COVENTRY – A MARMOT CITY

An evaluation of a city-wide approach to reducing health inequalities

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EXECUTIVE SUMMARY

Social determinants of health are often understood as 'the causes of the causes' of ill health, and encompass the range of social, environmental, political and cultural differences that directly or indirectly impact the health of individuals and populations. They are now globally recognised as a core dimension of public health policy and practice and central to action on health inequalities.

In 2008, Sir Michael Marmot was asked by the Department of Health to review the evidence regarding the causes of health inequalities in England and recommend action to reduce them. The Marmot Review *Fair Society, Healthy Lives* was published in 2010, and heavily influenced the 2010 Public Health White Paper and Public Health Outcomes Framework.(1) The Review found that there is a social gradient in health: the lower a person's social position, the worse his or her health.

Factors that were found to affect the social gradient are termed *social determinants of health*: experiences in the early years of life and during education; income and quality of employment; environmental exposures such as air pollution and poor housing; experiences in later life; and individual characteristics such as gender and ethnicity. These in turn are influenced by social, political and cultural contexts. All of these profoundly influence health behaviours and health outcomes. Recommendations for action therefore focused on reducing inequalities in health by addressing the social determinants of health and doing so in a way which is proportionate to need.

The six policy objectives recommended in the Marmot Review to reduce the social gradient in health are often referred to as the 'Marmot Principles' and include:

- 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

The overarching approach to delivery recommended across all these policy areas is *proportionate universalism*, the idea that services should be provided universally but with a scale and intensity that is proportionate to the level of disadvantage.

Reducing inequalities in health and in the social determinants is viewed by many as a social good, a matter of fairness and social justice. More instrumentally, relative equity across social determinants is viewed as an economic asset, a public good which increases social cohesion and productivity. In Coventry both these sets of considerations played a role in the decision in 2013 to become a *Marmot City,* and develop a whole systems approach to reducing inequalities in health via action on social determinants.

Coventry is a city with significant inequalities in health and healthy life expectancy between the most and least deprived areas of the city. In 2010-12, inequality in male life expectancy at birth was 11.2 years between the highest and lowest income deciles whilst, using the same data, inequality in female life expectancy at birth was 8.4 years. Publication of the Marmot Review was followed by the Health and Social Care Act in 2012, which legislated for the move of public health functions in England from the NHS to local government. In 2013, being aware of local inequalities, and as it took on its new public health duties, Coventry City Council decided to adopt the title of Marmot City and sought to apply local powers of the Council and partner organisations to pursuing the Marmot policy objectives.

This report provides an independent evaluation of the six years that Coventry has been a Marmot City. It was conducted by a Specialist Public Health Registrar with advice and input from Coventry City Council and University College London's Institute of Health Equity. The evaluation also made use of Public Health England's (PHE) Health and Wellbeing team's knowledge and resources in the early stages when a memorandum of understanding was agreed between PHE, Coventry and UCL.

This report examines how Coventry has applied the Marmot Review recommendations. It seeks to inform future developments in Coventry and provide information and insight for other areas. It draws on interviews with senior

stakeholders, analysis of numerous strategies, evaluations and other local documents, and data based on indicators agreed by the organisations that have overseen this evaluation.

Importantly, being a Marmot City has not brought with it any additional resources, and instead has happened over a period of unprecedented cuts to local authority and public sector budgets. There was also no template for a Marmot City and no existing framework for how to develop the approach. To overcome this, Coventry City Council drew on the literature on asset-based working to develop their approach, and built on existing relationships with external partners in the public and community and voluntary sector to form a steering group of senior leaders across the city. Many steering group members reported that it was the relationships and sense of shared purpose to address a social injustice that encouraged them to work together as partners.

Whilst the title, Marmot City, and leadership have influenced functions from planning, housing and transport to licensing, regulation and procurement, many of the ways in which services and policies have been influenced are not unique to Coventry. Nevertheless, the evidence of strategic commitment by adopting the title has catalysed decisions and generated consensus, providing leverage to get health equity into all policies, shaping the way services are commissioned and located in an era of austerity.

Coventry has taken an incremental approach, meaning there is still inconsistent application of Marmot principles. In particular after a positive start there are once again some concerning signs of widening inequality in early years' outcomes and only limited action against the policy objective to *give every child the best start in life*.

Public engagement is key to accountability for action on the social determinants of health. However, it was recognised early on that the title of Marmot City does not lend itself to public communications. There are early signs of changing the relationship with the community to co-produce solutions to local problems, but this needs to be embedded at a strategic level if citizens are to feel engaged with a transformative approach to addressing social determinants of health.

Regarding population health outcomes, given the short time-scale and the complexity of the system the approach operates in, it is not possible to attribute health trends directly to being a Marmot City. Nevertheless, on several measures Coventry is performing well relative to national trends and comparable towns and cities. Inequality in female life expectancy at birth was similar in 2016-18 (8.3 year difference in life expectancy between the most and least deprived deciles) as in 2010-12 (8.4 years), defying a national trend of widening inequality, from 6.8 to 7.5 years, over this period. A similar pattern is true of inequality in male life expectancy, which reduced by 0.5 years from an 11.2 to a 10.7 year gap in life expectancy, over a period in which inequality widened by 0.4 years nationally. One composite measure of change is the Index of Multiple Deprivation, a relative measure which ranks every neighbourhood in the country by indicators of deprivation. Between 2015 and 2019 the number of Coventry neighbourhoods that are among the 10% most deprived in England reduced from 18.5% to 14.4%.

GLOSSARY

ASHE – Annual Survey Hours and Earnings

CCC - Coventry City Council

CCG – Clinical Commissioning Group

DWP Department for Work and Pensions

FSM – Free School Meals

HLE – Healthy Life Expectancy

ICS – Integrated Care System

IHE – Institute of Health Equity

LE – Life Expectancy

LSOA – Lower Super Output Area [insert definition]

PCT – Primary Care Trust

PHE – Public Health England

RLW – Real Living Wage

STP – Sustainability and Transformation Plan

UC -Universal Credit

VCSE – Voluntary, Community or Social Enterprise

WHO – World Health Organisation

1. INTRODUCTION

In 2008, Sir Michael Marmot was asked by the Department of Health to review the evidence regarding the causes of health inequalities in England and recommend action to reduce them. The Marmot Review *Fair Society, Healthy Lives* was published in 2010, and heavily influenced the 2010 Public Health White Paper and Public Health Outcomes Framework.(1) The Review found that there is a social gradient in health: the lower a person's social position, the worse his or her health.

Factors that were found to affect the social gradient are termed *social determinants of health*, including: experiences in the early years of life and during education; income and quality of employment; environmental exposures such as air pollution and poor housing; experiences in later life; and individual characteristics such as gender and ethnicity. These are in turn influenced by social, political and cultural contexts, all of which profoundly influence health behaviours and health outcomes.[3] Recommendations for action therefore focused on reducing inequalities in health by addressing the social determinants of health and doing so in a way which is proportionate to need.

The six policy objectives recommended in the Marmot Review to reduce the social gradient in health are often referred to as the 'Marmot Principles' and include:

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

The overarching approach to delivery recommended across all these policy areas is *proportionate universalism*, the idea that services should be provided universally but with a scale and intensity that is proportionate to the level of disadvantage.

Coventry is at the east extremity of the West Midlands. It is a young, ethnically diverse and growing city with a population of 367,000. It has a higher than average concentration of areas of deprivation compared with other local authorities. In 2015, 18.5% of the city's 195 neighbourhoods (Lower-Layer Super Output Areas[1]) were among the 20% most deprived in England; this reduced to 14.4% in 2019.

Coventry has significant health inequalities within its boundaries, and differences in life expectancy and healthy life expectancy closely reflect the deprivation map of the city. In 2010-12, the slope index of inequality (SII – see below) in male life expectancy at birth in Coventry was 11.2 years between the highest and lowest income deciles, whilst the SII in female LE at birth was 8.4 years.(2) In both cases the local gap in LE was greater than average for England (9.1 years for males and 6.8 years for females in 2010-12).

The slope index of inequality (SII) is a measure of the social gradient in life expectancy, that is how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each area and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles.(2)

[1] Lower-Layer Super Output Areas (LSOAs) are neighbourhoods that have an average of approximately 1,500 residents, or 650 households. They were produced by the Office for National Statistics for the reporting of small area statistics. There are 32,844 LSOAs in England.

Publication of the Marmot Review was followed by the Health and Social Care Act in 2012 which legislated for the move of public health functions in England from the NHS to local government. In 2013, being aware of local inequalities, and as it took on its new statutory public health duties, Coventry City Council decided to adopt the title of *Marmot City,* and sought to apply local powers of the Council and selected partner organisations to pursuing the Marmot policy objectives.

This report describes the context in which Coventry became a Marmot City, how it has acted on the recommendations of the Marmot Review, and what the outcomes have been both in terms of population health and the strategic direction of the Council and partner organisations.

Policy recommendations made in the Marmot Review called for a supportive policy environment and for policies to be cross-cutting at national and local levels. The Review also recommended that government departments develop policies and large-scale programmes with sufficient funding for longer time horizons. The challenge faced by Coventry was therefore significant given the approach was to be adopted locally without the support of a national policy framework for action. Other significant context includes that between 2010 and 2019 the Council itself absorbed a 49% cut to the government grant, during a period of increasing demand for statutory care services. As in many councils, this made it challenging to sustain funding for non-statutory services.

Coventry City Council's approach to adopting the Marmot principles therefore 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.

Assets-based approaches are about finding place-based solutions using existing resources within a community. In Coventry this involved working with partner organisations from the public sector and the voluntary, community and social enterprise sector (VCSE), and with departments internal to the Council to draw on the strengths and assets each can bring. The initial 2013-16 Action Plan focused on sharing knowledge and information between agencies and fostering partnerships.

This evaluation of Coventry's approach to becoming a Marmot City was undertaken alongside a much more extensive review of health inequalities in England as part of the *Marmot Review - Ten Years On* assessment.(3) This wider project seeks to motivate and enable a renewed focus on effective action to reduce health inequalities in England. It also seeks to understand how the political, economic and social context has presented opportunities and barriers to action on health inequalities in the decade since the 2010 Review. This larger piece of work involved extensive analysis of health inequalities in England in the ten years since 2010 and how Marmot principles have been applied. It also assesses outcomes in the priority objective areas of the Marmot Review since 2010.

This report examines how the Marmot Policy recommendations have been interpreted and applied in Coventry as a Marmot City. As such the evaluation has the following aims and objectives:

Aims

1. To understand the strategic impact of the Marmot City approach in Coventry, and the impact on population outcomes.
2. To inform future developments in Coventry.
3. To provide information and insight for other areas who are developing system wide and integrated approaches to reducing health inequalities
4. To provide evidence and analysis for a broad range of stakeholders in UK and globally including for the *Marmot Ten Years On* work.

Objectives.

1. To develop an understanding of why and how Coventry developed as a Marmot City.
2. To understand what has worked well and what the limitations and obstacles have been.
4. To assess the impact of the Marmot City approach in relation to organisational change and strategic direction.

5. To assess possible impacts on outcomes on health inequalities and social determinants.
6. To make recommendations for possible future strategic directions for Coventry
7. To make proposals about developing the Marmot City approach for other areas to consider.

2. METHODS

This is a mixed-methods report on how the Marmot Review policy objectives have been pursued in Coventry.

Data collection included semi-structured interviews with 30 participants most of whom were Councillors, senior leaders or managers of departments in the Council and in partner organisations. The evaluation also draws on numerous informal conversations, and on the contents of meeting minutes, strategies, plans and commissioning documents among other sources of information.

Interviewees were sought who had been on the Marmot City Steering Group or who were in senior roles within teams or organisations involved with Marmot City activities. All interviewees consented to their words being reported anonymously. Given the profile of several interviewees most of the quotations in this report are not attributed to a source since that would reveal their identity.

People interviewed

From Coventry City Council:

- Three Councillors
- The Chief Executive
- Deputy Chief Executive, People Directorate
- Head of City Employment and Wellbeing
- Former Director of Public Health
- Head of Libraries, Advice and Information Services, Education and Skills
- Head of Service Lead - the One Coventry Approach
- Early Help Manager
- Head of Procurement and Commissioning
- Regulatory Services Manager
- Programme Officer - Inequalities
- Programme Manager - Inequalities
- Head of Housing and Homelessness
- Three Public Health Consultants
- Director of Housing and Transformation
- Senior Analyst, Insights team
- Service Development Manager, Libraries
  Performance Manager, Education, Youth Offending Services and Early Years

From external organisations:

- Superintendent, West Midlands Police
- Operations Commander, West Midlands Fire Service
- Five Directors or Chief Executives of voluntary, community and social enterprise sector organisations in Coventry
- Research and Campaigns Coordinator, local advice service, Coventry

A further three people who were invited to interview declined or were not available.

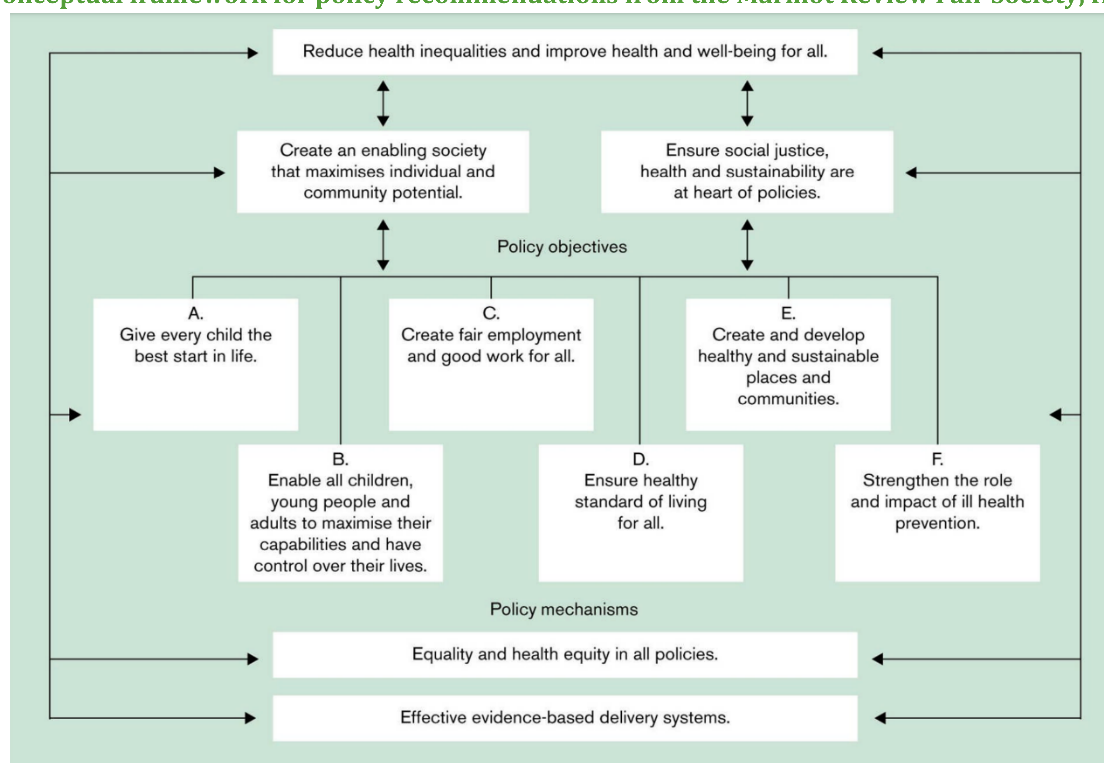
Indicators of social determinants of health.

In 2016, Public Health England produced a logic model to support a summative evaluation for Coventry as a Marmot City. This provides a framework of indicators linking priority areas to actions and outcomes (see appendix 2). It embeds several implicit assumptions about how outcomes will be achieved. It was originally intended that this evaluation would be used to test the validity of the model. However, although the logic model informed the action plan that the steering group agreed in 2016, there was minimal overlap between the logic model indicators and the steering group's chosen indicators. For the purpose of this evaluation it was therefore agreed that a mutually agreed set of indicators be included, which were recommended by UCL's Institute of Health Equity as among the most relevant indicators of inequality (see appendix 3).

Coventry have taken a whole-systems, assets-based approach to adopting the Marmot Review policy objectives. Being a Marmot City is therefore not a clearly defined intervention, but an approach to developing and delivering change across services, civic functions of the council and via community-led action. It has been developed in a rapidly changing policy and economic context, and cannot be captured as a linear model with clearly defined processes and outcomes.

Figure 1 presents the conceptual framework developed in the Marmot Review, depicting the relationship between policy mechanisms, overarching and specific policy objectives, and health outcomes.

Figure 1: Conceptual framework for policy recommendations from the Marmot Review Fair Society, Healthy Lives



Source: The Marmot Review: Fair Society, Healthy Lives(1)

Although the steering group initially attempted to deliver against all the policy objectives presented above, from initial interviews it was clear that the actions of the Marmot City Steering Group in Coventry only cover some of the factors and interventions that influence population health. It is therefore not possible to attribute population level outcomes directly to the Marmot City approach. Two related concepts therefore informed the approach to analysis and reporting of this evaluation.

Wicked Problems

One is of 'wicked problems': these are problems that are very difficult to solve because there is no single cause, no single solution and those that exist are constantly evolving.

One typology describes a wicked problem as one that:

- Continually evolves and mutates
- Solutions are measured in terms of 'better' or 'worse', as opposed to right or wrong
- There are no solutions that fit all members of a class of problems
- There are many causal levels, with some problems symptomatic of other problems.(4)

These statements could be applied to the social determinants of health: the drivers of and levers for action on inequality are constantly changing; the solutions cannot eradicate health inequalities; the solutions are wide-ranging and context dependant; and the relationship between different social determinants is not linear.

Wicked problems require whole system perspectives to address, and this was at the heart of Coventry's approach to adopting the recommendations of the Marmot Review from the outset.

Complex Systems

The second relevant concept is therefore complex systems: in public health, a complex systems model *"conceptualises poor health and health inequalities as outcomes of a multitude of interdependent elements within a connected whole"*.(5) In other words, organisations and individuals from all sectors will have some influence on population health and inequalities via the services or products they provide or their operating practices, and how they interact with each other. These interactions include positive (reinforcing) and negative (adaptation) feedback depending on the programme or intervention.(5) This makes any proposed solutions inherently difficult to evaluate as there will be interactions with other elements of the system that are not readily controlled for in an analysis.

Through the lens of complex systems, health inequalities can be viewed as an emergent property of a political and economic system with structural conditions that generate inequalities. These inequalities apply to income, living and working conditions, the wider environment and access to services. It is difficult to influence population level outcomes when only working on some of the variables in the system. For example, supporting people who lack qualifications into training and employment will benefit some individuals, but it doesn't change the working conditions of the wider population or mean that poor quality jobs cease to exist.

When planning this evaluation it was therefore agreed that a form of evaluation that captures some of the complexity would be necessary, and a realist philosophy was chosen as a suitable approach.

Realist evaluation is a 'theory-driven' form of evaluation.(6) Realist evaluations ask '*what works, for whom, in what circumstances, in what respects, and how*'. (6)

Realism focuses on the context in which interventions take place. Assumptions include that how people respond to a programme will depend on the context in which they are operating, and the reasoning and behaviour of participants will vary depending on their circumstances. A key concept in realist evaluation is the *mechanism* by which a programme is theorised to work. The chosen mechanisms are necessarily context-dependant: for example, austerity meant many decisions were about how to avoid widening inequalities in the context of cuts to services, whilst the conditions of EU funding for employment programmes shaped how these were delivered (see section 5).

This report applies realist principles, looking at how the context has influenced how services are commissioned, designed and delivered and, where possible, the outcomes for the population and the organisations involved.

3. BECOMING A MARMOT CITY

3.1 CONTEXT

This section provides context about Coventry's history and social, economic and demographic characteristics. Understanding the context can help other areas (both within and outside the region) consider how they might apply a similar approach to reducing health and social determinant of health inequalities, considering differences in local contexts.

Coventry is a Marmot City, a Healthy City, a City of Sanctuary and MiFriendly City; it was European City of Sport 2019 and will be UK City of culture 2021. It will also co-host the Commonwealth Games in 2022. It is a city that, arguably, seizes titles and opportunities. It is the ninth largest city in England with a population in 2018 of 367,000, and geographically is at the heart of the country, the furthest from the coast of any city in England. It has lived through multiple cycles of growth and collapse. After near destruction in the blitz, it became one of the richest cities outside Southeast England in the 1960s. Post-war, it was a hub for car manufacturing until the early 1970s, when it was severely affected by two recessions in 1973 and 1982 that led to a sharp rise in unemployment, reaching close to 20% at its peak.

> *" We were the city in the 60s that everyone wanted to come to because we had the mines on the outskirts, we had massive car factories, people came from far and wide, and post war we had a huge building programme of the sort you'd never see now, we had 22,000 council homes built."*

Some participants in this evaluation reported that the health legacy of the previous era persists due to the impacts on former manufacturing workers, some of whom were moved onto incapacity benefit and became long-term unemployed.

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Nevertheless, although jobs in manufacturing have declined by 80% since the 1970s, Coventry has, on some measures, successfully transitioned to a post-industrial economy, with two universities now being among the major employers in the city.

In 2013, Coventry City Councillors were well aware of health inequalities within the city. The city had been, until 2010, a Spearhead City: one of 70 local authority areas with the worst health and deprivation indicators (covering 28 percent of the population). As a Spearhead, Coventry was one of the cities supported by the Department of Health's Health Inequalities National Support Team, led by Professor Chris Bentley, between 1997-2010. The team focused on supporting families, engaging communities, improving prevention, treatment and care, and addressing the social determinants of health.(7) Significantly, this approach was financially resourced and focused on the gap between, rather than within, local authorities. Recent analysis suggests that towards 2010 the national strategy was associated with a reduced gap in life expectancy between areas in the Northwest of England that were among the most deprived 20% of local authorities and the remaining 80%.(8) However, equivalent analysis does not exist to examine the impact that the Spearhead programme had in Coventry.

Coventry also received targeted Neighbourhood Renewal Funding in the same period, and has had a history of targeted interventions aimed at health, regeneration and community development. According to one senior executive, community regeneration "*was happening in isolated, focused, deprived wards, without great cohesion between them...there were lots of small pilots happening, but we didn't have a concerted, coordinated effort in policy terms*".

Within the Council there is a recognition that historical attempts at community development and regeneration did not sufficiently impact inequality. As one executive described it "*we were awash with cash and yet health inequalities were widening. So [there was] clearly something about not going after the right interventions with disaffected working-class*

areas…we'd prodded them, interfered with them, piloted enough, we needed to understand they were struggling for a whole variety of very different reasons".

Importantly, the Marmot City approach has not at any point received any additional funding, and has more often been about trying to achieve public health objectives with diminishing resources. *"There was never any new resource, we carved a bit out from the public health budget, but that wasn't new resource. A lot of it was about mutual, in-kind benefits."*

Various other factors have facilitated the approach taken in Coventry. These include the defined geography of Coventry. Several of the public sector organisations either have co-terminous boundaries, or Coventry is at the border of their service geographies:*"if you work in Coventry you probably live in the area, so the work ethos is made easier".* According to some, there is also a strong sense of identification with the city among locals: *"Coventry is bounded by countryside, when you leave you know you've left…Coventry people know they're from Coventry, they have that identity and sense of purpose".*

According to several interviewees, the size also makes it manageable "*Coventry is just the right size to be agile enough to do things, and big enough to be able to do things effectively".*

Coventry City Council have long-standing partnerships with external agencies. *Coventry Partnership Board* developed out of a pre-existing *City Forum* and was partly driven by the Sustainable Communities Strategy under New Labour. It has now reportedly lapsed in all but name, but previously had a wide representation of community organisations and frequent events at which these would meet.

