

HEALTH AND WELLBEING BOARD

DATE	1st October 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 (JHWBS) 2025–2035 sets the shared ambition and outcomes for improving health and wellbeing across the borough. The Marmot approach provides an evidence-based way for partners to deliver that ambition by aligning existing responsibilities, resources and decisions around prevention, fairness and improved health outcomes.

Marmot is not a separate Public Health or Council programme. It is a whole-system approach through which local government, the NHS, education, business, the voluntary and community sector and communities can work towards shared outcomes. Existing strategies, services and partnerships remain the delivery mechanisms.

The approach supports the Council Plan 2025–2028 by recognising that stronger communities, a stronger economy, a greener future and an effective council are interconnected. Healthier residents are better able to learn, work, care, volunteer and participate in community life, while earlier action can help reduce avoidable demand on public services.

EXECUTIVE SUMMARY

Since the previous update to the Health and Wellbeing Board in July 2026, North East Lincolnshire has moved from initial mobilisation towards system engagement and delivery. The first substantive Marmot Place Steering Group meeting has taken place, the findings from the UCL Institute of Health Equity visit are informing local mapping and priorities, and preparations are well advanced for the North East Lincolnshire Marmot Place launch on 6 October 2026.

The launch will bring together partners from across the system and will combine national evidence, local strengths, community voices and practical examples of how organisations and communities are already taking action on the social determinants of health. It will also provide an opportunity for organisations and communities to commit to practical action, such as embedding health equity in their decisions, improving access to services, supporting inclusive employment or strengthening healthier places and communities. These commitments and wider feedback will help inform the next phase of work.

Delivery of the JHWBS is also progressing. The North East Lincolnshire Food Health Plan is nearing finalisation following professional and resident engagement. It is a practical example of the JHWBS moving from an agreed strategy into coordinated action around one of its eight building blocks for health: the food we eat.

The Council's Insights Team is working with partners on developing an integrated data dashboard to support monitoring of both the JHWBS and Marmot. It is structured around the JHWBS building blocks for health and is intended to bring together quantitative indicators with local insight and community experience.

The emphasis is on value for money and better use of existing resources. Marmot is not a new spending programme or a separate collection of projects. It is intended to help partners align existing activity, focus investment where it can have the greatest long-term impact, act earlier, reduce avoidable demand and improve outcomes without continually increasing expenditure. In simple terms, it is about spending smarter, not spending more.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **Note** progress since the July 2026 update in establishing the governance, evidence, engagement and communications foundations for North East Lincolnshire's Marmot Place work.
2. **Note** the forthcoming North East Lincolnshire Marmot Place launch on 6 October 2026 and its role in moving the programme from mobilisation towards system-wide delivery.
3. **Champion** the Joint Health and Wellbeing Strategy and Marmot principles within their respective organisations.

REASONS FOR DECISION

North East Lincolnshire faces persistent and avoidable differences in health and wellbeing outcomes. Many of the factors shaping these outcomes sit outside health and care services alone and require coordinated action across organisations and sectors.

The JHWBS provides the shared local direction. Marmot provides a practical framework for aligning existing work, focusing on prevention and using evidence to direct proportionate effort. Together, they offer an opportunity to improve outcomes and make better use of public resources by acting before problems escalate and create demand for higher-cost services.

1. BACKGROUND AND ISSUES

1.1 Introduction

North East Lincolnshire has committed to becoming a Marmot Place and is implementing the JHWBS 2025–2035. Both are founded on a shared ambition to

improve health and wellbeing, reduce inequalities and increase healthy life expectancy.

The JHWBS describes where North East Lincolnshire wants to get to. Marmot helps the system use evidence, partnership and proportionate local action to get there. This report provides an update on progress since July 2026 and the next stage of implementation.

1.2 Why this matters

North East Lincolnshire has strong communities, committed partners and significant cultural, economic and regeneration assets. However, healthy life expectancy has declined over the last decade and avoidable differences remain between communities (Figure 1 and Figure 2). These differences are influenced by employment, income, housing, education, transport, food, the environment and social connections as well as access to good healthcare.

