

## **INVERCLYDE ALLIANCE BOARD**

# **MONDAY 17 JUNE 2024 – 1pm**

# THE BEACON ARTS CENTRE, CUSTOM HOUSE QUAY, GREENOCK PA15 1EG

I refer to the agenda for the meeting of the Inverclyde Alliance Board to be held on Monday 17 June 2024 at 1pm and attach a report as undernoted which the Alliance Board may wish to consider as an additional item.

## **ADDITIONAL ITEM**

**Marmot Places Scotland** 

Report by Louise Long, Chief Executive, Inverclyde Council

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#### **AGENDA ITEM NO:**

Report To: Inverclyde Alliance Board Date: 17<sup>th</sup> June 2024

Report By: Louise Long Report No:

**Chief Executive** 

Contact Officer: Ruth Binks Contact No: 01475 712761

**Corporate Director** 

**Education, Communities & Organisational Development** 

Subject: Marmot Places Scotland

#### 1.0 PURPOSE

1.1 Public Health Scotland have indicated that they would like to work with three local areas in Scotland to undertake a collaboration with University College London Institute of Health Equity (IHE) to become a Marmot Place.

1.2 Each local authority will be asked to undertake a self-assessment across the summer period. Inverclyde Alliance Board should identify a small team to work on the self-assessment to increase Inverclyde's chances of being chosen as a Marmot place.

### 2.0 SUMMARY

- 2.1 Public Health Scotland and three local areas in Scotland have an opportunity to collaborate with the University College London Institute of Health Equity, a leading global health institute. The IHE will provide expertise and support to apply learning from Marmot in Scotland.
- 2.2 Public Health Scotland want areas with passion about improving health and tackling health inequalities. Given that addressing inequalities is the golden thread through the Council and Partnership Plan, Inverclyde should participate in this opportunity.
- 2.3 The collaboration will address Scotland's challenges and share insight and expertise to apply learning from Marmot Places in Scotland. This work will be done collaboratively, supporting work that is already underway at a local level. All 32 local authorities will be asked to undertake a self-assessment across the summer period.

#### 3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Alliance Board:
  - 1. Agrees that Inverclyde should take forward the opportunity to apply to be a Marmot place.
  - 2. Agrees to lead the self-assessment and submit on behalf of Inverclyde.

Louise Long
Chief Executive

#### 4.0 BACKGROUND

- 4.1 In 2008, Sir Michael Marmot was asked by the Department of Health to review the evidence regarding the causes of health inequalities in England and recommend action to reduce them. The Marmot Review Fair Society, Healthy Lives was published in 2010, and heavily influenced the 2010 Public Health White Paper and Public Health Outcomes Framework. (1) The Review found that there is a social gradient in health: the lower a person's social position, the worse his or her health.
- 4.2 Factors that were found to affect the social gradient are termed social determinants of health: experiences in the early years of life and during education; income and quality of employment; environmental exposures such as air pollution and poor housing; experiences in later life; and individual characteristics such as gender and ethnicity. These in turn are influenced by social, political and cultural contexts. All of these profoundly influence health behaviours and health outcomes. Recommendations for action therefore focused on reducing inequalities in health by addressing the social determinants of health and doing so in a way which is proportionate to need.

A Marmot Place recognises that health and health inequalities are mostly shaped by the conditions in which people are born, grow, live, work and age.

# 4.3 **Opportunity for Collaboration**

- Public Health Scotland (PHS) and three local areas in Scotland have an opportunity to collaborate with the University College London Institute of Health Equity (IHE), led by Professor Sir Michael Marmot. A leading global health institute, the IHE has worked with more than 45 local authorities, the NHS, businesses and the community and voluntary sector to improve health and reduce inequalities.
- This collaboration will address Scotland's challenges and share insight and expertise to apply learning from Marmont Places in Scotland. This work will be done collaboratively, supporting work that is already underway at a local level.
- PHS will invite leaders at a local, regional and national level with a passion for improving health and tackling health inequality to help shape the approach we take.

## 4.4 Delivering Change – Evidence from Coventry

Since 2013, Coventry has been a Marmot City. It has seen:

- Improved life expectancy by 6 months
- Reduction in number of areas rated England's poorest neighbourhoods
- Improvement in school readiness at age 5
- Positive changes in health outcomes
- Enhanced life satisfaction
- Employment gains
- Reduction in crime priority locations

#### 5.0 PROPOSALS

# 5.1 **Becoming a Marmot Place**

Coventry is a city with significant inequalities in health and healthy life expectancy between the most and least deprived areas of the city. In 2010-12, inequality in male life expectancy at birth was 11.2 years between the highest and lowest income deciles whilst, using the same data, inequality in female life expectancy at birth was 8.4 years. Publication of the Marmot Review was followed by the Health and Social Care Act in 2012, which legislated for the move of public health functions in England from

the NHS to local government. In 2013, being aware of local inequalities, and as it took on its new public health duties, Coventry City Council decided to adopt the title of Marmot City and sought to apply local powers of the Council and partner organisations to pursuing the Marmot policy objectives.

A Marmot Place recognises that health and health inequalities are mostly shaped by the conditions in which people are born, grow, live, work and age. It takes action to improve health and reduce health inequalities. 'Marmot Eight' principles.

• Based on 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.

Discrimination	Early Years	Education	Work
Tackle discrimination, racism and their outcomes.	Give every child the best start in life.	Enable all children, young people and adults to maximise their capabilities and control their lives.	Create fair employment and good work for all.
Just Transition	Living Standards	Places	III Health Prevention
Pursue environmental sustainability and health equality together.	Ensure a healthy standard of living.	Create and develop healthy and sustainable places and communities.	Strengthen the role and the impact of ill health prevention.

## 6.0 IMPLICATIONS

6.1 Finance: None

Human Resources:None

Inequalities:None

# 7.0 CONSULTATIONS

7.1 None

#### 8.0 LIST OF BACKGROUND PAPERS

8.1 <a href="https://www.instituteofhealthequity.org/resources-reports/coventry-marmot-city-evaluation-2020/coventry-marmot-city-evaluation-2020.pdf">https://www.instituteofhealthequity.org/resources-reports/coventry-marmot-city-evaluation-2020.pdf</a>