Six interviewees also pointed to the stability of the workforce, established partnerships and strong relationships in Coventry: *"there's always been consistency, and there's a lot of consensus on what the challenges are. It's stable, there are long-term partnerships with people where there's not much turnover".*

Public health and Coventry City Council: There were established relationships between Public Health and some council departments even before the move of public health responsibilities from the NHS and Primary Care Trusts (PCTs) into local authority in 2012, and these helped to facilitate the transition. For example, a Public Health Practitioner had been seconded to work in the Planning Department in the years preceding 2012. The move had also been eased by an earlier underspend of £10 million by the PCT in 2010/11 which had been passed to Public Health to create a Coventry Health Improvement Programme. The programme's focus was on working with the wider health and social care economy in Coventry to deliver health improvement programmes, which helped to establish good working relationships between Public Health and departments across the Council.

The move of public health from the PCT to the council was a major catalyst towards a whole systems approach to address health inequalities in 2012/13. According to one interviewee: "*a big influence was public health being new. Coming in and bringing Marmot, and Marmot as a place-based thing, made it possible".*

The UCL Institute of Health Equity (IHE) also played a central role in supporting Coventry City Council (CCC) to develop and deliver a programme to address social determinants of health. Public Health England in the West Midlands (PHE) also collaborated to provide support to the programme and have been represented at steering group meetings throughout.

3.2 MOTIVATIONS FOR BECOMING A MARMOT CITY

Responses to inequalities in health

In Coventry many interviewees felt the data on local health inequalities confirmed their existing perceptions of inequalities within the city.

Fairness was mentioned by several interviewees as a motivating force: "t*o me it's about inequity. It's about the fact that we have people who are just never going to do as well in life because of where they're born, how they're educated".*

The inequalities in life expectancy were bought home to Councillors by a graphic produced of the number 10 bus route, with markers of life expectancy at stops along the route. This,, as one councillor said, illustrated: "*if you lived on the leafy side of Coventry you would live on average 12 years longer than if you lived on the other side, and Coventry is not a very big city. So, what does that say? It says housing, schools, green space, job opportunities, so it says all the things that don't say health".* Or as one interviewee described it: "*it's not rocket science, it's obvious, you can drive and see it".*

Importantly however, the sense of unfairness or injustice was not generated by the statistics. Instead the figures captured feelings that many already had about inequality in the city. Several interviewees described feeling that the Marmot Review reflected their own pre-existing perceptions. One Councillor described as: *"almost a lightbulb moment, a thought that that's what we've been thinking about for years but we've never put a name to it and articulated it in the way that he did'.* For one of the community organisations represented on the steering group, their mission statement covers social, health and economic empowerment of women: '*Marmot just mirrors everything we do anyway'.* Even now, many stakeholders are not aware of the Marmot Principles but, nonetheless, propose actions that are consistent with them: '*people will describe Marmot without realising they're talking about a Marmot approach'.*

Among these participants taking the title of 'Marmot City' was a way of claiming responsibility.

> *"You can tell people that you're being recognised as a city that has held its hands up and said that we know that we're not serving our citizens well because look, they're dying too soon, or living too long in poor health"* – Councillor, Coventry

For emergency services such as the Fire Service and West Midlands Police the motivation was a recognition that addressing inequality is a cornerstone of prevention, and that prevention is key to managing demand. A Fire Service interviewee said that: "*at one point it was stated in our strategy that the whole of the West Midlands Fire Service wanted to be part of the wider public health workforce. So that was the aim. We recognised that we want to be part of public health".*

One value of the Marmot framework has been how it helps to articulate the role of non-traditional health actors in promoting population health.

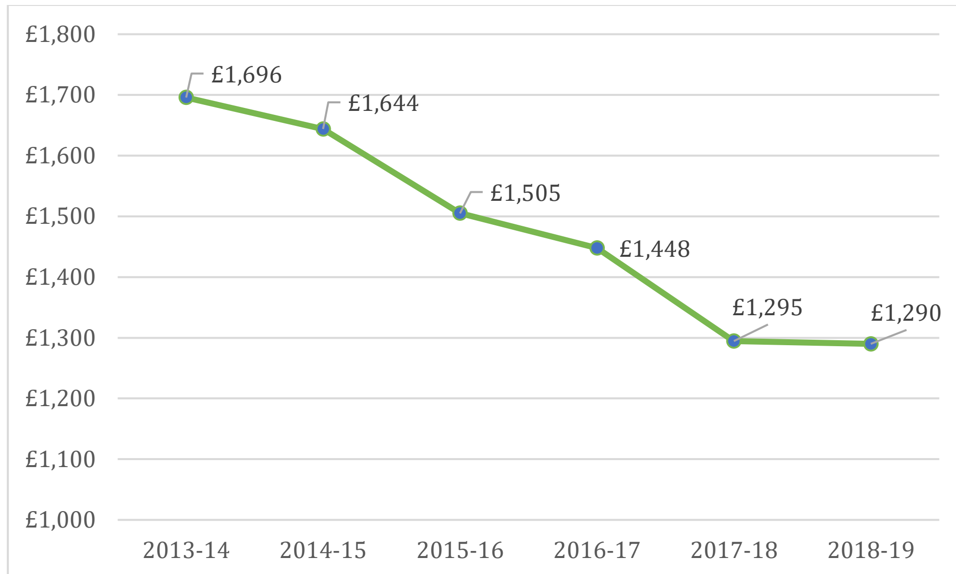
> *"It took me a long time to get my head around it, because we come from a different perspective to the People directorate. Most of our services are around capital projects, physical developments in the city, and I think particularly for our senior management, social determinants are seen as the 'softer' side of things".*

Austerity and cuts to local government funding: The other major driver of the approach taken to becoming a Marmot City was the need to make efficiency savings. Coventry has been severely affected by cuts to welfare spending and to local government grants.

In 2013 the Council modelled the impacts on local incomes of national welfare and benefit reforms that were due to take effect and estimated a total loss to local incomes of £112 million per year, inevitably affecting those with existing and multiple disadvantage the most. These included the introduction of the bedroom tax, reduced employment support allowance, reduced child benefit (affecting 41,300 households), with a total estimated annual loss per working age adult of £540.

Like many local authorities, Coventry City Council has absorbed significant cuts to the central government grant between 2010/11 and 2017/18, amounting to over £100 million in required savings, or 49% of the grant.(9) Meanwhile, spending per capita on services has fallen by 24% in the years that Coventry has been a Marmot City, after adjustment for inflation and population growth. Figure 2 displays the inflation-adjusted change in council spend per capita between 2013 and 2019. Demand for statutory adult and children's social care has also increased. Expenditure on children's social services has risen by 17.7% in real terms, accounting for an increasing share of total spend on services (from 11.8% to 16.3% of spend on all services between 2013 and 2019).(10) Coventry City Council's total spend, including capital expenditure, is estimated to have reduced by 19.5% compared with the 2010 baseline.(11) As a consequence of the above, the council have reduced directly employed full-time equivalent staff by 32.5% since 2012, to 3,830 in 2018/19.

Figure 2: Real-terms spending per capita on services - Coventry City Council, 2013-19.



Source: MHCLG Local Authority Revenue Outturn Summaries 2013-2019(10) & ONS mid-year population estimates adjusted using Bank of England CPI inflation calculator.(12)

> *"It's difficult isn't it? Difficult because being a Marmot City doesn't shelter us from austerity and doesn't shelter us from the reality of not having sufficient resources."*

The cuts therefore mean that rather than additional investment, adopting the policy recommendations made in *Fair Society, Healthy Lives* has required examination of how resources are allocated, with consideration of the impact of cuts on inequalities. In the Council, a service reduction approach has been taken to make savings, and only a few services have been entirely cut, but those that are non-statutory have absorbed a disproportionate share of the savings.

An aim of all public sector partner organisations, including West Midlands Police and Fire Service, has been to meet spending targets by reducing demand on services. They and the council, like many local authorities, have therefore had to rethink how they work with the community and other organisations. As one council employee describes it: *"traditionally local government has the money, we go into the community and tell people what they need, and we organise it. Now we look at how we can continue to provide services at no or low cost to the community".* In this view, becoming a Marmot City was an opportunity to develop an assets-based approach, with key organisations working together to maximise efficiencies and impact, whilst not worsening inequalities.

> *"Particularly in the era of austerity…there's an encouragement of internal and external discussion with key partners, with those Marmot objectives being the framework of what we think about when we make decisions."*

Meanwhile similar motives are described by public sector partners, with better integration of services assumed to be a mechanism for generating efficiency savings. According to a member of West Midlands Police: "*80% of our activity is with 20% of people, so partnership working is about trying to reduce demand".* In a related vein, the Fire Service were aware of vulnerability to further cuts: "*we wanted to be able to demonstrate the value that we can bring."*

Finally, the pre-existing links with Sir Michael Marmot himself, dating back to the 1990s, were another motivating factor, with five participants from community, emergency service, public health and council workforce describing working with him and the Institute of Health Equity before becoming a Marmot City, and how that encouraged them to commit to action.

3.3 DEVELOPING THE MARMOT CITY APPROACH IN COVENTRY

Leadership: The major theme of discussions about the origins of the Marmot approach was the importance of strong leadership. From the outset, the approach to adopting Marmot recommendations was heavily influenced by a strong base of support among senior leaders that made it possible to communicate the approach, at least at managerial levels, 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. 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.

> *"Senior elected members were very much thinking we can't change government policy, but how can we go a step further and think about what we can do as a City Council, as a city with our partners".*

The importance of key individuals was highlighted, with several interviewees mentioning the Portfolio holder for Health in 2013, who had previously chaired the PCT and was well respected by both Council members and NHS leaders in Coventry. Her championing of Marmot, alongside the Council Leader, the Chief Executive and the Director of Public Health, was a critical factor: "*it was because they wanted it and were determined to make it happen that it happened".*

Partnership working: As one external partner explained: "*there was a very open and honest approach to working together, [there was] no reluctance to engage and open up about what an individual organisation is doing. In Coventry it's not the case that people feel threatened or exposed".*

The VCSE sector interviewees all welcomed the Marmot City principles and saw the title as a move in the right direction towards a shared understanding of local issues. Where it has worked well, the success of work with community organisations is to a large extent a function of the time spent building and maintaining good working relationships, many of which are longstanding and pre-date being a Marmot City.

> *"None of the things of being a Marmot City are new, but it gives us an enhanced framework to think about the wider determinants of health, to think more holistically about decision making and about the consequential effects of different decisions that we make".*

Aligning priorities: Along the same lines, some interviewees described how to renew the Marmot City approach in 2016 it was necessary to align it with wider economic objectives.

In the UK it is estimated that ill-health costs the economy £100 billion a year in lost productivity, benefits and taxes.(13) In 2016 the Council estimated that the cost to Coventry alone of lost productivity due to poor health was £170 million.(14) Coventry City Council, the wider Coventry and Warwickshire Local Enterprise Partnership and the West Midlands Combined Authority, all have *inclusive growth* among their current priorities, i.e. an ambition to boost productivity and promote social inclusion at the same time. In 2016 the Steering Group therefore agreed to adopt this priority into the action plan going forward, and include several indicators linked to inclusive growth and employment.
The combination of different driving forces described above has led to some misgivings about the way the Marmot approach could be perceived by the public, as merely a cost-saving exercise: *"we should have been doing this before we needed to, before austerity. It makes people cynical about motives".*

Building consensus: several interviewees from within the council nevertheless described the value of the Marmot Review in terms of its function as a single source of evidence spanning multiple functions of the council, with policy objectives providing a clear framework for action. Some expressed a view that in having the Marmot City title and basing recommendations for action on the Marmot principles it was easier to build consensus around policy and commissioning decisions internally.

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4. GOVERNANCE OF THE MARMOT APPROACH

4.1 DEVELOPING AN APPROACH TO GOVERNANCE AS A MARMOT CITY

In 2013, the Council sought to act on all of the Marmot Review policy objectives and did so by placing the agenda in the Leader's portfolio. By keeping Marmot in the Leader's portfolio in the first three years, the Leader of the Council and her Deputy were able to oversee how the recommendations were being reflected in the work of Council departments. Cabinet members were asked to look at which elements of their remit dove-tailed with Marmot Principles and to report on these at regular meetings with the Leader of the Council. In the words of the Council Leader at the time: *"for me, Marmot was about ensuring that it was not seen to be a health issue, it had to be an across the Council issue".*

The Marmot Review recognises that governance across whole systems is challenging because of differences in responsibilities, perceptions and cultures.(1) These difficulties are reflected in the governance structure that Coventry chose to adopt, with an initial core group of partners selected on a pragmatic basis as "*a coalition of the willing*", including: "*those where we had existing working relationships and where they were up for the conversation, e.g. fire, police, voluntary sector and the NHS".*

One interviewee described it as: '*it was very much about starting from where people were and thinking about what you are already trying to do and how do we build on that?*'. The focus was on guiding rather than dictating how things should be delivered: "*we used a lot of knowledge and evidence quite lightly – it was underpinning it, rather than telling them what they should be doing.'*

At the outset, the Council and partners sought out a broad and inclusive membership, focusing on representatives of key public sector and VCSE organisations. Some members, such as the Fire Service, Police and Public Health England, have attended meetings throughout, whilst others have joined more recently or attend irregularly.

These partners were invited to form a Steering Group with the intention that this group would develop a Marmot City Action Plan and act as the vehicle for ensuring it was delivered. The Steering Group is chaired by the Cabinet member for health, and deputised by the West Midlands Fire Service. It reports directly to the Health and Wellbeing Board. Its original membership included senior representation from:

- Coventry City 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.

Since then, new members have been invited to join and membership now includes:

- Department of Work and Pensions
- Coventry and Warwickshire Local Enterprise Partnership
- Coventry Chamber of Commerce
- Foleshill Women's Training
- Positive Youth Foundation
- Local housing and welfare advice services

To the partners that attend regularly, most found it a valuable opportunity to represent segments of the population they work with and as an opportunity to link their work to the Marmot principles and wider system.

In 2013 the aims agreed by founding members of the steering group were to:

- *Identify key areas of existing and potential action that have the potential to improve the life opportunities of Coventry citizens.*
- *Maximise partner agencies' capability to reduce health inequalities.*
- *Work in partnership to develop and implement a programme that will tangibly demonstrate an accelerated pace of change in addressing inequalities in the city.*
- *Maintain an overview of progress against an agreed local Marmot Indicator set.*

Subsequently, when the programme was reviewed and renewed in 2016 an updated Marmot Action Plan was launched with the same aims as 2013, 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.*

These local pressures included high rates of child poverty, a higher than average proportion of school children for whom English is not their first language, a struggling child protection system and low uptake of early years education. *'It was about homing in on the areas where we could make most benefit, areas that were particularly challenging where we need to put most effort in'.*

This being a whole systems approach, it is worth noting the system in which the approach is operating. This includes many other Boards, Partnerships, Forums and Steering Groups alongside the Marmot City Steering Group, some of which are listed in Table 1. For this reason, the direct influence of the Steering Group on any given area itself is difficult to isolate, and this report does not seek to do that.

Table 1: Examples of existing governance structures spanning the Marmot Policy Recommendations in Coventry.

A: Best start in life:	**B: Maximising capabilities of children and Young people**	**C: Fair employment and good work for all:**	**D: Ensure a healthy standard of living for all**	**E: Healthy and sustainable places and communities**	**F: Strengthening the role of ill health prevention**
Children's Early Help Board Children and Young People's Partnership Board Children's Safeguarding Board. Numerous other boards within Children's Services to ensure effective joint working and oversight.	Primary school networks Secondary school collaboratives School Improvement Boards Post-16 Skills network Coventry Youth Partnership Education and Policing panels	Marmot Task & Finish groups: Lifelong Learning, and Poverty & Employment. Coventry Skills Board The Place Board (private & public sector collaboration)	Working Together Welfare Reform group Universal Credit sub-group of the WTWRG Coventry Women's Partnership Disability Equality Action Partnership	Coventry & Warwickshire Air Quality Alliance Feeding Coventry Homelessness Forum Issue-specific Scrutiny Committees and their Task and Finish groups Social Isolation Steering Group City of Culture Trust Board Coventry Police and Crime Board	Sustainability and Transformation Partnership / Integrated Care System Coventry and Warwickshire Place Forum The Coventry and Warwickshire Joint Health and Wellbeing Board (the Place Forum). Local Public Service Board Better Health, Better Care, Better Value board.

Maintaining support: the time lag between action on social determinants and impact on health outcomes is recognised as a challenge. One senior staff member of the council described his understanding of the approach that Coventry have taken as being a long-term investment in change: *"the capacity and capability for change sometimes is generational. So, you might see only minor shifts over a ten sometimes fifteen-year period. But you've got to keep going."* Another steering group member described the challenge as one of maintaining political support: *"the limiting factor is you have to have the political will to achieve it, and reducing inequalities is a very long-term objective.*

In 2016, following a change of Leader, the Marmot City agenda was moved out of the Leader's portfolio and into the portfolio of the Cabinet member for Health and Adult Social Care. It is therefore positive that Coventry have retained the Marmot City status through political cycles and despite the Council Leader and Director of Public Health roles having changed hands. It now shows some signs of being embedded in Council decision-making independent of the system of governance e.g. via an Equalities Consultation Assessment, which includes an item on the impact of any major spending decision on health inequalities, and the fact that several council strategies consider the impacts on health inequalities irrespective of direct oversight by the steering group.

This is partly owing to an adaptable approach that is responsive to changing priorities. In 2018, the Marmot steering group agreed to develop a new thematic area of work on poverty. This was in response to austerity and its impacts on more vulnerable residents. Following a Poverty Summit in 2018, new thematic workstreams have been progressing via various mechanisms. Some themes, including Health, Lifelong Learning, and Benefits & Entitlements, have been integrated into existing council processes, whilst a new Task and Finish group has been formed to address the theme of Poverty and Employment. Pursuing these additional objectives has enabled a wider range of individuals and organisations to be involved, and several interviewees felt that the integration of these workstreams has helped provide a clearer sense of purpose to the Marmot approach.

4.2 MEASURING IMPACT

The Marmot Review recommended that to address inequalities, performance indicators should reflect the diversity of factors that contribute to them in different parts of the country. Performance targets should therefore be set locally – doing so would make them relevant, better integrated with existing processes, and allow for more timely data availability. In Coventry shifting priorities have meant that the performance and outcome indicators reported by the steering group have changed over time.

For Coventry Council itself, data and indicators have multiple functions: to scope and narrow priorities, drive action, set targets, monitor performance and evaluate, and to foster public accountability. The original indicators chosen in 2013 (see appendix 1) were partly selected on a pragmatic basis: "*the idea was that we can't do it all at once, so what are the things that are hopefully going to show some longitudinal change, how can we embed those so that at the most senior level, when I have a conversation with the leader I'm held to account not just for how much money we bring in, how services are doing, but are we starting to make positive gains?".* When a new and more focused Action Plan was adopted in 2016 the steering group indicators were also reduced to twelve locally collected programme indicators that have changed from year to year as programmes change, and nine outcome indicators linked to the Action Plan (see below).(15)

The indicators were chosen to reflect the priority areas of *young people* and *inclusive growth* as a route to reducing inequalities. Most of the programme indicators are drawn from locally collected process data, e.g. uptake of services, whilst the outcome indicators are, with a couple of exceptions, nationally collected data reported at a local authority level.

These indicators are reported quarterly to the steering group where possible, and annually to the Health and Wellbeing Board. Most of the programmes delivered have performance management systems that are independent of the steering group, but their reporting to the steering board functions as a means of retaining focus on the strategic aims of the group and the Marmot City Action Plan.

The updated indicators chosen in 2016, were much narrower in scope. Not all the programme indicators chosen by the group clearly link to the outcomes reported, for example school readiness is an outcome, but there are no programme indicators for early years.

Table 2: 2016-19 Marmot Steering Group Indicators
Programme Indicators
• PI1: Number of young people supported by Ambition Coventry into employment, education or training. • PI2: Number of young people with disabilities or health problems accessing Ambition coaches. • PI3: Number of 16-24 year olds not in education, employment or training who are supported by the Ambition Coventry programme. • PI4: Implementation of system or tool to measure mental wellbeing in schools. • PI5: Percentage of all children who are accessing Compass' Early Intervention Service who are aged 11 and under. • PI6: Number of new clients accessing CRASAC's counselling service and helpline, aged 25 and under. • PI7: Reporting of sexual violence in young people. • PI8: Percentage of people recorded as unfit for work claiming ESA (and comparison with regional / national rate). • PI9: Percentage of residents claiming Job Seekers Allowance. • PI10: Number of people supported into employment by the Coventry Job Shop. • PI11: Number of workplaces signed up to workplace wellbeing charter. • PI12: Number of interactions and engagements with businesses to improve employment practices. (NB: Programme indicators have changed slightly year-on-year depending on programmes operating).
Outcome Indicators
• OI1: Percentage of children achieving a good level of development at age 5. • OI2: Percentage of children achieving expected level of progress (national standard) in reading, writing and mathematics at the end of primary school. • OI3: Percentage gap between the lowest achieving 20% children and the average child in the same area in the early years (age 5). • OI4: Hospital admissions as a result of self-harm (10-24 years). • OI5: Percentage of 16-18 year olds not in education, employment or training. • OI6: Gap in the employment rate between those with a long-term health condition and the overall employment rate • OI7: Gap in the JSA claimant rate between the most affluent and most disadvantaged areas. • OI8: Gap in earnings between those living and working in the city. • OI9: Investment in training across organisations in Coventry.

The projects that are reported by the steering group all relate to the Marmot policy objectives.

There are also signs that Marmot indicators are being embedded across the council independent of the steering group. The council publishes an annual *One Coventry Council Plan Performance Report* which covers all council functions, and which now reports on a wide range of health, social determinant and inequality indicators, all outcome related. Being reported in the Council Plan is potentially more influential, and a testimony to the influence that the Marmot approach has had.

Finally, a Joint Strategic Needs Assessment (JSNA) is a statutory output jointly produced by local authorities and Clinical Commissioning Groups to identify health needs and priorities in their local populations, in order to inform strategies and commissioning decisions. Coventry's 2019 JSNA reports a far more extensive set of indicators of wider determinants than either the Council Plan or the Marmot steering group. In 2019 the JSNA contained 750 indicators in total, highlighting the challenge of narrowing down to a concise and meaningful set of indicators that can be agreed and shared by multiple organisations.

4.3 VIEWS ON GOVERNANCE

In the following sections the influence of the Marmot City status is apparent across a wide range of policy areas beyond those that the steering group has focused on. Nevertheless there were some questions raised about the function of the steering group. Two interviewees got the impression that the steering group were "*reporting*" rather than focusing on delivery and outcomes, with even regular attendees in the public sector questioning how the steering group operates.

Meeting attendance varies, and in particular voluntary, community and social enterprise (VCSE) sector representatives are the least likely to attend on a regular basis. In interviews, some from the VCSE linked it to capacity issues and a sense that there are too many meetings to attend all of them: *"the thing about Coventry is there are lots of groups doing great things".* One interviewee felt that their experience of working with the council was variable depending on the department, for example the council tax team are used to working with third sector organisations: "*so we work together in a civilised way and make progress".* However, this is less true in relation to some other departments, described as: "*a hotchpotch of engagement and exclusion".* One interviewee from a local charity described it as: "t*here's a lot of talk of engagement, but instead of making us fit into strategies, [why not] just acknowledge that the sector is quietly getting on with stuff - recognise that we don't care what decisions are made as we are getting on with things, not because Coventry City Council tell us to, but because we're passionate".*

Nevertheless, the new focused workstreams on Poverty and Employment, Benefits and Entitlements, Health and Lifelong Learning since 2018 have been welcomed by this sector. These have increased overall participation of external partners in the Marmot approach by working through existing processes rather than the Steering Group alone.