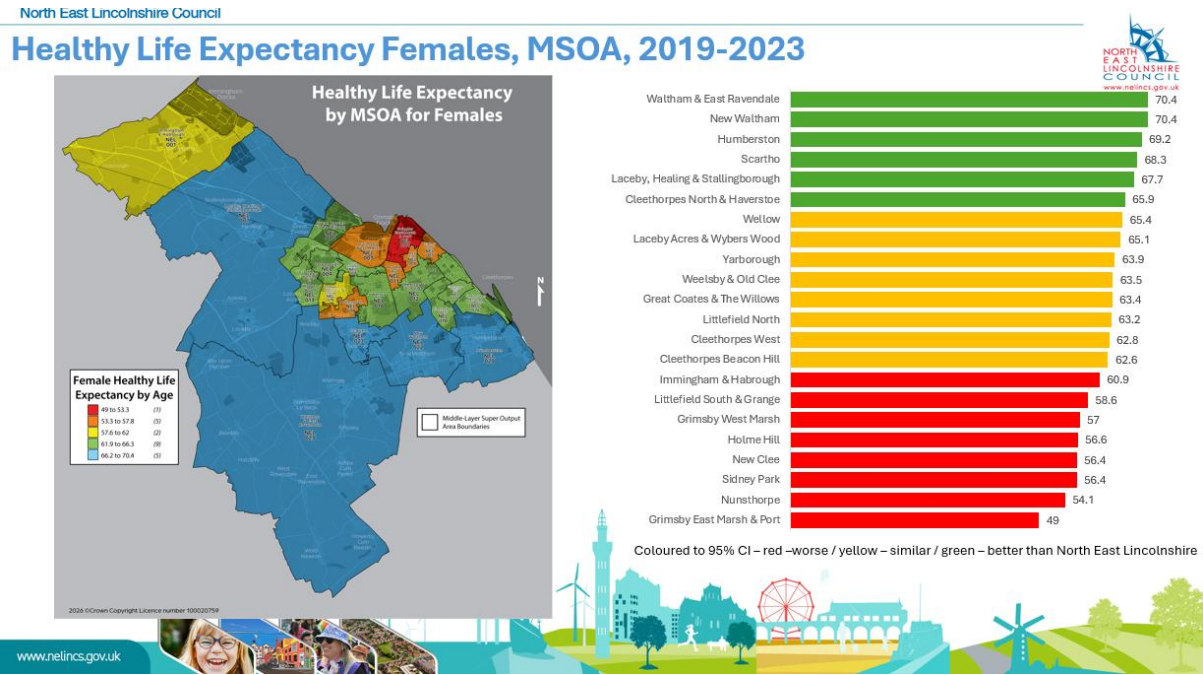


Figure 1: Healthy life expectancy, Females, MSOA 2019-2023

Healthy Life Expectancy Males, MSOA, 2019-2023

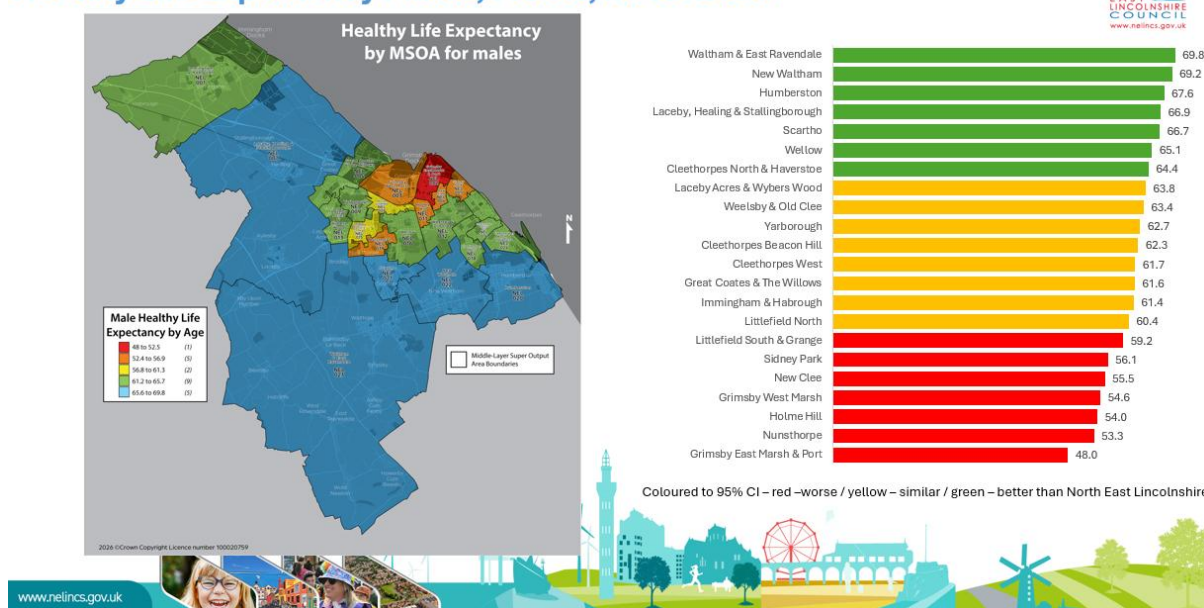


Figure 2: Healthy life expectancy, Males, MSOA 2019-2023

Improving outcomes therefore requires coordinated action which supports individual and community responsibility while creating the conditions in which people have a fair opportunity to live healthy lives.

1.3 How the JHWBS and Marmot fit together

The JHWBS sets the shared ambitions, building blocks and outcomes for health and wellbeing across North East Lincolnshire. Marmot provides the evidence-based framework through which partners can consider inequalities and the wider factors that shape health consistently across their existing work.

The intention is not to create a separate collection of “Marmot projects”. Existing strategies, programmes and partnerships provide the delivery mechanism. Marmot strengthens how that work is connected, prioritised, evidenced and evaluated.

1.4 Progress since the July update

Joint Health and Wellbeing Strategy delivery

- The North East Lincolnshire Food Health Plan is nearing finalisation following professional consultation and engagement with local residents. The plan translates the JHWBS commitment on the food we eat into a coordinated programme of action and links food, health, dignity, choice, communities and the local economy.
- Work continues on the Playful Place agenda.
- The integrated JHWBS and Marmot data dashboard is in development to support monitoring, transparency and accountability.

- The JHWBS and Marmot are being connected with related work including neighbourhood health, community plans and physical activity.

Marmot governance and system leadership

The first substantive meeting of the Marmot Place Steering Group took place on 3 September 2026. The meeting established the group's role in championing the approach across organisations, connecting existing programmes, mapping strengths and gaps, and helping to recommend a small number of priorities for enhanced collective action.

The membership and terms of reference are being refined to secure appropriate involvement from health and care, primary care, the voluntary and community sector, education, business, and communities. The operating principle is to use existing partnerships and delivery routes wherever possible, rather than introduce unnecessary layers of governance.

