Cheshire and Merseyside
Marmot Recommendations 2022-2027

Following an initial assessment of the extent of health inequalities in the Region and the actions and responsibilities of a variety of stakeholders, IHE has proposed Marmot 8 and system-wide recommendations for action across the Cheshire and Merseyside system. The system recommendations are important to enable and support actions in the thematic areas. The recommendations are classified in two categories: Year 1 (2022-23) and Years 2-5 (2023-2027).

Recommendations are given for each of the Marmot 8 principles and system-wide themes in Year 1 and Years 2-5. A lead organisation is suggested for each recommendation though most, if not all, should be developed and implemented in partnership.

In light of pressures on local authority budgets, it is suggested that each of the nine places in Cheshire and Merseyside identify the recommendations most relevant to their area and focus on these. A mix of system and thematic recommendations is important. There is a role for the Population Health Board, enabled by Champs Collaborative to monitor the status/implementation/best practice of the recommendations in each Place to help other areas develop actions in subsequent years.

CONTENTS

1 Give every child the best start in life.		
2022-2023	**2023-2027**	**Related Marmot indicator**
Responsible: Place	**Responsible: Place**	3. Percentage children achieving a good level of development at 2-2.5 years (in all five areas of development)
- Review inequitable outcomes in early years and bring system together within each place to ensure equitable early intervention, involving all partners (e.g. education, social care - children's services, communities and VCFSE sector, children's boards, public services, NHS, local authority). - Assess early years provision and parental support within each place and provide further support for early years settings in more deprived areas and in collaboration with communities in these areas and / or e.g. families with disabilities, English as a second language. - Assess how the ACEs agenda links to the early years approach in Cheshire and Merseyside and ensure families voices included in this agenda.	- Work in partnership to improve school readiness for all and reduce inequalities between children eligible and not eligible for Free School Meals. Ensure support is focussed to develop children's early learning, especially with regard to speech and language skills and the ACEs agenda. - Shared accountability across the system and within each place to give every child the best start in Cheshire and Merseyside (include children's public health, early years and wider family services including education and VCFSE sector).	4. Percentage children achieving a good level of development at the end of Early Years Foundation Stage (Reception)
Responsible: Cheshire and Merseyside System	**Responsible: Cheshire and Merseyside System**	
- Assess maternity leave policies and support for child care by all employers, including private business.	- Develop a region wide childcare workforce standard which includes training and qualifications on the job to a higher standard and pay than national requirements.	

2 Enable all children, young people and adults to maximise their capabilities and have control over their lives.		
2022-2023	**2023-2027**	**Related Marmot indicator**
Responsible: Place	**Responsible: Place**	5. Average Progress 8 score. 6. Average Attainment 8 score 7. Hospital admissions as a result of self-harm (15-19 years) 8. Staying in education or entering employment (NEETS) at ages 18 to 24 9. Pupils who go on to achieve a level 2 qualification at 19
- Better communicate available youth services and reduce inequalities in access to these youth services, including transport costs. - Assess provision of career guidance and aspiration approaches in primary, secondary schools and FE colleges at each place. - LEP / Chamber of Commerce work with businesses to support links with schools for training and recruitment and offering mentorships and for provision of youth services. - Work with young people to hear their views about what is needed in local areas.	- Extend free school meal provision for all children in households in receipt of Universal Credit and resource holiday hunger initiatives adequately at each place. - All young people who are able are either in training, employment and education up until the age of 21. - Commission VCFSE sector to provide leisure and recreation opportunities in each place.	
Responsible: Cheshire and Merseyside System	**Responsible: Cheshire and Merseyside System**	
- ICS to develop NHS actions to support young people's education and skills and liaising with schools and employers and NHS recruitment and training.	- Develop a regional young persons' skills strategy in partnership with the LEP and businesses with a focus on areas with higher levels of deprivation and those most at risk of exclusion and a focus on apprenticeships and in work training	
Responsible: Mental Health Board	**Responsible: Local Economic Partnership and anchor partners**	
- Jointly commission (NHS, local government and national government) and increase funding for programmes to support young peoples' mental health in schools, the community and at work. - Review Mental Health Support Team funding to ensure it is reducing inequalities.	- Increase minimum wage for apprenticeships (LEP, businesses). - Work in partnership to provide skills development and training opportunities for young people in each place.	
	Responsible: Mental Health Board	
	- Based on Review carried out in year 1, monitor outcomes for equity based on Mental Health Support Team work.	

