

FAIRER, HEALTHIER LEEDS

MARMOT RECOMMENDATIONS



In line with many other cities in the UK, there are significant and persistent health inequalities in Leeds. Inequalities are evident in health outcomes (e.g. life expectancy, low birthweight babies) but also in the social determinants of health (e.g. earning a living wage, educational attainment). Within the city there are stark inequalities between the richest and poorest neighbourhoods, but inequalities also occur on a gradient - with increasing wealth associated with better health.

Leeds's population is becoming more ethnically diverse and the proportion of people living in its poorest neighbourhoods is increasing. Life expectancy for all populations in Leeds was stagnating before COVID for both men and women. Women living in Leeds's most deprived neighbourhoods live, on average, nine years less than women living in the least deprived neighbourhoods; for men, the difference is 10 years.

The Leeds system has committed to 'improving the health of the poorest the fastest' and has well-established strategic approaches and partnerships in place to achieve this aim. However, the context is difficult, and as described above, many inequalities are entrenched and some are worsening.

The Institute of Health Equity's recommendations for Leeds challenge the city to take stronger action on the social determinants of health. They are the building blocks for building a healthier and more equitable society.

LEADERSHIP AND ACCOUNTABILITY FOR HEALTH EQUITY

AIM: Increase accountability, ensure actions take place and measure impact

1. Identify named senior leaders who are accountable for health equity in Leeds.
2. Commit to closing the gap in health outcomes as measured by the Fairer, Healthier Leeds Marmot indicators over a five to ten-year period and set out implementation plans to do this.
3. Leaders, organisations and partnerships to adopt a health equity in all policies approach to identify, test and embed processes that deliver health equity across the system.
4. Continue to allocate senior capacity and resource in public health to lead the Leeds health equity approach and maximise the expertise of the wider public health team in planning and delivery.
5. Continue to deliver the inclusive growth agenda with a focus on IMD 1 and 2 neighbourhoods. Leeds City Council to convene partners and anchor organisations to maximise the impact of their work in these areas. Scale up employment and skills training that meets the needs of communities and residents in IMD 1 and 2 neighbourhoods.
6. Leeds health and care partnership to continue to build on Core 20PLUS5 to reduce inequalities in health ensuring action is scaled up to meet the needs of communities in IMD 1 and 2 neighbourhoods.
7. Continue to enable the Third Sector to play a lead strategic role in addressing health equity and, through fairer funding agreements, to deliver sustainable action on the social determinants of health.
8. Ensure the needs of ethnic minority populations in Leeds are addressed in all citywide strategies to reduce inequalities.

There are opportunities for the Leeds system to go further by, clarifying the Leeds approach to addressing health inequalities, making equity a core component of all decision-making in the city and supporting all parts of the system to act on the social determinants of health.

Accountability for health equity needs to be strengthened and workforces across different organisations could be better supported to have greater capacity to act on the social determinants.

Action should be taken to ensure that health equity and the social determinants of health receive greater focus within the healthcare system. Leeds NHS Boards should strengthen the strategic focus on social determinants, extending activity

beyond anchor approaches. Primary care and Local Care Partnerships could better support actions to reduce inequalities by building on work to improve local living and working conditions, being a strong advocate and working with individual patients to improve the social determinants of health.

Businesses affect the health of their workforce and are a major factor in health and health inequalities. The Leeds anchor networks could take more proactive approaches to supporting greater equity and reducing deprivation in local areas.

The population of Leeds is becoming increasingly diverse and ethnic inequalities across a range of measures are persistent. The city should review current strategic and operational approaches to better address the health needs of its diverse communities.

EFFECTIVE PARTNERSHIPS FOR HEALTH EQUITY

AIM: Existing and future partnerships prioritise greater health equity in Leeds

9. Adopt more ambitious health equity goals in existing strategic partnerships.
10. For each Marmot principle, ensure that membership of relevant networks and/or partnerships is broad enough to facilitate actions on the social determinants of health.
11. Working with the Third Sector, involve communities in identifying drivers of poor health and in the design, implementation and evaluation of actions to reduce them.
12. Clarify community approaches to addressing the social determinants of health in IMD 1 and 2 neighbourhoods, including joining up programmes, reducing duplication and scaling up what works.

These recommendations challenge Leeds to reset its partnership approach and place equity at its heart, with clear decision-making and governance structures that support health equity.

Having more explicit health equity goals in partnerships and expanding membership to include a broader set of stakeholders would contribute to a more effective health equity system in Leeds. Partners may also benefit from having further conversations about where there are opportunities to 'join up' across and within sectors, 'scale up' what is working well and 'be bolder' in addressing health inequalities.

Leeds has an opportunity to build on and simplify existing work and develop its own approach to working with communities that centres community power and enables community-centred solutions to health inequalities.

RESEARCH AND MONITORING FOR HEALTH EQUITY

AIM: Drive more effective interventions and evaluations and implement the Fairer, Healthier Leeds Marmot indicators

13. Leeds Academic Health Partnership to continue to have 'reducing health inequalities' as its central focus and to increase activities to facilitate closer working and better understanding of the social determinants of health within the Leeds academic community.
14. Develop the Fairer, Healthier Leeds Marmot indicators and collect data and communicate progress against them.
15. Ensure that the Fairer, Healthier Leeds Marmot indicators findings influence strategic approaches (e.g. Joint Strategic Assessment and Best City Ambition) and delivery of programmes (e.g. Early Years, planning).

Leeds has delivered a number of projects and programmes over many years to address health inequalities, but more could be done to develop a 'learning system' in the city that builds on what works locally.

Two existing partnerships have the capacity to accelerate evidence-based actions in the city to improve health equity and the social determinants of health. The Leeds Academic Health Partnership brings together the NHS, Leeds City Council, Leeds Beckett University, University of Leeds and Leeds Trinity University with the aim of reducing health inequalities in the city. The Leeds Inclusive Anchors Network brings together Leeds's largest public sector employers and again, the three universities participate in this network.