

Report of: Victoria Eaton, Director of Public Health

Report to: Leeds Health and Wellbeing Board

Date: 9th February 2023

Subject: Building a fairer Leeds for everyone: The Marmot City programme

Are specific geographical areas affected?		No
If relevant, name(s) of area(s):		
Are there implications for equality and diversity and cohesion and integration?	Yes	
Is the decision eligible for call-In?		No
Does the report contain confidential or exempt information?		No
If relevant, access to information procedure rule number:		
Appendix number:		

Summary of main issues

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

The Health and Wellbeing Board is asked to:

1. Note the progress that has been made towards Leeds becoming a Marmot City

1 Purpose of this report

- 1.1 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

2 Background Information

2.2 The building blocks of health

- 2.2.1 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, commercial and environmental conditions in which people live their lives.

- 2.2.2 To create a city where everybody can thrive, we need all the right building blocks for health 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.

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

- 2.2.4 It is vital that we work together across the city to continue 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

2.3 The Leeds commitment to become a Marmot City

- 2.3.1 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 of health.

- 2.3.2 Building on the city's long history of working to address health inequalities, Leeds 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.

- 2.3.3 The proposal for Leeds to become a Marmot City has 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.

- 2.3.4 Through discussions at these partnership groups, two early priorities have emerged for Leeds. Whilst the programme will work across all eight policy areas identified by the IHE, Best Start and Housing will have a particular focus in the first year.

2.4 **The added value of being a Marmot City**

2.4.1 Other cities and regions that have adopted a Marmot approach report that collaborating with the IHE has increased the impact of local action to address inequalities. In Leeds, the Marmot City work is expected to add value by:

- 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 **Update on Progress**

3.1 **A Marmot approach for Leeds**

3.1.2 The Marmot approach for Leeds includes a vision, 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.

3.1.3 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 Phase 1 will be to engage widely in further developing the Leeds approach to being a Marmot City and to tackling health inequalities.

3.2 **Vision**

3.2.1 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

3.3 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

3.4 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

3.5 Leadership and resourcing

3.5.1 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.

3.6 Two-year programme with IHE

3.6.1 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. The contract is expected to be in place for 1 April 2023

3.6.2 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

3.6.3 The programme will include actions across the short, medium and long term.

3.6.4 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.

3.6.5 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.

3.6.6 Details of the two phases are set out below:

3.6.7 **Phase 1 (April 2023 – March 2024)**

This will include 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 and Health

3.6.8 **Phase 2 (April 2024 – March 2025)**

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

3.7 **Governance Arrangements**

3.7.1 The Marmot approach for Leeds will contribute towards each of the three pillars of the Best City Ambition and the Leeds plan by supporting detailed understanding of health inequalities at a whole-system level and by engaging a broad range of partners. Officers developing the Inclusive Growth and Health and Wellbeing strategies are working closely with the city-wide Marmot working group.

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

3.7.3 A small Core Group meets regularly to support the important connection between the developing programme and elected members. Membership includes the Executive lead member for Public Health, Executive lead member for Children's and Adults Social Care/Chair of Health and Wellbeing Board and senior officers from Leeds City Council Public Health and Health Partnerships Team.

- 3.7.4 The Leeds Marmot City Working Group includes cross-sector representation from Public Health, Health Partnerships Team and relevant Council Directorates, the ICB in Leeds, NHS provider organisations in the city and liaison is ongoing to include the Third Sector.
- 3.7.5 The governance arrangements will be kept under review ahead of the formal launch of the programme in May/June 2023.
- 3.7.6 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.

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

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

As noted above, 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

How does this help create a high-quality health and care system?

Included in the eight Marmot principles is recognition of the important role that health and care services play in the prevention of ill health.

Locally, Health and Care organisations (and collectively through the Leeds Health and Care Plan) have developed programmes of work to address issues of health equity (with a focus on access, experience and outcomes) and implementing the NHS framework of Core20PLUS5.

Developing a whole-city approach to health equity has the potential to mediate the effects of the current socio-economic context on the population of Leeds (the wider issues outside of the control of health and care) which may, over time, reduce pressures on health and care systems. It also provides an opportunity to further connect the work of the local authority, businesses, the Third Sector and the NHS - creating economies of scale and focussing attention where it is needed most.

How does this help to have a financially sustainable health and care system?

There are potential risks associated with not taking further action at this critical time. Given the current trajectory of health outcomes – both national and local - it is reasonable to assume that health inequalities will continue to increase, people will live shorter lives and spend less time in good health, increasing demand for health and care.

Future challenges or opportunities

Challenges

- The impact of austerity, the pandemic and the cost-of-living crisis on the health of communities is well-documented. The scale of the challenge is significant and many of the factors that negatively impact on health outcomes are determined by national policy.
- Wider socio-economic conditions could worsen further.
- Drivers of poor health outcomes and health inequalities are complex and require action from partners across sectors – during a time of significant financial constraint.

Opportunities:

- Partners in Leeds have made a shared commitment to addressing health inequalities; this is underpinned by robust partnership arrangements and established cross-sector programmes. These provide an excellent basis upon which to develop work that goes further, faster to address health inequalities.
- The breakthrough project on Housing and Health and the 'Good jobs, better health, fairer futures' programme provide local opportunities to develop interventions on the building blocks of health.
- Working alongside the IHE will enable partners in the city to be assured that existing and new activity is having, or is likely to have, a positive impact on health inequalities.
- The high profile of Professor Michael Marmot 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 affords Leeds the opportunity to draw on and share learning across the country as part of the national IHE Health Equity network.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
(please tick all that apply to this report)	
A Child Friendly City and the best start in life	Y
An Age Friendly City where people age well	Y
Strong, engaged and well-connected communities	Y
Housing and the environment enable all people of Leeds to be healthy	Y
A strong economy with quality, local jobs	Y
Get more people, more physically active, more often	Y
Maximise the benefits of information and technology	
A stronger focus on prevention	Y
Support self-care, with more people managing their own conditions	Y
Promote mental and physical health equally	Y
A valued, well trained and supported workforce	Y
The best care, in the right place, at the right time	