

**CHESHIRE EAST HEALTH AND WELLBEING BOARD**  
Reports Cover Sheet

<b>Title of Report:</b>	Update on the Cheshire and Merseyside ICS Marmot Community Programme
<b>Date of meeting:</b>	22nd March 2022
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**Executive Summary**

<b>Is this report for:</b>	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
<b>Why is the report being brought to the board?</b>	To brief the Board on the progress at a Cheshire and Merseyside level on developing as a Marmot Community.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	The Health and Wellbeing Board notes the progress made on the Marmot Community Programme and the draft recommended actions .		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	N/A		

<p><b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b></p>	<p>N/A</p>
<p><b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b></p>	<p>Being 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.</p>

## 1 Report Summary

- 1.1 The purpose of this paper is to update the Board on progress being made within Cheshire and Merseyside to becoming a Marmot Community and feedback on the Cheshire East workshop held at the end of November 2021 (see Appendix One for notes from the workshop). 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 was 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 assists 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 and 'Build Back Fairer: The COVID-19 Marmot Review' in December 2020.

## 2 Recommendations

- 2.1 The Health and Wellbeing Board notes the update on progress in Cheshire and Merseyside and Cheshire East to becoming a Marmot Community.

- 2.2 The Health and Wellbeing Board will be provided with regular updates on the progress of 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.

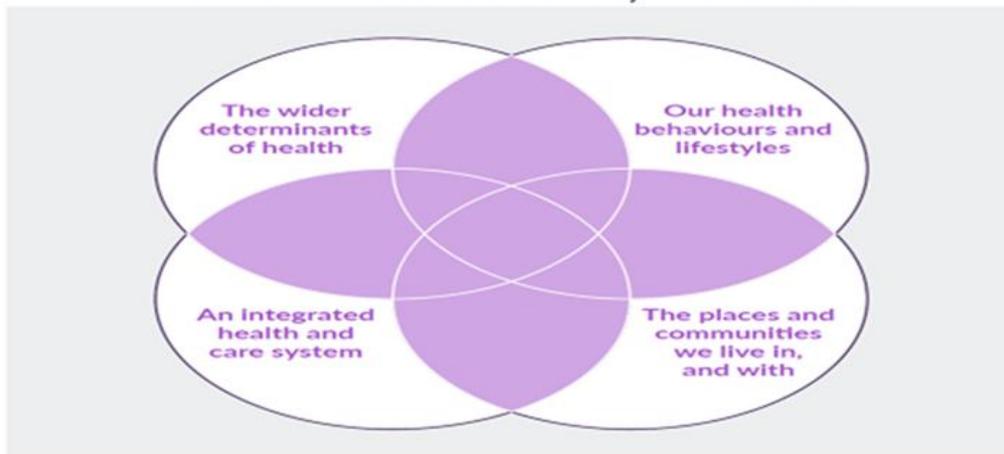
### **5 Update**

- 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 System when it is formed in July 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 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.
- 5.6 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.



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 The Marmot national team facilitated workshops in all nine Places in November and December 2021. Combining the information from these with research they have done independently (particularly in relation to the impact of COVID-19) has allowed them to provide some draft recommendations for the C&M Health and Care Partnership to consider. These include actions to consider that would embed health equity across the system under these headings:

- Embed a systemwide social determinants of health approach.
- Improve leadership for health inequalities.
- Strengthen local partnerships.
- Co-create solutions with communities.
- Implement social value and anchor organisations.
- Implement shared local indicators.
- Strengthen the role and resources of local government and NHS in reducing health inequalities.
- Strengthen the role of business in reducing health inequalities.
- Implement health equity in all policy approaches.
- Strengthen community resourcefulness.

NB Appendix Two provides more detail on the suggested actions related to the above.

5.14 They have also proposed strategic priorities for consideration by the ICS leadership:

- Increase children and young people's career aspirations\*
- Increase access to good quality jobs, including entry-level jobs and career progression\*
- Grow employability through training, apprenticeships and volunteering opportunities, focusing on vulnerable groups\*
- Pay the Real Living Wage\*
- Increased economic development\*
- Strengthen use of social value within procurement, capital investments and planning\*
- Extension of anchor institutions and systems to build community wealth\*
- Increase provision of decent and affordable housing
- Preventative mental health and emotional wellbeing, particularly children and young people^
- Increased community-led opportunities for physical activity\*
- Increased community engagement in service and planning decisions, including underrepresented groups
- Strengthened involvement of CVS in delivery and increased ICS funding
- Strengthened system partnership working and integrated, co-located services

*[\* Included in 2022/23 Health and Care Partnership funding bid.*

*^ This will be delivered as a strategic priority of the 'Beyond' children and young people's transformation programme by the Starting Well Transformation Board and will be aligned with the Marmot programme].*

5.15 As the new leadership of the C&M ICS are appointed and settle in, these proposals will be considered and are likely to be incorporated into their plans for the future. Cheshire East Place and the other eight Places will be considering them too and how they can be used locally to reduce health inequalities.

5.16 The discussions at the Cheshire East Place workshop (see Appendix One) will help the Place Leadership consider their approach to reducing health inequalities. This will build upon the aspirations set out in the Cheshire East Place Partnership Five Year Plan. The Increasing Equality Commission will continue to oversee and ensure co-ordination of the approach to inequalities on behalf of the Health and Wellbeing Board.

## **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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