Embedding the Marmot Principles in Tendring, Essex

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Aims

This discussion paper applies a 'Marmot lens' to generate discussion among partners in Essex, and in particular Tendring and its most deprived coastal communities in Clacton-on-Sea, about what more can be done and what can be done better across the public, private and community voluntary sectors with reference to the key areas for action developed by the Marmot Review to improve health and reduce health inequalities.(1) Discussions such as these are vital in building partnerships for implementing approaches to improving health and tackling health inequalities.

Such an opportunity for reflection and discussion is particularly relevant now, in the era of COVID 19. Based on findings from across England, the COVID 19 pandemic exacerbated existing needs across the country, especially among those living in the most deprived areas.(2) In addition, health inequalities affecting coastal towns and cities have become a matter of national as well as local concern. The UK Chief Medical Officer's (CMO's) Annual Report 2021 throws a spotlight on health challenges in coastal communities, including Clacton-on-Sea, and identifies the need for a national strategy to address these health challenges, in addition to local action.(3)

Structure

The first part of this paper provides information about the Marmot Review 2010 and explains its six principles of action. It also explains key concepts underpinning the approach to improve population health and reduce health inequalities through action on the social determinants of health. These include proportionate universalism, empowerment and sense of control, and taking a whole system approach, and what these mean for action at the local level.

The second part describes how the Marmot principles and key concepts are being applied at the local level, including by Coventry, which declared itself a 'Marmot City' in 2013, and the Greater Manchester Region which became a 'Marmot City region' in 2019. In addition, it explores the role of anchor organisations and the contribution they can make to improving health and reducing health inequalities through action on the social determinants of health

The third part contextualises the Marmot Principles and key concepts within Essex and Tendring, with reference to local assets including the community voluntary sector and current Essex wide Live Well Campaign.

Finally, the paper proposes next steps to embed Marmot principles in Tendring, that are more widely applicable.

Additionally, the report provides two annexes with contextual information. In developing a social determinants approach to improve health and reduce inequalities in a local area it is crucial to consider both the national context and the local context in which local partners operate. The national context in England and areas within England is currently dominated by the impacts of the COVID 19 pandemic and the effect of interventions to control the pandemic. The COVID 19 pandemic has amplified existing social and health inequalities, and those at greatest risk have been those with pre-existing health conditions, and those at risk because of their employment and living conditions. A summary description of the national context drawn largely from the Build Back Fairer: The COVID-19 Marmot Review 2020 (2) is provided in Annex 1. Key features of the local context within Tendring and particularly Clacton-on-Sea are summarised in Annex 2, which draws on Essex County Council's Joint

Strategic Needs Assessment 2019 (4) and the Chief Medical Officer's Report on Health in Coastal Communities 2021.(3)

The Marmot Review and Six Marmot policy objectives

In 2008, the UK Secretary of State for Health commissioned Professor Sir Michael Marmot to chair an independent review 'to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010'. The Review followed the global WHO Commission on Social Determinants of Health (CSDH), also chaired by Professor Marmot, which called for countries to conduct national reviews to help translate the recommendations of global report into national action to tackle health inequities.(5) In the case of the UK there is a long history of research and policy reviews into the social determinants of health and health inequalities. Health inequalities between groups exist depending on factors including socioeconomic status, gender, ethnicity, disability status, and geographical area of residence. Socioeconomic inequalities in health are evident as a social gradient in population health, with the lower the social position the worse the health. Evidence from Fair Society, Healthy Lives 2010 (1) and The Marmot Review 10 Years On (6) highlighted how health in an area is closely linked to level of deprivation, and to the wider social determinants - conditions in the early years, education, employment and income, housing and environmental factors.

Understanding the significance of the social gradient in health is important for public health and social policy. Policies designed to tackle health inequalities often focus on the most disadvantaged therefore missing those who are slightly better off but still facing relative disadvantage and experiencing avoidable ill health. Therefore, a key underpinning concept in tackling health inequalities and improving health is proportionate universalism (see Box 1).

Box 1: Key concept: proportionate universalism

This concept implies that policies should be universal (targeting the whole of the social gradient) but deployed at a scale and intensity proportionate to need. This is important because those at the lower end of the social gradient face more constraints, linked to social, economic and environmental conditions, on their opportunities to make healthy lifestyle 'choices', and have less control over their lives than those living in relatively advantaged conditions.

An example of proportionate universalism is delivery of vaccinations against COVID 19 in the UK. The vaccines are available to everyone over 18 years of age. Vaccinations were rolled out according to need, with those at higher risk being offered the vaccine first. And additional efforts have been put in place to enable and encourage people to be vaccinated among groups who are hesitant, and those who are otherwise less likely to access health services for other reasons.

The concept should be applied to policies across all sectors.

The Marmot Review provided evidence underpinning its six policy objectives (1), these are areas for action to address the social determinants of health across the life course and to make progress towards health equity (see Box 2 and Figure 1). Health equity is defined as the absence of avoidable inequalities in health.

Box 2: Marmot six policy objectives

1. **Give every child the best start in life**

The early years of life have been shown to be critical for physical, social-emotional and language-cognitive development during childhood, and for educational attainment, employment opportunities and health outcomes across the life course. Social gradients are evident in child development outcomes. Giving every child the best start is therefore a powerful strategy to reduce social and health inequalities.

2. **Enable all children, young people and adults to maximise their capabilities and have control over their lives**

Education is important for health because it enables people to maximize their capabilities and have control over their lives, as well as being the foundation for developing knowledge and skills that enable access to employment opportunities and work that provides income for a healthy standard of living. Making improvements on early child development and educational attainment indicators will enable long term benefits for health and society.

3. **Create fair employment and good work for all**

Employment is good for health, while unemployment is associated with poorer health outcomes. But employment conditions should be fair – insecure employment such as informal work, non-fixed term temporary contracts, and part-time work are associated with poorer health outcomes. The quality of work is important for health too. Good work provides sufficient income for a healthy life, opportunities for development, self-esteem, supportive working relationships, enables people to balance work and family life, and provides protection from physical and psychosocial hazards that damage health.

4. **Ensure a healthy standard of living for all**

Low income is associated with worse health outcomes. Having sufficient income for a healthy standard of living is crucial. Children growing up in families with low incomes have worse outcomes that those in more advantaged families creating a cycle of intergenerational transmission of disadvantage. Breaking this cycle requires policies to ensure a healthy standard living for all, to give every child the best start in life, and to enable all children, young people and adults to maximise their capabilities and have control over their lives.

5. **Create and develop healthy and sustainable places and communities**

The physical and social characteristics of communities can help or hinder healthy behaviours, and as such they contribute to the level of health inequalities. For example, having access to green or blue spaces in urban areas, that are well kept, safe, designed to be inclusive, and provide amenities for recreation or relaxation can support mental health and provide opportunities of physical activity. Social characteristics of communities – such as the level of community support, sense of trust, and the bonds between people and groups can increase people's access to resources, support mental health and mobilise action and activities than can improve people's lives in diverse ways.

