

Ten years as a Marmot city: Coventry's reflections



Foreword

We are delighted to present this 10-year review of the Marmot Partnership work in Coventry.

For us in Coventry, the Marmot Partnership and being a Marmot city is at the centre of all we do, across all the city partners and programmes with the sole aim of reducing unjust inequalities that exist within our communities.

Coventry became the first Marmot city to act on the recommendations from Sir Michael Marmot's report 'Fair Society, Healthy Lives 2010'. As a city, we are working collaboratively to embed the Marmot Principles and proportionate universalism in our work to take collective action on the factors that shape our resident's health and well-being.

This reflective summary showcases examples of our Marmot work, including activities taking place that support access to better jobs, education, and training opportunities, increased financial stability, good quality homes, and healthy nature-friendly green and blue spaces.

The summary goes on to give us direction and renewed vigour to ensure that we continue to develop as a Marmot city and contribute to the growing evidence base to lessen the impact of health inequalities, to ensure the city becomes a fairer place to live, work and grow up in.

We are very proud as Chair of the Marmot Partnership and Chief Executive Officer of Coventry City Council, working alongside University College London's Institute of Health Equity, our Marmot Partners, and stakeholders to be part of this journey and look forward to taking our Marmot city work forwards.



Councillor Kamran Caan

Cabinet Member for Public Health, Sport and Wellbeing
Coventry City Council



Julie Nugent

Chief Executive
Coventry City Council

Dr Sarah Raistrick, Marmot Partnership Co-Chair and ICB Marmot Champion

'Being co-chair of the Marmot Partnership and ICB Marmot champion affords me the privilege of promoting proportionate universalism and social determinants of health and reflecting them into the local NHS at delivery and decision levels. At times it feels as easy as breathing, "it is who we are". When more challenged, knowing we are working as a tapestry of partners gives us confidence and the platform to challenge and lobby.

In my day-to-day practice, I am impacted by being part of the local community and the fabric of the Marmot Partnership. With awareness of and involvement in the Carers Trust work in Primary Care, Healthy Communities Together in Willenhall, the local Job Shop, and the Family Hub to name a few, I can deliver best practice from a medical lens but then widen my horizons and see long-lasting improvements in outcomes that I could not do alone as a GP.

I went to a reflection workshop on infrastructure, transport, and sustainability. The workshop brought home the partnership and the importance of looking outside our own sector to see what we can do as a collective, an inhaler or tablet may be of use as are sustainable transport links and warmer housing. When we combine efforts and data and can work with an empowered community, we can reach those most in need and target resources where they will have the most impact.'

Words from Marmot Partners

'Central England Law Centre champions working together across organisational boundaries to achieve change for Coventry residents. In the Marmot Partnership equal voice is given to every partner around their specialisms. This unique environment ensures that real issues, including insight from the frontline, are used to decide how best to collaborate. We use the space to work with partners on how action on legal rights contributes to mitigating health inequalities and give a voice to those in the city facing the greatest inequalities who need access to justice to be and stay well'.

Elayne Hill, Chief Executive Officer, Central England Law Centre.

'The Marmot Partnership offers valuable opportunities for shared learning and understanding around the impact of policies and practice on those most in need. By working together, we can help to limit any negative impacts and promote activities that improve opportunities and outcomes for people in our diverse communities.'

Alan Markey, Chief Executive Officer, Coventry Independent Advice Service

'Having been involved in the Marmot Partnership since its inception we continue to value the opportunity to connect with others operating in Coventry that want to affect change and challenge the issues impacting on people in the city'.

Sue Ogle, Chief Executive Officer, Voluntary Action Coventry

'Grapevine has been involved with Marmot work from its inception. We want to get at the root causes of the city's most difficult problems – not just treat the symptoms. So, we value the chance to work with others to understand issues together, shift power, and try to solve the real problem – for good'.

Clare Wightman, Chief Executive Officer, Grapevine

'Being a Marmot Partner is very important to FWT - a centre for women. The work we deliver across Coventry is aligned with the Marmot Principles, as we offer barrier-breaking social, health, and economic projects to tackle women's inequalities, including health, employment, well-being, and referrals across specialist organisations. Marmot Partnership group membership has strengthened our strategic 'reach' and enables us to raise the voices of women's inequality across sectors. We also feed into the Poverty Working Group, to further extend reach, build partner relationships, and strengthen referral relationships'.

Christine McNaught, Chief Executive Officer, FWT - a centre for women

'Building on our enduring strategic partnership arrangements, the Office for Health Improvement and Disparities (OHID) Midlands continues to work with Coventry City Council (CCC) to provide regional support to their excellent Marmot city programme. This includes policy advice, advocacy, expertise, knowledge, evidence, intelligence, and constructive challenge. We also share their good practice through our various networks and stakeholders.'

Karen Saunders, Consultant in Health and Wellbeing, Office for Health Improvement and Disparities, Department of Health and Social Care

'Having personally worked on the Marmot agenda for many years, I can clearly see how the Coventry Health Determinants Research Collaboration (HDRC) offers an additional strength to the identified priorities of the Marmot Partnership. Our HDRC decisions about what to focus on are determined by the people of Coventry, the research funding opportunities available, the readiness of the council directorates to be involved, the expertise and interests of our key collaborating universities, and of course the Marmot Principles. Most if not all the HDRC research priorities will sit comfortably within these Principles and align with the priorities of the Partnership. I look forward to our connections strengthening as the HDRC grows its capability and capacity through the development of an effective research infrastructure.'

Sue Frossell, Director of Coventry Health Determinants Research Collaboration and Consultant in Public Health, Coventry City Council

‘Having a good quality job is one of the main ways for people to escape the poverty trap and secure a decent future. Coventry City Council Skills Employment and Adult Education Service (SEAES) has successfully provided employment, money advice, and skills support for Coventry residents for over 10 years. This includes people who are vulnerable and have multiple barriers to employment. The Marmot Partnership offers a wider network to assist Coventry City Council to ensure we can deliver equality of opportunity to all Coventry residents by achieving improvements in educational attainment and the ability of residents to achieve and retain good quality jobs.’

Kim Mawby, Head of Skills, Employment and Adult Education Service

‘Being part of the Marmot Partnership is really important for us in Early Help Children’s Services. It helps ensure that we design and deliver all our work with the needs of our Coventry residents at the heart of everything we do. It provides us with an important network of partners to work with to tackle some of the most challenging issues affecting our families and help improve the outcomes of all whilst also narrowing the gap for those living in poverty and experiencing other inequalities.’

Jane Moffat, Early Help Operational Lead, Coventry City Council

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Part one

Background

How equal is our health?

Right now, there are unfair and avoidable differences in people's lives and health. Coventry is working together as a city to tackle the issues and improve outcomes for residents.

The number of years a person can expect to live is affected by many different and important factors in their daily lives. The quality of people's health and wellbeing is not just down to things like health conditions or health behaviours. The early childhood years, our education, the conditions we work and live in, and how much money we have, all play a big part in the quality of our health. These factors are called the social determinants of health. Everybody can play a part in improving the social determinants of health.

