Bridging the Health Gap

Tackling health inequalities in Coventry, a Marmot City

Director of Public Health's Annual Report 2019

Coventry City Council

ONE COVENTRY

Contents

Introduction by the Director of Public Health and Wellbeing

The Annual Report of the Director of Public Health is an opportunity to take stock, reflect on the health of our city and identify where we are making an impact. In this year's report we are focusing on health inequalities and how the wider determinants of health influence how long you can expect to live in good health in Coventry.

Health inequalities are differences in health between different groups of people or communities. Where you are born, the quality of the air you breathe, your education and career, access to physical recreation, green space and the home you grow up in will have a lasting impact on your life. In Coventry there is a large gap between healthy life expectancy and life expectancy between people in the highest socioeconomic groups and those in the lowest socioeconomic groups, representing a large window of need when people start to require more support from health and care services. This gap (on average) is in 16.2 years in men and in 19.2 years in women.

Many people in our City face barriers to their health and wellbeing. These may be due to education, housing, debt problems, unemployment or other issues.

Although unemployment rates are dropping and more people are in work, in-work poverty is an increasing problem, with almost 60% of those living in poverty in the UK being in working households[1]. Intergenerational poverty perpetuates health inequalities and if we are going to real make a difference then we need to break this cycle as well as mitigate the harm of poverty.

In this report I champion a focus on prevention and early intervention to address the inevitable pressures across all public services and find ways to bridge the gaps in health outcomes between our communities. In Coventry we have been addressing health inequalities by using the "Marmot Principles", a system-wide approach which makes health and wellbeing a priority in all decision making

I will also report on how being a Marmot City is helping to reduce health inequalities and our plans to further embed these principles across Coventry.

Liz Gaulton
Director of Public Health & Wellbeing

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[1] http://classonline.org.uk/blog/item/the-problem-with-in-work-poverty Accessed Aug 2019

Councillor Foreword

Welcome to the Director of Public Health's Annual Report for 2019. We are focusing on health inequalities this year. As a Marmot City since 2013, we have taken some significant steps in reducing inequality across the City, however, there is still much more we need to do, and we need to stay focussed on increasing healthy life expectancy across all our communities.

Coventry is a vibrant and diverse City and we are very proud to have been selected as the UK City of Culture 2021. We are working to make sure this opportunity is maximised to get people more active, more engaged in their community and thinking about how to improve their own health and wellbeing and reduce health inequalities.

There are lots of exciting things happening this year in Coventry, the opening of the Alan Higgs Centre, the Warwick University Health and Wellbeing Centre and "The Wave", as well as hosting a variety of top-class sporting events including 2019 European City of Sport. 2019 has also been the Year of Wellbeing across Coventry and Warwickshire where we have encouraged all communities to think about little things they can do to improve their health and wellbeing. We face big challenges, but we also have some big opportunities.

Maximising these opportunities will not only help residents enjoy a healthier, longer life but will also help to reduce the health inequalities that we experience in the City. We all know the impact small changes in lifestyle can make to our overall health, across the whole life course. Keeping active, eating well and not smoking are some of the key things we can all concentrate on in achieving a healthier, happy life for everyone.

I would like to thank everyone who has put this report together and who has worked so hard this year. Finally, I wish to thank everyone who continues to work tirelessly in delivering essential services to residents of Coventry every day of the year.

Cllr Kamran Caan
Cabinet Member for Public Health & Sport

COVENTRY & WARWICKSHIRE
YEAR OF WELLBEING
2019

Foreword by the Vice-Chair of the Marmot Steering Group

The Marmot Steering Group drives forward actions across the City to address inequalities. The strength in this group is its diverse membership. Every member understands the value of working together to reduce inequalities. West Midlands Fire Service and West Midlands Police are leading by example, having signed up all employees the Real Living Wage (RLW). The RLW is higher than the minimum or 'living wage' as it is based on the cost of being able to live a lifestyle that most people would consider a basic minimum for quality of life and inclusion in the modern world. Whilst employees benefit financially, in a survey of RLW paying business 86% reported feeling it had improved the reputation of the business, and 75% said that it had increased the motivation and retention of employees.

Being a Marmot City sets Coventry apart. The local authority, the emergency services, health services, the third sector and community groups are all working in partnership to bring about positive changes for our communities. As some of the main employers in the City, we examine the way that we work with our employees and strive to be exemplar employers. Through working with our partners, we reach out to the wider business community and help them to understand the benefits to their business of employing local people, offering stable jobs at a reasonable wage, and supporting the health and wellbeing of employees. This is achieved through the work of not only the Chamber, but also the Job Shop and the Economy & Jobs team who provide support to employers to achieve the Thrive at Work accreditation.

Since 2013 a great deal has been achieved in Coventry, including an increase in the percentage of children with good development by the end of reception year, a reduction in the percentage of 16-18 year olds not in education, employment or training and a reduction in hospital admissions (10-24) because of self-harm. Our employability support programmes are achieving great results, with the Coventry Ambition programme supporting over 1700 young people who were not in employment, education or training to achieve a positive outcome, and the Job Shop working with over 1,000 people annually to help get them into jobs.

Through the work of the Marmot Steering Group, we will continue to tackle health inequalities in the city and improve health outcomes for everyone.

Richard Stanton
Group Manager Coventry & Solihull Command
West Midlands Fire Service

Executive Summary

Health inequalities are differences in health between different groups of people or communities. They are determined by a range of factors including the kind of life a person is born into, where they live, the environment they grow up in, education and employment chances and lifestyle choices such as smoking, drinking, diet and physical activity. Failure to take action on social inequalities which are avoidable and can be prevented through coordinated action across all the areas of society is a matter of social injustice.

There is a gradient that can be applied to health inequalities which demonstrates the greater the level of deprivation the more years that a Coventry resident will live in ill health and the higher the likelihood of dying at a younger age.

10.9

In Coventry, men in the most deprived areas can expect to live on average **10.9 years** less than men in the least deprived areas.

10

For women, the difference is on average **10 years**.
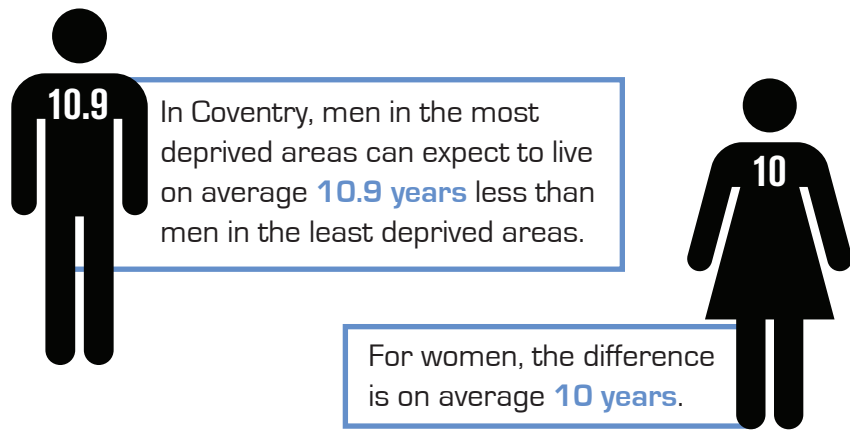
Inequality in healthy life years, the number of years a person can expect to live in good health, is even greater, with men in the most deprived areas experiencing **17.1 years** fewer in good health than those living in the least deprived areas. Women in the most deprived areas of Coventry can expect **18 years** fewer in good health than those in the least deprived areas.

People from different black and minority ethnic (BAME) groups can experience significant health differences, which may previously have been masked by people being considered under a general 'BAME' category. National data shows that **35% of people with of Pakistani or Bangladeshi origin** live on a low income compared to **14% of the White** population, and average unemployment rates are three times higher in the Black population than in the White population.

35% **14%**

A significant proportion of this difference in life expectancy is explained by higher rates of premature deaths from the five biggest 'killers', which are:

Cancer

Heart disease

Stroke

**Respiratory disease**

Liver disease

The Determinants of Health

Overcoming health inequalities is not something that one organisation alone can achieve. Through its work as a Marmot City, Coventry has embedded a partnership approach that draws on the strengths and assets of the many statutory and community organisations in the City. Only by everyone doing their bit, either for themselves, for the community or for their organisation can the health gap be robustly and sustainably bridged.

Communities and housing play a key role in health inequalities. Living in a cold, poorly insulated home has a direct impact on health and mental wellbeing and can also impact on a child's health and development.

In Coventry, 15.3% of households are estimated to be in fuel poverty, ranging from 38% in areas of greatest deprivation to 5% in the most affluent areas.
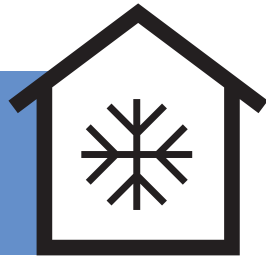
There is growing evidence of the health benefits if there is access to good quality green spaces, including improved mental and physical wellbeing, lower rates of obesity and better self-rated health status.

Air pollution impacts significantly upon health, specifically heart and respiratory disease, and often the greatest levels of pollution are experienced by those living near busy roads and in the most deprived areas. Children, old people and those with long term conditions are most at risk from the effects of air pollution.

Good employment can be protective of health. People who are long-term unemployed have a reduced life expectancy and experience worse health than people in work. Employment in Coventry is currently at **72%** and unemployment levels vary between areas, with the highest rates experienced in areas of most deprivation.

The circumstances into which a child is born and spends their early years have a significant bearing on their lifelong health, happiness and productivity in society. Intervention during the early years is crucial to reduce the impact of inequalities as the child grows up.

Breastfeeding provides the best possible nutritional start in life for a baby and in Coventry, breastfeeding rates are above average. However, the entitlement to free early years care has a relatively low take-up in the city.

By the age of five, children's development in Coventry is below the national average, with the most disadvantaged in the city even further behind their peers.

By the age of five, fewer children achieve a good level of development (**68%**) than nationally (**72%**). A child achieves a "good level of development" if they perform at the expected level in all the early learning goals: communication and language, physical development, personal, social and emotional development, and literacy and mathematics. This continues into year 6 (age 10), where the proportion of children reaching the expected standards in reading, writing and maths is below the national average.

**BELOW NATIONAL AVERAGE**

COVENTRY 68%
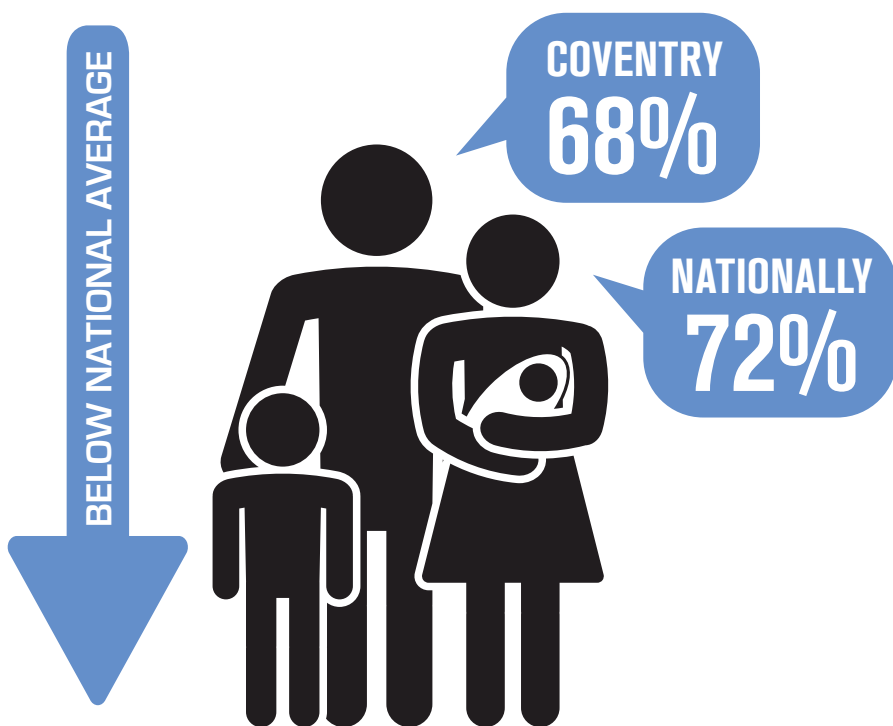
NATIONALLY 72%

The proportion of 16 and 17 year olds who are not in education, employment or training is lower in Coventry than the national average. However, the level of qualifications gained by people in Coventry are generally worse than the country as a whole, with some areas of city having over 28% of residents who have no qualifications.

28% OF RESIDENTS HAVE NO QUALIFICATIONS

Lifestyle factors are driven by environmental factors. A person who has poor housing, who is unemployed or who lives a distance from a quality green space is more likely to display one or more lifestyle factor which will be detrimental to their health.

Overweight and obesity rates are directly proportional to levels of deprivation. Being obese raises the risk of contracting other health conditions, including joint and back problems, high blood pressure, coronary heart disease, stroke and type 2 diabetes. At the age of starting school in Coventry, **24% of children** in Coventry are overweight or obese. This increase to **38% by year 6**. Overweight and obesity rates continue to increase in adulthood, with almost **65% of adults in Coventry** classed as overweight or obese.
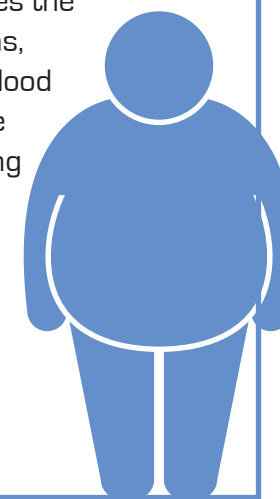
Physical inactivity presents a significant risk to health and is linked to the increase in obesity. In Coventry, only **53%** of adults report that they meet the recommended **150 minutes** of activity per week, and studies show that people living in the most deprived areas are twice as likely to be inactive as those living in the most affluent areas.

53%
OF ADULTS

Smoking is the single biggest preventable cause of death and illness in England and there is a clear link with health inequalities. In Coventry, 33% of adults who smoke live in the 10% most deprived neighbourhoods. Coventry has a very successful smoking cessation service, however, national data shows that people from deprived neighbourhoods, whilst more likely to take up smoking cessation services, are less likely to be successful due to the additional barriers they face.

There are established links between health inequalities and substance misuse. In Coventry, hospital admissions for alcohol related illnesses are much higher than national rates, as well as higher rates of alcohol related deaths. In relation to drug abuse, almost twice the proportion of those in treatment live in the most deprived local authorities compared to the least deprived.
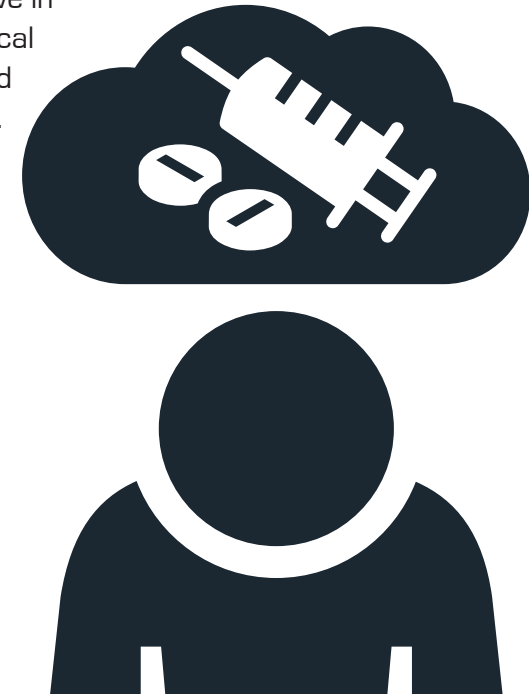
In 2013, organisations in Coventry committed to becoming a Marmot City to reduce differences in health outcomes, and that commitment remains in place. Being a Marmot City has provided a platform from which to bring together organisations across the public and voluntary sector. These include the West Midlands Police and Fire Service, many community and voluntary sector organisations such as Voluntary Action Coventry, Positive Youth Foundation and Foleshill Women's Training.

The evaluation of the Marmot City approach examined why and how Coventry have adopted the recommendations made in the Marmot Review since 2013. The approach has been about embedding the Marmot recommendations in the activities of the Council and Marmot City partner organisations. The values underpinning the approach are described throughout this report: of partnership working and sharing responsibility for the social determinants of health. The evaluation examined what being a Marmot City has involved in Coventry, what other influences have driven action, and what the impacts have been on services and ways of working. Coventry has been a Marmot City for six years, which is not long enough to show major impacts on health,

but over the long term as the approach evolves, we hope that it contributes to reduced health inequalities between communities in Coventry. The evaluation is described in more detail in chapter 3 of this report.

