HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

DATE	**25th November 2026**
REPORT OF	**Diane Lee – Director of Public Health**
SUBJECT	**Joint Health and Wellbeing Strategy and Marmot Place Update**
STATUS	**Open**

CONTRIBUTION TO OUR AIMS

The North East Lincolnshire Joint Health and Wellbeing Strategy 2025–2035 provides the shared ambition and outcomes for improving health and wellbeing across the borough. Marmot Place is the approach through which partners are working together to address the wider conditions that shape health, prevent ill health and reduce avoidable inequalities.

Marmot is not a separate Public Health or Council programme. It is a whole-system approach involving local government, health and care, education, businesses, the voluntary and community sector and local communities. Existing strategies, services, partnerships and investment programmes remain the principal delivery mechanisms.

This work contributes across the Council Plan by recognising that stronger communities, a stronger economy, a greener future and an effective council are interconnected. It supports earlier action, better alignment of existing resources and a stronger focus on whether all communities have a fair opportunity to benefit.

EXECUTIVE SUMMARY

Since the previous update to Scrutiny on 30 September 2026, North East Lincolnshire (NEL) has moved from preparation and mobilisation into wider system engagement and the development of initial priorities.

The NEL Marmot Place launch took place on 6 October 2026 at Blundell Park. The event brought together more than 180 people from over 80 organisations, including representatives from local government, health and care, education, businesses, housing, voluntary and community organisations and local communities. Feedback was strongly positive, and the breadth of attendance included people and organisations that do not routinely participate in similar system events.

A follow-up webinar took place on 3 November 2026, approximately one month after the launch. It focused on translating the Marmot approach into practice and showcased local work on digital inclusion and Move Together NEL. Around 80 people attended.

The Marmot Place Steering Group met on 5 November 2026. It agreed to recommend Place and Communities as the initial strategic focus for the programme, subject to the agreement of the Marmot Place Advisory Board. “Where we live” would provide the organising lens through which partners consider housing, transport, neighbourhood conditions, environmental quality, safety, access to services, employment, social connection and other wider determinants of health.

This does not mean that every aspect of place will become a separate Marmot project. Place is proposed as an entry point through which a small number of priorities for enhanced collective action can be identified. Existing community plans, neighbourhood work, voluntary and community organisations and local investment programmes would provide important delivery routes.

The Steering Group has also considered how this approach could be made visible within communities. An emerging proposal is to develop a Marmot in Communities programme during 2027, combining ward-based Community Action Days with a sustained communications and behaviour-change campaign. This is currently an early concept and will require further co-production, feasibility work and consideration by the Advisory Board before commitments are made.

Further work is also planned on elected member engagement, systems leadership and Marmot training. This will help ensure that members, officers and partners understand how the Marmot approach applies to their roles, decisions, services and wards.

RECOMMENDATIONS

The Health and Adult Social Care Scrutiny Panel is asked to:

1. **Note** progress since the September 2026 update, including delivery of the Marmot Place launch, the follow-up webinar, development of the Steering Group and the proposed initial focus on Place and Communities.
2. **Note** the role and agreed Terms of Reference of the Marmot Place Steering Group, attached at Appendix 1.
3. **Support** the continued development of Place and Communities as the proposed initial strategic focus, prior to its consideration by the Marmot Place Advisory Board.
4. **Note** the emerging proposal for a Marmot Launch within Communities during 2027, subject to further development, community involvement, feasibility assessment and appropriate governance.
5. **Note** the planned programme of engagement and development for elected members, senior leaders and system partners.
6. **Continue to champion** the Joint Health and Wellbeing Strategy and Marmot principles within members’ wards, groups, portfolios and scrutiny activity.

REASONS FOR DECISION

North East Lincolnshire continues to experience significant and avoidable differences in health outcomes. These differences are influenced by the conditions in which people are born, grow, live, play, work and age, including housing, employment,

income, education, transport, food, neighbourhood conditions, social connections and access to services.

