

REPORT TO: Health and Wellbeing Board

DATE: 15th January 2020

REPORTING OFFICER: NHS CCG Accountable Officer and Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Cheshire and Merseyside working together as a Marmot Community: Strengthening system leadership for population health and reducing health and wellbeing inequalities.

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

The purpose of this paper is to set out the benefits to Halton and Cheshire and Merseyside of becoming a Marmot sub region.

2.0 RECOMMENDATION: That

Halton Health and Wellbeing Board supports this proposal of Cheshire & Merseyside becoming a Marmot Community.

That the Cheshire and Merseyside Health and Care Partnership will finance, oversee and assure this initiative with the support of partners.

3.0 SUPPORTING INFORMATION

3.1 Introduction:

In common with Halton'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 proposes 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.

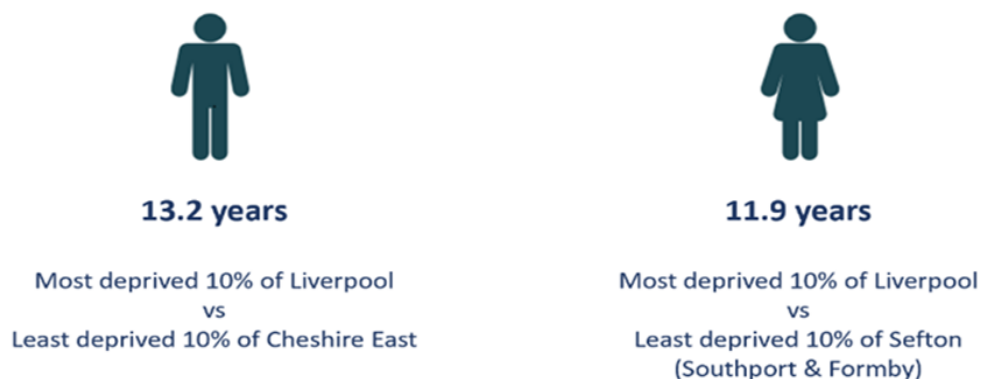
The Partnership and the 9 local Places are already working to reduce health inequalities. This paper outlines how becoming a Marmot Community will enhance and enable this approach so we drive out inequalities through the C&M 5 Year Strategy, the chosen priorities, the cross cutting themes and the Place Based Plans.

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.

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

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



- 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.

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 of those 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.

The Marmot Indicators measure inequalities in health and life expectancy in every local authority in England. They also track the ‘social determinants of health’ which drive how healthy we are and how long we are likely to live. An overview of the Marmot indicators for C&M is provided in Appendix 1. For many indicators, local authorities within C&M are currently below the England average.

3.3 Vision for Cheshire and Merseyside

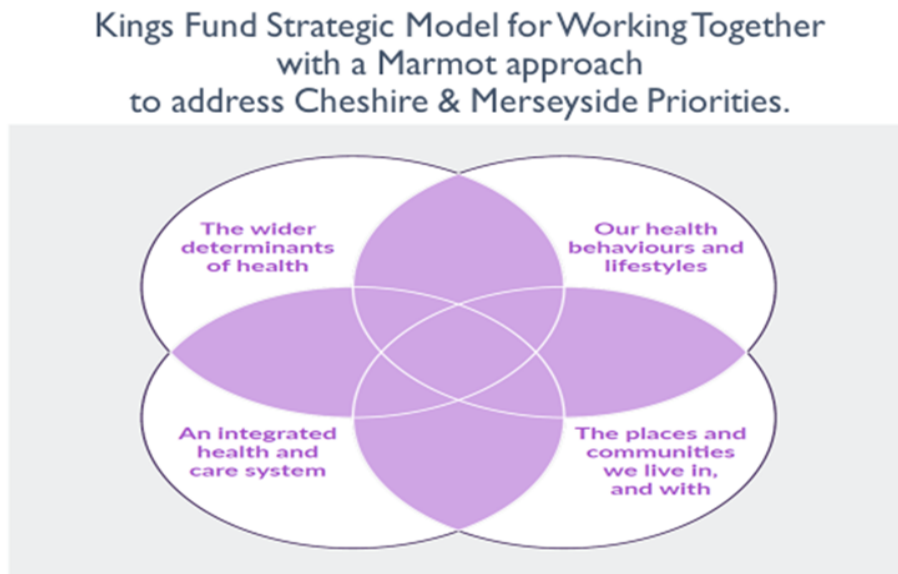
The C&M Partnership strategy – Better Lives Now – sets out the case for taking action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the social determinants of health.

The C&M Health and Care Partnership has committed to:

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

In September 2019, the Partnership held an event co-hosted with Sir Michael Marmot, the Local Government Association, Champs, and The King’s Fund to bring together over 150 system leaders from a wide range of backgrounds and across the political spectrum to explore opportunities and priorities for our population’s health. At this event the Partnership endorsed taking a “whole population, whole system” approach as outlined in Figure 1.

Figure 1: Kings Fund Strategic Model for Population Health



The advantages of this approach are:

- A clear focus on reducing health inequalities.
- Driven by intelligence and evidence.
- Whole system engagement.

This approach will enable us to examine and drive forward local and joint C&M Health Care Partnership priorities through this prism. They are:

- Improved mental health & wellbeing -Zero suicide
- Preventing cardiovascular disease (CVD) - Zero stroke.
- No harm from alcohol.

3.4 A Whole System Approach

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. The whole system approach required is outlined within Figure 2.

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



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

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. 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

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.

Research from developing 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.

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".
- Cheshire and Merseyside FRS have received a 'Marmot Partnership Award'.
- Examples of asset-based community development activities.
- Taking a public health approach to violence prevention.
- Utilising Behavioural Sciences to Improve Health and Wellbeing.

3.5 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.

3.6 Role of CM Partnership

Cheshire and Merseyside Health and Care Partnership will build on current work and:

- Collaborate with the Marmot Team including providing all relevant documents and strategies.
- Identify and collaborate with key stakeholders from across the system including regular engagement and workshop sessions.
- Develop a steering group and implementation group to oversee this work.
- Work with the political and executive leadership to support this work.
- Provide the capacity and capability to input into the development of strategies by the IHE and to support the implementation of the work.
- Identify and collaborate with key stakeholders from across the system including regular engagement and workshop sessions, developing a strong engagement plan.

3.7 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.

4.0 POLICY IMPLICATIONS

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

5.0 FINANCIAL IMPLICATIONS

5.1 No additional funding required.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People

The best start in life is essential if children and young people are to have good physical, social and emotional health. A Marmot model will ensure this is embedded throughout the system.

6.2 Employment, Learning and Skills

Working with the Marmot team will provide additional focus to enable all children, young people and adults to maximise their capabilities and have control over their lives.

6.3 Health

Becoming part of a Marmot Community will accelerate work on tackling health inequality.

6.4 Safer

Working on a Marmot model will help us tackle the root causes of crime and inequality.

6.5 Urban Renewal

The Marmot model supports us to create and develop healthy and sustainable places and communities.

RISK ANALYSIS

Agreeing to become a Marmot Community does not present any risk.

7.0 EQUALITY AND DIVERSITY ISSUES

This is in line with all equality and diversity issues.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None within the meaning of the Act