

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MARMOT PLACE- EMBEDDING MARMOT PRINCIPLES IN OXFORDSHIRE

**Report by Ansaf Azhar, Director of Public Health and Communities,
Oxfordshire County Council.**

Purpose of Paper

This paper provides an update to the Health Overview and Scrutiny Committee on the progress that has been made on Marmot Place programme of work, since agreement of the programme at the Health and Wellbeing Board in September 2024.

Executive Summary

1. The purpose of this paper is to update HOSC on the progress made so far in implementing the Marmot Place programme of work. The programme was agreed at Health and Wellbeing Board in September 2024. This paper provides information on the specific topic areas requested by HOSC.
2. The main drivers of health inequality are the wider determinants of health or what we increasingly refer to as the “building blocks” of health. On behalf of the wider Oxfordshire system, Oxfordshire County Council has been developing a two-year work-programme with Sir Michael Marmot’s Institute of Health Equity (IHE) who are the leading international experts in approaches to addressing social determinants of health, to review our current activity and support more effective action going forward.
3. The Marmot programme aims to create a fairer and healthier Oxfordshire and has eight principles to enable areas to consider their approach through an inequalities lens. All principles are equally important, but in order to make early traction to address inequalities, Oxfordshire is initially focusing on three of these principles as below:
 - (a) Give every child the best start in life
 - (b) Create fair employment and good work for all
 - (c) Ensure a healthy standard of living for all
4. To support these principles work has begun to:
 - 5.1 Identify gaps and draft recommendations around health equity in early years, with a focus on leadership and partnerships.
 - 5.2 Forge links with the Oxfordshire Inclusive Economy and Local businesses around social value, access to education and employment.

- 5.2 Understand rural inequalities in Oxfordshire beyond, the ten most deprived wards.
 - 5.4 Explore implementation of a system to support GPs and other primary care colleagues identify patient needs through a health inequality lens.
 - 5.5 Develop policy research projects focusing on inequalities through the Local Policy Lab, a new alliance between the University of Oxford, Oxford Brookes University and Oxfordshire County Council. This research will directly link back to the Marmot Place principles.
6. It is important to note that becoming a Marmot Place is not about stopping what we are already doing, but evaluating and building on existing work, measuring and tackling rural inequality, and utilising research to find innovative solutions.

Exempt Information

7. There is no exempt information contained in this report.

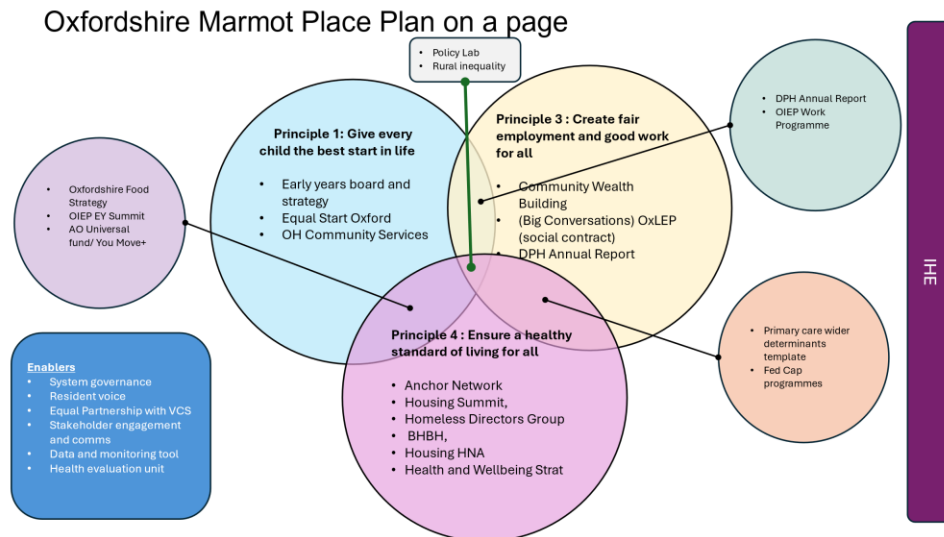
Overview of Oxfordshire as a Marmot Place

Specific goals and objectives for Oxfordshire becoming a Marmot Place.

