

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Presenting the Raise Camden strategic programme, and award of grant to academic delivery partner for Marmot Estates project (AH/2025/07)	
REPORT OF Cabinet Member for Health, Wellbeing and Adult Social Care	
FOR SUBMISSION TO Cabinet	DATE 16 July 2025
STRATEGIC CONTEXT <p>In May 2025, the UCL Institute of Health Equity published the Raise Camden Health Equity Data Audit, an independent report commissioned by Camden Council which analysed available data to summarise the current situation and issues in the borough with respect to health equity, especially for children. The report recommended Camden Council review six action areas: improving incomes and reducing deprivation, housing, education, community and safety, data, and health.</p> <p>A Child Poverty roundtable was held on 12th May 2025 to assemble wider partners to reflect on the issues presented in and propose a local response. In this forum it was proposed we establish a Raise Camden Taskforce to develop our response to these findings in a considered manner, which would be taken forward by Raise Camden a strategic programme led by the Health and Wellbeing department. We are using the Missions approach to understand problems deeply, work with our communities and partners and share power in ways that can make a real difference.</p>	
SUMMARY OF REPORT <p>This report confirms publication of the independent child health equity audit report commissioned from the University College London (UCL) Institute of Health Equity by the Council, on 22 May 2025. We present Raise Camden as a strategic programme led by Health and Wellbeing team with responsibility for taking forward a cross council response. This report proposes the Raise Camden Taskforce to be responsible for shaping our council's response with external partners.</p> <p>One example of a proposed response is the development of Marmot Estates. The Marmot Estates is a shared project across Raise Camden and the Estate Mission, which will address a range of challenges to improve the health and wellbeing of estate residents. It will bring together teams from across the Council, community, academics and industry to deliver resident-designed interventions to achieve the Marmot Principles and reduce health and wellbeing inequalities through a hyper-local, evidence driven approach. The project will build on and help to further achieve the goals of the Community Champions programme and Camden's The Way We Work.</p> <p>This report recommends the Institute of Health Equity as the preferred academic delivery partner for the Marmot Estates project for the period 2025/2026 – 2028/2029 and proposes a grant agreement and partnership arrangement between Camden and the preferred partner.</p>	

The report is coming to the Cabinet because the annual grant value requires Cabinet decision according to the Council's constitution. The grant arrangement will be for 2 years, with the option to extend for a further 2 years depending on the needs of the Marmot Estates project. The total grant value over 4 years is £334,200 which is split into annual payments of £102,550 for both years 1 and 2, and £62,050 for both years 3 and 4. A design and publication cost of £5,000 is expected to be paid in year 2. This will be funded through the public health grant.

Subject to Cabinet approval, the project is expected to start in October 2025.

Local Government Act 1972 – Access to Information

The following documents have been used in the preparation of this report:

- [Raise Camden Child Health Equity report](#)
- [Estates Mission evidence summary \(Appendix 1\)](#)

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RECOMMENDATIONS

That, Cabinet:

1. Notes the publication of the independent report by the UCL Institute of Health Equity on child health equity in Camden.
2. Approves the establishment of the Raise Camden strategic programme and a related Taskforce to recommend a focus for action within Camden to respond to the report's findings.
3. Approves the establishment of the Marmot Estates project and the related award of a grant of £334,200 over 4 years to the Institute of Health Equity to be the academic delivery partner for the project. The grant would be paid as an annual grant of £102,550 for both years 1 and 2, £62,050 for both years 3 and 4 from 2025/2026 – 2028/2029 and a design and publication cost of £5,000 is expected to be paid in year 2. Payment will be subject to the academic delivery partner meeting the requirements and expectations set out in the partnership agreement as described in point 2.18.
4. Delegates authority to the Director of Health and Wellbeing, following consultation with the Cabinet Member for Health, Wellbeing and Adult Social Care, to release the grant annually until 2028/2029 subject to

satisfactory performance and the partnership meeting the needs of the project, including a review of the project's needs at the end of year 2.

