



Wellbeing Board

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Report title	Coventry – A Marmot City
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Report has been considered by	

Recommendation(s) for action or decision:

To note the briefing on Coventry as a Marmot City.

1. Purpose

To brief the Board on the background, progress and impact of delivering the Marmot City approach in Coventry to date.

2. Background

2.1 Coventry is a young, ethnically diverse and growing city with two major universities, and has a higher than average concentration of areas of deprivation. The city has significant health inequalities and differences in life expectancy and healthy life expectancy closely mirror the Indices of Multiple Deprivation map of Coventry. In 2012 inequality in male life expectancy at birth was 11.7 years between highest and lowest income deciles, whilst inequality in female life expectancy at birth was 7.9 years. Recognition of the gap in life expectancy and budget challenges at Coventry City Council led to a decision by the Council to pursue becoming a *Marmot City*, attempting a city-wide whole-systems approach to reducing the social gradient in health. Alongside this, HM Inspector of Schools published a report in which Coventry was singled out for its exceptionally poor educational attainment. The evidence regarding health impacts of education presented in the Marmot Review were, according to some Council Members, an additional influence on their thinking as to how to improve schools.

In 2013, seven cities including Coventry were designated *Marmot Cities* in England and received national expertise and support from the Institute of Health Equity and Public Health England. Of these, Coventry was the only city to renew this commitment in 2016 and continue to use the title.

In becoming a Marmot City, Coventry City Council's approach to adopting the Marmot principles drew on the literature of 'assets-based approaches': seeking to identify needs whilst working with existing strengths and assets in the city to find solutions and build on what is 'strong' in relation to those needs.

2.2 The Marmot Approach

Adopting Marmot was heavily influenced by strong support among senior leaders that made it possible to communicate the approach across the Council. The base included the Leader of the Council, the Chief Executive, the Cabinet Member for Health, and the Director of Public Health and Wellbeing. The commitment across political and corporate strands of leadership to taking a whole systems approach allowed several levers to be used at once to galvanise action.

Partners were invited to form a Steering Group with the aim of developing a Marmot City Action Plan and act as the vehicle for ensuring it was delivered. The Steering Group is co-chaired by the West Midlands Fire Service and Cabinet Lead for Public Health and reports directly to the Health and Wellbeing Board. Its membership includes representation from the Council (Public Health, Employment Services, Libraries and Adult Social Care), Public Health England, Voluntary Action Coventry, Coventry and Rugby Clinical Commissioning Group, West Midlands Fire Service, West Midlands Police, Department of Work and Pensions, Chamber of Commerce and Welfare Advice Services.

Importantly, the approach does not receive any additional funding, and underpins the work on achieving public health objectives with diminishing resources.

Subsequently, when the programme was reviewed and renewed in 2016, an updated Marmot Action Plan was launched with the same aims but a reduced number of priority areas for action, as it was felt that the group needed to be more focused, reflect local pressures and be aligned with the Council's priorities for Coventry. The new priority areas for action were:

- *Tackling inequalities disproportionately affecting young people.*
- *Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth', which will bring jobs, housing and other benefits to the city.*

The above refresh maintained a focus on the six policy objectives recommended in the Marmot Review (often referred to as the 'Marmot Principles'):

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

A Poverty Summit was held in November 2018 to look at how Coventry could tackle the impact of poverty as an integral part of health inequalities. The Marmot Steering Group committed to taking forward priorities identified through this summit and subsequently established working groups to take these priorities forward. These groups were identified as poverty and employment, health, and lifelong learning.

2.3 Key achievements

The two headline measures of health inequality are the gap in life expectancy (LE) at birth, and the gap in healthy life expectancy (HLE) at birth: the difference in the number of years a child born today can expect to live in good health between the most and least deprived areas.

Nationally, inequality in LE at birth increased between 2012-14 and 2015-17, and for females in particular this was due to a reduction in LE at birth among females living in the more deprived areas and an increase in those living in the least deprived areas.¹ A similar pattern, though smaller increase, was found for inequality in male LE and HLE at birth. The only sign of narrowing inequality was in female HLE at birth, which reduced by 0.9 years, according to the same ONS release.

In Coventry, average HLE is improving, and the city now ranks high compared with statistical neighbours on this measure. Between 2012-14 and 2015-17, male HLE has increased from 61.3 to 62.9 years, and female HLE from 63.4 years to 63.5 years. These figures place Coventry joint second of 16 statistical neighbours (SNs) for male healthy life expectancy (previously 8th in 2012-14) and first among SNs for female (previously second in 2012-14).²

Meanwhile average life expectancy at birth of males in Coventry has risen, from 78.1 (2011-13) to 78.3 (2015-17), placing Coventry 7th among SNs (previously 6th). Female life expectancy has increased from 82.2 to 82.4 over the same time-period, placing Coventry 10th of 16 SNs on this measure (previously 7th).

Whilst healthy life expectancy data at ward level is not available, inequalities within Coventry have unfortunately widened, among males the inequality in life expectancy at birth increased by 1.2 years and among females the gap widened by 1.2 years (both figures for the period 2012-14 to 2015-17).³

Between 2015 and 2019, Coventry saw a reduction in the number of neighbourhoods among the 10% more deprived in England from 18.8% to 14.4%. This is unique among cities in the West Midlands, in which no other city has improved on this indicator.

