Leeds Health & Wellbeing Board

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Report of: Director of Public Health

Report to: Leeds Health and Wellbeing Board

Date: 21st March 2024

Subject: Fairer Leeds (Leeds Marmot City Programme): Year One Update Report including Findings and Recommendations from the Institute of Health Equity Whole-system Review

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

Summary of main issues

In February 2023, the Leeds Health and Wellbeing Board made a commitment that Leeds would become a 'Marmot place'. In April 2023, a formal two-year partnership began with the Institute of Health Equity (IHE) – led by Professor Sir Michael Marmot.

In the first year, the aim of the Marmot place or 'Fairer Leeds' programme has been to enable the city to better understand how to maximise opportunities to address health inequalities. This is important given the changing population in Leeds (namely, an increase in the number of people living in the most deprived neighbourhoods) and concerning trends in health outcomes associated with the impact of austerity, COVID-19 and the cost-of-living crisis.

This report provides an update on the Marmot - Fairer Leeds programme at the end of Year one. The programme is being delivered through three interconnected workstreams: *whole system review*, *collective action* and *cross-cutting priorities*. Progress in each of these areas is described below.

In particular, the results from the '*whole system review'* are included; the report is accompanied by a slide set from the Institute of Health Equity which outlines headline findings and makes recommendations for action.

Summary of findings and recommendations from IHE Whole-System Review

In line with many other cities in the UK, there are significant and persistent inequalities across a range of outcomes in Leeds. Inequalities are evident in health outcomes (e.g. life expectancy, low birthweight babies) but also in the social determinants of health (e.g. earning a Living Wage, educational attainment). Compared to other core cities, Leeds compares unfavourably across several measures.

Within the city, there are stark inequalities between the richest and poorest neighbourhoods, but these inequalities also occur on a gradient – with increasing wealth associated with better health. Leeds has a population that is becoming younger and more ethnically diverse and an increasing number of people living in the poorest neighbourhoods. Life expectancy in Leeds was 'levelling off' before Covid for both men and women and in most recent figures is showing a decrease.

The Leeds system has 'improving the health of the poorest the fastest' at its centre and has well-established strategic approaches and partnerships in place to support achieving this aim. However, the context is challenging, and as described above, many inequalities are stubborn, and some are worsening.

There is good work to build upon, however the system could go further in making equity a core component of all decision-making in the city and having named leaders accountable for ensuring this happens. Having more explicit health equity goals in partnerships and expanding these so that a broader set of stakeholders in Leeds play their part would support the development of a health equity system. Leeds partners may also benefit from having further conversations about where there are opportunities to 'join up' across and within sectors, scale up what is working well and be bolder in addressing inequities.

Having a core set of Marmot indicators that are disaggregated by ward or decile will enable system leaders to understand and have a clear line of sight on progress to drive forward effective action.

Recommendations

- To note progress of the Marmot - Fairer Leeds programme in Year 1.
- To consider the findings of the IHE 'Whole system review' and commit to supporting delivery of the IHE recommendations.

1 Purpose of this report

1.1 This report provides an update on the Marmot - Fairer Leeds programme at the end of year one. The work is being delivered through three interconnected workstreams: *whole system review*, *collective action* and *cross-cutting priorities*.

1.2 In particular, the results from the 'whole system review' are included; the report is accompanied by a slide set from the Institute of Health Equity which outlines findings and makes recommendations for action.

2 Background information

2.1 Leeds Health and Wellbeing Board made a commitment for Leeds to become a 'Marmot place' in February 2023. In April 2023, a formal two-year partnership began with the Institute of Health Equity (IHE) – led by Professor Sir Michael Marmot. The programme was formally launched in June 2023.

2.2 A recent paper published by the IHE defined a 'Marmot place' in the following way: "*Based on the eight principles, Marmot Places develop and deliver interventions and policies to improve health equity; embed health equity approaches in local systems and take a long-term, whole-system approach to improving health equity".*

2.3 The aim of the Leeds programme in the first year has been to enable the city to better understand how to maximise opportunities to address health inequalities. This is important given the city's changing population (namely, an increase in the number of people living in the most deprived neighbourhoods) and concerning trends in health outcomes associated with the impact of austerity, COVID-19 and the cost-of-living crisis.

2.4 Since the decision was made to work with the IHE, the pressure on Local Authority budgets has increased. Understanding how to improve health, reduce inequalities and make the best use of resources within this context is therefore vital.

