

Lancashire Health and Wellbeing Board

Meeting to be held on 15th October 2013

Electoral Division affected: All

Marmot Approach to Addressing Health Inequalities in Lancashire - Implementation of the Recommendations and Support from the Institute of Health Equity

(Appendices 'A' and 'B' refer)

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Executive Summary

Following the Marmot Review and due to the complexities of addressing health inequalities in a two tier authority, Lancashire was chosen alongside five other authorities to form a network and receive bespoke advice and support over a two year period from the Marmot Team. A Partnership event took place on 13th June 2013 facilitated by the Institute of Health Equity to identify actions to address health inequalities using the Marmot approach focussing on the social determinants of health. This event was very well received with a wide range of partners attending.

Recommendation

Members of the Health and Wellbeing Board are asked to:

- (i) Receive the report from the Partnership event which took place on 13th June 2013
- (ii) Note the next steps for Lancashire County Council as a partner, agreed and endorsed by Lancashire County Council's Cabinet and Management Team.
- (iii) Lead the development of plans within their own organisations and to continue to work in partnership to develop actions to support the top priorities as identified at the partnership event.

Background and Advice

1. The History of the Marmot Review in Lancashire

The Marmot review, [Fair society; Healthy lives](#) states that reducing health inequalities is a matter of fairness and social justice. There is a social gradient in health, meaning that, the lower a person's social position, the worse his or her health, with those people in the most deprived areas experiencing poorer health than those in the least deprived areas. Action to mitigate this should focus on reducing the gradient in health; this should also consider equity of access for groups who find it difficult to access the resources and services they need to thrive.

Marmot's six policy objectives to address health inequalities are:-

- 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 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

A Lancashire 'call to action' event looked at the Lancashire Joint Strategic Needs Assessment (JSNA) review of health inequalities; this review identified 10 goals for health equity and looked at the causal pathways and wider determinants of health. The Marmot team refers to these as 'the causes of the causes' of poor health. They include factors such as income, employment status and the living and working environment which all have a part to play in determining the health and wellbeing of individuals and the population as a whole.

Stakeholders identified 6 priorities as means to achieve the goals. Along with the recommendations from the Marmot review this formed the basis for the 2010/11 Lancashire Directors of Public Health Report.

2. Support from the Marmot team

2.1 Background

Following the Marmot Review and due to the complexities of addressing health inequalities in a two tier authority, Lancashire was chosen alongside five other authorities to form a network and receive bespoke advice and support over a 2 year period from the Marmot Team. Working with Mike Grady from the Institute of Health Equity, University College London, a series of workshops are currently underway to help identify actions to address health inequalities using the Marmot approach focussing on the social determinants of health. In line with all the other Local Authorities participating in the network a charter defining the support offered was developed. This is set out in Appendix 'A'.

2.2 Identifying Actions to Address Health Inequalities 13 June 2013 Workshop

Building on the first workshop held last October which looked at how Lancashire was performing against the Marmot policy objectives, a second event took place on 13 June at the University of Central Lancashire and was facilitated by Mike Grady and Sue Holden from the Institute of Health Equity.

Who Attended?

Whilst the support offered from the Marmot team is based around a network of six local authorities to facilitate the programme, it has always been recognised that addressing health inequalities is complex and no one organisation can tackle it alone. The Health & Wellbeing Board is key to this agenda and representatives from all organisations represented were invited. Attendees included the County Council's newly appointed Cabinet Member for Health and Wellbeing, the Lead Member for

Health and the Lead Member for Families. Also in attendance were representatives from:-

- District Councils
- Clinical Commissioning Groups (CCGs)
- Third Sector Lancashire
- UK Healthy Cities
- County Council representation from
 - Public Health Service
 - Commissioners
 - Equality and Cohesion
 - Senior Directors and Managers from Adult and Community Services and Children and Young People

Workshop Challenge

Groups were asked to agree a small number of actions to be taken in Lancashire to narrow the health gap. Whilst doing so participants were challenged to consider the following:-

- How comfortable are we about giving things up for a greater purpose
- What are we doing about sharing good practice?
- What works?
- Why is it not equitable?
- How strong are our grass roots connections between health and literacy
- Who knows what our community assets are; and how do we share this knowledge?
- As we refine our focus, clearly define the measures that will show if we can be successful

All actions were collated and attendees were given 5 votes each to choose their top priorities.

Key actions were identified which would help reduce Health Inequalities and then they were voted on. The top 5 actions were:-

Action	Votes	B.E.S.T*
Look at our public sector supply chains. We should influence contracts to include wellbeing and community, local organisations etc. weightings to contracts. Recognise our responsibility to smaller organisations. Don't make them into mini organisations that mirror us.	23	S
The Health and Wellbeing Board explore ways to pool and align resources to maximise the use of both financial and human resources to deliver the priorities in the Joint Health and Wellbeing Strategy	22	B
Reduce silos across directorates and across sectors. Improve intersectional work that sees people as people.	13	T
Identify and engage communities, listen and learn about	10	E

their current and future needs		
Enable our employees to volunteer	9	E

*Build, Empower, Sustain, Together

There were 51 actions in all; these fell into the following themes. A full list of actions and votes is set out at Appendix 'B'.

Build – capacity for health equity

Empower – communities to address health equity and take action to improve health

Sustain – develop sustainable business processes to build health equity

Each of the above is underpinned by working **Together** to pool skills and resources and align our plans by breaking down organisational boundaries and professional barriers for the greater good.

Next Steps for Lancashire County Council as a partner.

A report was submitted to cabinet on 5th September setting out options for LCC that would provide the greatest opportunities to reduce Health Inequalities in Lancashire. Cabinet fully endorsed the report and tasked LCC's Management team with developing a way forward across the organisation.

This will ensure that the county council is doing all it can across all of its services to ensure that the life chances of all Lancashire's citizen are maximised.

Next Steps for the Health and Wellbeing Board.

Narrowing the health gap is one of the six shifts within the Health and Wellbeing Strategy. Therefore it is proposed that the Health and Wellbeing Board holds a strategic discussion on implementing Marmot recommendations to address health inequalities.

Health and Wellbeing Board partners are also encouraged to consider the action that they can take to address health inequalities in Lancashire, to contribute to the priorities identified at the partnership event.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

N/A

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Directorate/Tel
The Marmot Review Fair Society Healthy Lives	2010	Gill Milward, Adult Services; and & Wellbeing Directorate, (01772) 533381

Reason for inclusion in Part II, if appropriate

N/A