

# WHAT ARE MARMOT PLACES?

More than 50 local authorities are known as ‘Marmot Places’ including: a sixth of English local authorities; the Gwent region in Wales and all of Scotland. ‘Marmot’ has become the byword for action to improve health equity. Places have been leading the charge in developing this action.

The UCL Institute of Health Equity (IHE), headed up by Professor Sir Michael Marmot, works with Marmot Places to reduce health inequalities by improving the social determinants of health (SDH) – the living, learning and working conditions for local residents.



Having ‘Marmot Place’ status means supporting greater health equity by:

- Embedding action across the Marmot Eight Principles.
- Strengthening partnerships between local authorities, communities, public services, businesses and voluntary sector organisations.
- Monitoring what is happening locally and taking proactive, preventive action.
- Supporting leadership and advocacy on health equity.
- Developing and embedding transformational process to tackle health inequity.

This publication outlines the added value local authorities say becoming a Marmot Place makes to their task of reducing health inequities.

Important impacts of being a Marmot Place are culture and system change, with health equity prioritised and embedded into policies, programmes and systems across sectors. Bespoke monitoring and indicator frameworks created in most Marmot Places keep tabs on progress.

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If central government said the whole country was to become a Marmot country it would be very helpful because then council leaders would understand that we have to stop working in silos and bring all sectors together around the health equity system.

**Lancashire and Cumbria**

## BECOMING A MARMOT PLACE

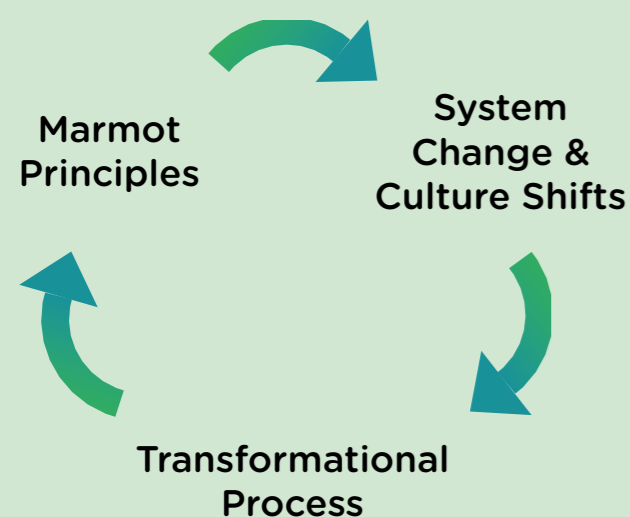
The IHE works with each Marmot Place to develop approaches and actions, including outlining inequalities in the Marmot Eight Principles:

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 a 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.
7. Tackle racism, discrimination and their outcomes.
8. Pursue environmental sustainability and health equity together.

The principles provide a headline guide for action across the SDH, and Marmot Places work collaboratively with IHE and other sectors to develop programmes in these key areas to reduce health inequities.

Implementation of the eight Marmot Principles requires the setting up of clear governance, committed leaders and strong partnerships, with continued multi-sector collaboration. This systematic way of working is being termed the 'system for health equity'. Two groups oversee the work:

- A **working/steering group**, provides links to key partners and helps disseminate and advocate for the work during the Marmot Place/IHE partnership.
- An **advisory group**, comprised of key leaders across a range of sectors.



### Impacts are achieved through:

- ✓ Action on the Marmot Eight principles.
- ✓ System change and culture shifts - via strong governance, accountability, leadership, partnerships, networks, training/capacity building and advocacy.
- ✓ Transformational processes that follow include proportionate universal resource allocation, commissioning for health equity and more effective social value/anchor approaches.

## SYSTEM CHANGE AND CULTURE SHIFTS

Marmot Places report both 'Marmot' and the 'IHE' give 'kudos' to their work and provide an impetus for senior leadership to be involved and lead change with organisations and sectors, including the Chief Executive Officer of Councils, Directors of Public Health, Health and Wellbeing Boards, political leadership, NHS (including Integrated Care Boards), education, housing, environment, businesses and the economic sectors, and the community and voluntary sector.

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Being a Marmot Place brings stakeholders together around health equity and is a part of our journey to the **Luton** town-wide 2040 vision. You could almost overlay the Marmot Eight Principles onto the vision.

**Luton Borough Council**

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Once the ICB and Health and Care Partnership went live in July 2022 it started to bring together people and organisations focusing on health inequalities, then the recommendations that came out of the All Together Fairer Partnership, in effect, gave us our action plan for the next 5-10 years.

**Cheshire and Merseyside**

## TRANSFORMATIONAL PROCESSES

The challenge is to embed the evidence-based action to improve health of the poorest the fastest. A system for health equity, with multiple partners, stakeholders and collaborations, is therefore vital, both as an enabler and a driver for local authorities. Resource allocation and action should be universal, equitable and proportionate to need (proportionate universalism).

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Making Manchester Fairer, which began out of the Greater Manchester Marmot Review, is owned by all partners, focuses on the wider determinants of health and is the beginning of a long-term ambition to put health inequalities and health equity at the forefront of people's minds.

**Manchester City Council**

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Partners advocate for 'living' the Marmot Principles as a culture and value base, working together to embed equity in all policies. At times teams may not recognise their work has contributed to the Marmot approach, even when it does.

**Coventry City Council**

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Having IHE there has made tackling the difficult possible

**Leeds City Council**

# MARMOT PRINCIPLES

The Labour Government has indicated an aspiration for the country to become a Marmot Place. It has set an ambitious goal to halve the gap in healthy life expectancy between richest and poorest regions of England.

Marmot Places are taking action despite huge regressive cuts and the grim national context. For example, English local authorities have had their spending power per head of population cut by an average of 34% since 2010, with more deprived, unhealthier places having steeper cuts than less deprived, healthier places.

To sustain momentum, impacts need to be demonstrated swiftly. The eight Marmot Principles provide a clear framework for places to lead and coordinate efforts to improve equity across all sectors, including housing, education, early years, health care, business and the economic sector. Reducing poverty and mitigating its impacts is the central theme for all Marmot Places.

## EXAMPLES OF ACTION

- All nine Cheshire and Merseyside Health and Wellbeing Boards have committed to the recommendations in All Together Fairer to form part of the Marmot Community, reflecting the strong support, enthusiasm and shared ambitions of partners. **Cheshire and Merseyside**
- Best Start in Life has had notable success, despite pandemic and resources squeeze – funding has not been removed from this principle. **Coventry City Council**
- Best Start (0-5 years) is a priority area for **Fairer, Healthier Leeds**, with action highlighted for 2024/25, year two of IHE's work in Leeds.
- **Cheshire and Merseyside's** Beyond Programme is aligned with IHE/Barnardo's Children and Young People's Health Equity Collaborative.
- The **Coventry** Job Shop, based in the city centre, supports local residents searching for employment, training, apprenticeships and work placements.
- **Leeds** is one of 20% of council areas in England to have a Selective Licensing Scheme, which aims to improve the management and condition of private rental properties.
- Public health and social housing teams are working together through Healthy Estates Strategy in **Luton**, which aims to improve health for over 7,500 social housing tenants.
- **Northumberland, Leeds, Gwent and Waltham Forest** have brought housing associations and key partners together to work for health equity.