

Joint Communities and Adult Social Care & Health Overview and Scrutiny Committee

Date: Tuesday 11 January 2022
Time: 2.00 pm
Venue: Council Chamber, Shire Hall

Membership

Communities OSC

Councillor Jeff Clarke
Councillor Jonathan Chilvers
Councillor Richard Baxter-Payne
Councillor Jackie D'Arcy
Councillor Jenny Fradgley
Councillor Dave Humphreys
Councillor Bhagwant Singh Pandher
Councillor Daren Pemberton
Councillor Tim Sinclair
Councillor Andrew Wright

Adult Social Care & Health OSC

Councillor Clare Golby
Councillor John Holland
Councillor John Cooke
Councillor Marian Humphreys
Councillor Christopher Kettle
Councillor Jan Matecki
Councillor Chris Mills
Councillor Penny-Anne O'Donnell
Councillor Kate Rolfe
Councillor Mandy Tromans
Items on the agenda: -

- 1. Election of Chair**
- 2. General**
 - (1) Apologies**

- (2) Disclosures of Pecuniary and Non-Pecuniary Interests**
- (3) Chair’s Announcements**
- (4) Minutes of previous meetings** 5 - 14
- 3. Public Speaking**
- 4. Health (2 parts)**
 - (1) Mitigating the Impact of COVID-19 on Ethnically Diverse Communities** Verbal Report
 - (2) Health Inequalities Strategic Plan** 15 - 26
- 5. Education** Verbal Report
- 6. Economy and Skills** Verbal Report
- 7. Equality, Diversity and Inclusion (within WCC)** Verbal Report

This presentation will provide members with an update on internal equality, diversity and inclusion work that focuses on our people, by sharing highlights from our [EDI Annual Review 2020/2021](#) and our priorities for 2021/2022.

Monica Fogarty
 Chief Executive
 Warwickshire County Council
 Shire Hall, Warwick

To download papers for this meeting scan here with your camera



Disclaimers

Webcasting and permission to be filmed

Please note that this meeting will be filmed for live broadcast on the internet and can be viewed on line at warwickshire.public-i.tv. Generally, the public gallery is not filmed, but by entering the meeting room and using the public seating area you are consenting to being filmed. All recording will be undertaken in accordance with the Council's Standing Orders.

Disclosures of Pecuniary and Non-Pecuniary Interests

Members are required to register their disclosable pecuniary interests within 28 days of their election of appointment to the Council. Any changes to matters registered or new matters that require to be registered must be notified to the Monitoring Officer as soon as practicable after they arise.

A member attending a meeting where a matter arises in which they have a disclosable pecuniary interest must (unless they have a dispensation):

- Declare the interest if they have not already registered it
- Not participate in any discussion or vote
- Leave the meeting room until the matter has been dealt with
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests relevant to the agenda should be declared at the commencement of the meeting.

The public reports referred to are available on the Warwickshire Web
<https://democracy.warwickshire.gov.uk/uuCoverPage.aspx?bcr=1>

Public Speaking

Any member of the public who is resident or working in Warwickshire, or who is in receipt of services from the Council, may speak at the meeting for up to three minutes on any matter within the remit of the Committee. This can be in the form of a statement or a question. If you wish to speak please notify Democratic Services in writing at least two working days before the meeting. You should give your name and address and the subject upon which you wish to speak. Full details of the public speaking scheme are set out in the Council's Standing Orders.

COVID-19 Pandemic

Any member or officer of the Council or any person attending this meeting must inform Democratic Services if within a week of the meeting they discover they have COVID-19 or have been in close proximity to anyone found to have COVID-19.

This page is intentionally left blank

Joint Communities & Adult Social Care & Health Overview and Scrutiny Committee

Wednesday 25 November 2020

Minutes

Attendance

Committee Members

Communities OSC

Councillor Clare Golby (Chair)
Councillor Jenny Fradgley
Councillor John Holland
Councillor Andy Jenns
Councillor Keith Kondakor
Councillor Andy Sargeant
Councillor Bhagwant Singh Pandher

Adult Social Care & Health OSC

Councillor Wallace Redford
Councillor Helen Adkins
Councillor Jo Barker
Councillor Margaret Bell
Councillor Mike Brain
Councillor John Cooke
Councillor Judy McDonald (North Warwickshire Borough Council)
Councillor Penny O'Donnell (Stratford on Avon District Council)
Councillor Pamela Redford (Warwick District Council)
Councillor Kate Rolfe
Councillor Jerry Roodhouse
Councillor June Tandy (Nuneaton & Bedworth Borough Council)

Portfolio Holders

Councillor Les Caborn – Portfolio Holder for Adult Social Care & Health
Councillor Andy Crump – Portfolio Holder for Fire & Community Safety
Councillor Kam Kaur – Portfolio Holder for Customer & Transformation
Councillor Isobel Seccombe – Leader of the Council
Councillor Heather Timms – Portfolio Holder for Environment, Heritage & Culture

Officers

David Ayton-Hill, Assistant Director - Communities
Aoife Barror, Public Health Registrar

Ian Budd, Assistant Director – Education Services
Craig Cusack, Assistant Director – Enabling Services
Dr Gordana Djuric, Consultant Health Improvement Commissioning and Performance
Sarah Duxbury, Assistant Director – Governance & Policy
Allison Lekhy, Service Manager - HR Enabling
Nigel Minns, Strategic Director for People
Isabelle Moorhouse, Trainee Democratic Services Officer
Rob Powell, Strategic Director – Resources
Louise Richardson, Policy Lead
Keira Rounsley, EDI Practitioner
Mark Ryder, Strategic Director for Communities
Sushma Soni, Lead Commissioner
Paul Spencer, Senior Democratic Services Officer
Gereint Stoneman, Strategy and Commissioning Manager (Corporate Policy)

Others present

Chris Bain, Healthwatch Warwickshire

1. Election of Chair for the Joint OSC

Councillor Wallace Redford nominated Councillor Clare Golby to chair the meeting. This was seconded by Councillor John Cooke.

There were no other nominations.

Resolved

That Councillor Clare Golby is appointed Chair of the Joint Communities and Adult Social Care & Health OSC.

