

# Fairer, Healthier Leeds: Reflections on building health equity with the IHE

April 2025

## This report

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- Based on work of the IHE and the Leeds Marmot team and interviews held with 14 stakeholders in Leeds in spring 2025
- The direct quotes **in blue** are from these interviews.



# Overview of work

## Fairer, Healthier Leeds: Overview

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In 2023, Leeds partnered with the Institute of Health Equity (IHE) to become a 'Marmot Place'.

The public health team initiated the Marmot work to:

- Increase visibility for health inequalities post-COVID and influence city-wide policies, ensuring that health equity remained central in policy discussions.
- Support the aims of the Best City Ambition to reduce poverty and inequality

*“(During the pandemic) the whole system was more exposed to health inequalities than ever before.”*

*“We wanted to use the Marmot work as a springboard to do something better than we’ve ever done before.”*

## Building on local approaches

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- Pre-existing infrastructure and values played a role in enabling the Marmot framework to take root effectively. Such as:
  - The Best City Ambition
  - A culture of collaboration - “Team Leeds”
  - Public Health have 'reducing health inequalities' at the core of all work.
- Becoming a Marmot Place reinforced the need to prioritise inequalities and poverty across the city’s strategic agenda.

*“It's not taught us to do something we didn't want to do already...what it's given us is some tools and a framework to work within.”*

# Leeds as a Marmot Place: Year 1 Action Plan

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## Whole-system review

- Of city-wide data and approaches to tackling health inequalities.
- Develop city-wide indicators to help track progress on tackling inequalities
- Publish findings and recommendations

## Collective Action

Two priorities

- Housing and Health
  - 0 to 5 year olds
1. Carry-out detailed reviews of data and current local actions.
  2. Review existing evidence.
  3. Deliver collaborative workshops.
  4. Develop action plans and co-ordinate collective action.

## Cross cutting priorities

### People's voices

- Analyse existing insight from local people about what matters most to them. In the first year, insight will be collated across each Marmot principle area.

### Tackle discrimination, racism and their outcomes.

- Embed the principle across the whole Marmot programme and build on the national IHE report on structural racism.

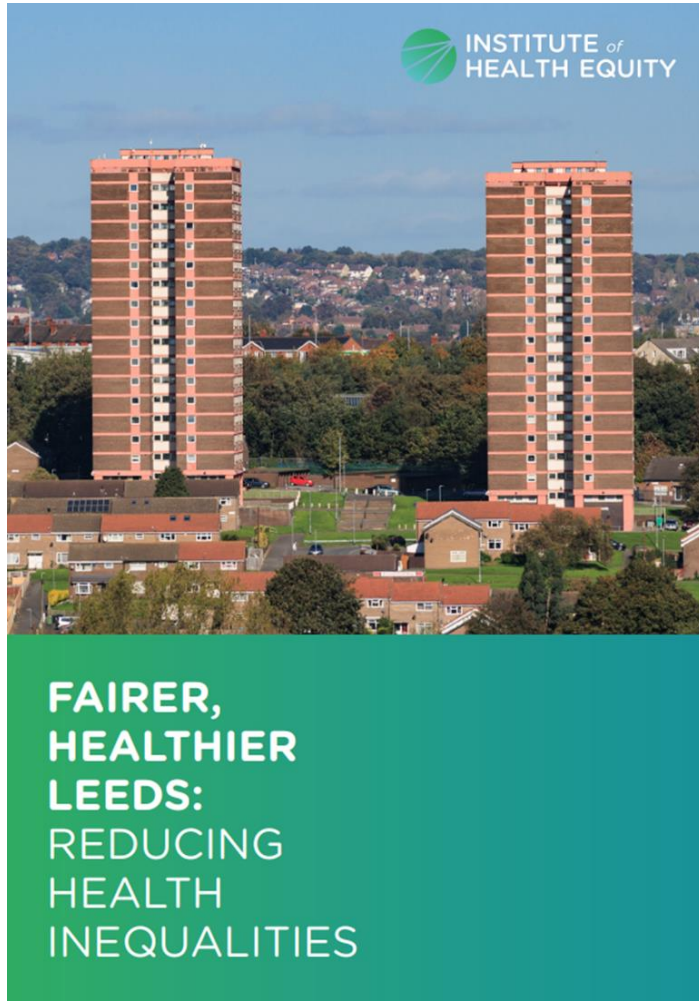
### Inclusive economies

- Build partnerships across health and economic sectors.

