People Overview and Scrutiny Committee
06 November 2025

Inequalities in a Marmot County

Report by Ansaf Azhar, Director of Public Health

RECOMMENDATION

1. **The People's Scrutiny Committee is RECOMMENDED to**

   Note how addressing health inequalities with a Marmot approach strengthen health equity in Adult Social Care

Executive Summary

2. The aim of adult social care (ASC) support is to help people live independently at home, stay connected with loved ones, and engage in their communities. It goes beyond meeting basic needs, by supporting people in ways that promote dignity, empowerment, and timely assistance. Adult social care can address inequalities by offering accessible information, providing access to advocacy, ensuring culturally appropriate services, and promoting equitable outcomes across different communities.

3. People from the most deprived areas often face multiple barriers to accessing care, including financial hardship, digital exclusion, transport limitations, and fear of stigma. Addressing these inequalities requires a focused effort to ensure that care and support is not only available but also accessible, inclusive, and responsive to the diverse needs of the population.

4. Oxfordshire because a Marmot County in 2024, taking a data driven systemwide approach to addressing the gap in health outcomes due to inequalities, by using the 8 principles to assess inequalities.

Marmot County

5. In November 2024 the Oxfordshire system commenced working with the Institute of Health Equity [IHE] to become a Marmot Place. The partnership supports the system to understand and address the inequalities being experienced by Oxfordshire residents. This programme complements the health and wellbeing strategy, which is underpinned by the principal of tackling health inequalities.

Care Act and Care Quality Commission

6. The Health and Care Act 2022 introduced a new duty for the Care Quality Commission (CQC) independently to review and assess how Local Authorities are delivering their Care Act 2014 functions. From 1st April 2023 CQC has powers to assess local authorities in England, looking at how well they meet their duties under the Care Act (2014).

7. The *Equity in Access* quality statement under the CQC's Single Assessment Framework asserts that *"everyone can access the care, support and treatment they need when they need it."* This principle is central to ensuring fair, inclusive, and timely access to adult social care [ASC] services across Oxfordshire.

8. **Key Expectations from CQC**

   - Services must be designed to remove barriers to access, including physical, digital, cultural, and communication related.
   - Providers must comply with equality and human rights legislation, making reasonable adjustments for disabled individuals.
   - Staff and leaders must actively identify and address discrimination, inequality, and systemic bias.
   - Feedback and evidence must be used to improve access for underserved or marginalised groups.

9. **Oxfordshire County Council Position**

   - The council's *Including Everyone EDI Framework (2025–2029)* underpins strategic efforts to embed equity in service design, workforce diversity, and community engagement.
   - Assurance activities include equity impact assessments, co-production with service users, and data-led service planning to identify and address gaps in provision.
   - Programmes such as *Diverse by Design* and adherence to the *Workforce Race Equality Standard (WRES)* support inclusive workforce development.
   - Monitoring mechanisms are in place to track access outcomes and ensure continuous improvement, particularly for rural, low-income, and protected characteristic groups.

Baseline Data on Health and Social Inequalities

Community Insight profiles dashboard

10. The [Director Of Public Health Annual Report](#) in 2019 highlighted the disparity between in health outcomes between the most and least deprived wards in Oxfordshire, which rank within the 20% most deprived in the country. The gap

in life expectancy between the least and most deprived wards in Oxfordshire is 10years for men and 13 years for women. [1]

11. Following this report Community Insight Profiles were developed, which provide data analysis of the health outcomes in the most deprived wards, as well as a summary of local experience of living in these areas. Community Insights Profiles dashboard Recommendations from these reports led to grant schemes and the establishment of the community health development officers [CHDO] to support community engagement. Initiatives of the CHDOs focus on the social determinants of health.

Analysis of Marmot Principles in local ASC context, and impact on inequalities

12. Professor Sir Michael Marmot and his Institute of Health Equity (IHE) at University College London (UCL) are international experts on evidence-based action to address inequality based on their research. More than 10 years on from the Marmot Review Fair Society, Healthy Lives, they have now developed 8 principles (Annex 1) through which health inequalities can be assessed. The principles are listed below with consideration of the local ASC context.

13. Oxfordshire is initially focusing on the following four principles:

Give every child the best start in life and **Enable all children, young people and adults to maximise their capabilities and have control over their lives**

14. IHE have undertaken a review of "**Best start in life**" focusing on early years to the age of 25, with the aim of identifying what is driving inequalities, and where the challenges or blockers are. The recommendations will support ASC in preparing children and young people with SEND for adulthood.

Create fair employment and good work for all.