As the group have focused on three priority policy areas for action there were some objections to those chosen, with a view that the indicators that were being discussed and focused on did not reflect the needs and experiences of people living in Coventry: *"it was all about employment… it was all geared about getting disabled people into work with no recognition that although some people with a long-term condition want to and can work, there's a large number who can't".* These point to the importance of involving all partners at the point of setting priorities and agreeing indicators.

Some interviewees felt that indicators alone do not capture the stories behind the data. The focus on numbers can distract from other questions about the experience of people who engage with the services represented at the steering group, or who do not engage and why not. For example, a member from a benefits advice service was surprised that the group report on the number of people with disabilities who are in work, but: *"unless you know why they're moving off disability benefits [into work], how can you say it's positive?"* An interviewee from another local advice service reported an increase in people facing barriers to welfare payments. Related to this, some members were concerned that the choice of indicators was politically driven and may not reflect the priorities of some members. A sense of disconnect between Council and community was particularly noted by interviewees from the VCSE sector: "w*hat people think are happening, and the realities, are different things".*

Five interviewees raised the difficulty of demonstrating impact through data: '*it's often difficult to gauge the impact because so many of the things that impact inequalities are outside the council's remit'*. Another point made by several interviewees related to how: *'what we don't know is how much worse it would have been if we hadn't taken this approach'.*

Steering group members were usually invited to join rather than given the opportunity to nominate themselves or others to join. Perhaps because of this, several people suggested the representativeness of the group could be improved to better reflect the make-up of the Coventry population.

At a delivery level, 'soft' intelligence, can also sometimes be more useful than data. From one community organisation: "*the stats will tell us the postcodes and areas of deprivation, but …there's a lot more work to be done to understand what that means, around identifying the who rather than it being area-based".*

Some interviewees pointed out that not only can qualitative data capture more of the needs at a delivery level, it can be more useful than facts and figures in the process of engaging partners, in that by presenting case studies and personal stories, people are able to draw their own insights as to what that would mean for the individual and their family or community.

There is nevertheless a need to measure impact. In the words of one executive: *"if you've got something to measure it will drive performance, it will drive investment, drive resourcing, and if it's serious enough to be taken to the top of the organisation it should be serious enough to drive accountability and performance throughout".*

Given the number of indicators reported elsewhere by the council, these comments suggest that to further progress the Marmot City approach it may be useful for the steering group to capture case studies and strategic changes across their organisations alongside quantitative programme indicators.

4.4 PROPORTIONATE UNIVERSALISM

The Marmot Review introduced the term *proportionate universalism (PU)*: a recommendation that the best approach to reducing health inequalities is to design and deliver services universally to the whole population, but with a scale and intensity that is proportionate to the level of disadvantage faced by individuals and communities. The concept seeks to balance the advantages and disadvantages of targeted and universal approaches respectively. It is based on an understanding that targeting based on geography or defining characteristics can often fail to reach many in the population who would benefit and can be stigmatising as well as politically difficult to defend to taxpayers. Meanwhile universal delivery of a standard service will often benefit the most affluent who have the most capacity to absorb health messages or engage with services.

The need to understand how the approach can be applied at different levels of government has been explored in research that looks at how the concept can be applied in practice. This is because the closer the principle is applied to the delivery level, the more it becomes apparent that some amount of selection is needed to be able to decide who should receive the service or intervention, and that is likely to involve a degree of targeting.

The UCL Institute of Health Equity have developed a framework for applying the approach from national (or transnational) to local levels, using different mechanisms at each level.(16) In interviews it was apparent that there are many different interpretations of PU among the steering group partners, and it may be helpful to place services in this framework showing that universal / selective / targeted or empowerment-based interventions can all be consistent with a proportionate universal approach at a local level.

The overarching principle is of *subsidiarity:* that decisions should be taken as close to the community as possible except where it would be more effective to take the decision at a higher level of government. The authors stress that subsidiarity is not the same as devolution, that simply devolving responsibility and sometimes resources does not guarantee delivery on proportionate universalism, and sometimes just adds to local bureaucracy.

Beyond this the framework provides two concepts that are relevant at a local level of resource allocation: *selectivism* and *particularism*.

Positive Selectivism

Positive selectivism refers to offering additional services to groups based on their needs. Examples of selectivism in Coventry among the Marmot partners are Foleshill Women's Training, which delivers health promotion, education and training to women from BAME backgrounds, or the West Midlands Fire Service *Safe and Well checks*, which are based on data sharing to target interventions at households who would be unlikely to seek help. Positive Youth Foundation also provide open-access youth services, but concentrate activities in areas of high unemployment, deprivation and health inequalities (see section 5.2).

It is not possible to entirely distinguish universal from selective services, and this is also the case in Coventry where services such as Family hubs, (described in section 5.1), have been created since becoming a Marmot City and are universally accessible but located in more deprived areas. Similarly, since becoming a Marmot City, public health commissioned services have had selectivism built into them, with providers incentivised to deliver services, such as smoking cessation support to people who live in more deprived areas or who have multiple complex needs, whilst keeping them universally accessible (see section 5.6). Anecdotally there are examples of this principle together with the health evidence being used to advocate for more redistributive council decisions, such as relocating a planned cycle path from an affluent area of Coventry to a more deprived area with less infrastructure.

To build on this, a task and finish group of the Marmot City steering group are building a business case proposing that Coventry adopt tools which use existing data to identify households and individuals who may be at financial risk. These are used by councils elsewhere, and could help deliver on the principle of proportionate universalism if used to target support for people to access available benefits and entitlements.(17)

Particularism

Particularism resembles empowerment approaches: giving some groups or individuals the capacity and/or resources to make their own decisions. It may also mean "*differences in the nature and supply of programmes so that they are tailored to the specific needs of different social groups, whether on the basis of values, ethnicity or other criteria".* Examples of this in Coventry were mentioned in interviews, including the work of the charity Grapevine, which builds the capacity of groups and communities to use existing community assets to address local needs. It is also implicitly in the proposals for Coventry City of Culture, with plans to co-produce art and events with communities in some of the more deprived areas of Coventry.

Whilst these terms (selectivism and particularism) are not used in Coventry, it is apparent from the actions of Marmot partners that the concepts are widely applied in practice.

4.5 WORKFORCE AND PUBLIC ENGAGEMENT

Public Engagement

Public engagement is widely recommended as a cornerstone of good governance for action on social determinants of health, including by the Marmot Review.(13),(18),(19) This serves multiple purposes: It ensures that services are more geared around what local people want and need, that there is buy-in and support from the public, and it contributes to increased awareness and public accountability for outcomes.

Interviewees felt that this was however a significant gap in the current approach, in terms of both public and workforce engagement. *"We don't do a massive structured approach to ensure we talk to everyone and get the voices of those that don't necessarily come and talk to us."*

> *"We do like to say we're a Marmot City, so I think the public have some grasp of Marmot, but they probably don't know what it means or whether it makes us different to other local authorities.*

Several factors were contributing to why public engagement had not happened.

One was not knowing how to communicate the message without creating a perception that the city has exceptionally serious health inequalities, which it does not when compared with similar cities in England. This is perhaps validated by one instance of local media putting a negative spin with a headline: *Coventry is a Marmot City, but it's not something to celebrate*.(20) According to one Council interviewee: "*we carry the banner quite proudly, but I've heard people say it's good we're brave to stick with it because it can be seen as quite a negative".*

Another obstacle was concern for over-promising and under-delivering. At the outset, large-scale public engagement was avoided for this reason. According to one senior Council interviewee: *"we were quite cautious [in 2013], because we'd tried a bit before, and there hadn't been willingness from statutory organisations to enact what communities wanted. So, we were aware, there was history, and we didn't want to repeat it".*

Nevertheless, the latest Joint Strategic Needs Assessment (JSNA) represents a move towards greater public involvement in developing the Health and Wellbeing Strategy of the Council and NHS going forward. In 2018-19 Coventry Council's Insights team undertook a wide-ranging engagement process to speak with members of the public and organisations working across the city to identify local assets and deficits. A city-wide JSNA has been published which includes views expressed by Coventry residents in their own words and reflects a wide-range of positive and negative comments about local issues that span the wider determinants of health. There were also numerous community engagement events, and a work-in-progress is to develop eight place-based JSNAs which look at the locally specific needs and assets of different areas of Coventry.

In terms of generating public accountability, Coventry's *Digital Coventry* strategy draws on the ethos of *Open Data*: a movement which calls for greater free and public sharing of data without restrictions on usage rights. (21) This can aid transparency of Council activities and public accountability, and the plan is to make all freedom of information requests and Council spends over £500 easily available to view. Whilst still a work in progress, the Public Health Insights team have already made some Coventry data more accessible by creating a platform*, Coventry Data Explorer*, which presents data from a number of local and national sources in one place. Another work in progress is a Welfare Reform Indicator set, which will make local data on the costs and impacts of benefit and welfare changes publicly available to view. Although not explicitly linked to the Marmot City agenda, the JSNA and Digital Strategy are consistent with much of the guidance on governance for social determinants and could lay the groundwork for a future engagement strategy.

Workforce Engagement

Nearly all the interviewees said that those below a senior level in their teams, although aware that Coventry is a Marmot City, probably have limited understanding of what exactly is meant by that. This is particularly true of newer members of staff who may have missed the communications drive in the early days of the approach.

Some interviewees felt that there was a better understanding of the relationship between poverty, social determinants and health in many of the partner organisations in the VCSE sector, the family hubs, the Fire Service and the Police, than below senior levels in the council itself. In the People directorate, a barrier to engagement was said by one interviewee to be the fact that the workforce feel this is what they do already and that: *"there was a sense in the new (People) directorate of 'we're doing this anyway, dealing with vulnerable people, so why should we get involved".* This view is not true across the board, as is clear in the delivery section of this report, but it is nevertheless a challenge at a time when the council are seeking to move away from working in silos towards having a sense of shared purpose across the organisation.

5. DELIVERING MARMOT: ACTION ON SOCIAL DETERMINANTS IN COVENTRY

This section provides an overview action and outcomes across the life-course, and whether and in what way the Marmot policy recommendations have influenced policy and practice. Many of these developments have other influences aside from being a Marmot City and these are mentioned where relevant. It's worth noting that many of the named programmes have been evaluated independently of this evaluation or are in the process of being evaluated.

5.1 GIVE EVERY THE CHILD THE BEST START IN LIFE

The picture of early years' provision in Coventry is mixed, with positive signs of new ways of working becoming embedded among agencies that work with parents and young families and changed relationships with the families and communities. Meanwhile major cuts to spending and subsequent service provision mean that the advances in practise may not compensate for the loss of scale of provision.

The Council have sought to protect non-statutory children's services, in particular children's centres, by piloting transformational change in ways of working: both through service integration and the use of new approaches. In the replacement of children's centres with Family hubs they have integrated services and encouraged some decisions to be made closer to the community. Family hubs are free to work creatively with other local organisations to develop new ventures, such as a *Real Junk Food café* in one hub (see below). The West Midlands Police, one of the Marmot partners, are among the local services they collaborate with.

Less positively, austerity has led to the closure of 17 children's centres, replaced with eight *Family hubs*. The Council have tried to mitigate this by using data to ensure that services reach communities with the most potential to benefit, such as areas of deprivation or with greater numbers of families on low incomes. There has also been a loss of power to set standards for early years practitioners which has constrained some of the Council's previous ambitions to raise standards in this area.

Taken together, indicators suggest that despite efforts to protect services that serve more deprived communities, inequalities in early years outcomes are widening in Coventry.

The Marmot Review summarised the importance of quality provision for under-5s as "*crucial for securing health and reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years, starting in the womb, has life-long effects on many aspects of health and well-being*". The Review called for 'a '*second revolution in the early years'* and made the following policy recommendations:

Marmot Policy Recommendations to meet policy objective: Give every child the best start in life

- Increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early years development is focused progressively across the social gradient
- Support families to achieve progressive improvements in early years development
- Provide good quality early years education and childcare proportionately across the gradient.

There are 23,300 children under the age of five in Coventry, with significant inequalities affecting this age group. In some wards to the northeast of the city up to 46% of 0-15 year olds are raised in workless households, compared with a city-wide average of 27.5%. According to Child Poverty Action Group in one area, Foleshill, 47% of children are growing up in relative poverty after housing costs, compared with 11% in Cheylesmore.

In 2013, spending on services delivered by the People directorate in Coventry City Council constituted 70% of the Council's net budget. This covers a range of services, from schools and libraries to social care for children and adults and public health. In response to significant reductions in the government grant significant savings were demanded of non-statutory children's services, youth services and libraries. Gross spend on Coventry children's centres and early years has reduced from £7.9million in 2012-13 to £2.8 million in 2017-18, with the most significant cut having been made in the first year of this when the spend was reduced by £4.25 million. Coventry have therefore not been able to increase the proportion of overall expenditure allocated to early years services.

Replacement of children's centres with Family hubs

The cuts have largely affected non-statutory services, including the council's 17 children's centres across the city. These have been closed and partially replaced since early 2018 by eight *Family hubs.* Key mechanisms for seeking to minimise the impact of cuts on inequality have been targeting services and co-locating different professional teams, with an assumption that this will generate efficiencies.

In developing the model for the Family hubs, partner chose to invoke the principle of proportionate universalism: the services are universally available but centres are located in the eight most deprived areas of the city. The model also reflects elements of selectivism (needs-based) targeting of provision, and of particularism: with the attempt to build in freedom for service leads to tailor services to local needs and work with community organisations. Family hubs are available to families with children from 0-19 years old and can be attended by any family in the city, as opposed to previous postcode restrictions. Also reflecting the Marmot best start in life objective, there is a written commitment to weight funding towards the 0-2s.

The Family hubs seek to provide integrated support to children, young people and families. This is enabled by a single plan for each service user and co-location of services. There is an emphasis on *early help,* meaning intervening early to support families and individuals facing problems, and on ensuring access through provision of outreach support in families' homes where necessary. Co-located services include commissioned services such as health visiting and school nursing, and services not commissioned by the Council: midwifery teams, primary mental health teams and local voluntary organisations.

The services provided through the hubs build on an earlier universal, locality-based model developed in Coventry that involved integrating teams of midwives, health visitors and children's centre workers to support 0-19-year olds, called Acting Early. The Family hubs model is also strongly influenced by requirements of the nationally funded initiative *Strengthening Families*, which seeks to reach over 3000 families in Coventry with a range of risk factors for social exclusion, to provide integrated support to reduce those risks. The Family hubs have in some cases sought to involve families in shaping services, and to develop an ethos of shared responsibility for outcomes among partners in education, local authority, the NHS and VCSE. They have created a physical home for the integrated public sector services, and the hub managers have been given the autonomy to make the most of assets that are local and relevant to each hub, for example hosting activities such as a Cook and Eat Well programme, baby clinic developmental checks, and benefits advice sessions.

Integrating teams from different professional backgrounds presents practical and cultural challenges, and the council have supported this attempt at service transformation in early years by commissioning a programme called *Ignite*. This is delivered by two local organisations in partnership, Grapevine and Coventry Law Centre, both members of the Marmot steering group. *Ignite* involves a specific focus on developing professional capacity to work with families at the earliest point to manage day to day problems, as well as develop personal and community networks. According to one interviewee, the model seeks to "*do with not to"*. It is close to the end of a three-year funded programme and is currently being evaluated to assess whether the approach has been sufficiently embedded to have changed the attitudes and behaviours of staff, and the relationship between the hubs and the local community.

A further aim of the Family hubs has been to demonstrate impact on school readiness, crime, child poverty, children's social care and school attendance. In order to target services at those with greater potential to benefit the Council Insights

team provide a profile to each family hub that highlights the areas in their family hub area with poorer indicators of these outcomes.

The closure of children's centres in 2018 has led to the loss of 22 full-time equivalent staff relative to those now employed in Family hubs, and this is likely to impact the reach of the services provided. There have been efforts to mitigate this, with provision of a Family Information Directory, a brokerage service, and an outreach service, however, one member of the Early Years team described these as closer to 'signposting' services and a move away from actively supporting people to access services.

There is an awareness that the Family hubs are an untested model and there is therefore a separate ongoing evaluation of these hubs, led by Warwick University.

Box 1. The Real Junk Food Project

The Real Junk Food project is a pop-up café that takes place every week at the Families for All Family hub in Foleshill. The café provides local families of all ages with fresh meals on a 'pay-as-you-feel' basis, whilst also offering social connections, activities for children, and informal support. As well as family hub workers, the informal support extends to conversations with police community support officers who attend each week and will talk with attendees to provide advice and help identify places where people may feel at risk. The project is supported by local supermarkets who donate fresh produce that is close to use-by dates, and with the local Baptist church who host the original Junk Food café on which this one is modelled. The project has been running since November 2018 and served over 1500 meals in its first eight months.

Parenting support

A further recommendation of the Marmot Review was to ensure high quality parenting programmes, and this has been acted upon by some of the Marmot partners who are also members of a Parenting Support steering group. Members include the Public Health dept, West Midlands Police, the local charity Grapevine, NHS partners, and early help practitioners and services. The members again agreed that the principle of proportionate universalism should be applied to resource allocation and a task and finish group was formed to deliver on this dimension of the parenting offer. Engagement was undertaken with existing services and with parents in Coventry to identify assets, needs and gaps in provision. The group have recommended that there are challenges to deliver on proportionate universalism relating to what is known about existing services beyond those directly commissioned in particular communities, and how to strengthen delivery where there is unmet need. The strategy came into force in late 2018 so as yet it is too early to evaluate how well those needs are now being met.

Early years childcare

A third key recommendation made in the Marmot Review to reduce inequalities in early years outcomes was to invest in a highly-qualified early years workforce. This was based on evidence that trained practitioners are associated with improved cognitive development and a narrowing of the gap in outcomes.

There are 330 early years childcare providers in Coventry, the majority being privately run nurseries, day-care centres and childminders. In line with the Marmot Review recommendations in 2010, Coventry had previously adopted a target to have one qualified teacher for every ten childcare settings in the city, and was seeking to develop a graduate-led early years workforce. Since the Children and Families Act, 2014, local authorities can no longer place conditions on access to funding for free early education unless Ofsted have deemed the provider as 'Requires improvement' or 'Unsatisfactory'. The statutory involvement of the council in raising standards is now limited to an Early Years Advisory Team who provide support to under-performing early years providers. The local authority nevertheless has the power to provide a quality supplement to providers, to incentivise graduate-led care. However, a lack of funding to enable this in Coventry is consistent with a national pattern of local authorities not incentivising graduate-led care and, combined with fewer development opportunities, the local workforce reportedly now have fewer qualifications than in 2013.

Meanwhile, the government roll-out of up to 30 hours of free childcare a week for 2-4-year olds has placed an emphasis on volume of provision. Together these forces mean that an interviewee in the Early Years team described feeling that the status of early years professionals has diminished, and that this has contributed to higher staff turnover and a younger workforce. They were concerned that changes to funding for early years provision have made it difficult to provide good quality early years education and childcare as recommended in the Marmot Review.

> *"If the resource is half of what you got five years ago, you'll do half of what you did five years ago...if your rhetoric is that you want highly qualified people ready, willing and able to work and contribute to society there's a cost to that, I can't give you quality on £5"* – Early Years Advisory Team member, referring to the average hourly subsidy to private, voluntary and independent childcare providers in the West Midlands.

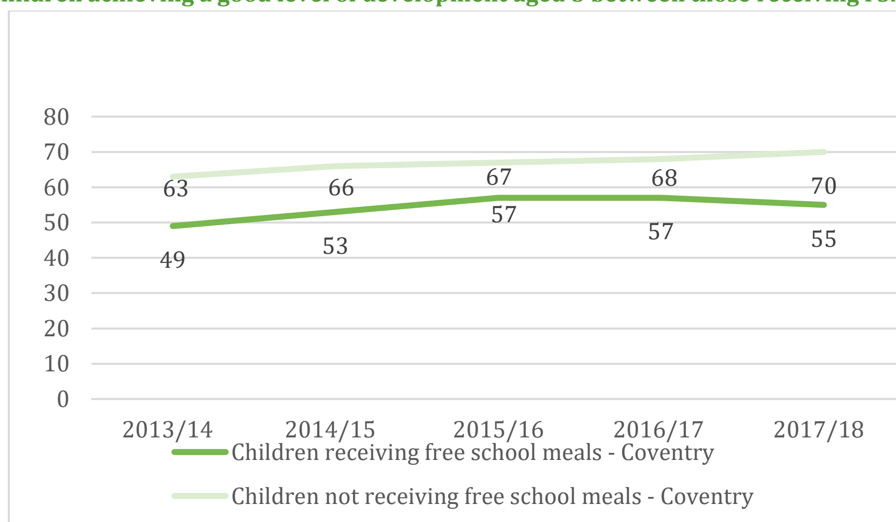
Early Years Outcomes

The above changes in service provision in the early years reflect Marmot principles where it has been possible for commissioners and partners to do so, but also reflect the effects of cuts to non-statutory services owing to austerity. Outcomes in the early years show early signs of widening inequalities, and it is possible that changes to resource allocation and to service design cannot mitigate the overall reduction in provision.

The earliest contributing factor to inequalities in life expectancy is neonatal mortality: deaths of babies under 28 days. In Coventry rates of neonatal mortality are similar to the England average, however the inequality is greater. Between 2015 and 2017 there were an estimated twelve excess neonatal deaths per year in the lowest economic quintile relative to the highest quintile.(22) In the most recent Child Death Overview Panel report for Coventry the most significant modifiable risk factors identified for these were smoking in pregnancy and consanguinity.(23)

In Coventry, 16.6% of school children are eligible for and receive free school meals (FSM)[2]. To examine changing inequalities in early year outcomes, figure 3 presents trends in the percentage of children receiving FSM who achieved a good level of development, compared with children not receiving FSM. Although no overall trend in the last five years, there is a widening gap in performance between 2015/16 and 2017/18.

Fig. 3: Percentage of children achieving a good level of development aged 5 between those receiving FSM and the average



Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

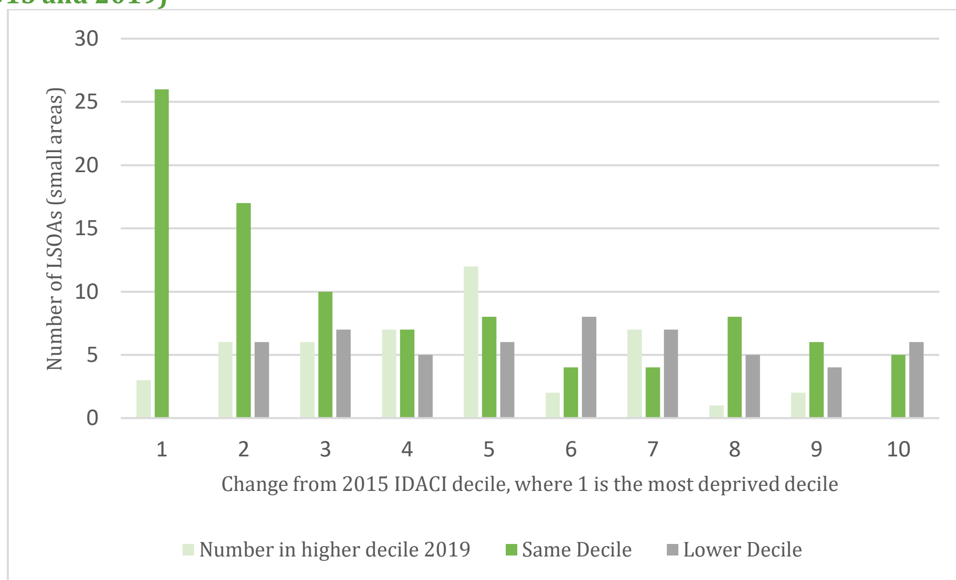
[2] Since 2014 the Children and Families Act entitles all reception, year 1 and year 2 children to free school meals at lunchtime. This figure for eligibility is based on the proportion of children who would continue to be entitled based on family income.