2.5 The Marmot - Fairer Leeds programme is being led on behalf of the city by Public Health with political support from the Executive Member for Adult Social Care, Public Health and Active Lifestyles and the Executive Member for Children's Social Care and Health Partnerships.

2.6 The development of the programme has been co-ordinated through the Marmot City Working Group – a partnership with membership drawn from across the Local Authority, NHS and Third Sector.

2.7 Along with the '*whole-system review'*, early discussions in the city identified two key priority areas: Housing and Best Start. In consultation with partners the focus of Best Start has been expanded to '0-5 years' and this priority and Housing constitute the '*collective action* 'workstream described above.

2.8 In rolling out the programme, three key priority areas or cross-cutting themes have also been incorporated.

2.9 *Community Voice* seeks to ensure that, along with data and policy analysis - 'what people in Leeds say is important to them' - is included in the recommendations developed by the IHE and is at the heart of the development of the Fairer Leeds work.

2.10 '*Addressing racism and discrimination and their outcomes'* is included in the Marmot eight principles. This was added as cross-cutting priority area to ensure that all work, including the identification of 'Marmot indicators' considered the impact of racism and discrimination on health.

2.11 Finally, '*Inclusive economies'* has been included as employment, the cost-of-living crisis and poverty have been key issues that have intersected with all the work delivered during 2023-24 both at a strategic level and in engagement with partners.

2.12 Further detail about each workstream is set out below.

3 Main issues

Whole System Review

3.1 The whole system review carried out by the IHE has included:

- Analysis of health outcomes and data covering the social determinants of health (e.g. housing, education)
- A 'health equity' assessment of strategies, policies and programmes
- Interviews and workshops with key stakeholders.
- Mapping of community insight aligned to the 8 Marmot principles.
- Identification of key health equity indicators to measure Leeds progress over the next 5 – 10 years.

3.2 Detailed analysis of the city's health outcomes and data covering the social determinants of health are included in the IHE slide set that accompanies this report.

3.3 The data compiled for this workstream is informing the city's Joint Strategic Assessment and a short report will be available from the IHE during 2024.

Summary of Findings from IHE Whole-System Review

3.4 *In line with many other cities in the UK, there are significant and persistent inequalities across a range of outcomes in Leeds. Inequalities are evident in health outcomes (e.g. life expectancy, low birthweight babies) but also in the*

social determinants of health (e.g. earning a Living Wage, educational attainment). Compared to other core cities, Leeds compares unfavourably across several measures.

3.5 *Within the city, there are stark inequalities between the richest and poorest neighbourhoods, but these inequalities also occur on a gradient – with increasing wealth associated with better health. Leeds has a population that is becoming younger and more ethnically diverse and an increasing number of people living in the poorest neighbourhoods. Life expectancy in Leeds was 'levelling off' before Covid for both men and women and in most recent figures is showing a decrease.*

3.6 *The Leeds system has 'improving the health of the poorest the fastest' at its centre and has well-established strategic approaches and partnerships in place to support achieving this aim. However, the context is challenging, and as described above, many inequalities are stubborn, and some are worsening.*

3.7 *There is good work to build upon, however the system could go further in making equity a core component of all decision-making in the city and having named leaders accountable for ensuring this happens. Having more explicit health equity goals in partnerships and expanding these so that a broader set of stakeholders in Leeds play their part would support the development of a health equity system. Leeds partners may also benefit from having further conversations about where there are opportunities to 'join up' across and within sectors, scale up what is working well and be bolder in addressing inequities.*

3.8 *Having a core set of Marmot indicators that are disaggregated by ward or decile will enable system leaders to understand and have a clear line of sight on progress to drive forward effective action.*

3.9 The full Recommendations from the IHE Whole-System review are included in the slide set that accompanies this report.

Draft Marmot Indicators

3.10 A draft set of twelve high-level indicators (with life expectancy as an additional over-arching measure) have been identified to monitor changes in health equity in line with the eight Marmot principles. The working draft of the indicators is included in the attached IHE slides. These are expected to be finalised and approved soon in line with the IHE recommendation regarding the development of Leeds Marmot Indicators.

3.11 The intention is for these to be presented annually to the Health and Wellbeing Board alongside the Health and Wellbeing Strategy (HWS). They have also been developed to complement reporting against the Best City Ambition and Inclusive Growth Strategy.

