

REPORT TITLE	Establishing a Cheshire and Merseyside Marmot Community: Benefits for Wirral and the Wider Region.
REPORT OF	Julie Webster, Director of Public Health.

REPORT SUMMARY

In common with Wirral's Health and Wellbeing Board the Cheshire and Merseyside Health and Care Partnership (C&M HCP) has identified reducing health inequalities as its core purpose. This report sets out the benefits to Wirral and Cheshire and Merseyside of becoming a Marmot Community.

The key benefits to Wirral of C&M becoming a Marmot Community include:

- Access to international expertise and evidence on reducing health inequalities
- Developing leadership across system partners
- Strengthening joint working
- Maximising impact and evaluating outcomes
- National and international recognition of local work to reduce health inequalities

RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board:

1. Endorse the proposal to work together as a Cheshire and Merseyside Marmot Community
2. Support the C&M Health and Care Partnership in overseeing and assuring this initiative

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATION/S

There are long standing differences in life expectancy and health life expectancy both between Wirral and England and within Wirral. Members of the Wirral Health and Wellbeing Board have expressed a desire to reduce these preventable and unjust differences and a new Health and Wellbeing Strategy is currently being developed to set out how locally we will achieve this aim. C&M becoming a Marmot Community will enhance and enable our local approach.

2.0 OTHER OPTIONS CONSIDERED

The alternative option is for Wirral not to participate in this initiative. This is not recommended as it would result in Wirral missing out on resources and expertise to support tackling health inequalities.

BACKGROUND INFORMATION

3.1. Introduction

In common with Wirral's Health and Wellbeing Board the Cheshire and Merseyside (C&M) Health and Care Partnership has identified tackling the difference between England and C&M in life expectancy and healthy life as its core purpose. Aligned to this there is an ambition to reduce inequalities in health outcomes within C&M. In order to achieve this ambition, it is proposed that the C&M Health and Care Partnership become a Marmot Community.

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.

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.

3.2 Health inequalities in Cheshire and Merseyside remain a challenge

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. 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.

Considerable work remains to be done to reduce health inequalities within C&M:

- 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:
 - Men living in the poorest neighbourhoods in C&M Local Authorities will spend on average an additional 14 - 22 years in poor health.
 - Women living in the poorest neighbourhoods in C&M Local Authorities will spend on average an additional 13-21 years in poor health.

These statistics are echoed in Wirral, where 35% of the population live in the 20% most deprived areas of England¹. Of all nine local authorities within C&M, the gap in healthy life expectancy between the least and most affluent was largest in Wirral².

¹ Wirral Intelligence Service (2019). Life Expectancy in Wirral, 2015-2017.

<https://www.wirralintelligenceservice.org/media/2885/life-expectancy-update-2015-17-final.pdf>

² Public Health England (2019). Public Health Outcomes Framework.

<https://fingertips.phe.org.uk/search/healthy%20life%20expectancy#page/3/gid/1/pat/6/par/E12000002/ati/102/are/E08000015/iid/92031/age/1/sex/1>

3.2. Marmot's Policy Objectives to Reduce Health Inequalities

The landmark Marmot review, Fair Society, Healthy Lives³, was commissioned by the national government to identify root causes of health inequalities and inform the development of a national health inequalities strategy. The review proposed an evidence-based approach 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). Marmot's key policy objectives to reduce health inequalities encompass six domains:

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

Marmot's policy objectives provide a life course framework to focus action on health inequalities through a lens of wider determinants. The Marmot Indicators stem from these priority areas, and measure inequalities in health and life expectancy in every local authority in England⁴. An overview of the Marmot indicators for C&M in 2015-17 is shown in Appendix 1. For many indicators, the nine local authorities within C&M (including Wirral) are performing below the national average.

3.3. Advancing Population Health: The Vision for Cheshire and Merseyside

The C&M Health and Care Partnership strategy, 'Better Lives Now', sets out the case for taking action to reduce the occurrence of ill health, deliver appropriate health care services and address wider determinants of health. Under the umbrella of this strategy, the C&M Health and Care Partnership has committed to:

1. Focusing on population health to achieve our universal goal of reduced health inequalities for C&M.
2. Addressing wider determinants of health and wellbeing.
3. Working with local communities and partners.