Another indicator of inequality in the early years is the percentage gap between the lowest achieving 20% of children and the average child in the same area at age five. In Coventry this gap has fluctuated year on year with no clear trend and in 2017/18 it was 37.4%. This was slightly above the average gap among statistical neighbours of 35.24%, and significantly higher than the England average of 31.8% in 2017/18.

'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. Coventry's closest statistical neighbours include Derby, Luton, Medway, Sheffield, Plymouth, Rochdale, Bolton, Kirklees, Tameside, Oldham, Salford, Bradford, Peterborough, Bristol and Leicester.

The index of income deprivation affecting children ranks the proportion of all children aged 0 to 15 living in income deprived families by small area, with a rank of 1 being the most deprived. Between 2015 and 2019 the average rank in Coventry was largely unchanged, falling from 20,892 to 21,183, compared with a West Midlands average rank reduction from 16,177 to 16,712. Figure 4 displays the movement between deciles of the IDACI index by small area in Coventry. Overall, there is little evidence of significant improvement in income deprivation affecting children: only 3 of 29 small areas in the lowest decile in 2015 moved into a higher decile in 2019.

Figure 4: Average of rank changes - Income Deprivation Affecting Children Index: a higher decile in 2019 indicates less deprivation affecting children relative to other areas, a lower decile indicates more. (Source: English-indices-of-deprivation 2015 and 2019)



These indicators capture some of the inequalities affecting 0-5s in Coventry. Many of the drivers of inequality affecting this group depend on the opportunities for parents to access good quality services, housing and employment opportunities. Whilst it is positive signs that the principle of proportionate universalism has been applied to the Family Hubs as a mechanism for moderating the impacts of austerity, there are nevertheless indications that insufficient attention is being paid to addressing the drivers of inequality in these formative years.

5.2 MAXIMISING CAPABILITIES OF CHILDREN AND YOUNG PEOPLE

This Marmot principle was chosen as one of two priority themes by the Marmot Steering Group in 2016 and has informed how several services are planned, commissioned or delivered by Marmot partners. Two priorities were identified by the Marmot partners with linked programme and outcome indicators, such as rolling out a measure of mental wellbeing in schools, and uptake of a programme that supports young people facing barriers to employment, education and training. Meanwhile, some of the Steering Group members have played a major role in service and system changes that may not have been discussed at Steering Group meetings but which reflect Marmot principles and policy recommendations. More so than in other policy areas, funding for non-statutory CYP services is often grant-based and time-limited, therefore showing evidence of long-term benefit is likely to prove difficult.

In terms of universal provisions, primary and secondary schools have improved significantly in the time that Coventry has been a Marmot City, and locally this has been partially attributed to a philosophy of collective accountability of school headteachers to all Coventry children.

However, austerity has meant that non-statutory universal youth services have been cut and that several (not all) targeted employment and training and school wellbeing programmes are grant funded and therefore time-limited. The Marmot influence has nevertheless been one factor in winning grant funding applications and enabling, through partnership working, ongoing provision of targeted youth services by the VCSE sector.

In the Marmot Review, policy recommendations made to deliver on this objective included:

- *Ensure that reducing social inequalities in pupils' educational outcomes is a sustained priority*
- *Prioritise reducing social inequalities in life skills*
- *Increase access and use of quality life-long learning opportunities across the social gradient.*

The steering group prioritised this Marmot principle as children and young people in Coventry have higher levels of need compared with England averages on some indicators, including:

- Percentage of children in low income families (under 16 years): 25.4% in 2014 (compared with 20.1% national average)
- Under 18 conception rate per 1,000 females aged 15-17 years (2015): 29.9 (compared with the England average of 20.8)
- Rate of children looked after by the local authority: 77/10,000 under 18s (compared with national average of 60)(24)

As significant context, in 2012, HM Inspector of Schools published a report in which Coventry was named as having, at 42%, one of the lowest percentages of primary school children attending good or outstanding schools.(25) The evidence regarding education as a determinant of adult health presented in the Marmot Review were, according to some Council Members, an additional influence on their thinking about how to improve schools.

Coventry have acted on many of the Marmot Review policy recommendations in this domain, though as with the previous section it is a mixed picture of expansion and contraction of services.

In 2016 the steering group identified and agreed two priorities in relation to this Marmot objective:

1. To build resilience, aspiration and improve mental health in young people
2. To improve levels of education, employment and training.

Objectives linked to these priorities included:

- to improve mental health and wellbeing among young people,
- to reduce levels of violence, self-harm, drug and alcohol abuse among young people, and
- to improve educational attainment and uptake of employment, education and training opportunities.

Improving school performance

Whilst Coventry's Director of Education has a seat on the Marmot Steering Group these improvements were not directly steered by the group. The current Director of Education arrived in June 2015 and built on an existing school improvement strategy and a key mechanism for change was promotion of an ethos of collective responsibility and a mantra of *"these are all Coventry children".* Many schools had by then converted to become independently run academies, meaning that they are now directly accountable to the UK Secretary of State for Education rather than the council. This mantra strengthened the partnerships between these schools, with a reported sense of moral purpose that all schools had a responsibility to help each other improve, regardless of whether an academy or maintained.

To deliver on the ambition, head teachers of both academy and maintained schools were organised into networks that meet to discuss performance data and best practise, and support each other to raise standards.

> *"Her doctrine was that if you're really good, you have a responsibility to support schools that are not outstanding or good. Everyone is responsible for all children".*

Notably, where schools were to be converted into academies, the Director of Education insisted they be transferred to locally owned multi-academy trusts so that trust chief executives can attend the partnership meetings. The approach has been recognised as good practice by the Dept. for Education and the regional School's Commissioner.

Meanwhile, members of the Marmot steering group and head teachers separately agreed that mental wellbeing was a local priority to support children's ability to learn. In line with Marmot principles, the council and schools have applied the principle of proportionate universalism to programmes delivered, with schools mutually agreeing to focus resources on children in poverty, who have low attendance or who are from transient communities.

They have sought out opportunities to deliver initiatives that address life-skills and social and emotional development. Towards this, the Public Health department at the council have worked with *SchoolSpace:* an initiative to gather a baseline measure of mental wellbeing among primary and secondary school children in Coventry. The tool is administered to year 4 pupils (aged 8-9) and year 7 (aged 11-12) pupils. The data gathered is shared with the schools to help them identify children who may need emotional support, where appropriate discussing with parents. It is also shared at an aggregate, anonymised level with the council to assess for trends.

Funding was also received from the Strategic School Improvement Fund (SSIF) which has been used to fund programmes that address life skills and social and emotional development, such as *WellComm* – a primary school-based approach to supporting children with speech and language difficulties; and *Thrive* – a whole school approach to promoting social, emotional and mental wellbeing. Some of these have been positively evaluated, with children who received WellComm having outperformed others.

The performance of Coventry's schools in Ofsted inspections has improved significantly in the last six years, and average educational attainment of pupils has improved alongside. The combined citywide profile for Ofsted inspection of education (excluding Early Years) continues to improve and is above the national: 95% of primary school and 85% of secondary school pupils in Coventry attend good or outstanding provision, and 100% of children with special educational needs (SEN) who attend special schools receive good or outstanding provision. Coventry schools are closing the gap with the England average in the percentage of children meeting expected standards in reading, writing and maths. As a result, Coventry's national ranking has improved from 123 to 110 out of 151 local education authorities in GCSE rankings.

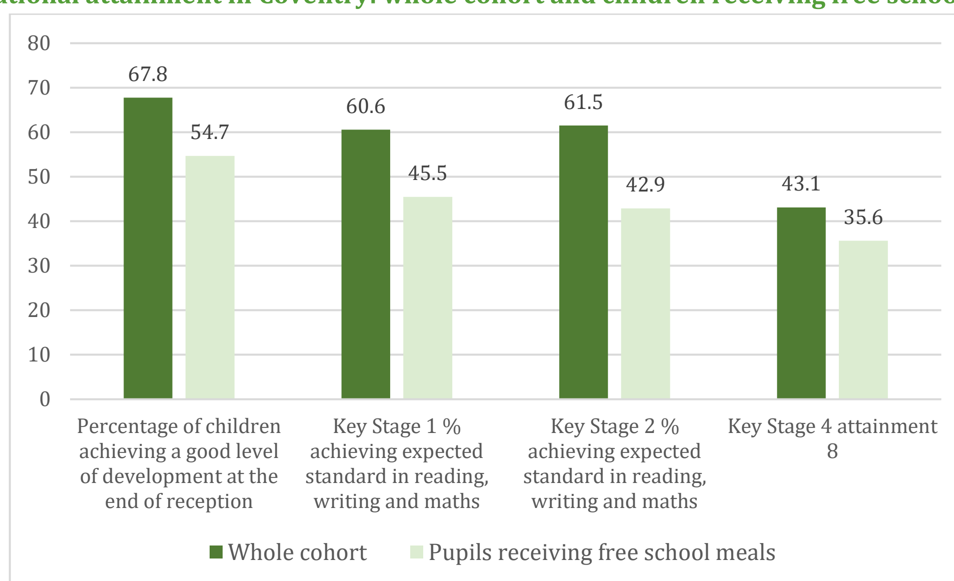
School outcomes

Whilst there are many positive indicators in support for school age children, there are nevertheless some indicators of inequality that are not yet showing signs of improvement.

Figure 5 below presents a snapshot of data from tests at age 5, key stage 1 (age 7), key stage 2 (age 11) and key stage 4 (age 16) for the whole cohort and children receiving free school meals. *These are not the same children over time*, however the gap in attainment is apparent at all stages of education. This pattern of differences in outcome is very similar to that seen among statistical neighbours.

Coventry's rate of improvement in Key Stage 2 tests among pupils receiving FSM is slower than the national rate of improvement, and it is a pattern that may need to be more explicitly monitored to ensure that children from disadvantaged backgrounds do not fall further behind their peers after entering school.

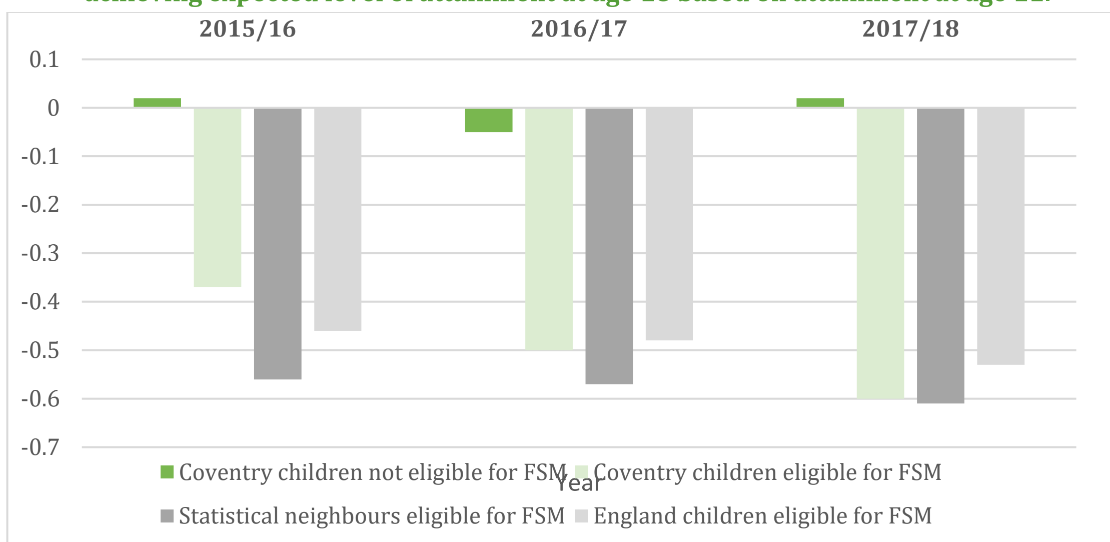
Figure 5: Educational attainment in Coventry: whole cohort and children receiving free school meals, 2017-18



Since major reforms to grading and assessment at key stage 4 (age 16) in 2016, indicators of school performance have changed to become Attainment 8 and Progress 8. Attainment 8 scores are based on pupils' performance in eight qualifications, including English and Maths GCSE's and the European Baccalaureate. Progress 8 is an indicator of inequality at age 16: calculated by comparing each student's Attainment 8 score to those nationally of other students who had the same Key stage 2 results. A score of +1 for a school means that pupils in that school achieve one grade higher in each qualification than other similar pupils nationally, and -1 means they achieve one grade lower.

Figure 6 displays the Progress 8 scores for pupils receiving free school meals in Coventry, showing that while the average Progress 8 score is on-trend with national patterns, the performance of children receiving FSM worsened since the Progress 8 indicator was created. In 2015/16 children in Coventry had an average Progress 8 of -0.37, compared with -0.56 among statistical neighbours. In 2017/18 Coventry were similar to SNs, with a Progress 8 among children receiving FSM of -0.60 and –0.61 respectively.

Fig. 6. Average Progress 8 scores of vulnerable groups at KS4, 2015-2018: a Progress 8 of 0 indicates pupils achieving expected level of attainment at age 18 based on attainment at age 11.



Source: Local Authority Interactive

Beyond School

In Coventry, youth services are among the non-statutory services that have been affected by reduced council spend. In 2017, the Council cut the universal youth offer that had been delivered via youth centres and community venues, and which was previously accessed by 2,700 young people aged 10-21 in the city each year. In an impact assessment, these cuts were anticipated to impact 13-17-year olds from disadvantaged backgrounds the most, and the youth service was said to have played a role in child protection, reducing teenage pregnancies, improve educational and health outcomes and reducing crime in high crime areas.

Given the two local universities and the investment in student accommodation, inequality affecting this age group is more visible than it might have been in the past. According to one person who works in youth services: "*Many young people in Coventry think the city is overwhelmed by non-Coventry kids. It's not their city. We don't get all the lovely buildings… I grew up in this neighbourhood and the buildings weren't nice, but they weren't nice for anybody, so there was a level playing field in that sense*".

Coventry City Council have retained a targeted youth support service, but to mitigate the loss of universal services, a local youth services provider and Marmot City partner organisation, Positive Youth Foundation (PYF), developed a youth strategy for the city. This has led to the formation of Coventry Youth Partnership, which is made up of 19 VCSE organisations who all have a youth service delivery function. The lead organisation, PYF, seeks to deliver on the principle of proportionate universalism by delivering youth programmes that are universally available but targeted to young people, particularly those who are excluded or at risk of exclusion, who are victims or perpetrators of knife crime, and newly arrived young people and refugees. Similar services were previously delivered directly by the council before being outsourced.

Although the Marmot steering group have not overseen the strategy, it has been shaped by its members. The strategy seeks to deliver on a locally agreed Children and Young People's Plan produced in 2018 by a board of public sector and VCSE partners, including the Council, NHS, Education and the Police. This Plan explicitly references the Marmot Review and the importance of childhood and early years in determining health across the life-course. The Plan outlines a set of priorities, (early help, health, safety and education, training and employment), and principles to underpin the work of partners. These principles include identifying needs at the earliest opportunity, involving children in decisions that affect them and keeping them informed, and building capacity among others.

Although there are signs of a strong partnership seeking to ensure continued provision of youth services, one interviewee mentioned that as a partnership rather than a commissioned service, funding stability and therefore joint planning are a much greater challenge than previously.

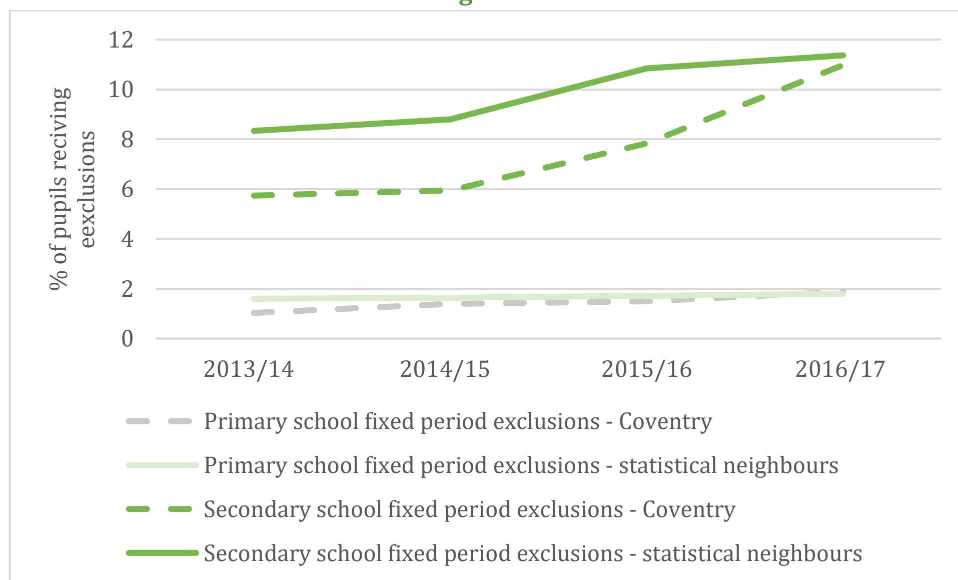
Since 2016 the steering group have monitored programme indicators of other services that reach children and young people. Coventry had a significantly higher than average number of 16-17 year olds not in education, employment or training (NEETS), which became a priority for the steering group to address. In 2017, the Marmot steering group therefore supported a funding application to the European Structural Investment Fund to develop a *Routes to Ambition* programme. The programme is now being delivered via the centrally located Coventry Job Shop. The service is a strengths-based approach to support young people who are at risk of leaving education, employment or training and seeks to help them identify and work towards personal goals with training and work opportunities as appropriate.

Children and Young People's outcomes

Since it became compulsory for 16-17-year olds to remain in education or training until age 18, the NEETs at 16-17 indicator has been replaced by the NEETs 19-24 indicator. This data is not yet available at city level, although Coventry performs well on other indicators of post-18 performance. Following their level 3 qualifications in 2018, 71% of Coventry learners progressed to education, compared with 67% nationally, of these: 63% progressed to Higher Education Institutions (59% nationally), 7% progressed to apprenticeships, (6% nationally), and 18% progressed to employment (22% nationally). These data are not available by indicator of deprivation but the inequality gap in the achievement of a L3 qualification by age 19 has been stable at, or close to, 22.6% over the last 5 years.

A trend in Coventry that may impact future outcomes is the rising percentage of children receiving fixed term and permanent exclusions. In both primary and secondary schools, Coventry's rate of fixed period exclusions has increased and has moved from below to above the England average (see fig. 7). In the latest year, 11.19% of secondary school pupils received an exclusion, of which over 98% were fixed period exclusions. This figure is very similar to the average of Coventry's educational statistical neighbours at 11.3%.

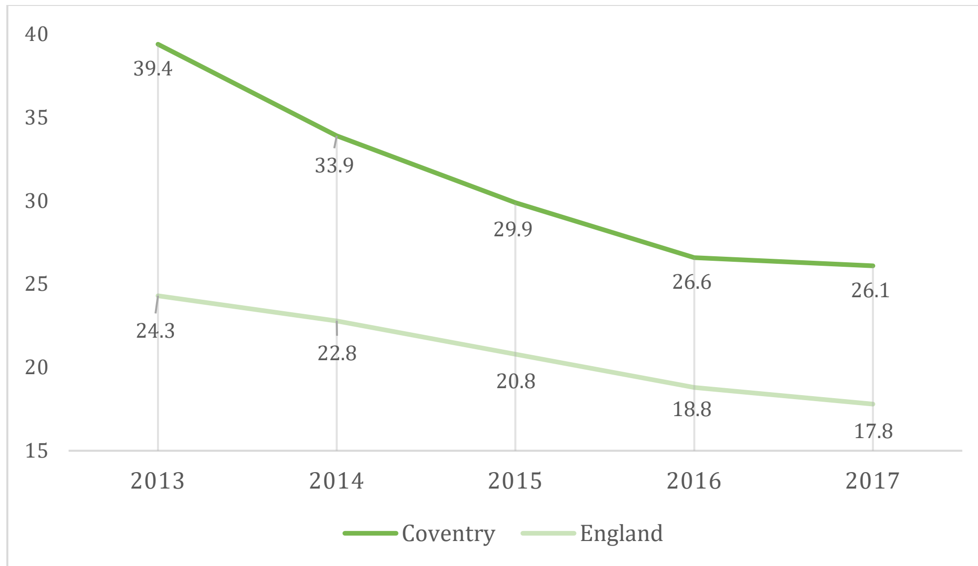
Fig. 7. Pupils receiving fixed term or permanent exclusions, per 100 pupils – Coventry and its DfE statistical neighbours



As an indicator of wellbeing among children and young people, hospital admissions as a result of self-harm in 10-24-year olds have fallen from 552 to 438 per 100,000 between 2015 and 2018, almost closing the gap with the national average of 404/100,000.

Finally, Coventry are closing the gap with the national average rate of teenage pregnancies, which has fallen from being 15.1 per 100,000 above the England average in 2013, to 8.3 above the England average in 2017 (see fig. 8).

Fig. 8. Under 18 pregnancy: rate of conceptions per 1,000 females aged 15 – 17



5.3 CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

Coventry's economy is growing, and the city has benefited significantly from inward investment in high-skill sectors. The city and region are therefore explicitly pursuing inclusive growth that will benefit those who face barriers to employment and who may be further disadvantaged by the growth of high-skill jobs and loss of manufacturing and trade jobs. This was reflected in the 2016 Marmot Action Plan to highlight the links between health inequalities and economic performance and to support partnership working.

Some of the Steering Group members have played a major role in drawing in funding for and delivering inclusive growth programmes and have referenced the Marmot City status in grant applications as evidence of commitment. These programmes are not labelled active labour market programmes (as recommended by the Marmot Review) but are essentially similar. In Coventry these have a consistent theme of strengths-based working to empower individuals to pursue opportunities that suit their personal skills, ambitions and circumstances. As with children and young people, many of these programmes rely on grant-funding, in this case mostly EU funding with no firm guarantee that this will be replaced by domestic funding in 2021/22. Nevertheless, there is evidence that local partnerships and models that share accountability between organisations have laid the groundwork for sustained change in delivery models where funding is available.

The Council have also sought to promote a Workplace Wellbeing Charter to encourage employers to provide health and wellbeing support to staff. This has been influential at a regional level and has been taken up by several partner organisations.

The Marmot Review drew on evidence that for each occupational class and showed that the unemployed have higher rates of mortality than the employed. Policy recommendations made in the Marmot Review included:

- promote active labour market programmes to help people get and retain contact with employment opportunities;
- increase access to good work, (e.g. through a focus on mental health and wellbeing), and

- incentivise employers to adapt jobs to make them suitable to people facing barriers to employment.

Coventry's economic performance has been strong overall in recent years and the city has the seventh highest growth rate of local authorities in England. Although the percentage of 16-64 year olds in employment is below the national average (71.7% in Coventry compared with 75.6% in England in 2018/19), this is partly explained by a large student population.(26) Coventry plays a major role in the regional Industrial Strategy and will soon be home to the UK Battery Industrialisation Centre, become a test-ground for autonomous vehicles, and become part of a Future Mobility Zone between Coventry, Birmingham and Solihull.