- 8. The Institute of Health Equity defines a [Marmot Place](#) as a place that 'recognises that health and health inequalities are mostly shaped by the social determinants of health: the conditions in which people are born, grow, live, work and age, and takes action to improve health and reduce health inequalities.' A key aspect of a Marmot approach to tackling health inequalities is 'proportionate universalism', which means that there is a balance between universal services (open to all) and targeted services that reach those who need it most.
- 9. Becoming a Marmot Place cannot be achieved by one organisation in isolation, partners need to work together across the system to ensure that addressing inequalities is at the heart of everything that we do. Taking a proportionate universalism approach is one way for partners to achieve this.
- 10. The specific goals and objectives of Oxfordshire becoming a Marmot Place are outlined below:
 - 10.1 Provide high-quality evidence based external review of the range of activities happening in Oxfordshire to tackle health inequality and inform potential gaps.
 - 10.2 Act as a glue to bring together all activities to tackle health and social inequalities across Oxfordshire.
 - 10.3 Enable us to measure rural inequality and take effective actions.
 - 10.4 Mobilise our policy research function to find innovative solutions to tackling health inequality and help secure external funding for future work.

Aligning the goals of Oxfordshire as a Marmot Place with broader health and prevention agendas nationally and locally.

11. System partners in Oxfordshire are already active in delivering a range of projects and programmes that seek to address inequalities in Oxfordshire. Some of these programmes address a particular building block of health (such as housing or employment) or a particular health behaviour (such as physical inactivity or tobacco use). Others are broader taking an asset-based community development approach (including the Community Profiles, Brighter Futures in Banbury, Well Together Programme, Oxfordshire Food Strategy and the Oxfordshire Way prevention programme), considering all the local assets that contribute to the health of its residents.
12. The aim of the Marmot Place partnership is not to duplicate any of these existing programmes but to bring an inequalities lens to everything we do. The Marmot approach provides an overall strategic and evidence-based framework that brings these different strands of work together. It aims to ensure there is a common methodology underpinned by the Marmot Principles that exists across all programmes of work.
13. The proposed Marmot Place partnership builds on the [Oxfordshire Health and Wellbeing Strategy](#) which identified action on health inequalities as one of the three cross cutting principles that spans across all priority areas for action. The Strategy's 10 priorities span across four thematic areas- the first three being stages of the life course, with the fourth the Building Blocks of Health. This final theme describes the social determinants of health that are the structural drivers of much of the inequality we see locally.
14. Various areas in the country have now partnered with Institute of Health Equity to become a Marmot Place. Oxfordshire has some specific features which make Oxfordshire stand out as a unique Marmot Place. These include the increasingly close working with the Universities in Oxford, taking place-based approaches to research and wellbeing, and the combination of the rural and city communities.
15. This plan on a page demonstrates how the workstreams of the Marmot Place programme complement each other and link to other areas of work in the county:



Key stakeholders involved in the planning and implementation of Oxfordshire as a Marmot Place.

16. The Oxfordshire Marmot Place Steering Group brings together strong local leadership across the Oxfordshire System to maximise the positive impact of the Marmot work in Oxfordshire. The Steering Group sits as a time limited subgroup of the Prevention and Health Inequalities Forum (PHIF).
17. The PHIF aims to reduce avoidable and unfair differences in health outcome among residents of Oxfordshire. To achieve this, it brings together key leaders from the health system in Oxfordshire to ensure primary, secondary and tertiary prevention initiatives are effective and to move forward new initiatives and collaboration where there are gaps. The forum uses the Core 20 plus 5 framework to help structure its work but will also prioritise focus on issues specific to the Oxfordshire context. Through the PHIF, the Marmot Place Steering Group reports into the Place-Based-Partnership and Health and Wellbeing Boards in Oxfordshire. This will be in place for the duration of the two-year partnership between the Oxfordshire System and the Institute of Health Equity (IHE) at University College London.
18. Its aim is to ensure the work-programme is of relevance to all system partners and therefore maximises the extent to which the work supports the system to go further and faster in tackling the avoidable and unfair differences in health and wellbeing that we see between different population groups locally.
19. The steering group aims to:
 - 19.1 Ensure system wide engagement in the Marmot Place initiative
 - 19.2 Provide local insight and intelligence to inform focus and priorities of the work programme
 - 19.3 Ensure the voice and perspective of diverse communities in Oxfordshire feed into the Marmot Place work, especially from those seldom heard

