CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Update on the Cheshire and Merseyside ICS Marmot Community Programme
Date of meeting:	23rd November 2021
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Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision X
Why is the report being brought to the board?	To brief the Board on the progress at a Cheshire and Merseyside level on developing as a Marmot Community and to seek support for Cheshire East Place work to progress activity.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East ☐ Improving the mental health and wellbeing of people living and working in Cheshire East ☐ Enable more people to live well for longer ☐ All of the above X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above X		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Health and Wellbeing Board notes the arrangements to run a Marmot Community Programme workshop for Cheshire East. The Health and Wellbeing Board supports the proposal that the Marmot Community Programme in Cheshire East will be picked up by the Increasing Equalities Commission. The Health and Wellbeing Board will be provided with regular updates on progress for the Marmot Community Programme.		

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	N/A
Has public, service user, patient feedback/consultation informed the recommendations of this report?	N/A
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	Becoming a Marmot Community will raise the profile of the need to focus upon reducing health inequalities across Cheshire and Merseyside. It will give us access to expertise and research that can then be used to inform best practice locally across Cheshire and Merseyside and within Cheshire East. The intended outcome is improving health and wellbeing for residents in Cheshire East and a reducing health inequalities gap.

1   Report Summary

1.1   The purpose of this paper is to set out the benefits to Cheshire East and the wider Cheshire and Merseyside Health and Care Partnership, of becoming a Marmot Community. In November 2008, Professor Sir Michael Marmot was asked by the Government to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The final report, '**Fair Society Healthy Lives**', was published in February 2010, and concluded that reducing health inequalities would require action on six policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention.

1.2.   The Cheshire and Merseyside Health and Care Partnership has, as one of its priorities, the reduction of health inequalities. Adopting the Marmot principles is regarded as a key step, to focus all partners and all nine Places (including Cheshire East) on this objective. Work is now underway to achieve Marmot Community status.

1.3.   Within Cheshire East, our own health inequalities are highlighted through the Joint Strategic Needs Assessment and the 'Tartan Rug'. Signing up to being a Marmot community will assist in our efforts to improve the health and wellbeing outcomes for our residents and reduce those inequalities.

1.4   Sir Michael Marmot published 'Health Equity in England: the Marmot Review 10 years on' in February 2020. A summary of this is attached as Appendix One.

2   Recommendations

2.1   The Health and Wellbeing Board notes the update on progress in Cheshire and Merseyside to becoming a Marmot Community and the arrangements to run a Marmot Community Programme workshop for Cheshire East.

2.2   The Health and Wellbeing Board supports the proposal that the Marmot Community Programme in Cheshire East will be picked up by the Increasing Equalities Commission.

2.3   The Health and Wellbeing Board will be provided with regular updates on progress for the Marmot Community Programme.

3   Reasons for Recommendations

3.1   To ensure that the Cheshire East Health and Wellbeing Board is sighted upon and supportive of the Cheshire and Merseyside Health and Care partnership's aspiration to become a Marmot Community and local action to progress the work.

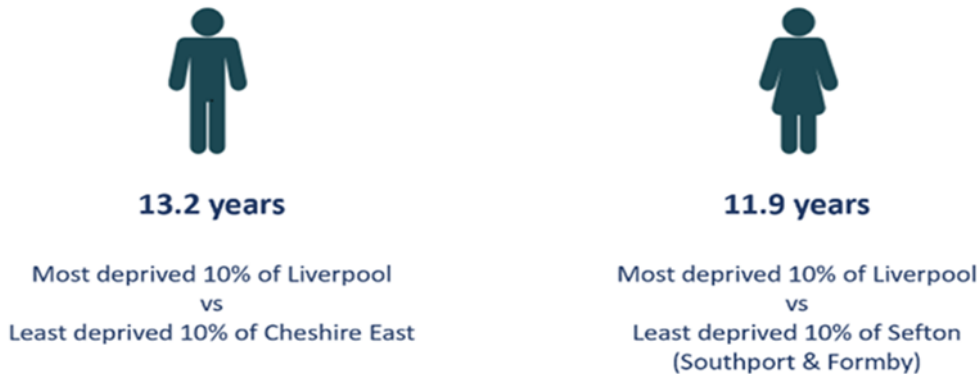## 4   Impact on Health and Wellbeing Strategy Priorities

4.1   Working as a Marmot Community will inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners. It will specifically assist with delivering the outcomes of the Joint Health and Wellbeing Strategy and the Cheshire East Place partnership Five Year Plan.

5   Background and Options

5.1   The Cheshire and Merseyside (C&M) Health and Care Partnership has identified tackling the differences between England and C&M in both life expectancy and healthy life expectancy as a key priority. Aligned to this there is an ambition to reduce inequalities in health outcomes within C&M. In order to achieve this ambition, it has been agreed that the C&M Health and Care Partnership should work to become a Marmot Community.

5.2   The landmark 'Marmot Review: Fair Society, Healthy Lives' outlined the causes of health inequalities and the actions required to reduce them. The Review proposed an evidence-based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.

