

HEALTH AND WELLBEING BOARD

09 JULY 2026

PROGRESS ON EMBEDDING MARMOT APPROACH TO ADDRESS HEALTH INEQUALITIES IN OXFORDSHIRE

Report by Ansaf Azhar

RECOMMENDATION

1. The Health and Wellbeing Board is **RECOMMENDED** to
 - a) **NOTE** the progress made in embedding the Marmot approach, using the 8 Marmot principles as a framework for understanding inequalities, and strengthening system-wide action on health inequalities in Oxfordshire.
 - b) **NOTE** the next phase of delivery, focused on converting insight and deep-dive recommendations into agreed actions, clear ownership and measurable outcomes.
 - c) **AGREE** that Marmot related equity measures should be embedded within the refreshed Health and Wellbeing Strategy outcomes framework to strengthen oversight and accountability.

Executive Summary

- 2.1.1 Oxfordshire continues to develop its Marmot Place approach, working in partnership with the Institute of Health Equity (IHE) to tackle health inequalities across the county.
- 2.1.2 Progress over the past year has focused on embedding a shared health equity approach across organisations by identifying good practice and leading targeted projects that demonstrate the value of addressing inequalities. This has included strengthening system leadership and aligning existing programmes to the Marmot principles. Activity has been prioritised across 3 key Marmot Principles:
 - Giving every child the best start in life
 - Creating fair employment and good work
 - Ensuring a healthy standard of living
- 2.1.3 The next phase will focus on translating this approach into measurable outcomes, by agreeing actions to be owned in various existing structures

across the system, strengthening accountability, and responding to emerging recommendations from IHE deep dives.

3. Background and Context

- 3.1 Oxfordshire became a Marmot Place to take coordinated, system-wide action to reduce health inequalities, recognising that health outcomes are shaped largely by the conditions in which people are born, grow, live, work and age.
- 3.2 The Marmot approach provides an overarching framework to bring together existing strategies, programmes and partnerships, ensuring a consistent focus on the wider determinants of health.
- 3.3 This work is closely aligned to the Oxfordshire Health and Wellbeing Strategy and Council Plan which identifies tackling health inequalities as a core, cross-cutting priority.

4. Governance and Delivery Approach

- 4.1 Delivery is supported through a system-wide governance structure, including:
 - Marmot Advisory Group
 - Marmot Steering Group
 - Marmot Project Hub
 - Thematic workstreams aligned to Marmot principles

The Health and Wellbeing Board provides strategic oversight and accountability for this work.

- 4.2 This approach brings together local authorities, NHS partners, voluntary and community sector organisations, and wider system partners to drive coordinated action.
- 4.3 The programme focuses on embedding a consistent health equity approach across organisations, rather than creating new standalone workstreams. Health equity specific measures will form part of the revised Health and Wellbeing outcomes framework so that progress can be monitored.

5. Progress Across Priority Workstreams

5.1 Best Start in Life

- 5.1.1 The [Starting Stronger, Fairer Futures in Oxfordshire - IHE](#) is ready for publication following extensive system wide engagement.
- 5.1.2 The report makes a series of recommendations on pages 11 and 12 to improve health equity in maternity, babies, children and young people. The

recommendations address all the Marmot principles, and therefore reach beyond services focused on children young people.

5.1.3 Agreed actions are being developed and progress has been made to adopt these actions into existing governance structures. For example, work to reduce inequalities in Good Level of Development is reporting to the Children's Trust Board. It is proposed that the Health and Wellbeing Board maintain oversight of the evolving delivery plans.

5.1.4 Work is underway with a broad range of stakeholders to develop action and implementation plans that are aligned with existing strategies and programmes. This is being progressed through workshops with a joint subgroup of the Marmot Advisory Group and Steering Group.

5.2 Fair Employment and Good Work

5.2.1 This Marmot Principle is the focus of the next Institute of Health Equity deep dive.

5.2.2 A business sector roundtable chaired by Robin Rogers, Director of Economy and Place at Oxfordshire County Council, with presentations by the Institute of Health Equity and Legal and General, took place at the end of April 2026.

5.2.3 Key themes and opportunities identified included:

- strengthening links between schools and employers – opportunities for employers to meet with school leavers and share openings for entry level roles
- earlier touchpoints for children to consider for career aspirations
- traditional pathways into employment are changing.
- barriers posed by GCSE requirements and opportunities with functional skills
- rethinking work experience – give young people the chance to experience a day at work, and time closer to working life

5.2.4 [SOFEA](#), a local charity who help young people into work when opportunities are limited, reflected that moral support and guidance is a key part of helping young people into employment where multiple barriers are in place.