Signed: 

Date: 01 July 2025

1. CONTEXT AND BACKGROUND

- 1.1. In May 2025, the UCL Institute of Health Equity published the Raise Camden Health Equity Data Audit, and independent report commissioned by Camden Council which analysed available data to summarise the current situation and issues in the borough with respect to health equity, especially for children.
- 1.2. The report produced a series of recommendations for Camden Council, Camden partners, and national Government across six action areas which would result in significant positive impact on child health equity in the short and long term.
- 1.3. The action areas identified are: improving incomes and reducing deprivation, housing, education, community and safety, data, and health.
- 1.4. The Council's proposed response to the report is Raise Camden. Raise Camden is a strategic programme which will address the issues identified in the report and support innovation across the Council and its partners in order to enable and lead the change required to stop the inequalities in the borough growing.
- 1.5. Camden has a strong history of investing in the prevention of child poverty – with our approach and services recognised as outstanding by Ofsted – yet we are struggling to shift the dial. Tackling child health inequity is a complex challenge which no one organisation can solve alone – underpinned by the impact of poverty on children, it requires local and national organisations to mobilise, to collaborate and to develop new solutions to longstanding challenges families in Camden face. We want to ensure every Camden child lives a happy, healthy and hopeful life.
- 1.6. Raise Camden will convene a Taskforce of local and national active partners, alongside subject matter experts to guide and be accountable for Camden's response to the difficult and concerning issues highlighted in the report.
- 1.7. The Taskforce will be convened by the Leader of the Council and chaired by Professor Sir Michael Marmot and Councillor Olszewski.
- 1.8. The Raise Camden Taskforce will enable collective, supportive action in the creation of a Raise Camden innovation hub as a shared endeavour.
- 1.9. The Taskforce will conduct deep dives into different topics and areas of activity identified in the report at each meeting. Each deep dive will include a review of local data, existing responses to the topic of interest, and expertise to identify further solutions and proposals which the innovation hub can take forward.
- 1.10. Whilst there is much descriptive evidence of the factors that lead to health inequalities and child poverty, there is little evidence of how to successfully address these issues. In addition, many of the recommendations for addressing health inequity and child poverty are based on increasing services

and fiscal solutions which are not always feasible.

- 1.11. Raise Camden will apply the existing data and knowledge in a local context in order to evidence the interventions that work, especially non-fiscal options, therefore helping to reduce health inequalities both within Camden and beyond.
- 1.12. There are many examples of work that is both already underway and has been happening for some time across the Council to reduce health inequity. Examples include:
 - 1.12.1. Family Hub Pregnancy Grants which offer a £500 cash grant to pregnant people in Camden who are in receipt of qualifying benefits, to help with the costs of pregnancy and preparing for a baby. This project is a partnership between the Council's Children's Centres, Family Hubs, and Money Advice Service alongside Nesta, Central and North West London NHS Foundation Trust, and University College London.
 - 1.12.2. Working with health partners to take a multi-pronged, system-wide approach has led to a reduction in hospital admissions for asthma in Camden. This includes the roll out of the Asthma Friendly Schools programme which is now in 45 schools, with 12 having achieved asthma-friendly status.
 - 1.12.3. In 2023, Camden Council launched the Honest Grind Coffee programme which provides training, hands-on experience and a pathway to employment for children with experience of the Youth Justice System.
 - 1.12.4. Adults and Health staff support parents and carers through the delivery of health interventions such as the vaccine bus.
 - 1.12.5. A number of Camden Council teams – including Our Money Advice, Home Energy Advice, Housing, Children's Centres and Family Hubs – are working together to provide targeted advice and interventions to residents and families to ensure they are access the benefits and services they are eligible for including free school meals and the council's Cost of Living Fund.
 - 1.12.6. The Equitable Services Programme is driving system-wide quality improvement by embedding the assessment of inequalities into Council services so the root causes of inequality are identified and tackled, including engaging with residents to explore solutions.
 - 1.12.7. Funding the employment of a Community Champions Coordinator by a local voluntary sector partner so local residents can be supported to lead activities and projects that improve the health and wellbeing for estate residents in the local neighbourhood, alongside voluntary sector partners and businesses.