6. **Strengthen the role and impact of ill-health prevention**

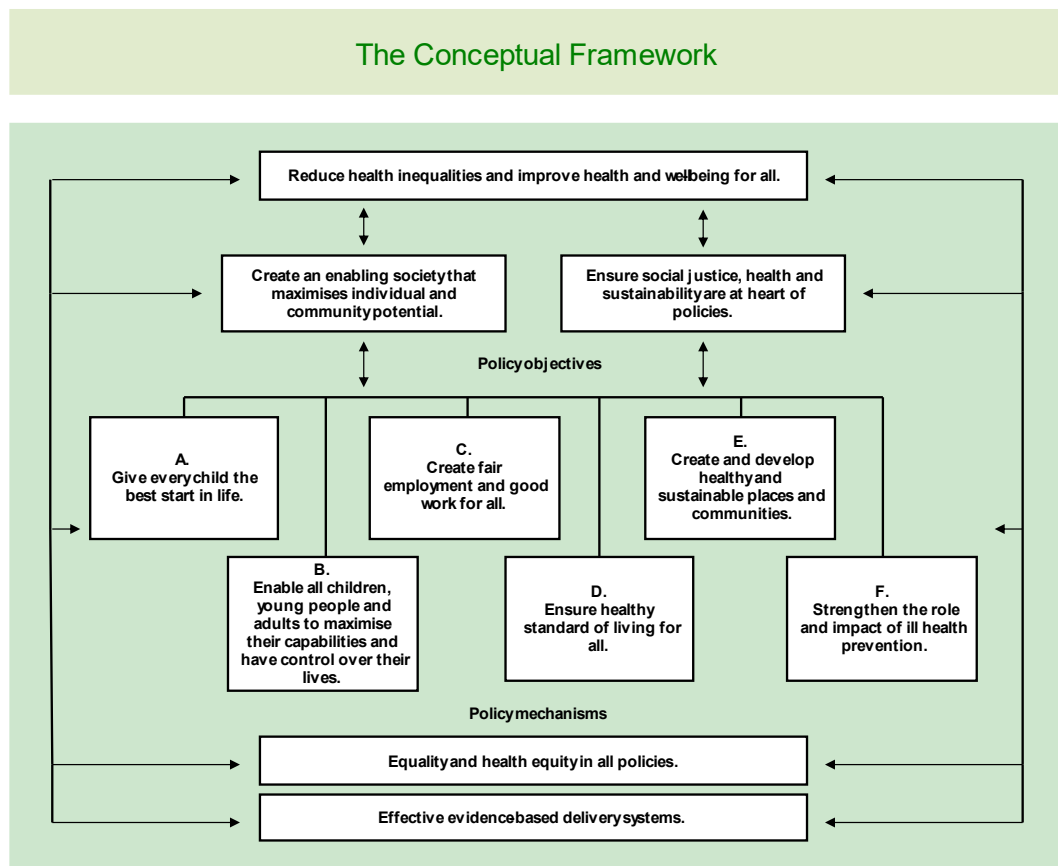Many of the behaviours that contribute to the risk of long term health conditions, including smoking, unhealthy diets, and being physically inactive, follow a social gradient. There is clear link between the social determinants, health behaviours, and health outcomes. This policy objective prioritises investment in ill heath prevention and health promotion across government departments to reduce the social gradient.

The 'Marmot' perspective recognises the linkages and interactions between the six Marmot policy objectives, and seeks to maximise synergies between them to create multiple co-benefits across sectors, for example maximising capabilities and sense of control, training and employment, health, and social capital. In this way agendas are joined, for example, early years care and education has multiple benefits across the lifecourse including for educational and employment outcomes, reducing criminality and violence, and promoting health.

The linkages across the Marmot principles mean that it is possible to create 'win wins' between them. Discussions between diverse partners can identify overlapping agendas and 'win wins'. This is particularly important given the urgency of addressing current societal challenges, including health inequity, social inequalities, environmental degradation and biodiversity loss, and climate change.

In this context, the INHERIT project, a 4-year project funded by the EC in which the Institute of Health Equity collaborated, focused on identifying policies and practices that contribute to a triple win for environmental sustainability, health, and equity by creating conditions that enable people to adopt more sustainable behaviours in ways of living, moving, and consuming. The project conducted qualitative process evaluations and a mixture of qualitative and quantitative evaluations on fifteen interventions in urban areas in countries around Europe. These included policies at the urban governmental level on increasing availability and accessibility of sustainable and healthy food, local interventions to improve green spaces in relatively deprived residential areas, or improve access to green spaces for all, energy efficiency in homes, school based interventions to encourage outdoor activity, appreciation of nature and increased consumption of fruit and vegetables, and randomized control experiments to examine the role of a cycling app aimed at increasing uptake of commuter cycling in an urban area, and an app to encourage increased physical activity in a group with low socioeconomic status. Findings of particular note included the importance of having a 'win win' or triple win mindset, anchoring interventions in national and local priorities, engaging local people and communities in the changes they want to see through meaningful participatory processes, bringing together the right local partners around common interests (including from business, the voluntary sector, health and local authority representatives and other public sector organizations), ensuring initiatives are inclusive, planning for the longer term, securing long term funding, creating positive feedback loops that regenerate action, and evaluating progress.(7,8)

Figure 1: The Marmot Review Conceptual Framework

The Conceptual Framework

Reduce health inequalities and improve health and wellbeing for all.

Create an enabling society that maximises individual and community potential.

Ensure social justice, health and sustainability are at heart of policies.

Policy objectives

A.
Give every child the best start in life.

C.
Create fair employment and good work for all.

E.
Create and develop healthy and sustainable places and communities.

B.
Enable all children, young people and adults to maximise their capabilities and have control over their lives.

D.
Ensure healthy standard of living for all.

F.
Strengthen the role and impact of ill health prevention.

Policy mechanisms

Equality and health equity in all policies.

Effective evidence based delivery systems.

Source: Fair Society, Healthy Lives, 2010

The Marmot Review had two policy goals: To create an enabling society that maximises individual and community potential, and to ensure social justice, health and sustainability are at the heart of all policies. The policy objectives work together to achieve these policy goals. In turn the six policy objectives are underpinned by two policy mechanisms: equality and health equity in all policies, and effective evidence-based delivery mechanisms.

In relation to the first of these policy mechanisms – equality and health equity in all policies - this means that policies in all sectors should be developed with the aim of reducing social, economic and environmental inequalities between social groups and geographic areas and promoting health equity. This is a powerful policy tool since it can be used at the planning stage to ensure that policies and interventions across all sectors are designed with their potential differential impacts in mind. For example, in planning an environmental intervention to improve the quality and accessibility of urban green spaces with potential to provide benefits to all residents and visitors, additional focus should be placed on groups that would benefit most, including those living in more deprived areas, children, older people, and people with a mental illness.(9)

In relation to the second policy mechanism – effective evidence-based delivery mechanisms – returning to the example of improving the quality and accessibility of green space, there is evidence that to do this requires co-operation between diverse groups of stakeholders, including local

authorities, NGOs and community voluntary services, resident groups, the health sector, and private and public sector funders.(7,8)

A large and increasing evidence base, described elsewhere, supports the case for taking action in the areas outlined by the Marmot Review.(1) Delivery is a key focus of the Marmot reviews, because all too often good policy intentions fail because of lack of delivery – the so called 'know do gap'. Two important points emerge.(1) First, that delivering the policy objectives requires action focused on health equity in all policies by the central government and local government, the NHS, the third and private sectors and community groups. Second, that delivery at the local level requires participatory decision-making at the local level. Importantly the Marmot Review points out that participatory decision-making at the local level can only happen by empowering individuals and communities.(1) Box 3 explains the concept of 'empowerment' and the related concept of 'control' used in the context of improving health and tackling health inequities.