Coventry will be the 2021 City of Culture. This is an exciting opportunity to explore ways in which arts and culture can be used to increase health and wellbeing in local communities. One of the specific aims of City of Culture will be to use programmes and events to address issues such as social isolation and mental wellbeing within communities.

Coventry offers a range of employability support for people seeking work and for those further away from the job market who need support in other issues before they can consider the challenge of employment.

Supporting businesses to support their employees is key to ensuring that local jobs are quality jobs. The "Thrive at Work" Award offers employers an opportunity to gain recognition and accreditation for recognising and promoting workplace health and wellbeing.

Recommendations

1 Review and revise the Marmot Action Plan taking account of the findings in the evaluation and considering how a One Coventry approach can help to embed partnership working and promote ownership of initiatives throughout organisations and community groups, and how using a place-based strategy as set out by Public Health England can facilitate effective action through civic, service and community interventions.

2 Improve partnership-working with Place Directorate within Coventry City Council to ensure that public realm works and developments in the city take account of their potential impacts on health inequalities and use initiatives in a proactive way to reduce inequalities.

3 Utilise community asset based approaches to improve health and wellbeing, maximising the legacy of City of Culture 2021.

4 Ensure there are strong links with the Skills Board and Local Enterprise Partnership to promote skills development to enable Coventry citizens gain the necessary qualifications and skills to fill local jobs.

5 Recognise and respond to barriers and challenges which may prevent people in some groups within Coventry from engaging with services which promote healthy lifestyles such as the Coventry on the Move programme.

6 Council and partners to embed an integrated early help offer which improves life chances for the more vulnerable families.

7 Evaluate the impact of the Year of Wellbeing and examine ways in which the Health and Wellbeing partnerships have raised the profile of health and wellbeing and maximise the legacy that can be achieved.

8 Maximise the opportunities available with the NHS as a key partner, through implementation of the NHS Plan around prevention and health inequalities and the Coventry and Warwickshire Health and Care partnership.

9 Mobilise the 2019-2023 Health and Wellbeing Strategy to ensure that the priorities are addressed utilising the population health framework to underpin change.

Health inequalities

Introduction and Foreword

Health Inequalities

Health inequalities in Coventry

Mitigating against the impacts of poverty

Updates from last year

Health Inequalities

Introduction

Since 2013, Coventry has been committed to tackling health inequalities in the city through its partnership approach as a Marmot City. Health inequalities are differences in health status between different population groups that are unfair and avoidable; they generally occur across a gradient of life expectancy and healthy life expectancy within the City and are often described as a comparison between the most and least deprived areas.

Coventry is one of the **20%** most deprived districts/unitary authorities in England. The map below shows how deprivation varies across Coventry, showing a range of deprivation measures between the dark brown and dark green areas.
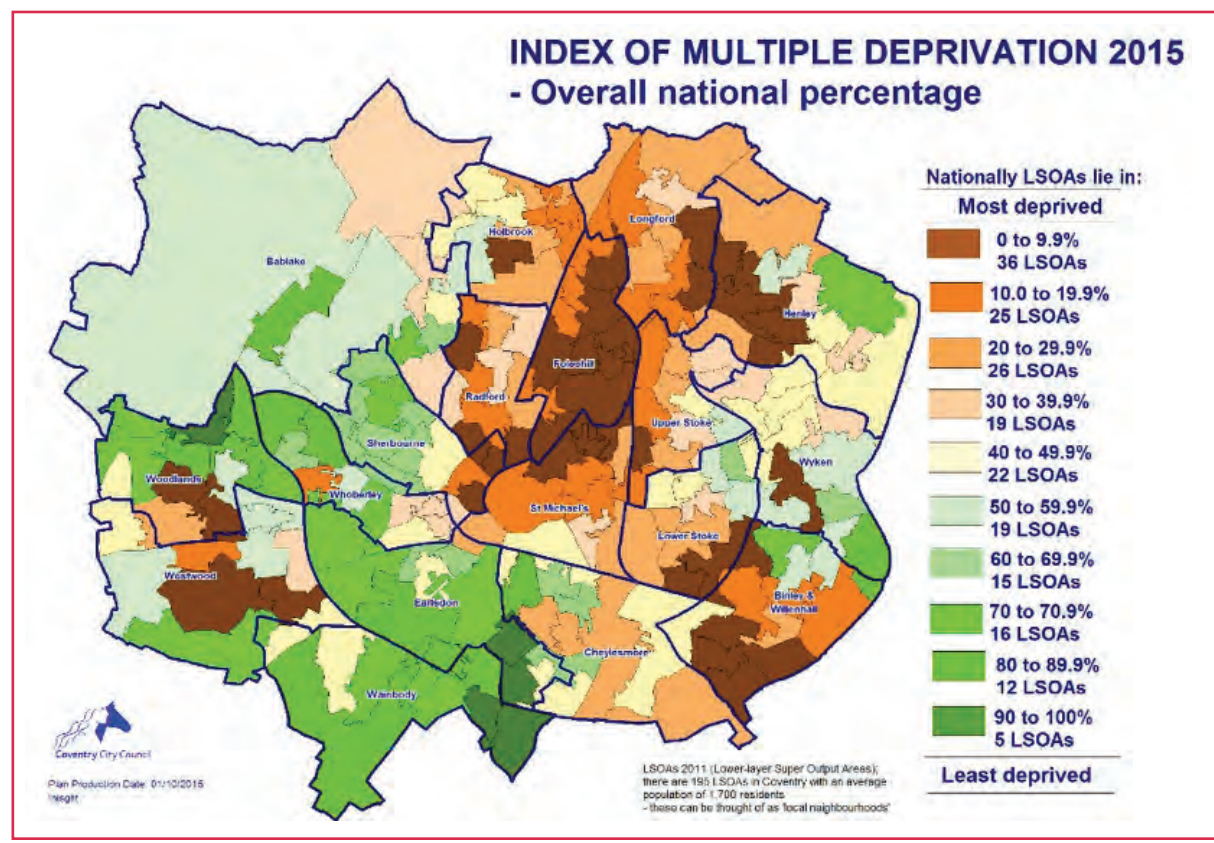
Figure 1: Areas of deprivation in Coventry

Source: The English Indices of Deprivation 2015 Summary for Coventry

According to the latest figures from Public Health England (2015-2017):

- Men in the most deprived areas of Coventry will die an average of 10.9 years earlier than those in the least deprived areas

- Women in the most deprived areas of Coventry will die an average of 10 years earlier than those in the least deprived areas
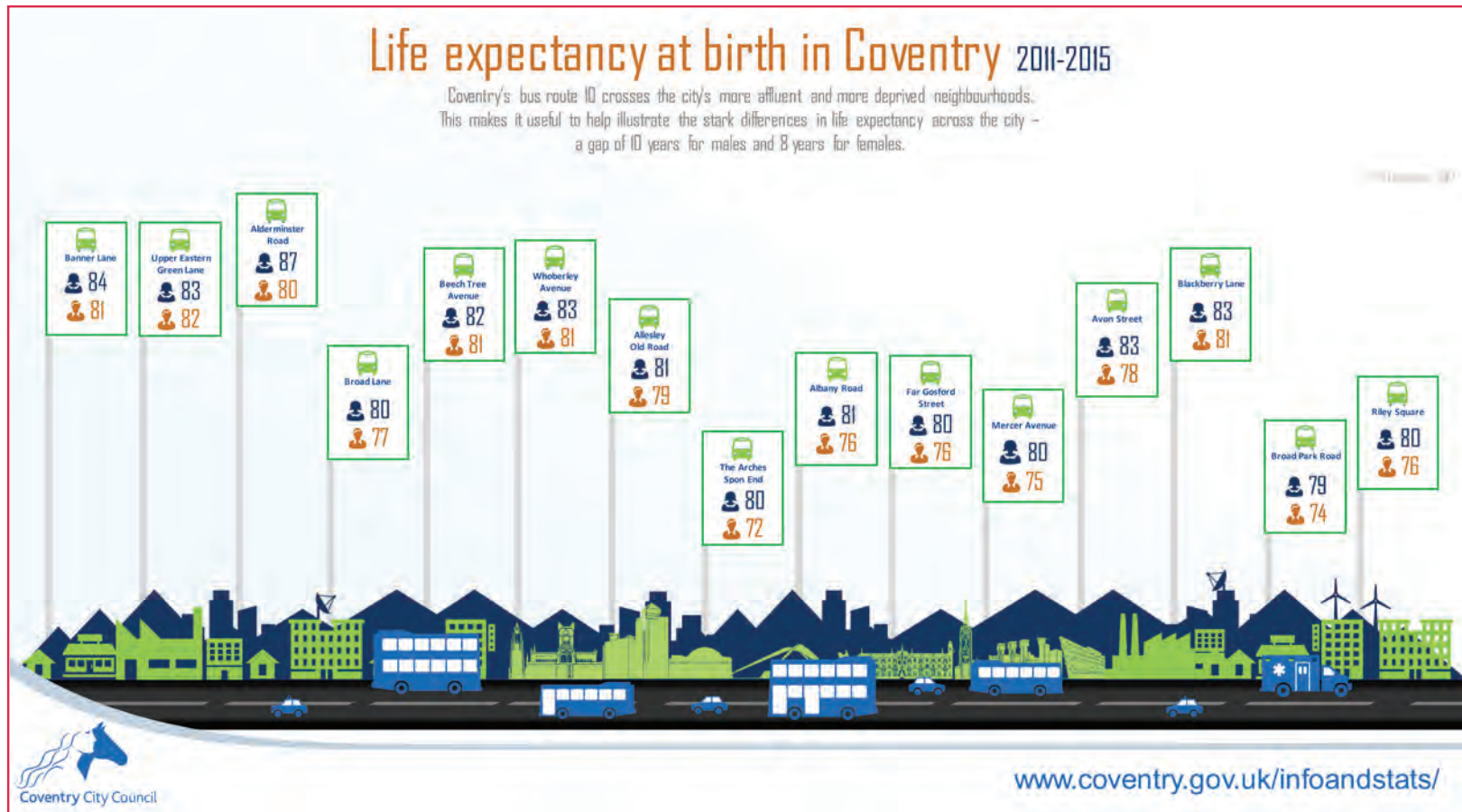
The level of deprivation for a particular geographic area can be measured using the 'Indices of Multiple Deprivation', a national scoring methodology which accounts for multiple factors, including income, employment, education, skills, health, crime, housing and the environment.

INDEX OF MULTIPLE DEPRIVATION 2015 - Overall national percentage

Nationally LSOAs lie in:
Most deprived
- 0 to 9.9% — 36 LSOAs
- 10.0 to 19.9% — 25 LSOAs
- 20 to 29.9% — 26 LSOAs
- 30 to 39.9% — 19 LSOAs
- 40 to 49.9% — 22 LSOAs
- 50 to 59.9% — 19 LSOAs
- 60 to 69.9% — 15 LSOAs
- 70 to 70.9% — 16 LSOAs
- 80 to 89.9% — 12 LSOAs
- 90 to 100% — 5 LSOAs
Least deprived

LSOAs 2011 (Lower-layer Super Output Areas); there are 195 LSOAs in Coventry with an average population of 1,700 residents - these can be thought of as 'local neighbourhoods'

Coventry City Council
Plan Production Date: 01/10/2015
Insight

People in Coventry, on average, have a shorter life expectancy than the average for the country, and will live fewer years in good health than average. People living in more deprived areas are at greater risk of premature death, linked to factors such as smoking, excessive drinking, being overweight or obese, being physically inactive, or having poor housing, low quality employment or being homeless[2]. This report explores key areas of health inequality that exist in Coventry, why they matter and what we are doing as a city to address them. The graphic below demonstrates the difference in life expectancy as you cross the city along the number 10 bus route.

Figure 2: Bus route of life expectancy variation

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.

Stop	Male	Female
Banner Lane	84	81
Upper Eastern Green Lane	83	82
Alderminster Road	87	80
Broad Lane	80	77
Beech Tree Avenue	82	81
Whoberley Avenue	83	81
Allesley Old Road	81	79
The Arches Spon End	80	72
Albany Road	81	76
Far Gosford Street	80	76
Mercer Avenue	80	75
Avon Street	83	78
Blackberry Lane	83	81
Broad Park Road	79	74
Riley Square	80	76

Coventry City Council

www.coventry.gov.uk/infoandstats/

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[2] NICE, Living well for longer: preventing premature mortality, 2013

A key part of our approach to tackling health inequalities is through our work as a Marmot City, a brand which is well recognised in the City. This approach draws together partners from across the city to address inequalities through partnership working and building on community assets. The Coventry Marmot partners are Public Health, Education and Libraries, Employment and Skills, and Procurement from Coventry City Council, as well as West Midlands Fire Service, Public Health England, Institute of Health Equity, Voluntary Action Coventry, West Midlands Police, Department of Work and Pensions, Working Together Welfare Reform Group, Foleshill Women's Training, Coventry and Warwickshire Chamber of Commerce, Coventry and Warwickshire Local Enterprise Partnership, Coventry Law Centre, Grapevine and Positive Youth Foundation.

Since becoming a Marmot City in 2013, we have had many successes, learnt many lessons and built strong partnerships. Going forward, we will review the Marmot City evaluation findings and work with Public Health England and the Institute of Health Equity, to renew our focus on tackling inequalities across the City.

In this report we describe some of the key drivers of health inequalities in Coventry, and showcase the work being undertaken by partners across Coventry to address them.

What are health inequalities and why do they matter?

Health inequalities are differences in health between different groups of people or communities. The kind of life a person is born into, where they live, the environment they grow up in and where they go to school and work will shape their lives, impact their lifestyle choices, and in turn, influence their physical and mental health.

Social inequalities determine the extent to which different individuals have the physical, social and personal resources to identify and achieve their own goals and deal with changes in their circumstances.

'Why treat people and send them back to the conditions that made them sick?'[3]
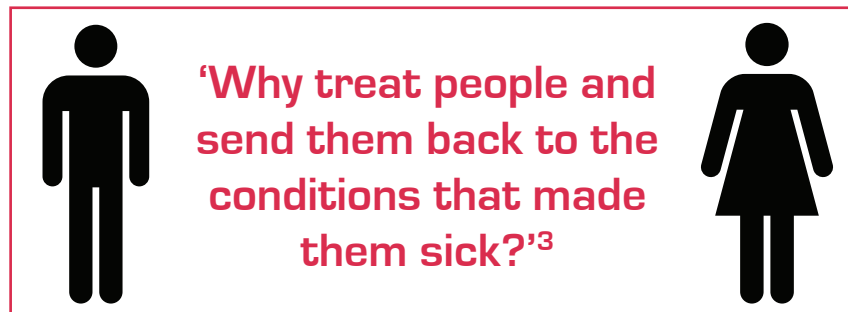
The 'Fair Society, Healthy Lives' report published in 2010 by Professor Sir Michael Marmot, stated:

"Inequalities are a matter of life and death, of health and sickness, of well-being and misery. The fact that in England today people from different socio-economic groups experience avoidable differences in health, well-being and length of life is, quite simply, unfair and unjust"[4].

His report identified six policy goals to reduce health inequalities:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention

He argues that health inequalities are not inevitable and can be prevented or reversed through taking coordinated action across all the determinants of health, and across all sectors of society, not just the most disadvantaged. This approach is called 'proportionate universalism', which describes the resourcing and delivering of services at a scale and intensity proportionate to the degree of need, seeking to achieve greater health and well-being equality across communities

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[3]Marmot M. The Health Gap: The Challenge of an Unequal World. London: Bloomsbury Publishing, 2015

[4]Marmot, M. Fair society, Healthy Lives (2010). http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf, accessed 22 July, 2019

An Example of Proportionate Universalism: Coventry Job Shop

The Job Shop provides a service which is open to everyone living in Coventry. In working with customers, staff identify those who have lower and moderate levels of need and those who are more vulnerable, with higher levels of need. Services are then offered according to levels of need, with those who are assessed as being furthest from the job market, able to access a wide range of services suited to their needs.

Life expectancy, healthy life expectancy and premature deaths

People in England are living longer now than at the start of the century. Data from 2017 indicate that life expectancy at birth has increased to **79.6** years for males and **83.2** years for females, however since 2011 the rate of increase in life expectancy has slowed for both sexes .