The Joint Health and Wellbeing Strategy provides the borough's shared direction. Marmot provides the evidence-based approach through which partners can translate that direction into their existing strategies, services, investment and decisions.

The programme has now reached a point where broad system commitment needs to be translated into a clear focus, practical delivery and visible involvement from communities. Place and Communities provides an organising framework that reflects what residents have already said through community plans and related engagement while allowing partners to address interconnected structural issues rather than treating them in isolation.

1. BACKGROUND AND ISSUES

1.1 Introduction

North East Lincolnshire has committed to becoming a Marmot Place and is implementing the Joint Health and Wellbeing Strategy 2025–2035. Both are founded on a shared ambition to improve health and wellbeing, reduce inequalities and increase healthy life expectancy.

The Joint Health and Wellbeing Strategy describes the outcomes North East Lincolnshire wants to achieve. Marmot provides a practical approach to achieving them by strengthening prevention, using evidence consistently and aligning existing work around the conditions that shape health.

The previous report to Scrutiny described progress up to 30 September 2026 and identified the Marmot Place launch, priority-setting, development of the data dashboard and governance arrangements as the immediate next steps.

1.2 North East Lincolnshire Marmot Place launch

The North East Lincolnshire Marmot Place launch took place on 6 October 2026 at Blundell Park. It was designed as a system wide launch rather than a Council or Public Health event.

More than 180 people attended, representing over 80 organisations. Participants included public services, health and care partners, schools and education, voluntary and community organisations, businesses, community representatives and people involved in local neighbourhood activity.

The programme brought together:

- national evidence on health inequalities and the wider determinants of health;
- the relationship between the Joint Health and Wellbeing Strategy and Marmot;
- local data and community experience;
- examples of activity already happening across North East Lincolnshire;
- community-led work and local strengths; and

- opportunities for organisations and communities to contribute to the next stage.

Feedback presented to the Steering Group was strongly positive. The involvement of children and young people, local communities and organisations not routinely represented at system events was regarded as particularly important. The event also generated constructive conversations about what could change, rather than focusing solely on barriers or deficits.

The launch was not intended to be a one-off event. Its purpose was to create shared understanding, widen participation and generate the momentum needed for the next phase of delivery.

1.3 Follow-up webinar

A follow-up webinar was held on 3 November 2026. The session was developed for people who attended the launch or wished to continue engaging with the programme.

The webinar did not repeat the full introductory material from the launch. It focused on how the Marmot principles can be applied in practice, including the social gradient and proportionate universalism, and highlighted existing local work on digital inclusion and Move Together NEL.

Approximately 80 people attended. Feedback was positive, and the webinar provided an opportunity to maintain momentum and demonstrate that Marmot is not about creating a collection of additional projects. It is about applying evidence, understanding inequalities and working differently through existing programmes and responsibilities.

The session was recorded, and accompanying presentations are available for wider use. The recording has been uploaded to the Council's YouTube channel and will support further internal, partner and elected member engagement.

1.4 Marmot Place Steering Group

The Marmot Place Steering Group is now established and has met twice.

The first substantive meeting took place on 3 September 2026. It introduced the Marmot Place programme, reviewed local intelligence and health inequality data, considered governance and membership and began mapping existing activity against the eight Marmot principles.

The second meeting took place on 5 November 2026. The group:

- reviewed the launch and follow-up webinar;
- considered evidence and community insight;
- reviewed the developing data dashboard;
- discussed communications and public engagement;
- considered the initial strategic focus;

- reviewed membership and connections with other programmes;
- considered the relationship between the Steering Group and Advisory Board; and
- agreed its current Terms of Reference.

The Steering Group's role is to translate strategic priorities into coordinated delivery, provide local expertise, identify barriers and opportunities and facilitate collaborative action across public services, the voluntary and community sector, businesses and communities. It will make recommendations to the Marmot Place Advisory Board and coordinate delivery against priorities agreed by that Board.

The Terms of Reference are attached at Appendix 1.