Box 3: Key concepts: Empowerment and Control

Distribution of power, money and resources underlies social and health inequalities seen within and between countries.(10) The notion of empowerment exists in three dimensions: material (having the resources necessary for health); psychosocial (having control over your life); and political (exerting an influence over decisions that affect your life. In this sense it can be a property of individuals, communities, and whole countries.(5)

Empowerment and control are closely related concepts that are central to the social determinants of health and are recognised as key to improving health.(5) There are strong arguments and supportive evidence that 'control over destiny' is fundamental to health (11)(12)

Whitehead and colleagues point out that differences in 'control over destiny' are central to creating socioeconomic inequalities in health, with 'control' important being at three inter-related levels: individual (micro level); community (meso level) and at the societal level (macro level), and therefore that individual control, should be set in the context of community and wider society.(12)

At the individual level having control over your life means believing that you can shape your own life and exert influence on your surrounding environment. People in insecure and low paid jobs or those who are unemployed, with low educational attainment living in areas of deprivation lack of control over their lives which erodes their mental and physical health.(11) Access to material resources and having a political voice contribute to individual level of control. Family and community level social support and supportive organisational systems in schools, neighbourhoods, and workplaces provide a foundation for building individual and community sense of control.

Municipalities and local authorities throughout the UK have developed or are developing strategies based on these areas for action. Reorganisation after the Health and Social Care Act 2012 transferred public health services to local authorities. This offered public health teams the opportunity to create

new partnerships and broaden the ownership of the health agenda, and increased accountability. A survey by the Kings Fund on Health and Well Being Boards in 2013 during their first year of operation, after being set up following the Health and Social Care Act 2012, showed that the Marmot 6 principles were the most frequently mentioned priorities.(13)

The six areas identified by the Marmot Review provide a framework for a strategic approach to improving health and reducing health inequalities that can be applied at the municipal level to tackle public health issues by focusing on the wider social determinants of health. This approach requires cooperation across sectors and by multiple stakeholders – known as a whole systems approach.

Box 4: Key Concept: Whole Systems Approach

A whole systems strategy enables concerted efforts to improve health and reduce health inequalities through action on the social determinants of health across the life course. The six areas identified by the Marmot Review provide a framework for a strategic approach to improving health and reducing health inequalities that can be applied in towns and cities and regions to tackle public health issues of concern such as obesity, mental health and health outcomes. In this approach, different sectors are working to achieve common goals. This requires coherent action across sectors, services, and places, and policies and programmes for all life course stages.

Learning from practice: applying the social determinants of health at the local level

There is evidence that leadership at the city level galvanizes the kind of joined up action across sectors and by diverse stakeholders that is necessary to create transformational change.

Coventry

Work in Coventry to develop a Marmot approach has proved to be beneficial. Coventry became a Marmot City in 2013 and the Marmot Steering Group established. Now the partnership is a diverse and multi-sector partnership comprising Coventry City Council departments (Public Health, Education, Libraries & Adult Learning, Procurement, Economy and Jobs), Public Health England, the Department for Work and Pensions, Coventry and Warwickshire Chamber of Commerce, Coventry and Warwickshire Local Enterprise Partnerships, Coventry City of Culture 2021,West Midlands Police, West Midlands Fire Service, Voluntary Action Coventry, the Positive Youth Foundation, FWT- a centre for women, Coventry Independent Advice Service, and the Institute of Health Equity. A range of work in Coventry has been influenced by the Marmot approach (Box 5).

Box 5: Work in Coventry influenced by the Marmot approach
- Coventry Job Shop
- Business Rate Reduction Scheme
- Ambition Coventry
- Welfare Reform Working Group
- Housing and Planning Policy
- Service development plans to support families through the Family Health and Lifestyles Service, where health inequalities are being considered
- The Raising Aspirations Programme (Positive Youth Foundation) provide support to young people either excluded or on the verge of exclusion from education settings.

> - Embedding health inequalities within the Coventry City Council Social Value policy
> - Family Hubs have been set up across Coventry in eight locations. These locations cover all geographical areas to serve the local communities. They focus on delivering early help to children and young people and their families, allowing the services to be delivered in a universally proportionate way
> - MAMTA is a programme that improves child and maternal health outcomes for black and minority ethnic women in Coventry
>
> Source: Presentation by Director of Public Health, Coventry, 2021

The work aligned with the Marmot approach is linked with a range of positive outcomes, as follows:

- Increase in the percentage of children with good development by the end of reception year
- 1700 young people who were not in employment, education or training (NEETs) were supported by the Coventry Ambition programme, a programme that offers training and employment opportunities for young people
- Reduction in percentage of 16-18 year olds not in education, employment or training
- Since the Job Shop opened in 2012, employment rates in Coventry have increased by 13%
- Breastfeeding initiation rates in Coventry are continuing to exceed national and regional rates
  (Source: Presentation by Director of Public Health, Coventry, 2021)

A comparison with national outcomes found that:

- Inequality in life expectancy for men in Coventry has decreased from 10.7 to 10.1 (9.4 national average), and for women it has dropped from 8.3 to 7.8 years (7.6 national average) in 2017-19
- Coventry has become relatively less deprived between 2015 and 2019. Coventry was ranked 59th most deprived in 2015, and in 81st in 2019 out of the 317 local authorities for which data is available in both years.
- Fewer Coventry neighbourhoods are now amongst the 10% most deprived in England. 18.5% of the city's LSOAs were amongst the 10% most deprived in 2015 (rank: 46th). This has improved to 14.4% in 2019 (rank: 64th).
  (Source: Presentation by Director of Public Health, Coventry, 2021)

An evaluation of Coventry as a Marmot City (14) reported that the approach encouraged a sense of common purpose among senior municipal leaders. Senior leaders in Coventry built on existing relationships with external partners in the public and community and voluntary sector and on local assets. The Marmot framework provided a strategic commitment to bring health equity into all policies shaping the way services are commissioned and located. In addition, Coventry leaders recognised the importance of co-producing solutions to local problems – these needs to be embedded at a strategic level in order for local people to feel engaged with a transformative approach to addressing social determinants. Shared accountability for outcomes and shared measurement systems supported the approach. There was also recognition that not everything could be done at once, but that the strategy would be developed incrementally.(14)