Figure 3 opposite shows that in general, life expectancy for men and women has been increasing, although life expectancy is lower on average in Coventry than the West Midlands or England. The trend of increasing life expectancy appears to be levelling out and may be starting to decline.
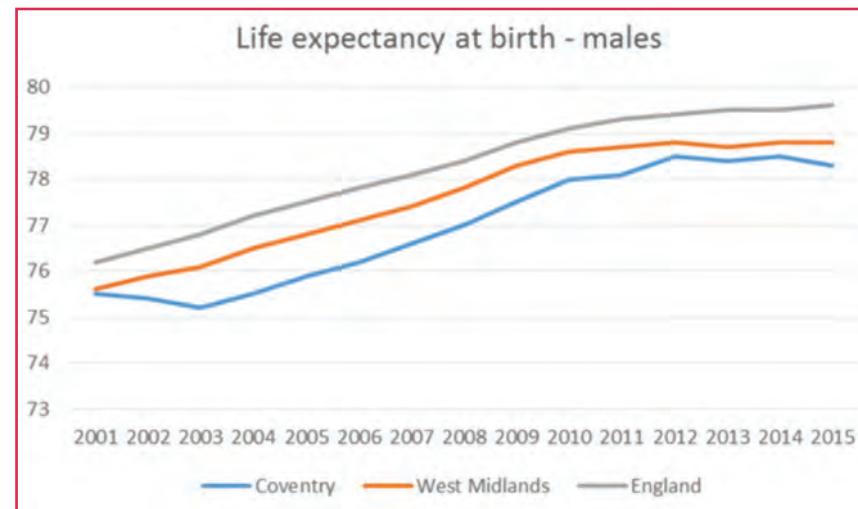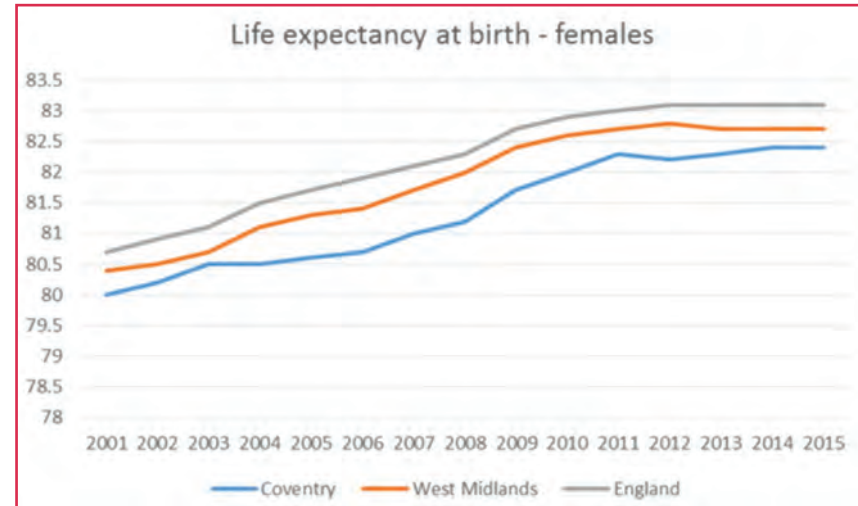
SINCE 2017 LIFE EXPECTANCY AT BIRTH HAS INCREASED FOR MALES 79.6 YEARS

SINCE 2017 LIFE EXPECTANCY AT BIRTH HAS INCREASED FOR FEMALES 83.2 YEARS

Figure 3:
Life expectancy at birth for males and females 2001 - 2015

Life expectancy at birth - females

Life expectancy at birth - males

Source: Public Health England Public Health Outcomes Framework

Figure 4 opposite shows the number of years of life expectancy between the the most deprived **10**% of society and the least deprived **10**%, and how this has changed over the last 6 years. In 2010, at the start of the Marmot work in Coventry, there was an 11 yea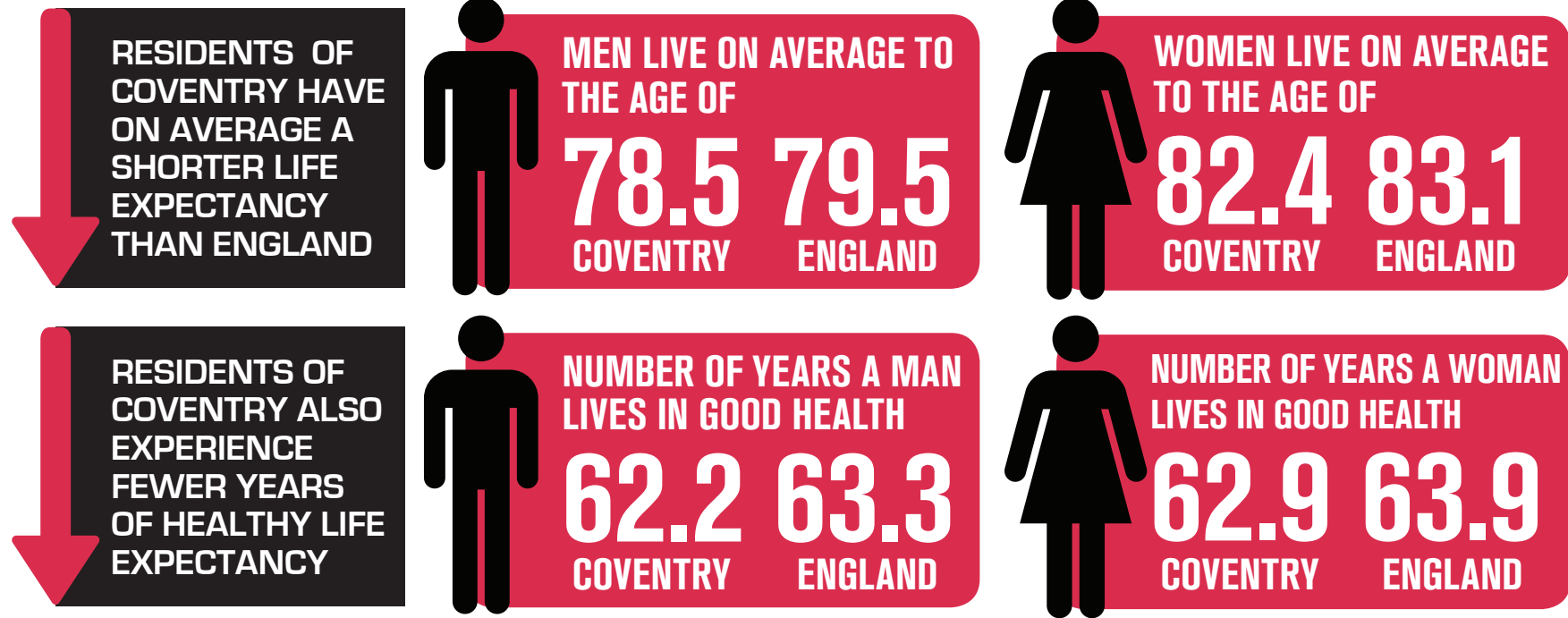r gap in life expectancy for men. By 2013, this had reduced to a 9 year gap although the gap is starting to widen again. However, for women, the gap in life expectancy between the most deprived and the least deprived had been getting bigger, but this is starting to fall.

Figure 4: Inequality in life expectancy at birth for males and females 2010 - 2017

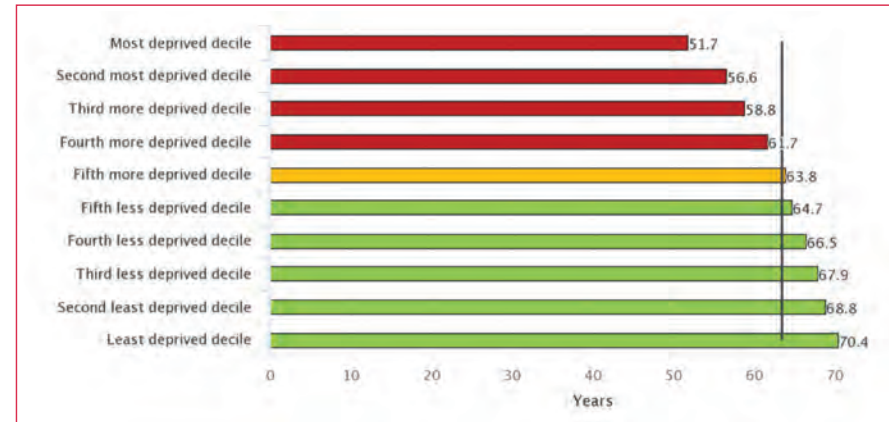**Source:** Public Health England Public Health Outcomes Framework

RESIDENTS OF COVENTRY HAVE ON AVERAGE A SHORTER LIFE EXPECTANCY THAN ENGLAND

MEN LIVE ON AVERAGE TO THE AGE OF

78.5 COVENTRY   **79.5** ENGLAND

WOMEN LIVE ON AVERAGE TO THE AGE OF

82.4 COVENTRY   **83.1** ENGLAND

RESIDENTS OF COVENTRY ALSO EXPERIENCE FEWER YEARS OF HEALTHY LIFE EXPECTANCY

NUMBER OF YEARS A MAN LIVES IN GOOD HEALTH

62.2 COVENTRY   **63.3** ENGLAND

NUMBER OF YEARS A WOMAN LIVES IN GOOD HEALTH

62.9 COVENTRY   **63.9** ENGLAND

Residents of Coventry have on average a shorter life expectancy than England as whole. Men live on average to **78.5** (England **79.5**) and women to **82.4** (England **83.1**). Coventry residents on average also experience fewer years of healthy life expectancy – the number of years a person will live in self-assessed good health, with men experiencing **62.2** years of good health (England **63.3**) and women **62.9** years (England **63.9**).

Health inequalities experienced through deprivation occur across a gradient so that on average, people in higher socio-economic groups enjoy a longer life and live more years in good health than people in lower socio-economic groups. This is demonstrated in the graphic below, which shows the difference in the number of years a Coventry man will live in good health, by level of deprivation.

Figure 5: Healthy life expectancy by decile of deprivation

Decile	Years
Most deprived decile	51.7
Second most deprived decile	56.6
Third more deprived decile	58.8
Fourth more deprived decile	61.7
Fifth more deprived decile	63.8
Fifth less deprived decile	64.7
Fourth less deprived decile	66.5
Third less deprived decile	67.9
Second least deprived decile	68.8
Least deprived decile	70.4

Source: Office for National Statistics - Annual Population Survey, 2011 Census

Premature deaths

Most of these health inequalities are explained by higher rates of premature deaths from the top five 'killers' among people in more deprived areas. These diseases include cancer, heart disease, stroke, respiratory disease and liver disease. A Government report, Living Well for Longer[6], attributes over 150,000 deaths a year among under-75s in England to these diseases, with an estimated two thirds being entirely avoidable. Table 1 displays rates of mortality in under-75s, and shows that the rate of early deaths from cancer, heart disease, stroke, respiratory disease and liver disease are higher in Coventry than rates in both the region and the country.

In addition, people in more deprived communities are more likely to suffer from chronic ill-health: people in the poorest **10**% have a **60**% higher prevalence than those in the most affluent **10**%, and experience a **30**% greater severity of disease on average[7]. **Chronic conditions are also more prevalent among older people: 58**% of over-60s are living with a long-term condition, compared with **14**% of under-40s.

Table 1: Mortality rates per 100,000 residents; Coventry, West Midlands and England.

Early Deaths (under 75)	Coventry rate (per 100,000 residents)	West Midlands rate (per 100,000 residents)	England rate (per 100,000 residents)
All causes	387	352	332
Cancer	140.7	139	134.6
Heart disease	50.5	42.6	38.7
Stroke	15.6	13.4	13.1
Respiratory disease	41.8	35.6	34.3
Liver Disease	23.7	21.4	18.5

Source: Public Health England Public Health Outcomes Framework

[6] Department of Health Living Well for Longer: National Support for Local Action to Reduce Premature Avoidable Mortality, 2014
[7] Department of Health, Long-term conditions compendium of Information: 3rd edition, 2012

Impact on Black and Ethnic Minorities (BAME) Communities

In the past, there has been a general focus on black and minority ethnic group (BAME) health which can mask significant health differences between different ethnic groups. Additionally, some minority ethnic groups appear to have a much better health status than the White British population and some much worse. It is not possible to explore these differences at a local level because of the small numbers involved and the quality and completeness of national data. However, even though the national picture is incomplete, national research carried out by Public Health England[8] has reported the following:

- The latest figures from the Department for Work and Pensions show that **15% of the UK population** lives on a low income. This statistic varies widely between ethnic groups with **35% of people** living in households headed by someone of Pakistani or Bangladeshi ethnic origin living on a low income compared to **14**% of the White population

- According to 2011 census data, the White Gypsy or Irish Traveller groups are the most likely to have no qualifications **(60%)**, compared to White Irish **(29%)**, Bangladeshi **(28%),** Pakistani **(26%)**, White British **(24%)** and all other ethnic groups **(20% or less)**

- Educational achievement at school as measured by the proportion of pupils gaining 5 or more GSCEs at grades A* to C for 2013/4 was highest among pupils identifying as Chinese **(86%)** and Indian **(81%)**, and lowest among pupils who identified as Gypsy/Roma **(12%)** and Traveller of Irish heritage **(18%)**

- The average unemployment rate across Britain in 2014 was **6.2%** but the rate was nearly 3 times higher in the Black population than in the White group: White: **5.5%**; Black: **15.4%**; Mixed: **13.2%**; Indian: **6.1%**; Pakistani/Bangladeshi: **14.7%**; Chinese: **7.2%**; Other Asian: **6.6%**; Other: **11.1%**. Findings from the Understanding Society national survey show similar patterns with the exception of Indians and Chinese, other ethnic minority men, and Pakistani/Bangladeshi women who were shown to have employment rates 6 to 10 percentage points lower than those of Whites

- Poor housing conditions have a significant detrimental impact on health of both adults and children. People from minority ethnic groups are over-represented in the private rented sector, the housing sector most associated with a range of poor conditions. A third of minority ethnic households lived in privately rented accommodation in 2013/14 compared with **18**% of households in the white population

8 Public Health England, Local Action on health Inequalities: Understanding and reducing ethnic inequalities in health, 2018

Although we do not have data about specific health inequalities relating to people in BAME groups in Coventry, we can draw some assumptions from national data about the percentage of people living in the **10%** most deprived neighbourhoods by ethnic group. The 2011 census shows that there is a majority of people from BAME backgrounds in these neighbourhoods, particularly those of Pakistani, Bangladeshi and Black (other) groups and that White British people are least likely to live in the most deprived areas[9]. It therefore follows that people of a black and minority ethnic background are proportionately more likely to be disadvantaged by health inequalities. Local data from the 2011 Census confirms that this is also the case in Coventry, where the percentage of non-White British residents ranges from **69%** in Foleshill, one of the most deprived neighbourhoods, to **7%** in Woodlands, one of the least deprived areas.

Coventry has a number of programmes which aim to address the inequalities affecting BAME groups. These include Foleshill Womens Training (FWT) which offers a culturally sensitive and appropriate place for all women to access education, training, healthcare and employment opportunities. Among the many services that FWT run is Mamta, which provides preconception, antenatal and post-natal advice to ethnic minority women and new communities aged between 18 and 45 years of age. The Coventry Refugee and Migrant Centre welcomes and empowers asylum seekers, refugees and other migrants in Coventry to rebuild their lives and achieve their potential. Employment support programmes, such as the Routes to Employment programme works with young people in Coventry aged 15 - 24 who are either disengaged, at risk of exclusion, or facing major barriers to employment, such as health and disability. Additionally, the Connect Me programme supports unemployed and economically inactive Coventry people to address barriers from participating in the labour market, through flexible support, tailored to individual need.

