# Fairer Gwent

The Journey to a Marmot Region: Why and How

Introducing the "Marmot" Principles

Our journey starts with three core theories largely covered by the work of Professor Sir Michael Marmot...

... and as a result, the 8 "Marmot Principles"

1. Give every child the best start in life

2. Enable all children, young people & adults to maximise 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.
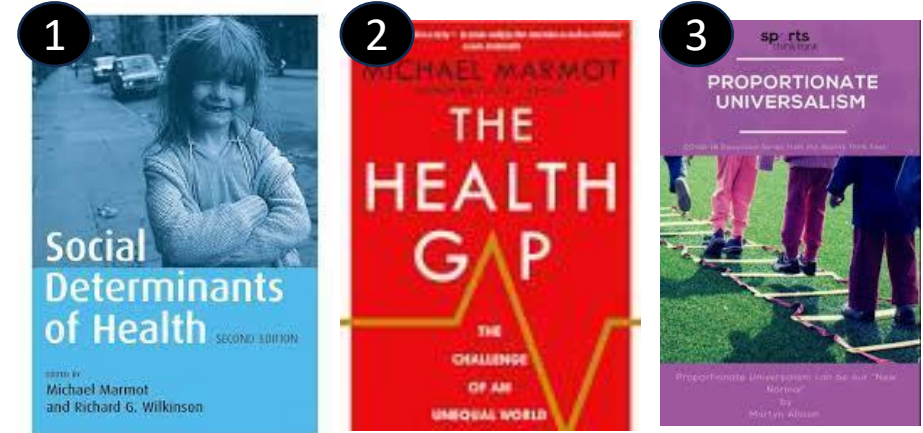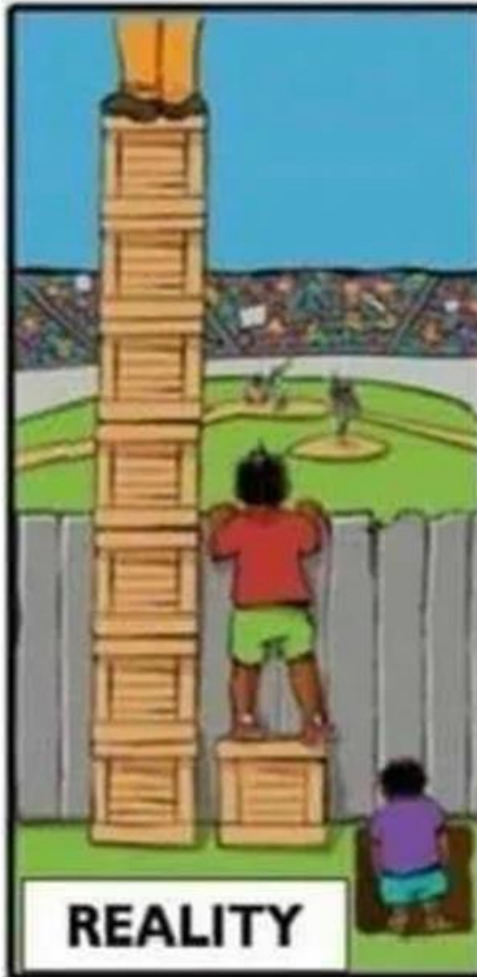
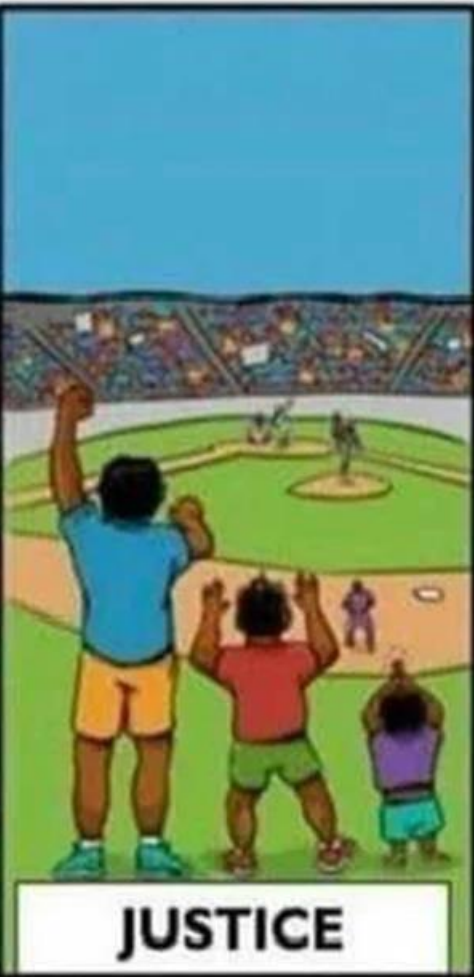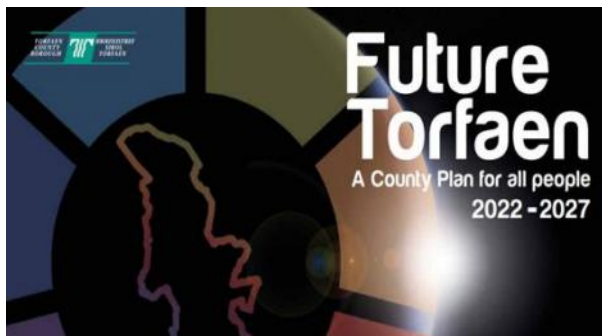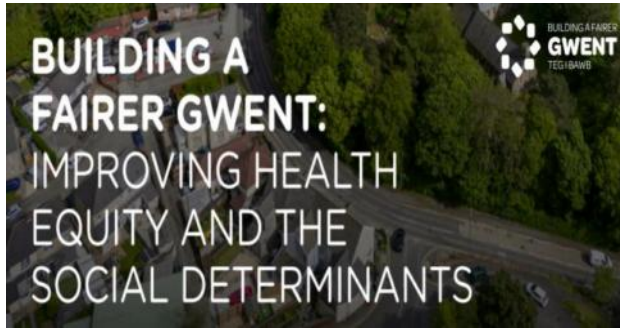| REALITY	EQUALITY	EQUITY	JUSTICE
One gets more than is needed, while the other gets less than is needed. Thus, a huge disparity is created.	The assumption is that everyone benefits from the same supports. This is considered to be equal treatment.	Everyone gets the support they need, which produces equity.	All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.