Membership will continue to be reviewed in response to the agreed focus. The Steering Group has identified the need to strengthen connections with planning, housing, transport, business and wider place-based investment and ensure relevant community voices are involved.

1.5 Proposed initial focus: Place and Communities

The Steering Group considered data, community plans, launch feedback, local engagement, existing activity and the experience of partners.

It agreed to recommend Place and Communities as the initial strategic focus for North East Lincolnshire's Marmot Place programme. The recommendation will be shared with Steering Group members for final comments before being considered by the Marmot Place Advisory Board.

The proposed focus can be summarised as:

Using "where we live" as the entry point for improving health and reducing inequalities, recognising that our homes, neighbourhoods, environment, transport, opportunities, relationships and access to support all shape our health.

This reflects what communities have already said through community plans, place-standard work and local engagement. Recurring themes include litter and fly-tipping, antisocial behaviour, neighbourhood safety, housing conditions, access to transport and services, the quality of shared spaces and the importance of community connection and pride.

Place includes both the physical home and the neighbourhood around it. It can therefore connect work on:

- housing quality and security;
- transport and connectivity;
- green and blue space;
- playgrounds, play streets and physical activity;
- neighbourhood safety and environmental quality;
- access to services and support;

- employment, skills and local opportunity;
- literacy and accessible communication;
- community cohesion and participation; and
- children, families and intergenerational wellbeing.

Place is proposed as an organising lens rather than an additional Marmot principle. Structural drivers such as housing, employment, education and transport would be considered through the question:

What would need to change in this place for everyone to have a fairer opportunity to live a healthy life?

A place-based approach does not reduce the focus on children and young people. Children grow up within homes, families, neighbourhoods and communities. Safe and welcoming places, good housing, opportunities for play, stronger connections and accessible services benefit children while also supporting adults and older people.

The Steering Group was clear that Place and Communities must not become so broad that the programme attempts to address everything. The Advisory Board will therefore be asked to support the overall direction and help identify a limited number of system priorities beneath it where collective action can add value**.**

1.6 Emerging Marmot in Communities proposal

An early proposal is being developed to translate the place and communities focus into visible activity during 2027. The emerging concept is a Marmot in Communities programme, potentially beginning alongside the Great British Spring Clean.

Under this model, ward-based Community Action Days would bring services, community organisations, residents and local partners together. Events will be tailored to individual wards but could include:

- litter picks and neighbourhood clean-ups;
- recycling, reuse and charity donation;
- repair cafés and practical household support;
- food bank donation points;
- health checks and advice;
- vaccination and screening information;
- smoking and alcohol support;
- housing, debt, benefits and cost-of-living advice;
- support with NHS and other digital services;
- opportunities for walking, play and physical activity;
- volunteering and community groups; and
- opportunities for residents to propose or lead local action.

The proposed Community Action Days would be designed not simply as opportunities for residents to come for help, but also to come and help.

Each event would provide practical support with the things that affect health, home and family life, while creating opportunities for residents to take action themselves. This could include joining a litter pick, donating unwanted items, helping improve a shared space, volunteering, supporting a neighbour, getting involved in a local group or simply contributing ideas about what would make their neighbourhood better.

The wider ambition is to mobilise communities around a shared goal of improving the places in which they live. The events would provide a catalyst for building pride in place, encouraging community participation and creating activity that continues beyond the event itself.

There is already local learning to build upon. Previous community clean-up activity has shown that relatively simple interventions can spark wider community action, including children and young people establishing their own litter-picking groups. The intention would be to create the conditions for more of this to happen, by bringing people together around something tangible, demonstrating that individual contributions matter and supporting residents who want to continue taking action in their neighbourhoods.

The Community Action Days would therefore combine three elements:

- **Get help:** making advice, support, health services and practical assistance easier to access within communities.
- **Get involved:** creating immediate opportunities for residents to contribute to improving their neighbourhood.
- **Keep it going:** connecting people with groups, resources and opportunities that enable community action to continue after the event.

