CABINET

DATE   16th July 2025

REPORT OF   Councillor Stan Shreeve – Portfolio Holder
                                              for Health, Wellbeing and Adult Social Care

RESPONSIBLE OFFICER   Diane Lee – Director of Public Health

SUBJECT   Marmot Town Proposal

STATUS   Open

FORWARD PLAN REF NO.   CB 07/25/05

CONTRIBUTION TO OUR AIMS

The Marmot framework contributes directly to the Council's strategic priorities. It supports a **Stronger Economy** by addressing the root causes of economic inactivity and poor health, improving productivity and employability through early intervention and inclusive growth. It strengthens our **Stronger Community** ambition by embedding fairness, prevention, and equity into local decision-making, ensuring that all residents, particularly those in our most disadvantaged areas, have the opportunity to thrive. The proposal aligns with a **Greener Future** by integrating environmental sustainability into health equity work, supporting climate resilience, and active travel. Finally, it advances the goal of an **Engaging and Effective Council** by encouraging cross-sector collaboration, embedding health equity into governance and performance frameworks, and ensuring that residents' voices shape local priorities through inclusive engagement and co-production.

EXECUTIVE SUMMARY

This report recommends that North East Lincolnshire Council formally adopts the Marmot framework through full implementation. This approach provides a structured, evidence-based method to tackle health inequalities, align with national priorities, and embed fairness and prevention across all council activity. It will strengthen community outcomes, attract external investment, and enhance the borough's reputation as a leader in health equity.

The cross-party working group established to make recommendations to Cabinet is recommending Cabinet support Option 3: full implementation of Marmot.
Option 3 is the preferred and endorsed approach, as it represents a comprehensive commitment to addressing health inequalities through a structured, evidence-based framework.

RECOMMENDATIONS

It is recommended that Cabinet:

1. Supports the principle of the full implementation of "Marmot" as set out in this report.
2. Delegates authority and responsibility to the Director for Public Health, in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care, to begin to implement and mobilise in accordance with the phased activity set out, and report back to Cabinet in accordance with the expectations laid out in the implementation plan.

REASONS FOR DECISION

Option 3, full implementation of the Marmot framework, is recommended as it represents the most comprehensive and strategic approach to addressing the deep-rooted health inequalities in North East Lincolnshire. This option enables the Council to embed fairness, prevention, and equity across all areas of policy and service delivery, aligning with national priorities and strengthening our ability to attract external funding and partnerships. It builds on existing work but provides the structure, legitimacy, and focus needed to deliver long-term, measurable impact. The proposal has cross-party support, has strategic alignment with existing strategies and plans, and offers a clear framework for engaging communities, improving outcomes, and enhancing the borough's reputation as a leader in health equity.

BACKGROUND AND ISSUES

1.1 Introduction

In December 2024, Full Council agreed to establish a cross-party working group to explore the implications and opportunities of becoming a Marmot Town. The working group was formally established in April 2025 and tasked with making recommendations to Cabinet on whether North East Lincolnshire should adopt the Marmot approach to reducing health inequalities.

This decision followed growing recognition of the stark and persistent health inequalities in the borough, as well as increasing interest in evidence-based approaches to tackling the wider determinants of health. Since its establishment, the working group has:

- Reviewed the Marmot principles and evidence base

- Undertaken a baseline assessment of current activity

- Considered learning from other Marmot Places

- Developed a set of recommendations for consideration

In contemplating our approach to becoming a Marmot Town, the cross-party working group considered three distinct options:

Option 1: Continue as We Are

Option 2: Middle Ground

Option 3: Full Implementation of Marmot (All-In)

1.2 Background – What is Marmot?

Professor Sir Michael Marmot is a globally recognised public health expert whose influential 2010 report, *Fair Society, Healthy Lives*, provided clear evidence that health inequalities are driven by social, economic and environmental conditions known as the social determinants of health. His work established that these inequalities are avoidable and unjust, and that reducing them would benefit individuals, society, and the economy.

The original 2010 review outlined six key policy objectives. However, a decade later, the 2020 follow-up report, *Health Equity in England: The Marmot Review 10 Years On*, highlighted that inequalities had not only persisted but widened, particularly in more deprived areas. The 2020 review strengthened the case for urgent, systemic action and expanded the policy framework to include eight objectives, reflecting growing recognition of systemic racism and climate breakdown as structural drivers of poor health.

The 8 Marmot policy objectives are:

1. Give every child the best start in life

2. Enable all children, young people and adults to maximise 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

The Marmot approach is now widely recognised as a robust, evidence-based framework for tackling the root causes of health inequality and building fairer, healthier places.