Gwent: A Marmot Region

BUILDING A FAIRER GWENT: IMPROVING HEALTH EQUITY AND THE SOCIAL DETERMINANTS

Masterplan

Future Torfaen
A County Plan for all people
2022 -2027

- Gwent is part of the Cardiff Capital Region.

- In 2022 Gwent became a 'Marmot region' and the PSB engaged the Institute of Health Equity to shape how we think differently about wellbeing.

- ABUHB, TCBC and BGCBC looking to 'grasp the nettle' and move quickly

- Working together we're systematically redesigning our strategy & approach... and we're well on that journey:
  - Our Masterplan (longitudinal impacts),
  - Our Masterplan Programmes
  - Our County Plan (5-year ambition),
  - Our Communities Approach (delivery model)
  - Our performance framework
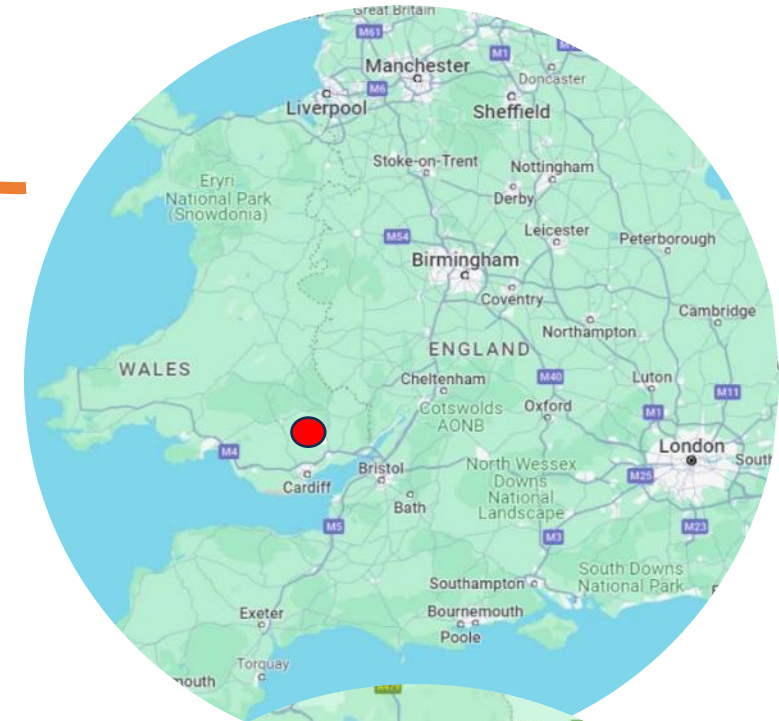
So how 'well' are we....
The Importance of the Joint Strategic Assessment