This goes beyond environmental improvement. Feeling connected to other people, having opportunities to participate and influence what happens locally, and feeling positive about the place where you live are all important to wellbeing. The approach would seek to strengthen those connections alongside improvements to the physical environment.

It also provides a strong connection with Town of Culture and the wider ambition for North East Lincolnshire. The Marmot approach is concerned not only with reducing poor health but with creating places in which people can thrive. There is an opportunity to connect health, culture, community participation and pride in place around a common ambition: for people to love where they live, feel part of their community and believe they can contribute to making it better.

Importantly, this would not be about expecting communities to solve structural problems themselves. Residents can litter-pick, volunteer and support one another, but organisations retain responsibility for issues such as housing, transport, services, infrastructure and the conditions that shape opportunity. Community action should therefore sit alongside action from the Council and wider partners, with each doing what it is best placed to do.

The ambition is that a Community Action Day does not end when the skip leaves. Success would be something being left behind: a new group, new relationships,

greater awareness of local support, residents continuing to take action, a stronger connection between services and communities, or simply more people feeling that they have a stake in the place where they live.

The Community Action Days could sit alongside a sustained communications and behaviour-change campaign beginning in January 2027, under the 'Healthier Together' branding. This would encourage residents, communities and organisations to take one achievable action that could improve their own health, someone else's health or their local place.

The proposal is at an early stage. It will need to be co-produced with communities, aligned with community plans, tested for deliverability and considered through the appropriate governance and resource arrangements before being implemented. At this stage, Scrutiny is asked to note the direction rather than approve a final delivery model.

1.7 Marmot Place Advisory Board

The first meeting of the Marmot Place Advisory Board is planned for mid December.

The Advisory Board will provide senior strategic challenge and leadership. It will be asked to:

- review progress since North East Lincolnshire became a Marmot Place;
- consider learning from the launch, webinar and Steering Group;
- review and challenge the proposed Place and Communities focus;
- agree the initial strategic direction;
- identify any missing organisations, sectors or system leaders;
- help secure organisational commitment;
- support the removal of barriers requiring senior intervention; and
- confirm the relationship between the Advisory Board, Steering Group and delivery arrangements.

The Steering Group will undertake evidence review, develop recommendations, coordinate delivery and monitor progress. The Advisory Board will agree strategic priorities, secure system commitment and help address barriers that cannot be resolved operationally. Agreed priorities will return to the Steering Group for development into delivery arrangements, measures, milestones and named ownership.

The Advisory Board membership is being reviewed against the proposed place focus, including representation connected with planning, housing, transport, community leadership, business and significant place-based investment.

1.8 Elected member engagement

Elected members have an important role in the Marmot approach because of their understanding of wards, communities and the issues residents raise with them.

Plans are being developed for an all-member briefing covering:

- what a Marmot Place is and what it means for North East Lincolnshire;
- how Marmot supports delivery of the Joint Health and Wellbeing Strategy;
- the role of elected members;
- the social gradient and proportionate universalism;
- relevant borough-wide and ward-level data;
- practical examples of Marmot in local policies and services;
- how members can contribute through ward activity, scrutiny, Cabinet and partnership governance; and
- opportunities for further involvement.

Exact details including the date will be confirmed following agreement with UCL.

The launch recording, follow-up webinar and accessible briefing materials will also be used to support members who were unable to attend the original events. A specific elected member briefing and wider training offer had already been identified following questions about access to the launch and webinar.

1.9 Training and systems leadership

A wider development offer is being planned for officers, members and partner organisations.

This is expected to include:

- introductory Marmot awareness sessions;
- practical training on applying health equity to policies, services and decisions;
- role-specific sessions for elected members;
- tools, case studies and briefing materials; including recordings from the launch and webinar;
- opportunities to learn from other Marmot Places; and
- development of Marmot champions across organisations and communities.