- 1.13. Other Raise Camden projects which are currently in the development phase, include:
 - 1.13.1. Data projects which will provide a better understanding of the health and wellbeing of children and young people, and estate residents.
 - 1.13.2. Working with NHS partners to ensure maternity and antenatal support services are culturally competent and appropriate for residents from Black, Asian and other ethnic backgrounds who use Camden maternity and antenatal services.
 - 1.13.3. Supporting families to facilitate safe sleeping for babies in overcrowded and temporary accommodation in partnership with charity Little Village.
- 1.14. Camden Council's Missions were reviewed through a series of deep dives and workshops which took place between July and October 2024. Through this process, the Estates Mission's primary focus was updated. The updated focus is "to improve the health and wellbeing of estate residents to the same level as others in the borough by 2030". This focus recognises both the reciprocal relationship between health and where people live, and that estate residents are particularly likely to have worse health outcomes than other residents.
- 1.15. The Estates Mission review developed a three-part outcomes framework to guide the Mission's work towards its focus: (1) People - People who live on our estates feel a sense of belonging and connection; (2) Place - Our estates are healthy environments; and (3) Power - Our residents have the power to shape their local environment.
- 1.16. The Estates Mission has also identified a learning enquiry to understand the differences in health needs across estates, and what the most significant health needs are for estate residents.
- 1.17. The Estates Mission steering group, chaired by Councillor Abdi-Wali, has identified the Marmot Estates project and approach as a way to achieve the Mission's primary focus, outcomes, and learning goal.
- 1.18. Marmot Estates is an example of the innovative test and learn approach that Raise Camden will lead and facilitate.
- 1.19. Marmot Estates will be a hyper-local, estates-based approach to addressing health inequity through the co-design and co-delivery of interventions with estate residents. Camden would be home the first Marmot Estates in the country and aspires to create a replicable model for engagement and local action.
- 1.20. The goal of Marmot Estates is to work with residents to implement multiple interventions on estates, in order to make significant progress towards the

achievement of the most appropriate and meaningful Marmot Principles for each estate. The Principles will closely align with the We Make Camden ambitions for Camden to be a borough where every child has the best start in life; have communities that support good health, wellbeing and connection for everyone so that they can start well, live well, and age well; and that everyone in Camden should have a place they call home, which is green, clean, vibrant, accessible and sustainable.

1.21. The Marmot 8 Principles are:

1. Give every child the best start in life
2. Enable all individuals to maximize their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention
7. Tackle racism, discrimination, and their outcomes
8. Pursue environmental sustainability and health equity together

1.22. Marmot Estates will use the test and learn approach to interventions by providing space for experimenting and learning at pace and working across the Council to facilitate work beyond organisational boundaries, as well as building on existing work undertaken through The Way We Work, voluntary sector partners, and others.

1.23. The test and learn approach of the Marmot Estates project will be used to develop a local evidence-base of successful interventions for reducing health inequity at a hyper-local footprint, alongside lessons learnt, and a toolkit/framework to enable scaling across the borough.

1.24. The pilot will facilitate and empower residents to design data and evidence-informed interventions. The evidence and tools produced by the project will inform local system change and delivery across other Camden estates, acting as an example of evidence application to a local area.

1.25. In order to ensure the evidence underpinning the Marmot Estates project and the outputs are both fit for purpose and high quality, the Council will partner with an academic delivery partner to support on the evidence, data collection, and evaluation aspects of the project in particular.

1.26. Partnering with an academic partner will enable the Council to understand the relative impacts of hyper local interventions (e.g. community champions), borough wide policy (through application of the approach through the use of a toolkit and practice improvement), and system change.

1.27. The Marmot Estates project supports the Council's focus on place-based intervention for health. It will also enable the scaling of work across all five health neighbourhoods within Camden, embedding an evaluated and

evidenced systematic methodology for how to deliver hyper-local, estate-level interventions to address health equity into the Council's way of working.

- 1.28. This report sets out the options for academic delivery partners to work on the Marmot Estates project. This report considers the options available to the Council, and makes a recommendation on the preferred option for the project.
- 1.29. The focus of the recommended option is on achieving the goals of the Estates Mission and Raise Camden programme to reduce the health inequalities experienced by estate residents and children in Camden.
- 1.30. Marmot Estates is a project which is being funded by the Public Health Grant, which takes an estate-based approach to addressing health inequalities.
- 1.31. The report is coming to Cabinet because the value of the annual grant exceeds £100,000, and the Council's Constitution states that any decision to award a grant over £100,000 in annual value requires a Cabinet decision.