Some people experience childhoods with more educational opportunities than others. Some people do not live in warm and affordable homes throughout their lives. Others have better access to jobs and a sense of belonging in their communities. These are examples of how people experience the social determinants of health differently, and they have a significant influence on health and wellbeing. Unfair and avoidable differences like these lead to unequal health, often called health inequalities. This means that some people live shorter lives, and in worse health than they should for more of their lives.

In 2010, the Fair Society Healthy Lives report also called the Marmot Review, concluded that we must work together to improve the social determinants of health and reduce health inequalities (1). To make this change happen, actions must be targeted in the right ways. Professor Sir Michael Marmot, who chaired the report, champions proportionate

universalism. This means that by making sure that help and support are universal and proportionate to how much people need, we will all live healthier and more equal lives. One example in Coventry is the Job Shop, which offers support to all job seekers and provides additional support to groups facing more employment barriers (1). This is key to the Marmot approach.

This approach can help individuals, organisations, and societies improve people's health. The Marmot Review highlighted some key areas of policy where improvements must be made. These key areas are the Marmot Principles below.

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

Coventry: A Marmot city

In 2013, Coventry became the first place to announce it would become a “Marmot city”.

Coventry pledged to create a fairer society by addressing the social determinants of health and improving the lives of its citizens. Since coining the phrase “Marmot city”, many other places and regions followed (2). A steering group drove forward Coventry's vision of becoming a Marmot city. The Marmot Partnership is an evolution of this group.

The Marmot Partnership brings together a whole system of partners from a range of organisations and services including the voluntary, community and social enterprise sectors, statutory services, universities, health, emergency services, and the council. The Marmot Partners meet bi-monthly and are focussed on reducing health inequalities by working together on the Marmot Principles.

- There are no additional funding streams specifically for Marmot work. Instead, partners work together as a system of existing programmes and funds.
- Administration of the Marmot Partnership and the Marmot Monitoring Tool is supported by Coventry City Council's Public Health team.
- The Marmot approach is embedded in the Coventry Health and Wellbeing Strategy rather than being a separate strategy. The Marmot approach is a philosophy, a way of thinking and collaborating so that processes and services are best designed to reduce inequalities.

Monitoring and evaluating change

In 2020, an independent evaluation reported that Coventry had demonstrated a commitment to making fairer decisions to improve the health of residents in the city (3). There were positive signs of progress. Proportionate universalism and resource allocation were being advocated for more widely, and Coventry was doing well compared to similar places elsewhere in the UK.

The Indices of Multiple Deprivation (IMD) is a measure that brings together different types of data about income, employment, education, health, housing, living environment, and crime in different geographical areas. This means that levels of deprivation can be compared between areas. As a Marmot city between 2015 and 2019, Coventry saw a rank improvement on the IMD relative to other areas in the West Midlands region. Including all areas nationally, Coventry raised 22 places in the rankings, whilst 10 of 11 other West Midlands areas lowered in the rankings. This positive change suggested that Coventry was moving in the right direction as a Marmot city. However, there was still necessary work to do to reduce deprivation and inequality. In addition, the 2020 evaluation of Coventry as a Marmot city highlighted examples of some inequalities getting worse due to local, national, and global challenges. Since 2020, there have been further challenges, including the COVID-19 pandemic.

In 2023, Coventry's Marmot Partnership produced the Marmot Monitoring Tool to describe the work being done on the eight Marmot Principles. The tool lists areas of work related to each Principle, plus the delivery partners and available measures and indicators (4). Data and information through the Marmot Monitoring Tool is fed back to partners and the Coventry Health and Wellbeing Board to help drive change.

Alongside these measures and indicators, gathering reflections from Marmot Partners helps to understand the full story and the direction of change in the city. This report is not an evaluation, though it describes reflections and a stocktake from Marmot Partners on the journey so far, and the next steps into the future.

Reflective workshops: Ten years on

To celebrate ten years of being a Marmot city, the time was right to bring partners together to reflect on the journey so far. In May 2024, the Marmot Partnership came together to talk about how they felt about ten years of the partnership, the progress made, and to discuss the priorities for the future.

The Public Health team at Coventry City Council facilitated five interactive, informal workshops. Each three-hour workshop focussed on one or two of the Marmot Principles.

Workshop participants and activities

54 different individuals attended at least one of the workshops. Participants represented a range of teams and organisations from:

- Business in the Community
- Central England Law Centre
- Chamber of Commerce
- Change Grow Live - Positive choices
- Coventry Independent Advice Services
- Coventry and Warwickshire Growth Hub
- Coventry and Warwickshire MIND
- Coventry University
- Department for Work and Pensions
- Family Health and Lifestyles Service
- FWT - a centre for women
- Health Determinants Research Collaboration
- Institute of Health Equity, University College London
- Integrated Care Board
- University Hospitals Coventry and Warwickshire NHS Trust

Coventry City Council teams and services

- Best Start in Life
- Climate Change
- Early Help
- Early Years
- Ecology and Biodiversity
- Economic and Business Development
- Equality, Diversity and Inclusion
- Migration
- Outdoor Education
- Planning
- Public Health
- Skills, Employment and Adult Education Service
- Transformation
- Transport

The workshops were designed to encourage participants to have open and honest discussions about the past, present, and future of work of the Marmot Partnership and to try to capture ‘the essence of what we do’ in Coventry.

Participants also took part in an anonymous online activity, answering questions about quick-fire topics. For example, “where do we need to do better?”, “who is missing?”, and “ambitions”. Participants who may not have wanted to or had the chance to openly discuss thoughts had the opportunity to write additional thoughts and comments on worksheets. Notes from the discussions, worksheets, and online activity were then collated and reviewed by the Public Health Inequalities team and the Health Determinants Research Collaboration Coventry (5). Themes were developed and organised into three sections: 1) Positive Progress, 2) Challenging Contexts, and 3) Creating, Measuring, and Sharing Impact. These themes are summarised below. Notes from the workshops captured anonymous quotes and are included to illustrate discussions.

Limitations of this report should be noted. This report presents reflections from those who attended the workshops; not all Marmot Partners were represented. The report is also not a formal evaluation of the Marmot approach or Marmot Partnership. Instead, this report is intended to highlight key reflections from the Marmot Partners in 2024 to inspire further developments and discussions in Coventry and beyond.

Coventry Marmot Partners have also provided case studies to showcase work aligned to the Marmot Principles. Case studies and a full list of Marmot Partners are included in Part Two.

Key reflections:

1. Positive Progress

Marmot as a philosophy

Participants advocated that the Marmot approach was a fundamental way of working, a philosophy rather than a strategy. The vision is that proportionate universalism drives all work in the city to tackle inequalities and improve lives. Being a Marmot place meant collective ownership, with lots of smaller parts moving in a positive direction. In this way, participants highlighted that the Marmot Principles should not necessarily be aligned to defined milestones. Partners advocated for “living” the Marmot Principles as a culture and value-base, working together to embed equity in all policies. At times, teams may not recognise that their work has been contributing to the Marmot approach, even when it does.