15. **Get Oxfordshire Working Plan**: aims to tackle economic inactivity and promote in-work progression, and will bring together partners and key stakeholders to examine drivers of and solutions to inequality in access to employment. The plan in supported by the following initiatives.

16. **Connect to Work** is a Department for Work and Pensions national programme, commissioned in local government, which forms a key pillar of the Get Britian Working Strategy. Over the period to March 2030, Connect to Work aims to support 2000 local people who are facing disability, health or social challenges to find and stay in work. The programme will sit alongside existing provision, such as supported internship and mental health Individual placement Support (IPS) employment support whilst also delivering early intervention support to people concerned about losing their employment.

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[1] 2019-23 PHE Fingertips

Delivery will be fidelity assured against both the Supported Employment Quality Framework (SEQF) and IPS models, which are found to be twice as effective against other models to produce successful and sustainable employment outcomes.

17. **Thrive at Work Oxfordshire** is a **free** programme of support for employers to developed inclusive work environments. This will include training, advice and support with policies. This is being developed by Oxfordshire County Council Public Health team and will be trialled in 2026.

Ensure a healthy standard of living for all

Housing

18. The Care Act 2014 places wellbeing at the heart of adult social care, recognising that safe, suitable housing is a fundamental component of a healthy standard of living. Local authorities work collaboratively across public health, social care, and housing services to address issues such as fuel poverty, homelessness prevention, and access to repairs or adaptations.

19. The **Disabled facilities grant** is a statutory grant that funds essential home adaptations for disabled people, enabling them to live safely and independently. Its integration with the Better Care Fund (BCF) is a key part of national and local policy to promote joined-up health, social care, and housing support. Through the BCF, local authorities and NHS partners pool resources to deliver coordinated services that prevent hospital admissions, support timely discharge, and reduce health inequalities.

20. **Housing health needs assessment** was conducted during 2025 by Housing Vision, and identified the current issues for older people include homes are more likely to have risks from falls, excess cold and damp, only 13% of homes are adapted for accessibility, under-occupancy, mental health and hoarding. This led to recommendations on governance, leadership and oversight, intelligence sharing and partnerships. It recommended three key policy areas to address the inequalities identified – Best Start in Life, Care at or closer to home and Homelessness Prevention and response. Metrics have been developed for the Healthy Housing priority in the Health and Wellbeing Strategy, and recommendations will be discussed at Health And Wellbeing Board in December 2025.

21. **Better Housing Better Health**

The Better Housing Better Health (BHBH) service is jointly commissioned between Public Health, Adult Social Care and the five district and city councils to provide holistic support to help residents live in affordably warm (and cool) homes. The service provides telephone based "warm and well" assessments to any resident, regardless of tenure, who has a worry about their ability to heat their home, with a view to reducing fuel poverty. In 2022 the service started to provide home visits to provide an enhanced level of support with respect to energy efficiency, fuel poverty and in response to climate change, advice on over heating homes. These visits are prioritised to those in greatest need which often includes those over 65. The service has undergone various evaluations to evidence its impact on health outcomes and the wider system.

Financial stability

22. **The Low Income Family Tracker:** (LIFT) is an intelligent analytics platform that helps link local authority data and maximise residents' income. So far it has helped families in Oxfordshire by sending letters to families entitled to free school meals and people entitled to pension credits. OCC are working with district and city councils to explore how additional families can be supported to maximise benefit income.

23. The other Marmot principles are used as a lens to understand inequalities. Examples of how these are applied are below

Tackle racism & discrimination and their outcomes.

24. The Social Care Workforce Race Equality Standard (SC-WRES) operationalises this principle within adult social care by providing a structured framework to identify, measure, and address racial inequalities in the workforce. This approach ensures that disparities in recruitment, career progression, disciplinary processes, and access to professional development are actively monitored and addressed, with targeted interventions to close gaps and promote inclusive workplace culture.

Create and develop healthy and sustainable places and communities.

25. Neighbourhood Health Plan for Oxfordshire is a new model of care being developed by health and social care system partners, with governance from the Oxfordshire Health and Wellbeing board. This delivery model is being developed in line with the 10 year health plan moving treatment from hospital to community, in partnership with Adult Social Care, having a prevention focus, and a strategic aim to reduce health inequalities.

Strengthen the role and impact of ill health prevention.