Clearly, the Clacton-on-Sea context is very different from that of Coventry, and the exact nature of the strategic approach taken will need to be developed by Clacton in discussion with local representatives, according to local priorities. However, the social determinants approach, and the six Marmot policy objectives can be applied in any context. Much can be learned from places in other countries, including the UK, that take this approach.
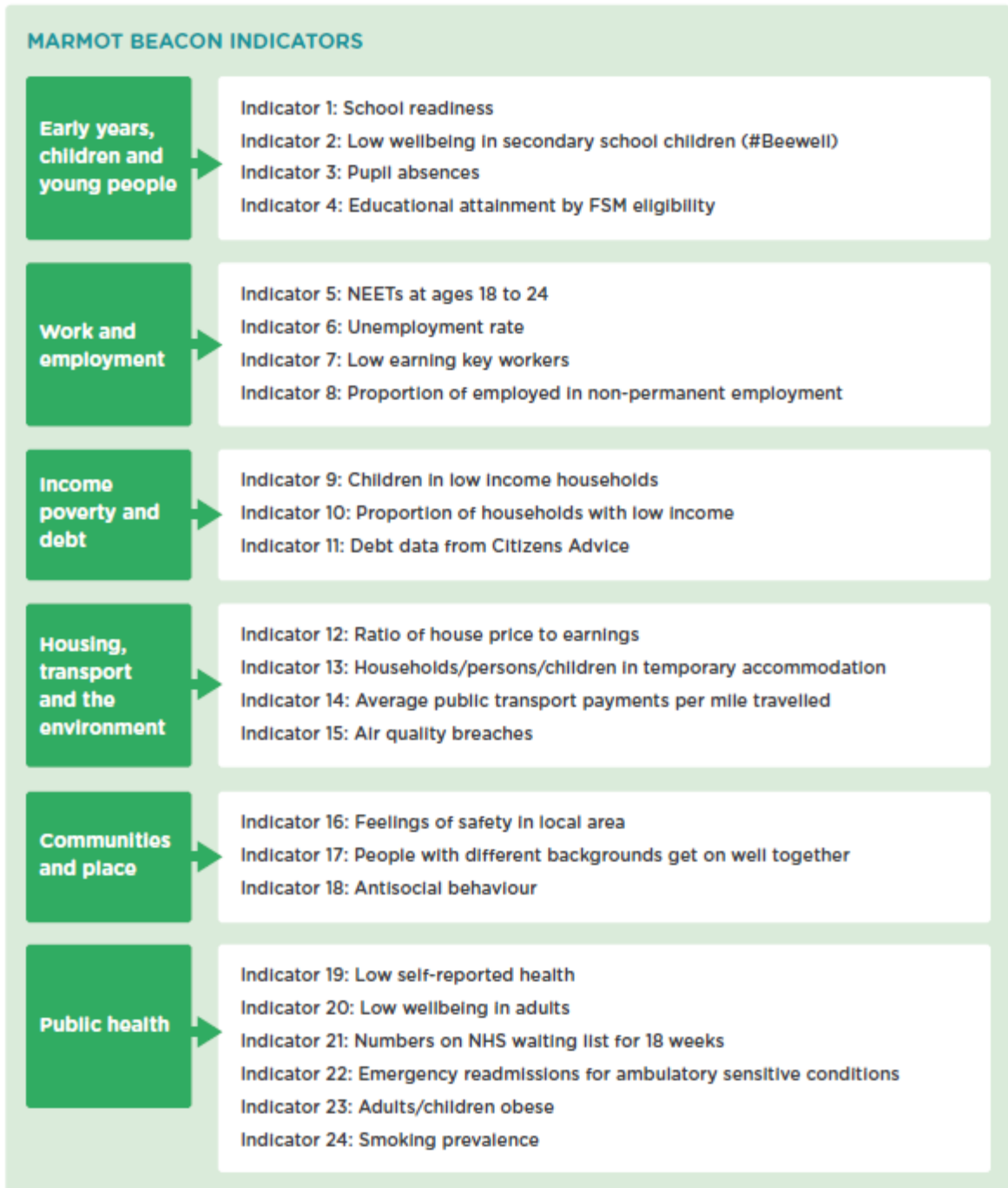
Greater Manchester

In 2019, the Greater Manchester Health and Social Care Partnership, including Greater Manchester Combined Authority (GMCA) invited the UCL Institute of Health Equity (IHE) to work with the Greater Manchester system to establish a Marmot City Region, focused on reducing health inequalities and inequalities in the social determinants of health. In 2020 the IHE produced a report that described the inequalities in life expectancy and health in Greater Manchester, and analyzed the social determinants of health in relations to the Marmot Review policy areas, and described local and community actions on health inequalities and the social determinants of health.

When the COVID 19 pandemic arrived, the work was reoriented to describe and address the challenges caused by the pandemic and the impacts of policy responses on the social determinants of health and health inequalities in Greater Manchester. The ensuing report - Build Back Fairer: Greater Manchester - was published in 2021.(15)

The report made a set of recommendations for action across the following areas: communities and place; housing, transport, and the environment; early years, children and young people; income, poverty and debt; work and unemployment; and strengthening the role and impact of ill health prevention, with a particular focus on mental health. In addition, IHE worked with Greater Manchester colleagues to develop a framework of indicators to monitor the inequality impacts of COVID 19 and Build Back Fairer (see Box 6). The Marmot Beacon Indicators cover the areas and recommendations in the report. They are intended to monitor progress in reducing health inequalities and Build Back Fairer in Greater Manchester. The process of developing the indicator set provides a practical guide for cities and towns intending to develop a strategy to reducing health inequalities through action of the social determinants of health. Many of the indicators will be relevant to other places including Tendring and Clacton-on-Sea, but the final selection of indicators depends on local priorities for action.

Box 6 Marmot Beacon Indicators

MARMOT BEACON INDICATORS

Early years, children and young people
Indicator 1: School readiness
Indicator 2: Low wellbeing in secondary school children (#Beewell)
Indicator 3: Pupil absences
Indicator 4: Educational attainment by FSM eligibility

Work and employment
Indicator 5: NEETs at ages 18 to 24
Indicator 6: Unemployment rate
Indicator 7: Low earning key workers
Indicator 8: Proportion of employed in non-permanent employment

Income poverty and debt
Indicator 9: Children in low income households
Indicator 10: Proportion of households with low income
Indicator 11: Debt data from Citizens Advice

Housing, transport and the environment
Indicator 12: Ratio of house price to earnings
Indicator 13: Households/persons/children in temporary accommodation
Indicator 14: Average public transport payments per mile travelled
Indicator 15: Air quality breaches

Communities and place
Indicator 16: Feelings of safety in local area
Indicator 17: People with different backgrounds get on well together
Indicator 18: Antisocial behaviour

Public health
Indicator 19: Low self-reported health
Indicator 20: Low wellbeing in adults
Indicator 21: Numbers on NHS waiting list for 18 weeks
Indicator 22: Emergency readmissions for ambulatory sensitive conditions
Indicator 23: Adults/children obese
Indicator 24: Smoking prevalence

Source: Build Back Fairer: Greater Manchester, 2021(15)

Role of Anchor Organizations

Anchor organizations are embedded in the community; as major employers of local people they influence the lives of those who work for them, those who aspire to work for them, those who supply them with goods and services, the wider community, and the nature of the physical environment in which they operate. As such they have significant influence over many of the social determinants described in the Marmot Approach. In many localities, the health system acts as the principal anchor organisation. An analysis of the economic and social impacts of the health system by the World Health Organization identifies approaches and tools to increase and assess the economic and social benefits of health systems in three areas: through employment, through purchasing and procurement, and through local partnerships and communities .(16)

The NHS, as an anchor organisation, can benefit local people by being 'good employers' - offering fair employment conditions and good quality of work, training opportunities, and widening access to work for local residents (17) - all of which provide wider benefits including for health. Salaries paid to employees contribute to the local economy through patterns of spending on good and services. Organizational procurement and purchasing more locally can benefit businesses in local areas, for example in agriculture and manufacturing. Energy efficiency in transport, and in buildings can contribute to environmental gains and health. As an anchor organisation, the NHS can support local communities in ways that benefit health, for example offering use of recreational facilities, and open spaces. In addition, anchor employers can take a lead locally among other employers and organisations by acting in ways that add social value, and working in partnership to do more together.