2. General

The Chair reminded the committee that this Joint OSC meeting was requested following the approval of a motion during the County Council meeting in September 2020, which focused on the needs of the Black, Asian and Minority Ethnic (BAME) communities. Given the broad spectrum of issues which could be raised she asked members to focus their questions to be pertinent to the scope of the item.

(1) Apologies

Councillors Sally Bragg – Rugby Borough Council, Jeff Clarke, Dave Shilton and Andrew Wright

Dr Shade Agboola (Director of Public Health) and Catherine Shuttleworth (Public Health Principal) who was substituted by Aoife Barror (Public Health Registrar)

(2) Member's Disclosures of Pecuniary and Non-pecuniary Interests

None.

(3) Chair's Announcements

None.

3. Public Speaking

None.

4. Meeting the needs of our Black, Asian and ethnic minority Communities in Warwickshire

Mark Ryder, Strategic Director for Communities introduced this item, outlining the four topics that would be covered during the meeting. Each would be delivered by a presentation with the opportunity for members' questions and discussion on next steps. The work was split into three sections:

- 'Make sense' – to give members an opportunity to consider the position of EDI (Equality, Diversity and Inclusion) in terms of education, health, economy and organisation.
- 'Make relevant' – to give members an update on the latest activity in Warwickshire.
- 'Make happen' – to enable members to decide what next steps should be taken.

Mark Ryder provided context on the demographic data for Warwickshire from the 2016 census. He added that amongst younger age groups there was a higher percentage of ethnic diversity, which indicated a change in demography and that policies needed to be adapted. Inequalities had been brought into sharp focus through the UK's exit from the EU, the impact of Covid-19, exposing pre-existing inequalities and the growing needs of BAME communities in terms of equality of access to services, future opportunities and outcomes. He reminded members of the Council's EDI vision agreed in August 2020 and the aims for the County Council to be a place where everyone felt valued, included, safe, supported and welcome. There were specific strands for employees, communities and members. Mark Ryder stated that all communities should feel comfortable contacting the council's services and members should feel supported by the council too as well as be aware of the EDI Action Plan. The introduction was followed by four thematic presentations.

Health

Dr Gordana Djuric (Consultant Health Improvement Commissioning and Performance) presented the health aspect and raised the following points, initially on the evidence base and intelligence:

- Addressing health inequalities remained a big part of Public Health England's (PHE) work. This included the BAME communities and the impact of Covid-19.
- People of BAME groups were more likely to contract and die from Covid-19.
- People of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death compared to White British.
- This analysis did not account for the effect of occupation, comorbidities or obesity, which were important factors associated with the risk of acquiring or dying from Covid-19. Other evidence showed that when comorbidities were included, the difference in the risk of death among hospitalised patients was greatly reduced.
- The report made seven recommendations for implementation, including "support community participatory research to understand the wider determinants of Covid-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes".
- In October the ONS (Office of National Statistics) conducted further analysis which included looking at whether pre-existing health conditions could explain the differences between ethnicities. This analysis found:
 - When adjusting for age, rates of death involving Covid-19 remained greater for most ethnic minority groups, and most notably so for people of Black African, Black Caribbean, Bangladeshi and Pakistani ethnic background.

- Statistical modelling showed that a large proportion of the difference in the risk of Covid-19 mortality between ethnic groups could be explained by demographic, geographical and socioeconomic factors, such as home location and occupation.
- It also found that specific pre-existing conditions placed people at greater risk of Covid-19 mortality but did not explain the remaining ethnic background differences in mortality.
- The health presentation concluded with actions being taken. As part of the Covid-19 recovery plan an action had been included to implement recommendations from the PHE review outlined above. A bid of £400k was applied for through the Council's Sustaining Prevention Investment Fund to deliver this recovery plan objective, through a project which aimed to work with the BAME community in Warwickshire to mitigate the elevated risks of Covid-19 mortality and morbidity experienced by them.
- The two main objectives of the project were:
 1. Commission a collaborative research project to understand the wider determinants of Covid-19 in BAME communities in Warwickshire.
 2. Run a grants process for BAME communities to access funding for projects that link to the findings of the research, to help to address health and social inequalities, particularly in relation to Covid-19.
- The project would be collaborative involving the council and the Benn Partnership.

In response to Councillor Keith Kondakor's queries about engaging the BAME community in more physical activities, Dr Gordana Djuric spoke about the benefits in reducing comorbidities and the challenges in motivating behaviour changes amongst some people. The project would aim to engage local communities to see what activities they would like to engage with. Councillor Les Caborn (Portfolio Holder for Adult Social Care & Health) raised a related point on physical activity levels in different age groups of BAME communities and younger age groups tended to participate more.

Education

Ian Budd (Assistant Director – Education Services) presented the education aspect and raised the following points, commencing with the evidence base and intelligence:

- The EDI toolkit and audit for schools recommended publishing a range of policies on equalities, bullying, admissions/selection, exclusions and progress & performance Information (including achievement/ attainment levels of pupils). Ian Budd added that education settings would become more diverse and autonomous, so the correct governance arrangements needed to be implemented for performance monitoring.
- Evidence of advancing equality of opportunity included: staffing information, training records, extra curricula activities, gender pay gap information.
- Fostering good relations. This included information on overall pupil profile data, community cohesion activities, evidence of curriculum covering issues such as tackling prejudice, understanding diversity and cohesion, information on engagement and parent and pupil surveys.
- Local governing bodies would have regular reports from the school's leadership teams around how they supported their community including staff, pupils and their families.
- They must track pupils' progress and whether they were achieving their potential, intervening where it was required.
- Health e.g. attendance and regular reporting of curriculum contents were important for schools.

