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Cite this as: *BMJ* 2024;384:q654
http://dx.doi.org/10.1136/bmj.q654
Published: 26 March 2024

Marmot Places: the areas taking a proactive local approach to health inequalities

Amid a "bleak" national picture, more than 40 local authorities across England and Wales have committed to making a long term difference to the health of their communities, writes Erin Dean

Erin Dean *freelance healthcare journalist*

Yorkshire GP Hasantha Jayasinghe knows exactly what health inequality looks like. He sees it in many forms, but what springs to mind most are the children with chronic, difficult-to-treat asthma he sees in his practice in a deprived, inner city area of Leeds. "These children live in houses that are dreadful; there is damp, decay, mould, parts falling down," he says. "Housing is a big problem we have around here."

He is not alone in worrying about the effects of health inequalities in Leeds: last June (2023) the city became a Marmot Place. This means following the eight principles (box 1) set out by the influential Michael Marmot, professor of epidemiology at University College London, whose work has focused on the effects of inequality on health for more than 40 years. Jayasinghe's work looking at how GPs might be able to help their patients struggling with the effects of health inequalities has now become part of the work across the city to tackle these deep rooted problems.

Box 1: The Marmot principles

Marmot Places develop and deliver interventions and policies to improve health equity based on eight principles:

- Give every child the best start in life
- Enable all children, young people, and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle racism, discrimination, and their outcomes
- Pursue environmental sustainability and health equity together

The Marmot review in 2010—*Fair Society, Healthy Lives*—emphasised that health inequalities result from social inequalities[1]: tackling health inequalities requires action across all the social determinants of health, including improving housing, education, and employment opportunities. The review found that people in England dying each year prematurely because of health inequalities would have enjoyed up to 2.5 million extra years of life if they didn't experience those inequalities.[1] When Marmot revisited the review 10 years later, he found that health inequalities had widened overall.[2]

There are now nine Marmot Places, covering more than 40 local authorities in England and Wales (out of a total of 339), with three more areas starting this year. These places have committed to making a long term difference to the health of their communities who face deep inequality across many aspects of their lives. In the context of challenging financial circumstances for the NHS and local authorities, what changes are they able to make—and can they make a difference?

The causes of the causes

The first Marmot Place was Coventry, where in 2013 local authority leaders independently decided to use the findings of the Marmot review to guide their planning. They approached the UCL Institute of Health Equity (IHE), which is led by Marmot, and asked for help. "I was really pleased, as by that stage it was clear that the government policy of austerity was going in the wrong direction," Marmot tells *The BMJ*. "And a city government is much closer to where people live and work. They recognise the reality of people's lives."

Other areas followed Coventry's lead, with Greater Manchester, Cheshire and Merseyside, Lancashire and Cumbria, Waltham Forest, Luton, Gwent, Leeds, and the South West of England all joining by the end of last year. Wokingham, Medway, and Northumberland are all due to start this year, according to the IHE.

When an area chooses to become a Marmot Place, staff from the IHE are commissioned and paid by the local authority or public health team leading the work to assess the extent of inequalities. IHE staff work closely with local bodies to look at work that is already happening to tackle inequalities, identify gaps in existing actions, and look at where they can go further. They make recommendations on how partners in a place can work together more effectively to achieve greater effects, even with the current funding difficulties.

Reducing health inequalities can be seen as people being told to look after themselves by eating healthily and stopping smoking, Marmot says. But Marmot Places look more widely at the problems. "The reason our approach is a bit different is because most of the focus tends to be on the healthcare system, but we are dealing with the causes of the causes," he says.

"Our approach says reduce child poverty, invest in education, fix the housing stock—make it affordable, available, and to a good environmental standard." Marmot's work has emphasised proportionate universalism, with actions that are universal but at

a scale and intensity that is proportionate to the level of disadvantage.

Longer term planning

Critically, being a Marmot Place does not bring any extra funding with it, and they're being established at a time when public services are struggling financially. "The more deprived the city, the steeper the cuts have been to local authority spending," Marmot says.

Between July 2015 and 2024, the public health grants received by councils to pay for essential care including sexual health services, drug and alcohol teams, and specialist community nursing have been reduced in real terms by £858m, according to the Local Government Association.[3] The IHE team sees the constant funding and capacity pressures in the areas it works, with the services needed to carry out changes, such as housing and social work, being cut back.

One region that is using Marmot's principles to improve health inequality is Torfaen, one of the five local authorities in Gwent, which is the first Marmot Place in Wales. Stephen Vickers is chief executive at Torfaen County Council, an area with some deep, persistent deprivation and generational poverty; he says that being a Marmot Place has allowed the five local authorities and other stakeholders, including health services, to work together and develop plans that are all focused on improving health inequalities.

The long list of about 70 recommendations for Gwent provided by the IHE's review importantly included which local body should lead on them and has directed Torfaen's long term strategic planning, he explains. "Our healthy life expectancy, particularly for women, is substantially below other areas," Vickery says. "We're tackling antisocial behaviour and drug and alcohol problems. Education is a challenge. But we are making real progress in these areas."

They are breaking away from short term cycles of planning that focus on the four years between local council elections, he adds. They are currently developing a master plan for Torfaen that is built around the eight Marmot principles, and all council planning is then benchmarked against this plan to check that it is supporting the work to tackle health inequalities. "It has really made a difference and focused us. We are currently looking at 20 years ahead, which lets us focus on issues over the long term."