5.2.5 It is recognised that there are various pieces of work happening in the county around this topic, both in understanding the barriers to access work, and in programmes to address this such as [Connect to work](#) and [Thrive at work](#) Oxfordshire. Therefore, an initial mapping exercise will provide links to build on existing work, with a focus on health equity. As with the children and young people work, ensuring alignment within existing programmes will be critical to any success achieved.

5.2.6 There are strong links with the existing work of the Oxfordshire Inclusive Economy Partnership and IHE will ensure this work supports and aligns with their priorities. IHEs aim is to ensure they add value to existing work on

inclusive employment with this deep dive, whilst proposing opportunities based on their expertise from working with other areas across the UK.

5.3 Healthy Standard of Living

5.3.1 Housing

5.3.2 There is a number of active programmes driving progress of the Health and Wellbeing Strategy priority 9, “healthy homes”. These include Better Housing Better Health and the Heat Safe Homes Programme. Evaluation of these programmes is ongoing to understand both the impact and where the programmes should be targeted.

5.3.3 A Housing Health Needs Assessment (HHNA) was undertaken in 2025 leading to development of the housing chapter in the Joint Strategic Needs Assessment. Based on the recent Department of Health and Social Care framework, the HHNA captures the impacts of poor housing on specific groups, therefore directly addressing health inequalities.

5.3.4 Partnerships with Housing Associations

One of the recommendations of the HHNA was to explore closer partnership working with Social Housing providers, of which there are around 70 in Oxfordshire. The Housing Association Charitable Trust (HACT) were commissioned to explore opportunities to strengthen collaboration between health, public health and social housing providers.

5.3.5 HACT held conversations with 17 system stakeholders, to understand the landscape for building relationships. It identified the following insights:

A strong shared purpose although a cautious appetite for partnership, beyond what exists currently.

A fragmented but active system with a strong convergence around a small number of areas where joint action would add most value:

- prevention and early intervention, including connection with Neighbourhood Health
- children and young people affected by housing instability
- people experiencing multiple disadvantage, including mental health challenges
- housing quality, including damp, mould and fuel poverty

Relationships matter more than structures. - Stakeholders emphasised the need for clarity of purpose and independent facilitation, rather than new formal structures.

Data frustration but with insight potential. - Stakeholders favoured better shared interpretation and use of insight, including lived experience, rather than ambitious data-sharing arrangements.

Pragmatic definitions of success. - Success over the next 12–18 months will be defined by improved relationships, clearer pathways, a small number of shared priorities and tangible changes in frontline experience.

- 5.4 The next step in response to this will be implementing a learning programme for housing associations to understand the health and public health priorities and ways of working, over the summer. In early Autumn this will be followed up with an event to allow health and public health to hear from Housing Associations.

5.4.1 Financial Security in Families

- 5.4.2 The Low Income Family Tracker (LIFT) is a tool which identifies families who are not receiving support they are entitled to, enabling councils to help the families to improve their financial security.
- 5.4.3 Cherwell District Council have mapped campaigns on the tracker to the Marmot principles, to help them to extend support to more people who need it.
- 5.4.4 As the inequalities deep dives continue, this will further highlight populations who may not be accessing support with potential to expand the targeting for the use of LIFT.

5.4.5 Inclusion health

11 community led grant funded projects are delivering preventative support for inclusion health groups. A systemwide workshop with the Institute of Health Equity has identified key priorities and themes which will inform next steps.

6. Rural Inequalities

- 6.1.1 Rural inequalities work is now moving from insight generation into the next phase of analysis and reporting. Work to narrow down rural areas for the scoping work identified 14 priority rural areas for targeted community engagement, informed by local intelligence as well as district council and deprivation data.
- 6.1.2 Community engagement was delivered between January and April 2026, led by Healthwatch Oxfordshire and Community First Oxfordshire, with support from the rural inequalities working group comprising of district councils and wider partners. The engagement approach included a mix of methods such as surveys, focus groups, outreach in local settings, and engagement through community networks to reach a broad range of residents.
- 6.1.3 Through this, over 800 residents completed surveys, alongside qualitative insight gathered through focus groups and targeted outreach activity. The engagement has provided a richer understanding of the experiences of people

living in rural areas, including the barriers they face in accessing services, transport, housing and wider opportunities. It has also highlighted the importance of local context, community assets and the role of local networks in shaping outcomes.