*Maximising opportunities to address health inequalities across the Leeds system.*


# IHE outputs: Review, Recommendations + Indicators

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1. Year 1 Report
2. 3 sets of recommendations:
  - Overall
  - Housing
  - 0-5 year olds
3. Marmot Indicators
4. All driving actions across:
  - Culture
  - Policy
  - Programmes/services


# Local Leeds Marmot team additional outputs




[Marmot City YouTube playlist](#)




[Programme overview video](#)




[Case study - business sector](#)




[Case study - third sector](#)




[Case study - health sector](#)




[Case study - housing sector](#)




[Case study - Graham's story](#)



[Case study - India's story](#)



[Prof. Marmot's speech - full](#)



[Prof. Marmot's speech - highlights](#)

## Videos

Videos provide a compelling way of explaining the need for change. They are easy to share on social media, in presentations, and via email. They can act as a useful introduction to stakeholders about health inequality, the need for the Marmot City programme in Leeds, and act as a rallying call for stakeholders to get involved.

We have created a series of professionally made films, which explain why we have the Marmot City Programme, provide case studies of how different organisations and services are already making a difference, and provide case studies of two people who have had their wellbeing transformed thanks to interventions.

We also have available the full recording of Professor Sir Michael Marmot speech from the launch event, plus a highlights video of the same speech.

All videos are hosted on a YouTube playlist.

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- Embedding Equity
  - Communications Toolkit
  - Engagement Packs

# Leeds: A leading Marmot Place

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- **Building on existing work**
  - Scaling up what is working and taking bold approaches and decisions.
- **Embedding Marmot Across the City System**
  - Leeds has gone beyond the health and care system, embedding Marmot principles into its economic, housing, and workforce strategies—making health equity a cross-city priority.
- **Local Marmot Indicators**
  - The co-developed Marmot indicators have been adopted to be Best City Ambition indicators, driving action and hold the city to account.
- **Inspiring and Supporting Other Places**
  - Leeds is actively sharing learning and approaches with other Marmot Places, influencing wider regional and national health equity agendas.

# Key Achievements

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- The Marmot programme has had a **significant impact** on Leeds by:
  - **Strengthening its strategic focus** on health inequalities
    - Particularly related to housing and health
  - **Providing tools and frameworks** to structure action
    - Focussing on embedding equity and reducing the gradient
  - **Strengthening commitment and action across sectors** to embed health equity.
  - **Improving depth and quality of collaboration** across Leeds City Council departments
  - Embedding health inequalities into **governance and performance** frameworks

# Key learning

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## 1. Leadership and Advocacy are key.

- ✓ Strong leadership and advocacy from key figures like Director of Public Health Victoria Eaton and Councillor Venner have been crucial in driving the Marmot agenda forward.
- ✓ The involvement of senior leaders has helped in aligning the Marmot principles with the city's broader strategic goals, such as the Best City Ambition.

## 2. Investing time & capacity into collaboration & partnerships pays off.

- ✓ Effective collaboration between different sectors, including public health, housing, and the third sector, has been essential.
- ✓ Building relationships and trust among partners has facilitated the implementation of Marmot principles in various projects.

## Key learning

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### **3. Challenges in integrating health inequalities into existing programmes.**

- ✓ Integrating health equity further into existing systems and processes has been challenging, particularly in areas like children's services and primary care.

### **4. Data and Evidence – make it understandable.**

- ✓ Tools such as the health inequality template and PCN infographics have been valued as they help to easily identify and address health inequalities at a local level.



**Impact:**  
**Galvanising action and  
added legitimacy**

# Refining approaches

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- Leeds built upon their own work, adopting progressive universalist approaches and tackling gradients in health to refine their approach further.

*“(The Marmot Places approach) has really helped to identify where you can do things that don’t cost a lot of money and still make a big difference.”*

*“The Marmot work has led to a more nuanced approach to inequalities, moving beyond broad deprivation metrics to consider the full social gradient...targeting the 10–20% most deprived rather than just the bottom.”*

*“The biggest impact is thinking more deeply about inequalities...we have broadened out the focus...that's really influenced our thinking.”*

- Marmot’s approach encouraged small, strategic wins that built momentum for larger change.