1.3 Marmot Towns – What are they and what has been achieved?

Marmot Towns, Cities or Places are local areas that commit to embedding the eight Marmot principles into all aspects of local decision-making and policy. These
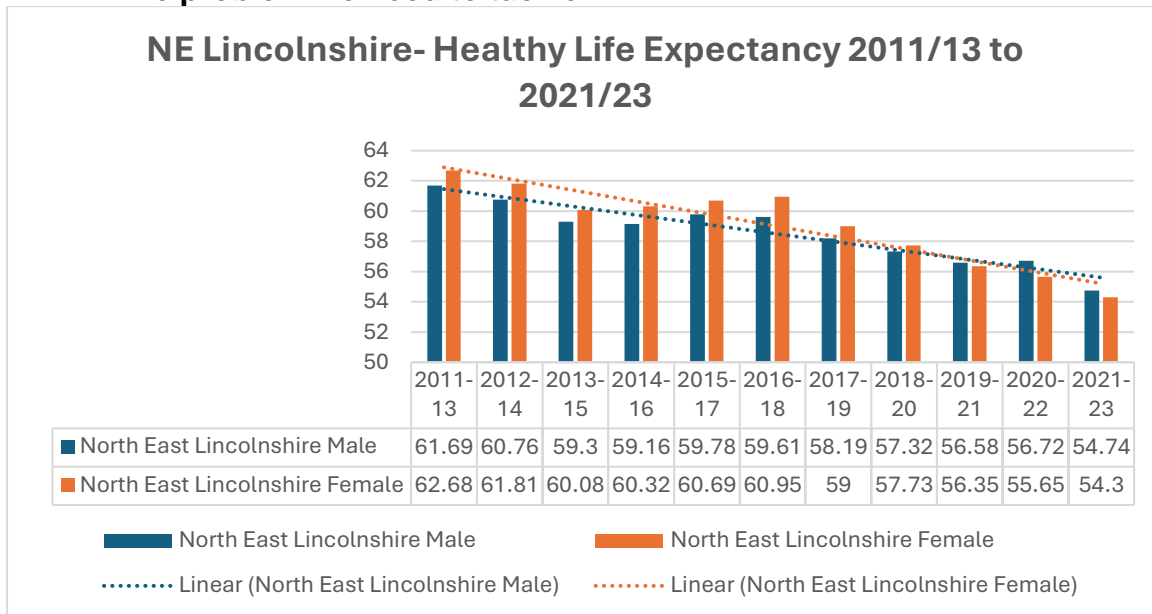
areas work in partnership with the UCL Institute of Health Equity and aim to take coordinated, long-term action across sectors including health, education, housing, employment and the environment to reduce inequalities and improve population health.

Notable examples include:

- **Greater Manchester:** The UK's first Marmot City Region (2019), where the approach has helped embed health equity into economic development, housing, and employment programmes, with a particular focus on inclusive growth.

- **Coventry:** A Marmot City since 2013, Coventry has reported improvements in early years outcomes, reduced NEET rates, and strengthened interagency collaboration.

- **Leeds:** Became a Marmot Place in June 2023. In its first year, the city conducted a whole-system review of health outcomes and social determinants, prioritising early years (0–5) and housing.

- **Kent:** The first coastal Marmot place, focuses on addressing health inequalities across the county, particularly in coastal communities.

- **Cheshire & Merseyside:** Developed a regional Marmot Plan in partnership with the UCL Institute of Health Equity, aligning NHS, local government and community priorities around health equity, racial justice, and climate resilience.

- **Luton and Bristol:** Have adapted Marmot principles to their local contexts, with targeted actions on poverty, youth opportunity, and sustainable neighbourhoods.

These places demonstrate that adopting the Marmot framework provides a clear, evidence-based structure for cross-system collaboration, aligns with national policy priorities (including net zero), and delivers measurable social and economic impact. Further examples of outcomes can be found in Appendix 1.

1.4 The problem we need to tackle

NE Lincolnshire- Healthy Life Expectancy 2011/13 to 2021/23

	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19	2018-20	2019-21	2020-22	2021-23
North East Lincolnshire Male	61.69	60.76	59.3	59.16	59.78	59.61	58.19	57.32	56.58	56.72	54.74
North East Lincolnshire Female	62.68	61.81	60.08	60.32	60.69	60.95	59	57.73	56.35	55.65	54.3

- North East Lincolnshire Male
- North East Lincolnshire Female
- Linear (North East Lincolnshire Male)
- Linear (North East Lincolnshire Female)

Healthy life expectancy in the borough has been steadily declining since 2017-19, with recent data indicating a figure of 54.5 years for males. Alarmingly, since 2019-21, the healthy life expectancy for females has dipped below that of males, highlighting a significant decline in women's health in the area.

North East Lincolnshire faces substantial and persistent health inequalities, many of which are influenced by its coastal location, industrial heritage, and socio-economic profile. These challenges are well-documented and underscore the urgency of implementing a strategic, place-based approach such as the Marmot framework.

Deprivation and Demographics

- NEL is the **29th most deprived** local authority in England (out of 317) according to the 2019 Index of Multiple Deprivation.

- Two wards — **East Marsh** and **West Marsh** — are in the **most deprived 1%** nationally, with five wards in the most deprived 10% (East Marsh, West Marsh, South, Sidney Sussex, and Heneage).