A proposed two-day Marmot Summit and systems leadership programme is being considered for spring 2027. Detailed scope, participation and dates remain to be confirmed.

The purpose will be to move beyond general awareness and help leaders apply the approach to real decisions, including strategy, commissioning, investment, service design, communications and community engagement**.**

1.10 Communications and continuing engagement

A Marmot communications task-and-finish group has begun meeting. Its work includes:

- developing a shared communications plan;
- producing accessible branding guidance;
- connecting partner communications leads;
- reviewing and updating online information;
- sharing local case studies and stories;
- coordinating activity across organisations;
- developing a sustainable newsletter or update; and
- creating a clearer route for organisations and residents who want to become involved.

The Steering Group emphasised the importance of plain, accessible and accurate information, particularly given differing levels of literacy and digital access. Communication is therefore both a programme function and part of the wider effort to ensure services and opportunities are genuinely accessible.

1.11 Data and performance

Development of the integrated Joint Health and Wellbeing Strategy and Marmot dashboard continues.

The proposed Place and Communities focus gives clearer direction for the next stage of dashboard development. Housing datasets have begun to be added, and further work will identify relevant information on neighbourhood conditions, transport, environmental issues, access to services and community experience.

The intention remains to combine quantitative measures with community insight and case studies. The developing dashboard will also align, where possible, with existing stronger-communities and community-cohesion information to avoid duplication.

Performance arrangements will need to capture different timescales:

- immediate changes in organisational practice and participation;
- medium-term changes in services, environments and access;
- evidence of community-led activity and system alignment; and
- longer-term changes in inequalities, demand and population outcomes.

1.12 Joint Health and Wellbeing Strategy delivery

The Marmot Place work continues to operate as the delivery approach for the Joint Health and Wellbeing Strategy rather than as a separate programme.

Progress across the wider strategy includes:

- continued development of the Food Health Plan;
- development of Playful Places and Move Together NEL;
- alignment with neighbourhood health and community plans;
- connection with housing, road safety, active travel and environmental work;
- development of the integrated dashboard; and
- strengthened consideration of inequalities within strategies, commissioning and service planning.

Future Scrutiny reports should increasingly show how individual programmes and decisions contribute to the Joint Health and Wellbeing Strategy building blocks and how Marmot principles are changing delivery, reach and outcomes.

2. RISKS, OPPORTUNITIES AND EQUALITY ISSUES

2.1 Risks and mitigation

Risk	Description	Mitigation
Marmot is regarded as a Public Health or Council programme	System ownership and partner responsibility are weakened.	Maintain cross-system governance, shared leadership, partner communications and named organisational contributions.
Place becomes too broad	The programme attempts to cover everything and does not achieve sufficient focus or impact.	Use Place and Communities as the organising lens, then agree a limited number of priorities, outcomes and named leads.
Community activity is perceived as being done to communities	Engagement is weakened and existing community leadership is displaced.	Build from community plans and local insight and co-produce activity with residents and community organisations.
Emphasis shifts towards individual responsibility	Communications could appear to blame people for circumstances outside their control.	Link individual action to organisational and system action and use COM-B to identify capability and opportunity barriers.
Events generate interest without sustained follow-up	Momentum is lost after the launch, webinar or Community Action Days.	Develop continuing communications, a route for involvement, case studies, partner networks and follow-on local activity.

Governance duplication	New arrangements repeat the functions of existing boards or partnerships.	Use existing delivery routes wherever possible and clarify the roles of the Advisory Board, Steering Group and task groups.
Expectations of rapid population-level change	Long-term outcomes are expected before changes can reasonably be demonstrated.	Use layered measures covering organisational, service, environmental and population change over different timescales.
Unequal participation	Activities are used most by residents and organisations already able to engage.	Plan proportionately, use ward and community insight, address practical barriers and undertake targeted outreach.
Insufficient capacity	Ambition exceeds the capacity of partners and communities to plan and deliver.	Phase implementation, test the model, align with existing activity and agree realistic ownership and milestones.