3.12 The indicators meet the following criteria: they are amenable to change; are already measured via the Health and Wellbeing Strategy, Social Progress Index or Public Health performance report, and can (in most cases) be disaggregated by

ward or IMD decile. Further detail about the indicators is included in the IHE slide set that accompanies this report.

3.13 Mapping of health indicators has been shared with the Leeds Inclusive Growth team to support a national conversation with the Health Foundation regarding how best to measure health/economic outcomes.

Collective Action

3.14 During 2022/23 local partners identified both housing and 0-5 years (Best Start) as priorities for the Marmot place work. These areas continue to be of significant concern both nationally and in Leeds.

3.15 In developing this workstream the process carried out as part of the whole-system review has been replicated: analysis of outcomes/data and insight; assessment of strategies, policies and programmes, and interviews and workshops with key stakeholders.

3.16 However, there has also been a commitment from the outset to 'add value' to existing work, connect the system better to itself, embed learning from elsewhere and for the 'health equity' or Marmot lens to act as a catalyst for action.

3.17 Two short reports (along with recommendations) will be produced during 2024.

Housing

3.18 Housing affects our health through a range of pathways that can be summarised into four domains: quality of housing, e.g. damp and mould, hazards; affordability of housing, e.g. rent, heating; security and homelessness, e.g. security of tenure, having a home and the local area, e.g. transport links, green space.

3.19 In Leeds, the 'Housing and Health breakthrough group' is co-ordinating action in the city to support better joint working between sectors.

3.20 IHE evidence and local mapping supported identification of priorities for the group which include training for health and housing staff; 'out of hospital' workers in acute sectors and development of a children's asthma/housing pathway.

3.21 The IHE identified the selective licensing scheme in Leeds as an area of good practice. A qualitative evaluation of 'stakeholder perceptions of the impact of Leeds existing selective licensing scheme' is now underway. The evaluation will be published in March 2024 and will support a potential business case to Leeds City Council Executive Board regarding the possibility of a new scheme.

3.22 This formative evaluation will also generate hypotheses and suggest an evaluation framework that could be adopted if LCC were to extend selective licensing. An evaluation of this type would be of national significance given the lack of robust evidence around selective licensing.

3.23 An operational health and selective licensing group has also been established to co-ordinate better immediate relationships on the ground. Actions include sharing information about selective listening with relevant Primary Care networks and supporting better relationships between health staff and housing workers.

3.24 Public Health are also working in partnership with housing colleagues to embed questions about health and health inequalities into the selective licensing survey (completed by housing workers).

3.25 The Public Health – Health Inequalities team and Housing colleagues co-hosted the first Strategic Housing Partnership event since COVID-19 in November 2023. Alongside data analysis and wider interviews with stakeholders, the findings from this workshop are being incorporated into the IHE short report on housing due in 2024.

0-5 years

3.26 Recent national and local analysis of maternal and child health indicates that there are concerning trends across a range of health outcomes.

3.27 The IHE facilitated a collaborative workshop on 16th January 2024. This involved sense checking IHE findings from stakeholder interviews and policy analysis and planning next steps.

3.28 Key issues that have emerged from the IHE scoping phase include: the need to clarify the offer for children and families aged 0-5 years; the complex governance arrangements for babies and children and poor outcomes for young children from minority ethnic backgrounds.

3.29 The findings from the event, along with further scoping work described above are being used to inform the IHE short report on 0-5 years.

Cross-cutting priorities

Community Voice

3.30 Early consultation with stakeholders in Leeds led to the Fairer Leeds programme adopting ‘Community Voice’ as a key priority – ensuring that ‘’what people in Leeds said was important to them’ was combined with data and policy analysis carried out by the IHE. A key principle of this work was to make full use of existing consultation and insight in the city rather than asking communities who may feel ‘over-consulted’.

3.31 Local insight, mapped against the eight Marmot principles, is informing recommendations made by the IHE and will be included in all three reports due in 2024.

3.32 In the longer term, the mapping work will also help to identify where there may be further opportunities to involve community voices in improving the social determinants of health.

Racism and Discrimination

3.33 There is a continued commitment to ensure that analysis of health outcomes (including the Marmot indicator set) is disaggregated by ethnicity so that action can be supported across the system to address inequalities – recognising that some of the worst outcomes may be experienced by communities who do not 'appear' in health or social care data.

3.34 In Year 2 of the Fairer Leeds programme, Public Health propose to develop a small network to focus on a set of health outcomes identified as being poorest for people from diverse communities.