3 Create fair employment and good work for all.			
2022-2023		**2023-2027**	**Related Marmot indicator**
Responsible: Place		**Responsible: Place**	10. Percentage unemployed
- Assess local workplaces and their capacity to produce and implement policies to recruit and retain people with a disability or long-term condition. - Establish criteria for healthy workplace standards for public and private sectors. To include: * Wages to meet the minimum income for healthy living * Provision of in work benefits including sick pay, holiday and maternity/paternity pay * Provision of advice and support e.g. debt and financial management, housing support at work * Provision of education and training on the job * Strengthen equitable recruitment practices including provision of apprenticeships and in work training, recruitment from local communities and those underrepresented in the workforce.		- Monitor policies to recruit and retain people with a disability or long-term condition. - Implement adoption of the healthy business and healthy employment / regional good work standard. Include within commissioning contracts. - Build on actions to increase local recruitment into all jobs and work with employers to improve retention rates. - Provide guidance to workplaces to recruit and retain people with a disability or long-term condition. - Work with businesses, chambers of commerce, public sector, NHS and local authorities to improve support for mental health, housing and finances in all workplaces. - Target funding for adult education in more deprived communities and link to job market demands. Offer training and support to older unemployed adults and ensure the private sector participates in training and skills development and link this to the regional good work standard.	11. Proportion of employed in permanent and non-permanent employment
Responsible: Cheshire and Merseyside System		**Responsible: Cheshire and Merseyside System**	
- Establish criteria for healthy workplace standards for public and private sectors. To include: * Wages to meet the minimum income for healthy living * Provision of in work benefits including sick pay, holiday and maternity/paternity pay * Provision of advice and support e.g. debt and financial management, housing support at work * Provision of education and training on the job * Strengthen equitable recruitment practices including provision of apprenticeships and in work training, recruitment from local communities and those underrepresented in the workforce.		- Implement adoption of the healthy business and healthy employment / regional good work standard. Include within commissioning contracts.	
		Responsible: Local Economic Partnership and anchor partners	
		- ICS and LEPS to work together to develop relationships with local large and SMEs to make the case for healthy employment and health equity. Large businesses to take the lead and share best practice. - Offer on the job training and skills development and link this to the regional good work standard.	

4 Ensure a healthy standard of living for all.		
2022-2023	**2023-2027**	**Related Marmot indicator**
Responsible: Place	**Responsible: Place**	12. Percentage employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter
- Work with local residents and local stakeholders to understand 'true' regional poverty and local financial pressures including the reality of all care costs, in-work poverty, debt burden, tax credit/welfare reforms, benefits, and housing costs (e.g. Poverty Truth Commission). - Make the case to VCFSE sector and local authorities shift from only emergency provision to act on the social determinants of health. - Map social welfare and legal advice providers to facilitate development of registry of services for NHS. ICS to support advice network (e.g. Liverpool Access to Advice Network and / or Citizens' Advice).	- Work with local community and employer institutions to provide credit, reduce levels of debt and increase financial management advice in schools and workplaces. - Shift from crisis to prevention approaches in delivering food security and have as a goal eliminating the need for food banks.	13. Proportion of children in workless households 14. Percentage of individuals in absolute AHC low income
Responsible: Cheshire and Merseyside System	**Responsible: Cheshire and Merseyside System**	15. Percentage of households in fuel poverty
- Define a Minimum Income for healthy living for the Region. -Identify how primary and secondary NHS care can better refer to Fuel and Food insecurity support services.	- Monitor offer of Minimum Income for healthy living and include requirement to paying minimum income within commissioning contracts. - Collect and publish data on local employers paying minimum income for healthy living. - Support advocacy to increase national funding to eradicate all fuel and food poverty	16. Percentage of employees earning below Real Living Wage

5 Create and develop healthy and sustainable places and communities.		
2022-2023	**2023-2027**	**Related Marmot indicator**
Responsible: Place	**Responsible: Place**	18. Activity levels (active, fairly active, inactive)

19. Households in temporary accommodation |
| - Review private rented sector regulation actions in the Levelling Up white paper.