*“I’ve been having a go at the health and housing stuff for a number of years...and we didn’t get a lot of traction. If I’m honest what Marmot did put some theory behind it.”*

## Clearer focus on inequalities

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- Interviewees stated as a result of working with IHE:
  - Leeds has a **more focused, measurable, and integrated approach** to tackle health inequalities.
  - Incorporating Marmot indicators into the Best City Plan is a significant milestone and **brings together key strategies** in the city and ensures **health equity is embedded** in the city's **strategic planning** and monitoring processes.
  - The collaboration encourages **system-wide engagement**.
  - Leeds has **stronger partnerships** and sustainable mechanisms, such as the Marmot indicators, in place.

*"It's really helped to identify where you can do things that don't cost a lot of money and still make a big difference to improving the system ."*

*"If I was able to sit here two years ago and look forward to us having this conversation now, I'd be delighted really with everything that's happened along the way."*

## Speaking the same language

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- **The Marmot Places work** has helped create a **common language** across sectors that were previously siloed, such as public health, housing, and economic development.

- This is pivotal in breaking down barriers and promoting **cross-sector collaboration**.

*“I think my biggest learning point from all of this has been that we all typically care about Leeds and are trying to do the same thing—we just look at it from slightly different angles. So it’s not just about aligning systems, it’s about creating a shared language.”*

- A member of the Public health team agreed:

*“When you walk out of your office and go speak the language of other people, that’s where this work really has meaning.”*

## Increasing momentum

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- IHE inspired a **sense of urgency and collective effort** in addressing health inequalities.

*“While change might have occurred without the Marmot framework, it would have been slower and less effective.”*

*“Marmot was one of the ideas...that helped to re-galvanise people...also deepened that strategic understanding of what inequality was, what it meant.”*

*“The Marmot work has helped us develop that trusted, mature partnership... We would have had to do this work anyway, but Marmot helped accelerate it.”*

## Joining up, scaling up, and being bold

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- Shifting **away from small / pilot projects** toward system-wide changes that have lasting results.

*“The Marmot work has meant that we are always looking to where we can address health inequalities at scale – looking for where we can bring different parts of the system together to make a difference.”*

## External legitimacy and credibility

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- The Marmot Places work with IHE provided Leeds with **external legitimacy**, helping to gain attention and credibility in health equity discussions.
  - This helped secure buy-in from partners and focus efforts
- This made it **easier to engage senior leaders** and stakeholders who might have been resistant to discussions on the social determinants of health.
  - Elevating health inequalities as a priority in a way previous initiatives did not.

*“It gave our work more profile and credibility and people were excited about working with Michael and the IHE team.”*

*“The Marmot brand is recognisable and gives credibility.”*

## Unifying action

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- Helped **unify efforts** to address health inequalities:
  - Interviewees frequently highlighted how the Marmot Places approach provided legitimacy and acted as a catalyst for action.
- The ability to say "this aligns with Marmot principles" carries weight – perhaps more than individual professionals advocating for change.

*“The Marmot team has given me power to get the work that I know needs to happen into the places that it's not been before...Michael Marmot... they'll listen to him rather than me because I'm council.”*

## Health equity is everyone's business

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- The Marmot Places work helped shift thinking to **see health inequalities as everyone's business**, beyond public health circles.
- By framing **health equity as a broader structural issue** rather than just a public health concern, the Marmot approach helped integrate these principles into wider policy areas.

*“It's enabled us to land some really key public health principles or messages without it coming from public health.”*

*“We all get health equity now, we all get how important social determinants are.”*

*“We now have senior leaders across different sectors who see this as a core part of their work, not just a public health issue.”*

## Health equity in all policies

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- The partnership helped **integrate health inequalities** into discussions across multiple sectors.

*“This isn't just about public health, it's about embedding health inequalities into everything.”*

*“We always do (health inequalities) work, but it's often quite invisible, so it was to make that work more visible.”*

- Helped Leeds **move from** "talking about inequality" **to** “embedding it” more deeply in strategy and policy.

*“Having Marmot sat behind it has actually helped refocus people a little bit...and given them a bit of confidence.”*

*“People have not quite understood in the past that there's still a lot that we can do about it, even in a particularly challenging environment.”*



**Impact:**

**Working in Partnerships &  
Collaborations**

## Breaking down silos, and encouraging partnerships

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- Collaboration is crucial for joint working on health inequalities. The Leeds Marmot work **facilitated stronger connections** between public health and other sectors.
- It's not just more relationships – it's the **quality of the relationship**.