2.2 Opportunities

Opportunity	Potential benefit
A clear Place and Communities focus	Gives the programme an understandable organising narrative while retaining links to all wider determinants of health.
Community plans and local organisations	Provides existing insight, relationships and delivery infrastructure rather than creating a new engagement process.
Marmot in Communities	Makes Marmot visible and practical for residents and connects support around the way people experience issues in real life.
Place-based investment	Creates opportunities to embed health equity within Pride in Place, regeneration, housing, transport and neighbourhood investment.
Elected member involvement	Connects borough priorities with ward-level knowledge, scrutiny, community advocacy and democratic leadership.
Systems leadership and training	Helps organisations move from awareness to consistent application within real decisions and services.
Data and community intelligence	Supports more proportionate action and helps monitor whether benefits are reaching communities experiencing the greatest barriers.
Coordinated communications	Makes information more accessible and supports a shared local narrative across partners.

3. OTHER OPTIONS CONSIDERED

One option would be to continue working across all eight Marmot principles without identifying an initial organising focus. This has not been recommended because it would increase the risk of the programme becoming too broad and make it harder to demonstrate where Marmot adds value.

Another option would be to select one narrow issue, population group or service. This has not been recommended because the discussion and available insight point to interconnected issues affecting homes, neighbourhoods, families and communities.

Place and Communities is therefore proposed as the organising lens, with a limited number of more specific priorities to be agreed beneath it.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

The successful launch and webinar have created significant interest and positive expectations.

Communications must now demonstrate that the programme is progressing beyond events and broad statements. This includes being clear about decisions, delivery responsibility, timescales and what residents and partner organisations can expect.

Language will remain practical, accessible and locally relevant. Communications will avoid implying that individuals are solely responsible for health outcomes and will describe the changes expected from services, organisations and the wider system.

5. FINANCIAL CONSIDERATIONS

The Joint Health and Wellbeing Strategy and Marmot Place work continue to be progressed through approved budgets and existing resources, programmes and governance arrangements.

The Marmot in Communities proposal is at an early stage. Detailed planning will need to identify:

- existing budgets and activity that can be aligned;
- partner and community contributions;
- staffing and coordination requirements;
- waste, venue and event costs;
- communications requirements;
- any external funding opportunities; and
- whether a phased or test-and-learn approach is required.

No new financial commitment is sought through this report.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

There are positive implications for children and young people.

The proposed focus recognises that children do not experience health in isolation. They live within families, homes, neighbourhoods and communities. Housing, transport, safety, play, green space, food, education, community connection and family circumstances all affect their health, development and aspirations.

Relevant activity includes Growing Up Well, Playful Places, Move Together NEL, the Youth Strategy, early help, school readiness, food, literacy and opportunities for children and young people to participate in the design of local environments.

Children and young people should be directly involved in developing relevant elements of the Marmot in Communities programme.

7. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

There are potentially positive implications through neighbourhood clean-ups, reuse and repair, active travel, access to green space, community gardening, reduced waste and local environmental improvement.

The proposed Community Action Days could connect practical environmental activity with health, wellbeing, community participation and pride in place.

Any delivery model will need appropriate waste-management, environmental and operational arrangements.

8. CONSULTATION WITH SCRUTINY

The Health and Adult Social Care Scrutiny Panel received the previous update on 30 September 2026. That report identified an ongoing role for Scrutiny in testing whether progress is visible, responsibility is shared, activity is proportionate to need and the approach is demonstrating impact and value for money.

This report provides the next progress update and sets out the emerging strategic direction before it is considered by the Marmot Place Advisory Board.

9. MONITORING COMMENTS

In the opinion of the author, this report does not contain recommended changes to policy or resources (people, finance or physical assets). As a result, no monitoring comments have been sought from the Council’s Monitoring Officer, Section 151 Officer or Strategic Workforce Lead.

10. WARD IMPLICATIONS

Marmot Place is a borough-wide approach.