- The most deprived areas are concentrated around the historic docklands in Grimsby, characterised by dense, early 20th-century terraced housing, much of which is now in poor condition and within the private rental sector.

Health Outcomes

- NEL has **worse-than-average outcomes** across a range of indicators including:

  - Life expectancy

  - Obesity

- Alcohol-related conditions

- Self-harm

- Premature mortality

- **Life expectancy** in NEL is consistently below the national average:

  - In 2021–23, female life expectancy was **4.1 years lower** than the England average.

  - The gender gap in life expectancy has narrowed from **5.8 years (2001–03)** to **3.4 years (2021–23)**, but this reflects a **greater decline in female life expectancy**, which fell by **0.7 years** over the last decade, a steeper drop than the national trend.

Structural and Geographic Barriers

- NEL's coastal location and historical reliance on fishing and tourism have contributed to economic decline and population churn.

- The area experiences:

  - **Outmigration of younger people** seeking education and employment elsewhere.

  - **In-migration of older adults**, increasing demand for health and care services.

  - **Poor transport connectivity**, limiting access to employment and services for those without private vehicles.

  - A local survey found that **9 in 10 residents work within the borough**, highlighting limited economic mobility.

These data reinforce the case for a whole-system, equity-focused approach. The Marmot framework offers a structured way to address these entrenched inequalities by aligning local action with national evidence and best practice.

1.5 The Current Position – What are we already doing?

North East Lincolnshire already delivers a wide range of activity that aligns with the Marmot objectives, including:

- **Early years:** Delivery of Starting Well Strategic Programme aimed at improving school readiness, speech, language and communication, healthy child development and parent / infant relationships

- **Education and capability:** Local efforts to improve educational attainment, inclusion, skills and reduce NEETs (Not in Education, Employment or Training)

- **Employment and income:** Partnership work on skills and employment and supported employment programmes

- **Standard of living:** Housing review, household support fund, and food/fuel poverty initiatives

- **Healthy communities:** Investment in town centre regeneration, active travel, Town Deal, and Sport England Funds

- **Ill health prevention:** Strong place-based public health infrastructure, smoking cessation and healthy lifestyle campaigns

- **Racism and discrimination:** Engagement with community safety programmes

- **Environmental sustainability:** Net zero carbon roadmap and Greening the Borough

However, these efforts are not yet coordinated under a unified strategic framework that explicitly aims to reduce health inequalities. The Marmot approach offers a mechanism to connect and amplify this work, ensuring it is targeted, sustainable and accountable.

1.6 What would success look like (if we became a Marmot Town)? What's the economic case?

Success as a Marmot Town would mean:

- Measurable reductions in health inequalities, particularly in healthy life expectancy and preventable mortality

- Improved outcomes across early years, education, employment, housing, and community safety

- A system-wide commitment to fairness and equity embedded in strategies, commissioning and procurement

- Greater action on climate resilience and the links between sustainability and health

- Tangible progress in tackling racism, discrimination and their health-related impacts

- More effective collaboration across sectors, with residents actively shaping local priorities

The economic case is strong and well-evidenced:

- The original Marmot Review estimated that health inequalities cost the UK economy £31–33 billion in lost productivity, £20–32 billion in tax revenue and welfare, and £5.5 billion in NHS costs annually.

- The 2020 review reinforced that investing in early intervention, particularly in childhood and education, yields significant returns with early years investment delivering up to £7 for every £1 spent.

- Place-based prevention strategies reduce demand on high-cost services such as A&E, social care, and children's safeguarding.

- Climate mitigation and health equity actions can deliver co-benefits such as improved air quality, access to green space, and more sustainable housing which further reduce health costs and support wellbeing.

In short, Marmot investment is not only a moral imperative it's a financial one.

Strategic Alignment

The Marmot framework aligns with and strengthens existing strategies and plans, including:

- Joint Health and Wellbeing Strategy (JHWS) (Draft)

- Integrated Care Strategy and Core20PLUS5

- Inclusive Communities Framework

- Town Deal programme

- Net Zero Carbon Roadmap

- Children and Young People's Plan

1.7 What would 'doing nothing' look like?

Even without formally becoming a Marmot Town, work to reduce health inequalities in North East Lincolnshire would continue. However, without a coordinated strategic framework:

- Efforts may become more fragmented, making it harder to align across services and sectors.

- Opportunities for prevention and early intervention could be missed, potentially increasing pressure on acute and reactive services.

- Persistent, visible challenges, such as long-term unemployment, poor housing, untreated health conditions, and the clustering of vape shops and takeaways, risk becoming normalised without a strategic, whole-system response. These issues erode public trust and deepen inequality if left unchallenged.

- Regeneration and economic growth initiatives may be less likely to deliver inclusive benefits for all communities.

- Complex structural challenges such as racism, environmental degradation, and intergenerational poverty, may be addressed in isolation rather than through integrated action.