Two of the largest employment sectors offer very different pay and conditions: the city has a large advanced manufacturing and engineering sector offering high-skill jobs, as well as a large number of wholesale and retail jobs with often low-pay and insecure employment. The council are committed to developing these high-skill sectors, as well as digital and creative industries, culture and tourism. There is therefore increasing polarisation of employment opportunities, with a significant loss of jobs in manual and skilled trades – manufacturing jobs having fallen by 80% since the 1970s.(27)

These trends are significant due to the evidence linking productivity with health inequalities. World Bank analysis estimates that a 15% difference in survival rates between those from the most and least deprived quintiles translates to a 29% gap in productive potential between men from these areas.(28) The labour productivity of Coventry overall is 86% of the UK average, a gap that is thought to be due more to a shortage of skills than a shortage of work opportunities. Over a third of local vacancies are in skills-shortage positions - the Chamber of Commerce claimed in one steering group discussion that even with full employment there would still be many vacant posts in the city.

Trends in the wider West Midlands region include a growth in manufacturing jobs, attributable to the motor industry, and increases in the number of people employed by temporary employment agencies between 2015-18.(29)

In Coventry, the barriers to employment vary between people with different characteristics, and are not simply a function of socio-economic background. It's locally recognised that non-UK born residents, females, people with no formal qualifications, people with caring responsibilities, and with chronic illness, disability or mental health problems, all face distinct barriers to employment. Reflecting the national pattern, women are more likely to work part-time and receive lower pay than men.

In 2016 the Marmot steering group recognised that *the decline in intermediate occupations and the rise of lower paid jobs were likely to lead to increased inequality in Coventry.* Addressing this would require work with businesses to encourage salary increases, local recruitment, promote the health of employees and a good working environment. To achieve this, they identified key areas of focus for the next three years: *"to help vulnerable people into work, to improve the quality of jobs, and to create health promoting workplaces."* It was recognised that employers and the private sector need to be included to promote better pay and working conditions, training, local recruitment and healthy workplaces.

Their priorities and approach are not simply locally identified, but reflect regional, national and international drivers and mechanisms for promoting inclusive labour markets. Actions that the steering group prioritised in 2016-19 included:

- To improve links between employment services and primary care
- To reduce barriers to employment for people with mental health problems
- To increase the number of non-UK born residents in employment, and
- To reduce the earnings gap between those living in and working in the city.

As context, these priorities are also reflected in Coventry's Economic Growth and Prosperity Strategy, which calls for a reduction in the employment gap between disadvantaged groups and the average.(30)

Employment programmes

Since 2013 the Council have therefore developed a range of what would have once been called *active labour market programmes* to address barriers to employment across the city, working with partners in public, private and community and voluntary sectors. The twin objectives – to increase the numbers in employment and improve the quality of jobs, are shared at so many levels that there is some disagreement among participants over the extent to which the regional and local priorities have shaped the steering group priorities (i.e. for political expediency), or whether being a Marmot City has shaped the interventions. It may be a combination of both, but a consistent thread through the programmes developed include positive selectivism of participants based on risk factors, and strengths-based, personalised approaches to supporting them into training or employment.

Box 2. Coventry Job Shop

One of the main vehicles has been the Coventry Job Shop, run by one of the Marmot City partners and based in the city centre, it is a service which seeks to support job seekers by tailoring support to people's personal ambitions, offering training and development opportunities, and supporting people to apply for positions. It also seeks to work with employers to improve the quality of the jobs offered via the Shop. Several programmes are delivered with involvement of a wide network of local partners, including training providers, charities, housing associations, disability support, women's only services, well-being and mental health organisations, enterprise start-ups, childcare providers, community radio and employer networks. One programme, *Ambition Coventry*, supports young people up to aged 29, whilst the previously mentioned *Routes to Ambition* targets 15-24-year olds who face barriers such as mental health issues or disability or are at risk of exclusion. Other programmes include *Connect Me* and *Exceed*, which serve people facing a range of recognised barriers to employment.

The Job Shop has received praise from partners, service users and the provider for its supportive and non-judgemental attitude to service users: an interviewee described it as: "*people want to come here, and the network of partners allows that community element to take place".*

Another targeted employment services is a social brokerage service *The Pod,* co-commissioned by the Clinical Commissioning Group (CCG) and the council, which seeks to reduce pressure on mental health services by taking a strengths-based approach to working with individuals in the neighbourhoods they live in. It seeks to promote social connections and relationships, as well as support access to services and benefit entitlements. It includes an Employment Support Service for people with mental health problems and disabilities. This service is significantly more resource intensive than more conventional employment services, at a cost of £8000 per job gained, compared with £400 at the Coventry Job Shop.

Some of these programmes have tried to overcome the challenge of shared accountability by developing innovative funding models. For example, the £8.5m Ambition Coventry partnership approach is made possible by shared accountability for outcomes. This means that a coach based in one of the partner organisations can refer a participant in the programme to a placement or service with another provider that best suits their needs, without their organisation incurring a financial penalty. The programme has supported 1,700 16-29 year olds in Coventry since 2016.

Again, there are other significant influences on these programmes besides the Marmot recommendations. These programmes are largely funded, or match funded, by the EU Social Investment Package, which seeks to lift at least 20 million people across Europe out of poverty by 2020. The target groups therefore reflect those identified as being at risk by the EU, including people living with disabilities, females, 18-24-year olds, those with few qualifications, and people in rural areas.

The programmes are also closely linked to the Coventry and Warwickshire Local Enterprise Partnership (CWLEP) Inclusive Growth strategy. The CWLEP have received roughly £39million in funding for inclusive growth programmes which will come to an end by 2023, and whether this will be replaced by government funding is not yet known. The funding applications that the council and partners have submitted for these programmes all reference Coventry's Marmot City status as an influence.

The steering group have also been responsive to the growth of in-work poverty with the creation of a task and finish group on this issue. The priorities of this sub-group include developing local incentives for employers to pay the real living wage, create good quality apprenticeships, and adoption of the disability Kite mark.

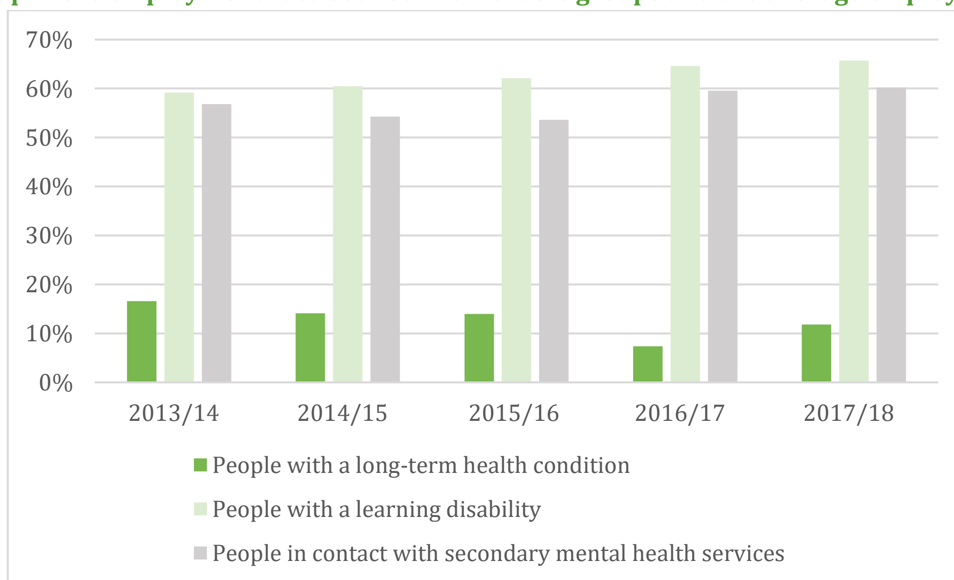
Finally, to increase access to good work in line with Marmot recommendations, and to promote healthy workplaces, the council have worked with the regional devolved power the West Midlands Combined Authority to develop a programme to support workplace health: *Thrive at Work*. This encourages employers to support health and wellbeing of staff, with a focus on mental health, healthy lifestyles and musculoskeletal issues. Several of the Marmot partner organisations and other local anchor institutions have signed up to the Thrive awards scheme and are working towards different levels of award. These include the council, two NHS hospital trusts, the University of Warwick, and Student Unions at both Warwick and Coventry Universities.

The opportunity to engage with employers beyond the partner organisations has nevertheless been primarily at times when they are recruiting. There are mixed views on whether the council could go further to improve workplace health. The Thrive at Work programme has reached several major employers but has minimal resourcing to promote and support it among local small and medium sized enterprises, who are often among the lowest paying employers. It is therefore challenging to influence pay and conditions of employment at scale, in the words of one partner: *"We will talk to employers and say 'you've asked us to help, but you're offering too low a pay, what about structuring the job differently, offering a work trial? Putting it together so there's training to go with it'. There are very few organisations trying to influence the quality of the job on offer. I think we've made a big difference with the employers we've worked with, but I think there's loads more that could be done on that side."*

Employment outcomes

Unemployment in Coventry has fallen consistently year on year as the percentage of residents in employment has risen. In 2018 Coventry's unemployment rate was 5.2% and the percentage of residents in employment 70.2%, an increase of almost 5 percentage points since 2013. One of the steering group target indicators, the gap in the employment rate between people with a long-term health condition and the average employment rate, has fluctuated but continues to be almost five percentage points below the gap in 2013/14 (see figure 9).

Fig. 9: Gap in the employment rate between vulnerable groups and the average employment rate

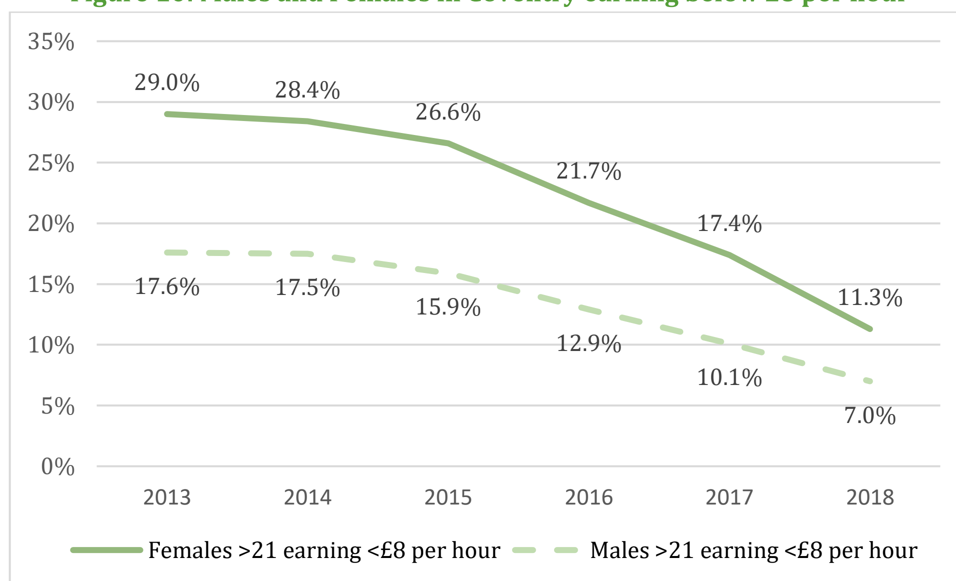


Related to this, average wages in Coventry have increased and the median weekly wage of full-time workers is now just £11.10 below the England average, compared with £34 below in 2013. Meanwhile wage inequality in Coventry has not reduced but has remained stable: the average weekly pay of full-time workers in the 90th percentile was 3.2 times that of the lowest 10th percentile in both 2013 and 2018.(31)

Regarding quality of jobs, the Marmot Steering Group priority to promote the Real Living Wage (RLW) has had limited impact to date. Exact data based on last year's RLW of £8.75 are not available, but pay data from the Annual Survey of Hours and Earnings (ASHE, based on a sample of 1% of tax returns) suggests that a significant minority of people employed in the city are paid below the current rate of £9 per hour. In 2018, 26.2% of female employees and 14.9% of male employees aged over 25 were paid below this rate. Two of the partners to the Marmot Steering Group are RLW employers, but to date the council itself is not among them.

There are no historical trend data for the percentages paid above or below the Real Living wage. Nevertheless, the ASHE Pay Survey includes historical data of the numbers earning below £8 per hour, a rough indicator of trends in hourly pay rates. This data suggests that gender is a significant determinant of income in Coventry. Although male employees continue to be more likely than female to earn above £8 per hour, pay appears to be increasing in real-terms for females on low pay. In 2013 29% of women in Coventry were paid below £8 per hour, in 2018 this figure was 11.3%, (see figure 10).

Figure 10: Males and Females in Coventry earning below £8 per hour



Source: ASHE Pay Survey data, 2018

However, this only tells a partial story, as women are significantly more likely to work part-time, defined by ASHE as fewer than 30 hours per week. Women occupied 71.4% of part-time jobs in Coventry in 2018, but only 43.3% of full-time jobs. Due to working patterns and hourly rates of pay, the mean annual gross pay for males in Coventry in 2018 was 61% higher than for females, compared with a West Midlands average of 58%.(32)

As a caveat to the data above, the ASHE pay survey data relies on tax returns and therefore is not informative about people performing cash-in-hand labour, who are more likely to earn less than the minimum wage.

In 2019 more neighbourhoods in Coventry improved than worsened in the *Income* domain of the IMD rankings, which looks at the number of people facing income deprivation. In 2019 134 of 196 LSOAs had improved their relative income ranking compared with 61 that had worsened. It is important to note however that this is the relative ranking compared with other areas, and does not tell us what the average income of an area is or how much it has changed.

An examination of these figures revealed that the largest improvements were seen in areas previously in the 5th and 6th income deciles in 2015, i.e. incomes in the most deprived deciles have not significantly improved. This is consistent with a national pattern of growth in average earnings that disproportionately benefits middle-income earners, potentially contributing more than welfare reform and tax changes.(33) It is also suspected that in Coventry it is partly explained by increasing student population: students are less likely to claim benefits which is the main source of data for the income domain, and may therefore have reduced the concentration of benefit claimants in some areas, without reducing absolute numbers.

5.4 ENSURING HEALTHY STANDARD OF LIVING FOR ALL

The recommendations that linked to this Marmot objective called for action to reduce income inequalities, with policies that can largely only be enacted at a national level. Some Coventry residents have been severely affected by welfare reform since 2013, with loss of income, growth of in-work poverty, and increased reliance on foodbanks. The activities of the Steering Group and Marmot partners that relate to this objective have therefore focused largely on mitigating the impacts of welfare reform and promoting access to entitlements, with some work by the Steering Group to promote the Real Living Wage.

Emerging challenges in this area include food poverty and digital exclusion. The response has been characterised by formation of new partnerships and boards, shared efforts to mitigate the loss of benefits and services, and some difference of opinion about what the priorities should be. Although not part of the 2016 Action Plan, the Marmot Steering Group have recently formed a new Task and Finish Group on Benefits and Entitlements that brings together a sub-group of partners to identify actions that specifically address these issues.

In 2010 Marmot Review included a recommendation to reduce income inequalities via:

- *implementation of a minimum income for healthy living,*
- *reducing regressive taxes and promotion of fiscal measures that proportionately benefit lower income households,*
- *reducing cliff-edge income reductions for those moving from benefits into employment.*

These are largely policies that can only be implemented at a national level, with local government having some control over council tax and ensuring access to benefit entitlements. It is therefore useful to look at the national policy context before describing action taken locally in Coventry.

Regarding the Marmot Review recommendation to reduce cliff-edges, the structure of universal credit (UC) has sought to do this for people entering employment, by including a tapered reduction to UC that is based on income rather than hours worked (previously some benefits were stopped once people exceeded 16 hours work per week). Nevertheless, a decision to reduce the income threshold at which tapering starts (the work allowance), is projected to contribute to increased child poverty as parents returning to work may have less disposable income after housing and childcare costs are taken into account.(34)

The Institute of Fiscal Studies (IFS) found that until recently tax credits largely mitigated the effects of rising household earnings inequality, with the rate of relative poverty fairly stable since the early 2000s after taxes and benefits are accounted for.(33) However, according to both the IFS and a World Bank analysis, current reductions to working age benefits for low income families are likely to result in widening income inequalities.(28) The IFS project that rising private sector housing rents as well as reductions in incomes at the lower end of the distribution will result in after-housing-cost incomes falling substantially towards the bottom of the income distribution between 2014 and 2022.

In 2012 the anticipated impact of welfare reforms on Coventry was large, with potential to exacerbate inequality. At the outset, this Marmot policy objective was therefore instrumental in the decision to become a Marmot City. More recently, the ongoing impacts of austerity and rollout of UC have focused attention on the increasing challenge posed by poverty in Coventry. This led to the idea of a Poverty summit made up local public and VCSE sector partners, held in November 2018, from which three task and finish groups emerged to act on issues identified.

According to one Council interviewee "*What we can't direct is national policy on welfare reform, national industrial policy, and austerity. In Coventry we've lost over 51 % of our direct revenue spending power in the period we've been Marmot. So what you end up doing is polishing the veneer, dealing with the presenting problem not endemic reasons".*

While a new focus for the steering group, the council already has an established partnership between advice services, the DWP and Council in the form of a Welfare Reform Working Together Group, who share information about the impacts of welfare reforms and seek to find ways to mitigate them. Actions of the group include raising awareness of changes in benefit rules, ensuring support is in place and accessible for the most vulnerable citizens, targeting support to those most affected by changes in welfare, and monitoring issues such as use of food banks and the impact of the welfare reforms.

However, the challenge of partnership working in this arena is described by one interviewee from an advice service as related to the clash between national and local policy objectives that are in conflict with each other: "*They [referring to DWP and the JobCentre Plus] are on the list to roll it out and they roll it out. So, we've got good links with DWP, as good a relationship as it's possible to have with them, but we're talking about trying to manage the impacts at the edges rather than the full impact of something like Universal Credit".*

Some interviewees placed responsibility higher up, many of the challenges identified related to taking a systems approach in a time of austerity, of local government working within a policy framework that is developed at a national level:

- *"we know there are some things we are doing that are going to have a negative impact, but unfortunately we've got to do them anyway."*
- *"It's very frustrating for local decision makers to be faced with a policy framework nationally that is in many ways driving outcomes in the wrong direction"*
- "*Social change means the demands are getting higher, the very conditions, homelessness, welfare reform challenges, Brexit and economic uncertainty, all suggest to me the very social determinants are becoming more challenging, and the gradient challenge I think becomes more acute".*

Emerging issues related to this policy mean that some of the current priorities of Marmot City partner organisations are not reflected in the 2016 Steering Group priorities. Among these is food poverty.

Food poverty

According to the Food Foundation, a family in the poorest 10% of households would need to spend 74% of household income on food to follow the PHE healthy eating advice.(35) Whilst food poverty is recognised as a growing problem in England and the use of foodbanks has increased nationwide, it is not reflected in any current council-led initiatives or the work of the steering group, and this omission was raised by some participants in this evaluation. Some of the Marmot City partner organisations belong to a local network of community organisations, *Feeding Coventry*, has been the main vehicle for delivery of food banks and of school holiday meals for children who receive free school meals. In summer 2018, 1,178 Coventry children accessed the school holiday scheme.(36)

The Trussell Trust reported that in 2018/19 22,000 people were fed via 17 distribution centres in Coventry. The steepest rate of increase came in the second half of the financial year, with the rollout of UC reportedly contributing a 35% increase in demand for foodbanks in Coventry. The Trussell Trust reported that many service users were in employment but on low income, zero hour or minimum wage contracts. Foodbank services are not part of Marmot Action Plan yet members of the Steering Group sit on the Feeding Coventry board, and some feel that not including food poverty among priority areas is a major oversight.

Digital exclusion

The concept of *digital exclusion* is another emerging issue: of people who lack the IT, digital or language skills required to access entitlements online. The Trussell Trust identified lack of digital skills as a significant barrier to accessing UC and other entitlements. Again, it is not included in the Steering Group action plan, but members of the Steering Group nevertheless reference the Marmot influence on local initiatives to address it.

In Coventry there is no measure of digital exclusion, but Citizens Advice Bureau and Coventry Independent Advice Service both report a substantial increase in the numbers of claimants requesting support with applications and entitlements, such

as via the CAB's Digital Money Coach service. This may be because capacity to meet needs elsewhere has reduced. In 2018-19 the libraries received almost 2800 requests for IT help with aspects of UC, housing entitlements and job-seekers allowance, but say that a 40% cut to the libraries budget has reduced capacity to offer support to benefits claimants. Again, partnership working has enabled some additional capacity to be created, with Coventry University delivering a student volunteer scheme to provide free digital support through libraries.

Outcomes

It is too soon to say what the impact of UC will be for residents of Coventry, and much of the work to mitigate loss of income or support is in progress rather than complete. Most recently the gap in (what used to be) the Jobseeker's Allowance (JSA) claimant count rate between the city's most and least deprived wards increased from 2.9% in 2018 to 4.0% in 2019. However, this is considered likely to be because more claimants of UC are required to look for work than would previously have claimed JSA, and are therefore assigned this category, rather than due to a major underlying trend in claims.

5.5 CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES

All the original policies recommended to support the objective to *create and develop healthy and sustainable places* in the 2010 Marmot Review have, since 2017, been adopted into the Coventry Local Plan: a comprehensive and statutory document outlining plans for development of the city.
This section outlines the influence that the Marmot Review and other forces have had an action across place-based determinants such as air quality and active travel, housing, fuel poverty, green space, the food environment and community regeneration. There is strong evidence of using local powers, such as licensing and planning, to promote healthy communities and of using the strong partnerships that exist in Coventry to mitigate the effects of austerity. Recurring themes when discussing this area were:

- opportunistic, targeted interventions that are ambitious, although not united by a single transformative theory of change,
- funding cuts making investment difficult, as well as reduced powers in some areas,
- approaches that involve communities and people with lived experience, and
- a desire to avoid over-promising and under-delivering.

The clearest example may lie in the future: in 2018 Coventry were awarded City of Culture 2021, a major success that was owed in part to a bid that drew on the Marmot City status. The bid proposed a year of events that would be locally developed by residents of some of the more deprived areas of the city. The preparations have begun, arts producers began working with communities in 2019, and all the productions place an emphasis on improving wellbeing and developing the evidence base for arts, population wellbeing and reducing inequalities.

In the Marmot Review the following policy recommendations were made to support this objective:

- Promote active travel, create good quality open space, improve the food environment, improve energy efficiency of house across the social gradient.
- Fully integrate the planning, transport, housing, environmental and health system to address the social determinants of health in each locality.
- Support evidence-based community regeneration programmes that remove barriers to community participation and reduce social isolation.

Although this policy area was not one of the Marmot Steering group priorities, Coventry City Council have used many of the civic functions available to them to work across the council to promote health in all policies, and in 2017 adopted all the above Marmot Review policy recommendations into the Coventry Local Plan.

All local planning authorities have a statutory responsibility to create a Local Plan to guide the future development of their area. These plans must adhere to guidance set out in the National Planning Policy Framework 2019. By adopting the

Marmot policy recommendations, Coventry included health as a core consideration of the Local Plan for the first time in fifty years.(27) The health-related objectives in Coventry's Local Plan included:

- Increased provision for sports and physical activity
- Increased provision and protection of good quality green spaces
- Better networks for walking and cycling
- Promotion of healthy eating
- Energy efficient homes
- Combatting fuel poverty
- Facilitating jobs growth and
- Improving air quality.

This section summarises some of the mechanisms have been deployed to achieve these objectives.