In the context of Clacton-on-Sea, the vision of Clacton Place as a centre of excellence in health and the social determinants of health, provides promise as an anchor organisation.

Contextualising the Marmot Principles within Essex and Tendring, with reference to local assets

Local leadership and work by the North East Essex Health and Wellbeing Alliance provide a springboard for further action and an opportunity to apply the Marmot Principles for tackling health inequalities.

The Livewell campaign

It is widely understood that addressing the needs highlighted in the Joint Strategic Needs Assessment (JSNA) and in the CMO's report requires coherent action across sectors. All 13 local authorities in Essex have rolled out the Livewell Campaign which works together with local agencies to improve health and wellbeing outcome across Essex. The Livewell campaign, in Tendring and across Essex, operates across 6 themes (Box 7).

Box 7 Essex Livewell Campaign: 6 themes

Startwell – Giving children the best start in life.

We will endeavour to help young families have the best start in life.

Staywell – Clinical wellbeing, a state of health.

We will work together with the community and professionals to ensure our residents have access to the best clinical services.

Feelwell – A state of mental wellbeing in which every individual realises his or her potential and can cope with the normal stresses of life. We will improve the access to services that address mental wellbeing.

Eatwell – Healthy eating means consuming the right type and quantity of food from all food groups in order to lead a healthy life. We will raise awareness across the district about healthier eating.

Bewell – People of all ages, shapes, sizes and abilities can benefit from being physically active.
We will encourage more people to undertake regular physical activity, which will in turn produce longer term health benefits

Agewell – Plan now for the future, for a healthier retirement.
We will endeavour to encourage people to look at improving their health and wellbeing now, to be able to lead a better quality of life in the future. We will also encourage and provide opportunity for our elderly population to be more active during their retirement years.

Source: Livewell Campaign

The 'Livewell' campaign provides a set of themes linked to life course stages from birth to older ages, with a focus on access to family, clinical and mental health services, improved awareness of the need for healthy eating, and encouraging regular physical activity for all. These are all important for ill health prevention and health promotion. However, the 'Livewell' campaign lacks a focus on the wider social determinants of health and health related behaviours elucidated by the Marmot Report (Box 2).

An extensive evidence base shows that health related behaviours, including healthy eating and being physically active, are enabled or constrained by the social, economic, and environmental conditions in which people live (the social determinants of health). Additionally, there is a social gradient in heathy eating and in being physically active.

In relation to healthy eating, lower household income, lower educational attainment and lower occupational class are associated with lower consumption of fruit and vegetables, and oily fish, and higher consumption of red and processed meat and sugars.[18] Healthy eating is influenced by the availability and affordability of a healthy diet, time constraints on preparing healthy meals versus convenience of ready-made meals and food products, knowledge of what constitutes a heathy diet and how to prepare healthy meals, and easy access to local fast food outlets selling less healthy prepared meals. In addition, healthy eating depends upon habits, tastes and preferences, often developed in childhood and influenced by families, peer groups, and social trends, as well as by advertising and marketing. At the same time, psychosocial factors influence motivation and capability of adopting healthy eating patterns. Using eating to cope with negative emotions, stress, anxiety and depression, when the food consumed is usually energy dense, contributes to unhealthy eating and the risk of obesity.[19] All of these factors contribute to the less healthy diets among lower socioeconomic groups. Given the range and complexity of barriers to healthy eating, especially among groups with lower socioeconomic status, strategies to enable healthy eating must address the wider social determinants that structure the opportunities, capabilities, and motivation to consume a healthy diet.

In relation to being physically active, again surveys repeatedly demonstrate that there is a social gradient. Evidence from the Active Lives Survey 2019/20 conducted by Sport England shows a social

gradient in physically activity (taking part in moderate physical activity for at least 150 minutes per week), with 52% of those in lower occupational employment categories being physically active, 61% of middle occupational classes and 71% of higher occupational classes.(20)

Lifestyle behaviours, such as healthy eating and physical activity impact on physical and mental health outcomes, but these behaviours are enabled or constrained by a complex, interrelated network of social, economic, environmental and political drivers acting across the life course. The Marmot Principles provide a framework for developing a locally owned plan to address the drivers of health inequalities.

There is an opportunity in Essex to build on the current 'Livewell' Campaign and integrate it into a new, broader approach involving stakeholders across the public, private and community voluntary sectors to apply the six Marmot principles to improve population health and tackle health inequalities across Essex. This would make a difference since an Essex wide health strategy based on the Marmot Principles would provide a springboard for more integrated action across sectors, which has been demonstrated as key to improving population health and reducing health inequalities. Positioning improved population health and wellbeing with reduced health inequality as a goal for the whole of society, not only the traditional health sector, opens many more areas for action, and brings in additional public, private, and community voluntary sector partners.

Local community assets

A comprehensive mapping exercise of local community assets (the Tendring Community Assets (TCA) Report) (21) conducted in 2019 by the Community Voluntary Services Tendring provided Insights and support recommendations related to the community voluntary sector across key areas, including the 6 Livewell themes (Box 8).

Box 8:

Key findings from the Tendring Community Assets Report 2019

- *Services are abundant in towns and villages, but not necessarily matching population need.*
- *There is a significant variation in how services are delivered in community centres and village halls. Some are very centrally controlled; others are just a series of individual bookings by private individuals and clubs.*
- *There is a significant variation in the type and quality of information available, and it is often difficult to find services or sufficient detail about them.*
- *It was widely reported that some people initially lack confidence to join activities, but once they are involved they feel benefit from them.*
- *Providers of the services report that the social aspect is as, if not more, important than the type of physical activity.*
- *Success in recruiting volunteers is variable. Some organisations report no problems, others are struggling. In many villages, volunteers managing halls or running services are getting older and it is difficult to see where the next generation will come from. Succession planning is vital and support mechanisms for volunteers need to be better established and more accessible for all.*

> - *Transport into and around Tendring is variable - the train services are good, with main line links into Colchester and beyond from both the north and south of the peninsular, but some rural areas are poorly served by buses for more local journeys or for access to stations.*
> - *Community Voluntary Services Tendring (CVST) is seen as a particularly important resource to providers in South Tendring, and has growing importance in the Harwich area, since the development of the Dovercourt and Harwich Hub. It provides a valued support, information and development service to organisations and signposting for residents and organisations.*
>
> **Key Areas covered by Recommendations in the Tendring Community Assets Report 2019**
> - Facilitating, Supporting and Developing *Community Leadership*
> - *Improving Transport*
> - *Improving Information and Access*
> - *Recruiting participants*
> - *Raising awareness of vulnerabilities*
> - *Start well - giving children the best start in life*
> - *Feel Well - supporting mental wellbeing*
> - *Be Well - empowering adults to make healthy lifestyle choices*
> - *Age Well - supporting people to live safely and independently as they grow older*
> - *Stay Well - supporting adults with health and/or care concerns to access support to maintain healthy and fulfilling lives*
> - *Die Well – giving people nearing the end-of-life choice around their care*
>
> Source: (21)

The TCA Report highlights areas in which more can be done, and where they can be done better in relation to the community voluntary sector activities.