[9] GovUK, People living in deprived neighbourhoods, 2018, https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/people-living-in-deprived-neighbourhoods/latest (accessed 7 Aug 2019)

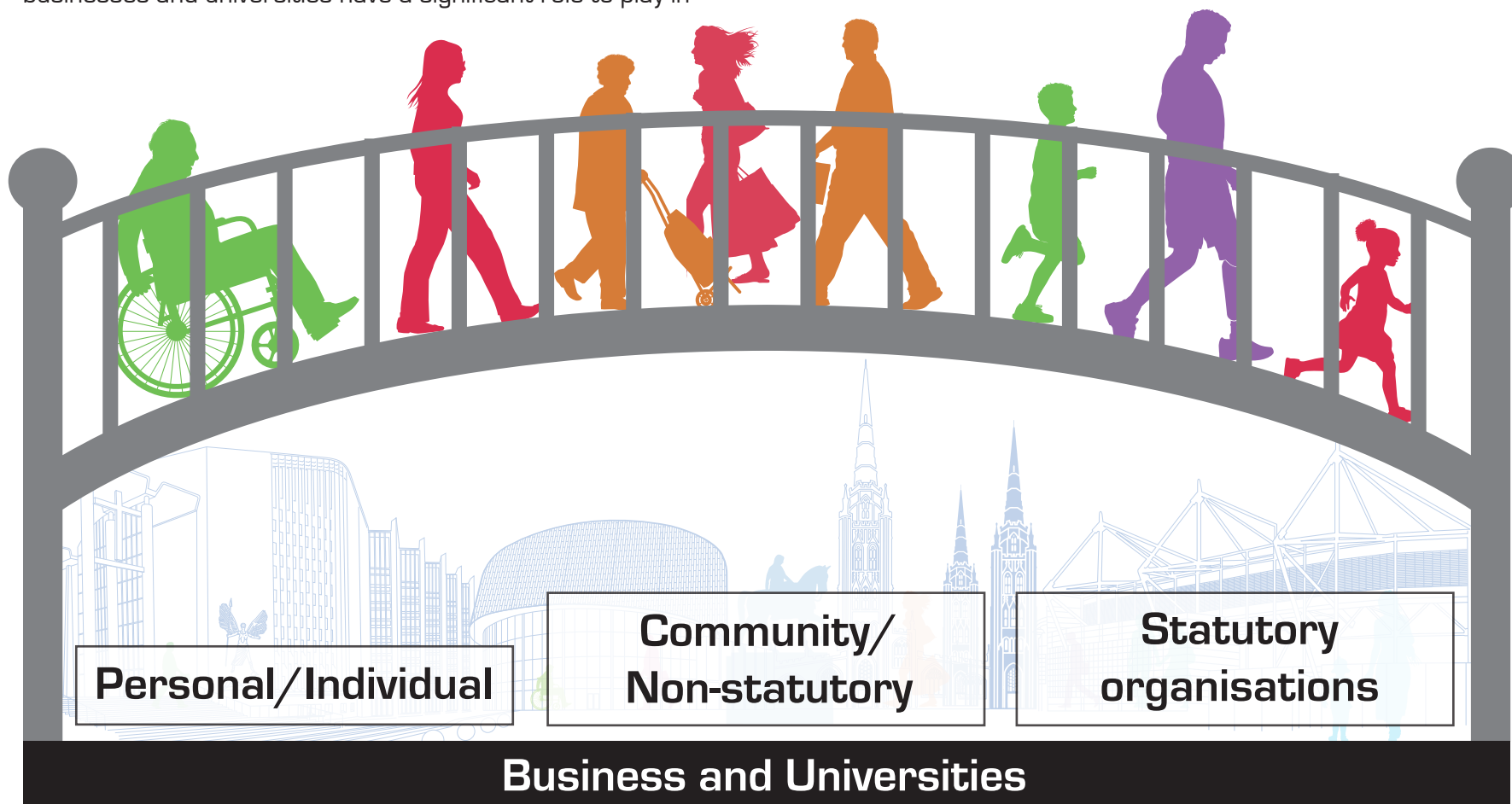# Health inequalities in Coventry

Overcoming health inequalities is not something that can be achieved by one organisation, group or through individual action. Through its work as a Marmot City, Coventry has embedded a partnership approach that draws on the strengths and assets of many of the statutory and community organisations in the city. Only by everyone doing their bit, either for themselves, their community or within their organisation, can the health gap be robustly and sustainably bridged. Our businesses and universities have a significant role to play in supporting this work. As this report will highlight, we are more likely to be successful if we work together as we strive for a more equal society.

In the next sections we describe some of the key determinants of health and showcase examples of the partnership working that has taken place across Coventry to improve quality of life and address inequalities in health.

Personal/Individual

Community/ Non-statutory

Statutory organisations

Business and Universities

Communities and Environment

Housing and fuel poverty

Housing plays a key role in reducing health inequalities through the impact of housing quality, security and cost, the effects of fuel poverty and living in a cold home, and the contribution to community life. People living on low incomes are likely to spend a higher proportion of their income on housing, and have less choice about the type and location of home they live in. Spending a high percentage of income on housing costs also means that people have less money available to support their health and wellbeing, and there is the potential for negative impacts on mental health through anxiety and stress related to rent or mortgage payments.

The Coventry Housing and Homeless Strategy 2019-2024 recognises the importance of improving housing options, conditions and neighbourhoods within the City, with a vision that Coventry Citizens will be able to access a suitable, affordable and decent home, with the support they need to sustain their housing.

The last survey of private housing stock in Coventry was carried out in 2012 and identified that wards with the greatest number of homes in disrepair correlated with areas of greater deprivation.

Living in a cold, poorly insulated home has a direct impact on a person's health, including cardiovascular and respiratory problems and mental health issues and exacerbates existing medical conditions such as diabetes and arthritis. Cold housing can also impact children's health, putting them at greater risk of depression and anxiety, long-term ill health, slow physical growth and delayed cognitive development[10].

Fuel poverty in England is measured using the Low Income High Costs (LIHC) indicator, where a household is fuel poor if their fuel costs are above average and were they to spend that amount, they would be left with a residual income below the official poverty line, impacting on their ability to buy basic items such food or clothing. Families in fuel poverty may be forced to make a choice between eating a sufficient, healthy diet or heating the home to a reasonable temperature.

> **In 2017, an estimated 14.7% of households in Coventry were estimated to be in fuel poverty, compared to the national average of 10.9%. This equates to just over 20,000 people. However, this figure hides huge disparities between areas in the city, with some areas containing over 40% of households living in fuel poverty, while others have fewer than 5%.**

[10] The Marmot Review Team, The Health Impacts of Cold Homes and Fuel Poverty report, 2011

Figure 6 below shows the areas of the city which have the highest levels of fuel poverty, with areas coloured red containing over **30%** of households in fuel poverty (2017). There is a clear concentration of households in fuel poverty in the deprived wards of St Michael's and Foleshill, however, the more affluent areas such as Woodlands and Bablake have below **10%** of households experiencing fuel poverty.

Figure 6: Coventry Fuel Poverty Map 2017
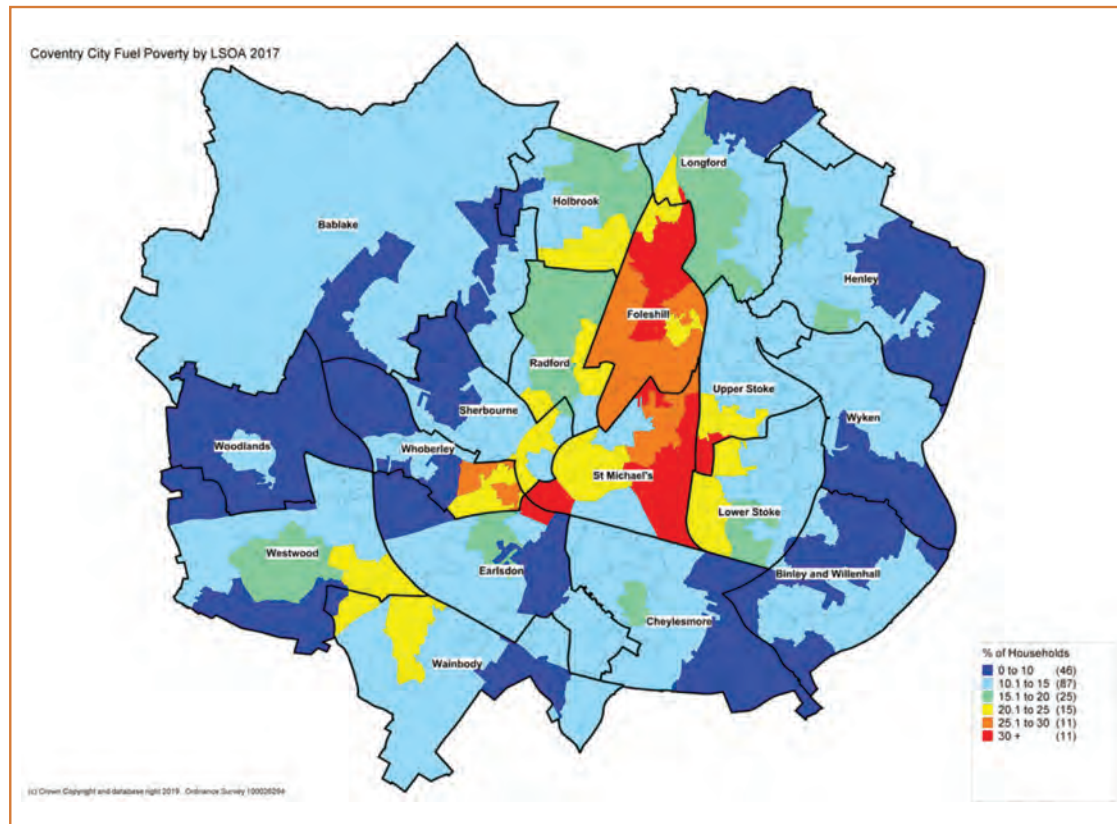
Source: Coventry City Council Data 2017

Ann's story

During the winter, **75 year old Ann** had to go into hospital because of illnesses brought on by living in a cold house. Because of the lack of heating in her home, Ann was unable to go back and had to find temporary accommodation instead. Ann found out about a local scheme which helped fund and install a new central heating system in her home, meaning that the house was now warm and had hot water on tap.

Ann was delighted with the service and finally feels warm and comfortable in her home.

[10] The Marmot Review Team, The Health Impacts of Cold Homes and Fuel Poverty report, 2011

Green Spaces

There is significant and growing evidence of the health benefits of access to good quality green space. These include better self-rated health, lower rates of overweight and obesity, improved mental health and wellbeing and increased longevity. The links between access to green space and levels of physical activity are also well-established in research, which show higher levels of physical activity in areas with more green space[11].

However, people do not have equal access to green space, and people who live in the more deprived areas are less likely to live near green spaces and will therefore have fewer opportunities to experience its health benefits[12]. A quality audit in Coventry has identified that although some of the deprived wards such as Foleshill and St Michael's have less green space, they do have some of the highest quality scores for their green spaces[13].

Personal/Individual
In 2016/17, 210 local volunteers working with the Ranger team contributed over 1,100 hours to work in the City's parks.

Community/Non-statutory
30 'friends of ...' groups across the City help to look after and enhance the parks and green spaces.

Statutory Organisations
Coventry City Council Parks Team work in partnership with community groups and resident's associations, as well as organisations.

Business and Universities
Coventry and Warwickshire Universities both own and manage green spaces in the city, including sports grounds. Coventry University holds a Green Flag award for the Coventry University Campus.

11 Ellaway A, MacIntyre S, Bonnefoy X, Graffiti, greenery, and obesity in adults: secondary analysis of European cross sectional survey. British Medical Journal, 2005

12 UCL Institue of Health Equity, Local action on health inequalities: Improving access to green spaces, 2014

13 Coventry City Council, Coventry Green Space Strategy 2019-2023 www.coventry.gov.uk/downloads/file/2298/green_space_strategy (accessed 30/08/19)

However, the nature of the sites nearer the city centre is that they tend to be smaller, more formal or historic spaces, which are constrained by the density of buildings in these areas.

The parks in Coventry are maintained and supported by a wide network of community organisations and volunteers in the city who make an invaluable contribution to quality of life here. The Council Parks team work in partnership with these groups to support their hard work. The graphic below illustrates some of these relationships.

The **Friends of the War Memorial Park**, established in 2006, have investigated the history of the park, including uncovering of the air raid shelter, and developing a History Trail and Tree Trail. They assisted the Parks team in renovating the German Garden and the Rose Garden and organised a re-dedication ceremony of the Rose Garden in 2013. A grant from the Changing Spaces programme of the Big Lottery gave the Friends £50,000 to improve the children's play area for under eights. The Friends have also secured smaller grants which have been used to work with the Council Education Team to hold regular children's events in the Park, including pony rides, natural history classes and poppy sowing.

Friends of the War Memorial Park
Coventry
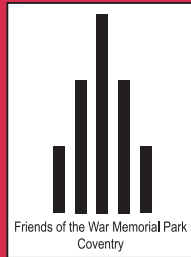
Air Quality

Air pollution is a major environmental determinant of health and has a significant impact on the incidence and severity of heart and respiratory diseases and major causes of premature deaths.

Communities experience air pollution differently, with those living, working or going to school near busy roads experiencing the greatest levels of pollution. These are usually people on low incomes living in the poorest housing and in the most deprived areas. Children, older people and people with long term conditions are most at risk from the health effects of air pollution.
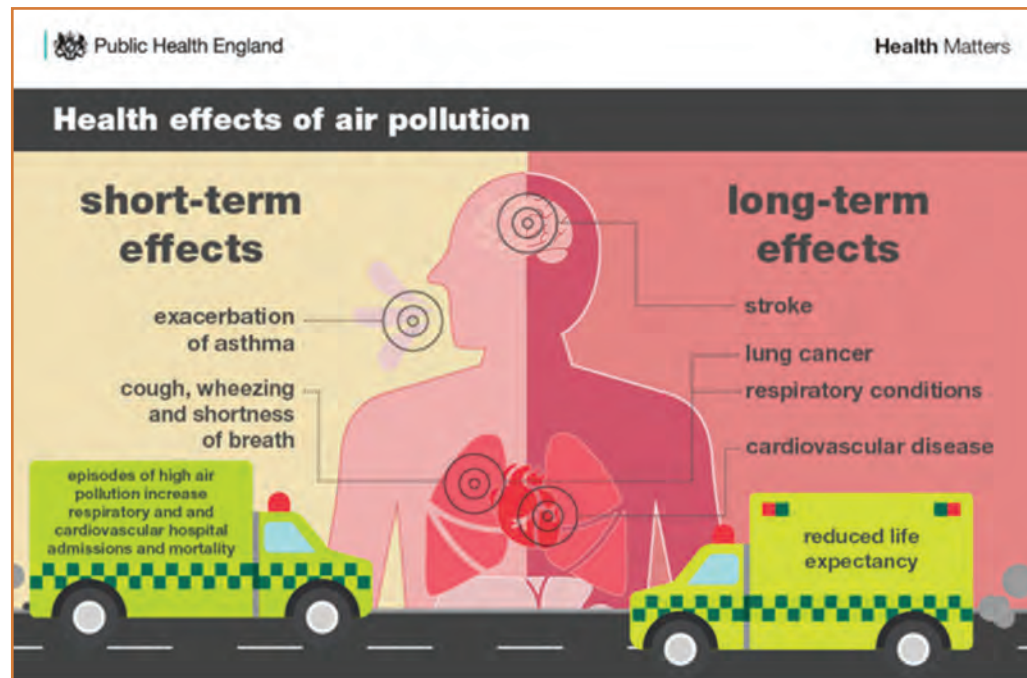
Two of the key air pollutants of concern for health are Nitrogen Dioxide (NO2) and Particulate Matter (PM). Breathing air with a high concentration of NO2 over short periods can aggravate respiratory diseases, particularly asthma, leading to respiratory symptoms, visits to accident and emergency and hospital admissions. Longer exposures to elevated concentrations of NO2 may contribute to the development of asthma and potentially increase susceptibility to respiratory infections. Long-term exposure to PM increases mortality and illness due to cardiovascular and respiratory diseases. Outdoor air pollution, particularly PM, has also been linked with the development of cancers.

Coventry has been identified by the government as one of around 40 towns and cities in the UK where NO2 levels are likely to exceed legal limits by 2021, and we are required to submit a Local Air Quality Action Plan to improve air quality. Pollution hotspots are concentrated upon some of the main roads into the city centre, and sections of the ring road that connect these, which are some of the most deprived areas of the city. Coventry have developed a package of measures, including infrastructure changes and other schemes to improve traffic flow, upgrading buses and taxis, and encouraging people to shift away from the car.

The map below, Figure 7 shows that a significant percentage of the Coventry urban area is within the top **20%** most deprived areas. Furthermore, many of the NO2 exceedance locations fall within the top **20%** most deprived areas.