Feedback from the UCL Institute of Health Equity visit

The UCL Institute of Health Equity completed a two-day visit to North East Lincolnshire in July 2026. Feedback highlighted important local strengths, including committed partnerships, community assets and positive outcomes in some areas of education. It also reinforced the importance of community spaces, green space, the built environment, transport and access to services as influences on health.

The visit has helped shape the local mapping exercise and reinforced the need to combine data about challenge with a positive account of local strengths and opportunities. Its findings will be considered alongside local evidence, partner and community insight and feedback from the launch when priorities are developed.

North East Lincolnshire Marmot Place launch

The North East Lincolnshire Marmot Place launch will take place on 6 October 2026. It is being developed as a system launch, with involvement from health and care partners, the voluntary and community sector, business, and communities.

The programme will combine national evidence, local strengths, community voices and practical examples of action. It will explain what shapes health, the relationship between the JHWBS and Marmot, and what different organisations can contribute. Feedback and commitments gathered through the event will inform the next stage of delivery and ongoing engagement through the Health Equity Network.

Data dashboard and performance

The Council's Insights Team is working with partners on developing an integrated dashboard for the JHWBS and Marmot. The dashboard is structured around the JHWBS building blocks for health and is intended to support both high-level assurance and more detailed analysis by population group and geography.

The developing dashboard brings together indicators including life expectancy, deprivation, housing and access to services, education, free school meal eligibility, employment and unemployment, and findings from the Adolescent Lifestyle Survey. The intention is also to include community insight, quotations and case studies alongside quantitative information. Existing dashboards will be reused where possible to avoid duplication.

