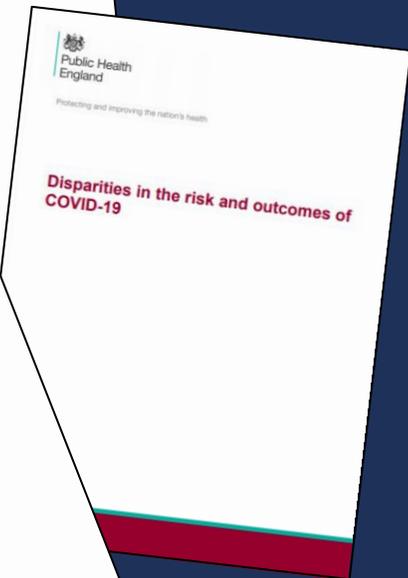


Tackling Health Inequalities in our COVID-19 Recovery

Dr Sarah Raistrick & Gail Quinton



When we met in July, inequalities were a key theme in our discussions...

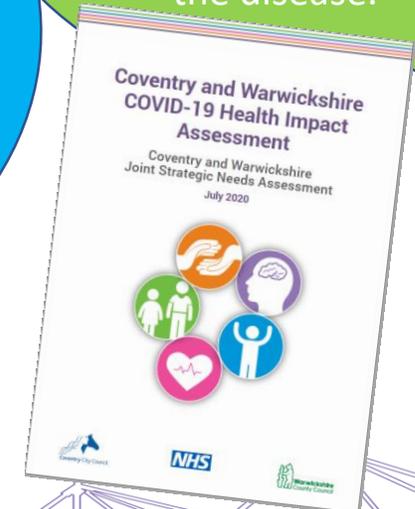
We talked about:

The potential long-term impact of COVID19 on local communities and the imperative to take **collective and organisational responsibility for addressing health inequalities**

Using our population health approach to work across organisations to address the **social, economic and environmental impacts of the pandemic on population health** and address inequalities

The importance of **culturally competent messaging** to address inequalities – both in preventing spread of the virus and promoting health and wellbeing for more vulnerable population groups.

Health Impact Assessment key finding about **double impact** - harm from COVID19 unequally distributed and wider impacts from lockdown fall more heavily on communities most directly affected by the disease.



System response - national and regional

- Addressing inequalities a priority in the NHS Long Term Plan
- The national NHS response to COVID19 includes 8 urgent actions on inequalities
- 7 recommendations developed by PHE to reduce the disproportionate impact of COVID-19 on people from BAME groups
- Development of regional strategies for inequalities and prevention a key deliverable for the NHS Midlands Strategic Transformation and Recovery Board.
- WMCA has established the 'Regional Health Impacts of COVID19' Task and Finish Group



Local system response

Strengthened leadership

- Gail Quinton as Health & Care Partnership system lead for inequalities
- Named executive on every NHS board responsible for tackling inequalities

Oversight and coordination

- Stronger Communities and Population Health EAG (NHS Reset Programme)
- New system-wide Inequalities Task Group – mapping activity and response to NHS actions / local recommendations; identifying gaps and opportunities to amplify impact

Strategic planning

- C&W-wide COVID-19 Health Impact Assessment
- C&W system plan for implementing Phase 3 of the NHS pandemic response
- Health and Wellbeing Boards' reset and recovery plans

Taking action

- Local strategies, plans and assessments – in Places and within organisations
- Inequalities Task Group working to identify a few high impact actions for the system



C&W COVID-19 Pre-habilitation Work

- Partners are engaged in a programme of ‘prehabilitation’ work, which is a focused effort to prepare those with chronic conditions and other vulnerabilities to maximise their personal health resilience ahead of a potential second wave.
- Activity is focused around: diet and nutrition; physical activity; smoking cessation; mental wellbeing and immunisations, as well as long term conditions.
- It includes targeted awareness campaigns and promotion of general health resilience through lifestyle management advice, as well as medication reviews and care optimisation.
- Vulnerable population is defined as:
 - Aged 55+ (average age of patients critically ill in intensive care is 60)
 - People with pre-existing conditions
 - People from an ethnic minority
 - More deprived communities by IMD
 - BMI of 40+
 - Smokers
 - Clinically extremely vulnerable / shielded group



Coventry's Marmot Partnership Approach

- Marmot partnership work to date has been built on and mobilised quickly as a whole system to respond to COVID19 by:
 - taking the strategic lead on supporting the system to address health inequalities relating to COVID19.
 - leading on implementing the recommendations developed by Public Health England (PHE) to reduce the disproportionate impact that COVID19 has had on people from Black, Asian and minority ethnic (BAME) groups
 - Developing a Call To Action to address health inequalities has been agreed by the Health and Wellbeing Board



Warwickshire approach to health inequalities

Warwickshire's Health & Wellbeing Board endorsed findings of the PHE BAME report. To support the work:

- Health & Wellbeing Partnerships are leading on the delivery of the PHE BAME recommendations at place to ensure they are locally tailored
- 2 x Connecting Communities Support Officers are now in post to help support the T&T work, specially focused on BAME and most disadvantaged groups
- JSNA place-based Covid Prehab tool has been developed to support targetting of interventions
- WCC proposal to address BAME inequalities through participatory research with people from BAME communities (being considered by panel in November).



Coventry & Warwickshire Call to Action *

- Call To Action will act as an overall stimulus to reduce health inequalities in Coventry
- Aimed at employers and organisations to ask them to consider what actions they can take to help reduce health inequalities
- Will focus on a range of areas, including
 - **BAME** – potential focus of this could include reviewing HR policies to ensure they are fit for purpose; achieving the ‘Thrive at Work’ workplace wellbeing accreditation; assessing barriers to employment that could be removed through more flexible working practices
 - **Developing a shared approach to social value** across anchor organisations to promote inclusive economic growth. For instance, this could include paying a living wage, employing target groups such as young unemployed people, building local supply chains
 - **Business & Development** – encourage businesses to consider how they can adapt their working practices or policies to reduce inequalities, such as reviewing workplace policies, achieving the Thrive at Work accreditation, reducing barriers to work
 - **Skills Development** – highlight opportunities for people to develop new skills to enable them to move into sectors where jobs are available
 - **Families with 0-5s** – explore impact on women with regards to increased childcare demands, reduced income and higher likelihood of job loss as a result of COVID

*Joint approach under discussion
with Warwickshire



Areas to reflect on

- Is there appetite for a Coventry and Warwickshire Call to Action with a focus on a number of key themes?
- What other areas are partners working on that could be mirrored in other parts of the system?
- How can we enhance the impact of work happening across the system around reducing health inequalities?

