

The Marmot City Approach

Date: 19 April 2023

Report of: The Director of Public Health

Report to: Executive Board

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

During 2022, a proposal for Leeds to become a Marmot City was endorsed by key strategic partnerships including the Health and Wellbeing Board, Partnership Executive group and Adults, Health and Active Lifestyles Scrutiny Board.

Becoming a Marmot City will provide Leeds with opportunities to: strengthen shared commitments to addressing inequalities and inspire action across sectors; better align efforts to reduce inequalities based on evidence and what communities say is important to them and improve the way in which outcome monitoring informs action.

It will support the strategic direction set out in the Best City Ambition and the Healthy Leeds Plan - by further embedding a shared approach to health inequalities across the city that puts equity at its heart, so that we build 'a fairer Leeds for everyone'

This paper summarises progress towards Leeds becoming a Marmot City. It outlines the two-year programme of work agreed in partnership with the Institute of Health Equity (IHE) and key milestones.

Recommendations

It is recommended that Exec Board:

- Notes the progress towards Leeds becoming a Marmot City.

1 What is this report about?

This paper summarises progress towards Leeds becoming a Marmot City. It outlines the two-year programme of work agreed in partnership with the Institute of Health Equity (IHE) and key milestones.

Health Inequalities

In Leeds, people who live in the poorest neighbourhoods are dying earlier than people in the wealthiest areas – over 13 years earlier for women and 11 years earlier for men. They also spend more years of their lives in poor health. Such inequalities are shaped by the social, economic, and environmental conditions in which people live their lives.

To create a city where everybody can thrive, all the right building blocks for health need to be in place. This includes the best start to life, good education, stable and well-paid jobs, homes that are affordable and safe, and clean air. It also means that people live free from racism and discrimination and prioritising environmental sustainability.

However, these building blocks for health are not equally available to everyone.

It is vital that partners across the city continue to work together to strengthen the building blocks for health. There are large and growing inequalities in health and wellbeing and both the pandemic and cost-of-living crisis have put extra pressure on both communities and organisations

The Institute of Health Equity

The Marmot review in 2010 revealed the scale of inequality in the UK and identified recommendations for action. Since then, Professor Michael Marmot and the team at the Institute of Health Equity (IHE) have worked in partnership with cities and regions across the country to act on the 'building blocks' or social determinants of health.

Leeds has a long history of working to address health inequalities and has now committed to become a Marmot city. This involves working in partnership with the IHE to take a strategic, whole-system and structured approach to improving health equity.

The proposal for Leeds to become a Marmot City received strong support from strategic boards including the Council's Corporate Leadership Team and Executive Board, Partnership Executive Group, Adults, Health and Active Lifestyles Scrutiny Board and the Health and Wellbeing Board

A Marmot approach for Leeds has subsequently been developed. This includes key principles – which align with the unique context in Leeds, and initial ideas regarding 'ways of working' - which will embed the approach on a long term, sustainable basis.

The approach is intended as a starting point for wider conversations across the city and with the IHE; it will be developed as the work progresses over the coming year and first phase of the programme. A key focus of will be to engage widely in further developing the Leeds approach to being a Marmot City and to tackling health inequalities.

A Marmot Approach for Leeds

Vision

Our vision is to build *A fairer Leeds for everyone*

We will do this by:

- Increasing everyone's opportunity to have all the right building blocks of good health
- Developing approaches for everyone but at a different scale or intensity depending on the needs of different communities
- Focusing on every stage of life from birth through to death

Principles

1. Strategic alignment with the Best City Ambition and the Healthy Leeds Plan
2. Community voice – working with communities in a meaningful way to recognise the impact of power imbalances on health inequalities
3. Building on existing commitments – recognition of ongoing work to address inequalities locally
4. Whole-city and whole-system – but with specific priority areas of focus
5. Solution-focussed approach – building on assets and strengths
6. Outcome focussed - Maintaining a city-wide 'line of sight' on the combined efforts to reduce inequalities in the local population

Ways of working

- Improving workforce capability - Improving knowledge, awareness and skills of staff across the city to address inequalities
- Embedding structured approaches - Applying a quality improvement/theory of change approach in priority areas of work and including robust assessment and evaluation, e.g. Health Equity Assessment Tools
- Working collaboratively - with both communities and partners

Leadership and resourcing

Significant progress has been made in relation to ensuring there is leadership for this programme of work within Public Health. While there is no new funding, resource has been identified to engage IHE and capacity and through recruitment to the Deputy Director of Public Health, Head of Public Health (Inequalities and Core Work Programmes) and Advanced Health Improvement Specialist posts.

2 What impact will this proposal have?

Two-year programme with IHE

The outline of a two-year programme has been agreed with the IHE. Public Health are currently in the process of negotiating the final specification and cost which will be met from within existing Public Health budgets.