- Accessing national and regional funding linked to inequality, prevention, and climate resilience may be more difficult without a clear strategic narrative.

- Residents may find it harder to see and trust the impact of ongoing investment if outcomes remain static or uneven.

In short, not adopting a Marmot approach risks continuing a cycle of short-term responses to long-term challenges — with higher costs to services, the economy, and community wellbeing over time.

1.8 Why Become a Marmot Town?

A Strategic Investment in a Fairer, Healthier North East Lincolnshire.

In December, Full Council agreed to explore becoming a Marmot Town joining a national movement to reduce avoidable health inequalities using the evidence-based framework developed by Professor Sir Michael Marmot and the UCL Institute of Health Equity.

We now present the case for adopting Marmot principles formally. This is not about rebadging existing work it is about embedding fairness, prevention, and equity into the way we govern, budget, plan and partner as a system.

Why Marmot? Why Not Just Carry On With What We're Doing?

1. National Credibility & Evidence-Based Direction
Marmot principles are built on four decades of global research. Using the Marmot brand signals that our approach is serious, evidence-based and system-wide not a loose collection of projects.

2. Whole-Council, Whole-System Buy-In
The Marmot framework is already used by many NHS bodies, Integrated Care Systems and local authorities. It gives us a common language to align strategies from early years to housing, regeneration, skills and net zero and unites elected members, officers and partners behind one shared goal: a fairer borough.

3. Greater Impact Through Structure & Focus
We already do strong work on poverty, early years, housing and mental health. Marmot principles help us join the dots creating a more purposeful approach to investment, commissioning and service design that prioritises long-term prevention and equity.

4. Stronger External Profile & Investment Case
Being a Marmot Town enhances our reputation nationally, helping attract external

funding, partnerships and innovation opportunities. It puts us on the map as a serious leader in health equity and social value.

5. Political and Public Mandate

The decision to explore becoming a Marmot Town was agreed by Full Council in December 2024, reflecting cross-party recognition of the need to address health inequalities. The working group includes representation from across the political spectrum, and the proposal aligns with national policy priorities including, Net Zero, and NHS Core20PLUS5.

While formal community engagement on Marmot is yet to begin, the approach builds on existing resident feedback gathered through the Joint Strategic Needs Assessment, Town Deal consultations, and the Inclusive Communities workstream. These consistently highlight fairness, opportunity, and health as key public concerns.

This gives us a clear, hopeful narrative to take to residents, especially those who feel left behind and to engage communities in shaping a fairer future. Marmot helps us demonstrate that we are not just talking about change, but embedding it into how the council operates.

What Does It Mean in Practice?

- Adopt the 8 Marmot principles (including tackling poverty, racism, early years, work, climate, and health equity in all policies)

- Co-produce a Marmot Action Plan with communities, staff and partners

- Embed Marmot objectives into our strategic plans, KPIs and governance

- Option to formally partner with UCL Institute of Health Equity to support implementation and measurement

- This is not just a council initiative, rather a whole place initiative, bringing together wider statutory partners including the community and voluntary sector alongside communities

1.9 Community Engagement

Community engagement is a fundamental principle of the Marmot approach ensuring that local people, particularly those most affected by health inequalities, have a meaningful voice in shaping priorities and solutions.

To date, formal community engagement specific to the Marmot Town work has not yet been undertaken. However, we recognise the importance of co-producing this agenda with communities and are committed to embedding inclusive, place-based engagement throughout the process.

Planned actions include:

- **Building on existing assets**: Aligning with engagement work already underway through the various projects our engagement team are involved with.

- **Developing a Marmot engagement plan**: Creating a dedicated community engagement strategy that ensures voices from all backgrounds including those with lived experience of poverty, discrimination, and poor health shape our local response.

- **Using creative and inclusive methods**: Including participatory workshops, lived experience panels, youth voice initiatives, and pop-up community conversations in high footfall areas.

- **Working with the VCSE sector**: Leveraging the trusted relationships local voluntary and community organisations already have with residents.

- **Focusing on equity**: Ensuring engagement is representative and inclusive of groups often underrepresented in traditional consultation (e.g. carers, minority ethnic communities, people with disabilities, and low-income households).

Engagement will be iterative and built into the Marmot Action Plan process, recognising that co-production is not a one-off event but a continuous way of working.

2.10 Timeline

Phase 1: Mobilisation & Foundations (July–December 2025)

Goal: Lay the groundwork, build shared ownership, and demonstrate early momentum.