2. PROPOSAL AND REASONS

- 2.1. Housing is a key influencer of health due to the potential for exposure to risks like mould and damp, the stress of insecure housing and the consequences of cold and overcrowded housing. The Greater London Authority estimates that the impact of poor housing costs the NHS over £100 million each year.
- 2.2. 33.7% of Camden residents live on estates. Both local and national data shows that estate residents tend to have poorer self-reported health than people who live elsewhere – only 73% report their health and being good or very good compared to 85-94% for other tenures.
- 2.3. Approximately 60% of households in Camden with dependent children experiencing at least one measure of deprivation are in social housing, and households with more than one measure of deprivation are mostly located in social housing.
- 2.4. The Council's Estates Mission has set an aim to improve the health outcomes of estate residents so they are at the same level as others in the borough by 2030. In parallel to the Estates Mission, the Raise Camden strategic programme is working to narrow the gap in health inequalities by improving childhood experience. Together, these programmes of work will deliver the Marmot Estates project to deliver the goals of both programmes.
- 2.5. Evidence shows that taking a hyper-local approach can lead to significant improvements for residents, especially when power is shared with them to decide the interventions they say will make the biggest different to their health and wellbeing.
- 2.6. The Marmot Estates project will deliver a pilot project across two estates in Camden to test the hyper-local co-designed approach while also providing an improved understanding of the needs residents estates have, as well as the

differences in the needs of different estates.

- 2.7. Any work undertaken as part of the Marmot Estates project will account for and build on previous engagement and existing insights from residents, collected by both the Council and others across the borough.
- 2.8. The name 'Marmot Estates' reflects the Marmot Principles which have been created by the Institute of Health Equity. The Marmot Principles reflect the eight domains where changes can be made at place-level to reduce health inequalities for individuals and communities.
- 2.9. In order to ensure the project is evidence and data driven, as well as well evaluated it is crucial to have an academic partner who can assess the data to inform resident decision making and provide high quality evaluation to inform future Council decisions including the scaling of the Marmot Estates approach and use of resources for maximum impact on health inequalities.
- 2.10. While many recommendations to address child poverty and health inequalities are reliant on fiscal or policy solutions. Marmot Estates, as part of Raise Camden, will look to focus on practical, achievable interventions that can be delivered at local level and without significant financial resourcing.
- 2.11. The Health and Wellbeing department of Camden Council has committed to covering the costs for an academic delivery partner to support the Marmot Estates project, subject to Cabinet approval of the grant.
- 2.12. The Institute of Health Equity (IHE) created the Marmot Principles, and is therefore best placed to establish baseline and monitoring measures for the Principles.
- 2.13. IHE produced the recent Raise Camden Health Audit report, so they have a comprehensive understanding of Camden and Camden residents' needs. This will allow them to start working on Marmot Estates with good baseline knowledge and avoid any delays in delivering the project.
- 2.14. Furthermore, IHE have prioritised working with Camden Council in recognition of their local anchor status and the Council's ability to act on complex challenges such as child health equity due to its Missions-based approach to local government. IHE have also worked with councils across the globe to implement Marmot Places which will provide Camden Council with the opportunity to access a network of learning which can inform the Marmot Estates project.
- 2.15. The "IHE" and "Marmot" brand can help to bring national and regional recognition and interest. This will provide opportunities to enable action and innovation using a missions-based approach.
- 2.16. IHE is part of UCL Consultancy, which enables Camden Council to access their expertise and resource without the overheads of academic institutions, therefore, providing Camden Council with academic support and input at best

valuable and through a more flexible method than usual grant-funded or local government ways of working.

- 2.17. In order to ensure the implementation of the Marmot Estates project is as evidence-driven and high quality as possible, it is requested that the Council enters into a partnership agreement with the Institute of Health Equity as its academic delivery partner for the project.
- 2.18. The academic delivery partner will provide expertise for evidence collection and review, data analysis and collection, and evaluation of the project. They will also produce an evidence-based toolkit which captures the lessons learnt throughout the pilot and share which interventions are effective. These outputs and tasks will be set out in the partnership agreement.
- 2.19. The Marmot Estates project is expected to be two years initially, with potential to extend for another two years after which it is intended to become part of the business-as-usual approach to working with estates residents, should the programme prove to be successful and impactful.
- 2.20. The short timeline for the pilot project will mean many of the interventions tested in the first two years are likely to be 'quick wins'. However, the evidence they create, alongside other longer term interventions, will help to inform and drive system change to ensure sustainable prevention of child poverty and reduction in health inequalities.
- 2.21. Therefore, it is also requested that Cabinet delegates authority to the Director of Health and Wellbeing, following consultation with the Cabinet Member for Health, Wellbeing and Adult Social care and the Cabinet Member for Better Homes, to release the grant annually until 2028/2029, subject to the academic delivery partner meeting the requirements and expectations set out in the partnership agreement as described in point 2.18.