“It’s not a strategy, it’s a philosophy.”

The city

Participants described how the contexts and geography of Coventry influenced the role of Marmot in the city. It was felt that work through the Marmot Partnership could have a significant impact due to the small geographical footprint of the city, relative to larger city neighbours. A city of sanctuary, peace, and reconciliation, Coventry is also home to a transient population, with high migration into the city. Participants described places in Coventry that hold strong identities and pride, though also wanted residents to feel belonging to a cohesive city of Coventry.

‘It works because of the size of the city. It’s possible to make an impact. It’s possible to feel the impact and see it’.

‘The city is quite a forward and dynamic place.’

‘Diversity of the city is an asset.’

Success stories

Specific examples of collaboration to support communities were highlighted. Over the years, the Marmot Partnership has also strengthened its connections with more council service areas such as Planning and Transport. Notable successes were reported for the Marmot Principle to give every child the best start in life. The Family Health and Lifestyle Service was a leading example of service integration and co-production, as well as Child-Friendly Coventry, Start for Life, and the creation of eight Family Hubs around the city. Marmot Partners have also acted together on pressing issues that were brought to the Marmot Partnership. These included highlighting the rights of children from marginalised communities, leading a city-wide approach to access to free school meals, and a call to action on homelessness to support the needs of children and families living in temporary accommodation. Coventry’s unique commitment via the Job Shop to support people who face the biggest barriers to employment, education, and training was also praised as a success story, as well as ongoing

work to form Businesses Committed to a Fairer Coventry and promoting an equitable social value agenda.

Pride in Coventry

In all workshops, participants were proud of the commitment in Coventry to improve lives and reduce inequalities. Some participants actively moved to professional roles in Coventry because of this ethos or took this ethos with them when they moved elsewhere. Participants were also proud to have led the

way as the flagship Marmot city, inspiring other places to follow. Participants perceived the passion and shared sense of purpose to be a unique and valuable attribute of the city, driving progress on the Marmot Principles.

‘Marmot is a recognised brand.’

‘People take the knowledge of the Marmot approach and enthusiasm with them’.

2. Challenging Contexts

National picture

During ten years as a Marmot city, there have been significant national and global challenges including austerity, Brexit, rises in the cost of living, and COVID-19. These challenging contexts made it increasingly difficult to reduce inequality. Although Coventry’s deprivation ranking improved between 2015 and 2019, which is the latest available data, some communities may not have felt any improvements because of the difficult and overpowering national contexts. Marmot Partners also had challenges trying to plan and deliver long-term change, when funding opportunities were often shorter-term. National programmes and policies, for example, free childcare places, did not always align with local ambitions for proportionate universalism, which made goals harder to achieve.

‘Coventry is fabulous at coming together really quickly’.

Limited funds and resources

Partners spoke about the impact of changes in government-funded initiatives that had been experienced by front-line services and the impact on service delivery. Examples included reductions in capita spend and changes to external grant funding. Partners reflected on the importance of using proportionate universalism to allocate monies within their financial envelope and remodelling services to ensure those who are facing the biggest health inequalities continue to have access to help and support.

Partners recognised that the impact was felt across voluntary, community, and social enterprise organisations, including those funded to deliver training and pre-employment support activities. The impact of changes to universal youth provision because of central government funding cuts was also highlighted.

COVID-19: challenges and opportunities

Soon after the Coventry Marmot Evaluation was published in February 2020 (3), COVID-19 brought extraordinary new challenges.

Organisations needed to find the balance between business as usual and reacting to pressing issues and government guidelines, with some areas of work being paused. Some services in Coventry were unable to deliver services face-to-face, which may have added pressure to other services that retained face-to-face service delivery. Time to reflect and think about the issues had also reduced. People had to work reactively, focussing their resources on responding to the challenges of the pandemic.

However, it was felt that COVID-19 also brought opportunities to collaborate more creatively and work more flexibly. Social and health inequalities were being talked about more than ever before in the media, and sectors such as healthcare became more engaged with the social determinants of health. Partners were motivated to work

together and find new ways of collaborating remotely. At points of crisis, COVID-19 also demonstrated that processes can be amended for the better and gave teams more autonomy to make effective choices. Despite initial motivation to maintain new ways of working, workshop participants highlighted that some of the flexibility that was welcomed during COVID-19 had not always been maintained.

‘COVID changed everything and highlighted inequalities. People who hadn’t thought about it (inequalities) started talking about it. It was in the mainstream press’.

‘Organisations took services to people during COVID. More people engaged, some barriers were removed, they didn’t have to travel in, didn’t need childcare’.

‘Many people who hadn’t experienced inequality are experiencing it now’.

3. Creating, Measuring, and Sharing Impact

Creating impact

Participants reflected that the Marmot approach had been successfully targeted at the strategic level. There were examples of proportionate universalism and the Marmot approach being embedded systematically. For example, contracts are increasingly being reviewed through a health inequalities lens and that where possible, services have a universal offer and a targeted offer proportionate to need. In recent years, the Partnership has been strengthened by

involving more teams and organisations, with growing awareness about how more teams and services can align with the Marmot Principles. Moving forward, participants said that the Marmot approach should be promoted widely, reaching more frontline services and teams. Strong awareness of Marmot may ensure that the approach drives work early on and that issues are fed back to the system. Finally, and importantly, partners shared reflections on how the Marmot Partnership

should involve Coventry residents to tell local stories. Engaging and working with the public in activities related to the Marmot approach can support the right action and improve outcomes on the principles.

‘We are a Marmot city, doesn’t matter where you work, you’re in.’

Sharing success

The successes of Coventry as a Marmot city must be shared and celebrated. Promoting positive achievements can help attract people, organisations, and opportunities into the city, and motivate more people to become involved. Participants felt it was important for Marmot Partners to collate stories and share them through regular communications and media. Getting the word out about Marmot could happen in organisational training and inductions, and by talking about Marmot in daily work and conversations. Participants also appreciated coming together to reflect on the Marmot workshops. Building in regular time to reflect as partners could help people stay committed to driving this important change.

Measuring progress

Understanding what is working to improve the Marmot Principles is essential for change. The Marmot Monitoring Tool was a positive recent development that has collated measures around the Marmot Principles. In addition, qualitative data and stories are needed to understand what is happening for people in Coventry, especially because of the difficult national contexts. Partners talked about how local evidence of impact is held by individual agencies. There are current challenges with organisations not being able to access data that could otherwise help them work more

effectively to support communities. Bringing together data and reports from across organisations could better help the Partnership to see the bigger picture, share learning, and plan. Working with the NIHR Health Determinants Research Collaboration (HDRC) Coventry is an important development. The HDRC is increasing and coordinating research about health determinants as part of the city’s move to tackle inequalities.