Month	Actions
July 2025	Cabinet decision on becoming a Marmot Town, Commission UCL Institute of Health Equity support, Issue public/media statement, Begin stakeholder mapping and engagement planning
August 2025	Draft and agree local Marmot narrative, vision and values, Align with JHWS, ICS strategies, and local regeneration work,

	Begin developing a branded identity / internal language
September 2025	Embed health inequality impact statements into Cabinet papers and service proposals, Begin training for key officers and Members, Formally assign governance to Health & Wellbeing Board
October 2025	Launch conference/event to raise awareness and coalesce partners, Soft-launch "Marmot in NEL" across comms channels Delivery on early actions in key Marmot themes (e.g. early years, housing, economic inclusion), Use 'quick win' projects to build momentum
November 2025	Hold internal cross-departmental workshops, Begin designing community engagement plan
December 2025	Agree initial set of baseline indicators and draft KPIs, Outline draft 2-year Marmot Action Plan

Phase 2: Planning, Engagement & Infrastructure (Jan–July 2026)

Goal: Build depth, formalise systems, engage communities.

Month	Tasks
Jan–Feb 2026	Deliver first round of community engagement (focus groups, lived experience panels, VCSE events), Engage schools, youth, anchor institutions

March 2026	Finalise Marmot Action Plan (2–3 year delivery plan), Present to Health & Wellbeing Board and Cabinet for sign-off
April 2026	Embed health equity impact into key decision-making frameworks (procurement, regeneration, planning), Develop monitoring/reporting structure for KPIs
May–June 2026	Complete first full baseline report, Begin workstream/project group mobilisation
July 2026	Deliver public-facing update on progress and next steps (through media, website, community forums)

Phase 3: Delivery, Deepening & Learning (Aug 2026 – July 2027)

Goal: Embed principles into practice and demonstrate real-world change.

Period	Actions
Aug–Dec 2026	Continued delivery on early actions in key Marmot themes (e.g. early years, housing, economic inclusion), Use 'quick win' projects to build momentum
Ongoing 2026	All corporate media releases include reference to Marmot and health equity lens, Regular staff briefings and public updates
Jan–June 2027	Continue delivery + implement improvements based on KPI monitoring and community feedback, Mid-point review of governance, outcomes and resourcing
July 2027	Public report and celebration of Year 1 achievements,

	Refresh Action Plan for Year 2 and beyond, Submit learning to Marmot Network or national events

2.11 Supporting Infrastructure

Governance

Delivery of the Marmot Action Plan will be overseen by the Health and Wellbeing Board, with a cross-sector steering group responsible for implementation. Progress will be reported quarterly to Cabinet and annually to Full Council.

A public dashboard will be developed to track key indicators and ensure transparency. Councillors will be invited to champion Marmot themes within their portfolios and wards, as set out in Appendix 2, and community representatives will be embedded in governance structures to ensure lived experience informs decision-making.

Comms & Narrative

Ensure consistent internal and external messaging that seamlessly aligns with all corporate and partner communications, enhancing clarity and engagement across all stakeholders.

Finance

We have secured transformation funding of £150,000 annually for the first two years, providing the essential resources to launch this project robustly. Our strategy includes seeking long-term funding from diverse sources, including grant applications and optimising existing budgets through this coordinated approach.

The proposed transformation funding of £150,000 per year for two years will support:

- Dedicated Marmot Programme Lead
- Community engagement and co-production activities
- Training and capacity building for staff and elected members
- Conference
- Communications and branding
- Evaluation and data analysis support
- Partnership with UCL Institute of Health Equity

This investment will be monitored through a benefits realisation framework aligned to Marmot KPIs. The return on investment will be tracked through reductions in demand for high-cost services, improvements in early years and employment outcomes, and increased access to external funding.

Data & Evaluation

- Data Collection: Systematic collection of both qualitative and quantitative data to monitor progress and impact. This includes surveys, interviews, and existing health records.
- Performance Metrics: Key Performance Indicators (KPIs) to measure the effectiveness of initiatives. Metrics may include health outcomes, community engagement levels, and service utilisation rates.
- Regular Reporting: Periodic reports to stakeholders detailing progress, challenges, and achievements. These reports will be used to inform decision-making and strategy adjustments.
- Feedback Mechanisms: Channels for community and stakeholder feedback to ensure initiatives are responsive to needs and to incorporate suggestions for improvement.
- Impact Assessment: Evaluation of the long-term impact of projects on health equity and social determinants of health.
- Continuous Improvement: Using evaluation data to refine and improve initiatives, ensuring they remain effective and aligned with goals.

1.12 In Summary

Becoming a Marmot Town is a statement of intent, and a practical framework to create a fairer, healthier North East Lincolnshire. It gives us the direction, legitimacy and focus to make good work go further and to tackle root causes, not just symptoms.

This is how we move from ambition to impact.

2. RISKS, OPPORTUNITIES AND EQUALITY ISSUES

2.1 Risks and Mitigation

Risk	Description	Mitigation
Perception of duplication	Risk that Marmot is seen as rebadging existing work	Clearly articulate how Marmot provides strategic alignment, not duplication. Use mapping exercises to show added value.
Delivery capacity	Risk of insufficient capacity to deliver the action plan	Use transformation funding to resource coordination and programme lead. Embed Marmot into existing governance.