- Data slides were provided on ethnicity and pupil attainment against expected levels at both the primary and secondary school key stages for the years 2017-19.
- Comparing the data between 2019, 2020 and onwards to 2021 was challenging because of not only the Covid-19 pandemic, but also the different methods for assessing grades/attainment in each of those years.
- The different methods of assessment would raise questions across each cohort and setting on whether pupils were achieving their potential.
- The presentation then focussed on actions. It remained important to address the education gap between pupils, especially following the closure of schools in 2020. The safety of staff and pupils was ensured by giving advice on risk assessments, action plans and operating as safely as possible during the pandemic.
- Further guidance had been provided specifically for the BAME community.
- If a child or young person was identified as vulnerable, both education settings and the local authority had worked hard to maintain contact with them during the first lockdown.
- Education settings had worked with vulnerable pupils to assess their learning gap and missed social skills as part of a recovery plan and to address this gap, which had widened due to the pandemic. Examples were given of the measures which could be implemented including the 'Warwickshire Challenge' project at key stage three.
- Academies were responsible for their own curriculum, and for maintained schools there was a national curriculum in place. Anti-racism strategies were in place in every school setting and all incidents were investigated.
- The 'Responding to Racism' curriculum resource was set up with faith groups to tackle racial injustice and to educate on black history.

The Chair read a question from Councillor Helen Adkins, which concerned improving communication with families from BAME communities, where English was not their first language. Ian Budd provided context on the number of maintained schools which the County Council was directly responsible for. Academy schools had to fulfil their responsibilities to a reasonable standard. The key message was to help with communication through a variety of formats and to provide translation services. The council could advise academies of the required standards, but they had to implement them. A further area discussed was the data sets on attainment across the different ethnic groups and traveller communities.

Economy & Skills Equality

David Ayton-Hill (Assistant Director – Communities) presented the section on the wider economy, with available data on employment and economic activity. It was difficult to obtain quality data due to the employment and economic activity being a small cohort. The presentation commenced with the evidence base and intelligence:

- Employment rates amongst ethnic minority groups in Warwickshire were above the national average in 2020 but below the overall employment rates for the county. Similarly economic inactivity rates were higher amongst ethnic minority groups when compared to all people in the county.
- National data showed that the BAME community were more likely to be in low paid flexible contract jobs.
- Nationally, BAME communities had a lower propensity to start and run a business. The BAME community made up 14% of the of the country's population but accounted for only

5% of business owners. There were known challenges around access to finance and raising finance from mainstream sources.

- A slide showed work that was underway, comprising generic business support, support to young people, sector specific support and the opportunities to do more.
- This included aspects on business, employment support, apprenticeships and skills development together with the support offer to those wanting to start a business.
- The economic and employment skill sectors would link up with wider research with the BAME communities to promote entrepreneurship, careers and apprenticeships.
- Work on inclusivity would examine how to engage more effectively with the BAME communities.

Councillor Kam Kaur (Portfolio Holder – Customer & Transformation) considered that promoting apprenticeships to the BAME communities was an important action both within the council and through other businesses in the county. During the first lockdown, there had been good engagement with community leaders from different minority ethnic groups and faiths to spread key messages on Covid-19, staying safe and addressing language barriers. There was comprehensive directory of volunteer contacts in communities who could assist in breaking down language barriers and connecting with communities.

Councillor Kondakor sought data on working hours, long and unsociable hours and breaches of the minimum wage payments. David Ayton-Hill confirmed that officers could not get local data regarding anti-social hours and zero-hour contracts. National data could be provided, but this would be difficult to disaggregate for Warwickshire. Trading Standards would be contacted to see if they could add anything further.

Equality, Diversity & Inclusion

Keira Rounsley (EDI Practitioner) and Allison Lekhy (Service Manager - HR Enabling) presented the Equality, Diversity & Inclusion aspect on Warwickshire County Council's workforce and raised the following points:

- Equality reports were presented to Staff and Pensions Committee on a regular basis.
- The EDI agenda remained an integral part of the council's people strategy; a refreshed people strategy would be presented to the December 2020 Staff and Pensions Committee and the Resources and Fire & Rescue OSC.
- A data slide showed ethnicity information from the 2011 census, for the county council and each directorate.
- Reference to the focussed work to refresh EDI networks, which fed into the council plan and people strategy.
- Since 2017-18, ethnic diversity had increased (from 1.3% to 2.9% amongst Black and Black British employees), but there was a lower ethnic diversity in some areas such as Fire & Rescue. A community engagement officer had been employed to increase the diversity of applicants, with an outline of the engagement work undertaken.
- There was a year-on-year increase in staff disclosing their ethnicity, currently being 86.7%, and continual efforts to increase this further, an example being modifications to the 'Your HR' IT system to be more inclusive.
- 2020 was the first year that the council had voluntarily reported its ethnicity pay gap, but as it was voluntary there was no benchmarking information. The presentation slide drew out key highlights from the 2019/20 report.

- There was a -2.6% pay gap between the mean hourly rate for BAME employees non-BAME employees.
- Further work would be undertaken to explore and break down the ethnicity pay gap data, including a dashboard to provide live data rather than an annual report.
- On employee engagement, slides showed data from the 2019 annual staff survey and more recently from check in surveys as well as focus groups. Engagement took place with services which scored poorly with EDI and wellbeing questions. The aim was to secure both qualitative and quantitative data. The sample sizes of some groups was small.
- The 2019 and 2020 check-in surveys asked staff the council's strengths and weaknesses. Staff were encouraged to disclose their ethnicity in the check in surveys and it was recognised that there was a need to build trust within the workforce.
- The surveys found that staff recognised the importance of EDI but did not know how to embed it in their workplace. As a result, the equality impact assessment process was reviewed, the diversity and inclusion hub of resources created and training offered to work with staff to create the council's EDI vision collaboratively.
- The EDI project was supported by the People Strategy and 2020-2025 Council Plan.
- Further slides gave an outline of key work areas.
- The county council had received a bronze award from the Inclusive Employers Standard.
- Focus groups were set up with ethnically diverse employees; an outcome from this was to find correct alternative terms other than using BAME in communications. The EDI team would like to work with communities to gain wider viewpoints and to create a guide on terminology.
- The BAME staff network was engaged with the EDI project and was contributing to formation of its priorities.
- Reference to black history month and the webinars provided, to the work with foster carers to support them to become more culturally competent and to the Warwickshire Children & Families Anti-racism Strategic Plan.
- The County Council commissioned the charity EQUIP to work towards elimination of unlawful discrimination and to promote equality of opportunity and good relations between people of different protected characteristics as set out in the Equality Act.
- Regular input to the senior leadership forum was carried out to educate on inclusivity too.