5.3   Evidence tells us that health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case due to lost taxes, welfare payments and costs to the NHS.

5.4   The C&M Health and Care Partnership and the nine local Places are already working to reduce health inequalities and it will be the priority for the new C&M Integrated Care Partnership when it is formed in April 2022. Inequalities in health persist both between C&M, and within C&M. Despite improvements in life expectancy within most local authorities in C&M, the region remains below the England average. In addition, within C&M, as with the rest of England, there is a social gradient in health – the lower a person's social position, the worse his or her health.

5.5   Health Inequalities in Cheshire and Merseyside remain a challenge:

Within Cheshire & Merseyside, the difference in life expectancy at birth between the most and least deprived 10% is

13.2 years

Most deprived 10% of Liverpool
vs
Least deprived 10% of Cheshire East

11.9 years

Most deprived 10% of Liverpool
vs
Least deprived 10% of Sefton
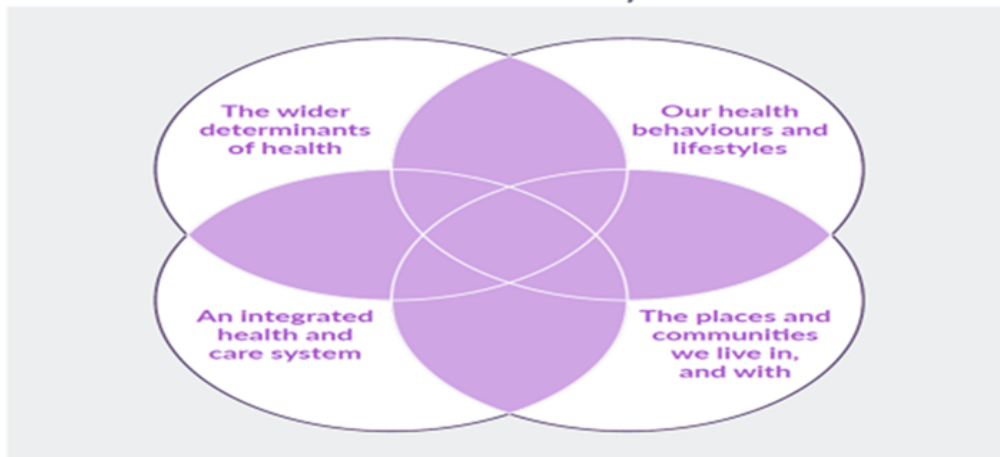(Southport & Formby)

- Male life expectancy at birth (2015-17) was lower than England in 7 out of 9 Local Authorities within C&M (only Cheshire West and Chester and Cheshire East being above the national rate).

- Female life expectancy at birth (2015-17) was lower than England in 8 out of 9 Local Authorities within C&M (only Cheshire East being above national rate).

- Men living in the poorest neighbourhoods in C&M will on average die between 9 and 13 years earlier than men living in the richest neighbourhoods.

- Women living in the poorest neighbourhoods in C&M will on average die between 7 and 11 years earlier than women living in the richest neighbourhoods.

- People living in poorer areas of C&M not only die sooner, but spend more of their lives in poor health:

    o Men living in the poorest neighbourhoods in C&M Local Authorities will spend on average an additional 14 - 22 years in poor health.

    o Women living in the poorest neighbourhoods in C&M Local Authorities will spend on average an additional 13-21 years in poor health.

5.6   In Cheshire East we face our own challenges with a difference in life expectancy of around 13 years between the lowest rates in Crewe Central and the highest in Gawsworth for women; for men there is an 11 year gap between the lowest rate, again in Crewe Central and the highest in Wilmslow East.

5.7   The examples outlined above highlight the stark differences between the poorest and richest 10% of our population. However, the social gradient in health affects all, except those at the very top. This means most people in C&M are not living as long as the best off in society and are spending longer in ill-health.

5.8   There is strong evidence emerging that those communities, families and individuals already affected by health inequalities have been hit harder by the impacts of COVID-19 and that the inequalities gap may have widened even further.

5.9   The C&M Partnership Strategy 'Better Lives Now' sets out the case for taking action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the social determinants of health. The C&M Health and Care Partnership has committed to:

- Focusing on population health to achieve our universal goal of reduced health inequalities for C&M
- Addressing the social determinants of health and wellbeing
- Working with local communities and partners
- Aligning our strategy and efforts with those who share our goal to make a bigger impact towards better lives.

5.10   In September 2019 the C&M Health and Care Partnership endorsed taking a "whole population, whole system" approach as outlined in the figure below:

Kings Fund Strategic Model for Working Together
with a Marmot approach
to address Cheshire & Merseyside Priorities.