1.5 Value for money

Becoming a Marmot Place is not about creating another spending programme or stand-alone set of projects. It is about making better use of the resources already available across the system and improving the collective impact of existing activity.

Some of the greatest costs faced by public services arise when problems that could have been prevented or reduced are allowed to escalate. Poor health, unemployment, homelessness, low educational attainment and social isolation can create demand across council services, the NHS, schools, policing, employers and community organisations.

By acting earlier and aligning work around shared outcomes, the Marmot approach is intended to:

- Make better use of existing resources and maximise the effectiveness of existing budgets.
- Focus investment where evidence suggests it can have the greatest long-term impact.
- Reduce avoidable demand on higher-cost services over time.
- Improve productivity and workforce participation.
- Support stronger communities, local resilience and sustainable economic growth.
- Deliver better outcomes without assuming that expenditure must continually increase.

Marmot will not in itself produce immediate cashable savings, and long-term population outcomes will take time to change. The value-for-money case will therefore need to be demonstrated through a combination of better alignment, reduced duplication, early indicators of organisational and service change, and longer-term changes in demand and population outcomes.

1.6 What happens next

- Complete preparations for and deliver the North East Lincolnshire Marmot Place launch on 6 October 2026.

- Finalise the Food Health Plan and progress it through the appropriate governance arrangements.
- Continue development and testing of the integrated JHWBS and Marmot dashboard.
- Complete the initial mapping of existing activity, strengths, gaps and potential delivery routes across the Marmot principles.
- Use the UCL visit, local evidence, launch feedback and community insight to recommend two or three areas for enhanced collective action.
- Develop a delivery plan with named system leads, outcomes, measures and governance routes.
- Continue embedding prevention and consideration of inequalities within strategies, commissioning, service planning and decision-making.
- Provide regular assurance to the Health and Wellbeing Board and Scrutiny.

1.7 Role of Scrutiny and the Health and Wellbeing Board

The Health and Wellbeing Board has the central system leadership role for delivery of the JHWBS. Scrutiny has an important role in testing whether progress is visible, whether responsibility is genuinely shared across the system, whether activity is proportionate to need and whether the approach is demonstrating impact and value for money.

Future updates will provide the Board with a concise account of progress against the agreed priorities, including delivery responsibility, risks, performance measures, value for money and evidence of change. Scrutiny will continue to provide independent challenge and oversight through the Council's established arrangements.

2. RISKS, OPPORTUNITIES AND EQUALITY ISSUES

2.1 Risks and mitigation

Risk	Description	Mitigation
Marmot is seen as a Public Health or Council project	System ownership is weakened and partners do not embed the approach.	Use cross-system governance, shared communications, visible partner contributions and named system leads.
Governance duplication	New structures duplicate existing boards or delivery groups.	Use existing routes wherever possible; establish a new group only where a genuine gap exists; clarify roles and escalation.

Risk	Description	Mitigation
Programme breadth and delivery capacity	Expectations exceed available capacity or the programme becomes too broad.	Agree a small number of priorities for enhanced action, with a short delivery plan, clear leads and realistic milestones.
Expectations of rapid impact	Population outcomes take time and expectations run ahead of measurable change.	Use a layered framework covering immediate organisational change, medium-term service and environmental change, and long-term population outcomes.
Failure to demonstrate value for money	Benefits are described broadly but are not evidenced.	Track alignment, reduced duplication, early prevention measures, changes in demand and longer-term outcomes; be clear where benefits are non-cashable.
Marmot is seen as only about deprived wards	Borough-wide responsibility is misunderstood.	Explain proportionate universalism: support for all, with greater effort where evidence shows greater need.

2.2 Opportunities

Opportunity	Potential benefit
Stronger JHWBS delivery	Marmot provides a common framework for translating the agreed strategy into coordinated action.
Better use of resources	Shared priorities and evidence can reduce duplication and focus effort where it can prevent future demand.
Visible early delivery	The Food Health Plan demonstrates how a JHWBS building block can move into a practical, system-wide plan.
Stronger partnership working	The Steering Group and launch create routes for organisations and communities to contribute.
Clearer accountability	The integrated dashboard can support consistent monitoring of the JHWBS and Marmot.
Strength-based local narrative	The approach can recognise challenges while building on community assets, local organisations and regeneration opportunities.