Councillor Kondakor asked about the impact of geography as many council staff would be Coventry residents, which had a more diverse ethnicity. He asked where vacancies were advertised and the potential benefits from remote working. Keira Rounsley agreed that the shift to flexible working expanded the talent pool and promoted job applications from further away. Warwickshire County Council wanted to show it employed a diverse range of staff and for prospective applicants to see the benefits of working for the council. Tailored advertising and platforms were also used. Keira Rounsley agreed follow up a suggestion with the Business Intelligence team regarding the potential to compare ethnicity data against where the staff lived.

Next Steps

Mark Ryder spoke to a final slide on options for next steps with four key areas:

- Maintaining momentum and support
- Building Engagement
- Strengthening understanding and best practice
- Strengthening integration and join up

The information provided in the meeting would be used to focus on areas where the council could make improvements, promote inclusivity and meet the needs of diverse communities. Rob Powell (Strategic Director – Resources) stated that the EDI agenda was not only the right and proactive thing to do but it was fundamental to the council's aims as an inclusive employer and central to its Our People Strategy. This concerned creating the right culture, policies, processes and enabling conversations to meet the council's aims and objectives. This agenda would feature prominently in the Covid recovery plan and assist effective engagement and communication with all of Warwickshire's communities, to understand their needs and to influence behaviours. He concluded that the EDI agenda would never be complete, and the Council would continually strive to do more. Member feedback was welcomed on the proposed direction and any further areas they wished to see included.

Councillor John Holland acknowledged the work undertaken. He suggested that there were further areas to explore, perhaps via this joint OSC or through a task and finish group (TFG). Such a group could focus on the detail, specific actions and priorities. He noted the 'miss-match' between priority areas on inequalities reported in today's session on health and a recent session on social services, which needed to be aligned. He concluded that a TFG should be established to take this forward.

Councillor Margaret Bell spoke on the suggestion for a TFG, advising that the Adult Social Care & Health (ASC&H) OSC had recently appointed a TFG. Due to the amount of work the council was undertaking, she queried if another TFG would be useful or could contribute anything further. The Chair agreed that TFGs needed to add value. From the evidence submitted, a lot of work was ongoing and priority areas had been established. She suggested that the joint OSC reconvene in the future rather than establish another TFG. Mark Ryder added there was a need for an ongoing dialogue to keep members informed. Additionally, this agenda needed to be included in other established TFGs.

Nigel Minns (Strategic Director – People) confirmed the remit of the TFG appointed by the ASC&H OSC, which would commence in the New Year. The areas covered today were so broad, spanning many areas and making it difficult to focus on a set of urgent priorities. Other areas referenced were the covid response, health inequalities more generally, the health and wellbeing strategy and the multi-agency Health and Wellbeing Board. He agreed that the joint committee being reconvened periodically would be helpful. The Council was an influencing organisation, as a commissioner of services and could use this role to influence other organisations. This extended to other 'anchor' institutions in the public sector working collectively.

Rob Powell agreed that it was important to work with external bodies in all sectors to tackle anti-inequality. The Council's performance measurement framework was being refreshed with metrics on EDI, which would assist member scrutiny. He spoke of the external review of the scrutiny function, which was nearing conclusion and there was a need for cross cutting themes like EDI to be woven in to their work programmes.

Councillor Redford concurred with earlier speakers on the need for TFGs to add value. Given the current response to Covid-19 which was adding significantly to officer workloads, he was hesitant to suggest any additional TFGs, especially given the broad remit of this area. He clarified the role of the ASC&H TFG and need to ensure this did not duplicate other ongoing work. He also suggested that this joint OSC should meet again but was mindful of the county council elections in May 2021. In the meantime, briefing notes could be used to provide updates. Councillor Caborn supported the suggestion to retain the joint OSC to keep an oversight of work taking place in other

organisations. He used an example of work in a district council on fuel poverty, which could be shared across all areas of the county. Perhaps an information source of ongoing activity would help to avoid duplication.

Councillor Kaur thanked officers for their presentations and the information provided, which showed the extent of work underway across the county council. She was keen to see the revised performance frameworks and ensure that the various streams linked together within the Council Plan. This would provide assurance for members of the cross-cutting work taking place.

Resolved

The Joint Communities and Adult Social Care & Health OSC:

1. Considers the current position and recommends further activity, as shown in resolutions 2 and 3 below, to ensure Warwickshire County Council continues to meet the needs of Black, Asian and Minority Ethnic communities within Warwickshire and the Council's workforce.
2. Notes the information provided and requests a follow up Joint OSC meeting on a date to be confirmed in 2021.
3. Requests that briefing notes be shared with members providing updates of the work undertaken by the council on the topics covered in the meeting.

The meeting rose at 15:47

.....
Chair

This page is intentionally left blank

Joint Adult's and Communities Overview and Scrutiny Committee

Coventry and Warwickshire Health Inequalities Strategic Plan

11 January 2022

Recommendation(s)

1. **Note** the requirements for a Coventry and Warwickshire Health Inequalities Strategic Plan.
2. **Support** the recommended local priority population groups for the strategic plan (covering transient communities; black and minority ethnic groups; people with disabilities; older people experiencing rural deprivation).
3. **Support** the implementation of the plan and ensure organisations are implementing the plan as single organisations and in partnership with others.

1. Executive Summary

- 1.1 The Coventry and Warwickshire Integrated Care System (ICS) is required to provide a draft 'Health Inequalities Strategic Plan' to NHS England/Improvement by 22nd March 2022. The plan must depict a locally agreed strategic approach for addressing health inequalities within 5 nationally determined clinical priorities covering maternity care, early cancer diagnosis, severe mental illness, chronic respiratory disease and hypertension.
- 1.2 The plan must be led by the local Director of Public Health and owned by decision-making bodies within the developing ICS.
- 1.3 A programme of engagement is underway with partners and key NHS workstreams to develop the plan.
- 1.4 The plan must apply the national "Core20+5" model, with action to improve access and outcomes for people living in the most deprived areas (Core20: most deprived fifth of the population as defined by the Indices of Multiple Deprivation) and for locally determined priority population groups ("+" groups) across the "5" clinical areas.
- 1.5 Recommended local priority "+" groups for Warwickshire are: transient communities; Black and Minority Ethnic groups; people living with disabilities and older people experiencing rural deprivation.
- 1.6 Application of the Core20+5 model must be embedded within a wider approach to reduce inequalities in health outcomes and the determinants of health and wellbeing.