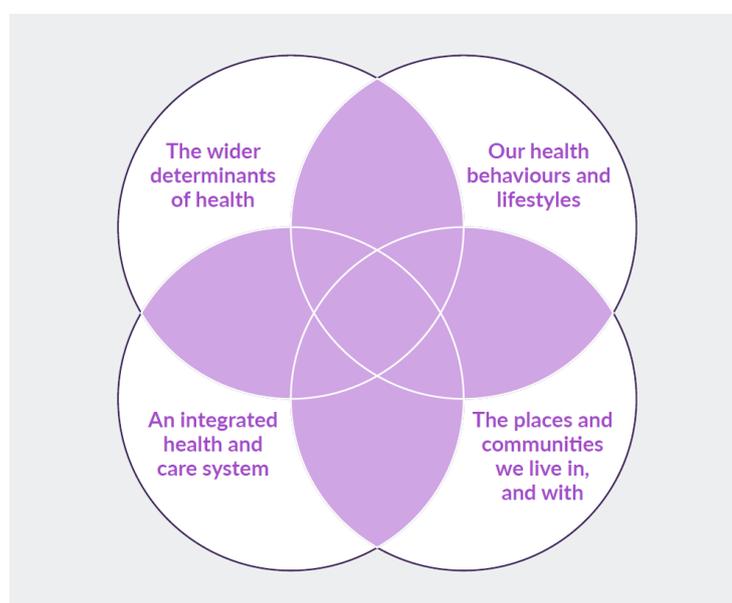
³ Marmot, M., Goldblatt, P., Allen, J., et al (2010) Fair Society, Healthy Lives.
<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

⁴ Public Health Outcomes Framework (2019). Marmot Indicators for Local Authorities.
<https://fingertips.phe.org.uk/profile-group/marmot/profile/marmot-indicators>

4. Aligning the strategy and efforts with those who share their goal to make a bigger impact towards better lives.

In September 2019, the C&M Health and Care Partnership held an event co-hosted with Sir Michael Marmot, the Local Government Association, Champs and The King's Fund, uniting over 150 system leaders from a wide range of backgrounds and across the political spectrum to explore opportunities and priorities for population health in C&M⁵. At this event, the Partnership endorsed taking a “whole population, whole system” Marmot approach to improve population health and reduce health inequalities, reflecting the King's Fund Strategic Model⁶ (**Figure 1**).

Figure 1: King's Fund Strategic Model for Population Health



In line with the Marmot review, this approach recognises the role of social determinants of health in shaping population health, and offers an evidence-based, place-based focus to reducing health inequalities, prioritising the value of whole system engagement. This approach provides an appropriate lens through which to examine, understand and address the C&M Health Care Partnership priorities.

⁵ The Cheshire and Merseyside Health and Care Partnership (2019). The Cheshire and Merseyside Vision for Population Health.

http://www.champspublichealth.com/sites/default/files/media_library/Final%20presentations%20-%20Marmot%2C%20KF%20event%20-%202019%20Sept%202019.pdf

⁶ The King's Fund (2018). A Vision for Population Health: Towards a Healthier Future.

<https://www.kingsfund.org.uk/publications/vision-population-health>

3.4. A Whole System Approach

The C&M HCP has recognised that good quality health care is one cause of health. But that most of the reasons people are healthy lie outside the health care system and are related to the conditions in which people are born, grow, live, work and age. 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?’

Trusted and effective working relationships between NHS, Local Authority, Community and the broader system are required to deliver sustained and meaningful change that is appropriate to the needs of the local population. To reduce health inequalities, collective ownership, commitments and actions and needed from a broad range of stakeholders, representing a ‘whole system approach’ (**Figure 2**). Evidence supporting whole system approaches highlights the importance of ‘disrupting the system’, which involves partners collectively identifying the most likely and productive areas of activity in the local system, agreeing and aligning actions.

Figure 2: A whole system approach (Source: PHE)



Local Authorities are key leaders in any place-based actions, with local services broadly reflecting Marmot’s key policy objectives to improve health and wellbeing of the local

population. Wirral Council Authority has a range of programmes that map wider determinants across the local system, spanning topics including:

- Children's services and 0-19 Healthy Child Programmes
- Healthy schools and pupils
- Employment
- 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

Wirral Council benefits from relationships and linked responsibilities with other public-sector bodies, including police, fire and rescue, welfare agencies, education and housing, which are being strengthened to support collective and sustained action on health inequalities locally, for example through work on Wirral's updated Smokefree Strategy for 2020, our refreshed Health and Wellbeing Strategy.