*“The relationships we now have with senior housing colleagues are really different in a much more positive way.”*

*“(The Marmot Places work) brought the system together... creating a shared sense of purpose.”*

*“There's been a stronger link between regeneration and health.”*

*“The early years education team, they came with loads of flip-chart paper, and they had the Marmot prompts on it, and they were plotting it, making sure that they are all responded to, so it will have an impact.”*

## Engaging previously reluctant partners

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- The Marmot Places work helped **change perceptions**, particularly among those previously disengaged from health inequalities work.

*“There are parts of our organisation, that got (health inequalities). But there were other places where we really, really struggled to even have the conversation.”*

*“What you’ll hear everyone say, and I would be no different, is that (being a Marmot Place) has helped to galvanise probably a number of key partners, particularly those people who have maybe in the past paid a little bit of lip service.”*

*“Primary care have probably taken more of an interest as a result of Marmot, which has been great.”*

## Collaborating better

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- In particular between **public health and housing, regeneration and economic development.**
- **Significant progress has been made in integrating housing and health**
  - E.g. Selective Licensing evaluation and informing applications to expand the scheme
- Health is woven into Leeds' inclusive growth strategy.
  - Health is now part of workforce planning and employment strategies, helping more people access good jobs.

*“We have tried to reflect health throughout the inclusive growth strategy, rather than keeping it as a separate pillar.”*

## Enthusiasm beyond public health

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- The Marmot programme has facilitated a broader cultural shift, increasing buy-in from stakeholders across different sectors.

*“Individuals like me who get this need to be evangelical about it—mention it at every opportunity, challenge sector audiences, and make Marmot principles the starting point of conversations.”*

*“Instead of just discussing economic growth, we need to go in and say: ‘Health—let me tell you about what being a Marmot Place means, and why it matters.’”*

*“Leeds has set a standard—we must ensure we don’t slip... Health inequalities are not a public health problem...it’s everyone’s business.”*

- There is an opportunity to strengthen links between economic and health policy, which currently operate in silos:

*“We’re really separate... health policy people sit here, economic policy people sit here. They’re not even sitting side by side.”*



**Impact:  
Leeds City Council**

# Enhancing leadership understanding of health inequalities

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- **Leaders gained insights** into how systemic inequalities affect health outcomes.
  - This shared vision for change is driving collective action in Leeds.
  - Leaders outside of public health better understand their impact on health inequalities and have become strong advocates for Marmot approaches.

*“Councillor Venner... really ran with it....I think, to get some practical things up and running.”*

# Embedding Marmot Principles into Leeds city-wide strategies

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- An interviewee from Leeds City Council outlined what being a Marmot place meant for the city, not only tackling health inequalities but making **long-term policy changes**.

*“Being a Marmot Place is a great way of describing what we want to do. It’s about your health, your happiness, your ability to fulfil your aspirations in life. It’s a nice cipher to say: we’re a Marmot Place...that means healthy lives, better housing conditions, places where people want to stay, invest, and bring up families.”*

- Council staff increasingly understand **tackling health inequalities is not about projects** but embedding long-term policy change into economic strategies.

*“It’s about making the changes ourselves in our core business, not just looking at a shiny project that’s finished.”*

- Marmot **indicators are now part of Leeds’ Best City Plan**.

*“By definition, the Marmot indicators will be monitored as part of the city's strategic plan.”*

