

**Divisions Affected - All**

**OXFORDSHIRE HEALTH AND WELLBEING BOARD**

**26<sup>th</sup> September 2024**

**MARMOT PLACE - GOING FURTHER AND FASTER ON  
ADDRESSING HEALTH INEQUALITIES IN OXFORDSHIRE**

**Report by Ansaf Azhar**

**RECOMMENDATION**

1. The Health and Wellbeing Board is **RECOMMENDED** to

**Endorse the proposed partnership with the Institute of Health Equity to develop Oxfordshire as a Marmot Place to advance our local programmes of work to tackle health inequalities in Oxfordshire, noting the rationale for this work and its connection into the new Oxfordshire Health and Wellbeing Strategy**

**Agree to act as the existing system partnership board that has oversight of the developing Marmot Place work programme, and receive updates on progress at future Board meetings.**

**Executive Summary**

1. Oxfordshire faces significant inequality despite being a county of relative high affluence. A range of work programmes exist that see to address these inequalities, but there is not a unifying umbrella or methodology that guides these activities, and it is difficult to know how effective the range of action is.
2. This paper summarises an opportunity to partner with Professor 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 strategic aims of this partnership would be to:
  - a. Provide a high-quality evidence based external review of the range of activities happening in Oxfordshire to tackle health inequality and inform potential gaps
  - b. Act as a glue to bring together all activities to tackle health and social inequalities across Oxfordshire
  - c. Provide a corporate evaluative framework for above initiatives across Oxfordshire
  - d. Enable to measure rural inequality and take effective actions.
  - e. Mobilise our policy research to find innovative solution to tackle health inequality and help secure external funding for future work.

4. This approach supports the implementation of the Oxfordshire Health and Wellbeing Strategy agreed by the Board in December 2023.

## Background

5. Oxfordshire experiences persistent inequalities in health outcomes between different areas of the county. As reported by the [Director of Public Health Annual Report 2019](#), there are 10 wards in Oxfordshire which include areas ranked in the 20% most deprived in England. These areas tend to have worse health outcomes than their more affluent counterparts.
6. We understand that inequalities also exist within rural settings, but to date there has been limited work to explore this issue and work with local communities to find solutions. Our work on non-geographically bound health inequalities, for example those experienced by “inclusion groups” or minority ethnic groups could still be strengthened.
7. The main drivers of health inequality are the wider determinants of health or what we increasingly refer to as the [“building blocks” of health](#).
8. Professor Michael Marmot and his [Institute of Health Equity](#) (IHE) are the international experts on evidence-based action to address inequality and based on their research. More than 10 years on now since the first Marmot report, the team and IHE are now focused on developing and implementing the following 8 “Marmot Principles” to guide effective action.

### 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.

9. Some local areas such as Coventry, Manchester, Gwent, Luton, Lancashire & Cumbria have partnered with Marmot’s team to adopt these principles or methodology to their work on inequality and are referred to as [Marmot Places](#).
10. An independent [evaluation](#) of this work in Coventry demonstrated positive impact after 6 years and showed
  - a. A 20% reduction in the number of neighbourhood areas listed as the most deprived according the ONS Index of Multiple Deprivation

- b. Stabilising of different in life expectancy between women in the most and least deprived areas, despite a national increase in this gap
- c. A 6-month reduction in the gap in male life expectancy, again against a national increase

## **Oxfordshire as a Marmot Place**

11. System partners in Oxfordshire are already active in running 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) whilst 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)
12. The aim of the Marmot Place partnership is not to duplicate any of these existing programmes but to provide 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 new [Oxfordshire Health and Wellbeing Strategy](#) which identified action on health inequalities as one of the 3 cross cutting principles that spans across all priority areas for action. The Strategy's 10x priorities span across four thematic areas- the first 3 being stages of the life course- with the fourth the Building Blocks of Health. This final theme aligns closely with the action on what the Marmot team describes as 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 the Marmot team to become a Marmot Place. Oxfordshire has some specific features which will be of interest to the Marmot team and make Oxfordshire as a Marmot Place different to others. These include the increasingly close working with the Universities in Oxford to take place-based approaches to research and wellbeing and the more rural than inner-city nature of the County.
15. The Marmot Principles listed above are the key pillars that Marmot Place work is built around. The team at IHE recommend that, at least initially, Places prioritise 2 principles to focus the work on. This ensures that the work-programme can be focused and provide some tangible impact and is not spread out to thinly.
16. To select the right principles for Oxfordshire, one of the first tasks to work on- with the input from IHE colleagues- is to use the following criteria to map out where our initial focus should be. The suggested criteria include;
  - a. How does the principle align with the HWB Strategy?
  - b. Are the principles reflected within other existing strategies in the County

- c. What existing projects or activity is already in place against each principles
  - d. What does the data within the JSNA tell us about the local need in Oxfordshire regarding each principle
  - e. What is the evidence of positive impact further action might make
17. In initial discussions with the Marmot team a high-level draft work programme has been developed with an aim to start the partnership this autumn. **A copy of this work-programme is included as annex 1.** It is anticipated that this work-programme will iterate over the 2-year partnership to ensure it meets the specific ask in Oxfordshire.
18. To build momentum with this work and to draw in wider partners, including community groups and community leaders, to this project, it is proposed that a launch event is held in November. This would include hearing directly from Michael Marmot and his team on the national picture regarding health inequalities and the positive impact that Marmot Place work has had in other areas. It will also provide opportunity to hear directly from residents most impacted by the inequalities we see and ensure opportunity for meaningful conversation and dialogue between attendees.
19. It is suggested that regular updates on the progress of the Marmot Place work programme will be provided to the Health and Wellbeing Board. In addition, board members and officers from represented organisations will be asked to engage in relevant specific meetings and workshops to progress the work.

## **Corporate Policies and Priorities**

20. As identified earlier in the report this proposal aligns closely with the Health and Wellbeing Board's new Health and Wellbeing Strategy as well as other strategies held in partnership or by single organisations that include a focus on health inequality

## **Financial Implications**

21. The cost of engaging the Institute of Health Equity for 2 years is £150,000 and funding has been identified from the Public Health grant to enable the system to benefit from this work

## **Legal Implications**

22. There are no legal implications associated with this report and the Marmot Place initiative should support the requirement that when using public health grants, local authorities must consider reducing inequalities in health between people in their area.

## **Staff Implications**

23. There are no staffing implications associated with this report

## **Equality & Inclusion Implications**

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

## **Sustainability Implications**

25. There are no direct sustainability implications relate to this report. One of the Marmot Principles relates to environmental sustainability and therefore it is anticipated that the

## **Risk Management**

26. 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**

27. 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.

ANSAF AZHAR, DIRECTOR OF PUBLIC HEALTH AND COMMUNITIES

Annex: Annex 1- Oxfordshire Marmot Place Proposed Work Programme

Background papers: Nil

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