

REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):

Oxfordshire as a Marmot Place

Report by: Dr Omid Nouri, Health Scrutiny Officer, Oxfordshire County Council

Report to:

- Ansaf Azhar– Director Public Health & Communities.
- Kate Holburn –Deputy Director of Public Health.

INTRODUCTION AND OVERVIEW

1. The Joint Health and Overview Scrutiny Committee considered a report providing an update on the work around making Oxfordshire a Marmot Place during its public meeting on 05 June 2025.
2. The Committee would like to thank Ansaf Azhar (Director Public Health & Communities) and Kate Holburn (Deputy Director of Public Health); for attending the meeting on 05 June and for answering questions from the Committee in relation to Oxfordshire becoming a Marmot Place.
3. The Committee had received reports of some of the challenges experienced by residents (in both urban and rural areas) around health inequalities; particularly in the wake of and as a result of the covid-19 pandemic, as well as rising demand for health services and an ageing population. The Committee routinely urges Oxfordshire's system partners to work closely toward improving services and tackling such inequalities. The Committee was also keen to gain insights into the initial measures taken as part of the initiative around making Oxfordshire a Marmot Place.
4. This item was scrutinised by HOSC given that it has a constitutional remit over health and healthcare services as a whole, and this includes the initiatives taken by the Council and its partners to not only deliver services promptly and efficiently, but to also invest time and resource in identifying where key health inequalities and challenges lie, and how to collaboratively address these. When commissioning the report for this item, some of the insights that the Committee sought to receive were as follows:
 - What were the specific goals and objectives for Oxfordshire becoming a Marmot Place?
 - How would these goals align with the broader health and prevention agendas being articulated both nationally and locally?
 - Who would be the key stakeholders involved in the planning and implementation of this initiative?

- Who would be leading on what as part of the Marmot Place initiative in Oxfordshire?
- How would system partners be assessing the social determinants of health locally?
- How would it be determined how far Oxfordshire has come in tackling health inequalities?
- Would the government's Local Government Reforms and Devolution plans impact the work around Oxfordshire becoming a Marmot Place?
- How would accountability and transparency remain at the heart of the Marmot Place initiative?

SUMMARY

5. During the 05 June 2025 meeting, the Director of Public Health highlighted health disparities in Oxfordshire, despite its affluence, and recommended the Marmot Place initiative's system-wide approach. This initiative provided a framework for improvement, inspired by Coventry's positive results. The Deputy Director discussed using data and community engagement to address local inequalities, focusing on children's welfare, fair employment, and healthy living standards.
6. The Committee asked why three out of eight Marmot principles had been selected. The Deputy Director of Public Health explained that these principles aligned with ongoing local work and provided a defined focus. This strategy allowed for measurable results and adhered to the Health and Wellbeing Strategy.
7. It was discussed if the Marmot Place initiative would involve local councils, parishes, and villages. The Director of Public Health confirmed it would, leveraging their knowledge and projects. The engagement process incorporated input from the Committee, ensuring thorough involvement. The Marmot team offered independent expertise to enhance initiatives and identify areas for improvement.
8. Members enquired if resources would assist rural groups in gathering data for the Marmot Place initiative. The Deputy Director of Public Health confirmed support for these groups, involving voluntary organisations to collect evidence through surveys, discussions, and focus groups. The Director of Public Health emphasised the need for both quantitative and qualitative data, including community insights, to address rural inequalities.
9. In response to the Committee's enquiries regarding how the Marmot initiative will be evaluated in a transparent manner, it was outlined that the initiative aligned with existing health strategy indicators that will be monitored over time for progress. Specific indicators for Marmot-aligned projects tracked short-term proxy indicators for early insights and qualitative evaluations to capture

the impact on communities and recognise contributions from the voluntary sector.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS:

10. This section highlights three key observations and points that the Committee has in relation to Oxfordshire becoming a Marmot place. These three key points of observation have been used to determine the recommendations being made by the Committee which are outlined below:

Transparency and evaluation of the Marmot initiative: The endeavour to transform Oxfordshire into a Marmot Place is a critical initiative aimed at reducing health inequalities and improving the wellbeing of its residents. The Committee is highly supportive of the Marmot initiative and believes it could generate significant benefits for Oxfordshire's residents in the long run. Nonetheless, to ensure transparency and measure the progress and impacts of this initiative on the local level, it is essential to develop specific indicators that can evaluate the collective system-level efforts.