- 1.7 The local plan will build on the recommendations within the Director of Public Health's Annual Report 2020/21 - COVID-19 in Warwickshire¹ which aim to embed consideration of and action on health inequalities in all that we do and shift how we work with local communities.

2. Financial Implications

- 2.1 No direct costs or savings are directly associated with this report but partners within the ICS need to give consideration to prioritising action to address inequalities and how this will be reflected within future financial strategies and investment decisions.

3. Environmental Implications

- 3.1 No direct implications from this paper but consideration needs to be given to environmental risks, such as poor air quality, which disproportionately impact people living in areas of higher deprivation and increase risk of poor health outcomes.

4. Supporting Information

- 4.1 The Coventry and Warwickshire ICS is required to provide a draft 'Health Inequalities Strategic Plan' to NHS England/Improvement by 22nd March 2022. The plan must depict a locally agreed strategic approach for addressing health inequalities within 5 nationally determined clinical priorities, whilst also reflecting how this work is embedded within a broader approach to reducing health inequalities within Coventry and Warwickshire.

- 4.2 A programme of engagement with partners and key NHS workstreams is currently underway to shape the Strategic Plan and ensure the approach takes into account the needs and inequalities within each within each of our 3 Warwickshire 'Places' (Warwickshire North, Rugby and South Warwickshire).

- 4.3 The 5 national clinical priorities are set out with in a "Core20+5" model. The model requires focused efforts to improve health access and outcomes for those living in the most deprived 20% of the national population ("Core20" - as defined by the Index of Multiple Deprivation for Lower Super Output Areas, (LSOAs)) and locally determined priority population groups ("+" groups). Consideration to these groups must be embedded in actions aligned to the nationally prescribed 5 clinical priorities:

- **Maternity:** continuity of care for women from Black and Minority Ethnic (BAME) communities in the most deprived areas
- **Early Cancer Diagnosis:** 75% of cancers diagnosed at Stage 1 or 2 by 2028
- **Severe Mental Illness (SMI):** annual health checks for 60% of those living with SMI
- **Chronic Respiratory Disease:** a focus on Chronic Obstructive Respiratory Disease (COPD), driving up uptake of COVID, Flu and Pneumonia vaccinations

¹ <https://www.warwickshire.gov.uk/publichealthannualreport>

- **Hypertension Case-Finding:** to allow for interventions to optimise blood pressure (BP) and minimise the risk of myocardial infarctions and stroke.



- 4.4 The 5 clinical areas have been selected due to existing inequalities and with Cancer, Circulatory and Respiratory illness being the biggest killers action in these areas if vital for having an impact on health outcomes for all population groups.²
- 4.5 Maternity has been included following findings from the national Confidential Enquiries into Maternal Deaths and Morbidity which found maternal mortality rates among Asian women were twice as high than in White women, and four times higher in Black women compared to White.³
- 4.6 People living with a SMI are a national priority due to the gap in life expectancy for this cohort, which is 15-20years lower than the general population and largely due to physical health conditions.⁴
- 4.7 The 5 clinical priorities are primarily focused on secondary and tertiary prevention approaches (identifying significant risk factors or early signs of disease in order to intervene and prevent further ill-health, or preventing exacerbation of existing illnesses). Such approaches are likely to provide swifter return on investment for local systems than primary prevention approaches, however for longer-term and sustained impacts on health inequalities applying primary prevention to reduce the prevalence of risk factors is required.

² <https://ukhsa.blog.gov.uk/2019/06/18/what-do-phes-latest-inequality-tools-tell-us-about-health-inequalities-in-england/>

³ <https://www.npeu.ox.ac.uk/mbrbrace-uk/reports>

⁴ <https://ukhsa.blog.gov.uk/2018/12/18/health-matters-reducing-health-inequalities-in-mental-illness/>

- 4.8** Broader partnership activity is required to promote healthy behaviours, address inequalities in the wider determinants of health and create healthy environments in which residents live, work and play within is required in order to harness longer-term improvements in health equity.
- 4.9** In order to reflect wider local action, the Coventry and Warwickshire Health Inequalities Strategic Plan will reflect the four pillars of population health which has been adopted within both system and place-based partnerships.
- 4.10** The plan will build on the recommendations from the Director of Public Health's Annual Report, 2020/21 COVID-19: Impact in Warwickshire, an exceptional year.
- Adoption of a Health in All Policies approach
 - Adoption of Public Health England's (PHE) Health Equity Assessment Tool (HEAT)
 - Build on community engagement and co-production approaches to understand and involve local communities, working with residents and voluntary and community sector partners
 - Invest in services and initiatives to improve and protect physical and mental health and wellbeing of residents
- 4.11** The plan will build upon existing areas of work with a strengthened focus on health inequalities through a population health management approach, bringing inequalities considerations into prioritisation and investment decisions, addressing digital exclusion, commissioning for social value, supporting economic recovery and improving the diversity of the public sector workforce and leadership.

5. Health inequalities in Warwickshire

- 5.1** Overall life expectancy in Warwickshire is above the national average however there is variation by deprivation and by gender. Across Warwickshire as a whole the gap in life expectancy at birth between those living in the most and least deprived areas is 8.2years for men and 5.7 years for women.
- 5.2** At a more local level the life expectancy gap for males is highest within Nuneaton and Bedworth, at 10.1 years for men; whereas the gap in life expectancy for females is highest in Warwick at 6.5years (see appendix 1).