This insight is now being analysed and will inform set of recommendations aimed at reducing rural health inequalities.

7. Local Policy Lab

7.1.1 The Local Policy Lab continues to progress delivery of projects aligned to Marmot priorities, with Fellows working alongside council officers and academic partners to apply research to real-world challenges. A programme showcase is scheduled for 15th July, after which a more substantive update including confirmed project outputs and emerging recommendations will be brought to the Health and Wellbeing Board in September.

8. Addressing Inequalities in Oxfordshire Most Deprived Wards

The public health led part of the community insight profiles (CIPs) work has now completed with 14 areas having profiles and support from community health development officers and grants to enable local wellbeing activities.

The [DPHAR annual report 2025/26](#) celebrates the impact of this work, through an interactive website which also provides a place to share grassroots stories of the local initiatives to address inequalities. This will remain a dynamic website to which new local stories will be added.

Going forward opportunities to roll out the CIPs approach are being planned, informed by the wider Marmot approach and based on needs presented by Local Government Reform and neighbourhood health geographies.

9. System Engagement and Social Movement

9.1.1 There has been a clear focus this year to develop a “social movement” for health equity to help partners understand their role in health equity and ensure collective action to reducing health inequalities are embedded in services, programmes and policies.

9.1.2 Engagement activity has continued to build momentum across the system through workshops, webinars and other events that raise awareness of health equity and support partners to apply it in practice.

9.1.3 Newsletters and other communications help ensure regular updates are available to a wide ranging audience.

9.1.4 [The Health Equity Network](#) is a closed networking space for Oxfordshire, and part of the Institute of Health Equity. It offers a collaborative space for sharing information and best practice relating to Health Equity. The group is being

promoted through the Marmot Steering Group as a useful forum for asking questions and sharing relevant information.

- 9.1.3 Awareness-raising activity is supporting cultural change across organisations. A Quick Reference Guide has been produced by the Marmot Project Hub and aims to help partners understand how applying the Marmot Principles in policy and service design can promote fairness and health equity. The Quick Reference Guide is enclosed in Annex 1.

10. Monitoring impact

10.1.1 The Health and Wellbeing Strategy indicators are currently being reviewed. For each strategic priority, identified outcomes and targets will be underwritten with an indicator based a health equity observed for that outcome. Therefore, Marmot (health equity) indicators will be embedded into the Health and Wellbeing Strategy indicators.

10.1.2 Progress and activity output indicators will be included in the action plans to ensure impact can be seen in a shorter timescale.

11. Next steps for the year ahead

11.1.1 Priorities for the next phase include:

- Strengthening partner commitments and system accountability, through local government and NHS reorganisations, as the partnership with Institute of Health Equity draws to a close. This will include ensuring partnership arrangements are fit for the transition period, to maintain health inequalities firmly on strategic priorities.
- Maintaining dynamic and responsive action plans to respond to the IHE deep dive reports, to ensure we achieve maximum benefit from the insight these have provided.
- Ensuring health equity specific outcomes are developed as part of the refreshed Health and Wellbeing Board outcomes framework / indicators framework
- Continuing the with social movement approach to ensure all staff across the system understand health inequalities and the impact of these in their line of work.

Corporate Policies and Priorities

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

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

1. This report provides an update on the work being undertaken to embed the Marmot principles as a framework for understanding inequalities in Oxfordshire. By embedding the Marmot Principles, communities aim to reduce health inequalities, improve social determinants of health, and create sustainable, equitable environments for all residents.
2. The use of Council funds for grants and contracts must comply with the Council's Contract Procedure Rules (where applicable), as well as any applicable legislation such as procurement and/or subsidy control legislation. Legal Services will be consulted to ensure that all grant agreements and contracts comply with legislation. Agreements between the Council and its partners will also need legal support with respect to negotiation, drafting and completion.
3. When using public health grants, local authorities must consider reducing inequalities in health between people in their area.

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(Legal Services)

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

NAME

Ansaf Azhar (Director of Public Health)

Annex:

Annex 1 Marmot Quick Reference Guide

Background papers:

[Starting Stronger, Fairer Futures in Oxfordshire - IHE DPHAR annual report 2025/26](#)

Other Documents:

None

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