Summary

As a Marmot city, Coventry is working hard to make sure Coventry is a happy, healthy place for everyone to grow, live, work and age in. In recent years, there have been some real challenges, including COVID-19 and rises in the cost of living, that have made progress harder. The Marmot Partnership has continued to come together to collectively act on tackling health inequalities. Partners are proud to be putting the values and philosophy of the Marmot approach into work across the city. Moving forward, partners want more people to know about Marmot and be involved in driving positive change. Developing evidence about what works to reduce health inequalities, including through the Health Determinants Research Collaboration, is essential to make a difference locally and beyond. Coventry is committed to being a Marmot city, and the successes are to be shared and celebrated.

Next steps

The reflective workshops have contributed important insights into Coventry’s journey from the past, present, and for our future. Coventry is proudly shaping its next phase as a Marmot city. Next steps include:

- Increase awareness of Coventry's flagship status as a Marmot city among communities and people in all professional roles. Be proud of Coventry's commitment to making things better and fairer.
- Encourage more partners to be involved in championing Coventry's approach as a Marmot city. By engaging widely across the city, health equity can become embedded in all policies, services, and decisions.
- Identify more ways for Marmot Partners to share their positive stories with others across the city. Regularly share updates about progress and new developments in tackling health inequalities across organisations and communities.
- Build the evidence about "what works" in tackling the social determinants of health. With the Health Determinants Research Collaboration, work with local partners to evaluate and understand what can make a difference in Coventry.

Key Links

1) 2010 Marmot Review:

www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmotreview

2) Marmot Places, Institute of Health Equity:

www.instituteofhealthequity.org/taking-action/marmot-places

3) 2020 Coventry Marmot City Evaluation:

www.instituteofhealthequity.org/resources-reports/coventry-marmot-city-evaluation-2020

4) Marmot Monitoring Tool:

www.coventry.gov.uk/marmot-monitoring-tool

5) Coventry Health Determinants Research Collaboration:

www.coventry.gov.uk/healthdeterminantsresearchcollaboration

Get in touch:

E-mail: PublicHealthandInsightBusiness@coventry.gov.uk

Part two

Marmot Partner case studies

Case Study 1

Family Health and Lifestyle Service, MAMTA

Public Health commissioned the Family Health and Lifestyle 0-19 Service, which integrates seven services all working with children and families, with Marmot Principles and proportionate universalism at its core. The service, delivered by South Warwickshire Foundation Trust includes:

- Health Visiting
- Infant Feeding
- Family Nurse Partnership
- School Nursing
- Be Active, Be Healthy (family weight management)
- Stop Smoking In Pregnancy
- MAMTA, a targeted and culturally sensitive service delivered by FWT - a centre for women (a community organisation)

The service identified an inequality in outcomes for mothers and babies from ethnic minority groups. Using proportionate universalism as a model, MAMTA as a targeted service worked hard to re-design its core offer within its existing resources to increase access.

MAMTA now offer all pregnant women from a minority ethnic background in Coventry support and 'Parent Craft' run in conjunction with University Hospitals Coventry and Warwickshire NHS Trust maternity services.

Women are then triaged and offered a more targeted pathway proportionate to their needs, for example, women who are new to the country, where English is not their first language, or women who have more complex needs.

MAMTA has also received some additional funding recently from 'Start for Life' and Family Hubs which enabled them to enhance support with targeted groups around infant feeding and perinatal mental health, including baby massage.

Successes

- Approximately 1,100 pregnant women were contacted and supported with key public health messages.
- Over 70% of the women supported by MAMTA had recently arrived in the UK.




- Every woman reported increased knowledge, confidence, and support to access health depending on her needs.
- When followed up after the baby was born, many women commented positively on the support being vital for their wellbeing.
- Links were made with partners and services around the social determinants of health, such as housing, skills, and income.


Service user's comments



“The sessions were very clear and explained in the simplest way. Didn’t know so much about it but the midwife explained and mentioned how important and educative it will be”.



“I am new to this country and receiving a call made me happy and I now know that there are a lot of things available”.



“As I am new to the country, all the information was really useful, thank you”

Visit the [Family Health and Lifestyle Service website](#) for more information.

Case Study 2

Family Health and Lifestyle Service, Health Visiting; Coventry Parent and Infant Mental Health

The Health Visiting service improves the health and well-being of children and families in the crucial first years of life. It is available to all new parents, so it is a universal service, but it also offers a level of support and intervention that a parent may need at the time - proportionate to need. In addition, funding and support from the Family Hub and the Start for Life programme have enabled the service to extend its health visiting specialist team to deliver more perinatal mental health support, including baby massage and specialist Video Interaction Guidance (VIG) interventions.

An example of this is a Health Visitor and parent whom we will call Katie to protect identification. On the initial home visit, new mum Katie was a little bit tearful and explained to her Health Visitor she felt her baby was really unhappy and always cried in pain. Katie later shared she also had a history of depression and anxiety.

Katie was supported by the Specialist Health Visitor with an infant massage referral for the baby and encouraged to self-refer to emotional well-being sessions for herself. She was offered the infant massage sessions at home to alleviate her anxiety. During this time Katie and her Health Visitor had concerns about Katie's mental health and obtained advice from the Perinatal Mental Health team. An urgent referral was made and an assessment was carried out straight away by professionals; Katie was put forward for counselling.

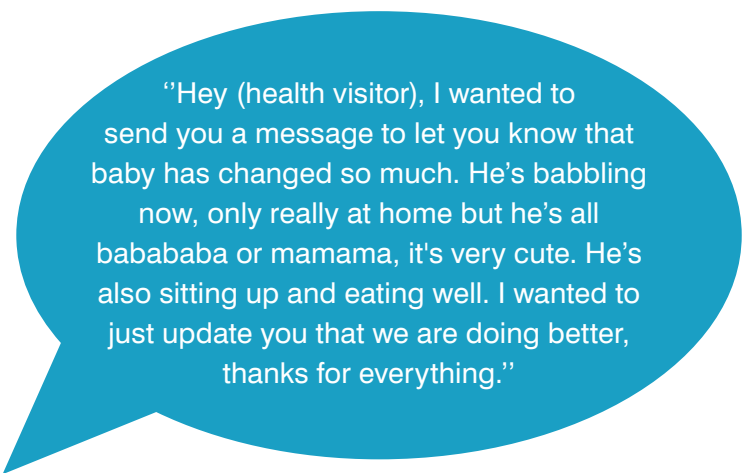
For the baby, Katie and her partner were supported to obtain specialist advice from a Paediatric surgeon, which led to a further referral to a consultant and a diagnosis of severe reflux. Katie was also referred to bespoke play and stimulation sessions, which included brain development discussions, the importance of communication, and bonding, which also became a space for Katie to share any worries or concerns.

Successes

Katie has now been discharged from the Specialist Health Visiting team. When Katie entered the service her GAD-7 (generalised anxiety) score was 12, this decreased to 4. When Katie entered our service her EPDS (Edinburgh postnatal depression scale) score was 18, which decreased to 12.