Figure 1: Warwickshire Population Pyramid

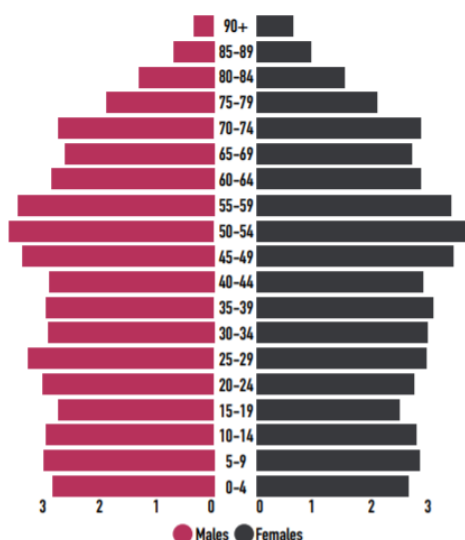


Figure 2: Warwickshire life expectancy and healthy life expectancy at birth, 2017/19

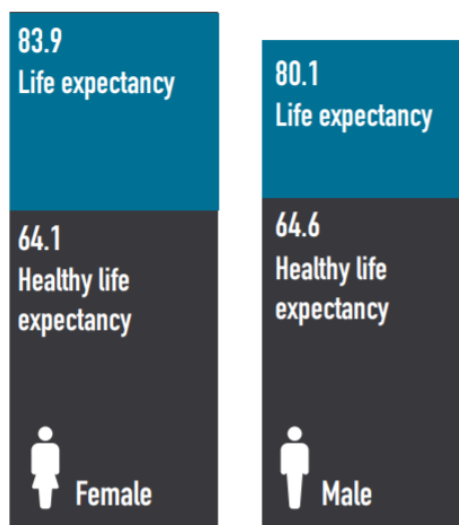
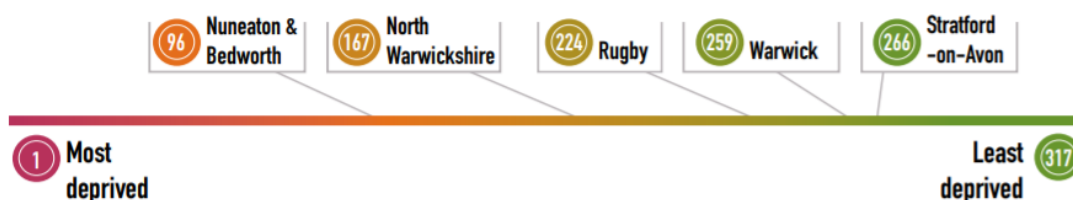


Figure 3: This graphic shows the national ranking of districts and boroughs out of the 317 local authorities using the 'Rank of Average Score' measure in 2019¹¹



5.3 Health outcomes also vary between population groups. Key groups experiencing health inequalities, and recommended as local priority population groups, are outlined below.

5.4 Local Priority Population Groups

5.5 A review of local and national evidence on health inequalities, the impact of the pandemic and engagement with ICS partners, the following are recommended to be included as priority population groups for Warwickshire.

- People from black and minority ethnic groups
- Transient communities (homelessness, gypsies, travellers and boaters and newly arrived communities)
- People living with disabilities (physical, sensory and neurological)
- Older people experiencing rural isolation

5.6 Within Warwickshire 6.5% of the population, approximately 38,000 people, live in the most deprived 20% of areas nationally (based on the Indices of Multiple Deprivation).

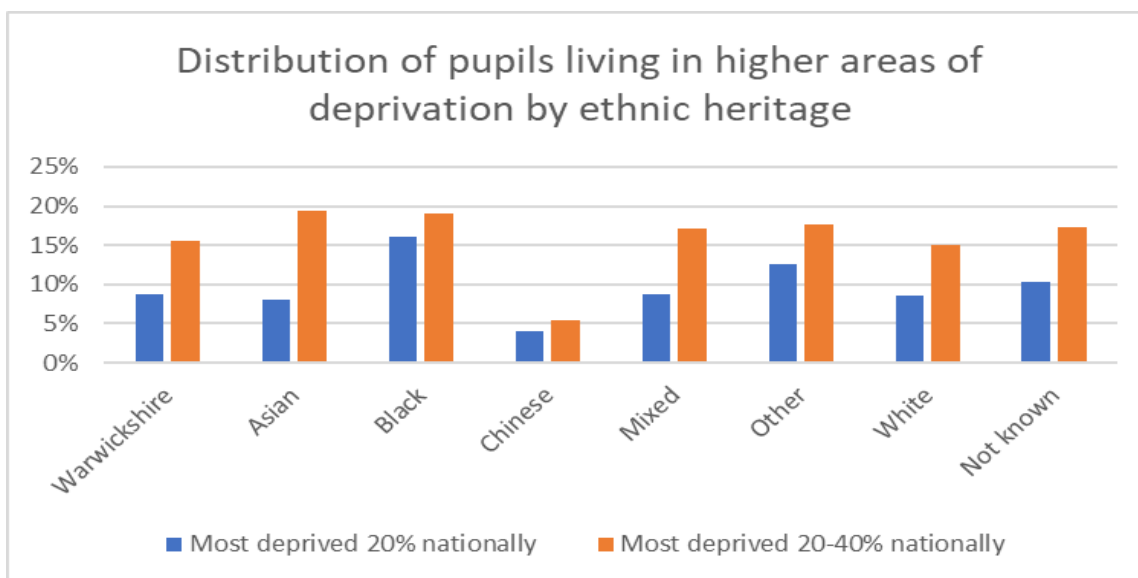
5.7 The 2021 Census data is yet to be published and hence analysis of school census data from May 2021 gives a more up to date view of the intersectionality between deprivation and ethnicity in Warwickshire. 16% of pupils from Black/Black British heritage live in the most deprived quintile nationally, compared to 8.8% of the total

population. Pupils from other minority ethnic groups are generally over-represented in the 20-40% most deprived areas of Warwickshire.

5.8 There is a need, locally, to broaden the scope beyond the most deprived national quintile in order to adequately address the disproportionate impacts the pandemic has had on ethnically diverse communities within Warwickshire, which are over-represented in the fourth most deprived population quintile nationally (see below).