19.4 Review outputs/ products/ documents from Institute of Health Equity to check they will meet local priorities and have the desired local impact

20. Membership of the Steering Group is as follows

- (a) Oxfordshire County Council
- (b) Oxford University Hospital NHS Trust
- (d) District Councils
- (e) NHS Integrated Care Board (ICB)
- (f) Primary Care
- (g) Oxford Health
- (h) Voluntary and Community Sector organisations
- (i) Healthwatch Oxfordshire
- (j) Oxfordshire Inclusive Economy Partnership
- (k) Start Well System
- (m) Institute of Health Equity at University College London

21. In addition to the steering group a Marmot Advisory Board, made up of senior system leaders, meets two to three times per year and is chaired by Sir Michael Marmot and gives strategic oversight to the overall work. Membership of this group includes:

- (a) Institute of Health Equity at University College London
- (b) Oxfordshire County Council
- (c) District Councils
- (d) Political representation
- (e) NHS Integrated Care Board (ICB)
- (f) NHS Providers
- (g) Primary Care
- (h) Voluntary and Community Sector
- (i) Faith Sector
- (j) Business
- (k) Inclusive Economy
- (l) Primary/ Secondary Education
- (m) Further Education
- (n) Higher Education

Arrangements for Leadership of Oxfordshire as a Marmot Place

Priority Principles

22. Further to a systemwide prioritisation exercise which reviewed the eight Marmot principles (as detailed in the diagram below) alongside the health and wellbeing strategy, it was agreed that Oxfordshire would initially focus efforts on the following three principles:

22.1 **Principle 1: Give every child the best start in life:** Ensuring that children have equal opportunities for health and development, regardless of their background or circumstances.

22.2 Principle 3: Create fair employment and good work for all:

Focusing on good working conditions, job security, and fair wages.

22.3 Principle 4: Ensure a healthy standard of living for all: Addressing economic disparities and providing access to essential resources such as housing, food, & healthcare.



23. To support these principles several workstreams are emerging:

24. **Early Years** – starting on early years, work is under way to identify gaps and draft recommendations around health equity in early years, considering leadership and partnerships. This work is progressing with the Institute of Health Equity and within existing children's partnership meeting structures.

25. **Local economy** - Links being forged with Oxfordshire Inclusive Economy partnership to consider social value and access to education and employment. Work has also started to consider how we can engage with local businesses and industry to adopt a Marmot place approach.

26. **Rural Inequalities** - In January 2025 the Rural Inequalities Working Group put out a call for data and perspectives on access to healthcare, social or other services, employment, and infrastructure in rural areas. 43 responses were received from a range of organisations and sources. This included data from organisations working in rural areas, reports of previous work, personal experience accounts from residents, and feedback from Primary Care Network Directors/ Social Prescribers and charities.

27. Between March and May 2025, the data was collated to identify areas of inequalities in rural Oxfordshire alongside the development of a rural inequalities' dashboard, to be used by district councils to decide on areas for further community engagement. During June-October 2025, the group plan to launch community engagement in the form of focus groups to discuss rural challenges and potential solutions.

28. **Primary Care** – Exploring implementation of a system to support GPs and other primary care colleagues identify patient needs through a health

inequality lens. Utilising successful approaches from other Marmot places, the aims are to improve awareness of current and ongoing work in this area, improve and streamline access to relevant resources and (if required) increase referral to necessary Voluntary Community Organisation provision. Work will consider how to make that onward "referral" / signposting / reporting of it. Effective engagement required to ensure successful coordination and implementation.