While it is evident from the TCA Report that local authorities, local agencies, and community voluntary services in Essex are well aligned across the Essex 'livewell' agenda, it is noteworthy that a key finding in the TCA Report is that the services do not necessarily match population need. This is a clear pointer towards the importance of addressing population needs better while working through and building on existing community assets.

The Essex Joint Strategic Needs Assessment conducted on a regular basis provides detailed data and information about demographics, access to services, wider determinants of health, lifestyle, sexual health and substance misuse, life expectancy and mortality, birth rates and infant health, illness and hospital admissions, and mental health. The JSNA 2019 paints a picture of an area doing worse on most indicators compared with other areas in Essex and the England average.(4) The Chief Medical Officer's report (3) augments this with additional information about Clacton-on-Sea which has the worst outcomes for many indicators in the Tendring District (see Annex 2).

The matching of population need with services is not straightforward since population need and the nature of services are dynamic and subject to differential changes within a framework of fastmoving economic, social, and environmental drivers. For example, population need can surge in times of economic downturn putting increased demands on services provided by community assets, which are at the same time facing increased pressures on resources, including financial resources and

volunteers. This is demonstrated mostly strongly by the impact of the COVID 19 pandemic. Equally, population need in terms of the wider social determinants of health, including particularly training for employment and the availability of good work, has not been the focus of most services provided by community assets, which are strongly aligned with Essex's 'livewell' agenda.

Engaging directly with communities

In matching needs to services it is important to complement the information provided by the data in the JSNA and other sources, by engaging directly with communities on a regular basis to involve them in identifying local needs and in creating the changes that are needed to enable local people to build aspirations and have control over their lives. A study commissioned by Essex County Council explored lived experiences of adult individuals in families in the Essex towns of Colchester, Basildon, Chelmsford and Harlow who are 'just about managing', that is those in low income working families with children, including single and two parent families. The study identified 4 challenges common to these families: childcare, housing, work and travel, and proposed interventions across 6 areas (Box 9).

Box 9 Interventions across 6 areas that could make a difference to live of families who are 'just about managing'

Conclusion

There are six areas where interventions by Essex County Council could make a difference to the lives of JAM families:

1. **Childcare**
   - Low-cost alternatives to 'make work pay' for mothers of young children

2. **Careers, skills & training**
   - Opportunities for retraining and upskilling
   - Clear direction & role models for children leaving school

3. **Financial capability**
   - Money management skills for teenagers and parents
   - Signposting of services and low-risk financial products

4. **Housing**
   - Security for those looking to keep their family homes for adult children

5. **Transport**
   - Making travel to London more accessible (esp. in terms of cost)
   - Ensuring suitability of local transport

6. **Community initiatives**
   - Support networks for single parents/those with limited support
   - Activities for children

Interventions could be targeted at both the parents and children of JAM families, and would differ according to life   -stage and age of children. Further research would be required to understand how interventions might be tailored to people at these different l   ife-stages.

BritainThinks | Private and Confidential   69

Source: Britain Thinks, Just About Managing Families Report, 2020

Given the heterogeneity of living experiences across Essex towns, and the particular circumstances of the Jaywick area of Clacton-on-Sea, engaging with local people to understand their lived experiences and their views on the potential solutions to the daily challenges they face would not only provide useful information for understanding people's needs, but also give local residents a voice and enable them to participate in the changes they want to see. It would also contribute to the granularity of data and information called for by the CMO's report.

In the May 2021 council elections the voter turn-out in West Clacton and Jaywick Sands Ward was low at 27.14 %,(22) . Yet councils have responsibilities in many areas that directly affect people's lives,

including public health, education, social care, planning and local transport. In repeated studies low voter turnout has been linked to low educational level and low income. Potential mechanisms for low voter turnout in more deprived areas described in the academic literature include less opportunity to vote, less knowledge about the electoral process, and lower levels of social trust and social capital.(23)

While community engagement is important in building towards better health and reducing health inequalities, so is engagement with local public and private sector employers. As the Marmot Review and wider evidence shows, good work, fair employment, and a healthy standard of living are key social determinants of health. Therefore, major local public and private sector employers have an important role in bridging the gap between population need and services provided by public services and community assets.

Summing up: key steps in adopting a social determinants of health approach

The drivers of health inequalities are complex and often have long historical roots, but evidence from other towns and cities in England demonstrate that with political will, strong local leadership, and partnership across sectors progress can be made in tackling the key drivers of poor health outcomes and health inequalities.

Leadership

There is a strong foundation for advancing health in the area, with leadership from the Integrated Care Service, and an active community voluntary sector.

Senior leaders across the ICS can work to develop a locally owned whole systems strategy to align multiple agendas. The Marmot action framework shows how this can be done in practical ways. The strategy should be built into the ten year Corporate Plan, with an appropriate accountability mechanism. This can take the form of a monitoring framework with a locally agreed set of indicators relevant to the intended improvements in social determinants and in health outcomes.

Vision

Senior leaders can align around a vision with a long-term horizon within a locally agreed timeframe, bearing in mind that some outcomes take longer to achieve than others.

Focus on the local challenges

Depending on the local context, towns and cities focus on specific issues of concern. These might include a focus on training and employment opportunities, or housing tenure for secure and settled housing, conditions of housing or the condition of built and green environment, transport links to access everyday needs, early child development, or young people's opportunities. It is possible to make progress across multiple priorities at the same time, aligned to the Marmot policy objectives.

Emphasizing mutual benefits

The linkages across the Marmot principles mean that it is possible to create 'win wins' between them. For example, providing job training and employment services can enable people to find good, meaningful work with an income that enables a healthy standard of living, enables people to cope better and reduce stresses associated with financial insecurity and debt, with additional benefits for family life (providing the job supports good work-life balance), and children's development and prospects.

Build on existing assets

Local assets include people and communities, the community voluntary sector, and employers and businesses, and those who operate in the public and private sectors, as well as existing campaigns and initiatives focused on issues of social and public health concern. Harnessing the power of existing networks, and emphasizing mutual benefits can build momentum around achieving the vision. There is an opportunity in Essex to build on the current 'livewell' campaign and create alongside this initiative a new, broader approach involving stakeholders across the public, private and community voluntary sectors to apply the six Marmot policy objectives to improve population health and tackle health inequalities across Essex.

Engaging with local communities

Engaging directly with communities on a regular basis to enable them to participate in identifying local needs and in creating positive changes helps to strengthen communities and make good things happen for local people.

Indicator set

In developing a locally owned strategy to improve health and reduce health inequalities it is important to measure, monitor and evaluate progress on social determinants and health outcomes. This indicator set will need review and strengthening over time since not all indicators may be measurable with the degree of granularity required at first. In addition, different indicators may be needed over the short, medium and longer terms. Regular review of progress, using the indicator set, will enable changes to be assessed, and for adaptation and course correction where necessary. The Build Back Fairer: Greater Manchester report presents a set of indicators for the Manchester city region that were distilled into a set of Beacon Indicators (see Box 6). The process and the indicators can be reviewed for relevance to the context in Clacton-on-Sea, and developed and adapted to suit the local context as necessary.