Visit the [Family Health and Lifestyle Service website](#) for more information.

Service user feedback:



"Hey (health visitor), I wanted to send you a message to let you know that baby has changed so much. He's babbling now, only really at home but he's all babababa or mamama, it's very cute. He's also sitting up and eating well. I wanted to just update you that we are doing better, thanks for everything."

Case Study 3

West Midlands Fire Service



West Midlands Fire Service (WMFS) is a Marmot Partner. WMFS was presented with an award by Sir Michael Marmot in 2015 for their work with partners to reduce health inequalities.

WMFS have embedded the Marmot approach in their work. For example, the service:

- Implement Marmot approach training as part of their onboarding of new staff.
- Deliver engagement activities with children and young people as part of their prevention offer, to 'enable all children, young people, and adults to maximise their capabilities and have control over their lives', and 'strengthen the role and impact of ill health prevention' Marmot Principles.
- Undertake 'safe and well' visits to advise and educate on safety at home, and identify and increase support to more vulnerable residents, taking a proportionate

universalism approach; an important part of WMFS.

- Conducted a 'safe and well' risk prioritisation trial, using risk scoring data to inform prioritisation of services. Actions from safe and well referrals enabled those of high risk to be identified quickly – those at most risk were contacted within seven days of a referral in most cases, and where possible, a shorter time frame than this. An additional level of case support is also available for residents with more complex needs.

Successes

Early indications from the 'safe and well' risk prioritisation trial are that wait times for safe and well visits are reducing.

Visit the [West Midlands Fire Service website](#) for more information.

Case Study 4

Grapevine, Teenvine

Grapevine is a Marmot partner that embeds the Marmot Principles in their work programmes. Their 'strengthening people' work strives to 'enable all children, young people, and adults to maximise their capabilities and have control over their lives'.

Grapevine's Teenvine youth projects support young people aged 11 to 18 with special educational needs and disabilities, socially isolated, marginalised from ordinary childhood experiences, and facing some of the biggest health inequalities. Teenvine helps young people:

- See themselves as leaders of change in their own lives
- Develop a plan for a future they dream of

- To develop the relationships needed for onward opportunity
- To develop agency, empower their voices, forge new relationships, and inform others about what's needed to improve systems and services.

Teenvine projects include a mixture of one-to-one support, advocacy, online gaming, group meet-ups, and the power of fun. Because of Teenvine, young people not engaged with education have gained the confidence to go on and study what they always wanted. Families experiencing inequality are supported to use their assets and strengths to overcome barriers, as leaders of their change.

Aisha's story

An example of this is a family, and parent whom we will call Aisha to protect identification.

Aisha and her daughter both have autism and were living in temporary accommodation following a relationship breakdown. Aisha has a variety of physical health conditions she has struggled to get help with over the years. This and caring for her daughter leave her susceptible to periods of mental ill health.

Aisha didn't want 'services' involved in her life, but this was impacting her housing issue. Temporary accommodation was creating stress for them both; mould on the walls, next door's dog barking day and night, afraid of

using the gas cooker as they only ever used electric. Her daughter was not sleeping and showing through her behaviour that things must change. Neither were eating properly. Aisha used painting to manage stress but had not lifted a brush for some time.

We asked Aisha what mattered most and started there. We helped Aisha join a health project where she used her own health story to get help for herself and to help others. She developed a communication manual, so health professionals understood her needs. Her daughter was supported on Teenvine, so she could have fun and time-space outside the home to develop new skills.

We helped Aisha build a trusting relationship with other Marmot Partners such as Early Help to help with her housing application, and the Law Centre, supported her alongside this. We helped Aisha find places to go in the daytime that are warm, free, and calming, where she

could also reconnect with her art. We showed Aisha how to use the cooker shared a meal with her and her daughter and gave them a chance to check in on the foster care of their cat.

Successes

Aisha said “I feel less trapped, we can get through this.”

Aisha feels able to deal with problems better. She has increased agency to share with health what she needs, and as a family, she is closer to others and has relationships with people who can help with system barriers. A new home will hopefully follow soon.

Seeing the person as the leader of change, from their perspective, with assets to bring to the table means you move from helper to enabler. Enablers create resilient people and communities. Over the last 5 years, Grapevine's Teenvine projects have helped over 215 young people and their families.

- Last year 61 youngsters with SEND benefited from either individual advocacy or group self-advocacy support to build resilience and receive good help for critical moments.

- 83% of the young people felt more confident in speaking up when things don't feel right and now know how to include their solutions in situations, they find challenging.
- Recently we helped 23 young people with complex SEND, from the city's most deprived wards, step back into learning after years of school absence.
- Over the next 3 years we aim to support another 200 plus SEND youngsters who find themselves marginalised by disadvantage from our education system and missing the opportunities ordinary childhood experiences can bring.

Visit the [Grapevine website](#) for more information.

Case Study 5

The Job Shop



The Job Shop is a universal service, open to everyone living in Coventry. Job Shop staff identify those who have low, moderate, or higher levels of need and vulnerability, and offer services according to that level of need. Those who are assessed as being furthest from the job market are then able to access a wide range of services suited to their needs, taking a proportionate universalism approach. It also uses the Index of Multiple Deprivation (IMD) to inform its outreach strategy, targeting interventions where they are needed most so vulnerable residents are not left behind.

The Job Shop supports the delivery of the Coventry Skills Strategy aspiration to improve all educational levels closer to national averages by producing clear pathways to the

jobs young people and adults strive towards and to have the skills that meet the needs of local employers now and in the future; being fully inclusive and supporting those most in need.

The Job Shop operates a Hub and Spoke model, with services reaching into community locations such as family hubs, libraries, and medical centres to reach even the most deprived areas of Coventry, engaging residents where they live. This makes services more accessible, reducing some of the structural barriers that often prevent disadvantaged populations from accessing employment support.

The Job Shop plays a crucial role in focusing

on the intersection of employment, education, and community well-being, through helping individuals develop new skills, navigate digital job applications, or overcome barriers like low confidence. The Job Shop delivers personalised support that goes beyond just finding jobs, equipping individuals with tools to sustain long-term employment and improve

their quality of life through stable employment. The Job Shop has focused its efforts on those who face multiple barriers to employment, including migrants, older job seekers, and those with caring responsibilities.

What our organisation did

One example is the support provided to a recent migrant, a mother who had to balance childcare with the challenge of entering a new job market. Despite having significant experience in banking and human resources, her lack of UK-specific work experience and inability to travel far due to childcare made job searching particularly difficult. The Job Shop created a tailored support plan, which included attending CV and job application workshops and participating in volunteering sessions to build local experience. These sessions not only enhanced her skills but

also helped her become more comfortable navigating the UK job market. After significant support, the Job Shop's Employer Engagement Team was able to negotiate flexible working hours, including some homeworking, which met her childcare needs. Within a month, her attitude towards employment had completely shifted from anxiety to excitement as she secured a role in her desired sector.