Figure 7: Map of areas exceeding NO2 levels
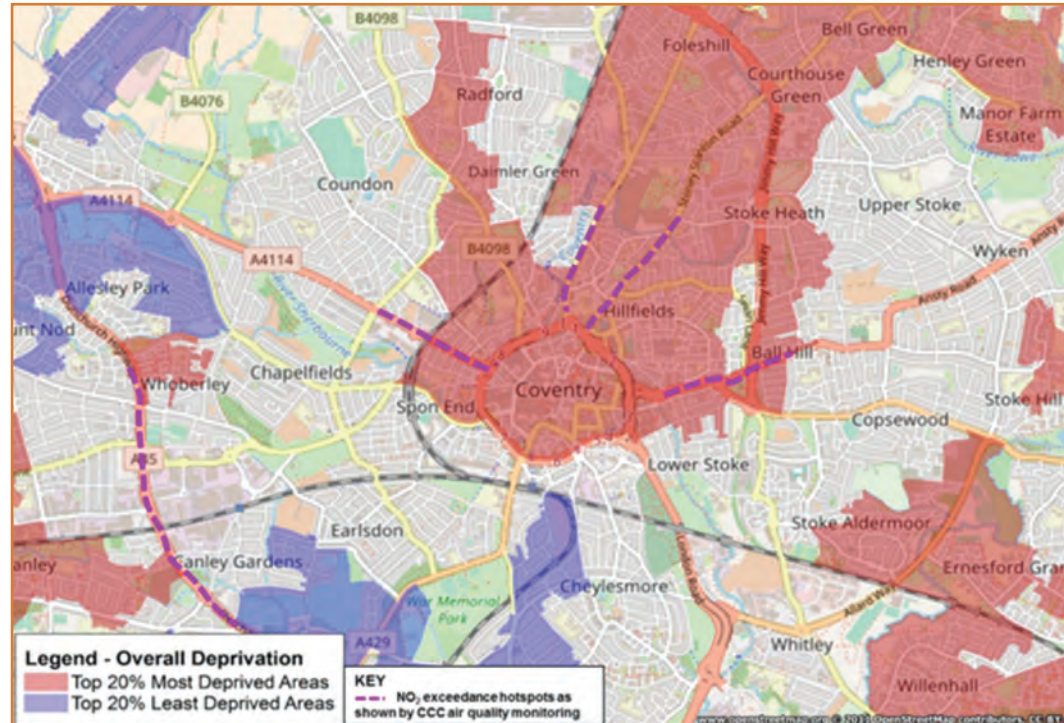
**Source:** Coventry Air Quality Distributional Impact Assessment 2019

The Coventry and Warwickshire Air Quality Alliance is a partnership group which includes colleagues working in Environmental Health, Transport, Planning and Public Health across Coventry and Warwickshire.

The purpose of the Air Quality Alliance is to:

■ Provide a multi-profession partnership forum for the sharing of ideas and evidence based practice related to reducing the negative health and environmental impacts of poor air quality, and to identify opportunities for collaboration

■ Agee an overarching set of areas for action, identifying all relevant and planned work in these areas as well as gaps

■ Raise the profile of air quality in appropriate professional and political forums, and the health, environmental and financial benefits associated with addressing the problems associated with poor air quality

■ Co-ordinate collective actions required to address poor air quality, including acting as a vehicle for national, regional and local campaigns

Coventry City Council have committed to developing a new Climate Change Strategy with partners which will cover all areas including the key sectors of transport, industry and buildings. This will contribute to existing work to improve air quality in Coventry.
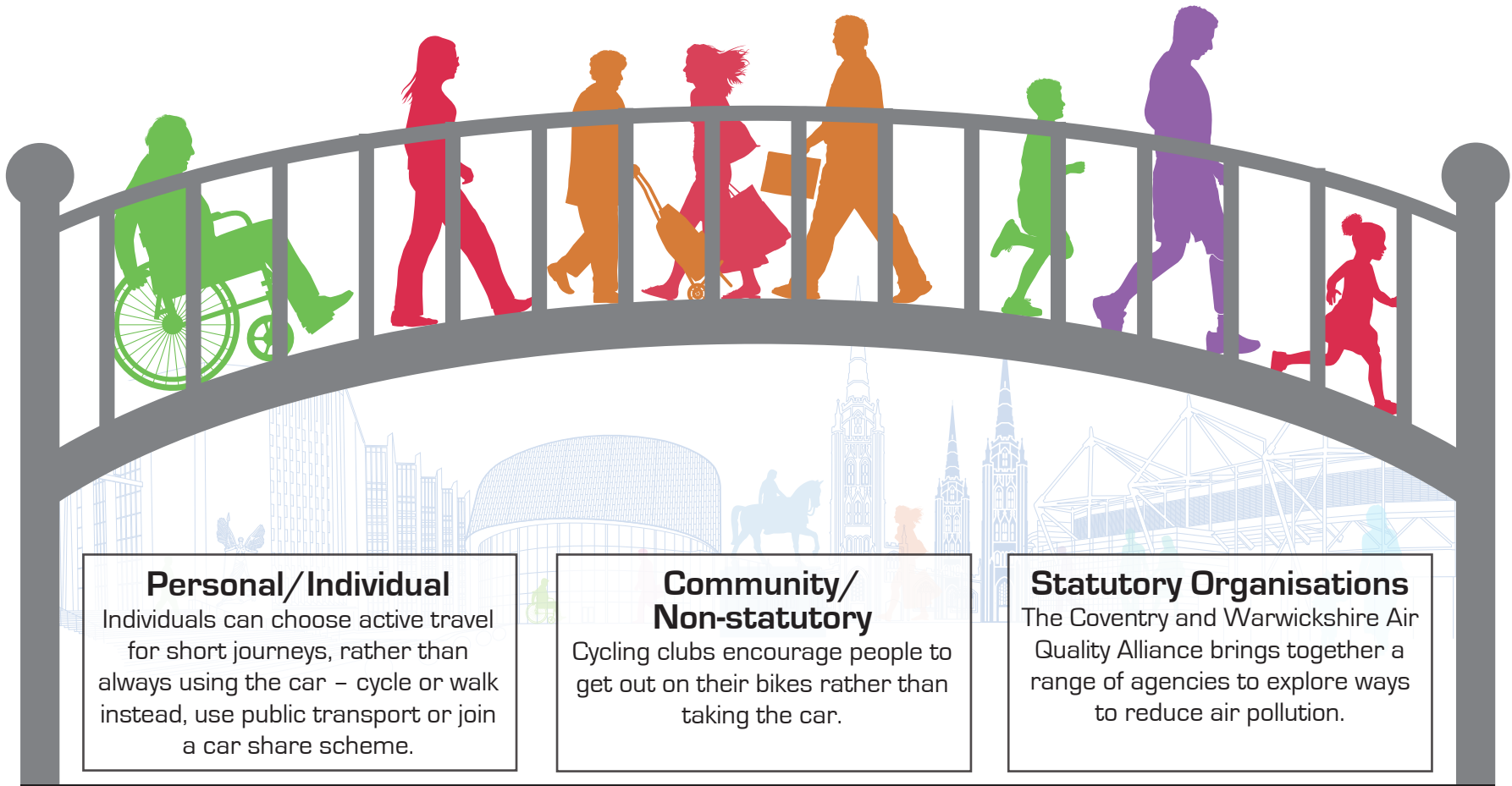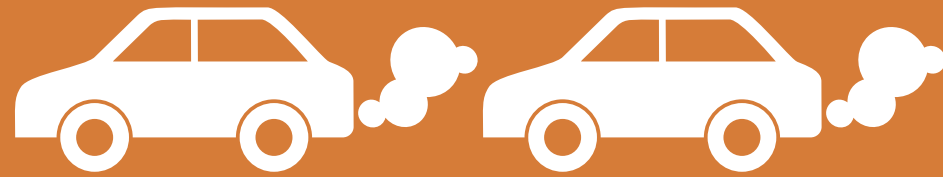
Personal/Individual
Individuals can choose active travel for short journeys, rather than always using the car – cycle or walk instead, use public transport or join a car share scheme.

Community/ Non-statutory
Cycling clubs encourage people to get out on their bikes rather than taking the car.

Statutory Organisations
The Coventry and Warwickshire Air Quality Alliance brings together a range of agencies to explore ways to reduce air pollution.

Business and Universities
Work is underway to support businesses to consider travel planning to encourage staff to change to more active and sustainable modes of transport.

Work and income

People who are long-term unemployed have a lower life expectancy and experience worse health than those in work[14.] Employment is one of the most important determinants of physical and mental health; having a poor-quality job can be bad for your health, and conversely, having a good quality job can be protective of health and contribute to the reduction of health inequalities. The Marmot Review[15] identifies ten core components which constitute 'good work'. These include opportunities for skills development and promotion, a safe working environment with job security, having an element of autonomy and a job which enables a positive work/life balance.

Coventry residents are taking advantage of increasing economic opportunities, with more residents in employment and fewer unemployed. The number of Coventry residents in employment has been increasing strongly for the last few years. The employment rate is **72**% (March 2019), with 169,900 of 236,000 working age residents in paid work. This rate is lower than the England average, but is in line with other similar areas with a high number of full-time students. The unemployment rate stands at **4.5**% (March 2019), which is lower than pre-recession levels but in line with the regional and England figures. Levels of unemployment are higher in poorer areas than in areas of greater affluence. In 2015, according to national figures, unemployment in the most deprived local authorities was more than double that of the least deprived local authorities[16]. According to the 2011 Census, the level of employment in Coventry was **9.3**%, and ranged from **5.4**% in Earlsdon to **22.6**% in St Michael's.

There are significant pockets of multiple deprivation in the city and not everybody is taking advantage of the city's growth and transformation, with **18.5**% of the city's neighbourhoods amongst the **10**% most deprived areas in England. In total the city is the 46th most deprived local authority area out of 326 across England. Furthermore, the city has a notably higher proportion of households with no working age adult works (**17**%) and one-third of Coventry households with children are regarded as low-income families (**33**%).

Community example

WATCH Community Centre is a charity based in St Michael's ward that provides support to local people facing disadvantage, social exclusion and deprivation. The service provides a weekly job club, advertises job vacancies and has regular contact with employers. Dedicated workshops and clubs offer a range of employment services on a one to one and group basis. Clients can use the resources in the centre to search and apply for jobs. WATCH are partners in the EU funded employability projects in the city.

watch
Working Actively To Change Hillfields Ltd
Registered Charity No. 1112123

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[14] Bartley M, Ferrie J, Montgomery SM, Health and labour market disadvantage: unemployment, non-employment and job insecurity. Social Determinants of Health 2nd Edition, Oxford University Press, 2005
[15] Sir Michael Marmot Fair Society, Healthy Lives, 2010
[16] Public Health England Social Determinants of Health, 2017

Personal/Individual
Kieran accessed employment support from Positive Youth Foundation, after leaving his course at college. The support enabled him to secure an apprenticeship.

Community/Non-statutory
Many community organisations are partners in the Ambition Coventry programme which supports young people in employment and training.

Statutory Organisations
The Coventry Job Shop provides employment support for anyone living in Coventry. The Employer Hub actively works with employers to generate opportunities for local people.

Business and Universities Businesses can ensure that jobs are paid at a reasonable rate and provide good quality, stable employment for employees. Business and organisations in Coventry are also provided with support by the Council to sign up to the Thrive at Work Programme Workplace Charter.

positive **youth** foundation

AMBITION! Jobs. Training. Support

THE EMPLOYER HUB

Early Years and Education

Health inequalities during pregnancy, birth and early years can have a significant bearing on a child's development and their lifelong health, happiness and productivity in society. The circumstances children experience growing up largely reflect the resources available to their parents or carers, their family income and the environments in which they can afford to live. Early intervention is crucial as the opportunity to reduce the impact of inequalities declines as children age.

Breastfeeding provides the best possible nutritional start in life for a baby. Breastfeeding rates in the city are significantly higher than average. **78**% of mothers in Coventry initiated breastfeeding in the first 48 hours after delivery (2016/17) and **48**% were still breastfeeding six to eight weeks after birth (2017/18) – both higher than the national average, **74**% and **42**% respectively.

A relatively low proportion of parents of two, three and four year olds in the city take up their entitlement to free early years care. All two-year olds whose parents claim certain benefits are entitled to **15 hours** of free early education per week. Yet less than two-thirds (**63%**) of Coventry parents take up their entitlements – compared to 72% in England (2018)[17]. All three- to four-year olds are entitled to **15 hours** free childcare, but only **89%** of parents in Coventry take up their entitlements – compared to 94% in England, and in places like Coventry.

Giving every child the best start in life

A loving, secure and reliable relationship with a parent or carer supports a child's:

emotional wellbeing

brain development

language development and ability to learn

capacity to form and maintain positive relationships with others

[17] Department for Education, Education provision: children under 5 years of age, 2018

By the age of five, fewer children achieve a good level of development (68%) than nationally (72%).

A child achieves a "good level of development" if they perform at the expected level in all the early learning goals: communication and language, physical development, personal, social and emotional development, and literacy and mathematics.

Figure 8: Percentage of coventry children with free school meals status achieving good level of development at end of reception year
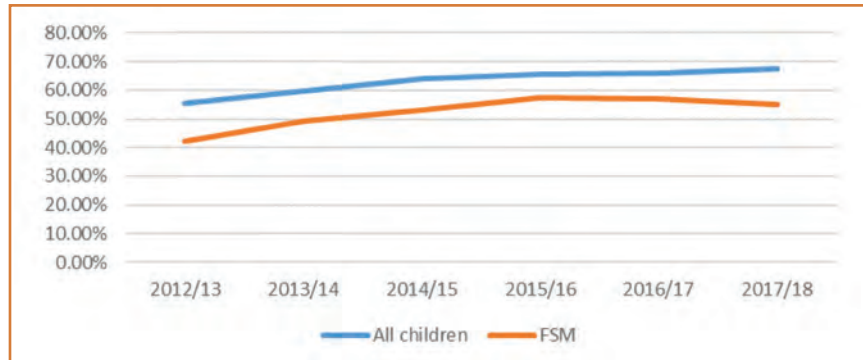
Source: Public Health England Public Health Outcomes Framework

Not only do fewer of the city's children achieve a good level of development, but the most disadvantaged five-year olds in Coventry are also further behind. The city's lowest performing **20%** of five-year-olds have a poorer level of development than the national average. Amongst children in receipt of free school meals only **55%** achieve a good level of development, compared with **68%** for all children (nationally, **56.6%** of children in receipt of free school meals achieve a good level of development, compared to **71.5%** of all children).

The city's Family Hubs help co-ordinate early intervention and support. There are eight Family Hubs which provide support to the whole city and which are located in areas where more support is required. These Family Hubs serve local communities and focus on delivering early help to children aged 0-19 (up to 24 for young people with special education needs (SEN)) and their families. They provide an integrated approach involving health visitors, Family Hub support workers, social workers, midwives, police and others and together they identify families who may benefit from a collaborative package of support. This helps to ensure that families have access to the support they need, including addressing maternal isolation, parenting support, accessing activities to improve their children's life chances, and providing help with finances. Empowering, evidence-based parenting support, focussed on what families want to achieve can impact on improved outcomes for children and a reduction in inequalities in health[18].

There are ambitions for joint working between the public sector and voluntary sector. Family Hubs and the out of hospital programme want to work collaboratively with community groups, and there are good examples of this already being underway. Meanwhile, community/voluntary groups want to grow their impact and see working with the public sector as one way to do so.

[18] Public Health England, Local action on health inequalities: Good quality parenting programmes, 2014

A further example of partnership working is a culturally-sensitive child and maternal health programme for BAME women which is part of the integrated 0-19 Family Health and Lifestyles Service. The service works in Foleshill and St Michael's, with midwives, health visiting teams and other health professionals working together to educate women on health improvement through bilingual peer support and community engagement. The centre has also partnered with Coventry University on a research project called Learning about Infant Feeding Together (LIFT) aimed at improving support for parents.

At the end of year 6 (key stage 2), **62%** of Coventry children met the expected standard in reading, writing and maths. Coventry is making improvements at a faster rate than nationally, narrowing the gap with the England average (**64%**). However, there is still room for improvement: the city's negative expected progress score suggests that on average, pupils in Coventry perform worse at the end of year 6 than expected, compared to those with similar prior attainment nationally at key stage 1. Nationally, in 2018, groups with the highest percentage of students that reached the expected standard in reading, writing & maths included Chinese Bangladeshi, Indian and pupils whose first language is not English. The lower performing groups in key stage 2 included pupils with an education health and care plan, those receiving special educational needs support, pupils eligible for free school meals, pupils who joined the school in year 5 or year 6, and pupils with a Black Caribbean ethnic background.

Young people who are not in education, employment or training (NEET) are considered to be at greater risk of poor physical and mental health, unemployment, and having low quality and low wage work in later life[19]. In Coventry, the percentage of 16-17 year olds who are NEET is lower than the national average, at **5.4%** compared with **6%**, although as it has recently become compulsory to attend education or training up to the age of 18, this measure will change[20]. The Progress programme supports young people who are not in employment, education or training.