Top down and ground up

When it comes to what will help a place make changes, Marmot says that support and ownership from the very top of the local government are needed. In Greater Manchester, for example, the move was backed by high profile mayor and former Labour health secretary Andy Burnham.

It is also important to listen to what matters most to local communities when planning work to reduce inequalities. "Local priorities and the voice of lived experience are important," Marmot says. "When we started working with Leeds last summer, the local government told us their two priorities were children and young people and housing, and we are happy to work with them on those."

Properly capturing the experiences of people who use services has long been a focus for Jo Trask, patient experience and health inequalities manager at the Cheshire and Merseyside Cancer Alliance. But its importance has been more widely appreciated since Cheshire and Merseyside became a Marmot Place, she says.

Her team asks each member of staff to change one thing that will improve their service for people facing barriers to care. "We host an in-depth workshop on health inequalities where we discuss at length the barriers that prevent patients coming. In England, one in six people have very poor literacy skills, so maybe they couldn't read the letter. Extreme financial challenges mean that some people are having to make a choice between putting the heating on and feeding their children or taking a bus to hospital."

She says that doctors are "genuinely astonished" by the real life examples her team present about why patients couldn't make an appointment—such as patients living in their car or worrying that they could lose their job if they take time off to attend. "What the doctors often don't realise is that these are not one or two extreme examples. That's how people are living."

Slow and incremental

Those involved in Marmot Places point out that these are long term plans, and the effects will not be seen quickly. An evaluation of the progress in Coventry published in 2020 found some positive progress in the first six years.[4] Life expectancy for women held steady and improved fractionally for men, while it had declined for both genders nationally, and the number of neighbourhoods among the 10% most deprived in England reduced slightly. Steering group members reported a "sense of shared purpose" that encouraged them to work together, but there were also "concerning signs" of widening inequality in early years' outcomes.

Doctors might struggle to see how they can make a difference against such a complex issue. Back in Leeds, Jayasinghe is focusing on developing a new tool that could support GPs to help patients struggling with some of the social causes of health inequalities. "The Marmot principles are great, but they are very strategic, so I wanted to translate that into something that would be useful for a jobbing GP," he says.

"Patients don't turn up with a condition called health inequalities, but they do turn up with asthma that is terrible because of their housing, or they're depressed because their work is intolerable, or even worse, they don't turn up at all. But when it comes to health inequalities, GPs can be left feeling overwhelmed because they don't know where to start or think that it isn't their issue to get involved in."

The health inequalities tool for primary care that he is working on will give GPs easy access to templates they can use to try to improve an area affecting their patient's health. This could be a letter to a housing association or private landlord saying that the poor state of a family's social housing is affecting their health. "What we really don't want this to be is to make people think it's the GP's responsibility to tackle all health inequalities," Jayasinghe says. "This is a tool if they want to use it. The only way you can do this is through cooperation."

Jayasinghe is heartened by being part of a Marmot Place. "It has great potential if there's the energy and the commitment to keep going," he says.

Marmot highlights the work of the East London Foundation Trust, which provides mental health, community, primary care, and learning disability services and has become the first Marmot Trust, to show how individual organisations can commit to tackling health inequity.[5]

For Marmot, these communities carrying forward his ethos offer a gleam of positivity. "The national situation looks bleak, things are moving in the wrong direction," he says. "But these Marmot Places show that change is possible, and that does give me hope."

Case study: A "golden thread" to join up inequality work in Knowsley, Merseyside

The borough of Knowsley, Merseyside, has some of the highest levels of poverty in England, with one in four households classed as "income deprived."[6] This is an area that feels the full brunt of health inequalities.

Knowsley is part of Cheshire and Merseyside, which became a Marmot Place in 2021 after requesting a review of health inequalities from Marmot's Institute of Health and Equity. The report was commissioned by the Cheshire and Merseyside Health and Care Partnership and involves all nine local boroughs and many partners to support work to reduce health inequalities.[2]

In Knowsley the impetus from Marmot has allowed the NHS, local authorities, and integrated care board partners to develop clear strategic priorities, says Richard Holford, consultant in public health for Knowsley Council. Although this is an evolving programme, it has already resulted in improvements to green spaces, local employment opportunities, and improved engagement with prevention services, he says.

It has seen the launch of a ban on council owned billboards for unhealthy food and efforts to speed up hospital discharges and reduce the risk of readmission by ensuring that people's homes are warm and suitable to move back to. This has meant insulating homes and fixing broken boilers and joint work between housing and NHS organisations that wouldn't have happened before.

Working with the local community, whose voices have rarely been heard, has been a key part of the work in looking at what will improve health, says Sarah McNulty, council director for public health. Yet despite the passionate commitment to Marmot, there are plenty of challenges. Part of which is the sheer scale of change needed and needing a long term commitment to do it, says Holford.

Knowsley, like other Marmot Places, measures its progress against beacon indicators. These include life expectancy, employment rates, activity levels, and school readiness for 4 year olds. "Even after two years, if you look at those, you won't see much progress yet because these changes take a long time to have an impact," Holford says.

There is no funding attached to becoming a Marmot Place, and little funding available throughout the multiple systems that the work covers. "But it allows us to direct resources that are available to the areas that are highlighted by Marmot's report,' says McNulty.

McNulty and Holford think that it is guiding their area in the right direction, providing a valuable focus for their work. "Being a Marmot Place gives us a hook for all our work," McNulty says. "It gives us an evidence based framework, and it is the golden thread that we can link through all our work on health inequalities."

Provenance and peer review: Commissioned; not externally peer reviewed.

Competing interests: none.

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