Successes:

The Job Shop to date has:

- Over 60,000 people registered
- Supported over 15,000 residents into local employment
- Had over 250,000 + visits
- Worked with over 200 businesses per year to support their recruitment

Visit the [Job Shop website](#) for more information.

Case Study 6

Central England Law Centre: Free school meals for families with no recourse to public funds

FREE SCHOOL MEALS FREE School Meals for families with no recourse to public funds (NRPF)

Are you living in Coventry and No Recourse to Public Funds?

Is your annual household income below £22,700 (for families if you have one child)?

Are your total savings or capital under £16,000 or £26,300 (if you have two or more children)?

For more info:
coventry.gov.uk/benefits-1/free-school-meals/2

Everyone is eligible - including NRPF children in reception & years 1 & 2

The process is different from Free School Meals

If you encounter difficulties
DGATeam@coventry.gov.uk

What should you do ?

- Fill out the self declaration on the back of this leaflet
- Take it to your children's school to make the request

If you answered yes to these questions... you are eligible for Free School Meals.

Coventry City Council

As a Marmot city Coventry was taking action to tackle health inequalities, by supporting families with no recourse to public funds, a group known to be facing inequalities to claim free school meals. This work supports many of the Marmot Principles. The action taken is a best practice example of how partners can work together to break down barriers and support children to access their entitlement to a free school meal and support system improvements and accessibility.

No recourse to public funds (NRPF) applies to a person who is 'subject to immigration control' in the UK and has no entitlement to welfare benefits or public housing. Public Funds include but are not limited to:

- Housing Benefit.
- Jobseeker's Allowance.
- Personal Independence Payment.
- Universal Credit.

During the COVID-19 pandemic, the government temporarily lifted the restriction on families who had no recourse to public funds status receiving free school meals. This change was not widely communicated and the process by which schools and local authorities could make these claims unclear. Central England Law Centre (CELC) advocated heavily for individual families to receive these free meals and opened a continual dialogue and challenge with local authority officers and practitioners during the pandemic to ensure rights were met.

Post-pandemic these rights were permanently extended but it quickly became clear that they were widely misunderstood. CELC set about ensuring in Coventry this could be improved. Working with the Marmot Partnership we presented information about entitlement and access, but it wasn't enough. These discussions highlighted a misunderstanding about those with no recourse to public funds

condition - a group facing some of the greatest inequalities. We determined that as schools were the designated authoriser of this process, they needed specialist support.

We ran a webinar with headteachers and produced a 'dinner plate' themed poster to promote this entitlement. We encouraged the local authority to update its web pages and include specific instructions and later translated materials that allowed those with NRPF to understand their rights and make the correct application.

We used our partnerships to ensure everyone supporting families; social workers, migration team, early help workers, schools, community organisations, food banks, social supermarkets, and youth organisations all knew and understood this right.

Successes

This activity provided a wider lens on the inequalities facing those with NRPF in Coventry and we used a similar approach to get better access and help for families who are NRPF to the Holiday Activities Fund and highlight barriers of language.

For more information on the free school meals for families with no recourse to public funds project visit the [CELC website](#).

Case Study 7

Lifting families out of poverty through targeted rights-based help. Families subject to the Benefit Cap



As a Marmot city, Coventry takes action to tackle health inequalities, by supporting households with low financial resilience.

In late 2018, the Marmot Partnership promoted the Low Income Family Tracker (LIFT) Platform for Coventry City Council (CCC) to support our Marmot priorities. The LIFT is an interactive tool that allows local authorities to identify and support households with low financial resilience.

The LIFT Tool combines comprehensive welfare policy analysis with local authority data to identify residents and families in areas

of deprivation who were likely to be entitled to certain benefits that they may not be claiming. The platform helps its users design appropriate interventions, including communication via post, followed by a more targeted intervention of telephone contact to those who may need to be supported to make a claim and track the effectiveness.

After CCC purchased the platform, the Central England Law Centre (CELC) joined the operation group to introduce welfare benefits expertise. CELC believed that by introducing welfare benefits expertise into Coventry City

Council's LIFT programme, design, targeted improvements for many of the people seeking their support could be achieved. An opportunity was quickly identified to use data to identify families unfairly affected by the benefit cap and provide legal advice to remove the cap.

Many local authorities outside Coventry encouraged benefits-capped families to work more hours to lift the cap. However, there are often more suitable exemptions related to health conditions and disabilities. An estimated £23 billion in benefits goes unclaimed annually due to stigma and system complexities. CELC highlighted that many families could be exempt if offered specialist triage to identify unclaimed entitlements. CCC agreed to use the LIFT dashboard with CELC's expertise to identify clients who could have the cap removed.

In 2022/23, we piloted a model using the LIFT dashboard to identify Coventry families

impacted by the benefit cap, receiving Discretionary Housing Payments, and having large families. With their consent, CELC provided independent legal advice. The pilot triaged 21 families - these included considerations of working hours but also sought to understand previous working periods, caring responsibilities, and health conditions. Following specialist advice and casework, 15 families were successful in removing the cap. This removed the need for ongoing discretionary housing payments, significantly increased household incomes, and supported families struggling to access missed entitlements to support. The route to remove the cap is not always a quick intervention and CELC worked with partners to ensure holistic help was offered to families facing difficulties whilst they worked to lift the cap. Many of the families had tried to access welfare benefits but failed to advocate successfully for themselves without specialist support.

Successes

Key outcomes:

- Average weekly benefit increase: £374.50
- Average lump sum payment: £19,872

With two years of funding from the Coventry Building Society, CELC will continue using the LIFT dashboard to identify and support families, alleviating poverty in Coventry.

CELC's strategic involvement continues to push for the use of LIFT so that it targets those facing the greatest inequalities for example:

- Focusing on those who the data suggested are missing Severe Disability Premium ahead of tax credit migration.
- Use the data to support anyone subject to a sanction of their benefits by the Department for Work and Pensions to raise a challenge if they feel that sanction was unfair enabling them to have their benefits repaid to them.

Case Study 8

Chat Central, a Voluntary Action Coventry Project

Voluntary Action Coventry is a Marmot Partner and have embedded Marmot Principles in their programmes of work. Chat Central, a Voluntary Action Coventry project, targets work to strengthen communities by supporting social connections, increasing activity, and volunteering.

Voluntary Action Coventry has been making people a little stronger since 1957, supporting hundreds of people into community roles each year. They engage adults of all ages and physical abilities from all areas of Coventry. Whether new to the city, a student from overseas, a migrant, bereaved, retired, a new parent, just out of the hospital, dealing with an illness or condition that limits their ability to get out, or just out of practice with socialising and getting more active and 'out there.'

