

Health and Wellbeing Board
12 March 2026

Embedding Marmot Approach in Oxfordshire

Report by Ansaf Azhar

RECOMMENDATION

1. The Health and Wellbeing Board is RECOMMENDED to

- a) **Note** the progress made through the Marmot programme and the partnership with the Institute for Health Equity.
- b) **Note** the need to embed accountability further to the publication of the following reports to address inequities:
 - IHE Maternity, Babies, Children and Young People deep dive
 - Rural Inequalities review
 - IHE Fair Employment deep dive

2. Executive Summary

2.1.1 This report provides an update to the HWB on Oxfordshire's adoption of the Marmot approach as a systemwide framework to address health inequalities. It summarises progress made through the county's partnership with the Institute for Health Equity (IHE), highlights emerging insights from the draft Maternity, Babies, Children and Young People IHE report, and outlines how Marmot principles are being embedded across the system.

2.1.2 The draft findings of the IHE report present a critical juncture: while Oxfordshire remains comparatively affluent overall, the evidence reveals significant and widening disparities, particularly within rural communities and among children and young people. Collective ambition now needs to translate into visible, measurable change.

2.1.3 The report sets out the governance structure supporting this work, links to system transformation such as Neighbourhood Health and Local Government Reorganisation and proposes next steps to ensure strategic alignment and long-term impact of the Marmot Place programme of work.

3. Progress embedding Marmot approach in Oxfordshire

3.1.1 Oxfordshire has committed to taking a whole system approach to address the social determinants of health and reduce avoidable health inequalities. This requires coordinated action across sectors including health, local government, education, housing, economic development, and the Voluntary Community Faith Sector (VCFS).

3.1.2 To help deliver this, the county has partnered with the Institute for Health Equity (IHE). IHE has provided national expertise, analytical insights, and system leadership support that has:

- Enriched our understanding of inequality patterns within Oxfordshire
- Enabled comparisons with national and regional trends
- Strengthened the evidence base for collaborative prevention work
- Supported system partners to develop shared language and priorities

3.1.3 Two significant projects to understand drivers of health inequality that have developed in first year are

- a) the Rural Inequalities project
- b) the Maternity, Babies, Children and Young People (CYP) IHE deep dive report

3.1.4 This is in addition to many workstreams supporting the three priority Marmot principles which Oxfordshire adopted to progress this work: best start in life, fair employment for all, good standard of living. Details are included in appendices.

3.1.5 Governance arrangements for this work include:

- **Marmot Steering Group** – Monitor and evaluate project progress and outcomes. Share good practice and identify new opportunities to embed health equity. Provide a forum for IHE to support and advise wider stakeholders
- **Marmot Advisory Group** – Chaired by Professor Sir Micheal Marmot, of the Institute of Health Equity, with senior executive representation from across the system, membership of the advisory group is defined below. The group drives commitment to overarching health equity ambitions and outcomes, which cross organisational boundaries. It provides expert advice and guidance to the steering group.
- Membership of the Steering Group and Advisory Group include representatives from key stakeholder organisations, including Oxfordshire County Council, Districts and City Councils, Voluntary Community Faith Sector, Health Commissioners, providers, Community Leaders, Academia and Local Partnerships
- **Health and Wellbeing Board** – The HWB has strategic accountability for the Marmot work, aligned to the health and wellbeing strategy which specifically identifies “Tackling Health Inequalities” as one of the core

principles. It provides overarching governance for boards covering specific priorities, hence brings together an overarching view of the progress and impact of this work.

3.1.5 Social Movement

Galvanising partners, strengthening capacity through training and amplifying the health equity message is a key part of the cultural shift required to embed health equity locally. By harnessing the power of local networks, the aim for this year is to spark a social movement that empowers everyone working across the system and drives lasting, system-wide change. This will include for example, health equity training to support impact assessments. This was demonstrated recently when 250 partners from a wide range of organisations across the Oxfordshire system attended a webinar to find out more about Oxfordshire as a Marmot Place. Local examples of embedding health equity inspired delegates and links across the system were forged, helping organisations to embed the Marmot approach in their policies and service design.

3.1.6 Development of Indicators

The Marmot Place Steering Group have started discussions on development of a framework of indicators to help monitor impact of the Marmot work. These will be identified from specific workstreams, such as the IHE deep dive reports, These will be included in Health and Wellbeing Strategy indicators, monitoring the impact of the Health and Wellbeing strategy This work is in early stages and will be reported on in future HWB.

3.1.7 Director of Public Health Annual Report - Marmot links

The DPHAR 2025/26 gives an accessible overview of Oxfordshire's progress in tackling health inequalities 5 years on from the report in 2019/20¹ and highlights insights, impacts, and a call to action to continue with this work. It is presented as an interactive website to improve accessibility, engagement, and personalised exploration through different types of content such as videos, infographics and an animation.