Air quality and active travel

One legacy of how Coventry was rebuilt after the Second World War is a complex network of arterial routes and a ring road. Since 2009 Coventry has been designated a city-wide Air Quality Management Area (AQMA), meaning that air quality objectives are not being met. When mapped, exposure to air pollution in Coventry roughly mirrors the deprivation map of Coventry, as many of the more deprived neighbourhoods are near the ring road and arterial routes into the city. Meanwhile, Coventry has higher than average rates of physical inactivity, defined as people who undertake less than 30 minutes of physical activity a week. *Modal shift* – from cars to public transport, walking and cycling - is increasingly recognised as a solution not only to the problem of road-related air pollution, but to the health consequences of physical inactivity.

The influence of the Marmot City title and recognition of the role that pollution and sedentary lifestyles play in the city's health inequalities has been strategic in creating leverage for public health and transport colleagues to work together to promote active travel. This led to the creation of *Cycle Coventry* - a scheme that seeks to increase uptake of cycling, and has succeeded in developing a network of cycling routes connecting different areas of the city, and an ongoing programme of travel planning with schools and businesses led by Sustrans. (37) Reportedly, the Marmot City status was strategic in influencing transport planners to relocate a planned cycle route from a high to a low income area of the city where there were fewer existing opportunities for active travel.

The recurring theme of funding is nevertheless a barrier to the council's ability to invest in new infrastructure. The Department for Environment, Food and Rural Affairs (Defra) has been issued with a legal duty to reach compliance with legal limits on nitrogen dioxide by 2021, and this duty, passed on to local authorities, has meant the creation of a mitigation fund that affected councils are able to apply to. Coventry City Council therefore submitted an ambitious proposal to reach compliance by investing in a cycle superhighway and infrastructure to alter traffic flows in some areas. Funding was unfortunately not granted for the proposal (based on Defra's own modelling), and instead the council is to follow an updated directive and submit a final business case to government in 2020. This business case is to include improving vehicle capacity on roads as well as pedestrian and cycle infrastructure on some routes, among other changes. The final plan is not yet established.

Housing

In Coventry, the housing challenge mirrors the national picture: a shortage of social housing, rising house prices and private sector rents, and caps on housing benefit payments have all contributed to significant pressure on the housing system. On any given night in 2017/18, between 190-250 families with dependent children were in emergency or temporary accommodation. Among people made statutorily homeless in Coventry that year, 50% were female lone parents, and 69% had a dependent child or children. To compound the demand, between 2011 and 2031 the population of Coventry is expected to rise by 89,000. The Council have made a commitment to build 26,400 new homes to meet the increased demand, and whilst building rates are increasing, this commitment has been a challenge and since 2010, an average of 1000 new homes have been built per year.

Housing leads have intermittently attended the Marmot Steering Group meetings and cite being a Marmot City as one influence on Coventry's Housing and Homelessness Strategy 2019-2024. The strategy seeks to integrate these previously siloed functions of the Council and does so by viewing housing and homelessness as a continuum of need. The council have merged these functions and is working across departments and with the wider community, involving formerly homeless experts-by-experience, to seek to prevent homelessness, support those who are made homeless, deliver on housing supply commitments, and improve the affordability and quality of homes.

The Housing and Homelessness strategy draws on the ethos of whole systems working, and explicitly draws links between health and housing, recognising that homelessness is a by-product of a shortage of affordable housing. The approach adopted is built around prevention, with adoption of the '*Pathways*' model, which implicitly takes a proportionate universal response to meeting need. Early help homelessness prevention services are available universally, but with targeted support to identified at-risk groups, as well as crisis support and more downstream services.

The model is also driven by the Homelessness Reduction Act (2018), which, among other duties, requires the council to provide housing support services universally to all people at risk of homelessness, regardless of priority need. There are other external influences as well, including the *Making Every Adult Matter* framework: an approach to supporting people facing multiple disadvantage that is based on values of partnership and co-production with people who have lived experience. Another is *Housing First*, a solution being trialled across the West Midlands and in two other UK cities, which prioritises housing provision ahead of other needs for people experiencing homelessness.

Nevertheless, much of the homelessness challenge originates in a shortage of affordable housing for first-time buyers and of affordable rents in the private rental sector. The council no longer owns any social housing, which has been transferred to a Housing Association. As with other functions of the council, there is a feeling of the council having to use its diminished power more creatively.

> *"One of the big disappointments is housing, we struggle to be able to influence the amount of affordable and social housing that goes on to developments because developers won't build them, so everything is a case now of negotiation and mediation and compromise. The days when the council could tell you the 'developer' or 'school', or anybody, what you can and can't do has gone."*

Public health has been key among those residual powers in giving the council some leverage over the new build and private rental sectors. Among these, the public health department developed *a Health Inequalities Impact Assessment Supplementary Planning Document* (SPD) for developers. Where a development may have an impact on health and health inequalities, developers are asked to provide information and mitigation plans in relation to a range of wider determinants, including access to green space, air quality, community safety and cohesion, active travel and climate change, among others.

The Public Health Dept have also been involved with a Council efforts to raise housing standards in the private rental sector by developing a licensing scheme for landlords for certain dwellings. This will require landlords to meet tighter controls on standards and is a policy that is reportedly close to being adopted.

Fuel poverty

In England a household is fuel poor if:

- they have required fuel costs that are above average; and
- were they to spend that amount, they would be left with a residual income below the official poverty line.

The effects on fuel poverty are therefore not only on living conditions, but on disposable income available for other outgoings and the so-called 'heat or eat' dilemma.

In Coventry in 2016, 15.3% of households were estimated to be in fuel poverty, higher than the national average and equating to just over 20,000 people in Coventry. However, this figure hides huge disparities between areas in the city, with

one of the more deprived wards in the city where 38.3% of households live in fuel poverty, while in other areas fewer than 5% of households experience fuel poverty.

As with other policy areas, funding has been challenging and has been linked to the limitations of national subsidy schemes such as the Energy Company Obligation, and to difficulties creating incentives for private landlords, whose tenants are often among the households most at risk of fuel poverty.

The Marmot Steering Group originally included fuel poverty as a priority indicator in 2013, but removed it in 2016. For a variety of reasons the capacity to address fuel poverty has reduced in the years since. The Affordable Warmth team has reduced from a four-person team to one council officer, largely because grant funding does not cover staff costs. Several schemes nevertheless continue, such as the Disabilities Facilities grant for disability benefits recipients, a Keeping Coventry Warm Scheme for emergency repairs, and a heating assistance to prevent hospital admissions scheme. These share one feature: having a dual purpose to reduce fuel poverty and to prevent costs being incurred by other parts of the system.

Green Space

Coventry has large areas of parkland and green space that are recognised as a valuable mental and physical health resource. Again, a lack of funding necessitates a more creative approach to increasing utilisation of green space, and being a Marmot City has been one influence on the whole systems, assets-based approach that Coventry are pursuing.

Coventry's Green Space Strategy aims to contribute to reduced childhood obesity, increased physical activity, and provision of safe, traffic -free walking and cycling routes among other aims.

The strategy describes a social gradient in access: while over 20% of Coventry's area is green space, some of the least deprived areas have up to 12 times more green space per 1000 people than some of the most deprived.

Again, resources are the main barrier to action. Since 2010 £1million has been cut from the grounds maintenance budget, and this compounds a legacy of decline in funding in the 1980s and 90s. Some of the gap in funding has been plugged by the strength of community involvement in maintaining parks and green spaces, with over 30 'Friends of…park' groups across the city, who look after the spaces and fundraise for infrastructure and activities. Utilising and expanding these groups and other volunteer schemes are among the recommendations of the strategy, which may involve transferring some assets to community management. Several recommendations also relate to finding efficiency savings and identifying new sources of funding, such as biodiversity offsetting.

These community assets are also utilised in a related *Coventry on the Move* Framework, which involves some Marmot partner organisations and again takes an assets-based approach, applying proportionate universalism in the process. In Coventry, 64.8% of adults were classified as overweight or obese in 2017-18, similar to the England average, with a concentration in the more deprived neighbourhoods.(38) *Coventry on the Move* seeks to use existing green space assets to increase rates of physical activity and as a platform for community capacity building in more deprived areas. The framework includes objectives to increase availability of opportunities in the most deprived communities and among populations with the lowest rates of physical activity. It is overseen by the HWB Board, but the leadership is seen as distributed between community organisations, workplaces and the public sector, with numerous stakeholders engaged to develop the approach.

Health Promotion

Where possible the council have used local powers to restrict development of businesses that may exacerbate health inequalities. The most significant action to date on this objective has been the development of a Hot Food takeaway planning policy which will restrict establishment of new fast food outlets in Coventry within a five minute walk of schools. Licensing powers have also been applied to restrict new gambling premises.

These policies have potential to benefit health long-term though the pace of change is slow, the council's powers are greatest at the point of a planning or licensing application but limited thereafter. One member of the public health team noted that there have been no applications for new gambling premises in the last two years, and there are limited mechanisms to influence existing ones.

Community Regeneration

In one of the first Marmot Steering group meetings, the need to change the way the council work with communities was raised. In separate discussions this theme has recurred across the council in many boards and forums as it seeks to reduce demand on services. In 2014, the Marmot Steering Group discussed how to build social capital, and in the years since Coventry City Council have supported several initiatives to try to find an answer to that question. However, there is as yet no unifying strategy that seeks to transform relations between the local authority and the community along the lines of approaches that exist elsewhere, such as the Wigan Deal.(39)

One organisation that has received council funding for transformative approaches is Grapevine, an organisation recently invited to join the steering group and which employs assets-based approaches to community development. Previously mentioned in relation to *Ignite,* the organisation is currently piloting a strengths-based approach to community development in one of the more deprived neighbourhoods in Coventry, Stoke Aldemoore. It is also developing a Community Capacity Worker project in another area to address social isolation among vulnerable residents. Both seek to strengthen relationships within communities to build resilience and self-sufficiency.

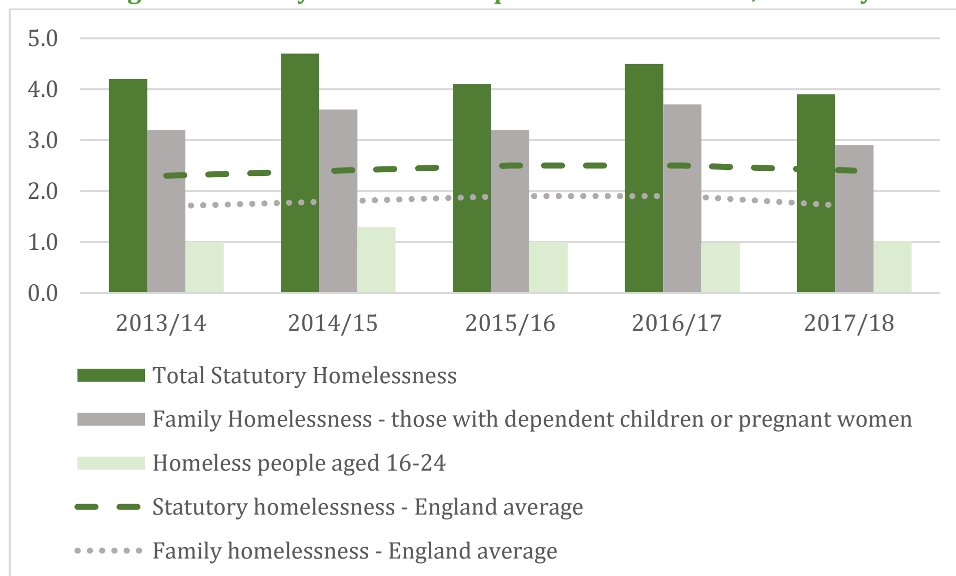
In the future, the City of Culture 2021 programme presents an ambition to promote regeneration through use of arts to strengthen communities and promote wellbeing. Towards this, several professional arts producers began work with communities in the most deprived areas of the city in 2018 to develop community-led productions. For example, one Producer has a remit to address social isolation through arts and creative events. To support the focus on health inequalities, the Director of Public Health and Wellbeing is leading the Programmes, Engagement and Evaluation arm of the City of Culture Readiness Board, and a large-scale evaluation being conducted between the University of Warwick and the council's Public Health Insights team will include a population measure of the relationship between culture and wellbeing.

Outcomes – healthy standard of living for all

It is too soon to see a measurable impact of the initiatives described above, not least because some of these policy areas are among the most impacted by austerity.

Statutorily homeless households are those who are eligible, unintentionally homeless and in priority need, for which the local authority accepts responsibility for securing accommodation. Coventry consistently has higher rates of statutory homelessness per 1000 households than the England average, and, partly due to the criteria for statutory support historically, the majority of those identified as statutorily homeless are families with dependent children (see figure 11).

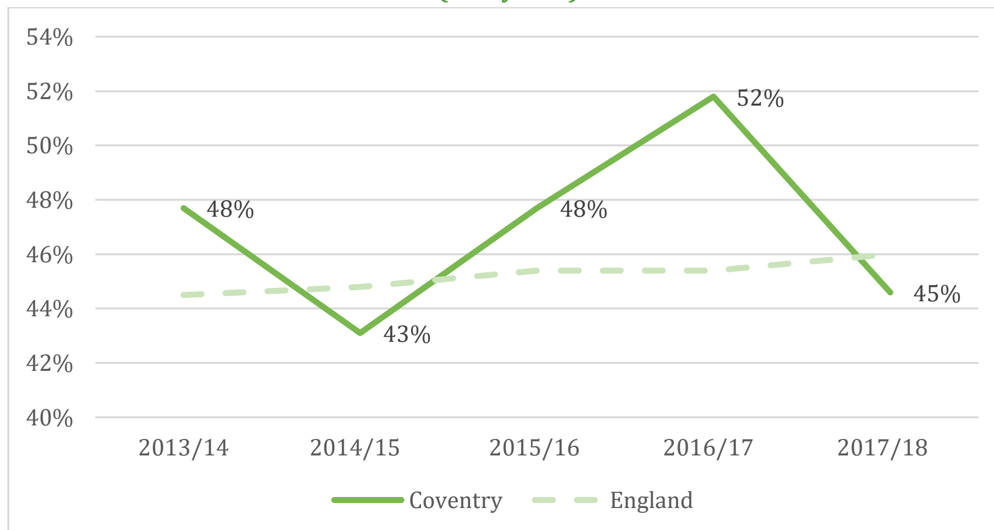
Fig. 11. Statutory homelessness per 1000 households, Coventry



Source: PHE Fingertips, indicator IDs 11501, 90818, 92695.

Social isolation has been recently adopted as a priority theme for work of the Health and Wellbeing Board in Coventry as a determinant of physical and mental health. There are no population measures of social isolation, although there are several models that predict social isolation based on risk factors such as age, living arrangements and employment status. One survey that does seek to directly measure the experience of social isolation is the annual Adult Social Care Survey. This asks respondents whether they have as much social contact as they would like. In Coventry social care users are similar to the England average on this measure, reflecting a national picture of isolation among this group who may face barriers to maintaining connections with friends and family (see fig. 12).

Fig. 12. Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ years)

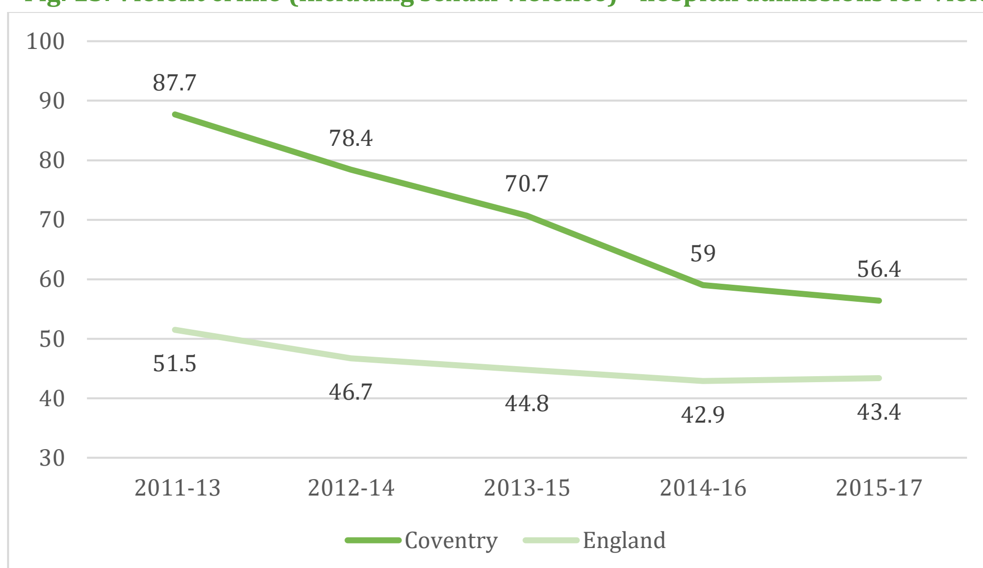


Source: Adult Social Care Survey, England (PHE fingertips ID 90280)

Carers are asked this question biannually and therefore there is limited trend data, however in Coventry they appear to experience isolation more acutely than the service users, with only 31.5% saying they had as much social contact as they would like in 2016/17.

Coventry has seen significant reductions in the rates of violent crime related hospital admissions over the last five years for which we have data. Although starting from a high baseline the reduction exceeds national trends and therefore is closing the gap with the England average (see fig. 13). This has raised Coventry's ranking among statistical neighbour (similar) local authorities from 13th in 2011-13 to 7th in 2015-17.

Fig. 13. Violent crime (including sexual violence) - hospital admissions for violence, per 100,000



Source: PHE Fingertips indicator ID 11201

5.6 STRENGTHENING ILL-HEALTH PREVENTION

Coventry's decision to become a Marmot City was mainly due to the move of public health duties into local government following the Health and Social Care Act, 2012. Some of the health policy reforms since then have often had the unwritten objective of addressing the fragmenting effects of the Act, and show some early signs of strengthening service integration and ill-health prevention in Coventry. The Public Health Dept. have, since becoming a Marmot City, found ways to embed proportionate universalism into commissioned services. Nevertheless, there have been cuts to funding for services commissioned by public health, and while no service has been cut entirely, this has impacted how they are commissioned.

Several partner organisations recognise a role for non-traditional actors to deliver on this objective, for example the fire service delivering smoking cessation counselling, or VCSE sector working to promote health messages and encourage people to access services.

Action to deliver on the NHS Long-term Plan's calls for greater integration of health and social care and developing an integrated care system has been challenging in the context of separate funding and governance of the member organisations. Nevertheless, it has created a window of opportunity for Marmot partners to engage with the NHS to consider its role as an *anchor institution:* one of the largest employers in the city with a role in social determinants that extends beyond health services to estates, jobs and commissioning.

In the Marmot Review, the following policy recommendations were made to achieve this objective:

- *Ensure lifestyle and behavioural interventions are having a progressive impact across the social gradient*
- *Implement evidence-based programmes of ill health preventive interventions that are effective across the social gradient, e.g. focusing smoking cessation and alcohol reduction programmes across the social gradient, and improving programmes to address obesity across the social gradient*
- *Focus core efforts of public health departments on interventions related to the social determinants of health proportionately across the social gradient.*

For many of the developments in this section, the influence of the Marmot Review has been as much on national policy that applies to Coventry as it has on Coventry directly. Since its publication, several policy changes have affected the landscape for funding of and responsibility for health promotion services. Following the Health and Social Care Act in 2012 local authorities became responsible for public health, including statutory requirements to commission the NHS Health Check programme, the National Child Measurement Programme, health visiting and sexual health services.

The role of the NHS in Coventry

The subsequent Five Year Forward View (2014) outlined a vision of a fully integrated health and social care system. This required Coventry and Warwickshire to develop a Sustainability and Transformation Plan (STP): a joint proposal between NHS providers and the councils to improve health and care and to plan for the long-term needs of their communities. Since 2012, the STP model has further developed into a requirement for Integrated Care Systems: requiring not only a plan but a shared commissioning framework and organisational arrangement to support a whole systems approach to health and care.

At a strategic level, the NHS Long Term Plan has facilitated the steering group to become increasingly involved with the development of the Integrated Care System, which in Coventry and Warwickshire is a *Health and Care Partnership*. The Plan calls for a renewed focus on ill-health prevention, noting smoking, alcohol, obesity and air pollution as priority areas for NHS intervention. It also makes commitments to reducing health inequalities, pledging additional funding and/or support for people with risk factors such as homelessness, caring responsibilities, learning disabilities and severe mental health problems. These all have a common purpose of reducing demand for care through better integration and prevention of ill health.

This new policy has enabled closer working between the NHS and Marmot partners, although like most areas of England, it is still a work in progress and the system of governance is not yet finalised. Nevertheless, there are clear signs of efforts to work more closely with communities, and draft governance arrangements adopt the principle of subsidiarity to ensure that decisions are made as close to communities and places as possible. The *places* are 19 neighbourhoods in Coventry and Warwickshire with populations between 30-50,000 people. These places will be the primary unit for partnerships between NHS services, local authorities, charities and community groups, with a focus on addressing social determinants of health and preventing illness.

This Partnership is connected to the Joint Health and Wellbeing Board across Coventry and Warwickshire, the Place Forum. The graphic below illustrates the intent, the green area representing a commitment to concentrate on self-help and prevention over acute services. The Concordat between the respective Coventry and Warwickshire boards appeals to principles of prevention, strengthening communities and sharing responsibility for outcomes between sectors. The place-based approach will be supported with place-based joint-strategic needs assessments in Coventry, with eight neighbourhoods assessed separately for the local needs and assets.

The Integrated Care System has created an opportunity for the steering group to form a Health sub-group tasked with identifying powers that local NHS organisations have to address social determinants in their capacity as an anchor institution: i.e. as an organisation with significant powers as a commissioner, employer, owner of a large capital estate, and as a service provider. Again, the group are only recently formed and the impact is yet to be seen.

These developments are not without critics: it is a challenge to share accountabilities whilst holding largely separate budgets. Nevertheless, the NHS Long-Term Plan may accelerate service integration and increase the focus on prevention.

Managing cuts to the public health grant

Beyond the ICS, the Public Health grant to Coventry Council from has been cut by £3.65m (17%) since 2015, and the department have also delivered £4.3m in savings to the wider council budget since 2013. The council have nevertheless preserved commissioning of the same range of public health services that were previously commissioned by the NHS, most of which are non-statutory. These include smoking cessation, drug and alcohol support and diet and exercise support among others. In most cases greater efficiency has been achieved by bringing complimentary services together under a single contract, such as all those that address adult lifestyles and all those that support family health and lifestyles.

In the process the Public Health department have sought to deliver on proportionate universalism, and public health service contracts now specify that services should be weighted towards residents from more deprived communities or who have other social risk factors. To further address the impact of social determinants on health and health behaviours, specific clauses require providers to train practitioners to identify people who may face other stressors, such as financial, housing or benefits problems, and support them appropriately. The Council's wider *Connecting Communities* programme also involves engaging residents, groups and organisations in looking at how services can be provided differently.

There has also, in some cases, been intensive work to take an assets-based approach to expanding the market of providers. For example, when commissioning a new domestic violence and sexual abuse service, the Public Health dept. worked closely with a network of small local non-profit service providers to support the development of a consortium that was then commissioned to deliver the strategy. To facilitate these new ways of working, services are also being commissioned for longer periods, e.g. 5+2+2-year contracts, to allow time for service development, and so that newly integrating providers have the time and confidence to invest in the process.

