, who continues to hold Coventry up as a positive example for its continued work.

4.3 Being a Marmot City has provided a platform from which to unite different organisations across the public and voluntary sector, to work together to address the conditions that determine health. It has brought together different departments within the Council, including Public Health, Procurement, Education, Jobs & Economy and Libraries, as well as colleagues from West Midlands Police, West Midlands Fire Service, Voluntary Action Coventry, Department for Work and Pensions, Chamber of Commerce, Local Enterprise Partnership and third sector organisations such as Positive Youth Foundation and Foleshill Women’s Training. The work to embed tackling health inequalities in the Council has resulted in policies in all areas taking account of inequalities and setting out ways in which

they will be addressed. For example, the co-location of a Public Health Officer in Place based teams allows for a direct influence, specifically around planning, licensing and transport. The Officer helps to raise awareness and build knowledge of health inequalities in Place colleagues to ensure that decisions take account of wider inequalities and grasp opportunities to improve the inequalities gap.

Case Study: Hot food Takeaways Supplementary Planning Document

The Public Health, Inequalities, Officer co-located in the Planning Team is able to advise and influence on planning applications to ensure that health inequalities are considered.

A hot foods takeaway supplementary planning document was produced and implemented to help limit the proliferation of fast food takeaways in areas where there is already a concentration of such establishments and in the proximity of schools. This is a response to the prevalence of hot food takeaways in certain areas, particularly in the most deprived areas of the city, and to the increasing issue of childhood obesity. It is also a recognition of the potential harmful impacts of such establishments on the local community, including increased numbers of customers around hot food takeaways (including at less sociable hours) which can lead to problems in disturbance, noise, littering and anti-social behaviour. As a result of this document, objections have been lodged to a number of applications for hot food takeaways. As a result, 11 applications for hot food takeaways have been refused.

Additionally, being a Marmot City has influenced a number of areas of work, such as the Thrive at Work programme which helps employers to ensure the health and wellbeing of their workforce, a programme which has now been rolled out across the WMCA. It has also influenced the programme of the City of Culture, encouraging the placement of Creative teams in deprived areas of the city and in organisations which deal with people at risk of inequalities, such as the Migrant & Refugee Centre. The principles of tackling health inequalities are embedded throughout the voluntary sector.

There have been actions through the Work and Poverty Marmot sub-group to explore issues relating to in-work poverty and look at ways in which partners can work together to address the issues. This has led to events to improve pathways and communication between employability support services to ensure clients are receiving the service most appropriate to their needs, and the development of a pilot project to offer businesses a reduction on business rates if they employ a long term unemployed person (this project was then postponed due to COVID). The sub-group is continuing to look at priorities within the employment and skills sector and identify ways in which it can add value.

4.4 Call to Action - Overview

To continue the work already done, the Call to Action campaign was developed. The Marmot Partnership group has been given the lead in taking this work forward, drawing on the heightened profile of health inequalities following the pandemic. It is acknowledged that for inequalities to be tackled we must take a system-wide approach and requires all organisations to take action to make a difference. The initial work is to engage the private sector and then expand to the voluntary sector. The work will include awareness raising, resources as tools to drive action, and spark discussion in the Health Inequalities Task and Finish Group using a data driven approach. This work will cover both Coventry and Warwickshire.

4.5 Call to Action: Private sector

To kick off the campaign we held an online promotional event attended by Sir Michael Marmot and Sir Chris Ham championing the campaign and the need for businesses to do more. We are asking businesses to make a commitment to take one or two suggested actions, evolving as the project progresses. We are also working on raising awareness of health inequalities and what that means to businesses and will offer 1-2-1 consultation sessions where requested. In order to reach out to businesses we are working with Economic Development and intermediaries to provide links/referrals to businesses.

