Coventry City Council

Briefing note

To: Scrutiny Co-ordination Committee **Date: 6 April 2022**

Subject: Coventry & Warwickshire Health Inequalities Strategic Plan

1 Purpose of the Note

1.1 The purpose of this paper is to inform the Scrutiny Co-ordination Committee about the Coventry & Warwickshire Health Inequalities Strategic Plan and provide an opportunity for Committee members to make any recommendations or comments as part of the development process.

2 Recommendations

The Scrutiny Coordination Committee is recommended to:

1. Note the requirements for a Coventry and Warwickshire Health Inequalities Strategic Plan;

2. Support the recommended local priority population groups for the strategic plan (covering transient communities and people on long-term sickness benefits);

3. Make any comments and recommendations as part of the development of the plan.

3 Information/Background

3.1 The Coventry and Warwickshire Integrated Care System (ICS) is required to provide a draft 'Health Inequalities Strategic Plan' to NHS England/Improvement by 22nd March 2022. The plan must depict a locally agreed strategic approach for addressing health inequalities within 5 nationally determined clinical priorities covering maternity care, early cancer diagnosis, severe mental illness, chronic respiratory disease and hypertension.

3.2 The plan must be led by the local Director of Public Health and owned by decision making bodies within the developing ICS.

3.3 A programme of engagement is underway with partners and key NHS workstreams to develop the plan.

3.4 The plan must apply the national "Core20+5" model, with action to improve access and outcomes for people living in the most deprived areas (Core20: most deprived fifth of the population as defined by the Indices of Multiple Deprivation) and for locally determined priority population groups ("+" groups) across the "5" clinical areas.

3.5 Recommended local priority "+" groups for Coventry are transient communities and people on long-term sickness benefits.

3.6 Application of the Core20+5 model must be embedded within a wider approach to reduce inequalities in health outcomes and the determinants of health and wellbeing.

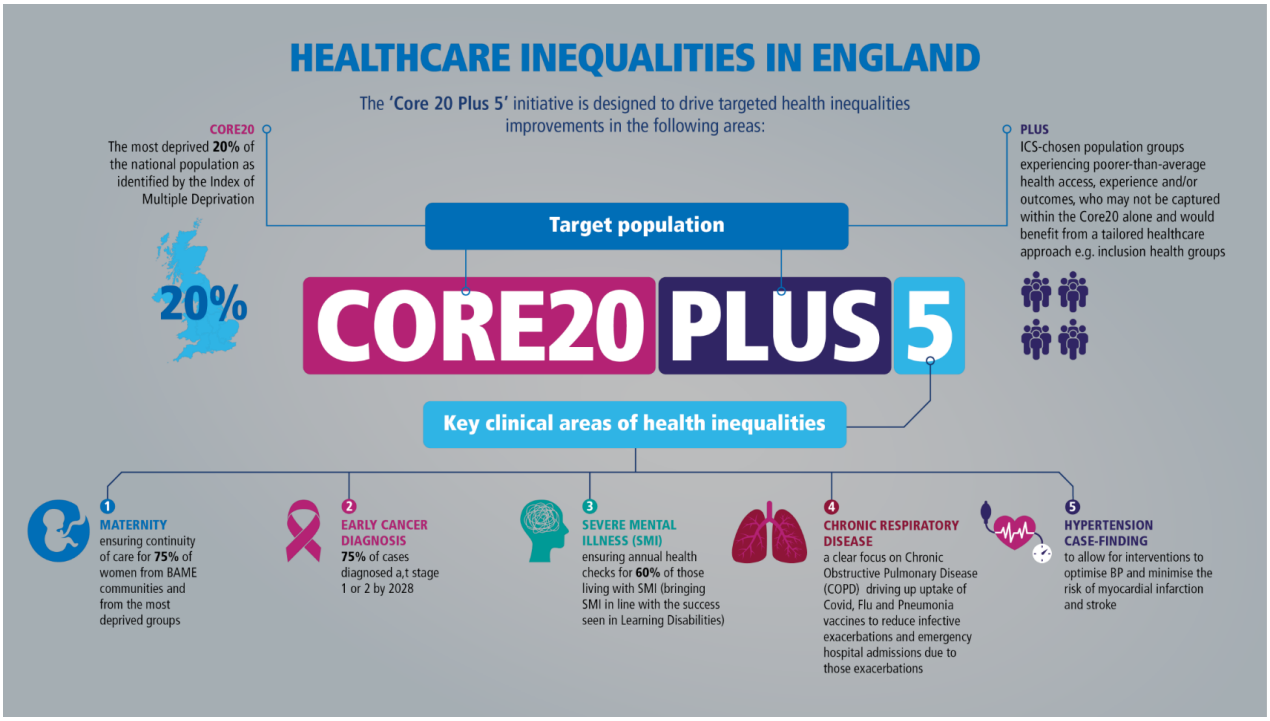
3.7 The local plan will build on existing work which aims to embed consideration of and action on health inequalities in all that we do and shift how we work with local communities.