The Committee was keen to gain an understanding of the governance and accountability around the Marmot initiative. However, further clarity could be provided around the degree to which structures such as the Marmot Advisory Board (headed by Michael Marmot) would help to achieve effective governance, transparency, and accountability around the initial steps being taken as part of the Marmotisation. The Committee were also informed that a steering group including representatives from various organisations would be involved in the governance of this initiative; it is therefore crucial that this steering group includes representation from various local system partners, organisations, and stakeholders. According to a *Local Government Association* publication, Oxfordshire's unique mix of rural and urban areas presents distinct challenges¹. This complex amalgam of rural and urban areas/communities necessitates clear frameworks for planning and evaluating any steps taken to address specific types of inequalities unique to specific types of localities around the County.

Indicators would serve as vital tools for monitoring and evaluating the effectiveness of policies and interventions. They could allow for measurable data that can inform decision-making, guide resource allocation, and demonstrate accountability. For Oxfordshire's transition to a Marmot Place, these indicators will be crucial in tracking improvements in the social determinants of health, health outcomes, and overall quality of life.

Whilst it is understandable that proxy indicators can be developed in the initial stages of Marmotisation in Oxfordshire, it is crucial that there

¹ [Building Fairer Towns, Cities, and Regions: Insights from Marmot Places | Local Government Association](#)

is a plan to develop more longer-term indicators that can be used to help instil a culture of transparency, accountability and governance. This could be achieved in the following ways:

- *Stakeholder involvement:* The development and implementation of these indicators should involve a wide range of stakeholders, including Oxfordshire County Council, Oxfordshire's two NHS healthcare providers, educational institutions (including Oxfordshire's universities), community organizations, and residents. Their input will ensure that the indicators are relevant, comprehensive, and reflective of community needs. A key case in point is Manchester City Council, which is amongst the early local authorities to adopt the Marmot initiative, where significant engagements with key local stakeholders were used to determine what the key priorities for the City should be around Marmotisation². The Committee has championed the recognition of rural inequalities through its recommendations since 2021, and is pleased to see that rural as well as urban inequalities are at the centre of the initiative. The Committee's work has included facilitating co-production between whole system partners and a local population through partnership with Wantage Town Council; including indicators to tackle rural inequalities. The mapping of existing initiatives in rural areas would be an important piece of work that could be facilitated by Town and parish councils and County Councillors who are local members.
- *Data collection and analysis:* Robust data collection and analysis methods are essential for the accurate measurement of indicators. This includes regular data collection, the use of reliable data sources, and advanced analytical techniques to interpret the results. A good inspirational example of this is from the Cheshire and Merseyside region, where the region's nine local authorities worked alongside the local NHS Integrated Care Board and other local partners to gather data to determine what the priorities should be for local Marmotisation, and to be able to evaluate these moving forward³.
- *Regular reporting and transparency:* To maintain transparency, it is important to regularly report on the progress towards achieving the indicators. This can be done through public reports, community meetings, and digital platforms that provide accessible and understandable information to all stakeholders. To use the Cheshire and Merseyside example again, each of the region's local authorities would regularly produce reports to their respective Full Council meetings on progress achieved around the local Marmot indicators and targets⁴.