In 2020-2022, female life expectancy in **Blaenau Gwent** was the **lowest** in the UK – over 7.5 years less than someone living in the most affluent parts of the country

Loneliness

20%

Torfaen pupils have Additional Learning Needs

1 in 4

32.6%

Girls (11-16) in Blaenau Gwent who have tried vapes

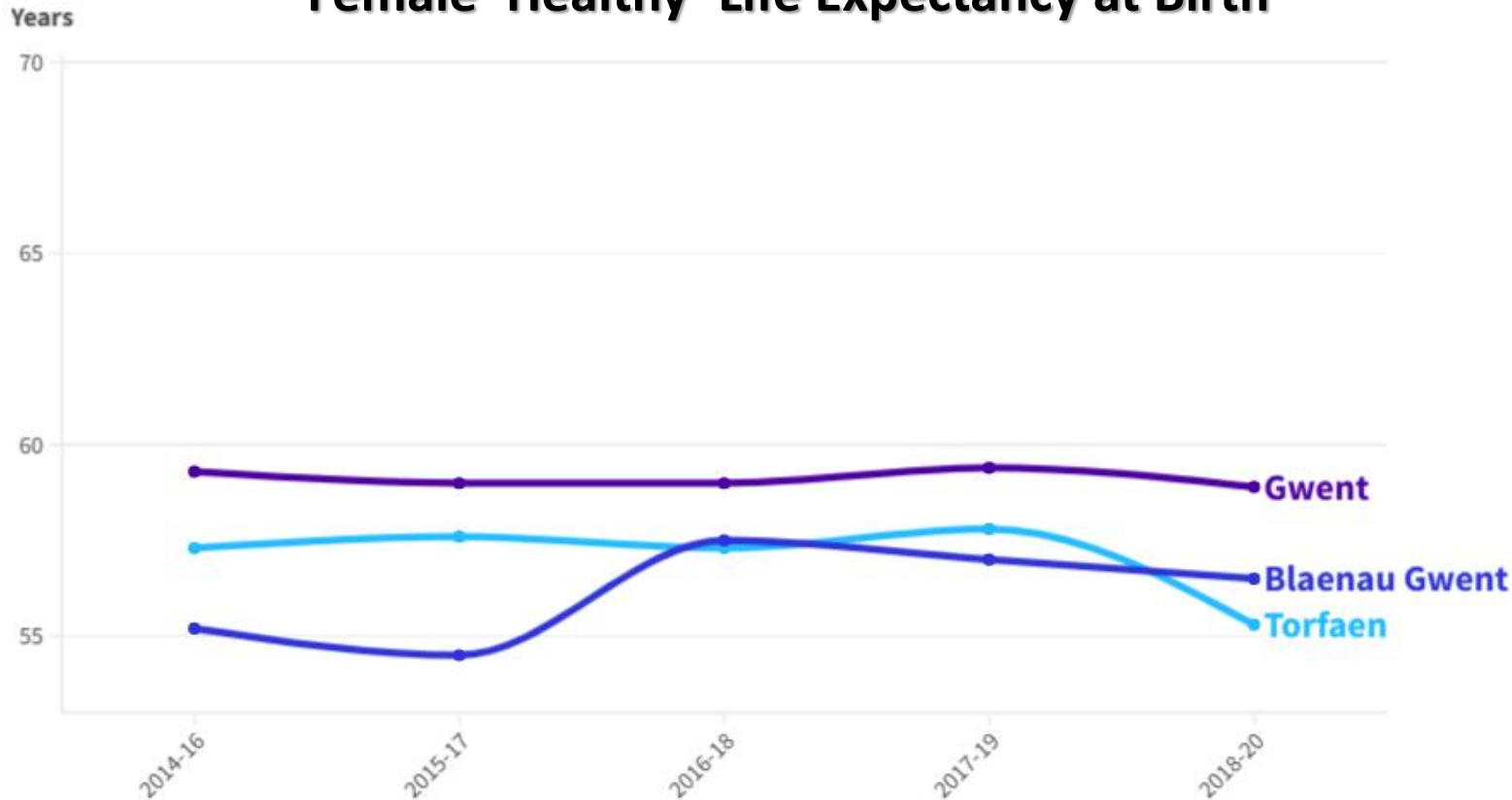**2.2%**

Under 18 Conceptions

20%

Live in a 'deprived' area

So how 'well' are we....
The Importance of the Joint Strategic Assessment

Female 'Healthy' Life Expectancy at Birth

In 2018-20 the Health Life Expectancy of Torfaen residents was below the UK average.
The trend for females is of particular concern. By 2018-2020 the HLE had reduced to only **55.3 years**.

Women in some Heads of the Valleys communities have a healthy life expectancy as low as mid 40s

Applying Marmot Principles at Place:

- We know that our ability to stay well is socially determined, unequal and incredibly complex

- Protective factors in our **communities** help us stay well, particularly when we face a crisis

- It is important to remember that we all face crises in our lives. We cannot "prevent" a crisis happening, but we help people to be resilient when a crisis hits

The exam question:

how do we unlock those protective factors to drive positive and sustainable improvements in wellbeing at a <u>population</u> level?

"provide more and more long-term services"

"Should we provide more and more targeted prevention programmes…?"

No. Outcomes tend to be worse in long-term support. If long-term support continues to grow it will bankrupt us

Not fully. How do we sustain the impact after the programme and how do we balance intervention with people's right to live the life they want to lead?

- Neither address the root causes of the issue which is the **sustainability** of wellbeing at a population level

What's the Communities Approach?

Improving Wellbeing through Community Leadership

- So....*how do we unlock those protective factors to drive positive and sustainable improvements in wellbeing at a population level?*

- Our Communities Approach is based on growing the role and influence of community support in the wellbeing system. Or to put another way....

- How do we go from here
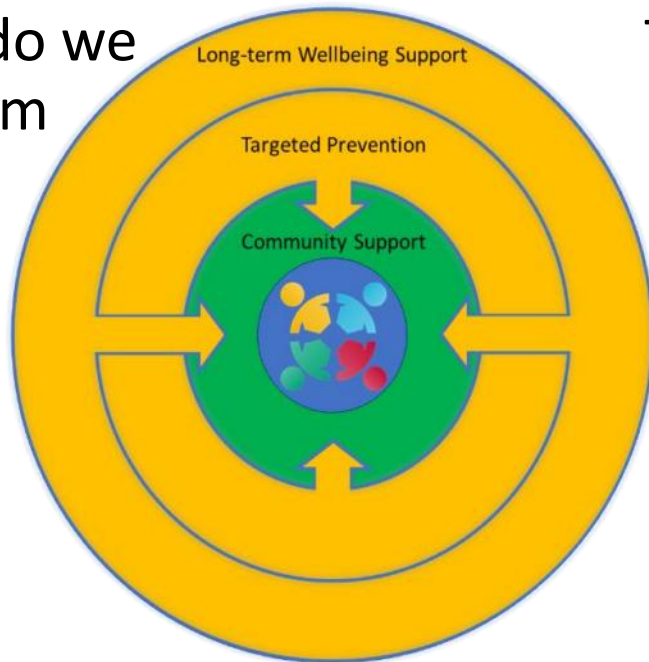
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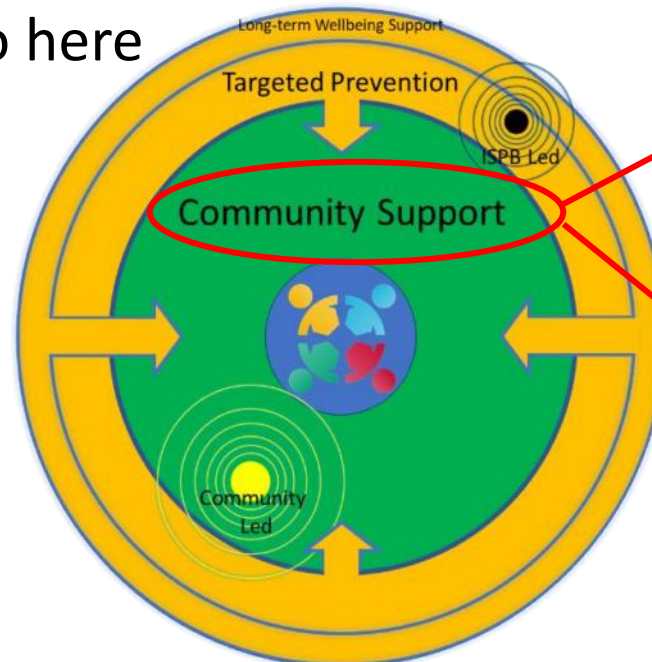
Community Leaders
Community Halls & Venues
Community Groups
Charities
Volunteers
Shops & Businesses