3. OPTIONS APPRAISAL

3.1. Option 1: Do not have an academic delivery partner

- 3.1.1. If it is decided that we should not partner with an academic delivery partner, it would result in the Council having to commit significant internal resource in order to deliver the same outputs and outcomes for the Marmot Estate project, and the quality of academic aspects of the project which will inform future scaling would suffer. Without an academic delivery partner who has a positive reputation across sectors, it may also be more challenging to bring together the partners required to implement the Marmot Estates project successfully.

3.2. Option 2: Undertake a competitive process to appoint an academic delivery partner

- 3.2.1. The Marmot approach has been designed and developed by the Institute of Health Equity over a period of time. They have significant experience in

implementing and reviewing this approach and are also able to provide national benchmarks and comparators from earlier work. While it is theoretically possible that a small number of organisations would take part in a process to be the Marmot Estates academic delivery partner, it is highly likely that the quality of submissions and depth of understanding is going to be limited in comparison.

- 3.2.2. A competitive process would provide the Council with the ability to set a specific financial envelope and assess suppliers' responses on how they would support the achievement of the project's outcomes..
- 3.2.3. The primary risk of conducting a competitive process is that the time and resource required will lead to delays in the delivery of the Marmot Estates project, delaying the potential to improve health and wellbeing for estate residents.
- 3.2.4. There is also a high chance that only one submission would be received, from the UCL Institute of Health Equity, and should other submissions be received (albeit unlikely), the nature of the requirements needed from the academic partner would mean it is likely that the grant would be awarded to the UCL Institute of Health Equity, therefore not a good use of Camden resources.

3.3. Option 3: Direct appointment of an academic delivery partner – Recommended option

- 3.3.1. The Institute of Health Equity (IHE) created the Marmot Principles and have successfully implemented the Principles across the globe to improve health and wellbeing through place-based approaches. Their experience of implementing the principles in this way provides a potential blueprint and benchmark for the Marmot Estates project.
- 3.3.2. IHE has created a network of over 600 partners around the world who are working to reduce health inequalities, in addition to the places who have become Marmot Places or Marmot Organisations. Through these networks, Camden Council will be able to access the learning and innovations from across all these partners and projects to improve the delivery of the Marmot Estates project.
- 3.3.3. In order to reach the Estates Mission goal by 2030, and in line with the Council's test and learn approach, working with IHE to pilot Marmot Estates will enable the delivery of an innovative and meaningful project within the timeline of the Mission without avoidable delays.

4. **WHAT ARE THE KEY IMPACTS / RISKS? HOW WILL THEY BE ADDRESSED?**

- 4.1. A grant agreement is not a contract for service delivery, but a negotiated agreement between two partners, in this case to provide academic advice and input into the Marmot Estates project. Therefore, there is a risk that the

Council's ability to address issues with the academic delivery partner's performance without the contracting mechanisms which would be in place with a procurement.

- 4.2. The risk of difficulty managing performance could be mitigated by a mutually agreed partner agreement which includes the roles, responsibilities and expectations of the Council and academic delivery partner; a set of inputs, outputs and deadlines, alongside strong conditions (drafted by the Council's legal department). In addition, Cabinet can delegate authority to the Director of Health and Wellbeing to enter into annual agreements with the academic delivery partner, subject to their performance and the project's needs.

