Reducing Health Inequalities

Coventry: a Marmot City
Context in Coventry
Life expectancy in Coventry: the Marmot programme
Men in the most affluent areas of Coventry will live, on average 9.4 years longer than men in the most deprived areas, while for women the difference is 8.7 years. The difference is even greater for those who are homeless or who suffer from a mental health condition.
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 healthy and sustainable places and communities
• Strengthening the role and impact of ill health prevention
Giving every child the best start in life

• Acting Early
  • 0-5
• Reducing Vulnerability
  • MAMTA
  • Young Parents
Enabling all children, young people and adults to maximise their capabilities and have control over their lives

• Acting Early 5-19
• Reducing Vulnerability
  • Early Intervention for young people with complex needs
  • Substance misuse
  • Sexual Health
Creating fair employment and good work for all

• Social Value
  • Procurement
  • Local contractors
  • Apprenticeships
  • Employment
    • NEETs
    • Mental Health
  • Good work
  • Workplace Health Checks
  • Active Transport
Ensure a healthy standard of living for all

• Council wage policies
• Working with businesses on the productivity and retention of staff and employment policies
• LEP/SEP investment policies
Creating and developing healthy and sustainable places and communities

- Local Plan
  - Health & Well-being Board
  - Marmot
  - Age Friendly City

- Use of Parks & Green Spaces
  - Community use
  - Social activity
  - Harm reduction
  - Physical environment

- Active Transport
  - Walking routes
  - Cycle Coventry
  - Work with businesses
Strengthening the role and impact of ill health prevention

• Work with Police, Fire and Voluntary Services
• Mental Health Triage
• MECC
• Brief alcohol Intervention
• Work with Communities
  • FGM
  • HIV
  • Infectious Diseases – TB and Hepatitis
• Coventry a Prevention Model
  • Health & Well-being Strategy Board
  • STP
Changing the way we work

Across everything we do:

- Ensure health, social value and asset based approaches are reflected in policies and decision making
- Ensure prevention and early intervention are prioritised
- Ensure resources are targeted based on need and that interventions are targeted in the right places
The life expectancy gap between the most affluent and the most deprived has reduced (from 11.2 years to 9.4 years for men).

More children are leaving their first year of education with a good level of development, especially children with free school meal status.

More health checks are being delivered in the most deprived areas.

More people satisfied with their lives.

Less crime in priority locations.
National recognition

• Winner of the 2016 Public Health LGC award

• Coventry City Council visited by the Health Select Committee in June 2016

• Endorsed by Professor Sir Michael Marmot from the Institute of Health Equity and Public Health England as an exemplar city
Continuing to work together as a Marmot City for the next three years with partners at Public Health England and the Institute of Health Equity will:

- Facilitate partnership working between the Council’s Place, People, Resources and Chief Executive’s Directorates as well as wider public and voluntary sector partners and businesses.
- Provide Coventry with access to learning from other areas and raising the profile of Coventry as an exemplar city for reducing health inequalities.
- Enable Coventry to measure progress against local and national indicators.
- Provide Coventry with expertise to develop Coventry’s capability to tackle health inequalities.
Coventry’s Health and Wellbeing Strategy 2016-2019

• Working together as a Marmot City to reduce health and wellbeing inequalities

• Improving the health and wellbeing of individuals with multiple complex needs

• Developing an integrated health and care system that provides the right help and support to enable people to live their lives well
Marmot Strategy 2016-2019

- One of three priorities in Coventry’s Health and Wellbeing Strategy 2016-2019 is to work together as a Marmot City to reduce health inequalities.

- Coventry City Council’s Public Health team have worked with stakeholders and national experts to consider where partners should focus to have the biggest impact on inequalities.

- Priorities for the next three years are to tackle inequalities disproportionately affecting **young people** and ensure economic growth in Coventry is ‘**good growth**’ which benefits the most disadvantaged residents.
Young People

- Build resilience, aspiration and improve mental health in young people
- Improve levels of education, employment and training
- Improve and extend primary mental health services
- Change attitudes to sex, relationships, consent and behaviour (including online)
- Support people to develop their skills and provide careers coaching
- Build on the 0-5 offer to develop an integrated programme for primary and secondary school age children
- Improvements in educational attainment
- Improvements in mental health of young people
- Reduction in number of people aged 16-24 not in education, employment or training
- Reduction in rates of young people who are victims of violence
- Reductions in levels of offending behaviours, substance misuse and teenage pregnancies
Good Growth

- Improve the quality of jobs
- Help vulnerable people into work

- Work with primary care professionals to encourage and support people into employment
- Act as organisational exemplars of good employment practices
- Review and develop employment support services
- Further roll-out of the workplace wellbeing charter
- Work with employers to provide good quality jobs

- Reduction in gap between the wages of those living and working in the city
- Reduction in sickness absence
- Reduction in gap in the employment rate between the most affluent and most deprived
- Increase number of ESA claimants accessing employment support services
- Increase number of local organisations implementing social value policies
- Reduction in the employment gap between those with and those without a health conditions

Good Growth
Questions?