Partners to the Marmot approach have also contributed to the objective of preventing ill health. The Fire Service recognise their role in prevention and the synergies between action on specific social determinants, such as fuel poverty and smoking, and reducing the risk of fire. The West Midlands Fire Service pioneered *Safe and Well checks*: home visits to vulnerable householders to check on fire safety and other home hazards as well as offer smoking cessation advice, with some firefighters themselves trained as smoking cessation counsellors. As a public facing service they also recognise the

value they bring of having high levels of public trust: *"the fire service has a good reputation: we knock on a door and people open it. Others don't have that luxury, so we recognised that we could be that foot in the door for those that are, not so much hard to reach, as hard to influence"*.

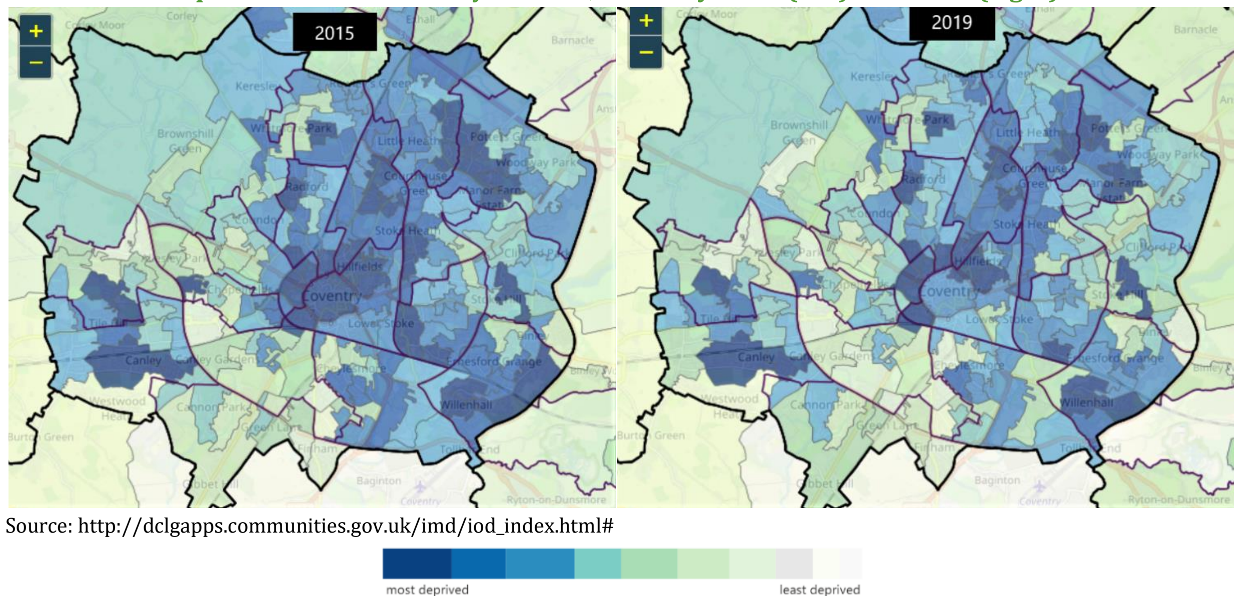
There are several further examples of community organisations aligning or partnering with NHS organisations to promote screening and testing services among specific communities in Coventry. This diffusion of initiatives makes it difficult for the Marmot Steering Group to have oversight of activities under the broad objective of ill-health prevention.

There are numerous measures of prevention of ill-health, from access to lifestyle services – often referred to as secondary prevention, as service users have a known risk factor already – to access to treatment, care and support – considered tertiary prevention, for people who are living with a diagnosis. This report cannot present a complete overview of indicators, but two have been selected as among the most significant to population health.

Reducing smoking contributes to reducing all three leading causes of mortality: circulatory disease, respiratory disease and cancer, and is the main cause of preventable illness and premature death in the UK. Therefore interventions to reduce smoking are recommended as those that would make the largest contribution to reducing health inequalities.(40) Coventry have protected smoking cessation services, and had a higher than average 4-week quit of 2.57% of the estimated adult smoking population in 2017/18, compared with a national average of 1.48%.

Health Deprivation and Disability is one of the seven domains that comprise the Indices of Multiple Deprivation. It measures the risk of premature death and the impairment of quality of life through poor physical or mental health, including measures of chronic illness, disability and premature mortality.(41) In Coventry the average rank of small areas has increased by 1854 places (of 32,844 ranks), indicating relative improvement compared with other areas for people in most areas of Coventry. The maps below (fig. 14) present the change in deciles of health deprivation and disability at neighbourhood level between 2015 and 2019, with lighter colours representing improving health. The data this draws on takes into account changing age structure and is therefore not simply attributable to an increasing student population.

Fig. 14: IMD Health Deprivation and Disability Domain, Coventry 2015 (left) and 2019 (right)



Source: http://dclgapps.communities.gov.uk/imd/iod_index.html#

6. STRATEGIC AND POPULATION IMPACTS

This report describes the approach to adopting the Marmot Policy recommendations taken in Coventry, the only city that has committed to act on all the Marmot Review recommendations over a sustained period of six years and ongoing. The sections on delivery across the six Marmot Review policy objectives highlight the challenges in Coventry, and in particular, the growing demands on services and reduced spending capacity of most of the organisations involved. This has meant that the strategic impact of the Marmot City approach has diverged from many of the Marmot Review recommendations in so far as most called for increased investment, which has largely not been possible in the context of austerity. The strategic impact has therefore been to change how services are commissioned, and to align priorities between council departments and partner organisations at a senior level.

The move of public health into local authority, combined with awareness of local health inequalities and the need to mitigate the impacts of austerity, all combined to motivate senior leaders across Coventry to support becoming a Marmot City. The impending impacts of cuts to both public services and benefit entitlements threatened the livelihoods and wellbeing of large segments of the local population. Austerity was therefore considered to have helped facilitate cooperation in the first instance, as it was assumed that aligning priorities and activities would generate efficiency savings. At the outset, the need to work differently was seen as almost positive, to catalyse some necessary changes towards assets-based working and greater community involvement in service delivery. However, as the cuts have deepened over the years, delivering on the principle of proportionate universalism has become increasingly difficult as more non-statutory services, including youth services and children's centres, have been cut or significantly reorganised.

Coventry have nevertheless used the commitment and partnerships created to seek out opportunities to fund innovative programmes, such as European funding for strengths-based employment programmes, as well as using funding for UK City of Culture 2021 to promote wellbeing. Whilst the political will and support among leaders continues, further funding cuts as well as loss of EU support for some of the programmes delivered will make it difficult to continue to invest in non-statutory initiatives.

There are positive signs at a strategic level of improved joint working and an embedded shared understanding that consideration of inequalities can and should inform decisions within the council and among partner organisations. In addition, Coventry has a strong and often innovative VCSE sector, and is able to draw on these organisations as assets to support delivery of youth and other services that might otherwise be cut entirely.

In terms of public engagement to change the relationship between the public sector and the community, the council are increasingly keen to capture first-hand accounts of residents of Coventry via processes such as the JSNA. However, it has so far been difficult to triangulate these accounts with quantitative data. The indicators reported by the steering group do not yet represent shared accountability for delivery or outcomes, although they are a step towards that. Instead, the steering group members are assigned programme indicators to report on, and it is not clear where accountability for outcomes lies.

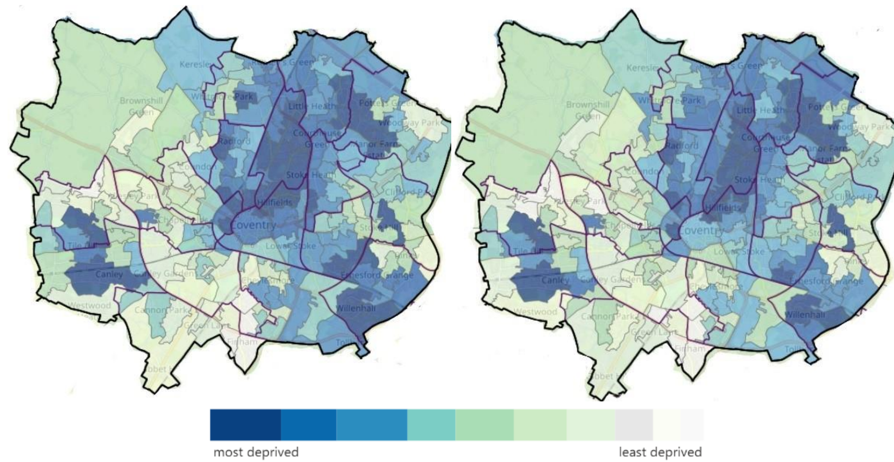
There are nevertheless parallel processes that have been influenced by the Marmot City approach, such as embedding wider determinants into development of the Integrated Care system and the One Coventry approach, which have potential to support shared accountability for outcomes across the council and wider health and social care system. These are still nascent however, and how they will impact on delivery or be experienced by the public is not yet clear.

Whilst not possible to attribute changes in population indicators to the Marmot City approach, there are positive early signs of narrowing health inequality and falling levels of deprivation.

The most recent Indices of Multiple Deprivation shows a reduction in the proportion of neighbourhoods (LSOAs) among the most deprived, relative to other local authorities. Coventry has improved notably between the IMD 2015 and the IMD 2019 relative to other local authority areas, although relative change does not necessarily imply absolute reduction in deprivation.[4]

There are 196 small area neighbourhoods (LSOAs) in Coventry, and in 2015 18.5% of the population lived in one of the 10% most deprived neighbourhoods in England. In 2019, this proportion had fallen to 14.4%. Figure 15 presents a map displaying the change, with lighter coloured areas in 2019 indicating a lower decile of deprivation relative to 2015.

Fig. 15. IMD Map of Coventry 2015 and 2019 *each area represents an LSOA, areas that are lighter in 2019 than 2015 indicate a reduction in relative deprivation.*



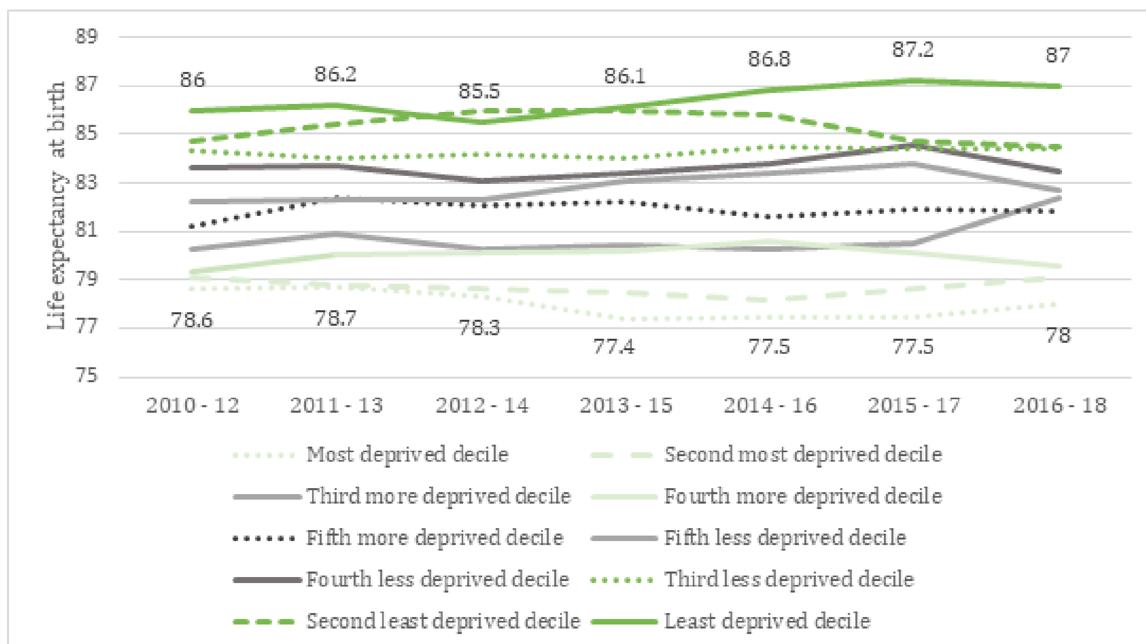
(Source: Indices of Multiple Deprivation)

There are also positive indications that Coventry has defied some of the trends in health inequalities seen nationally.

Inequality in life expectancy at birth in England widened between 2010-12 and 2016-18. Among females in particular, this was due to falling life expectancy among those living in the most deprived areas, with the gap in life expectancy in England widening by 0.7 years from 6.8 years in 2010-12 to 7.5 years in 2016-18.[3] A similar pattern though smaller increase is seen for inequality in male LE at birth.

In Coventry, inequality in life expectancy has fluctuated and shows some signs of defying national trends. Among males in Coventry the inequality in life expectancy at birth between those in the least and most deprived deciles has fluctuated but reduced by 0.7 years between 2010-12 and 2016-18. Among females the gap reduced by 0.1 years over the same period (see fig. 16).

Figure 16: Change in female life expectancy at birth in Coventry 2010-12 – 2016-18.



Source: Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2015to2017); Index of Multiple Deprivation 2010 and 2015 (IMD 2010 / IMD 2015) scores from the Department for Communities and Local Government.

A more relevant comparison can be made with local authorities with comparable populations. These are referred to as statistical neighbours (SN). Coventry ranks 5th of 16 SNs on the measure of inequality in male life expectancy and 6th for inequality in female life expectancy.

Coventry has also improved its relative ranking for healthy life expectancy compared with statistical neighbours, and is fourth among SNs for male HLE (previously 8th in 2012-14) and first among statistical neighbours for female HLE (previously second in 2012-14).

Meanwhile average life expectancy at birth of males in Coventry has risen, from 77.9 (2010-12) to 78.5 (2016-18), placing Coventry joint 5th among SNs (previously joint 8th). Female life expectancy has increased from 82.0 to 82.3 over the same time-period, again placing Coventry joint 5thth among SNs on this measure (previously joint 8th); both remain below average for England.

Nevertheless, it is important to note that there is fluctuation year-on-year in the above measures, and no clear evidence of trend as yet.

7. LESSONS FROM COVENTRY

The people interviewed for this evaluation were all candid and reflective about the successes and lessons learnt from their approach to adopting the Marmot Review recommendations. To an extent, becoming a Marmot City did not change the culture or values of leadership, but built on an existing culture of partnership-working between the council and external organisations. Nevertheless, the approach has contributed to increased partnership working, better alignment of priorities across the public and VCSE sector, and the embedding of principles such as proportionate universalism at a strategic level.

Insights for other areas that are developing system-wide approaches to reducing health inequalities can be drawn from what has worked well in Coventry, as well as what has proved challenging. In the initial stages, Coventry had strong engagement from system leaders, including political leaders, which helped to ensure the values and approach were embedded and disseminated at a system level. This is valuable to bear in mind elsewhere, that without that foundation of support at senior levels it is difficult to generate consensus and commitment between departments and partner organisations involved. Ideally this senior support should be linked to accountability mechanisms, as was the case in Coventry under the original council Leader who required portfolio holding councillors to regularly report on action to deliver on the Marmot policy objectives.

In Coventry a range of key partners were identified and engaged from the public, VCSE and private sectors, and the membership of the steering group has evolved over time to reflect new priorities and system leaders. Using graphics and data, a narrative about inequality was created that resonated with individuals and enabled them to understand the relevance of the approach to their own organisation, and which drew on values of fairness and social justice to generate a commitment to action. A challenge has been to maintain regular attendance at steering group meetings,and solutions have included establishing more outcome-focused task and finish groups and ensuring the priorities of different partners are truly reflected in the strategy and target indicators.

Elsewhere in England, shared accountability has been facilitated by mechanisms such as shared measurement systems and publicly available indicator dashboards. Whilst Coventry has developed a Digital strategy that will increase accessibility of routine data, as yet it is not explicitly linked to the Marmot indicators and includes few measures of inequality in health or income. Other areas should therefore consider where to position the governance and accountability for action early in the process and work towards developing mechanisms for shared accountability for outcomes.

Due to the range of members and the focus on health equity, as opposed to just health, many interviewees described how the approach encouraged them to consider equity and equality implications in their areas of work. The approach was therefore more akin to equity in all policies than health in all policies, and this is a useful mechanism for ensuring it does not become siloed within public health.

Coventry council and partners also explicitly understood that they were developing this in a period of austerity, and therefore took an assets-based approach, focussing on opportunities for action rather than viewing austerity as an inherent barrier. Other areas can learn from how opportunities were identified across multiple functions, including commissioning, licensing, regulation and planning. Whilst some local authority powers have changed since 2013, and spending power has reduced, the shared commitment to health equity has influenced use of those that exist, such as retention of services and amenities in more deprived areas; protecting public health services and incentivising delivery to people with multiple risk factors; funding innovative projects that utilise concepts such as relational welfare; and seeking out external funding opportunities using the Marmot principles where local funding does not exist.

Other areas could therefore seek a similar assets-based approach to developing a joint overarching strategy and shared narrative about reducing inequalities. If so, it is important to be guided by shared principles agreed locally, such as proportionate universalism. In doing so, it is worth ensuring everyone has the same understanding of those principles, for example explaining some of the principles discussed in section 4.4 of this report in lay terms that can be understood by all partners. These shared principles should precede action planning as they form the foundation for sustained partnership working.

Lessons for Coventry itself build on this. There is on-going cross-party support for the Marmot Approach title, but this report provides an opportunity to develop a new political declaration committing to action on social determinants of health, with a named lead and governance arrangements. Whilst there are many successes in the approach to date, the newly agreed priority area to give every child the best start in life should be a cross-council focus and potentially a basis for a shared measurement system to ensure that inequalities in this critical life stage are not being overlooked. The partners could strengthen application of the principle of proportionate universalism, and use it to consider intergenerational inequity as well as city-wide inequality.

The Marmot City partners in Coventry should also strengthen public engagement to involve people and communities in conversations in local decision making, and in conversations about inequality. This does not need to be under the banner of Marmot City, but could be integrated as a theme in to the One Coventry approach that is already widely communicated, and the actions that follow from it.

Regarding outcome measures, much of the focus to date has been on gathering data on programme and outcome indicators. Whilst there are important to accountability, they do not help identify if or how things are working, and it was apparent from interviews that there are mixed views on this. Coventry should therefore seek to monitor the quality of partnership working, for example using available tools for this or simply gathering qualitative input more routinely. The Marmot City partners could also seek to develop a stronger framework of accountability among partners, to ensure each understands their role and responsibility for delivery, for example using a collective impact model and shared measurement system.

Finally, Coventry City Council and the Marmot City partner organisations have been candid and generous with their time in contributing to this report. To build on it, they could engage with other local authorities that are adopting a Marmot approach, including Greater Manchester, as well as with the Marmot Review -Ten Years On work – of which the evaluation in Coventry will be a critical part.

// ACKNOWLEDGEMENTS

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Lina Martino, Consultant in Public Health and
Karen Saunders, Health and Wellbeing Programme Lead.

APPENDIX 1 2013-16 STEERING GROUP INDICATORS

Coventry and Rugby Clinical Commissioning Group

- Increasing cervical cytology in hard to reach groups,
- Reducing smoking in pregnancy,
- Reducing alcohol related hospital admissions.

Coventry City Council Place Directorate

- Passport to learning and leisure uptake: increase number of benefits claimants accessing sports, culture and leisure facilities.
- Job shop: increase the number of clients with HWB issues becoming job ready by training staff.
- Reduced fuel poverty (number council funded beneficiaries of energy efficiency measures from target groups).
- Parks and green space: Number of management plans completed for parks in deprived areas,
- Cycle Coventry: % receiving personalised travel plans & number of adults engaged in cycle schemes via GP referral.

People Directorate

- Domestic and sexual violence:
- DVA service commissioned, indicators will include victims receiving appropriate advice and support at as early a stage as possible, not returning and reporting feeling safer (to be negotiated with provider).
- Ensuring new sexual assault referral unit is utilised.
- Homelessness: Reduction in number of statutory homeless (case management team) and
- number of homeless cases prevented (housing options team provided training e.g. in 'part 6' offers).
- School Readiness: Good level of development in the early years foundation stage profile if achieved in five areas of development (aim to maintain higher than national average performance).
- Mental health: Child and Adolescent Mental Health (CAMHS) strategy and targeted CAMHS and emotional wellbeing service.
- Looked after Children
- Increase the timeliness etc of LAC health assessments working with the multi-agency working group (See Ofsted inspections).
- Older People: Reduce falls related injuries: by delivery of training as part of social care development centre training offer.
- Increasing number of Dementia friends through delivery of training.
- Welfare Reform indicator set: review progress against these, which cover a range of reforms e.g. changes to Council Tax Support, changes to systems within benefits, introducing Community Support Grants, Blue Badge forms, changes to RSL policies on arrears, changes to Homefinder re bidding priority.

Resources Directorate

- Social value policy indicators were not yet agreed in 2015.
- Business charter:
- Business charter and workplace health accreditation scheme launched / one or more signatories adopting / and performing well enough to justify award
- Targeted communication to vulnerable groups
- Indicated by Number of mailshots delivered for PH

- Reducing health inequalities within own workforce indicated by the number of NHS Health Checks delivered by staff postcode and staff grading.
- Be healthy be well initiative: number of activities (not indicators, e.g.
- Healthy eating events, Occupational health events, physical activity, Be healthy, be well newsletter, Cancer buddy scheme.
- Employees as ambassadors: Awareness raising at training courses, PH campaigns at reception points
- Utilising the contact centre/customer services teams to deliver key PH messages: 2 campaigns over 12 months.

Public Health

- Support and develop the strategic group (Jan 2014) and implementation group to drive work around assets-based approaches.
- Support two face-to-face meetings a year and virtual learning development network for public sector and voluntary organisations.
- Deliver support to 100 grassroots groups to promote wellbeing and resilience.
- Develop an action plan to embed assets-based approaches to change the relationship between residents and the Council: projects to support that include:
    - Making Every Contact Count training;
    - Embedding Assets-based principles;
    - Each directorate and partner organisation to pilot at least one assets-based project;
    - Public Health to support (or buy in extra support if required) to help implementation of pilots.
- Early Years: to target breastfeeding rates at 6-8 weeks, via work with MAMTA and Voluntary Action Coventry to explore developing work to other deprived areas. The Acting Early 0-5 programme aims to ensure that universal provision for 0-5's is focussed on the needs of the community - Developing pilot sites within Tile Hill and St Michaels to roll out integrated teams (GPs, Health Visitors Children's Centres and Midwifes).
- Older People: Initial work exploring Coventry becoming an 'Age Friendly City' underway with Coventry university and Age UK.
- Drugs and Alcohol: Number of alcohol related hospital admissions reduced following delivery of alcohol strategy.
- NHS health checks: Increase by recruiting GP champion, voluntary sector initiative and targeting high risk groups with Occupational health and Coventry and Rugby Clinical Commissioning Group.
- Healthy Weight: Services recommissioned in 2014
- Smoking: surveillance of illegal tobacco sales in Coventry, test use of Air Quality monitors within pregnant women smokers (indicator % of maternities smoking at delivery) ,
- Delivery of stop smoking service contracts (including smoking in pregnancy)
- targeting quitters in deprived areas (indicator: no. and % of smoking quitters at 4 weeks from target communities.
- Refresh of tobacco strategy
- Support staff working in mental health and people with learning disabilities by providing Making Every Contact Count training and developing resources to support them. (People Directorate/Coventry and Warwickshire Partnership Trust)
- Review current tobacco control activity
- Launch smoke-free nurseries and children centres
- HIV late presentation: indicator - Uptake of HIV testing in primary and secondary care (target 10% increase) (Partners: Clinical Commissioning Group; PHE; Pathology network (University Hospitals Coventry and Warwickshire/ South Warwickshire NHS Foundation Trust/ George Elliot Hospital NHS Trust).