29. **Policy Lab** - The University of Oxford and Oxford Brookes University will play a pivotal role in establishing Oxfordshire as a Marmot Place. They will leverage their academic expertise and research capabilities to guide actions aimed at reducing health inequalities through their Policy Lab partnership with Oxfordshire County Council, initiated in 2024.

30. In 2025, the Policy Lab successfully recruited 14 Fellows to support six research projects aligned with the Marmot principles. These Fellows have commenced collaboration with Policy Officers and their Academic Advisers to design and implement these initiatives. Additionally, three Chief Scientific Advisors will be appointed to provide ongoing strategic research leadership and evidence-based guidance within key Marmot priority policy areas over the next three years.

How system partners will be assessing the social determinants of health locally.

31. It will be important for system partners to assess the social determinants of health locally, as part of the Marmot Place programme. This will be achieved through:

31.1 Defining evidence-based actions for health equity, based on insight captured from Phase 1 of the Marmot Place programme.

31.2 Reviewing what activities/workstreams we should stop, what we should start, and which activities we should carry on.

31.3 Considering what action is required to address any identified inequality.

32. Partners will undertake research and evaluation to:

33.1 Develop a framework for the evaluation of new or existing programmes that aim to improve health equity.

33.2 Work with the Oxfordshire "Local Policy Lab" and the local research partnership to develop an approach to researching new and innovative ways to address the building blocks of health and reduce health inequality.

33. The outputs from the Marmot Place programme are expected to include:

34.1 IHE involvement in mapping activity across Oxfordshire and disseminate the findings from Phase 1.

34.2 Working in partnership with the Policy Lab to develop a health equity framework for evaluation and other accountability tools.

34.3 Developing a monitoring tool.

34.4 Defining new approaches which can reduce inequalities in Oxfordshire.

Measuring if the Marmot Place programme has made a difference.

34. Partners will work together to determine how far Oxfordshire has come in tackling health inequalities through monitoring and evaluation. This will include the development of a monitoring tool that can be used to track progress against improving health equity in Oxfordshire. In doing so, partners will be able to ensure work streams contribute to existing outcomes such as the framework of the local Health and Wellbeing Strategy. There will be system wide support for the implementation and oversight of the actions to improve health equity.

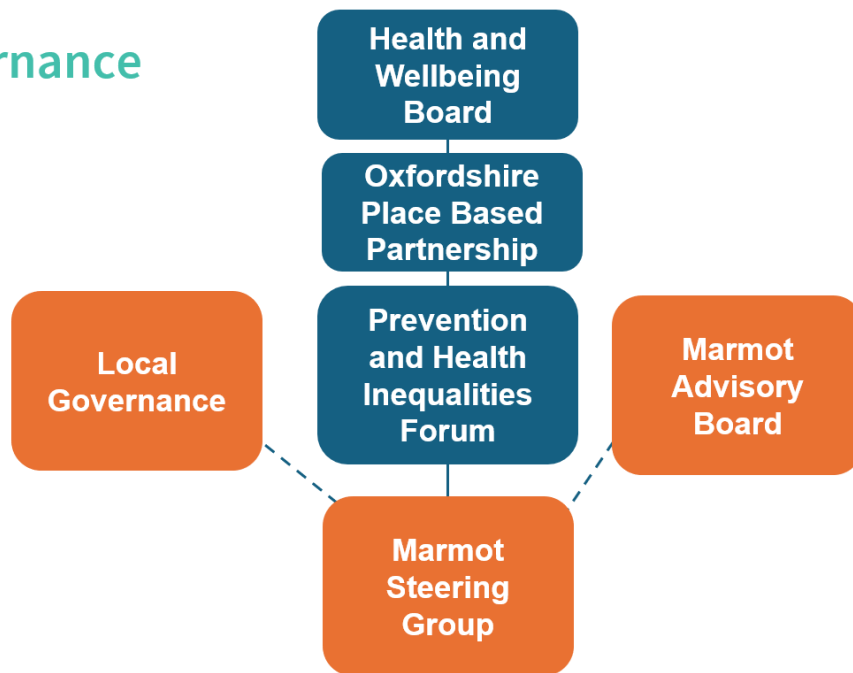
How the government's devolution plans may impact the work around Oxfordshire becoming a Marmot Place.