Building Resilience

Understanding our people in the context of 'place', to identify earlier the risks, harms and vulnerabilities, to work to increase protective factors to build resilience.

Wider Determinants

Addressing a range of social, economic and environmental factors which impact on people's health, wellbeing and prosperity.

Service development & Delivery

Ensuring our services are the most effective, most efficient and equally accessible using a sound evidence base.

Maximise the opportunity to work across disciplines to build capacity.

Intelligence and Population Health

Using intelligence, information, knowledge and evidence to inform and support decision making, to address the needs and improve outcomes for our population

Behaviour Science and Lifestyle

Providing a range of support for people and families to embed strength based approaches

Safe communities

Protecting individuals and communities from infectious diseases and environmental hazards

Developing effective strategy & interventions to tackle anti social behaviour, public & private space violence, and for our communities feel safe where they live.

What does this mean for our 'Practice'?

- Marmot & the Communities Approach always require a strengths-based, trauma informed practice

- They rely on community-based primary prevention and require a positive attitude towards the role of community-led support

- They require a different attitude to targeted secondary prevention

- They rely on research & data – to monitor impact, systems performance and to develop predictive analytics

- They require a balance between investment in now (e.g. prevention) and investment in future (place, and raising aspirations)

The New Prevention Model: Core Principles

- Residents with support needs may present at many different 'touch points' in their community. All touch points need to be able to understand and use the new model

- All offers of support should be strengths based. Communities are usually best placed to meet the support needs of their residents and should be the starting point for all support packages (where support is required beyond an individuals own resources).

- Structured prevention programmes (public or third sector) are intrusive and should only be used where there is a clear and demonstrable benefit

- All prevention programmes should be able to demonstrate how the outcomes achieved on the programme will be sustained back in a community setting

- Internal prevention programmes should be held to account for the delivery and sustainability of outcomes to the same degree as externally commissioned programmes

- Prevention programmes must reduce demand presenting at statutory service front doors, particularly Housing Gateway, Adults IAAS, MASSH and Community Safety Strike process.