3. OTHER OPTIONS CONSIDERED

The JHWBS and the decision to become a Marmot Place have already been approved through the appropriate governance processes. The alternative of establishing a separate programme and additional delivery structures has not been pursued because this would risk duplication, added cost and weaker ownership across the system.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

The launch on 6 October 2026 provides an opportunity to describe Marmot clearly as the shared delivery approach for the JHWBS and to demonstrate visible system ownership. Communications will use practical local language and existing partner

channels, supported by accessible explanations of what shapes health and how organisations and communities can contribute.

5. FINANCIAL CONSIDERATIONS

The JHWBS and Marmot Place work are being progressed through approved budgets and existing resources, programmes and governance arrangements. The approach is intended to improve value for money through better alignment, earlier action and reduced duplication. It should not be assumed that prevention will produce immediate cashable savings; benefits will need to be monitored over different timescales.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

There are positive implications for children and young people. Giving every child the best start in life remains a core part of the Marmot framework and the JHWBS. Relevant delivery includes Growing Up Well, food, play, physical activity, early help, school readiness and action on the wider conditions affecting children and families.

7. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

There are positive implications where the approach aligns with active travel, green space, housing quality, clean air, neighbourhood design and sustainable food. Feedback from the UCL visit reinforced the importance of community spaces, green space and the built environment to health.

8. CONSULTATION WITH SCRUTINY

The Health and Adult Social Care Scrutiny Panel receives an update at every meeting. Feedback from Scrutiny has informed the continued development of the programme. Further updates will be provided through the Council's established scrutiny arrangements as delivery priorities, measures and evidence of impact develop.

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 borough-wide and is intended to support better outcomes for all residents. Some communities will require greater focus where evidence demonstrates greater need. This reflects proportionate universalism: support for all, with greater effort where barriers and disadvantage are greater.

11. BACKGROUND PAPERS

- [North East Lincolnshire Joint Health and Wellbeing Strategy 2025 to 2035](#)
- [Marmot Town Proposal to Cabinet, July 2025](#)

12. CONTACT OFFICER(S)

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Diane Lee

Director of Public Health

Health and Wellbeing Board

DATE	1st October 2026
REPORT OF	Diane Lee, Director of Public Health
SUBJECT	Food Health Plan
STATUS	Open

CONTRIBUTION TO OUR AIMS

The Food Health Plan strongly supports North East Lincolnshire Council's Stronger Economy and Stronger Communities priorities. As well as being a source of energy and nutrients, food is central to many celebrations, holidays, and social occasions, and can help individuals and communities to connect with one another. The Food Health Plan therefore aims to improve access to fresh, nutritious food while supporting local industry and employment and strengthening communities.

EXECUTIVE SUMMARY

In 2023, a Notice of Motion on Food Poverty was passed by Full Council, which included commitment to the delivery of a Food Poverty Action Plan by North East Lincolnshire Council. Following completion of a Food Poverty Assessment in 2025, a Food Health Action Plan has been developed in partnership with local residents to both address food poverty in the borough and to tackle rising levels of diet-related ill health.

RECOMMENDATIONS

It is recommended that the Board:

1. approves the priorities and actions identified within the Food Health Action Plan.
2. directs the Director of Public Health:
 - a. to formally publish the Food Health Action Plan on the Council's website.
 - b. to widely electronically distribute and promote the Food Health Action Plan.
3. refers the Food Health Action Plan to the Health and Adult Social Care Scrutiny

Panel and the Communities Scrutiny Panel for consideration.

REASONS FOR DECISION

Full Council agreed in July 2024 that a Food Poverty Action Plan should be produced as part of the work of the Health and Wellbeing Board and that this should be considered, in due course, by the Communities and Health Scrutiny Panels.

1. BACKGROUND AND ISSUES

In 2025, a Food Poverty Assessment was completed for North East Lincolnshire, to understand the scale of food poverty in the borough, who was most at risk, and

how support for those experiencing or at risk of food poverty could be improved.