Percentage of pupils living in the most deprived 20% nationally

Coventry	Warwic kshire Total	Asian	Black	Chinese	Mixed	Other	White	Not known	Total pupils
Most deprived 20% nationally	8.8%	8.0%	16%	4.0%	8.7%	12.6%	8.6%	10.3%	7,590
Most deprived 20- 40% nationally	15.6%	19.4%	19.1%	5.5%	17.2%	17.7%	15.1%	17.3%	13,550
Total pupils	86,698	5,688	1,312	325	4,579	1,195	71,770	1,829	



5.9 Transient Communities in Coventry and Warwickshire:

5.10 Homelessness

5.11 People who are homeless have an average age of death of 47 years for men and 43 years for women (compared to 74 and 80 years respectively in the general population. This measure differs from life expectancy but still highlights the significant inequalities in health outcomes for people who are homeless⁵.

⁵ https://www.crisis.org.uk/media/236799/crisis_homelessness_kills_es2012.pdf

5.12 The comparative probability of death among people who are homeless compared to the general population are shown below:

- Alcohol-related causes: 7 times higher
- Drug-related causes: 20 times higher
- Suicide: 3.5 times higher
- HIV or Hepatitis: 7 times higher
- Chronic respiratory disease: 3 times higher
- Chronic heart disease: 2 times higher
- Falls: 7 times higher

5.13 The physical and mental health impacts of being homeless, as well as barriers to accessing services, including digital exclusion, contribute towards premature mortality for this cohort.

5.14 Homelessness is an issue of relevance to each of our three “Places”, with at least one District or Borough per place ranking highly in the region in at least one of the indicators of need (see below)⁶.

2019/20 Crude rate per 1,000 households	England	West Mids	Coventry	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford on Avon	Warwick
Households in temporary accommodation	3.8	2.0	4.2 (2 nd highest in WM)	1.3	*	1.5 (4 th highest in WM)	2.6 (3 rd highest in WM)	1.3 (7 th highest in WM)	0.3
Households owed a duty under the Homelessness Reduction Act (2019/20)									
Overall crude rate per 1,000 households	12.3	11.2	13.9 (6 th highest in WM)	10.9	5.9	16.9 (3 rd highest in WM)	12.0	10.8	7.0
With dependent children (as crude rate per 1,000 households with a dependent child)	14.9	14.9	17.7 (5 th highest in WM)	13.9	8.7	21.7 (3 rd highest in WM)	14.9 (9 th highest in WM)	14.5	7.1
Main applicant 16-24 (crude rate per 1,000 households)	2.6	2.5	3.1 (8 th highest in WM)	2.6	1.4	4.5 (3 rd highest in WM)	2.7	2.2	1.9
Main applicant 55+ (crude rate per 1,000 household with reference person aged 55+)	2.9	2.1	2.7 (6 th highest in WM)	2.6	1.9	2.9 (4 th highest in WM)	2.8 (5 th highest in WM)	3.2 (3 rd highest in WM)	1.6

5.15 *Gypsies, Travellers and Boaters*

5.16 Gypsy and Traveller communities are amongst some of the most deprived groups nationally. Life expectancy is 10years lower than the general population and mothers in these communities are 20 times more likely to experience the death of a child.⁷

⁶ www.fingertips.phe.gov.uk

⁷ <https://www.equalityhumanrights.com/en/gypsies-and-travellers-simple-solutions-living-together>

- 5.17** Within Warwickshire there are four Local Authority managed Traveller sites in Warwickshire, covering each of our three “Place” geographies:
- North Warwickshire – Alvecote
 - Nuneaton & Bedworth – Griff Hallows
 - Rugby – Woodside,
 - Stratford-upon-Avon – Pathlow
- 5.18** Warwickshire has an extensive network of waterways, with 19 rivers crossing the County and 4 canals in the ‘Warwickshire Ring’⁴. Whilst these waterways are popular tourist attractions it must be remembered that they also provide a home to a number of Liveaboard Boaters.
- 5.19** A 2019 survey highlighted health inequalities experienced by Liveaboard Boaters. The study based on responses from 356 Boaters found 88% were registered with a GP and 52% with a dentist, whilst 37% had experienced being wrongly refused registration at GP surgeries and dentists.
- 5.20** Access to routine appointments is poorer for Boaters than the general population, with 50% of Boaters rating their experience of getting an appointment as “Fairly” or “Very Good” compared to the general population. Importantly the opportunity to access screening appointments is also poorer, with only 64% of Boaters having received an invitation letter for Cervical or Breast Screening when they should have and only 53% had received an invitation for Bowel Cancer when they should have.⁸
- 5.21** *Newly arrived communities – asylum seekers and refugees*
- 5.22** A relatively small but important number of number of asylum seekers and refugees have been accommodated within Warwickshire during the pandemic.
- 5.23** Asylum seekers and refugees can have complex health needs. Common health challenges can include: poorly controlled chronic health conditions; untreated infectious diseases or missing vaccinations; poor mental health related to previous trauma and/or to isolation as a newly arrived resident; and women may have additional need ante- or post-nataly, associated with late presentation to healthcare, previous trauma, malnutrition or poverty. Despite these health needs there is no evidence of a disproportionate use of healthcare resources. In fact asylum seeker and refugees often face barriers accessing services whilst also facing barriers to accessing services, including language and cultural barriers along with a lack of understanding of UK health systems⁹
- 5.24** *Disabilities in Warwickshire*
- 5.25** The Coventry and Warwickshire COVID-19 Health Impact Assessment noted the increased levels of anxiety and loneliness experienced by people living with

⁸ <https://www.gypsy-traveller.org/health/fft-launch-findings-of-largest-ever-study-on-health-of-uk-liveaboard-boaters/>

⁹ <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers>

disabilities during the pandemic.¹⁰ Findings from the ONS Opinions and Lifestyle Survey highlights the disproportionate impact of the pandemic on people with disabilities through the following indicators (as of February 2021)¹¹:

- Negative impacts on access to healthcare for non-coronavirus purposes: 40% of people with disabilities compared to 19% of the general population
- Negative impact on wellbeing: 65% of people with a disability versus 50% of the general population (with poorer ratings across all 4 wellbeing measures on life satisfaction, feeling that life is worthwhile, low happiness and high anxiety)

5.26 Inequalities in outcomes for people with disabilities existed prior to the pandemic, with lower educational attainment and employment rates, lower levels of home-ownership, higher rates of self-reported anxiety and loneliness and higher rates of domestic abuse compared to the general population.¹²

5.27 *Sensory disabilities*

5.28 International studies suggest older people with hearing and visual impairments have a life expectancy at age 60 of 4years lower than those without impairments.¹³ Within the UK studies have reported that people with sensory impairments face barriers accessing routine care.