It will build upon the 8 Marmot Principles:

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

Phase 1 will run through 2023/24 and Phase 2 through 2024/25. Throughout the two-years there will be five large partnership events. There will also be several focussed workshops on key policy areas. It is expected that there will be reports published at the end of both Phase 1 and Phase 2.

A partnership launch event is being planned to formally and publicly launch Phase 1 of the work. It is proposed that this be held in June 2023 once the local elections have been completed.

Details of the two phases are set out below

Phase 1 (April 2023 – March 2024)

This includes four focused pieces of work:

- Assessment of health inequalities in Leeds
- Engagement across the city to further develop the Leeds approach to health equity/addressing health inequalities.
- Production of a monitoring framework, building on existing work in the city
- Action on two priority areas: Best Start and Housing & Health

Phase 2 (April 2024 – March 2025)

The second phase will focus on roll-out of the Leeds Marmot approach to the other priority areas from the Marmot framework. There will be flexibility to tailor the focus based on findings from phase 1.

Becoming a Marmot City will add additional profile, coordination and focus to the existing commitment across the city to reduce health inequalities and improve the health of the poorest the fastest.

Expected benefits include:

- Strengthening our shared commitment to addressing inequalities and inspiring action across the city
- Improved partnership and coordination to align our efforts to reduce inequalities
- Applying evidence on what works more effectively to build on current approaches and to go further, faster.
- Improving the monitoring of health inequalities across the city to inform action
- Embedding equity in decision-making across the whole system

3 How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

The Marmot approach for Leeds will support each of the three pillars of the Best City Ambition and the Healthy Leeds plan by enabling detailed understanding of health inequalities at a whole-system level. The action plans underpinning the Housing and Health and Best Start priorities in the revised Health and Wellbeing Strategy are being jointly developed to align approaches and embed Marmot principles in local strategic frameworks.

Accountability for the Marmot City work is to the Health and Wellbeing Board.

The governance arrangements will be kept under review ahead of the formal launch of the programme in May/June 2023.

Consideration is being given, as part of the wider development of the programme, to working with communities in a meaningful way. This work will be scoped during January – March 2023 and is expected to build on existing and established structures.

4 What consultation and engagement has taken place?

Wards affected:
Have ward members been consulted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

The Executive lead member for Public Health and Executive lead member for Children’s and Adults Social Care/Chair of Health and Wellbeing Board are part of a core Marmot City leadership group and are briefed regularly.

Health Champions were consulted in March 2023.

Significant consultation and engagement has happened across strategic forums including Leeds Health and Wellbeing Board, Leeds Policy Network and internal leadership groups . Both Voluntary Action Leeds and Forum Central (the umbrella organisations for Third Sector groups in Leeds) are members of the cross-sectoral Marmot City working group and actions under the ‘Community Voice’ element of the Marmot programme will be developed as the two -year programme progresses.

5 What are the resource implications?

For information, the contract/specification with the Institute of Health Equity will cost a total value of £130,350 over two years, which has been approved under delegated powers. Funding is being provided via the Public Health ring-fenced grant.

6 What are the key risks and how are they being managed?

Accountability for the Marmot City work programme is through the Health and Wellbeing Board. City-wide partners are regularly informed regarding developments.

7 What are the legal implications?

This is an update report. There are no legal implications.

Options, timescales and measuring success

8 What other options were considered?

The IHE are leading national and international experts in addressing health inequalities.

Whilst external consultancy regarding data monitoring could have been purchased from alternative academic or private sector providers, working with the IHE to become a Marmot City brings additional benefits.

- The high profile of Professor Michael Marmot brings added value and has the potential to further galvanise partners outside of health and social care – to build a ‘Healthy Equity’ system in the city that puts fairness at the centre of all decisions.
- There is a developing national health equity movement, with many towns, cities and regions committing to becoming ‘Marmot places’. This also affords Leeds the opportunity to draw on and share learning across the country as part of the national IHE Health Equity network.

9 How will success be measured?

Measures of success for the programme will be developed in partnership with communities, partners and the IHE. The aim of the programme overall is to address health inequalities. Given the current trajectories and extremely challenging socio-economic context, discussion will be had as part of the development of the monitoring framework whether success will be determined by improvement in key metrics or indications that the current negative trends have been mediated.

10 What is the timetable and who will be responsible for implementation?

The contract will begin with the IHE in April 2023 with a formal, public launch event in June 2023. The timetable for delivery will be set out in the specification.

The Deputy Director of Public Health will be responsible for implementation along with the cross-sectoral working group and accountability will be via the Director of Public Health as the Senior Responsible Officer on behalf of the Leeds Health and Wellbeing Board.

11 Appendices

- Equality Assessment.

12 Background papers

- None