Dan was struggling to cope with depression as well as looking after his three children. He had no confidence in his parenting abilities and was worried about his oldest son's violent behaviour. A neighbour told him about the Family Hub, and Dan decided to see if they could help. Over the next few months, Dan worked with the Early Help team, attending parenting programmes and accessing support from his GP. He was delighted to find that through the help he got from the Family Hub, Dan felt more confident in his parenting skills, and as a family, they attend the Family Café every week. Dan has even discovered a passion for baking and is looking forward to volunteering at the café soon.

[19] Public Health England Reducing the number of young people not in employment, education or training (NEET) 2014
[20] Public Health Outcomes Framework 2017

Simran approached the Progress programme for support as she was struggling to overcome her visual dyslexia which made searching for jobs difficult. She also struggled with anxiety surrounding interviews and wanted support with her interview technique.

Simran started to work with her job coach through Progress as supported by the Job Shop, who helped her by providing a range of one to one support, including supporting with her job search, offering mock interviews, supporting her with writing her CV, and supporting with her interview technique. With a range of support provided through the Job Shop and Progress partners Hereward College and Innovating Minds, Simran has been able to overcome her anxiety surrounding interviews and has gained confidence.

The qualifications gained from education correlate with the type of work that is available once an individual enters employment. In Coventry, **16.2%** of adults have no qualifications, higher than the England average of **15%**. This varies between areas, with less affluent areas having the highest percentage of residents with no qualifications (**28.3%**) and the most affluent areas having the lowest percentage of residents with no qualifications (**6.4%**). Conversely, as may be expected, more affluent wards have the highest percentage of residents who have a Level 4 qualification or higher (**47.7%**), and less affluent wards have the lowest rates (Longford has the lowest percentage of Level 4 and above qualifications, at **16.6**% of residents).

With the presence of two top universities and a network of prestigious companies based in the city and region, as well as a growing advanced manufacturing sector and a successful games industry in the sub-region, there are significant career prospects available to young people if they have the appropriate skills. It is key that the aspirations of young people recognise these opportunities and the increasing need for companies to recruit people with the rights skills and qualifications.

Innovative approaches can be used to help adults learn skills from one another and build a sense of community at the same time. The city's Time Union is a system of mutual exchange, where members share their time, assets, and skills on an hour to hour basis. So far, members have exchanged cinema trips and lessons in areas such as languages, fitness, DIY, career and life coaching, filmmaking and crafts. The Adult Education Service also offers a range of courses to enable adults across the city the opportunity to learn a new skill, get a qualification, or find out more about something they are interested in.

The impact of lifestyle factors

Lifestyle factors are often driven by environmental factors, such as those already discussed. A person who has poor housing, who is unemployed, or lives a distance from a quality green space is more likely to choose one or more lifestyle factors which may be harmful to their health. The Coventry and Warwickshire Year of Wellbeing 2019 aims to motivate and encourage people and organisations to act to improve the health and wellbeing of individuals and the wider community. The Coventry Healthy Lifestyles team works with local people to identify realistic lifestyle changes and provide support to achieve them.

Diet and Obesity

It is estimated that obesity is responsible for more than 30,000 deaths nationally each year. On average, obesity deprives an individual of an extra nine years of life, preventing many individuals from reaching retirement age. In the future, obesity could overtake tobacco smoking as the biggest cause of preventable death[21]. In the UK, of every **100 adults**, **35 are overweight, 26 are obese and three are morbidly obese**. Obesity increases the risk of other health conditions, including joint problems, lower back pain, hypertension (high blood pressure), coronary heart disease and stroke, deep vein thrombosis, type 2 diabetes, endometrial, breast and colon cancer and respiratory problems[22].

There is a strong relationship between deprivation and obesity, both in childhood and adulthood. Analysis of data from the National Child Measurement Programme shows that obesity prevalence among children in both Reception and Year 6 increases with increased socioeconomic deprivation. Levels of obesity in the most deprived **10%** of children are approximately twice that of the least deprived **10%**.

Coventry Children in reception year:

1.3% are underweight

74.5% are healthy weight

23.2% are overweight or obese

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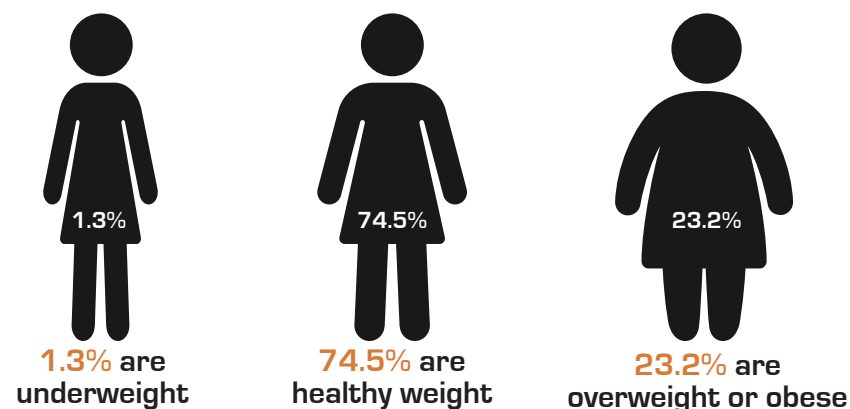
21 Public Health England, Health matters: obesity and the food environment, 2017
22 Public Health England, Health matters: obesity and the food environment, 2017
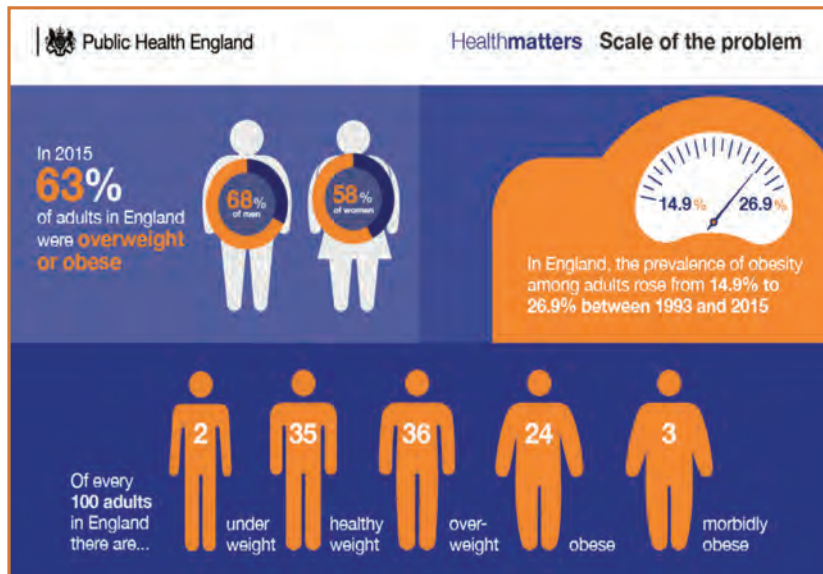
By year 6, the percentage of overweight or obese children in Coventry schools has increased to **37.9%** (**23.5%** of year 6 pupils are obese or severely obese). Figure 9 opposite demonstrated the clear link between obesity and deprivation, with a clear gradient between the most deprived and the least deprived children in year 6.

As part of the family health and lifestyles service, the Be Active Be Healthy team deliver a range of healthy lifestyle and exercise programmes designed to reduce the risk of obesity among children by supporting families to reduce weight, increase physical activity and adopt healthier long term behaviours. The team works closely with schools and early years settings to promote a healthy food environment and to maximise opportunity for physical activity.

23 House of Commons Briefing Paper, Obesity Statistics, March 2018
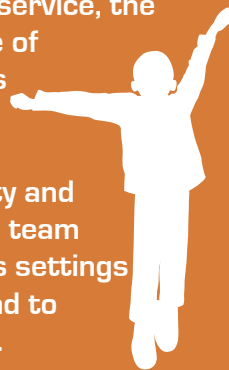
Figure 9: Coventry Year 6 Pupils: Prevalence of obesity (including severe obesity combined 2013-2017)
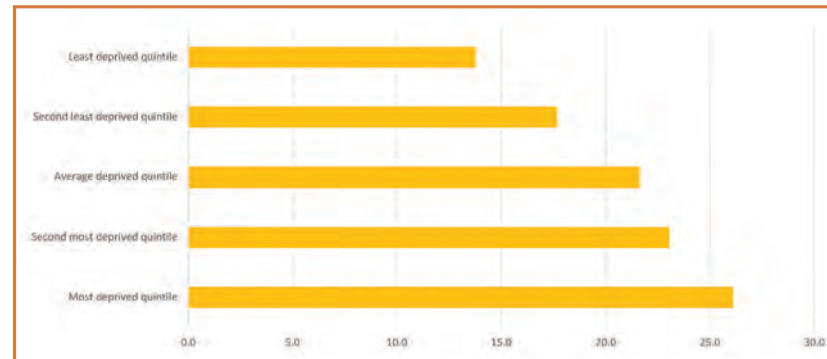
Source: NCMP and Child Obesity Profile 2018

The link between obesity and deprivation continues for adults, with those who live in the most deprived areas having a **46%** increased risk of obesity than those living in the least deprived areas of the country[23]. There is a clear link with deprivation within Coventry, with obesity ranging from **17%** of the population in Wainbody to **30%** in Longford.

Availability of food in the locality impacts on levels of obesity, and it is common to find a greater concentration of fast food outlets, providing calorie-dense, low nutritional value foods in areas of greater deprivation.

Figure 10 opposite shows the number of takeaways mapped across the city. The greatest number of hot food takeaways are in the city centre, which is to be expected. However, the map also demonstrates the concentration of outlets in areas of deprivation, with particularly high density in the North East corridor of the city. Currently the average number of hot food takeaways in Coventry is slightly lower than the regional and national average, however, the rate of increase is higher, with a **15**% increase in the number of takeaways between June 2014 and December 2017. This means that without any limitations on new hot food takeaway applications, it is likely that Coventry would have a greater number of takeaways in the future.
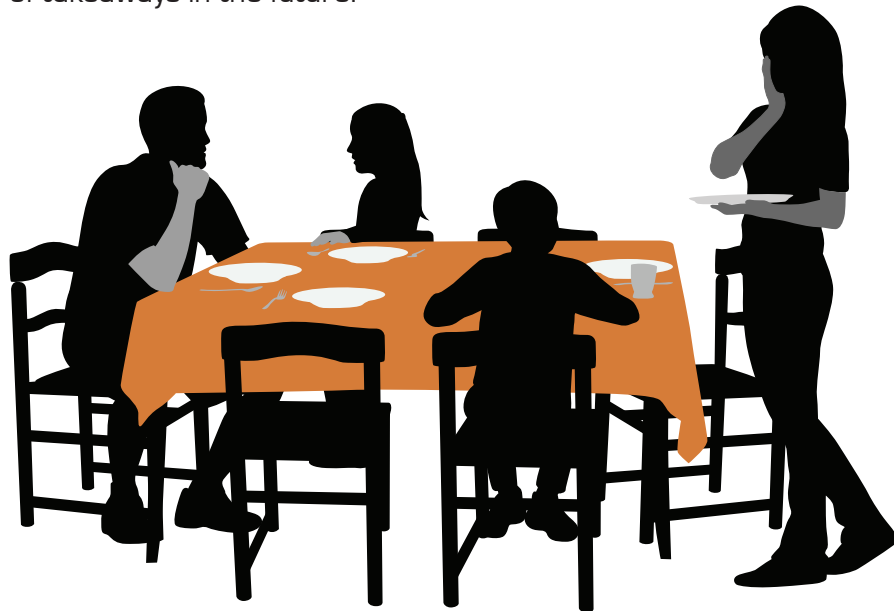
Public Health works closely with the planning department to guide policies relating to the creation of a health environment. The recent adoption of the Hot Foods Takeaway Supplementary Planning Document sets out requirements to, among other things, manage the concentration of hot food takeaway outlets within a defined catchment area and restrict the number of hot food takeaways within a five minute walk of schools.

Figure 10: Map of fast food takeaway density in Coventry
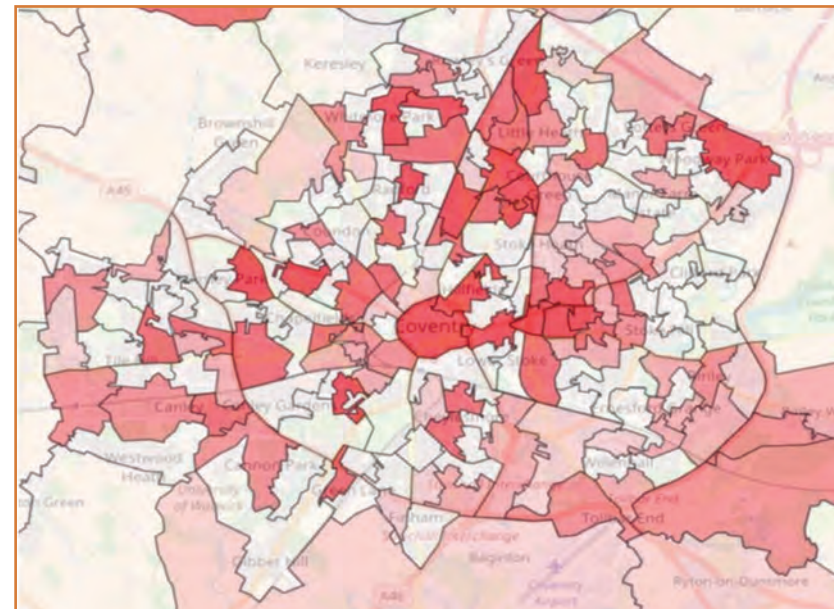
Source: Food environment assessment tool (Feat), UKCRC Centre for Diet and Activity Research (CEDAR), University of Cambridge

[23] House of Commons Briefing Paper, Obesity Statistics, March 2018

Personal/Individual
Individuals can use apps such as PHE's Change4Life to make healthy food swaps to reduce sugar from unhealthy snacks and sugary drinks.

Community/Non-statutory
The Cook & Eat Well Team have a free cooking club for over 55s, offering the chance to meet new people, cook new things and learn new recipes.

Statutory Organisations
Coventry Council have produced supplementary planning guidance to restrict the number and placement of hot food takeaways in the city.

Business and Universities   Food businesses can offer smaller portions and healthier options, such as a salad instead of chips.

Physical inactivity

Physical inactivity presents a significant risk to health, with a report published in the Lancet estimating that a third of adults in England do not do enough exercise, with people living in the least prosperous areas being twice as likely to be physically inactive as those living in more prosperous areas[24]. Being inactive increases a person's risk of developing chronic diseases such as heart disease, diabetes and breast and colon cancer.

People in the UK are around **20%** less active now than in the 1960s. Technology and automation mean that we do not need to be as active as in the past just to complete our daily activities, and most people need to make a conscious decision to build physical activity into their lives.

How active are we?

1 in 4 women and **1 in 5 men** in England are **classed as physically inactive** – doing less than 30 minutes of moderate physical activity per week.

Only 34% of men and 24% of women undertake muscle-strengthening activities at least twice a week.

34% 24%

Men are more likely than women to average 6 or more hours of total sedentary (sitting) time on both weekdays and at weekends.

A lack of physical activity is closely linked to the rise in obesity, with people not moving enough to burn off calories eaten. The benefits of physical activity are well documented, including reducing the risk of stroke, heart disease, dementia, type 2 diabetes and depression.

There are inequalities across inactivity, with certain groups less active than others. People living in less affluent areas are twice as likely to be physically inactive as those living in more prosperous areas. Women tend to be less active than men. Levels of activity vary between people from different ethnic backgrounds, with activity levels lowest for people from South Asian backgrounds (**55**%), black (**57**%) and other (**57**%) backgrounds.

In Coventry, **53.1**% of residents achieve the recommended 150 minutes of activity per week, compared with **62.3**% nationally. **31.3**% of the local population are inactive (undertaking less than 30 minutes of activity a week), compared with **25.2**% nationally[25].

Coventry is the European City of Sport 2019. An important part of the year will be the opening of the new leisure facility and waterpark in the city centre as well as the new 50m pool at the Alan Higgs centre and the sports and wellness hub at the University of Warwick.

WE ARE COVENTRY EUROPEAN CITY OF SPORT 2019

24 Sport England Active People Survey 8, April 2013-April 2014
25 Sport England: Active Lives Adult Survey 2017/18

The year will also focus on encouraging more young people, especially those who live in disadvantaged communities, to enjoy sport and lead an active lifestyle. This will build on work that's already achieving success thanks to projects like 'In It Together' and 'Go Swim' which are seeing people across the city return to sport and physical activity.

Good Gym have recently launched in Coventry, combining running with doing good deeds in the community and reducing social isolation.

John has been running to visit his 86 year old GoodGym coach, Harry, every Monday evening for many weeks. Harry's wife sadly passed away nine months ago from Alzheimer's and he now lives alone in the same flat he shared with her for over 50 years. He doesn't have any family or friends nearby and has felt increasingly isolated.