People may feel isolated, or a little bit stuck about taking the next step. The Lottery-funded Chat Central project encourages people to explore their interests and occupations and start doing the things they want to do. This might be:

- meeting new friends
- rediscovering interests or finding new ones
- building confidence through trying new things in groups and having fun
- increasing connections through social networks, advice seeking, and improving people's feelings of isolation
- getting around Coventry
- group volunteering or community activity

- getting into healthy routines and light exercise
- working with what people can do, not what they can't do

List of **over 500 professional contacts** (Social Prescribers, GPs, Mental Health service providers, other VCSE organisations) whom they email monthly to update on the project and invite them to refer clients.

They also have taken to using **WhatsApp callout function** this year which has been a real-time effective way to remind everyone they engage with (who use WhatsApp) about what's coming up and maintain a presence with them.

They **regularly distribute flyers** around the city and take them along to networking/ outreach events. They now have a participant-turned-volunteer who helps with this distribution each month.

Successes

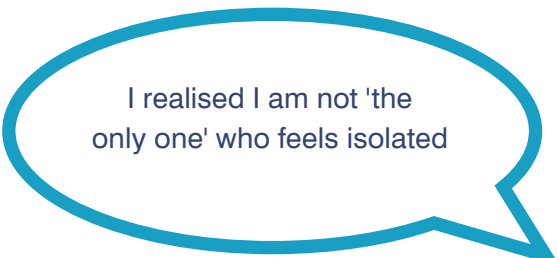
Of their target 130 per year, 106 people were regularly engaged, and 30 people were offered signposting/light touch support, helping them to feel connected in their community, decrease loneliness, and increase confidence.

- 58 people were referred/ signposted or joined community group
- two entered employment
- 26 are progressing to volunteering at Chat Central or other VCSE organisation
- six accessed employment support or training
- 33 mission possible volunteering (one-off task-based volunteering such as litter pick with Chat Central)


111 survey responses were collected from participants, and these surveys continue to provide evidence that at least 80% of participants report an increase in confidence or feeling less lonely after having engaged with Chat Central.

Service user's feedback

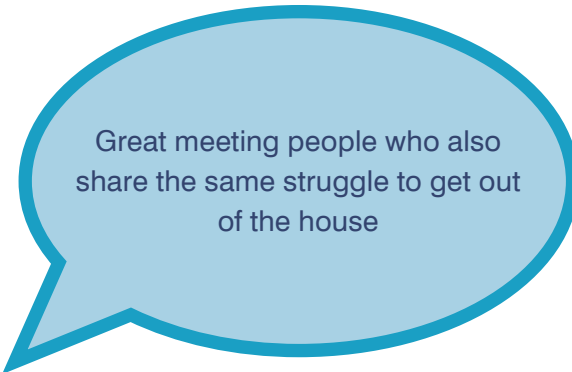
Stand-out quotes from the last focus group session:



I realised I am not 'the only one' who feels isolated



Chat Central made me feel less lonely through sharing time with strangers who by the end of the session did not feel like strangers



Great meeting people who also share the same struggle to get out of the house

Visit the [Chat Central webpage](#) for more information.

Case Study 9

Active Tots, a Coventry Be Active Be Healthy Team Project



Be Active Be Healthy (BABH) (part of Coventry's Family Health and Lifestyle 0-19 service) delivers its service and resources proportionate to need, with support being offered across the city but focused on communities shown to be most in need of support, to support the health and well-being of young children. The 'Active Tots' programme contributes to 'giving every child the best start in life' reducing inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.

Coventry Joint Strategic Needs Assessment (JSNA) 2023 highlights that for some Coventry children, inequalities in reaching a good level of development can have established themselves by the age of five. When children experience the factors associated with family poverty, they are more likely to display delays in their development. Physical activity is well evidenced to help contribute to the development of skills such as: paying attention, understanding different points of view, regulating emotions, and language development, all key in ensuring a child's 'school readiness'.

What our organisation did

Active Tots is a group physical activity and learning programme, that gives parents and carers with a child aged under 5 the opportunity to help develop their physical health and development through coordinated exercise and is focussed on communities most in need.

Active Tots:

- is an eight-to-twelve-week group programme incorporating fun, games, and exercise that focuses on healthy eating knowledge both for the children and parents /carers
- provides an environment of peer support and learning that supports parents/ carers on the importance of physical activity for themselves and their child and information

on reaching the government guidance on daily exercise levels.

- is delivered in early years settings

The BABH team worked closely with the Health Visiting team to increase referrals to the scheme and shared ideas and session plans with workers from Early Years settings and childminders across Coventry.

Successes

Active Tots has proven to be very successful in early years settings, with the scheme now expanding to be delivered in parks and green spaces in the heart of those more deprived areas and communities for families. The scheme has evaluated the postcodes of those who attended to ensure it is reaching those it needs to.

Our parents and early years services' feedback

‘Thank you very much for the active tot’s sessions that you have provided our children this term. They have thoroughly enjoyed it. Some of our children do not have access to a garden and so this has been an important part of building their confidence with their physical development. Staff and your team have been amazing with the children and our staff have picked up some good ideas to use with the children in the future.

“NHS Active tots have completed a 10-week programme with our Pre School children. They have thoroughly enjoyed the sessions which has seen our children gain lots of confidence in trying new skills and challenging their own physical capabilities. The sessions have encouraged and promoted teamwork, getting involved, being active, and most importantly having fun while doing so.

The benefits of physical activity for children are endless and can include better physical control of their movements, muscle development, better sleep, and healthier lifestyles. These elements can also boost their energy and mood which further supports their motivation to accept more challenges throughout their day”.

For more information on Be Active Be Healthy visit the [Family Health and Lifestyle Service website](#).

“My daughter loves the sessions, they are great for learning how to work together with others, work independently, and be active and enjoy being active!”

“He loves the sessions. He’s learning to listen to simple instructions along with all the physical development from the exercise”.

“Great enjoyment with physical activities and bonding with my son. Helped practice following instructions and helped with language.”



Case Study 10

Trailblazer Fellowship 2023-2024 - Sarah Raistrick, Deputy Chair of the Marmot Partnership and ICB Marmot Champion

I started this fellowship in a unique, privileged position, as a mid-career GP, already connected to much of the health inequalities locally and regionally and being rooted in the community that I have worked in for 10 years.

We recognised that all our doctors have a significant personal commitment to social determinants of health, proportionate universalism and that all of us have experience of the complexity of people's lives in the community, citing things such as high rates of adults with lived experience of sexual abuse or physical abuse, poor educational standards, high unemployment (16.9% of our patients, Coventry Council data, 2022), low levels of health literacy and poor health activation and low personal ownership of health-related issues. We also recognised the strength of the local community with assets both tangible and embedded in the fabric of people and their connections.

We aimed to raise the profile of health inequalities work amongst the wider practice, to improve our thinking on the issues, and to tangibly reduce inequalities in access, experience, and outcomes for our patient population.

Alongside the training and peer support sessions, there was time for us as a partnership to have conversations together framed around the lens of reducing unjust, inequitable practices and outcomes. Ownership of health-related issues.

We felt it important to focus on something tangible and local using a population health management (PHM) approach for this defined

Fellowship period. We used local and practice data as well as brainstorming with staff and patients, ensuring that we had a community-centered approach even to a "medical model".