Within C&M, there are good examples of population health promoting activities being delivered at scale that can be further developed and strengthened to reflect our status as a Marmot Community, including:

- Taking a Place Based Approach, with Wirral as the primary building block for integration between health and care.
- Developing a C&M Population Health Framework.
- Collaborating on work to reduce child poverty.
- Work focussing on social value and the role of the NHS as an anchor institution.
- Strengthening links to Local Enterprise Partnerships within the Liverpool City Region and Cheshire and Warrington, with a focus upon the links between 'wealth and health'.
- Supporting asset-based community development activities.
- Taking a public health approach to violence prevention.
- Utilising Behavioural Sciences to Improve Health and Wellbeing.

The value of collaborative work spearheaded by Cheshire and Merseyside Fire and Rescue Service to reduce health inequalities through addressing wider determinants has already been recognised by a 'Marmot Partnership Award'⁷.

3.5 Benefits of Becoming a Marmot Community

Marmot communities structure their response to health inequalities around the social determinants of health, embedding Marmot's key policy objectives into the work of partners across the whole system to improve population health and wellbeing. The Marmot approach to reducing health inequalities has been successfully applied to focus and strengthen action on health inequalities in other local authority settings⁸.

Becoming a Marmot Community presents several advantages:

1. 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. Their knowledge and resources will support our plans for accelerated and focussed action on the wider determinants of health in C&M.

2. Developing excellence in systems leadership for Population Health:

Connections with IHE will be valuable to inspire and shape the C&M strategic vision, and to support the implementation of a place-based, population and prevention focussed approach, which maximises C&M's assets and prioritises health equity. IHE could help to build the knowledge and skills of key groups, such as senior leaders in health and social care through delivering workshops and attending key strategic events. Additionally, resources and tools could be shared in workshops and webinars to enhance knowledge across the system.

⁷ Merseyside Fire and Rescue (2015) Marmot Partnership Status Awarded.
<http://www.merseyfire.gov.uk/asp/asp/pages/rss/LatestRssPortal.aspx?id=760>

⁸ Pearce, M (2015). Coventry: a Marmot city.
https://www.coventry.gov.uk/info/176/policy/2457/coventry_a_marmot_city

3. Strengthening joint working

IHE can work with the nine constituent C&M local authorities (including Wirral) and the C&M Health and Care Partnership to further develop a whole system approach to tackling health inequalities, and to advise on appropriate governance and partnership arrangements to facilitate action. 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.

4. Maximising our impact on health inequalities together:

Input from IHE would be valuable to inform an evidence-based collective roadmap to reduce health inequalities in our region, which builds upon existing strategies and policies and incorporates measurable targets and systematic evaluation. Best practice from other regions and sectors will be drawn upon to inform our approach, including statutory, voluntary and community sectors, across early years, education, housing, employers, environment, culture and leisure, transport, police and fire services and others.

5. Promoting excellence in practice in C&M:

Becoming a Marmot Community ensures our local actions adhere to an internationally recognised, evidence-based approach to reduce health inequalities. Collaborating with IHE to become a Marmot Community will help to raise the profile of C&M's strategic ambition and achievements to improve population health in national and international forums.

3.6 Transitioning to become a Marmot Community

As a Marmot Community, the C&M Health and Care Partnership will build on the current body of work captured under the 'Better Lives Now' strategy, and:

- Collaborate with the Marmot Team at IHE, providing access to all relevant documents and strategies.
- Facilitate the flexibility and resources required to shape regional strategy development in line with recommendations from the IHE, and support the implementation of evidence-based priority actions.

- Identify and collaborate with key stakeholders from across the local system, prioritising regular engagement and workshop sessions.
- Engage political and executive leadership to support this work.
- Develop steering and implementation groups to plan, mobilise and oversee action.

3.7 Summary

Being part of the Marmot Network will provide the C&M Health and Care Partnership with the opportunity to work with international experts to accelerate collective action on the wider determinants of health to reduce health inequalities within the region. Collaborating with the IHE will enhance the C&M Health and Care Partnership's strategic direction, supporting the planning, implementation and evaluation of evidence-based actions, and promoting excellence in practice. As one of the 9 local Authorities making up the C&M Health and Care Partnership, Wirral is uniquely positioned to benefit from the value of this collaboration to shape local action on health inequalities.

