

# Health inequalities in Coventry – a summary

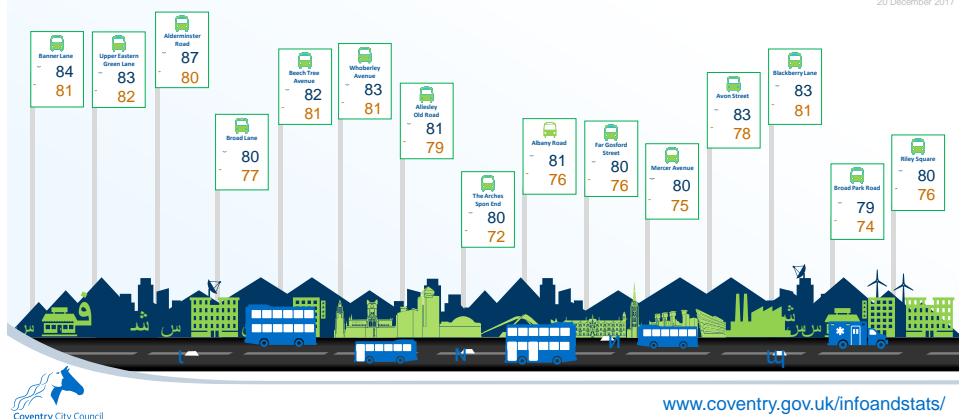
Where someone is born, where they live, whether they work or not and what they do all affect how long someone will live, how healthy they will be and the quality of life they will experience.

People in lower socio-economic groups are more likely to experience chronic ill health and die earlier than those who are more advantaged, and inequalities affect everyone, as there is a social gradient to health: the better the conditions in which you are born, grow up and live, the more likely you are to enjoy better health and a longer life.<sup>1 2</sup> Statistics from Public Health England show that men in the most affluent areas of Coventry will live, on average 10 years longer than men in the most deprived areas, while for women the difference is 8 years.

## Life expectancy at birth in Coventry 2011-2015

Coventry's bus route 10 crosses the city's more affluent and more deprived neighbourhoods. This makes it useful to help illustrate the stark differences in life expectancy across the city – a gap of 10 years for males and 8 years for females.

20 December 2017

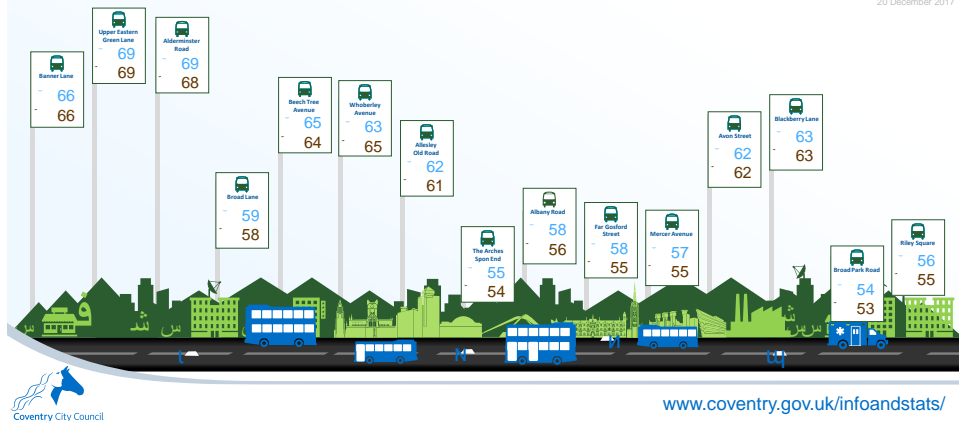


Healthy life expectancy looks at the number of years a person can expect to live free from significant health issues. The number 10 bus route which goes across Coventry demonstrates how the gap differs from the most to least affluent areas. The gaps is 16 years for males and 15 years for females.

## Healthy life expectancy in Coventry 2009-2013

Coventry's bus route 10 crosses the city's more affluent and more deprived neighbourhoods. This helps to illustrate the stark differences in healthy life expectancy across the city – a gap of 16 years for males and 15 years for females.

20 December 2017



<sup>1</sup>Acheson, *Independent inquiry into inequalities in health report*, London: The Stationery Office, 1998

<sup>2</sup>Dahlgren, Whitehead, *Policies and strategies to promote social equity in health*, Stockholm: Institute of Futures Studies, 1991

Coventry has some significant issues to tackle. Let's take a look at the some indicators:

Indicator	Most deprived ward <sup>3</sup>	Least deprived <sup>3</sup>
Children living in poverty <sup>4</sup>	49%	14%
No adults in employment in household <sup>5</sup>	42%	36%
Unemployment rate <sup>6</sup>	9.8%	2.0%
Home ownership <sup>5</sup>	39%	87%

The Index of Multiple Deprivation 2015 ranked Coventry was the 46th most deprived local authority in England out of 326.