4. Strategic Context

4.1.1 This work is being developed during a period of significant system transformation. Marmot principles offer a unifying ambition under the "Marmot Principles" framework that can support alignment across programmes such as Neighbourhood Health and Local Government Reorganisation. Embedding a Marmot lens across these programmes ensures that system change addresses underlying drivers of poor health, rather than symptoms alone. This work will provide shared evidence base and support long term strategic coherence.

¹ mycouncil.oxfordshire.gov.uk/documents/s51913/CC_MAR3120R01_-_DPH_Annual_Report.pdf

5. IHE Maternity, Babies , Children and Young People (CYP) Deep Dive

5.1.1 The IHE draft report represents an important moment of reflection for the Oxfordshire system. The report and recommendations are currently being finalised in consultation with leaders from organisations across Oxfordshire, who have expressed support for the need to adopt recommendations to drive positive change.

5.1.2 Recognition of Unequal Outcomes

The draft data highlights clear inequalities in:

- Life expectancy and healthy life expectancy
- School readiness, educational outcomes, and CYP emotional wellbeing
- Long-term conditions and multimorbidity
- Access to services, particularly in rural areas
- Housing affordability, fuel poverty, and transport disadvantage

6. Commitment to action

6.1.1 Partners have noted the need to acknowledge the realities of local health inequalities leading to the different in outcomes for young people. The next steps will be to find a common commitment to ambitious but achievable recommendations.

6.1.2 The Health and Wellbeing Board provides governance for Oxfordshire's progress as a Marmot county, therefore it key to ensuring commitment and progress to actions.

7. Stated Ambition to tackle health inequalities

7.1.1 IHE have proposed that Oxfordshire could consider having an overarching ambition for health equity in the county.

As analysis emerges from the various reports this will inform future plans in this regard.

Corporate Policies and Priorities

The Marmot work aligns with the [Oxfordshire Health and Wellbeing strategy](#) and indicators.

[In addition to any relevant plans and policies specific to the service area concerned, the report should explain how any proposals in the report support the Vision, Values,

Objectives and Strategic Priorities in the County Council's Corporate Plan (see [Corporate Plan](#)), identifying the outcomes that are intended for the benefit of service users and the wider community.]

Financial Implications

The approved core costs of the Marmot Place support from Institute of Health Equity have been detailed below for information, and are covered by the Oxfordshire County Council Public Health Wider Determinants budget:

Payments to University College London, Institute of Health Equity.

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

Costs of services and interventions which increase focus on health equity will be covered by existing funding sources, in line with Oxfordshire's commitment to the Marmot approach.

Comments checked by:

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Legal Implications

The use of Council funds for grants and contracts needs to comply with the Council's Contract Procedure Rules (where applicable), as well as any applicable legislation such as procurement and/or subsidy control legislation. Any agreements between the Council and its partners will also need legal support with respect to negotiation, drafting and completion.

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

Comments checked by:

Busola Akande, Solicitor (Legal)
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Staff Implications

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

Equality & Inclusion Implications

The purpose of this report is to demonstrate how health inequalities are being addressed.

Sustainability Implications

There are no sustainability implications in this report

Risk Management

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

Consultations

There is no consultation required for this report

Ansaf Azhar – Director of Public Health

Annex: **Annex 1 – Summary of Ongoing Projects and Progress**

Annex 2 – System Wide Working and Road Map

Background papers: Nil

[Other Documents:] Nil

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Annex 1 – Summary of Ongoing Projects and Progress