4 Progress to date

4.1 A programme of engagement with partners and key NHS workstreams is currently underway to shape the Strategic Plan and ensure the approach takes into account the needs and inequalities within Coventry.

4.2 The 5 national clinical priorities are set out with in a "Core20+5' model. The model requires focused efforts to improve health access and outcomes for those living in the most deprived 20% of the national population ("Core20" - as defined by the Index of Multiple Deprivation for Lower Super Output Areas, (LSOAs)) and locally determined priority population groups ("+" groups). Consideration to these groups must be embedded in actions aligned to the nationally prescribed 5 clinical priorities:

- **Maternity**: continuity of care for women from Black and Minority Ethnic (BAME) communities in the most deprived areas
- **Early Cancer Diagnosis:** 75% of cancers diagnosed at Stage 1 or 2 by 2028
- **Severe Mental Illness (SMI):** annual health checks for 60% of those living with SMI
- **Chronic Respiratory Disease:** a focus on Chronic Obstructive Respiratory Disease (COPD), driving up uptake of COVID, Flu and Pneumonia vaccinations
- **Hypertension Case-Finding:** to allow for interventions to optimise blood pressure (BP) and minimise the risk of myocardial infarctions and stroke.



4.3 The 5 clinical areas have been selected due to existing inequalities and with Cancer, Circulatory and Respiratory illness being the biggest killers action in these areas if vital for having an impact on health outcomes for all population groups.

4.4 Maternity has been included following findings from the national Confidential Enquiries into Maternal Deaths and Morbidity which found maternal mortality rates among Asian women were twice as high than in White women, and four times higher in Black women compared to White.

4.5 People living with a Severe Mental Illness are a national priority due to the gap in life expectancy for this cohort, which is 15-20 years lower than the general population and largely due to physical health conditions.

4.6 The 5 clinical priorities are primarily focused on secondary and tertiary prevention approaches (identifying significant risk factors or early signs of disease in order to intervene and prevent further ill-health, or preventing exacerbation of existing illnesses). Such approaches are likely to provide swifter return on investment for local systems than primary prevention approaches, however for longer-term and sustained impacts on health inequalities applying primary prevention to reduce the prevalence of risk factors is required.

4.7 Broader partnership activity is required to promote healthy behaviours, address inequalities in the wider determinants of health and create healthy environments in which residents live, work and play within is required in order to harness longer-term improvements in health equity.

4.8 In order to reflect wider local action, the Coventry and Warwickshire Health Inequalities Strategic Plan will reflect the four pillars of population health which has been adopted by the Health and Well-being Board and at system level.

5 Health Inequalities in Coventry

5.1 Coventry suffers from high levels of deprivation, with 26% of residents living in areas in the 20% most deprived in England. This equates to 96,654 of the city's residents living in the most deprived areas. As a Local Authority area, men and women in Coventry experience significantly lower life expectancy than the England average. Whilst there are pockets of deprivation in all parts of the city, the areas with the highest levels of deprivation and lowest life expectancy are in the central and north-east of the city, with pockets in the south west and south east.

5.2 Health outcomes also vary between population groups. Key groups experiencing health inequalities, and recommended as local priority population groups, are outlined below.