In the Health & Disability Domain of the Indices of Deprivation 2015, Coventry was ranked 50th most deprived.

Tackling health inequalities will reduce social, economic and financial costs. As well as the human cost, every year health inequalities cost the UK £31-£33 billion in lost productivity (estimated at £170 million in Coventry), £20-£32 billion in lost taxes and higher welfare payments, and an additional £5.5 billion in healthcare costs.<sup>7</sup> Reducing health inequalities, targeting resources based on need and investing in prevention and early intervention can:

- improve health outcomes, wellbeing, mental health and community and social relations;
- increase productivity and improve educational attainment, which will ensure the area is attractive to employers, develop local economies and ensure people have the necessary skills and capabilities to get jobs;
- reduce the costs of welfare and healthcare; and
- reduce future demand for council services and associated costs including social care, child protection, housing, domestic and sexual violence and substance misuse.

Reducing health inequalities isn't a job which belongs exclusively to the NHS, or to public health. To make a real difference, we have to improve our health services and the health of our population, but we also have to look at our whole society and the conditions which determine our health – our housing, our employment, our income, our community, and to do this we have to work together across the public sector and the voluntary sector.

## Coventry: a Marmot City

In April 2013 Coventry had an opportunity to broaden the ownership of the health inequalities agenda. Coventry committed to delivering rapid change in health inequalities by 2015 and was one of seven cities in the UK invited to participate in the UK Marmot Network and become a Marmot City. Being part of the Marmot Network has provided Coventry with access to the international expertise of the Marmot Team based at University College London. In 2015 the Council committed to continuing the Marmot work and the current strategy will run up until 2019. Our relationship with UCL continues.

Under the Marmot banner we have achieved a great deal, here are some examples:

- Using the **Council's Social Value Policy** to consider the economic, social and environmental wellbeing of the city and its residents when commissioning and procuring goods and services.
- **Safeguarding, dementia and Making Every Contact Count (MECC) training for West Midlands Fire Service** – 78% of fire service staff have received safeguarding training, and dementia awareness training is also being undertaken. In addition, all West Midlands Fire Service operational personnel and Vulnerable Persons Officers have received Make Every Contact Count training, which

<sup>3</sup> According the Index of Multiple Deprivation 2015, current the most deprived ward in Coventry is Foleshill and the least deprived is Wainbody

<sup>4</sup> After Housing Costs, End Child Poverty Coalition 2018

<sup>5</sup> Census 2011, ONS Crown Copyright

<sup>6</sup> % of economically active residents aged 16-74; Census 2011, ONS Crown Copyright

<sup>7</sup> Chi Onwurah, 'MP urges action on health inequalities', *Westminster Briefing*, 2010

supports people from a range of professions to feel comfortable engaging in conversations and providing healthier lifestyle advice.

- **Mental Health Street Triage** – Since December 2014, mental health nurses have accompanied police officers, where there has been a need for immediate mental health support. In its first week of operation, the service prevented 10 admissions to A&E, saved 94 hours of police time and prevented 9 detentions under s136 of the Mental Health Act.
- **Cycle Coventry** – free *bikeability* training is being offered to primary schools in targeted neighbourhoods. Between January and November 2016, 1,256 children engaged in the training.
- **Cervical Cancer Screening** – Coventry and Rugby CCG have worked with Foleshill Women's Training Centre to dispel myths around cervical screening amongst ethnic minority groups and introduced an incentive scheme to support GP practices to encourage women to attend for smear tests. This has led to an increase in the cervical screening rate in Coventry from 71.5% in 2012/13 to 76.6% in 2013/14.
- **Young People** – % of children achieving a good level of development at age 5 continues to improve, the % of 16 to 18 year olds NEET is reducing and now the figure is in line with national average.
- In 2016 Coventry won the **Public Health Local Government Chronicle** award and were visited by the Health Select Committee. We continue to attract interest from around the world and were visited in April 2018 by a delegation of health policy makers from Norway.
- Plans are in place to undertake a **full scale evaluation of the Marmot work** and look at how we can build on and expand the Marmot approach to realise further benefits for the citizens of Coventry.

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*Reviewed April 2018*