West Midlands Police

- Total recorded crime reduction in priority areas, via sharing the locations with partners to maximise impact.
- Number of response officers trained in MECC and alcohol Initial Brief Advice.
- Victims and offenders: Review effectiveness of strategies used by offender managers and explore linkages with partners' work/areas for improvement.

West Midlands Fire Service

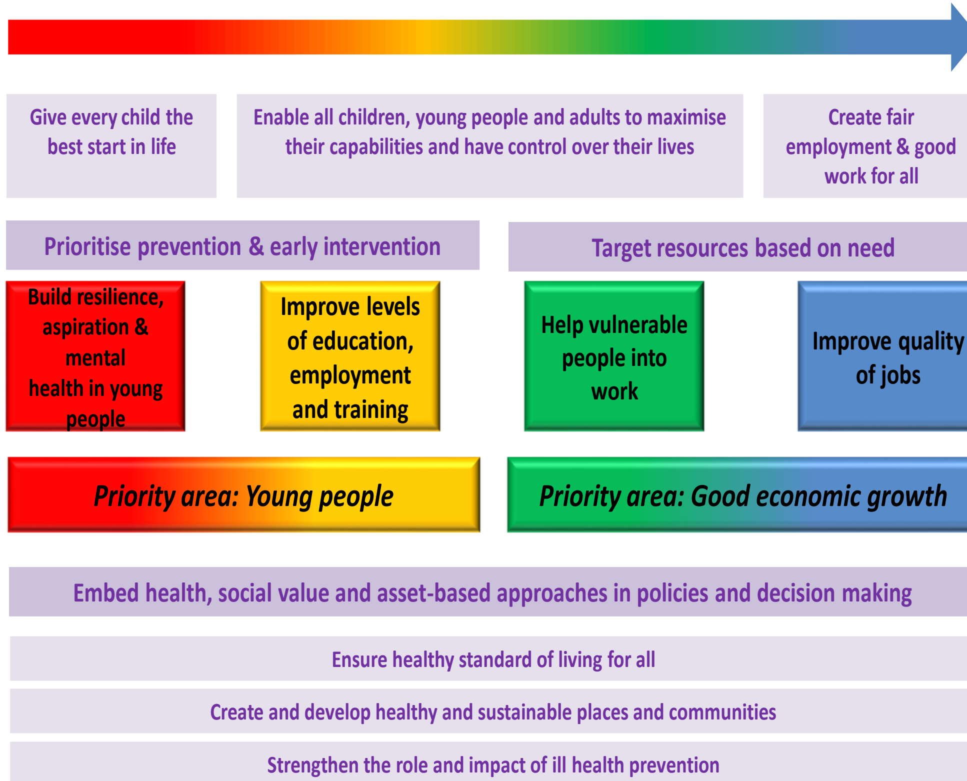
Identifying individuals at risk of fire, assess progress with indicators of:

- Partner organisations: Number of organisations and personnel who receive training.
- Number and average risk rating of referrals for home safety check service (to ensure that those most at risk are receiving home safety check service).
- Number of accidental fires by Ward area.
- Quantity and destination of signposting and referrals.
- Workforce development within WMFS: No of personnel and type of training received.

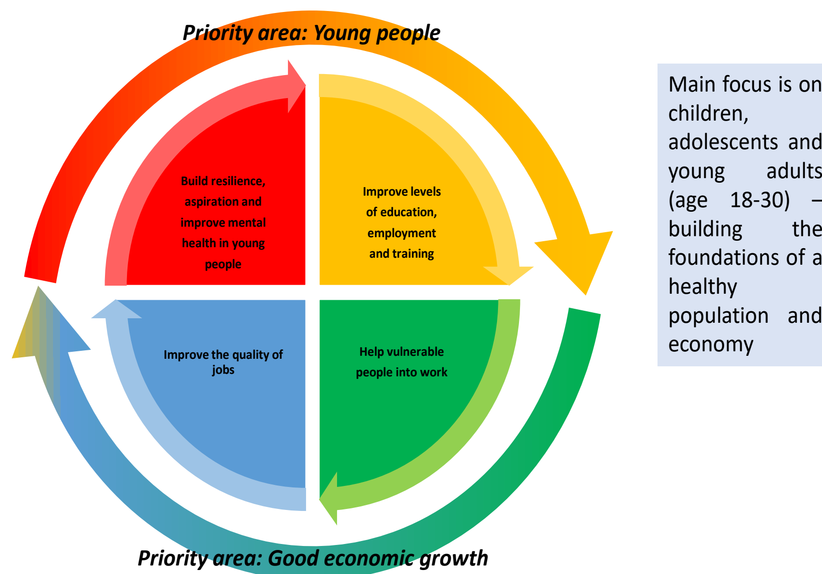
Voluntary Action Coventry

- Engagement with the voluntary sector - with Voluntary Action Coventry and public health, indicators include: Innovation and Development Fund funding allocated to voluntary sector, all Innovation and Development Fund projects complete in April 2015, and number of updates per year plus regular articles

Evaluating Coventry's Marmot Programme, 2016-2019



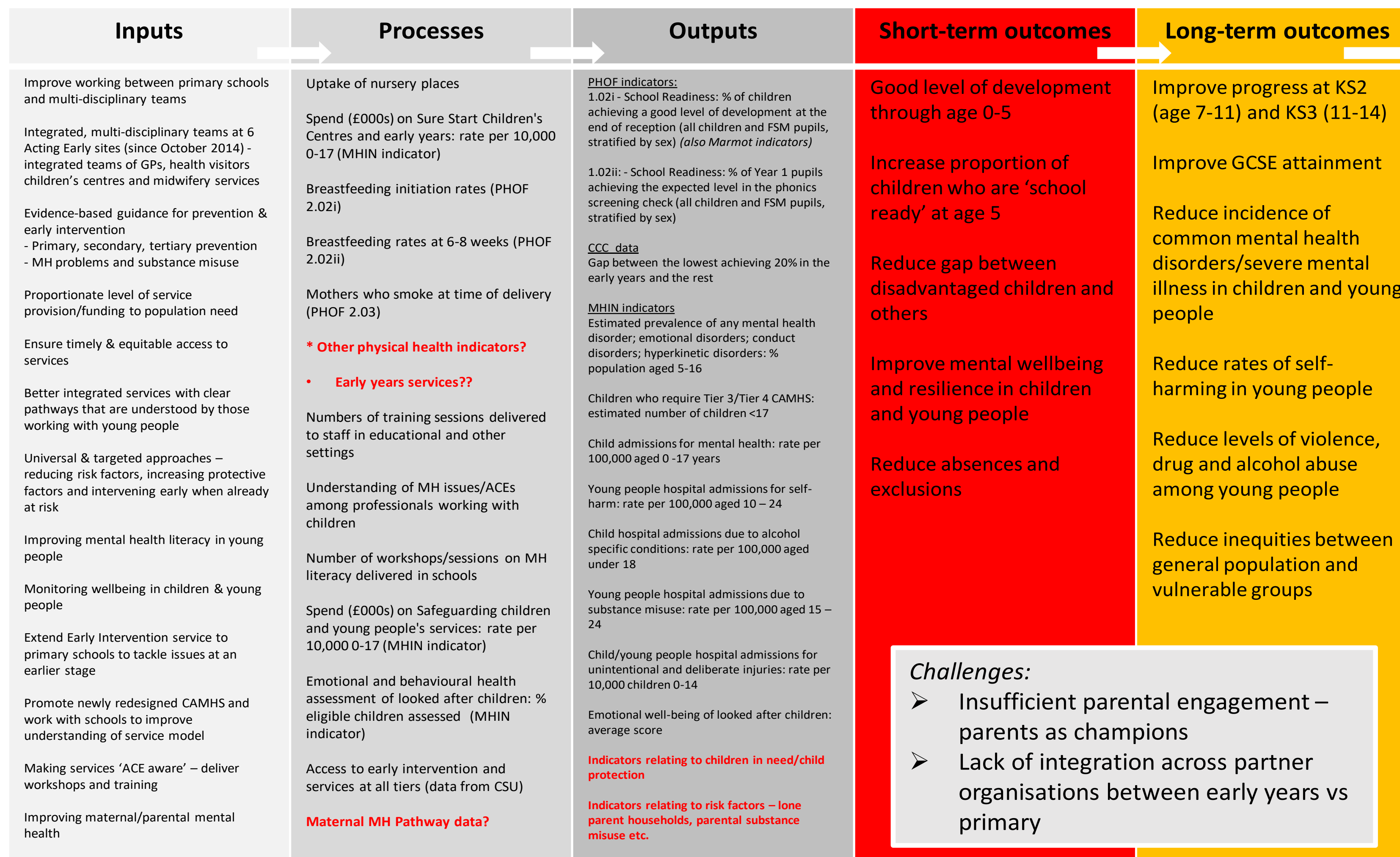
Early childhood to working adulthood as a cycle



Main focus is on children, adolescents and young adults (age 18-30) – building the foundations of a healthy population and economy

Build resilience, aspiration & mental health in young people

Give every child the best start in life



Improve levels of education, employment & training

Enable all children, young people and adults to maximise their capabilities and have control over their lives

Inputs

Embed system-led model of continuous improvement

Take a collaborative approach to removing barriers to learning (e.g. SEN, care duties)

Challenges:

- Performance compared to national
- Vulnerable groups

Processes

Number of pupils with SEN statement/support (DoE data)

Support for young carers?? Engagement with services etc.

MHIN indicators:
Children providing care: % children aged <15 who provide unpaid care

Children providing considerable care: % children aged <15 who provide 20+ hours of unpaid care per week

Young people providing care: % people aged 16-24 who provide unpaid care

Young people providing considerable care: % people aged 16-24 who provide 20 hours + of unpaid care per week

Outputs

Marmot indicators:
GCSE achieved 5A*-C including English and Maths (%) (all children and FSM pupils) (DofE data)

PHOF indicators:
1.03 – Pupil absence

1.04 – First time entrants to the youth justice system

1.05 - 16-18 year olds not in education employment or training

1.13i - Re-offending levels - percentage of offenders who re-offend

1.13ii - Re-offending levels - average number of re-offences per offender
* **available by age??**

MHIN indicators:
Primary school fixed period exclusions: % of pupils

Secondary school fixed period exclusions: % of pupils

Under 16 pregnancy: rate of conceptions per 1,000 females aged 13 – 15

Under 18 pregnancy: rate of conceptions per 1,000 females aged 15 – 17

Dept for Education data:
**State-funded schools*
National curriculum attainment (% of pupils achieving L4 or L5 & above) at KS2: reading test, writing TA & mathematics test; reading; grammar, punctuation & spelling; mathematics; English teacher assessment; and science teacher assessment (by LA, region & gender)

Percentage of pupils making expected progress between KS1 & KS2 in reading; writing; and mathematics (by LA & region)
Number of schools not reaching the floor standard (by LA & region)

Attainment at L4 or above in KS2 by ethnicity; first language; FSM eligibility; disadvantaged status; and SEN provision (by LA)

16-19 attainment (state-funded schools) by LA, region, cohort & sex

Destinations of KS4/KS5 pupils by LA, institution type, FSM, SEN, ethnicity, sex and disadvantaged status

Nomis data
Number of 16-24s claiming out-of-work benefiits (monthly)

Unaccounted for population?

Short-term outcomes

Improve progress at KS2 (age 7-11) and KS3 (11-14)

Improve GCSE attainment

Reduce incidence of common mental health disorders/severe mental illness in children and young people

Reduce rates of self-harming in young people

Reduce levels of violence, drug and alcohol abuse among young people

Reduce inequities between general population and vulnerable groups

Long-term outcomes

Increase proportion of 16-18 year olds in post-16 education or training

Improve attainment at A level or equivalent

Increase proportion of 19-24 year olds in education, employment or training

Reduce proportion of 18-24 year olds claiming JSA

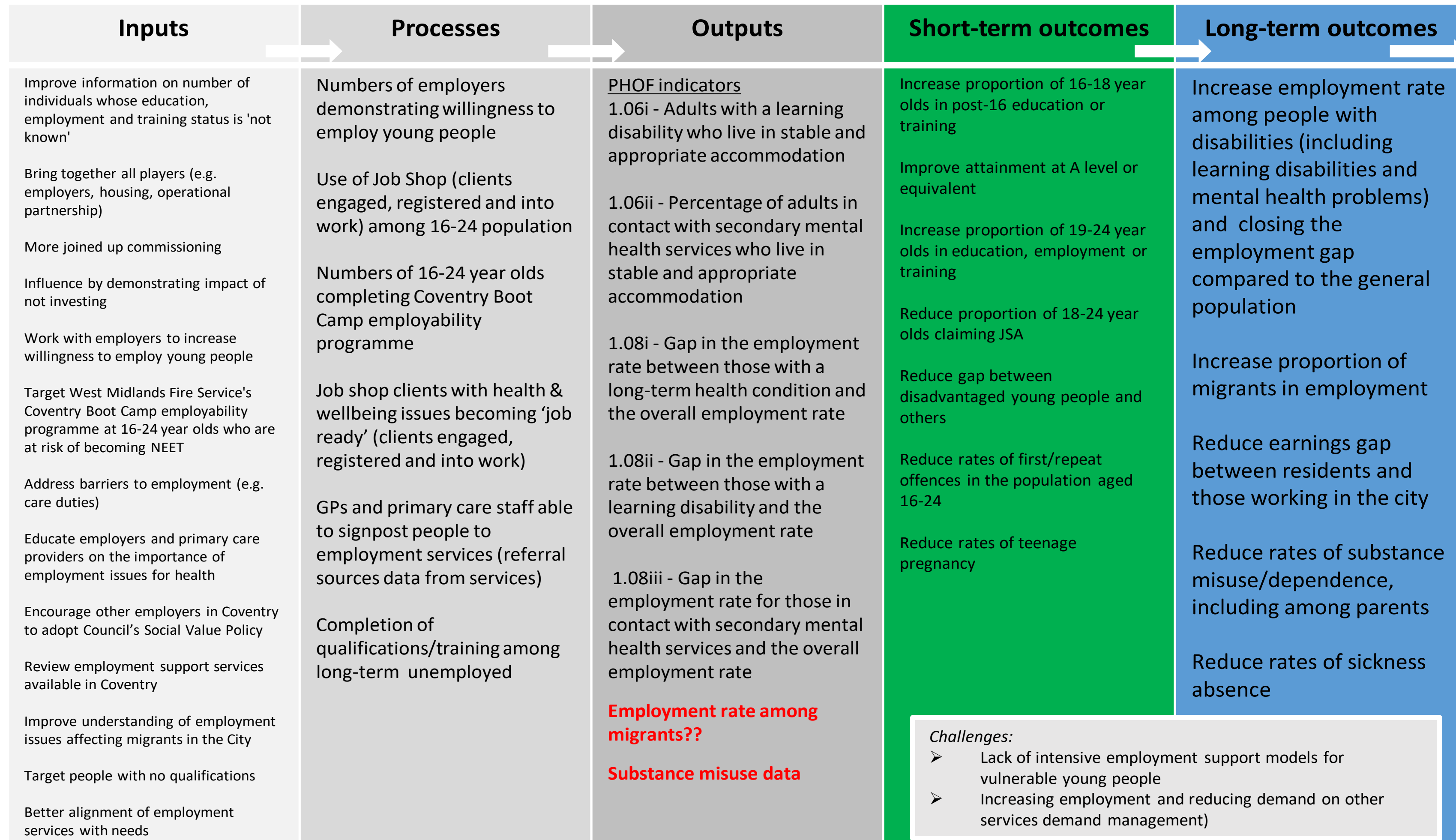
Reduce gap between disadvantaged young people and others

Reduce rates of first/repeat offences in the population aged 16-24

Reduce rates of teenage pregnancy

Help vulnerable people into work

Enable all children, young people and adults to maximise their capabilities and have control over their lives



Inputs	Processes	Outputs	Short-term outcomes	Long-term outcomes
Improve information on number of individuals whose education, employment and training status is 'not known' Bring together all players (e.g. employers, housing, operational partnership) More joined up commissioning Influence by demonstrating impact of not investing Work with employers to increase willingness to employ young people Target West Midlands Fire Service's Coventry Boot Camp employability programme at 16-24 year olds who are at risk of becoming NEET Address barriers to employment (e.g. care duties) Educate employers and primary care providers on the importance of employment issues for health Encourage other employers in Coventry to adopt Council's Social Value Policy Review employment support services available in Coventry Improve understanding of employment issues affecting migrants in the City Target people with no qualifications Better alignment of employment services with needs	Numbers of employers demonstrating willingness to employ young people Use of Job Shop (clients engaged, registered and into work) among 16-24 population Numbers of 16-24 year olds completing Coventry Boot Camp employability programme Job shop clients with health & wellbeing issues becoming 'job ready' (clients engaged, registered and into work) GPs and primary care staff able to signpost people to employment services (referral sources data from services) Completion of qualifications/training among long-term unemployed	PHOF indicators 1.06i - Adults with a learning disability who live in stable and appropriate accommodation 1.06ii - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation 1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate 1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate 1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate **Employment rate among migrants??** **Substance misuse data**	Increase proportion of 16-18 year olds in post-16 education or training Improve attainment at A level or equivalent Increase proportion of 19-24 year olds in education, employment or training Reduce proportion of 18-24 year olds claiming JSA Reduce gap between disadvantaged young people and others Reduce rates of first/repeat offences in the population aged 16-24 Reduce rates of teenage pregnancy	Increase employment rate among people with disabilities (including learning disabilities and mental health problems) and closing the employment gap compared to the general population Increase proportion of migrants in employment Reduce earnings gap between residents and those working in the city Reduce rates of substance misuse/dependence, including among parents Reduce rates of sickness absence

Challenges:
- Lack of intensive employment support models for vulnerable young people
- Increasing employment and reducing demand on other services demand management)

Improving quality of jobs

Create fair employment & good work for all

Inputs

Define ‘quality jobs’ and how best to tackle inequalities

Promote Workplace Charter

Engage with employers to create more supportive work environments

Educate employers on the benefits (including economic) of recruiting locally and providing quality employment

Incorporate health into Coventry City Council's Behaviour Framework

Model local economic forecast

Act as organisation exemplars of good employment practices

Challenges:

- Linking occupation data to job satisfaction and other wellbeing indicators
- Understanding where will have the most impact

Processes

Number of employers registered/achieving different Charter awards

Job shop clients becoming ‘job ready’ (clients engaged, registered and into work)

Number of interview invitations/attendances among Job Shop clients??

Job density - ratio of total jobs to population (Nomis)

Total employee jobs (Nomis)

Available jobs with training and living wage

Business counts (Nomis)

Numbers of people who want/do not want a job (Nomis)

Recognition by employers re: value of quality jobs

Outputs

Marmot indicators
Long term claimants of Jobseeker's Allowance (rate per 1,000 population)

PHOF indicators
1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week

1.09ii - Sickness absence - the percent of working days lost due to sickness absence

Nomis data
Numbers of employed, unemployed and economically inactive residents

Numbers claiming out-of-work benefits (by age and sex)

Earnings (weekly & hourly) among FT workers, by sex
Job satisfaction measures??
Nomis data by occupation

CCC data
Recorded crime in priority locations (number), police data only

Recorded crime in priority locations (number), police and council data, cumulative

Short-term outcomes

Increase employment rate among people with disabilities (including learning disabilities and mental health problems) and closing the employment gap compared to the general population

Increase proportion of migrants in employment

Reduce earnings gap between residents and those working in the city

Reduce rates of substance misuse/dependence, including among parents

Reduce rates of sickness absence

Long-term outcomes

Increase employment rate among working age population

Reduce numbers of working age adults claiming long-term unemployment and/or sickness benefits

Increase proportion of employed adults earning the living wage

Improve wellbeing and job satisfaction among working population

Improve productivity/reduce ‘presenteeism’

APPENDIX 3 – INDICATORS AGREED FOR THIS REPORT

Indicators reported in this evaluation were agreed prior to data collection by the lead researcher and the UCL Institute of Health Equity. They are all drawn from indicators recommended either by Public Health England, the UCL Institute of Health Equity, or those agreed by the Coventry Marmot Steering Group.

Fingertips is database of indicators of health and wellbeing and of social determinants supported by Public Health England. With some exceptions, the indicators are drawn from data that are routinely reported and aggregated at local authority level.

Source (Indicator ID if applicable) / title of Indicator

1. Fingertips (92901) *Inequality in life expectancy at birth – male & female*
2. Fingertips (90362) *Healthy life expectancy at birth – male*
3. Fingertips (90366) *Life expectancy at birth – male & female*
4. Fingertips (90632) *School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception*
5. Department for Education: Percentage gap between the lowest achieving 20% children and the average child in the same area in the early years (age 5)
6. Fingertips (90631) School Readiness: the percentage of children achieving a good level of development at the end of reception
7. Fingertips (91161) Primary school fixed period exclusions
8. Fingertips (91162) Secondary school fixed period exclusions
9. DfE Local Authority Interactive Tool (LAIT): Achievement of expected level
   - 9.1. KS2 RWM or above
   - 9.2. Achievement at Key Stage 4
     - 9.2.1. Disadvantaged pupils
     - 9.2.2. White British
     - 9.2.3. Children receiving free school meals (FSM)
   - 9.3. Attainment 8 score for pupils eligible for FSM / not eligible for FSM
   - 9.4. Progress 8 score for pupils eligible for FSM / not eligible for FSM / disadvantaged pupils
   - 9.5. Inequality gap in the achievement of a L3 qualification by age 19
   - 9.6. Proportion of pupils attending good or outstanding provision following Ofsted inspection: Primary / Secondary / Special
   - 9.7. Destinations of KS4/KS5 pupils
10. Fingertips (91125) 19-24 year olds not in education, employment or training
11. Fingertips (20401) Under 18 pregnancy: rate of conceptions per 1,000 females aged 15 – 17
12. Fingertips (insert) Hospital admissions as a result of self-harm (10-24 years) per 100,000
13. Fingertips (91126) Unemployment
    - 13.1. Percentage of Coventry residents aged 16-64 in employment
    - 13.2. Numbers of economically inactive residents
14. Steering Group monitoring report (OI7) - Gap in the JSA claimant rate between the most affluent and most disadvantaged areas
15. Fingertips (90282) Gap in the employment rate between those with a long-term health condition and the overall employment rate
16. Fingertips (90283) Gap in the employment rate between those with a learning disability and the overall employment rate

17. Fingertips (90635) Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate
18. Fingertips (90287) Sickness absence - the percentage of working days lost due to sickness absence
19. Fingertips (92868) Individuals not reaching the Minimum Income Standard
20. Nomis Earnings (annually & hourly) among FT and PT workers, by sex
21. Steering Group monitoring report (OI8) Gap in earnings between those living and working in the city
22. Fingertips (11502) Statutory homelessness - households in temporary accommodation, per 1000
23. Fingertips (90356) Fuel poverty
24. Fingertips (11601) Utilisation of outdoor space for exercise/health reasons
25. Fingertips (90280) Social Isolation: percentage of adult social care users who have as much social contact as they would like
26. Fingertips (90638) Social Isolation: percentage of adult carers who have as much social contact as they would like
27. Fingertips (22301) Self-reported wellbeing - people with a low satisfaction score
28. Fingertips (11201) Violent crime (including sexual violence) - hospital admissions for violence, per 100,000

The below were recommended for inclusion but are not reported at local authority level.

- Fingertips (10401) First-time entrants to the youth justice system
- Fingertips (92644) People in prison who have a mental illness or a significant mental illness
- Fingertips (93513) Re-offending levels - percentage of offenders who re-offend - current method
- Fingertips (92863) Domestic abuse-related incidents and crimes - current method

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