5. CONSULTATION/ENGAGEMENT

- 5.1. There has not been engagement regarding this grant due to the nature of the project and arrangement. However, officers have discussed the options with others who are familiar with this type of project and the Marmot Principles to establish if there are alternative academic delivery partners available. As this proposed grant is so specific, we don't believe any additional engagement or consultation is required at this time.
- 5.2. While the pilot estates will be chosen based on evidence and data, the delivery of the pilot will include extensive resident co-production and co-design, including co-delivery where possible, starting as soon as possible after the grant has been approved.
- 5.3. Engagement with residents will be designed to add to existing insights already gathered, in order to avoid duplication of previous engagement where appropriate.
- 5.4. Any primary data collection required for the project will be co-designed and co-delivered with residents, and only collected for the purpose of the project and to complete gaps in existing data and insights.
- 5.5. The project priority areas for each estate, and the test and learn interventions to address them, will be chosen and designed by estate residents, ensuring their voices and needs are centered throughout the project.
- 5.6. An Equality Impact Assessment (EIA) has been completed and the process has concluded that no negative impacts have been identified. However, it notes the hyper-local estate-based approach of the project resulting in only residents on the estates participating in the programme benefiting directly.

6. LEGAL IMPLICATIONS

- 6.1. The report is coming to the Cabinet because the annual grant value requires Cabinet decision according to the Council's constitution. The grant arrangement will be for 2 years, with the option to extend for a further 2 years depending on the needs of the Marmot Estates project. The total grant value over 4 years is £334,200 which is split into annual payments of £102,550 for

both years 1 and 2, and £62,050 for both years 3 and 4. A design and publication cost of £5,000 is expected to be paid in year 2. This will be funded through the public health grant. This report should come to the Cabinet as it is a reserved matter for collective Cabinet decision to agree the award of grants over £100,000.

6.2. Legal Services considers that the recommendations of the report as a whole are in compliance with the Council's constitution.

6.3. An Equality Impact Assessment has been completed and the process has concluded that no negative impacts have been identified from an Equality Impact perspective within the context that only residents on the estates participating in the programme benefit directly.

7. RESOURCE IMPLICATIONS

7.1. The report requests approval for the Marmot Estates project and the associated award of a grant of £334,200 over 4 years to the Institute of Health Equity to be the academic delivery partner for this project.

7.2. The grant will be disbursed as annual instalments of £102,550 for years 1 and 2, and £62,050 for years 3 and 4. A design and publication cost of £5,000 is expected to be paid in year 2.

7.3. Subject to Cabinet approval, the project commencement is scheduled for October 2025. As a result, the cost will be proportioned over 5 financial years: £51,275 for 2025/26, £107,550 for 2026/27, £82,275 for 2027/28, £62,050 for 2028/29 and £31,025 for 2029/30.

7.4. Although the budget is expected to be funded by the Children's Health Equity budget, however, the budget baseline does not reflect the full commitments at present. Provision will be made from the overall Public Health budget to address any budgetary pressures arising for this project, given that Children's Health Equity is one of the Public Health Services priorities.

7.5. This proposal does not incorporate any inflationary uplifts adjustments. There is no current planned Medium Term Financial Strategy saving required from Children's Public Health budget for 25/26 and 26/27.

8. ENVIRONMENTAL IMPLICATIONS

8.1 The proposals have no environmental impacts

9. TIMETABLE FOR IMPLEMENTATION

9.1 If the recommended option is approved by Cabinet:

9.1.1 The Raise Camden programme will establish its governance structure and begin delivery by 1 September 2025.

9.1.2 The Raise Camden Taskforce will hold its first meeting in September 2025.

9.1.3 The Marmot Estate programme will begin delivery by 30 September 2025.

9.1.4 The grant for the Marmot Estates academic delivery partner will be issued as soon as possible to avoid delays to the project.

Key Date	Key Tasks
01/09/2025	Commencement of grant with year 1 payment
08/09/2025	First Raise Camden Taskforce meeting
01/09/2026	Grant renewal with year 2 payment
01/07/2027	Grant renewal arrangement and extension decision
01/09/2027	Extension and grant renewal with year 3 payment (subject to agreement to extend)
01/09/2028	Grant renewal with year 4 payment (subject to agreement to extend)

10. APPENDICES

Appendix 1: [Estates Mission Evidence Summary](#)

Appendix 2: [Raise Camden Health Audit Report](#)

Appendix 3: [Equality Impact Assessment](#)

Appendix 4: [Data Protection Impact Assessment](#)

REPORT ENDS