Risk	Description	Mitigation
Political or public scepticism	Risk of limited buy-in from elected members or residents	Use clear, evidence-based messaging and community engagement to build mandate. Involve councillors in shaping the plan.
Short-termism	Risk that long-term change is deprioritised in favour of immediate pressures	Embed Marmot into corporate planning, KPIs and budget cycles to ensure sustainability.
Failure to demonstrate impact	Risk of limited measurable outcomes	Develop clear KPIs and baseline indicators. Commission external evaluation support (e.g. UCL Institute of Health Equity).

2.2 Opportunities

Opportunity	Potential Benefits
Improved Health Outcomes	Full implementation of the Marmot framework can lead to significant improvements in health outcomes, including increased life expectancy, reduced health inequalities, and better mental health.
Stronger Partnerships	Adopting the Marmot framework enables stronger partnerships across sectors, including health, education, housing, and employment, leading to more coordinated and effective interventions.
Access to Funding	Being recognised as a Marmot Place can enhance our ability to attract external funding and investment from external sources dedicated to health equity and social determinants of health.

Community Engagement	The Marmot approach emphasises community engagement and co-production, ensuring that local voices are heard and that interventions are tailored to the specific needs of our communities.
Economic Benefits	Addressing health inequalities can lead to economic benefits, including increased productivity, reduced healthcare costs, and a healthier workforce.
Enhanced Reputation	Becoming a Marmot Place can enhance the reputation of North East Lincolnshire as a leader in health equity.

3.   OTHER OPTIONS CONSIDERED

3.1. Option 1: Continue as We Are

Under this option, we maintain our current initiatives and strategies without adopting the Marmot framework. While this approach allows us to proceed with familiar methods and avoid potential disruptions, it may limit our ability to achieve significant and sustainable improvements in health equity. Our current efforts may address some symptoms of health inequalities, but without a comprehensive and systematic approach, the root causes might remain unchallenged.

3.2. Option 2: Middle Ground

This option proposes a selective and phased approach to embedding health equity principles into local strategies and services. It would involve aligning existing work with elements of the Marmot framework, focusing on priority areas where there is already momentum. The cross-party working group explored this as a potential middle ground recognising the value of the Marmot principles while acknowledging that the Marmot brand itself cannot be used without full implementation. While this approach may offer a more flexible route to progress, it may not deliver the same level of visibility, coherence, or external recognition as a formal Marmot commitment.

3.3. Option 3: Full Implementation of Marmot (All-In)

By fully embracing the Marmot framework, we commit to a robust and comprehensive strategy aimed at tackling health inequalities at their root. This option aligns with our vision of creating a fairer, healthier North East Lincolnshire and demonstrates our dedication to significant and long-term impact. Full implementation involves systematic data collection, rigorous performance metrics, continuous community feedback, and regular impact

assessments. This holistic approach ensures that our initiatives are responsive, effective, and continuously improved. It also sends a powerful message to our residents that we are serious about addressing health inequalities and are willing to invest in transformative change.

4.   REPUTATION AND COMMUNICATIONS CONSIDERATIONS

4.1.   There are potential positive reputational implications for the Council resulting from the decision to adopt the Marmot framework. Becoming a Marmot Town positions North East Lincolnshire as a leader in health equity, aligning the Council with a respected, evidence-based approach developed by Professor Sir Michael Marmot and the UCL Institute of Health Equity. This enhances the Council's credibility and visibility, potentially attracting external funding, innovation partnerships, and national recognition for its commitment to fairness and long-term wellbeing.

4.2. An action plan will be agreed with the Council's communications service, covering the following issues:

- Statutory communications requirements, including public statements following Cabinet decisions.
- Consultation requirements, particularly around the co-production of the Marmot Action Plan with communities and stakeholders.
- Information requirements to ensure consistent internal and external messaging, including the development of a branded identity and narrative for "Marmot in NEL."
- Communication channels to be utilised will include press releases, social media, the Council website, community forums, staff briefings, and public-facing updates aligned with key milestones in the Marmot implementation timeline.

4.3. This communications approach will ensure transparency, build public trust, and reinforce the Council's leadership role in tackling health inequalities.

5.   FINANCIAL CONSIDERATIONS

5.1.   We have secured transformation funding of £150,000 annually for the first two years, providing the essential resources to launch this project robustly. Our strategy includes seeking long-term funding from diverse sources, including grant applications and optimising existing budgets through this coordinated approach.