This assessment identified that in North East Lincolnshire, a variety of groups may be more at risk of or struggling to access support for food poverty, including older adults, families with children, households from ethnic minority groups, and individuals experiencing ill-health or living with a disability. The Food Poverty Assessment also highlighted that to address food poverty, wraparound support is essential, in order to support residents with wider factors which impact their lives. The assessment provided a clear rationale for moving towards a model of food provision which provides a safety net for those experiencing food poverty, whilst supporting people to move back towards mainstream food provision, underlined by the key principles of dignity, choice and control.

Based on the findings of the Food Poverty Assessment, draft priorities for a Food Health Action Plan were identified. These were then consulted on with local residents and a variety of professionals. Based on this feedback, the Food Health Action Plan was refined to ensure that the actions and priorities in the plan reflected the experiences and priorities of local people and partners.

Food poverty is not only a major inequalities issue, but an issue with stark implications for population health. Given that North East Lincolnshire has high levels of diet-related ill health such as cardiovascular disease and obesity, the Food Health Plan looks to both address food poverty and also to improve health and reduce stark inequalities by ensuring that everyone in North East Lincolnshire can access good quality, healthy food which meets their dietary needs.

2. RISKS, OPPORTUNITIES AND EQUALITY ISSUES

There are stark health inequalities in North East Lincolnshire. On average, those living in the most deprived areas of North East Lincolnshire can expect to live shorter lives than those living in the least deprived areas. They are also more likely to spend a greater proportion of their lives living in poor physical health, as well as to suffer from poor mental health and wellbeing. A significant contributor to these health inequalities is diet-related ill health such as cardiovascular disease, and obesity. The Food Health Action Plan provides an opportunity to address these inequalities by working to ensure that all residents of North East Lincolnshire can access sufficient, good quality, healthy and nutritious food that meets their dietary needs and protects their health.

3. OTHER OPTIONS CONSIDERED

The development of an action plan to address food poverty in the borough is required following the Notice of Motion on Food Poverty passed by Full Council in March 2023.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

A public survey ran from July to August 2026 to support the development of the

Food Health Action Plan. This identified strong local interest in improving access to healthy and nutritious food in the borough, with over 50 local residents responding to the Food Health Plan Survey to indicate that they would be interested in shaping the Food Health Action Plan in more depth. Therefore, the delivery of a Food Health Action Plan is likely to support the council's relationships with individuals, communities and partner organisations.

5. FINANCIAL CONSIDERATIONS

The Food Health Action Plan is a long-term plan, running alongside North East Lincolnshire's Joint Health and Wellbeing Strategy. It is intended where possible to fund the actions in the plan through the ring-fenced public health grant. However, alternative funding sources, such as grant funding, may also be explored where relevant to the individual actions in the plan.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

The Food Health Action Plan has a strong focus on improving diet and food education for children and young people and therefore will help to meet the aspiration of giving every child in the borough the best start in life.

7. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

Although the Food Health Action Plan is geared towards tackling diet-related ill health in the borough, many of the actions within the plan also contribute to improved environmental outcomes through reducing food miles and food waste.

8. PUBLIC HEALTH, HEALTH INEQUALITIES AND MARMOT IMPLICATIONS

The Food Health Action Plan is designed to reduce inequalities in diet-related ill health by responding to the inequalities that mean some of our residents face greater barriers to eating well, as well as by improving the food environment for the whole population. The plan will run alongside North East Lincolnshire's Joint Health and Wellbeing Strategy, seeking to operationalise the priorities in this strategy in relation to good food. The Plan is also strongly aligned to Marmot, placing particular emphasis on giving every child the best start in life, and supporting the move towards a model of food provision in North East Lincolnshire which gives people choice and control over what they eat.

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 (Chief Legal Officer), Section 151 Officer (Director of Finance) or Strategic Workforce Lead.

10. WARD IMPLICATIONS

The Food Health Action Plan is relevant to all wards in North East Lincolnshire.

11. BACKGROUND PAPERS

Notice of Motion on Food Poverty (March 2023):

<https://www.nelincs.gov.uk/assets/uploads/2022/06/8.-DRAFT-Minutes-16th-March-2023.pdf>

North East Lincolnshire Food Poverty Assessment (September 2025):

<https://www.nelincs.gov.uk/assets/uploads/2025/05/9.-Food-Poverty-Assessment-Report.pdf>

12. CONTACT OFFICER(S)

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