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Marmot City progress update

Date: 18 October 2022

Report of: Director of Public Health

Report to: Adults, Health and Active Lifestyles Scrutiny Board

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

Brief summary

- Leeds City Council and strategic partners have supported the proposal for Leeds to become a Marmot City to further build upon the existing commitments across all partners to reduce health inequalities and improve the health of the poorest the fastest.
- This report provides the Adults, Health and Active Lifestyles Scrutiny Board with an update of progress regarding this work and the next steps.

Recommendations

The Scrutiny Board is asked to:

a) Note and comment on the content of the report.

What is this report about?

1 The evidence regarding health inequalities and an overview of the Marmot City approach was provided in the previous report to the Scrutiny Board on 11 January 2022.

2 In the period since January, there have been widely publicised increases in inflation and the costs of living generally across the population with particular pressures on energy costs. Whilst these pressures will impact the whole population of the city, it is widely recognised they will have a greater impact on people living in the most deprived areas and contribute further to health inequalities. These developments further increase the need and urgency for an approach to addressing people's social and economic conditions that focusses on the impacts across people's lives and is proportionally universal in the support it provides.

3 Adopting a Marmot Place approach involves taking a strategic, whole-system and structured approach to improving health equity through reducing inequalities in health that result from unfair inequalities in social and economic conditions – the social determinants of health.

4 The approach is based on the 'Marmot principles'. The first national Marmot Review, published in 2010, introduced six of these principles, which are broad policy objectives aimed at reducing health inequalities by improving the conditions of everyday life and reducing socioeconomic inequalities. Two further principles have since been added, to make more explicit and add focus to the key considerations of discrimination and sustainability, which are essential to equity. The eight principles are:

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

5 The Institute of Health Equity (IHE) is the organisation that coordinates the Marmot work including the national and international research and publications and support for Marmot Places.

6 An increasing number of areas are becoming Marmot Places. In the north of England, Cheshire and Merseyside are taking a coordinated approach across the ICS footprint and Greater Manchester are working as a city region footprint. The most recent place to publish a report is Luton as the first Marmot town. IHE have advised that there are numerous further places that are going to be launching in the coming year.

7 The local proposal for Leeds to work towards becoming a Marmot City has been discussed and received strong support through a range of key 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.

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

9 In addition to ongoing discussions with key partners across the council and city and other Marmot Places, further preliminary discussion has also taken place with the IHE now that the new lead officers are in post. The next step is for key members of the Marmot City Steering Group to meet with IHE and to formally agree the approach to be adopted in Leeds and the level of support from IHE.

10 The principles for the approach in Leeds will be further developed through discussion at the Steering Group, with partners and the IHE, and ultimately agreed through the Health and Wellbeing Board. Currently it is intended that the approach taken in Leeds includes focus on:

a) Strategic alignment – with the Best City Ambition and the Healthy Leeds Plan

b) Being right for Leeds – a tailored approach that is right for Leeds

c) Building on existing commitments – recognition of the significant work already taken in addressing inequalities locally

d) Whole-city and whole-system – but with specific priority areas of focus

e) Action across the short, medium and long-term

f) Taking a strength-based and solution focussed approach

g) Outcome focussed - Maintain a city-wide 'line of sight' on the combined efforts to reduce inequalities in the local population

h) Acknowledging & building on community assets/strengths/cultures – doing with not to

11 The details of the input are from the IHE are still to be negotiated and agreed but are expected to include:

a) Involvement of Prof Sir Michael Marmot – to bring expertise, profile and influence to support local approach

b) Expertise and experience of the IHE team in relation to addressing health inequalities

c) Data/needs analysis

d) Review of current situation in Leeds and evidence-based recommendations

e) Networking across Marmot Places nationally and links to international evidence and best practice

f) Support in development of monitoring framework and dashboard

g) Production of Leeds Marmot City report

12 There will be engagement with the Community Committee Health Champions, through the existing meetings with the Executive Member for Public Health and Active Lifestyles, to identify the opportunities to coordinate their work with the Marmot City approach.

13 The approach will be focussed on the delivery of tangible actions that will make an impact across the short, medium and longer term.

14 Whilst the programme will work to address health inequalities across the breadth of the Marmot principles, from the earlier strategic discussions Best Start and Housing have been identified as initial priorities.

15 Best Start:

a) This work is expected to be focussed on the refresh of the Leeds Best Start Plan (and accompanying Action Plan and Dashboard).

b) It will provide the opportunity to develop and test taking a 'Marmot-informed approach' in the development and clear actions to support children and families in this critical stage of development.

c) The Leeds Best Start Plan describes a broad preventative programme from conception to age 2 years which aims to ensure a good start for every baby, with early identification and targeted support for vulnerable families early in the life of the child.

d) The overall outcomes for the current programme are:
   i. Healthy mothers and healthy babies at population and individual level
   ii. Parents experiencing stress will be identified early and supported
   iii. Well prepared parents

iv. Good attachment and bonding
v. Development of early language and communication

e) Applying a Marmot approach to the refresh of the Best Start Plan will enable evidence-based support from IHE, learning and ideas from across the national network of Marmot Places and an even stronger focus on reducing inequalities for families, babies and young children than has been taken up to now.