Using practice data, Core 20Plus5 priorities, patient experience, and practitioner and community voice under-treated hypertension and high rates of cardiac death were given particular attention at a practice level to identify patients with poorly controlled hypertension and stratified them based on medical and lifestyle risk factors.

We aimed to telephone patients to invite them in via text message and letter and up-skill nurse associates in hypertension management. This resulted in improved achievement of target blood pressure (surrogate endpoint). Outcomes of improvement in CVA, MI occurrence, and death awaited.

The project also aimed to pull together the prevention of heart disease with simple lifestyle messaging; training children in basic life support (BLS) and inspiring and aspiration about roles in teaching and health care.

Successes

The training package was delivered in collaboration with the school to:

- Three schools, 96 children, ten parents, and five teachers.
- Two youth groups, 16 children.
- Three peer group primary care sessions, 38 staff.

We were also able to use some of the monies for capital expenses such as the resuscitation dummies and a Fractional Exhaled Nitric Oxide (FeNO) machine for asthma to reduce inequity of provision of best care in our community.

The fellowship has been central in helping me shape my practice into something that fits well with my philosophy around health inequalities, the wider system, and community involvement and keeps me passionate about my core values.

In practice, we will continue our population health management (PHM) approach, personalised care and focus on patient activation while continuing to value one-to-one interactions and the real impact that a listening GP can have on the health issues that exist within the complexity of people's lives.



Case Study 11

Coventry Grows

Coventry Grows is a community growing programme, funded by the Strategic Energy Partnership between Coventry City Council and E.ON, and will establish community growing sites in Coventry to increase the number of accessible green spaces in the city.

The programme supports the Marmot Principles create and develop healthy and sustainable places and communities and pursue environmental sustainability and health equity together. Working in a Marmot way enabled us to work differently to understand that growing food can be an opening to create a greater connection for marginalised groups within communities.

Engaging communities that don't typically get involved in growing is an important part of the project and will be delivered through a series of training sessions for interested members on growing organically and creating spaces for wildlife.

What our organisation did

We had identified a list of unused sites across the city that could be transformed into growing sites and mapped them alongside allotments and existing growing organisations active within the city. We used several data sets to narrow this longlist of potential growing sites down to three sites, using proportionate universalism to allocate resources proportionate to need. We used the Index of Multiple Deprivation Decile to understand where general deprivation sits within the city, and the Accessible Natural Greenspace Inequality and Deprivation (ANGST) data to

highlight which neighbourhoods have the least access to natural green space. In addition, the Coventry Green Space Audit highlighted the quantity of green space per 1000 population by Ward. There were some small variations in these data sets but similar themes which highlighted the areas in most need of more green space.

Interest in community growing is high in the city and existing organisations are also keen for funding so it was important to ensure that the programme will generate benefits where it is most needed to help tackle inequalities. Using this data to determine the final sites where the resources do not already exist means we can support a more equitable network of growing across the city.

Successes

As the programme and sites progress, monitoring the impact of the sites on the health of both the local communities and wildlife will be key to understanding how these spaces can create value in cities and help address a variety of social and environmental challenges.

Case Study 12

Workwell Project Pilot based at Willenhall Primary Care Centre

As a Marmot city, Coventry has several programmes that focus on supporting our residents in education, training, and work; support fair and good employment, and support healthy workplaces.

Coventry and Warwickshire Integrated Care Board were successfully awarded grant funding to design and deliver a WorkWell service. The ICB funded a small-scale pilot project to inform the delivery model of the WorkWell service.

The pilot project is a targeted intervention for 10 people with low level mental ill health to start, stay and succeed in work.

Successes

The pilot programme will be fully evaluated when completed; the findings will inform the delivery model for the new WorkWell service.

What our organisation did

The pilot project aims to support those with mental health conditions who are either unemployed or off work with a fit note to return to employment in a local area.

Referrals are directly received from the GP at Willenhall Primary Care Centre to the Employment Coach. The client is offered information, advice and support on well-being, employability, and, educational and skills courses available.

Case Study 13

The Health Justice Partnership

Coventry and Warwickshire ICB, Central England Law Centre, Coventry Independent Advice Services, Coventry University and Health Organisations

As a Marmot city, Coventry delivers programmes of work aligned to the Marmot Principle strengthen the role and impact of ill health prevention. An example of this is the Health Justice Partnership (HJP), which was funded with a higher allocation to areas with greater deprivation.

What our organisation did

Central England Law Centre, proposed to develop a health justice partnership approach, starting in a PCN in a deprived area of Coventry, and then taking the learning from that project to develop further partnerships in Coventry and North Warwickshire. The aims were to improve health outcomes for the relevant patients and reduce demands on GPs for non-clinical issues. The initial partnership was established with a Primary Care Network (PCN). The programme supports people from a range of ethnicities, reflecting the population of Coventry. Most patients supported by the HJP are from core20 areas (the poorest areas in the city) and other vulnerable groups such as homeless people, migrants, and refugees; with issues that relate to housing, benefits, or financial hardship. There were many cases of complex needs where patients had mental health issues, substance misuse, or a history of violence.

Central England Law Centre is planning on developing a third Health Justice Partnership with a primary care network in Nuneaton and Bedworth. They are also working with the PCN to find further evidence of the benefits of the HJP support and are also developing recommendations for future activity to maximise the effectiveness of this partnership approach.

Successes

Only a few months into the project and with a full evaluation planned at completion, the Health Justice Partnership is already starting to demonstrate some positive outcomes for people experiencing inequalities. The total predicted income gains for Coventry residents are currently at £620,000 per annum, and more data is being gathered to understand the ongoing impact on the demand for healthcare services.

Homelessness was ended or prevented for 4 patients, and 6 patients were supported to gain limited capacity for work-related activities status, saving approximately 48 GP appointments annually as patients no longer require sick notes.

Service user feedback included:

- 37% of patients surveyed said visits to their GP had decreased since support from HJB
- 73% of patients surveyed have not gone back to their GP regarding social welfare issues since the HJP intervention
- 94.7% of patients surveyed advised that the HJP support had a positive impact on their physical or mental health

Find out more on the Health Justice Partnership by visiting the [website](#)

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Marmot Partners:

Marmot Partners attend from the following organisations:

Carers Trust

Central England Law Centre Coventry

Citizens Advice

Coventry Independent Advice Service

Coventry and Warwickshire MIND

Coventry City Council

Coventry University

CV Life

Department for Work and Pensions

E.ON

FWT - a centre for women

Grapevine

Health Determinants Research Collaboration

Coventry Integrated Care Board

Institute of Health Equity, University
College London

Living Streets

Lloyds Bank

MENCAP

Myton Hospice

Office for Health Improvement and Disparities

Positive Youth Foundation

University Hospitals Coventry and
Warwickshire NHS Trust

University of Warwick

Voluntary Action Coventry

West Midlands Police

West Midlands Fire Service

Willenhall Primary Care Centre