The proposed transformation funding of £150,000 per year for two years will support:

- o   Dedicated Marmot Programme Lead (part funded from Public Health reserves)
- o   Community engagement and co-production activities
- o   Training and capacity building for staff and elected members
- o   Conference
- o   Communications and branding

- o Evaluation and data analysis support
- o Partnership with UCL Institute of Health Equity

5.2. This investment will be monitored through a benefits realisation framework aligned to Marmot KPIs. The return on investment will be tracked through reductions in demand for high-cost services, improvements in early years and employment outcomes, and increased access to external funding.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

The Marmot Town proposal is expected to have a significant and positive impact on children and young people in North East Lincolnshire. By embedding the Marmot principles—particularly "giving every child the best start in life" and "enabling all children, young people and adults to maximise their capabilities"— the proposal supports early intervention and long-term investment in child development, education, and wellbeing. Existing programmes such as the Starting Well Strategic Programme, which focuses on school readiness, speech and language development, and parent-infant relationships, will be strengthened through a more coordinated, equity-focused framework. The approach also promotes inclusive education, reduces NEET rates, and enhances opportunities for young people through improved access to skills, employment, and safe, healthy environments. By addressing the wider determinants of health from early childhood, the Marmot framework aims to break intergenerational cycles of disadvantage and improve life chances for all children and young people in the borough.

7. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

The Marmot Town proposal aligns closely with North East Lincolnshire's environmental and climate ambitions, recognising the interdependence between health equity and environmental sustainability. One of the eight Marmot principles explicitly calls for the pursuit of environmental sustainability and health equity together. The proposal supports the Council's Net Zero Carbon Roadmap and complements ongoing initiatives such as the "Greening the Borough" programme and active travel investments. By embedding environmental considerations into strategic planning and decision-making, the Marmot approach encourages co-benefits such as improved air quality, access to green spaces, and more sustainable housing. These actions not only contribute to climate mitigation and nature recovery but also help reduce health inequalities by addressing environmental determinants of health, particularly in deprived communities disproportionately affected by pollution, poor housing, and lack of access to nature.

8. CONSULTATION WITH SCRUTINY

Scrutiny has not been formally consulted at this stage of the Marmot Town proposal. However, going forward, the relevant scrutiny panel will receive regular updates on progress, implementation milestones, and outcomes. This will ensure appropriate oversight and provide opportunities for constructive challenge and input as the Marmot Action Plan develops and is delivered.

9. FINANCIAL IMPLICATIONS

As outlined in section 5, transformational funding of £150,000 has been allocated for a period of two years. The project aims of reducing demand for high-cost services, and increasing access to external funding should impact positively on financial resources. Any changes required to approved budget envelopes following this initial funding period will be assessed during the annual budget planning round, and reflected as appropriate in the medium term financial plan.

10. LEGAL IMPLICATIONS

The adoption of "Marmot" appears to be consistent and complementary to the foundational principles of the Council. Such adoption will be both far reaching in terms of general approach and policy in connection with the Council's operational and strategic positions. A further report to Cabinet (and the Health and Wellbeing Board) is prudent and the delegations sought are appropriate at this stage.

11. HUMAN RESOURCES IMPLICATIONS

There are no direct HR implications arising from the contents of this report. However, HR advice and support can and will be provided if required should additional staff be required to implement the Marmot Town proposal.

12. WARD IMPLICATIONS

The Marmot Town proposal is designed to benefit all wards across North East Lincolnshire by embedding health equity into council-wide strategies and decision-making. However, due to the nature of health inequalities and the place-based approach of the Marmot framework, some wards—particularly those with the highest levels of deprivation and poorest health outcomes—may receive greater focus as the work progresses. This targeted approach is intended to improve outcomes where the need is greatest, while ensuring that all communities benefit from a fairer, healthier borough overall.

13. BACKGROUND PAPERS

Minutes of Full Council – December 2024

14. CONTACT OFFICER(S)

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Appendix 1: Examples of outcomes for Marmot Place

Becoming a Marmot Place is not a quick fix. It represents a commitment to long-term, system-wide change that addresses the root causes of health inequality. As such, improvements in headline indicators like life expectancy or healthy life expectancy typically take years to materialise. These are complex, population-level measures that reflect the cumulative impact of social, economic, and environmental conditions over time.

However, early signs of progress can be seen in improved partnership working, stronger alignment across sectors, and more inclusive governance structures. These are essential foundations for long-term impact.

More than 50 local areas across England, Wales, and Scotland have now committed to becoming Marmot Places, including 37 local councils. Coventry City Council was the first, over a decade ago, while Oxfordshire County Council is among the most recent. Even in areas that joined more recently, and despite delays caused by the COVID-19 pandemic there is evidence of improved collaboration, clearer strategic focus, and growing community engagement.

The Marmot approach is about embedding fairness and equity into the DNA of local systems. While the full benefits take time, the early progress seen in Coventry below within just 5–6 years is promising and reinforces the value of starting now.

Measurable Increases in Key Areas (Coventry):

1. **Reduction in Deprivation**:
   - The proportion of Coventry's population living in the 10% most deprived neighbourhoods in England decreased from **18.5% in 2015** to **14.4% in 2019**.

2. **Life Expectancy Improvements**:
   - **Male life expectancy at birth** increased from **77.9 years (2010–12)** to **78.5 years (2016–18)**.
   - **Female life expectancy at birth** rose from **82.0 years** to **82.3 years** over the same period.