² [Making Manchester Fairer | Making Manchester Fairer | Manchester City Council](#)

³ [Building back fairer: Cheshire and Merseyside's Marmot Community launch event | Champs Public Health Collaborative](#)

⁴ [Appendix Two All Together Fairer Final Recommendations 010422.pdf](#)

The Committee understands that data and community engagement will be utilised to address local inequalities in Oxfordshire, with an initial focus on children's welfare, fair employment, and healthy living standards. Therefore, efforts should be made to ideally create indicators for each of these three areas of priority work. For children's welfare, indicators could revolve around children's mental health, school readiness, educational attainment, and school attendance, but also children and parent involvement with the Marmot project. For fair employment, indicators could include close examination of the percentage of Oxfordshire's population that is employed, groups that are underrepresented in employment e.g. disabilities, as well as household income levels.

The Committee notes that tackling rural inequality is less developed within Marmot. Developing indicators at the neighbourhood level with Towns and parishes; their population and local community organisations is key. Understanding the indicators that may already be in use will be important. Exemplars may include isolation; length of public transport and car journeys to vital services, facilities, and opportunities.

Furthermore, the Committee is aware that another key mechanism through which to evaluate the health inequalities work around Marmotisation is via the Health and Wellbeing Board and its strategy. Whilst the board provides a positive avenue through which to evaluate this work, it is crucial that there is not an exclusive reliance on the board and its strategy as being the key avenue through which to evaluate the Marmot initiative. Whilst there may be parallel themes between Marmot indicators and those of the health and wellbeing strategy, clear indicators should also be developed that are unique to the work around Marmotisation. Having said that, duplication in the work and evaluation around Marmotisation and the health and wellbeing strategy should be avoided inasmuch as possible.

In essence, developing specific indicators for evaluating Oxfordshire's transition to a Marmot Place is a critical step in ensuring the initiative's success. These indicators will provide valuable insights into the impact of collective efforts on the part of Oxfordshire's system partners, helping to guide future actions and ensuring accountability. By focusing on key indicators that may be unique to Marmotisation or that may run parallel to the work around the health and wellbeing strategy (including around children's welfare, fair employment, and healthy living standards), Oxfordshire can effectively measure and achieve its goals of reducing health inequalities and improving the quality of life for all residents.

Recommendation 1: *To ensure that there is sufficient transparency around the steps being taken as well as the impacts being achieved around Oxfordshire becoming a Marmot Place. It is recommended that there is a timely development of specific indicators for the purposes of evaluating collective system-level efforts to achieve this, and that these must include rural inequalities.*

Funding and resource: The Marmot Place initiative aims to address health inequalities and improve the overall wellbeing of communities by adopting the recommendations of the Marmot Review. Oxfordshire has embarked on this ambitious journey, recognising the importance of equitable health and social outcomes. To ensure the successful implementation and sustainability of this initiative, exploring various funding avenues is crucial.

The first and most immediate steps that relevant system partners should take is to determine (based on the three priority areas of work on Marmotisation mentioned above) whether existing funding and workforce is sufficient for the purpose of advancing this work. Without undertaking this exercise, system partners risk pursuing Marmotisation in the absence of knowing where and how resource should be allocated. One source of funding that could be available is through any potential current or future government grants and funding programmes. The government's Ten Year Plan aims to focus on health prevention. This therefore presents an opportunity for Oxfordshire's Marmot initiative to be presented to government as a genuine commitment by the County to pursue this national ambition.

Additionally, the Committee understands that £141,575 of funding has been allocated from Oxfordshire County Council's Public Health Wider Determinants budget as payments to University College London's Institute of Health Equity to help support the Marmot work. However, further funding from this budget or elsewhere should ideally be allocated to fund other additional research projects (potentially with local Oxfordshire universities) that could help contribute to understanding where inequalities lie and how to develop strategies and policies to tackle these. Engagement with policymakers and presenting the long-term benefits of the Marmot Place initiative can also help secure substantial financial support.