- Support national advocacy to strengthen local powers and capacity within enforcing authorities across planning and housing.

- Define affordable housing in Cheshire and Merseyside and link to 'true' regional poverty.

- Create a platform where housing and local residents can communicate about how housing is impact on health and wellbeing .

- Develop place-based partnerships to strengthen approaches to community policing (e.g. Public and mental health), police, children's services, DWP) and develop a public health approach to violent crime.

- Work with local residents and partners (e.g. businesses, NHS) to improve quality of existing green spaces in areas of higher deprivation.

- Develop Region-wide actions to create health promoting environments (e.g. unhealthy advertising, planning decisions)

- NHS, local government work in partnership to regenerate areas. Work alongside local communities to better include their needs when reviving local high streets.

- Extend incentives to encourage people back to public transport. | - Work in partnership to implement adoption of decent home standards in all social and private rented sector housing.

- Ensure that all housing developments contain a minimum of 30% of dwellings classed as "affordable" and support local control of the local housing allowance and ensure it covers 50% of market rates.

- Prioritise provision of new green spaces in areas of higher deprivation.

- Adopt city-wide strategies that put health equity and sustainability at the centre of planning.

- Develop and implement housing and social conditions assessment to be used in primary and secondary health care appointments and develop monitoring of these questions. | |
| **Responsible: Cheshire and Merseyside System** | **Responsible: Cheshire and Merseyside System** | |
| - Appoint senior role in housing and health in ICS (including homelessness/ rough-sleeping).

- NHS to scale up provision of services and invest in preventing street homelessness and work with VCFSE sector and local authorities.

- Partner with NHS and local government, housing and tenant associations to assess housing standards in the private rented sector. | - NHS to coordinate investment and action to take a leading role in strengthen partnerships with housing sector, including the private rental sector and local residents. | |

- Develop health and well-being checks for people living in temporary accommodation and appropriate referral pathways (e.g. housing services; social welfare advice; employment).		
Responsible: Liverpool City Region Combined Authority	**Responsible: Cheshire and Warrington Travel**	
- Health equity assessment of Liverpool City Region additional transport investment and new proposals to create 'London-style' transport system. Share findings with Cheshire and Warrington.	- Health equity assessment of transport provision in Cheshire and Warrington to support Cheshire and Merseyside approach.	

6 Strengthen the role and impact of ill-health prevention.

2022-2023	2023-2027	Related Marmot indicator
Responsible: Place	**Responsible: Place**	17. Percentage of loneliness in population (often/always, some of the time, occasionally, hardly ever, never)
- Align local poverty strategies to include commitment to reducing digital exclusion. Work in partnership with local communities to assess digital exclusion priorities.	- Reduce inequalities in digital exclusion by delivering hardware and funding support for basic digital skills.	
Responsible: Cheshire and Merseyside System	**Responsible: Cheshire and Merseyside System**	
- Cheshire and Merseyside Clinical Networks to work with the ICS to coordinate social determinants of health activity across the system to improve population health. - Extend current ill-health prevention policies and actions to adopt an equity and the social determinants of health approach, embed social determinants of health approach in ICP contracts and plans. - Assess the total funding allocations and receipts by local area deprivation in Cheshire and Merseyside. - Adopt Deep End approach (or equivalent) in primary care. - ICS review social prescribing offer in Cheshire and Merseyside to ensure it is addressing the social determinants of health. - Prioritise reducing social isolation as a health intervention with greater involvement from the NHS and make use of Local Economic Partnership's influence, connections with big businesses, skills and financial resources to increase social connectedness.	-Review impact of Prevention Pledge and Making Every Contact Count in reducing inequalities. - Allocate health resources proportionately, with a focus on the social determinants. - Revise social prescribing offer to focus on the social determinants of health (e.g. housing, debt and financial advice).	
Responsible: Digital Board		
- Map digital exclusion in region and develop network with partners in healthcare, local authorities, VCFSE sector, education and businesses to identify tools to reduce digital exclusion.		