26. **Promoting independence and prevention** (PIP) is a partnership meeting which brings together examples of prevention in Oxfordshire using a strength and asset based approach to improve individual, family and community outcomes. Bringing together representatives from Public Health, Adult and Children's Social Care, District Council community teams and the voluntary and community sector, PIP explores opportunities for prevention through community-based activity. It has supported the development and implementation of projects such as the ICB Well Together, Local Area Co-ordination and Council Community Capacity Grants and also those initiatives developed by Active Oxfordshire and others to increase physical exercise and tackle loneliness. It is working on performance indicators for the new Prevention Strategy.

Comparative benchmarking with other Counties, in relation to equality of care

27. As part of the improvement plan in ASC we are improving our understanding of inequalities, and connecting this with the Marmot principles and the building blocks of health.

Future plans to combat inequalities, especially rural v urban, with measurable outcomes

Oxfordshire Way

28. The Oxfordshire Way is The Council's adult social care strategy focused on helping people live independently and well in their communities. Its objective is to ensure people are supported to live happy, healthy lives here in Oxfordshire

29. The Oxfordshire Way helps combat health inequality by embedding equity into every aspect of adult social care strategy and delivery. It prioritises prevention, early intervention, and strengths-based practice to ensure that people receive support tailored to their individual needs and circumstances. By focusing on what people can do, rather than what they cannot, and encouraging informal networks and community-based solutions, the Oxfordshire Way reduces reliance on formal care and promotes independence. This approach is particularly impactful in rural and underserved areas, where access to services can be limited. The strategy also includes targeted reviews of support provision and uses data-led planning to identify and address gaps, ensuring equitable access across the county.

Rural inequalities

30. An objective of the Marmot workstream is to increase understanding of the rural inequalities in Oxfordshire. A partnership with representatives from the county and district councils, voluntary organisations, and IHE, began its work

in January 2025, aiming to understand rural health inequalities in Oxfordshire, in terms of how they manifest, and which areas are affected to take steps to address them. Personal stories and perspectives on access to healthcare, social or other services, employment, and infrastructure from people living and working in rural areas have contributed to the intelligence for this project. The areas chosen for this exercise is in Annex 2

31. **Local Area Coordination** is an approach which supports people of all ages and families in their community, without needing a referral, needs thresholds or time limits. Anyone can introduce themselves or another person to a Local Area Coordinator to receive the right support at the right time for them and at their own pace. People are guided to use their own strengths and connect with their community to resolve their issues, gaining confidence and resilience in the process.

32. The areas chosen for this service are based on the rurality, population size and health wellbeing and life outcomes. Therefore this is a further approach for addressing rural inequalities.

Building a social movement for health equity

33. OCC are developing approaches to ensure the system builds momentum for addressing health inequalities. This includes opportunities to share good practice and promote local stories demonstrating the impact of interventions. This will align with the next Director of Public Health Annual report (DPHAR), which will present the action taken to address inequalities in the most deprived wards.

34. **Indicators for health inequalities** are aligned with the Health and Wellbeing Strategy indicators. Due to the introduction of the 10 Year Health Plan for England, the Health and Wellbeing Board is working with partners to ensure the introduction of the neighbourhood health approach is aligned with system wide strategies. Once the plan is developed, indicators will be reviewed and streamlined, ensuring they address inequalities and demonstrate outcomes of the neighbourhood health approach.

35. **[All reports must be fully accessible** – guidance can be found on the intranet]

Corporate Policies and Priorities

36. The Marmot work aligns with the Oxfordshire Health and Wellbeing strategy and indicators. Adult Social Care works in line with the Prevention Strategy, and the All Age Carers Strategy to address inequalities.

Financial Implications

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

There are no financial implications to this paper, as it is reporting existing work programmes.

Comments checked by: Emma Percival, Finance Business Partner, emma.percival@oxfordshire.gov.uk

Legal Implications

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

39.   Marmot Places commit to improving health equity over a short, medium and long term by focussing on the 8 Marmot principles and working together to target and deliver improvements in local systems, addressing those inequalities by using relevant statutory frameworks such as the Care Act 2014 and Children Act 1989. This report provides an update on the various measures that the partners are implementing to achieve those improvements and address inequalities.

Comments checked by:

Janice White
Principal Solicitor, ASC and Litigation

Staff Implications

40.   The Marmot workstream is led by the Public Health team in OCC, within existing resources.

Equality & Inclusion Implications

41.   The purpose of this report is to demonstrate how health inequalities are being identified and addressed in Adult Social Care related work.