Moreover, it is also important to consider approaching philanthropic foundations and trusts that are dedicated to funding health and social equity projects. Such organisations often look for initiatives that promise measurable impact and sustainability. Identifying and approaching foundations that align with the goals of the Marmot Place initiative is a critical step. In addition, several large corporations allocate a portion of their profits to Corporate Social Responsibility (CSR) programmes, which are funding initiatives that benefit public health and community well-being. Engaging with corporations operating in or around Oxfordshire and proposing partnerships could also lead to significant financial support. Approaching local businesses and larger corporations with a clear value proposition and opportunities for positive publicity can foster mutually beneficial relationships. Highlighting how supporting the Marmot Place initiative aligns with their CSR objectives can encourage their investment.

Meaningful co-production at a neighbourhood level including local members, Town and parish Councils, and community organisation stakeholders can not only build the evidence for funding from external sources, but co-production can generate identification of funding sources and additional value. An example would be the Wantage hospital to community project for children and adults which is funded by Community Infrastructure Levy and by a legacy that was discovered through co-production. This was enabled by local members and the Wantage Town Council, and a committed network of local organisations and businesses that are supporting and adding value.

In essence, securing diverse funding streams is essential for the success and sustainability of Oxfordshire's Marmot Place initiative. By exploring government grants, philanthropic foundations, CSR programmes, and academic partnerships, the initiative can obtain the necessary financial support to drive impactful change for the County. A strategic and coordinated approach to funding will ensure that Oxfordshire can achieve its vision of becoming a Marmot Place, where health equity and community wellbeing are at the forefront of local development. The Committee appreciates that the Marmot initiative in its early stages, and therefore urges that system partners work toward identifying and allocating adequate sources of funding and resource to support this work.

Recommendation 2: *To explore further avenues of funding for the purposes of supporting the work to making Oxfordshire a Marmot Place.*

Supporting local initiatives for tackling rural inequalities: The issue of rural inequalities in Oxfordshire has become a pressing concern that requires a strategic and comprehensive approach. Recognising the unique challenges faced by rural communities, it is imperative to develop specific indicators that can accurately measure and address these inequalities. The Committee understands that Oxfordshire County Council and its partners are committed to tackling inequalities more broadly as part of the Marmot initiative. However, the Committee urges that as part of the early stages of the Marmot project, there is a clear framework for tackling inequalities that are unique to rural areas. Within this, it is important to identify the inequalities that are unique to the specific rural areas within the County (each of which could embody their own characteristics, population groups, and public health priorities).

The Committee has made previous recommendations around tackling rural health inequalities in its scrutiny of the Health and Wellbeing Strategy, and urges that there is a continued commitment to this by system partners as part of the Marmot work. Local members, Town and Parish councils are crucial stakeholders in the effort to tackle rural inequalities. These councils possess a wealth of local knowledge and experience that can provide valuable insights into the specific needs and challenges of their communities. It is recommended that these councils be invited to contribute to the development of specific indicators by sharing their observations, any data within their possession, and

suggestions. This collaborative approach will help to ensure that rural inequalities indicators are rooted in the realities of rural life and are tailored to address the most pressing issues affecting local communities in Oxfordshire. Tackling such inequalities in Oxfordshire would require greater specificities as opposed to the adoption of a “one size fits all” approach. Therefore, the Macro frameworks and objectives of the Marmot approach should be blended with local Place and community-based intelligence and dynamics. For instance, within the Cheshire and Merseyside region, there were extensive collaborations with local Parish Councils around the work to identify inequalities unique to local areas and communities; this helped with intelligence gathering as well as transparency⁵.

Local Councillors as well as voluntary and community organisations can play an essential role in identifying and addressing rural inequalities in Oxfordshire. Their firsthand experiences and understanding of local dynamics make them invaluable contributors to the development of indicators for rural inequalities. By inviting local members and voluntary and community organisations to participate in discussions and provide input, we can ensure that indicators reflect the diverse perspectives and needs of the community. This inclusive approach fosters a sense of ownership and commitment among local representatives and stakeholders, enhancing the effectiveness of the measures implemented as part of the Marmot initiative.