35. Until we know more about the plans for devolution we will continue to develop Oxfordshire as a Marmot Place. If our footprint changes, we will review the situation and bring in any new areas that we are joined with to become part of the Marmot place.

How accountability and transparency will remain at the heart of the Marmot Place initiative.

36. There is a clear governance structure in place with multi partner accountability at a senior level through the Oxfordshire Marmot Place Advisory Board. There is a reporting mechanism in place that feeds into other existing governance structures to ensure join up across the Oxfordshire system.

Governance



Corporate Policies and Priorities

37. The Marmot Place programme supports the below priorities from the Oxfordshire County Council Corporate Plan 2023-25

- 38.1 Tackle inequalities in Oxfordshire – through Principle 4: Ensure a healthy standard of living for all: Addressing economic disparities and providing access to essential resources such as housing, food, & healthcare.
- 38.2 Prioritise the health and wellbeing of residents - through Principle 4: Ensure a healthy standard of living for all: Addressing economic disparities and providing access to essential resources such as housing, food, & healthcare.
- 38.3 Create opportunities for children and young people to reach their full potential – through Principle 1: Give every child the best start in life: Ensuring that children have equal opportunities for health and development, regardless of their background or circumstances.
- 38.4 Work with local businesses and partners for environmental, economic and social benefit – through Principle 3: Create fair employment and good work for all: Focusing on good working conditions, job security, and fair wages.

Financial Implications

The financial implications section should be completed by a member of the finance service

38. The approved core costs of the Marmot Place programme have been detailed below for information:

Payments to University College London, Institute of Health Equity.

Financial year	Payment amount
2024/25	£90,275
2025/26	£51,300
Total	£141,575

39. The funds for payment to the University College London, Institute of Health Equity are allocated from within the Oxfordshire County Council Public Health Wider Determinants budget. The payment includes covering the costs of Institute of Health Equity staff time working on the Oxfordshire Marmot Place programme. There will also be some project costs associated with individual workstreams as they develop through the programme.

Comments checked by:

Emma Percival, Assistant Finance Business Partner,
emma.percival@oxfordshire.gov.uk (Finance)

Legal Implications

The legal implications section should be completed by a member of the legal service

40. The funding above is below threshold for procurement legislation, so that does not apply. However, the funding will need to comply with the Council's Contract Procedure Rules. Any subsequent agreement for the funding that needs to be put in place between the parties will also need legal support on the negotiation, drafting and completion of that agreement.

41. When using public health grants, local authorities must consider reducing inequalities in health between people in their area.

Comments checked by:

Gareth Hale, Senior Solicitor and Team Leader, Contracts and Conveyancing
Gareth.hale@oxfordshire.gov.uk

Staff Implications

42. Oxfordshire County Council officers are working on the delivery and implementation of the Marmot Place programme alongside colleagues from partner organisations.

Equality and Inclusion Implications

43. This project will actively seek to improve healthy equity and the health and wellbeing of inclusion groups. A formal Equality Impact Assessment is not required.

Sustainability Implications

44. There are no sustainability implications associated with this report.

Risk Management

45. A detailed risk assessment is not required for this work. Oversight and input on the work programme will be provided by the Health and Wellbeing Board.

Consultations

46. Public Consultation is not required for this proposal, however meaningful engagement and joint work between organisations on the Health and Wellbeing Board and communities themselves lies at the heart of what will make this work successful.

NAME Ansaf Azhar, Director of Public Health and Communities, Oxfordshire County Council.

Annex: Nil

Background papers: Nil

Contact Officer: Kate Holburn, Interim Deputy Director of Public Health,
Oxfordshire County Council
kate.holburn@oxfordshire.gov.uk

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