Sustainability Implications

42.   This paper has no sustainability implications.

Risk Management

43.   This report is not presenting new risks which are not already assessed.

Consultations

44.   No consultations are relevant for this report.

NAME
Ansaf Azhar, Director of Public Health

Annex 1: 8 Marmot Principles

i. Give every child the best start in life.
ii. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
iii. Create fair employment and good work for all.
iv. Ensure a healthy standard of living for all.
v. Create and develop healthy and sustainable places and communities.
vi. Strengthen the role and impact of ill health prevention.
vii. Tackle racism, discrimination and their outcomes.
viii. Pursue environmental sustainability and health equity together.

Annex 2 : Map of the selected rural areas for community engagement
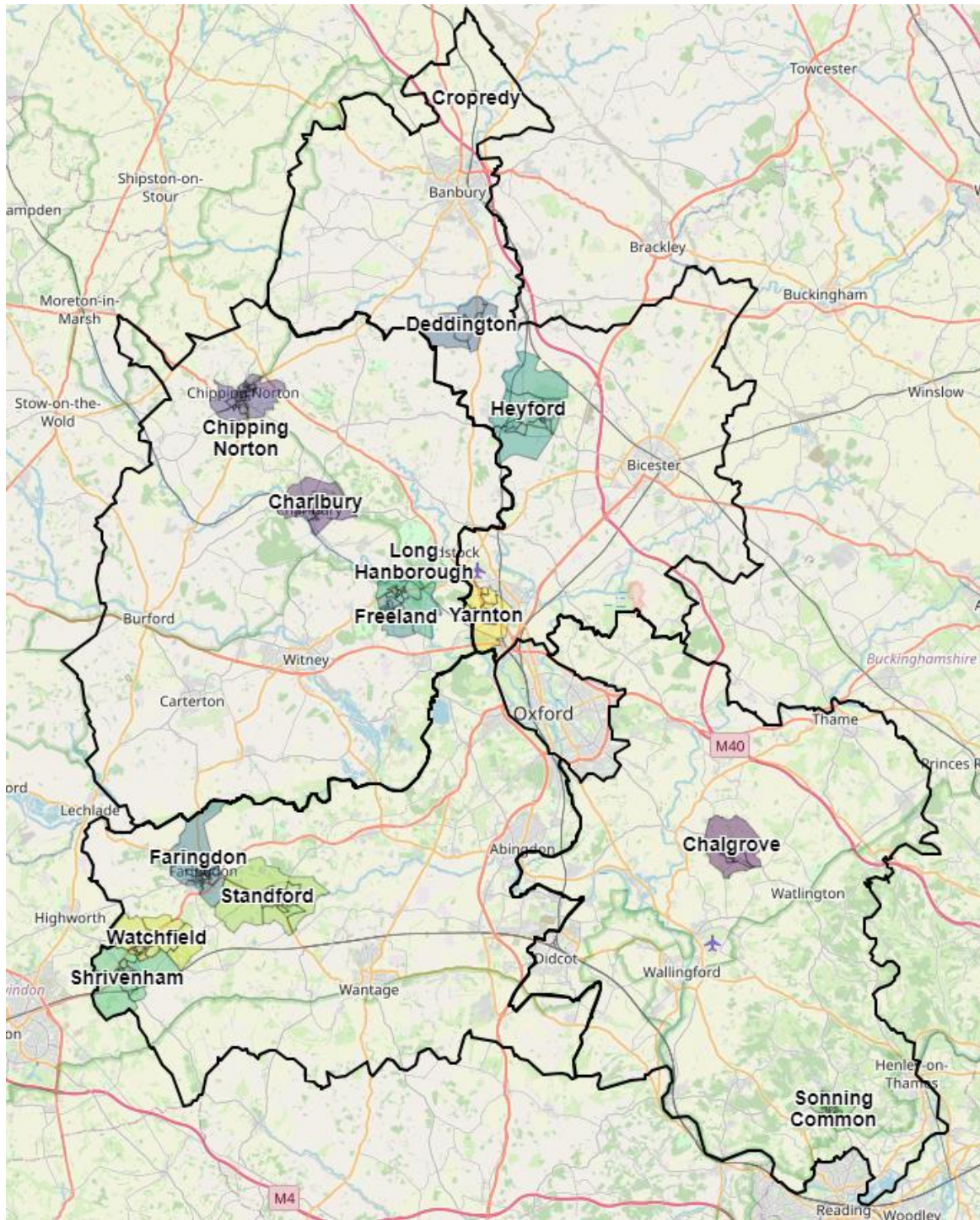
Cherwell	South Oxfordshire	Vale of White Horse	West Oxfordshire
Deddington	Chalgrove	Faringdon	Chipping Norton
Cropredy	Sonning Common	Stanford	Charlbury
Heyford		Shrivenham	Long Hanborough
Yarnton		Watchfield	Freeland

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