

**A Marmot Place recognises that health and health inequalities are mostly shaped by the social determinants of health (SDH): the conditions in which people are born, grow, live, work and age, and takes action to improve health and reduce health inequalities.**

The UCL Institute of Health Equity (IHE) works with places to reduce inequalities in health by:

- Assessing the extent of inequalities in health and the social determinants of health locally, reviewing actions already happening and scoping the local context.
- Identifying where places can go further to reduce inequalities and spot where there are gaps in existing actions.
- Evaluating how partners within a place can work together more effectively to achieve greater impact and make the needed changes; even in the challenging financial and resource context.
- Strengthening the health equity system in a place.
- Implementing new approaches and interventions to tackle health inequalities and inequalities in the social determinants of health.

The recommended actions, covering the main social determinants of health in places are developed in the following areas (known colloquially as 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.

Recommendations are made to strengthen the health equity system, develop stronger leadership and partnerships and shape investment and resource allocation decisions. Partners include local authorities, health care and other public services, business and the economic sector, the voluntary sector and communities.

Based on the eight principles, Marmot Places develop and deliver interventions and policies to improve health equity; embed health equity approaches in local systems and take a long-term, whole-system approach to improving health equity.

**Places commit to improve health equity over the short, medium and long term by:**

1. Developing and delivering approaches, interventions and policies to improve health equity.
2. Strengthening their health equity systems.
3. Involving communities in the identification of the drivers of poor health and in the design and implementation of actions to reduce them.
4. Broadening advocacy on health equity and engaging with other Marmot Places to share knowledge, roll out best practice alongside partners in local regions and nationally.

The IHE has also set up a UK-wide [Health Equity Network](#) to help organisations and localities share best practice on implementing the evidence on reducing health inequalities. To date, the IHE is working with more than 40 local authorities. Here are some locality examples of ambition, drive and commitment to improve health and reduce health inequalities:

Since 2013 the IHE has been working with [Coventry](#), where a health inequalities steering group of senior leaders across Coventry has been set up, involving local authority, business and the economic sector, health care, education, criminal justice and other public services, and the community and voluntary sector. **There has been a significant cultural shift, with partners ensuring all policies and services commissioned, from planning, housing and transport to licensing, regulation and procurement, consider the impact on health equity before implementation.**

Councillor Kamran Caan, portfolio holder for Public Health and Sport at Coventry City Council said: *"Since 2013 there have been improvements in school readiness at age five, health outcomes, life satisfaction, employment and reductions in crime in priority locations. As we move forward the City Council's ambition remains to ensure more residents of Coventry are fulfilling their ambitions, living healthier lives for longer and living in safer, connected, and sustainable communities. For example, our new [Marmot Monitoring Tool](#) will help us to identify any widening health inequalities and where city-wide programmes are improving health equity and making a difference to residents."*

[Cheshire and Merseyside](#) are witnessing a cultural shift, with health equity central to their **All Together Fairer Principles**. Two specific strategies have been drawn up since working with the IHE: Physical Activity Strategy (All Together Active) and Sefton Child Poverty Strategy. Professor Matthew Ashton, Chair, [Champs Public Health Collaborative](#), which is led by nine Directors of Public Health in Cheshire and Merseyside, said:

*"The All Together Fairer Leads Group and Directors of Public health are confident in its ability to make this programme a reality. Working with the IHE has allowed us to galvanise activity around the social determinants of health at both a place level and a sub-regional level. It has also led to strong systems leadership on health inequalities and targeted activity in key areas, including development of beacon indicators, a focus on embedding prevention pledges and anchor institutions, and targeted work at a local level on housing and health, and on income maximisation."*

[Luton](#) became the first 'Marmot Town' in 2022, and, in line with Luton's 2040 vision aimed to make Luton a fairer place to live, work, grow up and grow old in. **The importance of achieving a cultural shift for protecting health equity has become evident during the first year.** Among the many recommendations is translating the Marmot Principles into a workplan that can be implemented across all stakeholders. Sally Cartwright is Luton's Director of Public Health:

*"Working with the Institute of Health Equity has given valuable focus on health equity issues and actions for us to take as a system. We have additional focus on where there are issues around health equity and why, and we are able to have different conversations around some of these complex issues. It is a long-term commitment and all the change we want to see won't happen overnight! It is a core part of our town-wide strategy that no one should live in poverty by 2040."*

[Leeds City Council](#) partnered with the IHE to build on their long-term commitment to address health inequalities. The work is being led strategically by the City Council, NHS services and Third Sector representatives. Councillor Salma Arif, Executive Member for Adult Social Care, Public Health and Active Lifestyles, Leeds City Council, said:

*"We are carrying out a wide-ranging strategic review of health outcomes and strategies in the City, with the aim of delivering system and policy change that will see equity and health embedded across all policies. We have a system-wide commitment to work with communities to ensure people's voices are at the heart of developing the recommendations for action. Our priority in this first year is health and housing, and pre-school-age children (0-5)."*

Based in Wales, [Gwent](#) faces many challenges with inequalities across its five regions. Building on strong relationships through its Public Services Board, senior leaders recognised the imperative of focusing on building fairer, safer and stronger communities. A team across health, local authority and third sector leads the collaborative work. Professor Tracy Daszkiewicz, Executive Director, Public Health and Strategic Partnerships, Aneurin Bevan University Health Board, said: *"The team built on the Gwent Wellbeing Plan using the Marmot Principles and commissioned '**Building a Fairer Gwent Report**' as a framework to plan and drive change. It is early stages, but we are beginning to implement action."*