16 Housing:

a) This priority is anticipated to be addressed in part through adopting an explicit 'Marmot-informed approach' to the Housing Breakthrough Project, linked to the Best City Ambition.

b) Good quality housing is widely recognised as a critical determinant to health and wellbeing and significant factor in relation to health inequalities, and as a result was identified in the discussions with partners as a priority for the Marmot City work.

c) Housing is a critical determinant of health (and inequalities) throughout the lifecourse, from the health and wellbeing of babies and children right through to older people and end of life.

d) Adequate and safe housing also relates closely to the current pressures and demands facing the whole of the health and social care system. Good quality and appropriate housing can help prevent accidents, injuries and illness and can also enable people to return home sooner if they have had to receive care in hospital. As well as the health and wellbeing of individuals, this also has a significant impact on demand and resources across the health and care system.

e) Taking a Marmot approach to the Health and Housing Breakthrough project will add support in evidence and innovation, capacity and a clear focus on addressing health inequalities.

What impact will this proposal have?

17 Working towards 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.

18 Working with IHE (and other Marmot Places) to become a Marmot City is expected to add additional pace and focus to the current work to address health inequalities through a range of ways. The model and details of the approach will be developed further in the coming months and will be included in future reports to the Scrutiny Board.

19 Examples of how the approach is anticipated to add value and amplify the extensive existing commitment to addressing health inequalities include:

a) Common narrative and focus and alignment across partners - Providing a strengthened common narrative across all partners in the city regarding the commitment to reducing inequalities

b) Increased profile - Increasing the profile of Leeds' commitment to reducing inequalities within Leeds, regionally and nationally

c) Build on what's working well - Identifying existing programmes of work that can be expanded, scaled-up or adapted to optimise their impact

d) Identify gaps and opportunities – Using evidence to identify what more we could be doing

e) Influencing resource allocation where appropriate

f) Workforce capability – Improving knowledge, awareness and skills of staff across the city to address inequalities

g) Evidence-based – identifying and focus on what works

h) Structured – Applying quality improvement/theory of change approach in priority areas of work including robust evaluation

i) Outcome focussed - Maintaining a city-wide 'line of sight' on the combined efforts to reduce inequalities in the local population

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

☒ Health and Wellbeing ☒ Inclusive Growth ☒ Zero Carbon

20 One of the key principles of the Marmot City approach in Leeds is the strategic alignment with the key strategies of the city, namely the three pillars of the Best City Ambition and the Healthy Leeds Plan.

21 The Marmot City approach will contribute towards each of the three pillars and they all have direct relevance and alignment with the scope and ambitions of the Marmot City approach, to reduce health inequalities.

22 Whilst all of these strategies already contain explicit references and commitments to reducing inequalities, it is intended to work with the respective strategic leads to develop an even stronger and more consistent reference in each as to how they will be delivered in a way that drives the pace and impact of improving the health of the poorest the fastest and therefore reducing health inequalities.

What consultation and engagement has taken place?

Wards affected: All		
Have ward members been consulted?	☐ Yes	☒ No

23 No formal or informal consultation and engagement has taken place with Leeds residents.

24 Engagement discussions have been held with a wide range of internal stakeholders and a number of external partners to continue to inform the development of the approach.

25 The approach has been discussed with internal and external stakeholders via strategic forums 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.

What are the resource implications?

26 As stated in the January 2022 report, the primary direct financial implication is the cost of commissioning the support of the IHE. The exact cost will be dependent on the agreement of the specification and MOU.

27 Programme capacity and leadership will be provided though Public Health, primarily the posts referred to above and input from partners and stakeholders across the council and city.

28 There may potentially be indirect impacts on resource allocation identified through the local authority, NHS and other anchor organisations and partners as a result of the approach, however any such decisions would be undertaken through the standard governance and decision-making processes.

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

29 There are significant risks to the health and wellbeing of the population and pressures on public services of not taking further action at this critical time. Health inequalities will continue to increase, and people will live shorter lives and spend less time in good health.

30 Recent reports have specifically highlighted Leeds in relation to health inequalities and reduced life expectancy which comes with reputational risks for the city.

What are the legal implications?

31 No direct or current legal implications.

Options, timescales and measuring success

What other options were considered?

32 As stated in January 2022 report, alternative approaches have been considered to addressing inequalities but it is considered that working in partnership with IHE to become a Marmot City will be an effective way to further improve the pace and effectiveness in tackling health inequalities in Leeds.

How will success be measured?

33 Success will be measured by monitoring inequalities in a number of core outcome measures which will be identified as the proposal is further developed. Data on many of these potential outcomes are already collected and reported as part of the JSA and routine public health outcome and performance monitoring and reporting.

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

34 Following the recent appointments to key positions as detailed above work is progressing to agree and formalise the arrangement with IHE. This will inform the exact timescales for the formal element of the programme and timescales will be reported back to Scrutiny Board in Future reports once confirmed.

35 The development and adoption however of a Marmot City approach is in practice already underway through the work and discussions in relation to the alignment with the three pillars of the Best City Ambition and the Healthy Leeds Plan and the scoping the priority areas as well as other relevant areas such as the Cost of Living Breakthrough project.

Appendices

- N/A

Background papers

- 1. Reducing Health inequalities in Luton: A Marmot Town (Aug ’22)