# Focussing on the gradient / reporting beyond the average (example indicator slide)

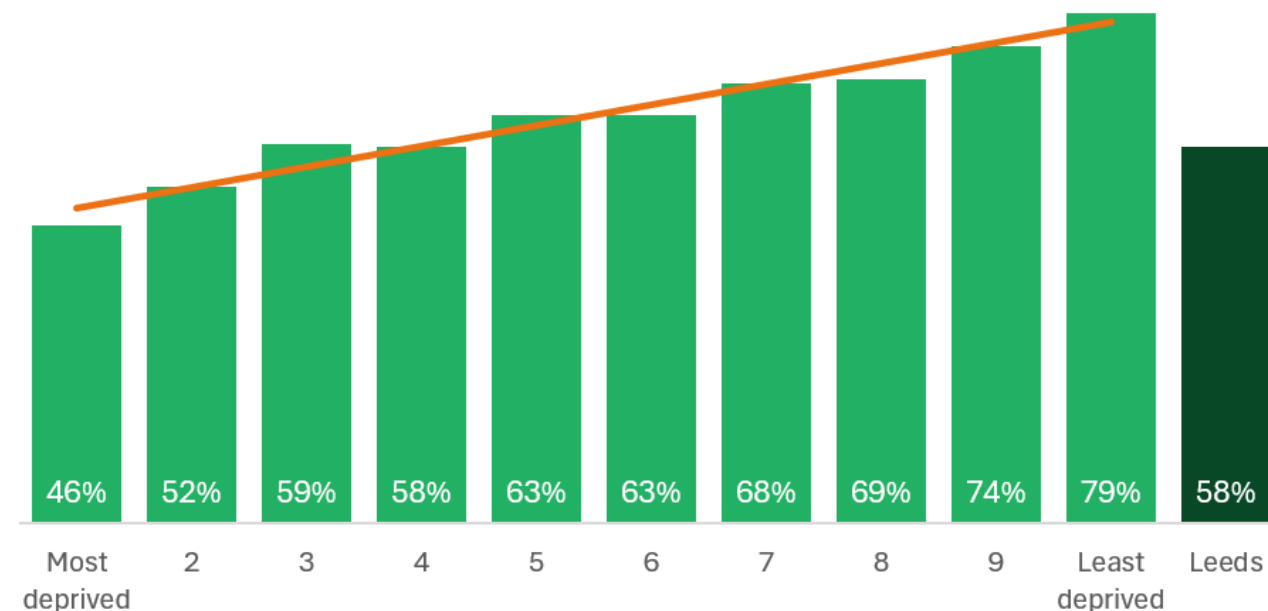
The orange line shows **more pupils meet** expected KS2 standards as **deprivation lowers**

Pupils in deprived parts of Leeds are much less likely to meet expected standards by the end of KS2. The Leeds overall rate of 58.3% hides these large disparities

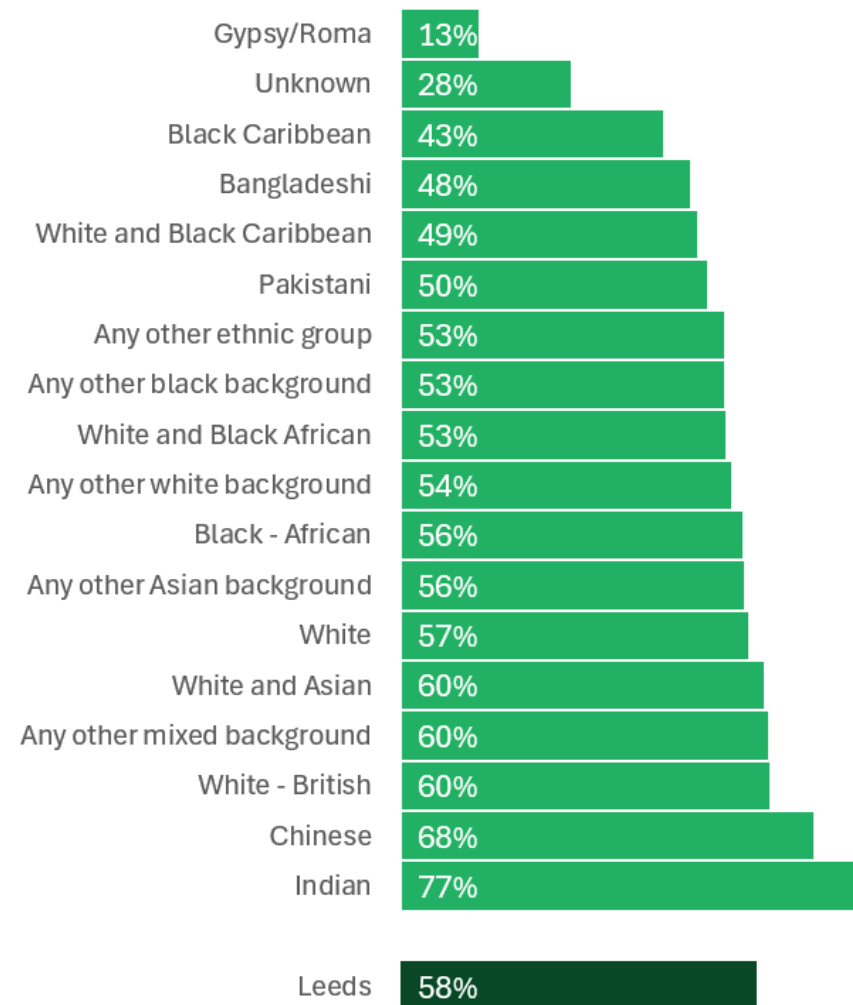
The 'Gypsy/Roma' group has the lowest rate (and a very low number of pupils compared to other groups)