Although it is difficult to attribute changes in population life expectancy and healthy life expectancy to work carried out in specific projects, there have been a number of successful policies and programmes across the city which are likely to have contributed to a reduction in health inequalities. These include:

- Inclusion of health inequalities as a consideration in Equality Impact Assessments of key policies
- Inclusion of health inequalities in the Coventry Local Plan
- Creation of Planning guidance documents to influence health impacts of residential developments and restriction of hot food takeaways.
- A Housing Scrutiny Committee effort to raise housing standards in the private rental sector by developing a licensing scheme for landlords.
- The Thrive at Work Charter programme (developed with WMCA) supports organisations to provide a workplace which promotes health and wellbeing for its employees
- The impact of the Marmot City status on major bids, such as City of Culture and European funding bids
- The successful employment support programmes run in partnership with a number of organisations and financed via European funding.
- Health and wellbeing and inequalities embedded in the Council Plan

1 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstallifeexpectanciesbyindexofmultipledeprivationimd/2015to2017>

² 'Statistical neighbours' refers to the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours model. This uses measures of similarity between Local Authorities, and includes variables such as population size, age distribution, the proportion in social rented accommodation and several other factors that influence the comparability of outcomes between authorities. Statistical neighbours are the 16 authorities with the most similarities on these variables.

³ Among males the inequality in life expectancy at birth increased from 9.2 years in 2012-14 to 10.9 years in 2015-17 between those in the least and more deprived decile. Among females the gap widened from 8.8 years to 10.0 years between the same groups, with life expectancy increasing by 1.7 years in the highest decile and falling 0.8 years.

- Health inequalities alongside the Equalities Act in all major policy decisions (adopted by West Midlands Fire Service)
- Cycle Coventry – ensuring cycle infrastructures and training in more deprived parts of the city
- Increase in the % of children with good development by the end of reception year
- 16.5% more Coventry residents in work than 5 years ago, when the Job Shop opened

A wide ranging and robust evaluation of the Marmot Programme in Coventry was carried out in 2019. It was overseen by the Institute of Health Equity, Public Health (Coventry City Council) and Public Health England and focussed on the impact of the Marmot programme and how the partnership approach has affected health inequalities across the city. This evaluation is due to be launched in 2020 alongside the 'Marmot Review – 10 Years On'.

The interim findings from the evaluation in Coventry include:

- Being a Marmot City, programmes are '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.
- For many organisations, joining the Marmot 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.
- The Marmot City title has successfully been used as evidence of combined commitment to address social determinants of health when applying for grant funding.
- 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.
- Strengthen application of the principle of proportionate universalism across the council and partners.
- Consider the language used and relationship with the community, how could the approach be communicated, either itself or as part of One Coventry, to convey a positive vision and story.
- Agree a clear definition in lay terms of concepts such as the social gradient, social determinants of health and proportionate universalism, that can be applied in all public messaging for consistency of meaning and purpose.

2.4 Next Steps

Following the renewed commitment to continue to address health inequalities in Coventry, and the 'Marmot: Now What?' workshop held in October 2019, the key priorities identified for the next three years (2020 -2022) will be:

- Tackling inequalities disproportionately affecting young people
- Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth' which will bring jobs, housing and other benefits to the city
- 0-5 years olds
- Income inequality

A new action plan will be developed to take account of these priorities and will also reflect the updated Health and Wellbeing Strategy as described below, the recommendations from the 2019 Director of Public Health Report (Bridging the Gap: Tackling Health Inequalities in Coventry, a Marmot City), and the 2019 evaluation of the programme to date. The Steering Group will oversee the development of the action plan and agree measures for quality on a six-monthly basis.

The work of the task and finish groups will continue, with a focus on the improvement of the quality of jobs and identification of projects which will contribute to the overall priorities, such as the feasibility of implementing tools which will help to proactively support vulnerable people.

The revised Coventry Health and Wellbeing Strategy takes a population health approach which enables a holistic view of everything that impacts on people's health and wellbeing across the whole population, with an emphasis on reducing inequalities in health as well as improving health overall.

A key element of the population health model is '**Wider Determinants**', and a key role for the Marmot Steering Group is to embed the Marmot City approach through working in partnership, with the aim of reducing health inequalities by addressing the social determinants of health, as set out in the diagram below.



Reducing health inequalities has, and will continue to be, integrated in the emerging City of Culture work programmes. This will leave a legacy improving health inequalities in Coventry.

3. Financial Implications

There are no financial implications as a result of the proposals in this report, the Marmot approach has at no point received additional funding.

4. Legal Implications

There are no legal implications as a result of the contents of this report.

5. Equalities Implications

The Marmot approach in Coventry has addressed, and will continue to address equalities, by ensuring that the most vulnerable and those living in the more deprived areas are targeted as appropriate.

6. Inclusive Growth Implications

One of the priorities of the Marmot approach in Coventry is ensuring that all Coventry people, including vulnerable residents, can benefit from good growth, which will bring jobs, housing and other benefits to the city

7. Geographical Area of Report's Implications

Delivery is either Coventry wide or in targeted locations where evidence suggests impact could be greatest

8. Other Implications

None

9. Schedule of Background Papers

- [Coventry Director of Public Health's Annual Report \(2019\) – Bridging the Gap](#)
- [Coventry Health and Wellbeing Strategy 2019-2023](#)