7 Tackle racism and its outcomes.		
2022-2023	**2023-2027**	**Related Marmot indicator**
Responsible: Place	**Responsible: Place**	19. Percentage employees who are from BAME background and band/level.
- Businesses, public sector and VCFSE sector to actively communicate and publish how meeting equality duties in recruitment and employment including pay, progression and terms.	- Involve VCFSE sector organisations and networks tackling racism in businesses and the public sector.	
Responsible: Cheshire and Merseyside System	**Responsible: Cheshire and Merseyside System**	
- Work with NHS, local authorities, public sector and businesses to gather data on their workforce by ethnicity and by pay and grade. - Reinforce the efforts of health and social care providers to facilitate equitable access to their services and all health and social care providers are collecting data on service users by ethnicity. - Require all health and social care providers to collect data on service users by ethnicity. - ICS to establish effective engagement with all ethnic minority communities and involve communities, VCSFE sector and community leaders in the assessment of current and development of new services and interventions.	- Based on findings in Year 1, set actions to reduce racism and its outcomes in the NHS, local authorities, public sector and businesses. - Ensure there is critical feedback and evaluation with involvement from ethnic minority communities. Develop improved data collection methods, including qualitative methods.	

8 Tackle climate change and health equity in unison.		
2022-2023	**2023-2027**	**Related Marmot indicator**
Responsible: Population Health and Place	**Responsible: Place**	21. Percentage (£) spent in local supply chain through the contract 22. Cycling / walking for travel (3-5 times / week)
- ICS work with local government, housing associations to retrofit homes, including private homes to reduce fuel poverty and greenhouse gas emissions. - Work with local authorities, businesses and chambers of commerce to prioritise the health and wellbeing of citizens and environmental sustainability in economic recovery/growth policies. - Enforce existing smokeless fuel standards. - Health equity assessment of Cheshire and Merseyside Green Plan and Place-based Green plans in each of Cheshire and Merseyside's nine places.	- Passive cooling measures included as standard in retrofits / new builds that are at risk of high indoor temperatures. - Installations of new wood burning and gas stoves in urban areas eliminated and existing stoves phased out. - Ensure any new walking and cycling infrastructure reaches areas with the lowest rates of physical activity.	

SYSTEM CHANGE RECOMMENDATIONS	
2022-2023	**2023-2027**
A INCREASE AND MAKE EQUITABLE FUNDING FOR SOCIAL DETERMINANTS OF HEALTH AND PREVENTION.	
Responsible: Place	**Responsible: Place**
- Assess the budget for addressing the social determinants of health in the NHS and local authorities across Cheshire and Merseyside in 2022/23. Work with VCFSE sector to include their contributions to addressing the social determinants of health. - Assess resource allocation in Cheshire and Merseyside and develop and extend proportionate universal approaches. Assess possibility of local weighted funding formula to better address health inequalities. - Benchmark NHS and local government funding for social determinants of health.	- Increase local government funding for social determinants of health by 1% a year for the next 10 years. - Increase NHS funding for social determinants of health by 1% a year for the next 10 years to address wider social determinant prevention. - Develop resource allocation formula to ensure that funding allocations are equitable and proportionate.
B STRENGTHEN PARTNERSHIP FOR HEALTH EQUITY.	
Responsible: Place	**Responsible: Place**
- Integrate Place Plans in each Place Executive and create MoU between Place Executives and Health and Wellbeing Boards to align Health and Wellbeing Strategies and Place Plans. - Strengthen the role of the Director of Partnerships at Board level	- Embed partnerships across local system with health care, VCFSE sector, local economic plans, and strategies beyond leaders.
Responsible: Cheshire and Merseyside System	**Responsible: Cheshire and Merseyside System**
- Develop a social determinants of health equity network to include business and economic sector, public services, VCFSE, local government and communities.	- Continue to invest in the Health equity network.