3. **Narrowing Health Inequalities**:
   - The **gap in male life expectancy** between the most and least deprived areas in Coventry **reduced by 0.7 years** between 2010–12 and 2016–18.
   - For **females**, the gap narrowed by **0.1 years**.

4. **Healthy Life Expectancy (HLE) Rankings**:
   - Coventry improved its ranking among statistical neighbours:

- **Male HLE**: from 8th to 4th.

- **Female HLE**: from 2nd to 1st.

To sustain momentum, impacts need to be demonstrated swiftly. The eight Marmot Principles provide a clear framework for places to lead and coordinate efforts to improve equity across all sectors, including housing, education, early years, health care, business and the economic sector. Reducing poverty and mitigating its impacts is the central theme for all Marmot Places.

Other Examples of Action

- **Cheshire and Merseyside** - All nine Cheshire and Merseyside Health and Wellbeing Boards have committed to the recommendations in All Together Fairer to form part of the Marmot Community, reflecting the strong support, enthusiasm and shared ambitions of partners.
- **Coventry** - Best Start in Life has had notable success, despite pandemic and resources squeeze – funding has not been removed from this principle.
- **Leeds** - Best Start (0-5 years) is a priority area for Fairer, Healthier Leeds, with action highlighted for 2024/25, year two of IHE's work in Leeds.
- **Cheshire and Merseyside** - Cheshire and Merseyside's Beyond Programme is aligned with IHE/Barnardo's Children and Young People's Health Equity Collaborative.
- **Coventry** - The Coventry Job Shop, based in the city centre, supports local residents searching for employment, training, apprenticeships and work placements.
- **Leeds** - Leeds is one of 20% of council areas in England to have a Selective Licensing Scheme, which aims to improve the management and condition of private rental properties.
- **Luton** - Public health and social housing teams are working together through Healthy Estates Strategy in Luton, which aims to improve health for over 7,500 social housing tenants.
- **Northumberland, Leeds, Gwent and Waltham Forest** have brought housing associations and key partners together to work for health equity

As part of the development work in Coventry a monitoring tool was developed along with a dedicated data and information page that lists the indicators of progress alongside the Marmot Principles. This would be a useful resource to replicate for North East Lincolnshire.

Appendix 2: Role of Elected Members in Marmot Governance and Delivery

Elected Members are central to the success of the Marmot approach. Their leadership, insight, and connection to communities make them uniquely placed to champion health equity and ensure the Marmot principles are embedded across the Council and its partnerships.

1. Championing Marmot Themes Across Portfolios

Cabinet Members and Portfolio Holders will be invited to act as visible champions for Marmot principles within their areas of responsibility. This includes:

- Embedding health equity into service planning, commissioning, and budget decisions

- Promoting Marmot-aligned priorities in areas such as child development, regeneration, housing, transport, education, and environment

- Ensuring that Marmot principles are reflected in Cabinet papers, procurement frameworks, and performance indicators

- Advocating for Marmot principles in regional and national forums to attract investment and raise the borough's profile

2. Ward-Level Leadership and Community Connection

All councillors, regardless of political affiliation, have a vital role in:

- Listening to residents' lived experiences of inequality and feeding this into the Marmot Action Plan

- Identifying local assets, opportunities, and barriers to health and wellbeing

- Supporting community engagement activities and encouraging participation from under-represented groups

- Acting as trusted messengers to explain how Marmot will benefit residents and neighbourhoods

3. Governance and Accountability

- The Health and Wellbeing Board will provide strategic oversight of the Marmot Action Plan, with quarterly updates to Cabinet and annual reporting to Full Council

- A cross-sector Marmot Steering Group will coordinate delivery, with Member representation to ensure democratic accountability. It is anticipated that this group will be led by the UCL Institute of Health Equity

- Councillors will be invited to co-chair or participate in Marmot-themed working groups (e.g. early years, housing, economic inclusion)

- Community representatives will be embedded in governance structures to ensure lived experience informs decision-making

4. Training, Tools and Support

- A dedicated training programme will be offered to Members to build confidence in applying Marmot principles to their roles

- Briefing materials, case studies, and talking points will be developed to support councillors in communicating the Marmot approach to residents and stakeholders

- Officers will work with Members to identify opportunities to align ward-level priorities with Marmot objectives

5. Added Value for Members and Constituencies

By engaging with the Marmot approach, Members can:

- Help deliver visible improvements in the issues that matter most to residents, such as housing, jobs, education, and health

- Strengthen relationships with communities through meaningful engagement and co-production

- Demonstrate leadership on fairness, opportunity, and long-term investment in local wellbeing

- Contribute to a borough-wide narrative of pride, ambition, and shared purpose

6. Embedding Marmot Across the Council and Beyond

- Marmot principles will be integrated into corporate planning, service design, and performance management

- All Cabinet papers will include a health equity impact statement

- Council-wide training and communications will ensure that Marmot becomes part of the organisational culture

- The approach will be extended to partners across the Integrated Care System, VCSE sector, and anchor institutions to maximise collective impact