John says: **"I find weekly group runs where you do a good deed, are good for the body and good for the soul, but what really draws me back are the people. Exercising alone can be dull, and easy to give up. It makes a world of difference when you are jogging around, chatting with a group of interesting and friendly people. In fact, you hardly notice the jogging and then a few weeks later suddenly find you can run 5k, no problems."**

The Coventry on the Move Framework sets out an approach where a range of partners, agencies and individuals across Coventry work collectively to embed physical activity in our society and communities.

Coventry on the Move in Parks is a Public Health initiative, specifically designed to make parks and green spaces more accessible, more active and more fun for local communities. Since 2018, there have been 50 walking and running routes installed, new noticeboards for local information, and new paths, making larger areas of park more accessible.

New for 2019, outdoor gym equipment has been installed in 4 parks, as well as a new path and more route markers. Outdoor gyms offer local residents the opportunity be more active closer to home without having to pay for a gym membership. The equipment offers a variety of workouts and encourages people of all ages and abilities to get active and have fun at the same time. Installation was completed in August 2019, and there have been many programmed activities across parks to activate and publicise the new physical activity offer.

[24] Sport England Active People Survey 8, April 2013-April 2014
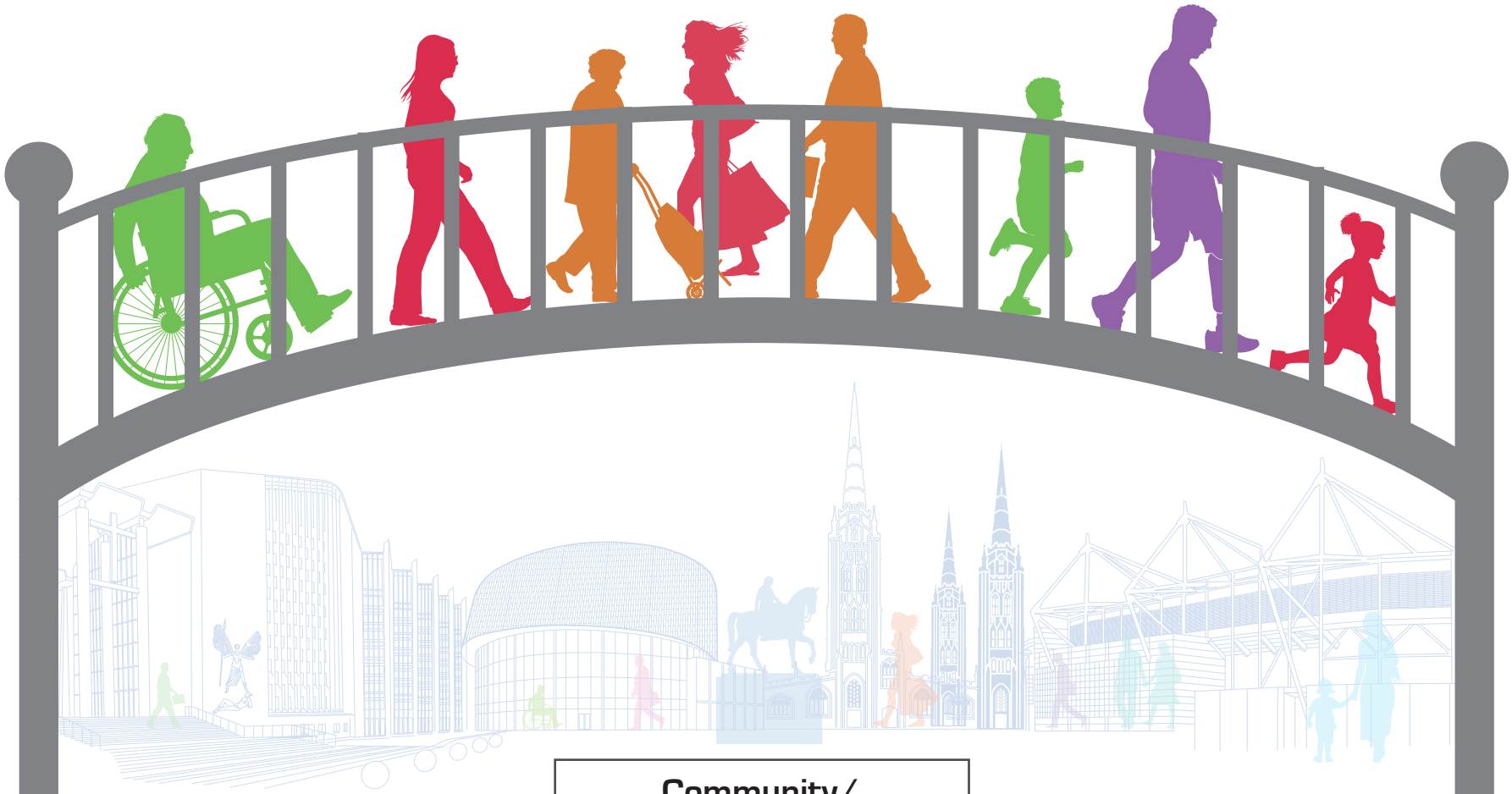
Personal/Individual
Individuals can find out more about what is going on in their community via the Coventry Council Community Activities database.

Community/ Non-statutory
There are lots of community groups across the city to help people be more active through walking, dancing, cycling, exercise and much more.

Statutory Organisations
GP'S can refer patients on to the One Body One Life programme to help improve eating and excercise habits, and to become fitter, healthier and more active.

Business and Universities
Employers can take advantage of the support and advice available to learn how to support their workforce to be more physically active.

Smoking

Smoking is the single biggest preventable cause of death and illness in England and is clearly linked to health inequalities. It accounts for around half the difference in life expectancy between the richest and poorest groups[26]. In 2016 there were estimated to be 77,900 deaths nationally attributable to smoking[27]. Data shows that smoking is more common in lower socio-economic groups, with people living in the most deprived areas of England more than four times more likely to smoke than those living in the least deprived areas[28]. According to Coventry's Smokefree Strategy 2015 – 2020, **33**% of adults who live in the **10**% most deprived neighbourhoods smoke.

Public Health England estimates that, in 2018, **15.9**% of adults in Coventry smoked, meaning approximately 45,000 adults self-reported using cigarettes. The figures in 2018 shows a decrease from 2013's figures of **18.8**%, however, smoking in Coventry remains above the national average of **14.9**%. Coventry is also above the national average for smoking attributable deaths from heart disease and cases of lung cancer.

Even though numbers of people smoking are generally decreasing, there has not been a reduction in the level of inequality. Coventry has very successful smoking cessation services which outperform the national average. In 2017/18, a registered 2,565 people per 100,000 population stopped smoking, compared with a national average of 1,477 per 100,000 population. However, although smokers from deprived communities are more likely to access stop smoking services, they are less likely to be successful in their quit attempt than more affluent smokers due to the additional barriers they face, such as higher levels of dependence, social norms and stressful life circumstances[19]. To support the reduction of health inequalities in Coventry, smoking cessation services will be focussed towards those populations experiencing greater deprivation, in addition to routine and manual workers.
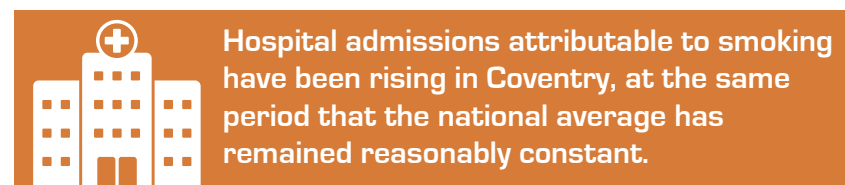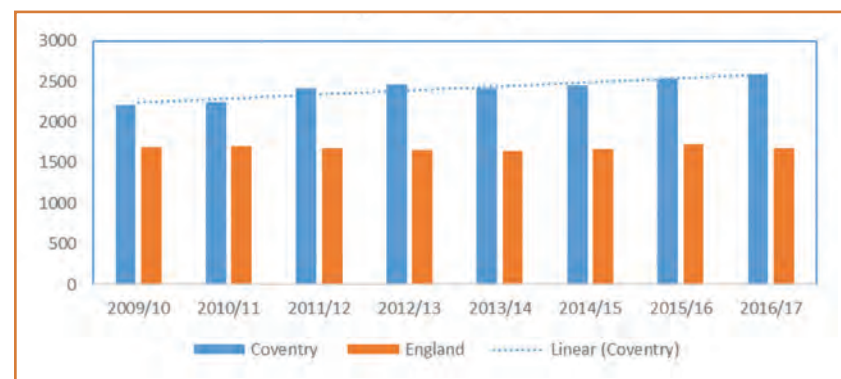
> **Hospital admissions attributable to smoking have been rising in Coventry, at the same period that the national average has remained reasonably constant.**

Figure 11:
Smoking Attributable Hospital Admissions (per 100,000)

Source: Public Health England Public Health Outcomes Framework

25 Cancer Research UK, Stop Smoking Inequalities, 2018

27 https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2018/part-1-smoking-related-ill-health-and-mortality (accessed Aug 2019)

28 ONS 2018

Smoking in pregnancy

Smoking during pregnancy causes up to:

2,200 premature births,
5,000 miscarriages and
300 perinatal deaths
every year in the UK.

It also increases the risk of complications in pregnancy and of the child developing a number of conditions later on in life such as:

- premature birth
- low birth weight
- problems of ear, nose and throat
- respiratory conditions
- obesity
- diabetes

Smoking in pregnancy causes significant harm to both the mother and baby and is more common in mothers in lower socio-economic groups[29]. Women who smoke whilst pregnant are also more likely to experience major complications during pregnancy such as placenta praevia or deep vein thrombosis. Smoking increases the risk of stillbirth by 47% and a miscarriage by 27%. The risks to the baby include premature birth, low birth weight and a greater risk of sudden infant death[30]. Work is being carried out with maternity, health visiting and early years services to consider a partnership approach to tackling smoking in pregnancy rates in the city.

[29] Julie Boucher & Konkle Anne T, Understanding Inequalities of Maternal Smoking—Bridging the Gap with Adapted Intervention Strategies, 2016
[30] ASH, Smoking in Pregnancy Health Inequalities Resource Pack, Action on Smoking, 2016

Substance misuse

There are established links between alcohol and health inequalities, however these links are not straightforward. Lower socio-economic groups often report lower average levels of alcohol consumption; however, they also experience higher mortality linked with alcohol consumption.

According to the Coventry Alcohol Misuse Needs Assessment carried out in 2016, the most deprived fifth of the population of the country suffer two to three times greater loss of life attributable to alcohol; three to five times greater mortality due to alcohol-specific causes; and two to five times more alcohol related admissions to hospital, than the more affluent areas. Overall in Coventry, hospital admissions for alcohol related conditions are much higher than national figures, with 788 admissions per 100,000 population compared with 632 nationally[31], and deaths from alcohol-specific conditions are also higher in Coventry, at 15.7 deaths per 100,000 compared with 10.6 per 100,000 for England overall.

Evidence shows that there is a clear relationship between socioeconomic factors and drug use, with drug use causing social disadvantage, and disadvantage leading to drug use and dependence[32].

Although people from all socio-economic backgrounds use substances, there is a clear association between estimates of opiate and crack cocaine use at local authority level and indices of multiple deprivation.

This association is shown below, where higher rates of opiate and crack use occur in local authorities with higher levels of deprivation. The same associations are evident in the drug treatment data, with almost twice the proportion of those in treatment living in the most deprived local authorities compared to the least deprived[33].

Figure 12:
Level of opiate and crack use by LA rank of deprivation
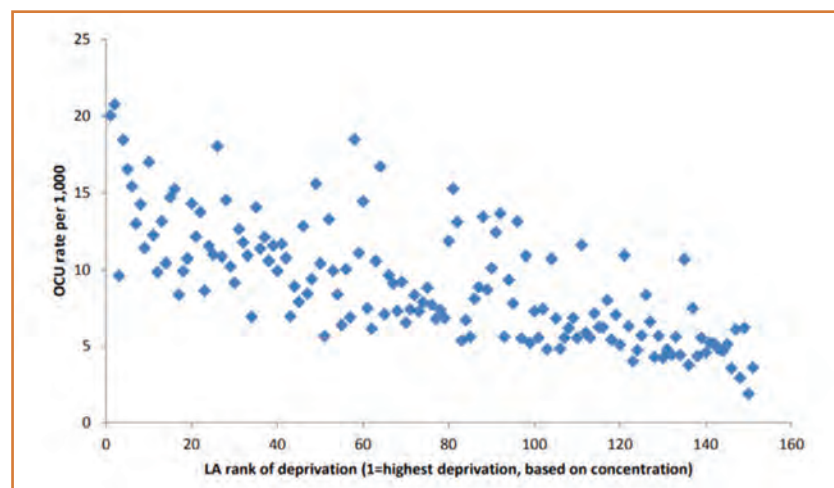
Source: PHE Drug use- inequalities, determinants and prevalence 2018

[31] Public Health England 2017
[32] HM Government, Drug Strategy, 2016
[33] Public Health England, An evidence review of the outcomes that can be expected of drug misuse treatment in England, 2017

In 2016/17, there were 30 hospital admissions in Coventry for episodes with a primary diagnosis of drug related mental health and illness. This is a significant reduction on the previous year (78) and is lower than in any of the preceding four years[34].

There were 54 deaths related to drug misuse in Coventry in 2016-18, and the number of deaths have remained fairly steady over the past 5 years, compared with a significant increase in the number of deaths in the country as a whole.

Table 2: Number of deaths related to drug misuse in Coventry and England

	2016-8	2015-7	2014-6	2013-5	2012-4	2011-3
England	10,915	10,348	10,022	9,306	8,257	7,526
Coventry	54	53	45	54	47	53

Source: National Statistics, Drug-related deaths by local authority, England and Wales, 2019

In recognising the harms that are caused by substance misuse, the Coventry Drug and Alcohol Strategy aims to prevent people from taking drugs and to intervene early to minimise harm, to provide support to people who have substance misuse issues and people with multiple complex needs, and promote sustainable recovery and enable people to live healthy, safe and meaningful lives. These strategic aims are reflected in the design of the drug and alcohol service provided in the city.


34 NHS Digital, Statistics on Drug Misuse: England, 2018 [PAS]

Reducing health inequalities in Coventry

Introduction and Foreword

Health Inequalities

Health inequalities in Coventry

Mitigating against the impacts of poverty

Updates from last year

Health inequalities in Coventry

How we are reducing health inequalities and mitigating against the impacts of poverty

Throughout this report, we have included examples of ways in which residents, community organisations and statutory organisations are working to reduce health inequalities, through initiatives designed to address identified priorities. There are also programmes which tackle inequalities on a wider scale, utilising a partnership approach.
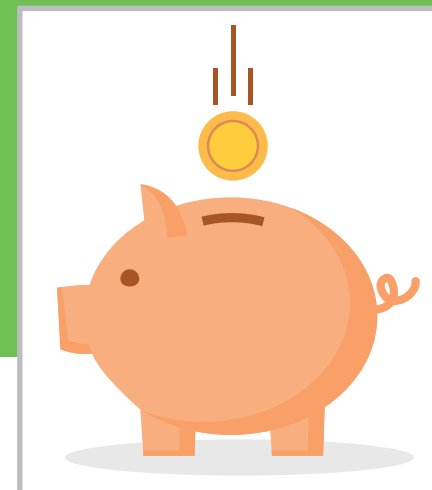
Coventry as a Marmot City

In 2013, organisations across the city of Coventry committed to working together to reduce differences in health outcomes between the more affluent and more 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 develop the approach. In 2016, Coventry committed to a further three years working in partnership with University College London's Institute of Health Equity and Public Health England and are committed to renewing the title again in 2019.

The recommendations of the Marmot Review were based on a 'life-course approach', meaning the influences on our health begin at birth and continue throughout our lives, and there are interventions or services that can be adopted for people at different stages of life to reduce health inequalities. For example, good quality childcare and services to support parents have a big influence on health in the early years, whilst programmes to improve the quality and flexibility of work can support the health of working age adults. Older adults can benefit from services that help them stay healthier for longer. The various influences on our health, such as living and working conditions and the areas and communities we live in, can in turn influence how we look after our health. For example, people may be more likely to smoke if their colleagues, friends or relatives also smoke, and if stress in their lives makes it difficult to quit. These different influences on our health are called the **social determinants of heath**.