SYSTEM CHANGE RECOMMENDATIONS	
2022-2023	**2023-2027**
C CREATE STRONGER LEADERSHIP AND WORKFORCE FOR HEALTH EQUITY.	
Responsible: Cheshire and Merseyside System	**Responsible: Cheshire and Merseyside System**
- ICS to jointly appoint a lead in public health (qualified or experienced) with a supporting team in CHAMPS to work in partnership with the ICS medical director and nursing director and the Directors of Public Health to lead on health inequalities and partners. - Champs and 9 DsPH to work in partnership with the ICS to ensure sustained action to address inequalities is embedded in ICS strategy.	- Champs and 9 DsPH to work in partnership with the ICS to ensure sustained action to address inequalities is embedded in ICS strategy.
D CO-CREATE INTERVENTIONS AND ACTIONS WITH COMMUNITIES.	
Responsible: Place	**Responsible: Place**
- Identify methods to involve local residents in the development of health inequalities assessments and remedies at place level, e.g., through the creation of community engagement panels aligned to each Place Executive.	- Involve local residents in the development of health inequalities assessments and remedies at place level.
Responsible: Cheshire and Merseyside System	**Responsible: Cheshire and Merseyside System**
- Identify methods to involve people with lived experience in the development of health inequalities assessments and remedies at place level, e.g., through the creation of community engagement panels aligned to each Place Executive. - Co-create clear strategic approaches and specific actions for health equity with local residents and in partnership with other sectors for each community.	- Place Executives to share best practice to co-create solutions and involve communities in decisions about priorities and actions.

SYSTEM CHANGE RECOMMENDATIONS	
2022-2023	**2023-2027**
E STRENGTHEN THE ROLE OF BUSINESS AND THE ECONOMIC SECTOR IN REDUCING HEALTH INEQUALITIES.	
Responsible: Place	**Responsible: Cheshire and Merseyside System AND**
- The ICS and local government make the case to businesses that they have underdeveloped impacts on health and health inequalities and should strengthen their social impacts. - Include health in businesses environmental, social and governance strategies.	**Responsible: Local economic partnership**
	- Develop a healthy business charter which establishes criteria for businesses who make positive contributions to the health of their workforce, through investments goods and services and through impact on more deprived communities. Meeting charter requirements enables qualification for public sector contracts. Healthy Business charter to include themes on:
Responsible: Local economic partnership	*Wider partnerships:** Businesses working closely with other organisations to improve local conditions and foster healthier local areas. Greater, more sustained collaborations between business, the VCFSE sector, local authorities and public services.
- Embed widescale social value requirements in the Local economic partnerships. - Coordinate a regional economic partnership to develop a health equity approach for businesses (e.g. with chambers of commerce and unions).	*Workforce contributions:** Businesses to extend support for their staff to volunteer their time and expertise to support local communities so that all staff who wish to are able to support their local communities, including those employed in small and medium-sized enterprises (SMEs). *Advocacy:** Businesses to be powerful advocates for greater health equity and equity in the social determinants nationally and locally.
F EXTEND SOCIAL VALUE AND ANCHOR ORGANISATIONS ACROSS NHS, PUBLIC SERVICES AND LOCAL AUTHORITIES.	
Responsible: Cheshire and Merseyside System	**Responsible: Cheshire and Merseyside System**
- Extend anchor organization approach within NHS and to all other stakeholders (e.g. public services and local authorities, academic institutions, police).	- Establish Anchor Institutions network across the Region to support each other in building community wealth, local training, and employment opportunities.
Responsible: Place	**Responsible: Place**
- Implement and enforce a 15 percent social value weighting mandatory in all NHS procurement.	- Work with local businesses to extend social value policies and focus on principles to reduce health inequalities.

SYSTEM CHANGE RECOMMENDATIONS	
2022-2023	**2023-2027**
G DEVELOP SOCIAL DETERMINANTS OF HEALTH IN ALL POLICIES AND IMPLEMENT MARMOT INDICATORS	
Responsible: Cheshire and Merseyside System	**Responsible: Cheshire and Merseyside System**
- Communicate annual indicator outcomes to local places, public.	- Use social determinants and ethnicity data collected from patients in primary and secondary care by CIPHA to influence how services are offered and how delivered to better meet needs of communities. - Review and renew Marmot indicators every five years. - Develop a social determinants of health assessment tool to ensure social determinants of health (Marmot 6+2) are at the heart of interventions and policies in Cheshire and Merseyside including in the healthcare system.
Responsible: Place	**Responsible: Place**
- Adopt Cheshire and Merseyside's Marmot indicators in their own organisations (e.g. NHS, Local authorities, businesses, VCF sector).	- Integrate social determinants of health in all policies and in all work commissioned. All local government, NHS strategies and decisions assessed for social determinants of health impacts.