*Expected standards are where a pupil demonstrates competency in core subjects like English (reading and writing), maths, and science*

Pupils reaching the expected standard in reading, writing, and maths.  
Percent, 2022/23, Deciles and Leeds



Pupils reaching the expected standard in reading, writing, and maths.  
Percent, 2022/23, Ethnicity and Leeds





# Impact: Housing and Regeneration

# Housing and health inequalities

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- The Marmot Places work **strengthened links** between housing, public health, and other partners ensuring policies are more coordinated and impactful.
- The **Health and Housing Group** existed before Marmot Places began.
  - Efforts were somewhat fragmented and some staff, including in housing, saw inequality as a public health issue, not something for them to tackle.
- The Marmot work has **strengthened long-term partnerships with housing**.
  - Leading to progress on both housing quality and urban planning.
  - Accelerating action, reducing bureaucratic delays and ensuring housing-related health initiatives are implemented efficiently.

*“The relationships we now have with senior housing colleagues are really different in a much more positive way than a couple of years ago.”*

*“The focus that (the housing and health group) gives you... it’s about bringing the system together and improving collaboration.”*

# Impact of Marmot Place on Regeneration and Planning in Leeds

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- **Mindset Shift:** Director sees urban regeneration through the lens of health equity.
- **Project Development:** The Holbeck regeneration project was restructured to prioritise health as a core principle.
- **Strategic Influence:** Health is considered more fully in long-term city planning.
- **Collaboration:** Stronger relationships with public health professionals have led to more integrated approaches.
- **Communication:** Director actively promotes Marmot City principles in urban development discussions.

## Housing and health inequalities partnerships

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- Part of the success is a result of collaborating with people from a range of all levels, not just leaders.

*“(Housing and health inequalities group) has people that are senior enough to make decisions, so we can just decide what we're going to do and it'll happen.”*

*“I really like the fact that [the housing and health group] spans quite a range of involvement from people working at a strategic level to people who are operational.”*

*“Now it feels like a really good point that we've got the right people in the room. We've got that passion. We've got that commitment.”*

# Shifting Thinking

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- The Marmot approach helped shift thinking within the council and beyond public health circles.
- Health equity principles have been integrated into wider policy areas, framing health equity as a broader structural issue rather than just a public health concern.

*“IHE has given us the push to do things that before were on the too difficult pile.”*

*“We now have a £20 million capital program in Holbeck, where we have intentionally flipped our narrative. Instead of saying ‘let’s do some regeneration,’ we are now taking health as the starting point and articulating each intervention as having a driving health purpose.”*

## Being willing partners and collaborators

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- One of the most valuable aspects of the Leeds Marmot approach was its **ability to connect different teams and facilitate joint working** on health inequalities.

*“We’ve very intentionally kind of flipped our narrative...originally it was let’s do some regeneration. Now it’s about health.”*

*“I think the more public health colleagues engage with different parts of the system—community, regeneration professionals, planners—the better.”*

*“The Marmot work has also enabled us to reflect on our existing Public Health commitments to addressing health inequalities – how can we join up better amongst the teams within Public Health? Where can we go further and faster?”*



**Impact:  
Public Health**

## A strong local Marmot team

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- **Strong leadership and key individuals** have driven progress.
  - Specific individuals, particularly the Director (Victoria Eaton) and Deputy Director of Public Health (Tim Fielding) and the Marmot lead in the Public Health team (Sarah Erskine), have been crucial in the Marmot work's success.

*“Before, I wouldn’t have known who to talk to in public health. Now I do, and we’ve developed a really good relationship with Tim and Sarah and their teams.”*

*“Selective Licensing work, I think Sarah Erskine’s work on that, really pushing that was brilliant actually. That has absolutely helped mainstream the concept of Selective Licensing across the city, there’s no question.”*

- Successful implementation of Marmot work requires not just technical expertise but **strong leadership and networking skills in the Public Health team** to bring different stakeholders on board.