3.35 This network will build on existing successful approaches in the city (e.g. Synergi-Leeds) to enable system leaders to have conversations about ethnicity, racism and discrimination and health in new ways. This re-framing will support effective and sustainable responses to inequalities in health experienced by people from diverse communities.

Inclusive Economies

3.36 The influence that the local and national economy has on people's heath is significant and intersects with the full breadth of the Marmot eight principles.

3.37 There are established programmes of work in the city to mitigate against poverty (the cost-of-living group), support employment and improve the local economy (Anchor's network, Inclusive Growth Strategy).

3.38 The Public Heath Health Inequalities team continue to support the 'Good Jobs Better Health Fairer Futures' project (funded by the Health Foundation and led by LCC Economic Development) and through this work develop improved understanding across health and economic led approaches.

Embedding Equity

3.39 As noted, the aim of the Marmot/Fairer Leeds programme is to support a broad set of stakeholders in the city to take action on the social determinants of health and to make decisions about interventions and resources based on principles of fairness and health equity.

3.40 Examples above highlight where and how action is being taken on the social determinants of health in Leeds - including on housing and employment.

3.41 The programme has also acted as a catalyst for developments. For example, a local GP has developed a template' for use in Primary Care based on the eight Marmot principles. This will enable practitioners to actively review people's social and economic circumstances and provide easy referrals to key services including those addressing fuel poverty and benefits advice.

Communications – Building a Social Movement for Health Equity

3.42 The national IHE Health Equity Network aims to build a 'social movement for health equity'.

3.43 This involves communicating the significant role that the social determinants or 'building blocks' of health' play in causing or mitigating against health inequalities and setting out the role that a range of agencies and sectors have in improving health.

3.44 Within the Leeds programme the @fairerleeds | Linktree site hosts digital and printed content about local approaches and activity. This will be further developed in 2024.

4 Health and Wellbeing Board governance

Consultation, engagement and hearing citizen voice

4.1 A decision was made by the Marmot City Working group not to develop new consultation and engagement work as part of the programme but to draw on existing insight in the city. As noted above, a mapping exercise has been completed which is being used to inform the development of recommendations.

Equality and diversity / cohesion and integration

4.2 Principle seven in the Marmot approach to health equity is 'to address racism, discrimination and its outcomes'. This is being operationalised through a commitment to disaggregate data by ethnicity and where this is not available to advocate for this development.

4.3 In additions, one of the recommendations included in the whole-system review is to ' Ensure that the needs of ethnic minority populations in Leeds are addressed in all citywide strategies to reduce inequalities. This means that as the programme progresses there may be a (positive) differential impact on diverse communities – supported in part by the establishment of a city-wide network.

Resources and value for money

4.4 The partnership with the IHE includes significant research(er) time and support from Professor Sir Michael Marmot. This is being funded by core Public Health funding and senior capacity.

4.5 A key focus of the programme is to support the effective and efficient use of existing resources across the system in relation to social determinants, maximising value for money in reducing health inequalities.

Legal Implications, access to information and call In

4.6 There are no legal implications, and the report is not subject for call in.

Risk management

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

5 Conclusions

5.1 The Fairer Leeds programme provides the city with an opportunity to go further and faster to improve the health of the poorest the fastest.

5.2 The programme highlights where there are opportunities for system leaders to embed and drive forward health equity – joining up across and within organisations, scaling up what works and being bolder in the way the city addresses the social determinants of health.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note progress of the Fairer Leeds programme in Year 1.
- Consider the findings of the IHE 'Whole system review' and commit to supporting delivery of the IHE system recommendations.

7 Background documents

- IHE slide set: Findings and Recommendations

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Implementing the Leeds Health and Wellbeing Strategy

How does this help reduce health inequalities in Leeds?

The purpose of the Marmot - Fairer Leeds programme is to enable the city to better understand how to maximise opportunities to address health inequalities.

The 15 recommendations made by IHE as part of the whole-system review indicate where partners in Leeds can strengthen leadership, embed equity in decision-making, use research and data in a more informed way and build on existing approaches.

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, the Health and Care Partnership 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

The pressure on both NHS, Local Authority and Third Sector finances is significant. This is combined with an increasing proportion of the Leeds population living in the poorest neighbourhoods. These demographic changes and financial pressures mean that addressing health inequalities is extremely challenging.

Opportunities include the learning and support from other ‘Marmot places’ such as Liverpool, Luton and Manchester and via the national IHE Health Equity network.