- Caseworkers should be used for those with the most complex support needs

The Prevention Model
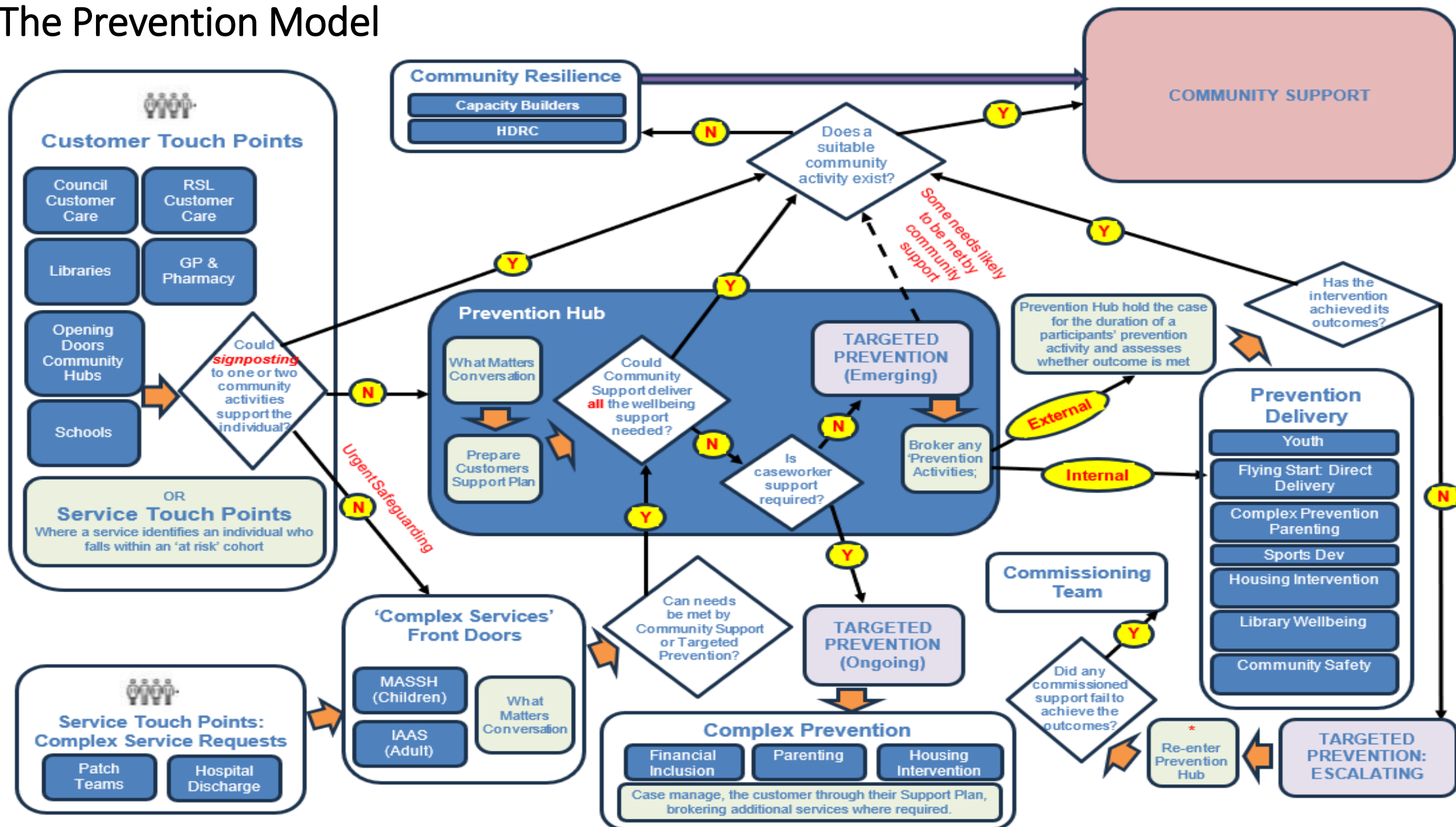
Working across and beyond organisation boundaries
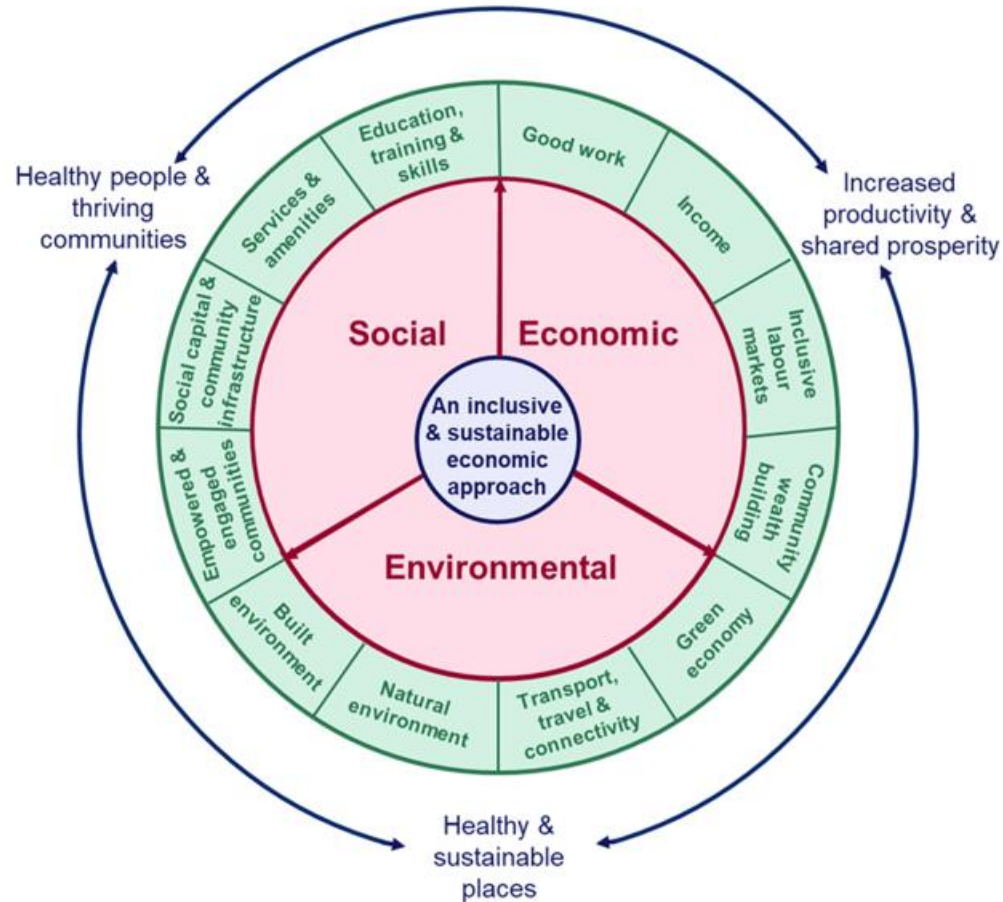
- Working Collaboratively to improve the lives of everyone, living in, working in and visiting Gwent