## Collaborating better

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- Between **public health** and **primary care** sectors.
  - The development of the health inequality template and toolkit for primary care has been a major achievement. These tools have enabled primary care providers to better identify and address social determinants of health.

*“We need to stop working in parallel and think about how we embed our services within each other—it’s about systems integration—we can’t achieve anything if we just sit side by side and don’t actually work together.”*



# Challenges

# Challenges and Lessons Learned

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- The challenge remains to **embed the Marmot work** as part of core responsibilities rather than as an "add-on" project.
- Strengthening **third-sector** involvement.
- **Continued supportive leadership** and accountability measures are **essential** for sustaining progress.

*“We need to make sure we’re looking at inequality within the city, not just the Leeds average...  
Without that constant push, it just goes away.”*

- Can Leeds be **even more ambitious** in tackling inequalities?
  - Public Health has engaged mainly with health and care employment—what about green jobs, tech, or other growth sectors?

*“Public health has been instructed to focus on economic inactivity, but do they invest themselves?”*

## Fragmented NHS Accountability for Health Inequalities

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- The Marmot Place work has **focussed primarily** on inequalities relating to **social determinants of health** but the work has been **closely aligned with broader discussions** to address health inequalities within the NHS.
- The **Healthcare Inequalities Oversight Group** works towards establishing clearer governance in the Leeds NHS system.
  - Whilst there is a strategic commitment to health inequalities at the leadership level with the NHS in Leeds, at the operational level responsibility is diffuse, and no one "owns" health inequalities within frontline teams (similar to many other NHS systems).

## Going further: the Third Sector

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- One of the most significant impacts of the Marmot recommendations was the **formal recognition of the third sector's role** in tackling health inequalities.

*“That gives me hope that we’re finally there... that even being prioritised by everyone in the group, this is a real opportunity.”*

- However, recognition alone is not enough. Interviewees from the Third Sector stated they felt they were more often in a supportive role rather than a leadership function.

*“The power still very much sits with the local authority.”*

*“It feels like we’re at the start of a shift...things are starting to change...“It just feels like it took a long time for the third sector to be able to have a voice and someone listen.”*

# Scaling Impact

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- Small initiatives have shown positive outcomes (e.g., housing interventions, refugee employment programmes)
  - Interviewees were concerned there's a risk of over-claiming success of these initiatives, leading to policymakers thinking large-scale system changes aren't necessary.
  - Scaling them to meet the full level of need is difficult.



**Next steps**

# Sustained Policy Influence and Systemic Change

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- Despite the progress, there is a risk that inequalities work could lose momentum without strong leadership and accountability.
- A key concern is ensuring that the progress made does not fade once initial funding and external support decrease.

*“We want to frame this as not an ending, but a beginning.”*

*“We’ve been really careful not to suggest that anything is ending... But we need to keep up the momentum.”*

## Acknowledge external barriers

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- Despite broad buy-in, political and institutional challenges limited the speed and depth of change.
- A recurring challenge in interviews was the impact of financial constraints on the ability to implement the Marmot principles effectively.

*“We had no budget and no capacity really to say, ‘let’s do something completely different.’”*

- Maintaining a strong equity focus while dealing with budget cuts and limited resources was challenging.

# Making inequalities and Marmot everyone's business

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- Ensuring progress requires clear accountability and ownership of health inequality indicators. Indicators alone are not enough.
  - There needs to be clear ownership and responsibility for progress.

*“A really live conversation we’re having at the moment—how do we start to align people and services behind those (Marmot) indicators? ...We need to not just have the indicators sit there. People won’t just play their part; we need to be more specific.”*

## Next steps

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- Deliver *Fairer, Healthier Leeds* commitments to reduce health inequalities.
- Be accountable for action and progress on health equity.
- Work in partnership with communities and people of Leeds.
- Take systematic action to be more equitable across the 'building blocks of health'.
- Systemically prioritise fairness and equity in all of Leeds' decision making.
- Ensure services and resources are prioritised in a way that is proportionate to people's needs.



## Next steps

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- Develop Marmot structural racism work in line with other workstreams, seek to have impacts on major policy or structural changes.
- Defining the work clearly, securing broader leadership buy-in, and navigating political and financial constraints.
- The success of this work hinges on effective communication, cross-sector collaboration, and strong leadership commitment to structural change.



# Fairer, Healthier Leeds: Reflections on building health equity with the IHE

**Spring 2025**