6 Local Priority Population Groups

6.1 A review of local and national evidence on health inequalities, the impact of the pandemic and engagement with ICS partners, the following are recommended to be included as priority population groups for Coventry:

- Transient communities (homelessness, gypsies/travellers and newly arrived communities); and
- people on long-term sickness benefits

6.2 Transient communities – Refugees/Migrants

6.3 Coventry has a long history of welcoming refugees and asylum seekers to the city. However, due to the recent international situation, exacerbated by COVID-19, Coventry and Warwickshire have seen an unprecedented rise in numbers.

6.4 Asylum seekers

6.5 In April 2019 there were 569 asylum seekers accommodated in Coventry under the Home Office Asylum Dispersal arrangements. The latest figures (December 2021) show this number has risen to 2055 – 1592 in Serco run accommodation and 527 in initial accommodation (3 x local hotels). This is an increase of 361% and is unprecedented locally and regionally.

6.6 **Refugees**

6.7 With regard to resettled refugees, both Coventry and Warwickshire are welcoming refugees from both Syria and Afghanistan among other countries. Alongside the 36 Syrian families who were originally being supported in Warwickshire, Warwickshire have made a pledge to resettle an additional 63 families between April 2021 and April 2025 (through UK resettlement and Afghan programmes). In Coventry, we have 968 existing Syrian, Yemeni, Iraqi, Sudanese and Afghan refugees currently in the city, with a further 121 Afghans arriving into the city over the course of 2021. In addition to the asylum seeker hotels outlined above, there is a further hotel in the city housing Afghan refugees who are seeing out their quarantine period before moving out of the city.

6.8 Asylum seekers and refugees can have complex health needs. Common health challenges can include: poorly controlled chronic health conditions; untreated infectious diseases or missing vaccinations; poor mental health related to previous trauma and/or to isolation as a newly arrived resident; and women may have additional need ante- or post-natally, associated with late presentation to healthcare, previous trauma, malnutrition or poverty. Despite these health needs there is no evidence of a disproportionate use of healthcare resources. In fact asylum seeker and refugees often face barriers accessing services whilst also facing barriers to accessing services, including language and cultural barriers along with a lack of understanding of UK health systems.

6.9 **Gypsies/Travellers**

6.10 Gypsies and travellers have the poorest self-reported health outcomes of all ethnic groups. National research suggests life expectancy is reduced by 10-12 years compared with the settled community and remain one of the mot socially excluded groups within the UK. Higher infant mortality rates contribute to this gap in life expectancy and cause significant distress to individuals, families and communities. Such inequalities arise due to a range of factors including discrimination, poor accommodation, poor health literacy, a lack of trust in health providers and barriers in accessing health services. Ibn the 2011 Census, 57,680 people identified themselves as Gypsy or Irish Travellers across England and Wales, with 151 in Coventry (0.05% of the resident population).

6.11 **People who are experiencing homelessness**

6.12 In 2020/21, 16.6 per 1,000 households (2,503 in total) were owed a duty under the Homelessness Reduction Act in Coventry. It is recognised that homeless populations have significantly worse physical and emotional health outcomes compared to the general population. The following factors should be considered:

- Reduced life expectancy
- Physical health and accelerated ageing
- Mental health and alcohol & drug use
- Autism and learning disability

6.13 The physical and mental health impacts of being homeless, as well as barriers to accessing services, including digital exclusion, contribute towards premature mortality for this cohort.

6.14 **People on long-term sickness benefits**

6.15 The 2010 Marmot Review concluded that being in good employment is usually protective of health while unemployment, particularly long term unemployment, contributes significantly to poor health. However, being in work is not an automatic step towards good health and

wellbeing; employment can also be detrimental to health and wellbeing and a poor quality or stressful job can be more detrimental to health than being unemployed. Unemployment and poor quality work are major drivers of inequalities in physical and mental health.

6.16 People who are long-term unemployed have a lower life expectancy and experience worse health than those in work. Employment is one of the most important determinants of physical and mental health. There are approximately 14,600 people in Coventry who are on long term sickness benefit.

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

7 Next steps and timescales

7.1 A programme of engagement with key partners to further shape the plan based on the Core20+5 model and embedded within our wider population health management approach is taking place between November to January 2022.

7.2 The draft Coventry and Warwickshire Health Inequalities Strategic Plan will be shared with NHS England/Improvement by 22nd March 2022, who are expected to provide feedback prior to a final version being adopted locally.

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Appendices
None