In Oxfordshire, numerous projects and organisations are already working diligently to combat rural inequalities. These initiatives range from educational programmes to healthcare services provided by system partners, to efforts undertaken by voluntary and community organisations and support networks. It is recommended that these existing efforts are acknowledged and supported. By recognising the achievements and challenges faced by these initiatives, we can build on their successes and avoid duplication of efforts to tackle rural inequalities throughout the County.

According to a study in the *Critical Public Health Journal*, voluntary and local community organisations are often the frontline defenders against rural inequalities. Their proximity to the communities they serve allows them to respond swiftly and effectively to emerging issues⁶. It is therefore essential to provide these organisations with the necessary resources and support to continue their work. This can include financial assistance, training opportunities, and access to relevant data and research. Empowering these organisations can strengthen the collective effort to reduce inequalities and foster more resilient rural communities.

⁵ [Cheshire and Merseyside features as a case study in new LGA tackling health inequalities report | Champs Public Health Collaborative](#)

⁶ [Tackling health inequalities and social exclusion through partnership and community engagement? A reality check for policy and practice aspirations from a Social Inclusion Partnership in Scotland: Critical Public Health: Vol 20, No 1](#)

Furthermore, the first step in developing specific indicators for rural inequalities is to identify the key areas where inequalities exist. According to research published in the *Journal of Rural Studies*, this can include access to healthcare, education, employment opportunities, housing, transportation, and social services⁷. By pinpointing these areas, we can create targeted measures that address the root causes of disparities. Once these key areas are identified, the next step is to develop measurable indicators that can track progress and outcomes. These indicators should be clear, concise, and based on reliable data. Examples of potential indicators include the percentage of rural residents with access to primary healthcare services, educational attainment of rural students, the unemployment rate in rural areas, and the availability of affordable housing. Effective indicators require robust data collection and analysis. It is recommended that Oxfordshire's system partners work collaboratively to gather data from various sources, including surveys, official records, and community feedback. This data should be analysed to identify trends, patterns, and areas of improvement. Regular reporting and review of the indicators will ensure that the measures remain relevant and effective.

It is noteworthy that as mentioned above, rural communities in Oxfordshire are diverse, with unique characteristics and needs. It is essential to adapt the indicators to reflect these local contexts. This can involve customising the measures to suit the specific demographics, geography, and economic conditions of each area. By tailoring the indicators, system partners can ensure that they are meaningful and impactful for the communities they are designed to serve.

Essentially, developing specific indicators for rural inequalities in Oxfordshire is a vital step towards creating a more equitable and inclusive society. By engaging local councils and members, recognising existing efforts, and supporting voluntary and community organisations, system partners can build a comprehensive framework to address these disparities. Through careful identification, measurement, and analysis, these indicators will provide the necessary tools to track progress around the Marmot initiative and drive positive change in rural communities.

Recommendation 3: *That specific indicators are developed for rural inequalities, inviting input from Town and Parish councils and local members who can contribute local knowledge of inequalities with a view to any future working in their neighbourhood being done with the community. It is also recommended that there is support for recognition of existing projects and voluntary and local community organisations (who can act locally) that are tackling these inequalities.*

⁷ [The assessment of rural development: Identification of an applicable set of indicators through a Delphi approach - ScienceDirect](#)

Legal Implications

11. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 - ☐ Power to scrutinise health bodies and authorities in the local area
 - ☐ Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 - ☐ Duty of NHS to consult scrutiny on major service changes and provide feedback n consultations.
12. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.
13. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.
14. The recommendations outlined in this report were agreed by the following members of the Committee:

Councillor Jane Hanna OBE – (Chair)
District Councillor Dorothy Walker (Deputy Chair)
Councillor Ron Batstone
Councillor Imade Edosomwan
Councillor Judith Edwards
Councillor Gareth Epps
Councillor Emma Garnett
Councillor Paul-Austin Sargent
District Councillor Paul Barrow
District Councillor Katharine Keats-Rohan
District Councillor Elizabeth Poskitt
City Councillor Louise Upton
Sylvia Buckingham

Annex 1 – Scrutiny Response Pro Forma

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