Evaluation

The monitoring framework can be augmented by an evaluation programme that aims to show practical impacts of applying the social determinants of health approach. A mutually agreed theory of change should be developed to guide the evaluation. Bearing in mind the complex causal pathways involved, change in the social determinants of health is never a linear process; it is a dynamic process, with multiple moving parts and feedback loops. The theory of change therefore should be adapted over time in response to contextual changes. Qualitative information should be collected, giving insights into the process of change – what works well and what could be improved, and insights into the lived experience of residents, the changes residents would like to see, what would make a difference, and experience of change. In addition to monitoring selected indicators over time, where possible additional quantitative information can be collected.

Call to action

As part of this initial piece of work an event with Professor Michael Marmot will be held in conjunction with the North Essex Integrated Care System and partners. This will provide an opportunity to discuss
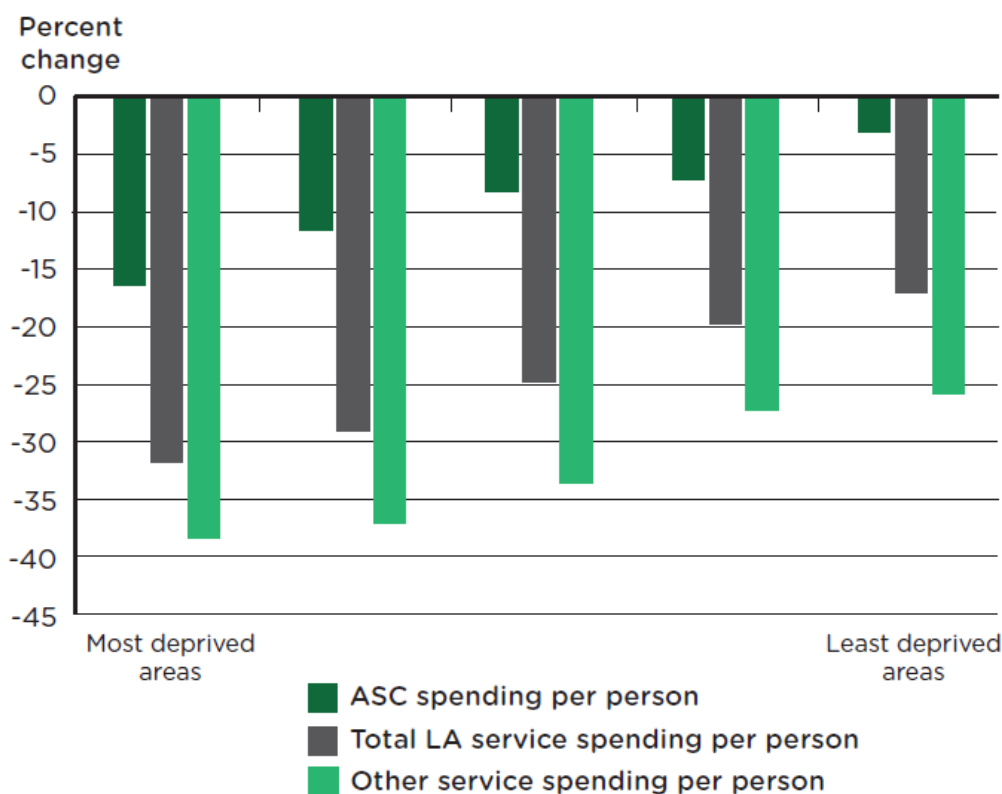
key priorities is taking a Marmot approach in the area, and serve as a call to further action to improve health and reduce health inequalities.

Annex 1: National Context

The Marmot Review 10 Years On report published in 2020 before the COVID 19 pandemic showed that a lot of things had got worse since the 2010 report: life expectancy (LE) stopped increasing, and actually went down for women living in the most deprived areas, the social gradient in LE got steeper, mortality rates for women and men in their 40's increased, spending on education decreased, housing became a crisis and there was increased homelessness, and more people with insufficient money for a healthy life.(6)

Government spending as a percentage of gross domestic product (GDP) declined from 42 percent to 35 percent between 2009/10 and 2018/19, resulting in declines in spending across sectors. Spending on important social determinants of health declined, including spending on both education and social protection which declined by 1.5 percent. In addition, there were significant cuts to local government, with more deprived areas experiencing greater declines in spending than less deprived areas. In effect, council spending per person decreased the most in more deprived areas, the areas with the greatest needs and worst health outcomes (Figure 1).

Figure 1 Average change in council service spending by person by quintile of Index of Multiple Deprivation[1] (IMD) average score (2009/10 to 2017/18
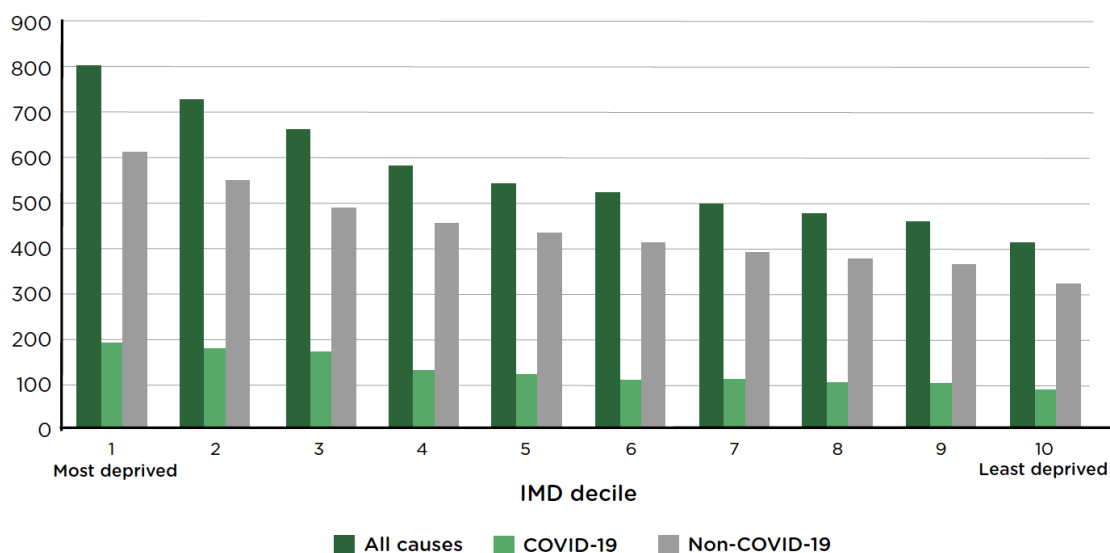

Note: ASC= Adult Social Care; LA= Local Authority
Source: IFS 2018 (24) in Marmot Review 10 years on 2020 (6)