- Working across the 3 domains of social, economic and environmental we can establish a strong vision that includes healthy people & thriving and connected communities, healthy and sustainable places, increased productivity and shared prosperity.

Places & Aspirations

- Talked a lot about the system for supporting 'people': the immediate changes we need to make to the way we practice and deliver our services to improve health outcomes

- But what about the physical / structural changes needed to deliver health equity?

COMMUNITY ASPIRATIONS

- Employability
- Early Years
- Education

HEALTHY PLACES

- Housing
- Planning Policies
- Regeneration

Improving Communities through Shared Power

Raising Aspirations

HOW DO WE EMBED THE MARMOT PRINCIPLES INTO THE DESIGN OF OUR PLACES SO WE DON'T END UP WITH MORE AND MORE HOMES FOR MORE AND MORE POORLY PEOPLE?

Isn't this too big a task?

- Not if we collectively move from being *'organisational'* leaders to leaders of the wellbeing *'system'*…

- So how do we get there: **'The Improving Wellbeing through Community Leadership programme'**

Understanding & Monitoring: Strengths, Needs, Demand, Impact
- Health Determinants Research Collaboration and action research
- Performance Management frameworks (activity, BAU and system)
- Scrutinising 'Service Plan' activities

Systems Leadership
- Redefining 'volunteering': our ask of communities goes far beyond roles people may see as volunteering
- The role of the ISPB & Local Community Resilience Groups in setting priorities
- Distributed Leadership: Healthboard & CVC
- Building confidence in the community offer amongst operational decision makers... Why 'refer', Why 'convey', Why 'admit'?

Organisational Design
- The Prevention redesign
- The Community Capacity team

Corporate Awareness & Culture
- Bravery and rebellion. Recognising that change is not always popular
- Sharing Power – thinking about systems not organisations and giving up control to communities.
- Future BGT Sessions

Member Development:
- Defining what 'sharing power' and a 'Torfaen Deal' mean in terms of how officers respond to Member Enquiries