The proposed Place and Communities focus is relevant to every ward, although the type and intensity of action should reflect community insight and evidence of need. This is consistent with proportionate universalism: support and opportunity for all, with greater effort where barriers and disadvantage are greater.

Ward-level community plans, data and elected member knowledge will be important in shaping the approach.

11. BACKGROUND PAPERS

Appendix 1: Marmot Place Steering Group Terms of Reference (below).
• North East Lincolnshire Joint Health and Wellbeing Strategy 2025 to 2035

12. CONTACT OFFICER(S)

Christopher Cook – Public Health Officer

Christopher.cook@nelincs.gov.uk

Lindsay Hudson – Assistant Director – Public Health

Lindsay.hudson@nelincs.gov.uk

Diane Lee

Director of Public Health

Appendix 1: North East Lincolnshire Marmot Place Steering Group

Terms of Reference

Aim

The North East Lincolnshire Marmot Place Steering Group has a key role in operationalising a system-wide strategic approach to improve population health and reduce inequalities in the social determinants of health.

This will be achieved through:

- Translating strategic priorities into coordinated delivery across the system
- Providing local context, expertise, and direction
- Identifying enablers, barriers, and opportunities for implementation
- Facilitating collaborative action across partners, including public services, VCSE organisations, businesses, and communities

The Steering Group will support the implementation of the Marmot principles through practical action and system coordination.

Key Objectives

The Steering Group will:

- Share recommendations, intelligence, and expertise with the Marmot Place Advisory Board to support strategic direction
- Develop and maintain a Marmot Place Action Plan and Delivery Plan, aligned to priority Marmot areas
- Coordinate delivery across partners to ensure a joined-up, system-wide approach
- Identify and engage key stakeholders to build support and promote involvement, including through workshops, events, and learning opportunities
- Utilise group expertise and networks to develop effective partnerships that support delivery
- Engage with the Marmot Health Equity Network to identify and apply best practice
- Share tools and resources, including those from the Institute of Health Equity, to support local implementation

- Identify capacity gaps, delivery risks, and system barriers, and take action where possible

- Work with partners to identify and monitor key indicators of progress

- Provide regular progress reports to the Marmot Place Advisory Board and other relevant forums
- The Steering Group will ensure the voices of residents and communities, particularly those experiencing the greatest inequalities, inform programme priorities and delivery.

Members will:

- Members will act as champions within their own organisations
- Members will be responsible for progressing agreed actions and reporting on delivery
- Engage with and promote the Marmot Health Equity Networks

Membership

The Steering Group will consist of up to 15 members, representing operational and delivery leads from across the system.

Membership will include representation from:

- Public Health

- Local authority services

- NHS and Integrated Care Board

- Primary care

- Voluntary, Community and Social Enterprise sector

- Programme and project leads aligned to Marmot Place priorities

Membership will be structured to ensure strong delivery ownership, operational insight, and cross-sector coordination. Membership will be reviewed at every meeting.

The group will be chaired by a senior operational lead, supported by a deputy where required.

A full membership list will be maintained separately.

Governance

The Marmot Place Steering Group will:

- Report to the Marmot Place Advisory Board
- Support the delivery of priorities set by the Advisory Board
- Align with existing governance structures and programmes across North East Lincolnshire
- Promote coordination across delivery activity and partnerships

The Steering Group does not replace existing delivery structures but provides a coordinating mechanism to support system-wide implementation.

Meetings

- The Steering Group will meet monthly or bi-monthly (to be agreed).
- A meeting will be quorate when at least 50% of core members are present, including representation from NELC and at least one key partner organisation.
- Members unable to attend should provide apologies and, where appropriate, nominate a suitable representative.
- Decisions will normally be reached by consensus.
- Additional task and finish sessions may be convened where required to support delivery.
- Decisions and actions will be agreed by consensus wherever possible.
- Members must declare any conflicts of interest at the start of each meeting.

Secretariat

Secretariat support will be provided by the local Marmot Place / Public Health team.