No single organisation can change the social determinants of health, and for that reason Coventry decided to adopt the recommendations of the Marmot Review as a framework for action in 2013. Several of the organisations who joined Coventry City Council as partners to the Marmot City approach already understood the value of prevention. For example, West Midlands Fire Service spend more of their time preventing fires than responding to fires, whilst West Midlands Police increasingly seek to work with communities to prevent crime.

Coventry has a large and dynamic community and voluntary sector, with a long history of working collaboratively to address the social determinants of health. Being a Marmot City has provided us with a platform from which to unite different organisations across the public and voluntary sector, to work together to address the conditions that determine health.

We have brought together different departments within the Council, including procurement, education, jobs & economy and libraries, as well as colleagues from other organisations across West Midlands Police, West Midlands Fire Service, Voluntary Action Coventry, Department of Work and Pensions, Chamber of Commerce, Local Enterprise Partnership and third sector organisations such as the Positive Youth Foundation and Foleshill Women's Training.

By bringing these partners together through the Marmot Steering Group to share learning and good practice, we drive forward joint working to embed the principles of reducing health inequalities in the work that we do. As some of the main employers in the City, we also examine the way that we work with our employees and strive to be exemplar employers.

Since 2016, the priority areas for action have been supporting young people and promoting good growth in the city, i.e. ensuring that the more deprived areas of Coventry benefit the most from growth. Twenty indicators of progress on these priorities are reported to the Health and Wellbeing Board. More recently, a new 'theme' of poverty has been added to the work-plan, and this has led to a number of task and finish groups being formed to take action on poverty, such as pay and working conditions, and training and development opportunities for workers.

The Marmot City approach has recently been evaluated. The evaluation involved interviewing a wide range of people within Coventry City Council and partner organisations to find out what being a Marmot city has meant for how they work. It examined the history of the approach and how it has developed in Coventry.

Key Findings of the evaluation included:

- The Marmot City approach did not receive any funding, except time as a resource, and was about trying to achieve public health objectives with diminishing resources

- The impacts of austerity on the Council's finances and on partner organisations has made it more difficult to continue business as usual, and many services such as children's centres, libraries and youth centres have been partially or completely cut since 2010

- The evaluation found that for many organisations, joining the Marmot City Steering Group was based on already understanding the impacts of social determinants on health, and a willingness to work in partnership to reduce the impacts of austerity as much as to reduce health inequalities

- Many said that the benefit of being a Marmot city is that it makes clear the values that should underpin decisions. The Marmot principles connect to every function of the Council and help to communicate the role that everyone has in supporting the health of the community. This has influenced work in transport, housing, procurement, education and early years
- The approach has been iterative, for example the steering group membership, the indicators they report, and their activities have evolved in response to changing needs and opportunities over time
- It is 'co-produced' by partners rather than delivered. Meaning it relies on the active participation of Steering Group members and partner organisations to drive action. Many of the activities influenced by the Marmot City status do not have a direct link back to the Steering Group
- Nevertheless, being a Marmot City has made it possible to embed consideration of the impacts that Council policies and investments have on health inequalities across the organisation
- More engagement with partners before setting priorities and agreeing indicators would have encouraged more organisations beyond the Council to see getting involved as a valuable use of their time
- It is very difficult to demonstrate impact on nationally reported health indicators because there are many other factors that also impact the health of the population. Nevertheless, many indicators of inequality are worsening, and indicators of inequality in the early years (0-5 year olds) are a particular concern. There seems to be a growing gap in outcomes such as school readiness between children from deprived backgrounds and the rest of the population, and this gap continues to expand throughout their years in school

Following this evaluation, the Marmot Steering group members will be reviewing progress to date and agreeing the future of the membership and how we progress action on the Marmot Review recommendations in October 2019.

Current and Future Opportunities
City of Culture 2021

Being City of Culture in 2021 provides Coventry with the opportunity to boost its cultural offer, economy and public perception. Although not explicit, there is also a chance to improve the health and wellbeing of Coventry's communities and reduce health inequalities. By understanding the overlap between health, culture and the economy, there is an opportunity for strong cross-sector growth, so that the benefits from being City of Culture extend much further.

Culture is in many ways at the heart of public health – how people live, eat, socialise and work are significant determinants of a person's health. Added to this, a healthier society has been shown to support economic growth.

There is strong (and growing) evidence to show that the arts can significantly improve mental health and wellbeing. This can take the form of art, music, dance and much more. There will be a close working relationship between the cultural sector, health providers and public health strategies to maximise the opportunities for the social prescription of arts interventions for a wide range of conditions and health-related issues. The experience and legacy of the City of Culture will contribute to tackling health inequalities across the city through the range of events and projects focussing on improving health and wellbeing and encouraging positive lifestyle choices.

The City of Culture Trust teams are working with local communities to embed empowerment and a sense of ownership with local residents which will provide a legacy that lasts long past 2021. Taking an approach that targets both geographical localities and specific population groups, the programme will be developed in partnership with people of Coventry and provide residents with a range of ways that they can become involved and develop new skills and experience.

Employability Support

Coventry offers a range of employability support, generally based around the physical service of the Job Shop, in the City Centre. The Job Shop helps residents who are looking for work, looking for a new job, or seeking training or education. Support available includes writing CVs, job hunting and application, interview preparation, apprenticeships, work placements and attending employer open days. The Job Shop also has a benefits advisor who can support residents to ensure that they are claiming all the benefits that they are entitled to.

There are a number of projects funded by the European Social Fund which help to support Coventry residents into work or training. These projects are provided through partnership approaches, involving a range of service providers across the city.

- Ambition Coventry works with anyone aged between 16 and 29 who lives in Coventry and is not in any form of employment, education or training (NEET)
- The Routes to Ambition project works with young people in Coventry aged 15 - 24 who are either disengaged, at risk of exclusion, or facing major barriers to employment such as health and disability

- Connect Me supports unemployed and economically inactive Coventry people to address barriers to participating in the labour market, through flexible support tailored to individual need
- Exceed in Coventry provides support to over 1,300 Coventry residents by providing personalised programmes of support aimed at supporting individuals on their journey to sustainable employment
- Leading organisations from across Coventry and Warwickshire have joined together to support local businesses across the region. The "Collaborate to Train" project aims to improve the ways in which education providers, local authorities and other stakeholders work together with businesses to provide high quality and effective education and training services in a more collaborative, user-led way. It will be delivered through a consortium of the major stakeholders in education, training and business engagement

Year of Wellbeing 2019

A partnership between the Coventry and Warwickshire Health and Wellbeing Boards has led to the creation of the Coventry and Warwickshire Year of Wellbeing 2019. The aim is to motivate and encourage people and organisations to take action to improve the health and wellbeing of individuals and the wider community.

The vision for the Year of Wellbeing is for people in Coventry and Warwickshire to be part of a strong community, inspired and empowered to take action to improve health and wellbeing for themselves and others in 2019 and beyond. People are encouraged to make a pledge to change something that will improve their wellbeing or to start a conversation about health and wellbeing.

One Coventry

One Coventry is the narrative that outlines the Council's objectives, key strategies and approaches. It encompasses the long-standing principles of the Council (most notably 'working together to improve people's lives by being globally connected and locally committed'), new ways of working and core areas of activity. The One Coventry approach will enable us to:

- Work together and involve the right people
- Do the right thing
- Take pride in what we do
- Be clear about why we do things and why we can't
- Be open to new ideas
- Make the most of what we have
- Be clear about the difference we'll make

Health and Wellbeing Strategy 2019-23

The Coventry and Warwickshire Health and Wellbeing Strategy 2019-2023 proposes three strategic ambitions for the health and wellbeing of residents, which are

- People will be healthy and independent for longer
- Children and young people fulfil their potential
- People will live in connected, safe and sustainable communities

The Strategy will use a population health framework for Coventry which will underpin a health and wellbeing system to achieve the long-term vision for change. The framework is based on four components that impact on people's health and wellbeing which are:

- **Wider determinants** – embedding the Marmot City approach by working in partnership to tackle health inequalities through addressing the social determinants of health
- **Our health behaviours and lifestyles** – aligning and coordinating prevention programmes across the system to maximise impact and tackle barriers to healthy lifestyle choices
- **The places and communities we live in and with** – working together in our places and with our communities to mobilise solutions, informed by our understanding of local needs and assets from our place-based JSNAs
- **An integrated health and care system** – health and social care commissioners and providers working together to commission and deliver services in Coventry

Recommendations

Health Inequalities are avoidable and therefore can be addressed through a partnership approach which recognises the opportunities to reduce the impact that some environmental and lifestyle factors can have on certain groups. Coventry committed to making these changes back in 2013 through working together as a group of agencies using the Marmot principles. Whilst we have made progress there is still more to do and the environment in which we are operating looks very different from how it did six years ago. Local Authorities have seen unprecedented budget cuts, as have other public services. We must look at how to innovate and work differently with our communities and partners and identify where we can be most effective.

1 Review and revise the Marmot Action Plan taking account of the findings in the evaluation and considering how a One Coventry approach can help to embed partnership working and promote ownership of initiatives throughout organisations and community groups, and how using a place-based strategy as set out by Public Health England can facilitate effective action through civic, service and community interventions.

2 Improve partnership-working with Place Directorate within Coventry City Council to ensure that public realm works and developments in the city take account of their potential impacts on health inequalities and use initiatives in a proactive way to reduce inequalities.

3 Utilise community asset based approaches to improve health and wellbeing, maximising the legacy of City of Culture 2021.

4 Ensure there are strong links with the Skills Board and Local Enterprise Partnership to promote skills development to enable Coventry citizens gain the necessary qualifications and skills to fill local jobs.

5 Recognise and respond to barriers and challenges which may prevent people in some groups within Coventry from engaging with services which promote healthy lifestyles such as the Coventry on the Move programme.

6 Council and partners to embed an integrated early help offer which improves life chances for the more vulnerable families.

7 Evaluate the impact of the Year of Wellbeing and examine ways in which the Health and Wellbeing partnerships have raised the profile of health and wellbeing and maximise the legacy that can be achieved.

8 Maximise the opportunities available with the NHS as a key partner, through implementation of the NHS Plan around prevention and health inequalities and the Coventry and Warwickshire Health and Care partnership.

9 Mobilise the 2019-2023 Health and Wellbeing Strategy to ensure that the priorities are addressed utilising the population health framework to underpin change.

Update from last year's report

Update from last year's report

The Director of Public Health Report 2017/18 "Healthier for Longer" explored securing healthier futures for our communities. Much work has been done since the publication of the report to address the recommendations it set out. Some key achievements include:

> **Recommendations 1 & 2:**
> **Working with Communities in an asset based approach and promote ways to combat social isolation and loneliness**

A coproduction approach to social isolation and loneliness brings together a number of partners to consider our community assets and how these can be best used to create a whole systems approach around social isolation and loneliness. A multiagency group is now meeting. A review of the evidence base around what works to tackle social isolation and loneliness has been completed. Partners involved include Adult Social Care, Age UK, Coventry Older People, Grapevine and Ground Work. Social isolation and loneliness have been identified as priority areas in the new Health and Wellbeing Strategy.

Since 2017 two community organisations (Moathouse Community Trust and Grapevine) have been funded to work with individuals in a non-programmatic way with the aim of learning what works to mobilise community assets, re-orientate formal services to work as a whole system, and boost prevention to produce better health and wellbeing outcomes for communities. Evaluation has shown that the community approaches taken have achieved a number of positive outcomes, including improved joint working between health, social care and the community sector, reduced hospital admissions and prevention or delay of re-entry to the health and social care system and connecting isolated and vulnerable individuals to activities that will increase their resilience.

> **Recommendation 3:**
> **Embedding the Marmot City approach across the work of the Council and partners**

The evaluation of the Marmot City approach is described earlier in this report. In particular the influence that the approach has had across a wide range of Council functions. The interviews found that the Marmot policy objectives (see page 15) reflected many of the existing values and views of Marmot City partners, and gave them leverage to embed those values in their work. Being a Marmot City has made it easier to start conversations about the relationship between public health and numerous Council functions, including education, transport, planning, procurement and employment services. The impact is seen in the number of references to Marmot Principles in strategies, plans and service specifications across the Council. The Principles have become more deeply embedded over time and are now often acted upon independently of the Marmot City Steering Group. There has been significant learning along the way, and commitment to the Marmot Principles will be renewed in the 2019-2024 Health and Wellbeing strategy, aligning them with wider work to improve population health across the health and social care system.

## Recommendation 4: Increase profile of ill health prevention

The two Health and Wellbeing Boards in Coventry and Warwickshire are working together as a joint 'Place Forum' to create the necessary system conditions and leadership for an uplift in prevention. As part of our upscaling prevention activity, we have also been piloting new approaches to building community capacity and resilience to support health and wellbeing. Two iBCF-funded pilot projects in Coventry have been independently evaluated, and the lessons will help to inform and shape future approaches. Alongside this, new place-based and asset-based JSNAs are being rolled out across Coventry and Warwickshire, informed by engagement intelligence from communities as well as formal data sources.

Recommendation 5: Develop partnership working to improve immunisation rates

A review of all routine vaccinations is being undertaken with a view to developing a Coventry and Warwickshire action plan focusing on improving immunisation rates across the life course by the end of 2019.

Recommendation 6: Encourage co-design of services with older people

Service specifications have made reference to the needs of older people, including in the Domestic Abuse service where older people were identified as one of the under-presented groups, the Healthy Lifestyles Service which gives priority consideration to those most at risk of developing a long term preventable condition, and the drugs and alcohol service which refers to effectively supporting older people in all aspects of the service.
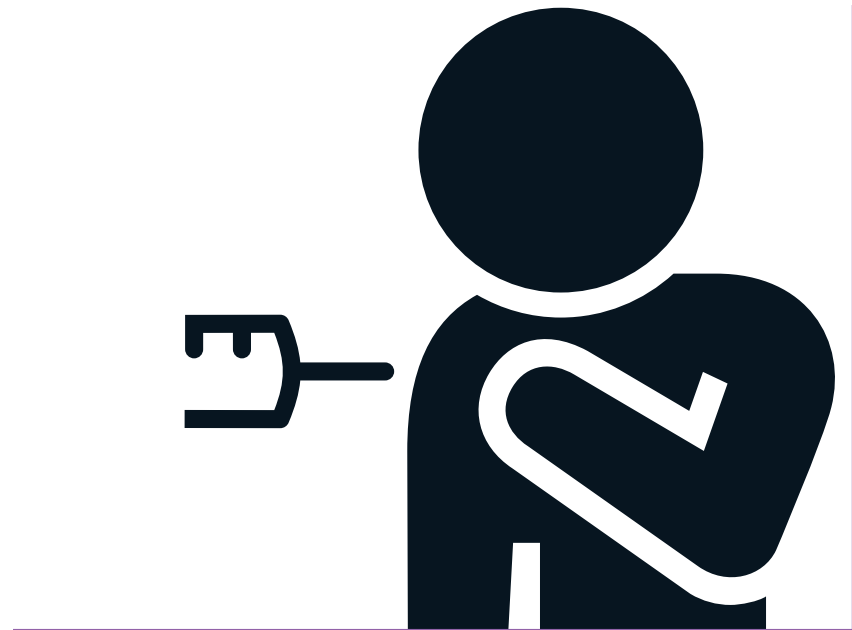
Recommendation 7:
Design integrated health and care pathways to deliver high quality care

As part of the improved Better Care Fund Programme in Coventry, five proof of concept projects were approved in 2017 as preventative initiatives. These have been programme managed via public health and run to March 2020. The initiatives were designed to test different models to reduce demand upstream on formal services and potential admissions:

- **Building Community Capacity and Resilience, city and area based models** - 2 models of community resilience have been tested as proof of concepts. The first demonstrates how communities have mobilised to create social action groups around long term conditions and social isolation. The second has supported older people with a community navigator scheme to coordinate access to health and other support systems in the locality. The future planning will include consideration of how the expansion of community engagement/community led activity is developed and commissioned. Social prescribing modelling option also to be considered

- **Expansion of the Making Every Contact Count initiative** - MECC adult social care practice integration training and tools have been developed and are to be embedded by March 2020. Future planning proposal is to cascade to care provider sector

- **Support for additional work in relation to affordable warmth** - switch and save energy programme, approx. £3.5k savings to householders achieved. Boiler scheme; 17 recipients to date, continued to March 2020 and supporting targets around delayed transfers of care. Future plan to develop a proposal for investment in an affordable warmth programme post 2020

- **Improved nutrition and hydration for people residing in care homes** - pilot complete with audits demonstrating improvement in admissions for urinary tract infections. CCG to sustain dietetic support for care homes. Future plan to develop a nutrition and hydration accreditation scheme between CCC/CCG

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