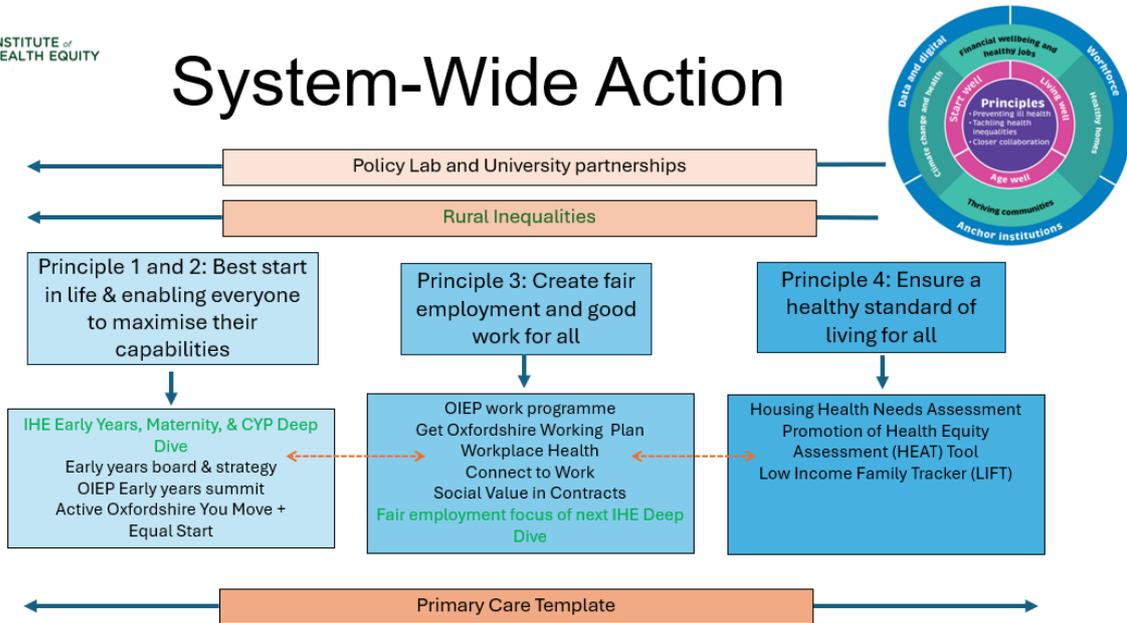
Project / Area	Progress Summary
IHE Maternity, Babies, Children and Young People Report	IHE are consulting with system leaders to refine the report recommendations and move toward a set of ambitions but available recommendations that will be adopted by organisations across the Oxfordshire to address the health inequalities identified in the report.
Fair Employment	A scoping session for next IHE deep dive on Fair Employment has taken place. Planning of a further roundtable bringing together a range of stakeholders from education and business fields is underway to help shape the report.
Primary Care	The health inequalities template pilot is ongoing within an Oxford practice. Social prescribers report that the health inequalities template, which guides users through conversations about the social determinants of health, is helping enable useful conversations around the social determinants of health with patients. The evaluation of the pilot is on hold due to leave, but there is opportunity for the template to roll out across the wider primary care network in the new financial year. The practice is also taking learnings from Marmot Place Leeds, who developed the template.
Rural Inequalities	Community- level insight gathering is underway across 14 selected rural areas in Cherwell, South Oxfordshire, Vale of White Horse and West Oxfordshire. Engagement will run for six months and includes focus groups and surveys to understand access challenges, service gaps, and resident priorities. The findings will inform the development of a report setting out a series of recommendations. These will be co- developed with the Institute of Health Equity (IHE) and the Rural Inequalities working group, which includes representation from the District Councils. The resulting outputs will support future action and inform the development of future commissioning plans Healthwatch and Community First Oxford have been contracted for the community

	<p>engagement work and themes are already emerging from the survey responses, including access to healthcare, employment, and transport amongst others. A final report is expected by the end of June 2026.</p>
<p>Embedding Research</p>	<p>The Local Policy Lab have appointed three Chief Scientific Advisers (CSAs), one aligned to each of the three key selected Marmot principles. The CSAs are integrated into the Marmot Advisory Group and Steering Group, forging links on areas of potential research opportunities. The CSAs will work in close collaboration with local policy makers, practitioners and communities over the next three years to affect direct impact on the ground.</p>
<p>Inclusion Health</p>	<p>The Oxfordshire Marmot Place agenda is driving work to better understand and support the health needs of inclusion health groups, who face some of the starkest health inequalities, by partnering with the Institute of Health Equity to map the drivers of these inequalities, identify gaps, and build a shared prevention focused approach across the system. An exploratory workshop in early February brought partners together to map existing activity and deepen understanding of the wider determinants of health.</p>
<p>Healthy Standard of Living</p>	<p>Cost of Living / Low Income Family Tracker (LIFT) LIFT is being used to improve benefits uptake, focusing on target groups. Steering Group are working with districts and cost of living team to explore opportunities to expand LIFT</p> <p>Housing health needs assessment</p> <p>Core needs identified:</p> <ul style="list-style-type: none"> • Suitable homes to support Best Start in life • Care closer to home for older people • Data sharing – the full picture • Embedding recommendations in the system

Annex 2 - Marmot System Wide Working Diagram and Road Map



System-Wide Action



IHE: Institute of Health Equity
OIEP: Oxfordshire Inclusive Economy Partnership

Understanding Health Inequalities and Driving System Wide Action

OXFORDSHIRE,
A Marmot Place



DRIVE UNDERSTANDING



EMBED RESEARCH



ENSURE GOVERNANCE



ALIGN STRATEGIC AGENDAS



PARTNERSHIP

Social Movement

Capacity building / Health Equity Training
Comms & Events
Health Equity Network
Create bank of examples

Galvanise Partners

IHE Deep dive recommendations
Foster systemwide ownership

Engage Residents & VCS

Understand Rural Inequalities
Storytelling
Targeted community facing events

BUILD HEALTH EQUITY INTO OXFORDSHIRE'S FUTURE