The Build Back Fairer report (2) shows that COVID 19 amplified existing social and health inequalities and provides evidence that inequalities in mortality from COVID-19 are related to levels of deprivation in an area, as well as gender, age and ethnicity. Figure 2a and 2b show mortality rates from COVID 19 and all causes by area deprivation decile for men and women respectively for deaths between March and July 2020.
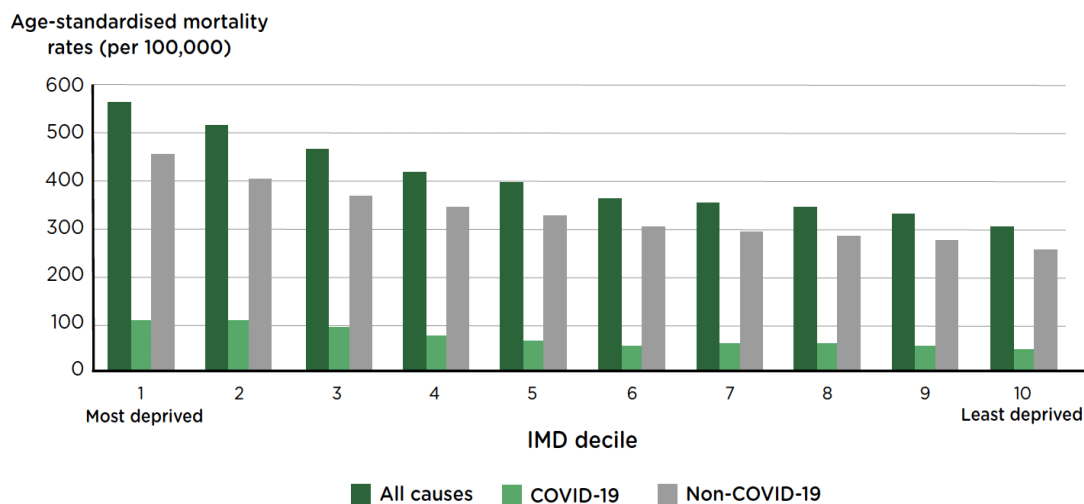
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[1] Area deprivation is assessed by the Index of Multiple Deprivation (IMD), a composite index comprising seven domains of deprivation (Income, Employment, Health Deprivation and Disability, Education, Skills and Training, Crime, Barriers to Housing and Services, and Living Environment) which are combined and appropriately weighted. Using the IMD small geographic areas in England are ranked from most deprived to least deprived and divided into 10 equal groups known as deciles. This allows for comparison of indicators by deprivation decile across England.

Figure 2a Male age-standardised mortality rates from all causes, COVID-19 and other causes (per 100,000), by deprivation deciles in England (March-June 2020)

Source: ONS. Deaths involving COVID-19 by local area and socioeconomic deprivation, 2020

Figure 2b: Female age-standardised mortality rates from all causes, COVID-19 and other causes (per 100,000), by deprivation deciles in England (March-June 2020)

Source: ONS. Deaths involving COVID-19 by local area and socioeconomic deprivation, 2020, in Build Back Fairer 2020 Institute of Health Equity

The Build Back Fairer report also highlighted the impacts of the national responses to COVID 19 on children and young people, and on education, on employment and poverty. School closures during

the first lockdown, and the move to home learning meant that children from disadvantaged backgrounds were even further disadvantaged than their better off peers, because they are less likely to have access to computers and IT, and their housing and family environments tend to be less conducive to home learning.

Among working people, those on low incomes and with part time work were the most likely to be furloughed, and furloughed workers experienced 20 % cuts in their wages. While Increases in benefit payments mitigated the loss in wages for the lowest income quintile (the poorest), those in the second quintile did not benefit to the same extent.(2)

A report commissioned by the Campaign to End Child Poverty (25) estimated that in March 2020 31% of children in the UK were living in poverty i.e. living in households with below 60% median income after housing costs. Evidence shows that growing up in poverty is associated with harms to early child development, educational outcomes, opportunities for good employment, and health.(1) COVID 19 has exacerbated the risk of these harms.

Within this national context there are considerable regional and local differences and therefore building local knowledge resources, responding to local needs, and maximising local assets are more important than ever in building back fairer for local people in times of COVID 19.

Annex 2: Local Context: health and social issues

The North East Essex Health and Wellbeing Alliance are well advanced in the process of developing knowledge and understanding about the barriers to opportunity for residents of Tendring. Extensive local data can be drawn upon to map and assess the wider determinants and health outcomes within Tendring.   However, as pointed out by the Chief Medical Officer's (CMO's) report, Tendring comprises more affluent areas as well as deprived areas, so data at the Tendring level obscures the inequalities in health and wellbeing between the most and least advantaged areas. The report points out that more data is needed at the ward level within Tendring as a basis to identify, understand and address needs in the poorest areas.(3)

The Essex County Council Joint Strategic Needs Assessment 2019 (JSNA) (4) presented data providing pertinent information about the social situation in Tendring in 2019 pre COVID 19 pandemic. Tendring is one of the 20% most deprived districts/unitary authorities in England. Approximately 24% (5,500) of children in Tendring live in low income families. Life expectancy in the most deprived areas of Tendring is 10.6 years lower for men and 7.8 years lower for women in than in the least deprived areas.   In the most deprived areas people not only live shorter lives than average for England, but also experience worse health.

The Chief Medical Officer's Annual Report 2021 on Health in Coastal Communities brings attention to Clacton-on-Sea as one of the coastal towns facing serious health challenges (see Box 1).(3)

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Box 1 Major health challenges: Clacton-on-Sea

- Death rates under the age of 75 from all causes, cancer and circulatory diseases are higher in Clacton than in Tendring, the county of Essex and England
- Clacton has the second highest mental health need in England
- Hospital stays for self-harm are twice as high as in Essex as a whole
- Emergency admissions to hospitals are higher in Clacton-on-Seas than other Tendring and Essex as whole for coronary health diseases, common obstructive pulmonary disorder, and hip fractures

Source: Chief Medical Officer's annual report 2021: Health in Coastal Communities (3)

- Data from the National Child Measurement Programme 2020 shows that several wards in Clacton-on-Sea have higher than the national average rates of childhood obesity. In the Jaywick area of Clacton-on-Sea 27% of 10 and 11-year-olds are obese and a further 14% are overweight, 13% of 4 and 5 year olds are obese, and 15% of four and five-year-olds in the ward are overweight. Nationally, 20% of 10 and 11-year-olds are obese and 14% are overweight, and 10% of four and five-year-olds are obese and 13% are overweight.

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Clacton-on-Sea, once a popular sea-side resort within the local government area of Tendring, has experienced fifty years of social and economic decline. The Jaywick area of Clacton-on-Sea is the most deprived neighbourhood in England according to the IMD 2019. The pre-existing urgency to improve health outcomes in Clacton-on-Sea through social and economic renewal is heightened by the impacts of COVID 19. During the COVID 19 pandemic Clacton-on-Sea has suffered further economic decline and a deepening jobs and health crisis. According to the Chief Medical Officer's report 25% of those employed in Clacton worked in sectors that were closed during the COVID 19 lockdowns.(3)

Children growing up in Clacton are also falling behind their contemporaries in other regions of England. The Chief Medical Officer noted that the proportion of children achieving a good level of development at aged 5 (a key Marmot indicator) is lower in Clacton at 53%, than in Tendring (58%) and Essex (62%).(3) Educational attainment at GCSE level is also lower in Clacton than in Tendring, and Essex. Early childhood development is a key driver of health, educational and social outcomes across lifetimes.

The reliance of the local economy on the once thriving tourist, hospitality and entertainment industries means unemployment and poverty among local inhabitants have risen dramatically. Unemployment is Tendring stands at 12%, which is higher than in other districts of Essex, and the average in England.(26)

For Clacton-on-Sea therefore, levelling up is more relevant than ever.
The drivers of health inequalities are complex and often have long historical roots, but evidence from other towns and cities in England demonstrate that with political will, strong local leadership, partnership across sectors progress can be made in tackling the key drivers of poor health outcomes and health inequalities.

There is a strong foundation for advancing health in the area, with leadership from the Integrated Care Service, and an active community voluntary sector.

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