The wider determinants of health

Our health behaviours and lifestyles

An integrated health and care system

The places and communities we live in, and with

5.11   The advantages of this approach are:
- A clear focus on reducing health inequalities
- Driven by intelligence and evidence
- Whole system engagement

5.12   The Partnership recognises that good quality health care is a determinant of health, but that most of the determinants of health lie outside the health care system. It recognises that the NHS cannot resolve its problems on its own and cannot deliver population health improvements or reduce health inequalities without trusted and effective working relationships between NHS and Local Authority colleagues, with the broader system. As Sir Michael Marmot himself puts it *'...why treat people and send them back to the conditions that made them sick?'* In order to reduce health inequalities a broad range of actions are needed involving stakeholders from across the system.

5.13   Local Authorities are key leaders in any place-based actions as they are already acting on Marmot's key policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention.

They do this through a range of drivers for health inequalities including:
- Best start in life including children's services and 0-19 Healthy Child Programmes
- Healthy schools and pupils
- Jobs and work
- Active and safe travel
- Warmer and safer homes
- Access to green spaces and leisure services
- Public protection
- Regeneration
- Health and spatial planning
- Strong communities: wellbeing and resilience

5.14   In addition, local authorities have a large web of interactions and linked responsibilities with other public-sector bodies including police, fire and rescue, welfare agencies, education and housing.

5.15   Within C&M, we already have really good examples of activities we are delivering at scale that we can build upon as a Marmot Sub-Region. This includes (but is not limited to):

- Taking a Place Based Approach. Place at the local authority level is the primary building block for integration between health and care and other sectors of the service system
- Development of a Cheshire and Merseyside Population Health Framework
- Collaborative work to reduce child poverty
- Work around social value and the role of the NHS as anchor institutions
- Strong links to LEPs within the Liverpool City Region and Cheshire and Warrington - with a focus upon the links between "wealth and health"
- Examples of asset-based community development activities
- Taking a public health approach to violence prevention
- Utilising behavioural sciences to improve health and wellbeing

5.16   There are a number of key benefits of becoming a Marmot Community:

- Access to international expertise:

Being part of the Marmot Network will provide us with access to the international expertise of the Institute for Health Equity (IHE) based at University College London (UCL). We will be able to use their expertise and resources in supporting us in our plans for accelerated action on the social determinants of health in the region.

- Developing excellence in systems leadership for Population Health:
IHE can help to inspire and shape C&M strategic direction and implementation of place based, population and prevention focussed approaches, which maximise fully the opportunities in C&M and ensure a strong focus on health equity. The team could deliver workshops and attend key strategic events to enthuse and build the knowledge and skills of particular key groups such as senior leaders in health and social care including the HCP Board, NHS and Local Authority CEOs, Leaders and elected members. Practice based resources and tools could be shared both in workshops and online including webinars to enhance knowledge across the system with practitioners.

- Strengthening joint working with the NHS and local authorities:
IHE can work with Cheshire and Merseyside local authorities and the Health and Care Partnership to further develop a whole system approach to tackling health inequalities and governance and partnership arrangements to facilitate it. This will strengthen joint working with local government to enhance openness, coproduction and dialogue at both a local and sub-regional level. An effective engagement plan will be developed with advice from the lead local authority CEOs and the LGA.

- Maximising our impact on health inequalities together:
IHE can work across Cheshire and Merseyside to build upon existing strategies and policies to develop future plans and strategies which can make real impact across health inequalities – including providing evidence about what would make the difference, and how to do it in practice and evaluation of outcomes. Examples from other areas in England and internationally will be drawn on and from a range of relevant stakeholders from statutory, voluntary and community sectors across early years, education, housing, employers, environment, culture and leisure, transport, police and fire services and others.

- Promoting excellence in practice in Cheshire and Merseyside:
IHE will help to raise the profile of the strategic ambition and achievements in Cheshire and Merseyside in national and international forums. Becoming a Marmot sub-region provides the opportunity for national and international recognition for our local work to reduce health inequalities.

5.17 The Marmot national team are now looking to gain feedback from the nine local areas across Merseyside and Cheshire to develop action plans to tackle inequalities across local areas and to ensure local perspectives are incorporated into the national review report due to be published in 2022. This feedback will be provided through individual local area workshops. A wide range of stakeholders will be invited to these. The Cheshire East workshop is scheduled for the morning of 26th November 2021.

5.18 Although national support is being offered our local area already has a number of people and organisations working to tackle inequalities through the Increasing Equalities Commission chaired by Councillor Rhodes. It is proposed that the Commission takes the lead on progressing the Marmot Community proposals for Cheshire East. This will include

hosting the workshop as well as feeding into the national Marmot review, we can bring these skills and expertise together to develop a local action plan driven by local people.

5.19 In summary, being part of the Marmot Network provides Cheshire and Merseyside with the opportunity to work with international experts to accelerate action on the social determinants of health and to learn from other areas in England and internationally about the most effective ways to take action within the region. IHE will enhance the C&M HCP strategic direction, providing advice and supporting delivery on the agreed priorities, implementation strategies and monitoring outcomes. It also provides the opportunity for national and international recognition for our local work to reduce health inequalities.

6   Access to Information

6.1   The background papers relating to this report can be inspected by contacting the report writer:
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