4.6 Call to Action: Voluntary sector

To ensure we are working towards taking a system wide approach, we are also expanding our discussions to the voluntary sector. Taking a different approach to working with the private sector, we would like to take a more collaborative approach, creating a network for VCSE organisations to join and work with the Marmot Partnership in specific ways. We are taking a data driven approach, exploring ways of using shared data to provide evidence of local needs and gaps in service provision. The aim of the network is to provide intelligence, share information and inform actions that can be delivered in partnership to tackle health inequalities, whilst informing key issues that can be discussed at the Marmot meetings and explored further.

4.7 Embedding our approach as a Marmot city through the One Coventry partnership

With the recognition of on-going inequalities in Coventry which are likely to worsen as a result of COVID19, tackling health inequalities will be embedded as a key priority within the One Coventry Partnership. This will enable strategic oversight of the Marmot work to ensure that it remains focused and adds value through the One Coventry Partnership Board. Through this partnership we will also create the role of Marmot Champions. Organisations will be encouraged to nominate a Marmot Champion who will help to raise awareness and disseminate information, helping to embed the Marmot principles and ways of working to tackle health inequalities through their organisation. They will receive support from the Inequalities Team within Public Health and the Marmot Operational Group.

4.8 Links with One Coventry Plan – Priority to reduce inequalities

The revised One Coventry Council Plan includes a priority to improve outcomes and reduce inequalities. The Marmot work will feed into this priority through the work of the Call to Action, as well as working with Insight to develop a more evidence-based approach to priorities. Performance indicators within the One Coventry Plan are currently under discussion and there is an opportunity to link these with the indicators included in the new Marmot Action Plan when it is developed.

4.9 Black and Minority Ethnic Communities

As a result of the impact of the pandemic on Black and Minority Ethnic communities, a sub-group was formed to look specifically at issues affecting these communities. The initial remit of the group was based on PHE recommendations from the *Beyond the Data: Understanding the Impact of COVID19 on BAME Groups* report. These recommendations were focussed on work to improve the immediate outcomes of COVID, such as culturally competent education and prevention campaigns, disease prevention campaigns and culturally competent messaging to businesses and organisations. The multi-agency sub-group mapped the work going on in Coventry through the Community Messengers, the Community Resilience and Public Health teams and then the work of the Vaccinating Coventry programme, and felt that these recommendations were being addressed and wanted to ensure that they did not duplicate the work of the groups already in place. The sub-group has agreed to look at the

longer-term impacts on the Black and Minority Ethnic communities and will be revising their focus to take a more evidence-based approach to pinpoint local issues.

4.10 Inclusion of Health Inequalities in Council reports

As recommended at the October 2020 meeting by Scrutiny Co-ordination Committee, all reports going to Cabinet, Council and Scrutiny will include a section on the impact on health inequalities. We are currently working with the Equalities and the Scrutiny Coordinator to establish a system to ensure this is completed correctly and that impacts on health inequalities, either positive or negative, are clearly presented to Councillors.

4.11 Links with ICS Health Inequalities Strategic Plan

The Marmot work in Coventry and the approaches taken through the Population Health Model will feed into the Integrated Care System (ICS) Health Inequalities Plan which is currently under development. This plan will take a system-wide approach to tackling inequalities in the health and care system, based upon the NHS Long-Term Plan and the key impacts coming out of COVID19.

5 Next Steps

The next steps are to

- Embed the Marmot work within the One Coventry partnership and within the One Coventry Council Plan.
- Progress the Call to Action, working with a range of partners across Coventry and Warwickshire to embed approaches to tackling health inequalities in as many businesses and organisations as possible.
- Continue to share and learn from other Local Authorities on their approach to Marmot and health inequalities.
- Develop NHS Inequalities plan as per Integrated Care System requirements

We will develop a new action plan to follow this work for the next three years and monitor the progress against key performance indicators which will enable us to understand the ongoing impact of COVID on inequalities in the city as well as demonstrating the impact of work to mitigate those inequalities.

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