4 FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report. Funding required to become a Marmot Community will be provided by the Cheshire and Merseyside Health and Care Partnership.

5 LEGAL IMPLICATIONS

There are no legal implications arising directly from this report.

6 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

Working as a Marmot Community will inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners as appropriate.

7 RELEVANT RISKS

Failure to commit to reduce health inequalities on a local and national scale risks wide-ranging impacts on public health and the economy.

8 ENGAGEMENT/CONSULTATION

No public engagement/consultation was conducted.

9 EQUALITY IMPLICATIONS

This is in line with all equality and diversity issues.

10 ENVIRONMENT AND CLIMATE IMPLICATIONS

There are no environment and climate implications arising directly from this report.

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APPENDICES

Appendix 1 Current Marmot Indicators for C&M. Revised Marmot KPIs are now being incorporated into the Public Health Outcomes Framework 2020.

Indicator	Period	England	Cheshire and Merseyside	Cheshire East	Cheshire West and Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral
Healthy life expectancy at birth (Female)	2015 - 17	63.8	-	70.1	65.1	57.7	58.6	59.6	61.5	58.4	64.0	61.1
Healthy life expectancy at birth (Male)	2015 - 17	63.4	-	66.9	66.9	59.4	58.4	59.3	62.4	57.9	64.9	59.8
Life expectancy at birth (Female)	2015 - 17	83.1	-	83.7	82.8	80.7	80.5	80.2	82.4	80.9	82.4	81.8
Life expectancy at birth (Male)	2015 - 17	79.6	-	80.3	79.9	77.4	76.7	76.1	78.7	77.5	78.9	78.3
Inequality in life expectancy at birth (Female)	2015 - 17	7.4	-	8.4	9.1	8.2	10.4	8.1	10.9	9.3	7.3	10.4
Inequality in life expectancy at birth (Male)	2015 - 17	9.4	-	9.2	10.4	11.0	9.9	11.1	11.0	11.3	11.1	12.6
Self-reported wellbeing - people with a low satisfaction score	2017/18	4.4	-	*	*	5.3	8.3	6.5	5.0	6.1	3.8	*
School Readiness: the percentage of children achieving a good level of development at the end of reception	2017/18	71.5	-	72.9	71.8	64.5	68.3	66.1	70.8	69.0	72.8	70.5
School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	2017/18	56.6	-	52.5	52.9	49.9	59.3	53.3	52.5	49.9	53.7	56.1
Average Attainment 8 score	2017/18	46.7	-	49.1	47.1	43.8	40.6	42.9	45.8	45.7	47.8	47.7
GCSE achieved 5A*-C including English & Maths with free school meal status	2014/15	33.3	28.3*	27.8	26.1	38.6	20.5	26.4	27.7	25.2	28.5	34.7
19-24 year olds not in education, employment or training <small>New data</small>	2018	13.2	-	-	-	-	-	-	-	-	-	-
Unemployment (model-based) <small>New data</small>	2018	4.1	-	3.1	3.6	4.5	3.6	4.0	3.1	3.5	4.0	2.8
Long term claimants of Jobseeker's Allowance <small>New data</small>	2018	3.8	3.5*	1.7	1.6	2.0	5.1	6.0	4.5	4.1	1.3	3.0
Individuals not reaching the Minimum Income Standard <small>New data</small>	2014/15 -16/17	30.0	-	-	-	-	-	-	-	-	-	-
Work-related illness <small>New data</small>	2015/16 -17/18	4070	-	-	-	-	-	-	-	-	-	-
Fuel poverty <small>New data</small>	2016	11.1	-	10.8	11.3	12.8	14.6	17.0	12.7	12.7	10.1	13.1
Utilisation of outdoor space for exercise/health reasons	Mar 2015 - Feb 2016	17.9	-	12.4	15.2*	17.6	21.0	17.4	15.6	21.2	21.4	23.4*

* a note is attached to the value, hover over to see more details

Compared with benchmark: Better Similar Worse Not compared

Quintiles: Best Worst Not applicable

Appendix 2 Public Health England - Place Based Approaches to Reduce Health Inequalities

This framework can also be systematically adopted by C&M to inform strategy development and monitor progress:

<https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities>

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date