5.29 A study in Durham found people living with hearing impairments can find it difficult to make routine health appointments, and even more so to make emergency appointments, with BSL interpreters not booked or readily available when required. Patients have reported impacts on their mental health related to poor communication during their patient journey. Healthcare-associated communications are often in the form of letters with language that maybe difficult to understand and require patients to telephone to progress actions. Digital access to NHS 111 (deaf-friendly services) will help to an extent but digital exclusion of older people with hearing impairments is an area of concern.¹⁴

5.30 A study from Manchester found people living with sight loss experienced higher levels of social isolation, unemployment and self-reported depression compared to the general population. In this study 36% of participants reported barriers accessing health services, this rose to 57% for people from Black and Minority Ethnic groups who were living with sight loss.

5.31 Health information and campaigns are less accessible to people with sight loss, as is routine healthcare correspondence which can lead to higher numbers of missed appointments and impacts on health and wellbeing for this cohort. Fear of falling can

¹⁰ <https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1/impact-covid-19/1>

¹¹

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsondisabledpeopleingreatbritain/february2021>

¹²

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2020#main-points>

¹³ Tareque et. Al. The impact of self-reported vision and hearing impairment on health expectancy. Journal of the American Geriatric Society, 67(12), 2528-2536. 2019.

¹⁴ <https://www.bid.org.uk/downloads/resources/barriers-to-healthcare-services---a-report-by-bid-services.pdf>

prevent people with sight loss accessing community-based activities, leading to high levels of inactivity and low access to support groups which may help both physical and mental wellbeing. Additionally, fear of falling can itself be a risk factor for falls.¹⁵

5.32 *Developmental disabilities*

5.33 People living with learning disabilities (LD) have a lower life expectancy than the general population. The life expectancy gap is estimated to be 18year for women with a learning disability and 14years for men. Studies suggest between 19-38% of deaths among people with LD are due to “avoidable causes”, compared to 9% of deaths in the general population that could have been avoided by the provision of good quality healthcare¹⁶.

5.34 People with Autistic Spectrum Disorder die on average 12 years earlier than the general population and are at increased risk of multi-morbidity from both physical and mental health conditions. Those with co-existing LD experience greater risks of physical ill-health, whilst those without co-existing LD experience greater risks of mental ill-health, with deaths by suicide being the greatest cause of premature death. People with ASD are 9 times more likely to die by suicide than the general population.^{17,18}

5.35 **Rural Isolation in Warwickshire**

5.36 Rural isolation is a significant area of concern for Warwickshire given our geography and older population. Whilst 6.5% of Lower Super Output Areas in Warwickshire are in the most deprived fifth nationally using the composite Indices of Multiple Deprivation measure, when looking at the “Barriers to Housing and Services” domain this increases to 15% of local LSOAs, or approximately 99,000 residents, within the most deprived national quintile in this domain.

5.37 Rural places often have a strong sense of community and benefit from easy access to green spaces and the benefits that can bring for health and wellbeing. However those that are marginalised and older people in rural areas are at higher risk of social exclusion and isolation. In addition, infrastructure challenges, including transport and broadband, can present barriers to accessing services either in person or remotely. Age UK highlight 5 key areas for action when addressing inequalities experienced by older people in rural communities:

- Loneliness and social isolation
- The digital divide
- Lack of support networks among people who move to rural communities
- Gaps in public transport provision
- Gaps in support for carers and people living with dementia

¹⁵ <https://www.mhcc.nhs.uk/wp-content/uploads/2020/09/Understanding-the-health-needs-and-well-being-of-people-living-with-sight-loss-in-Manchester-%E2%80%93-Nov-2016.pdf>

¹⁶ www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities

¹⁷ Sharpe et. Al. A public health approach to reducing health inequalities among adults with autism. British Journal of General Practice, 69(688). 534-535. 2019

¹⁸ <https://www.autistica.org.uk/downloads/files/Personal-tragedies-public-crisis-ONLINE.pdf>

6. Timescales associated with the decision and next steps

- 6.1** A programme of engagement with key partners to further shape the plan based on the Core20+5 model and embedded within our wider population health management approach is taking place between November to January 2022.
- 6.2** The draft Coventry and Warwickshire Health Inequalities Strategic Plan will be shared with NHS England/Improvement by 22nd March 2022, who are expected to provide feedback prior to a final version being adopted locally.

	Name	Contact Information
Report Author	Harpal Aujla Emily van de Venter Gemma McKinnon	harpalaujla@warwickshire.gov.uk, emilyvandeventer@warwickshire.gov.uk gemmamckinnon@warwickshire.gov.uk
Assistant Director	Shade Agboola	shadeagboola@warwickshire.gov.uk
Lead Director	Strategic Director for People	nigelminns@warwickshire.gov.uk
Lead Member	Portfolio Holder for Adult Social Care & Health	margaretbell@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillors Drew, Golby, Holland and Rolfe.

1. Appendix 1

Table 1: Inequalities in Life Expectancy

	England	West Mids	Coventry	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford on Avon	Warwick
Inequality in life expectancy (males)	9.4yrs	9.5yrs	10.1yrs	8.2yrs	4.6yrs	10.1yrs	7.4yrs	3.3yrs	8.0yrs
Inequality in life expectancy (females)	7.6yrs	7.3yrs	7.8yrs	5.7yrs	5.3yrs	5.5yrs	2.6yrs	4.0yrs	6.5yrs
Inequality in life expectancy at age 65 (males)	4.9yrs	5.1yrs	6.0yrs	4.9yrs	2.9yrs	5.9yrs	3.3yrs	2.8yrs	5.8yrs
Inequality in life expectancy at age 65 (females)	4.7yrs	4.6yrs	4.8yrs	4.1yrs	3.4yrs	4.2yrs	1.0yrs	3.6yrs	5.0yrs