Health and Wellbeing Board

3 September 2026

Medway Marmot Place Partnership Update

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Summary

Medway declared its ambition to become a Marmot Place in April 2025. This report provides a summary of the progress to date and a set of recommendations from the Institute of Health Equity who have been commissioned to support Medway to achieve its ambitions to reduce health inequalities.

The Medway Marmot Place is not just a Medway Council initiative. In order to achieve the ambition of halving health inequalities over the next ten years, action will need to be taken by all public, private, voluntary, and academic sector partners.

1. Recommendations

1.1 The Health and Wellbeing Board is asked to note the report from the Institute of Health Equity (IHE) regarding the progress of the Medway Marmot Place Partnership.

1.2 The Health and Wellbeing Board is asked to comment on the priority organisations that the IHE recommendations should be circulated to and how to best engage them, so they take meaningful action that align with the recommendations.

2. Budget and policy framework

2.1 Since 1 April 2013, local authorities have been responsible for improving the health of their local population and for public health services.

2.2 A key purpose of the Medway Health and Wellbeing Board is to provide collective leadership to improve health and well-being across the local authority area, enable shared decision-making and ownership of decisions in an open and transparent way and address health inequalities by ensuring quality, consistency and comprehensive health services.

2.3 A Marmot Place recognises that health and health inequalities are mostly shaped by the social determinants of health: the conditions in which people

are born, grow, live, work and age, and takes action to improve health of the population and reduce health inequalities.

3. Background

3.1 In April 2025, the Medway partnership formally launched Medway's intention to become a Marmot place at an event at Rochester Corn Exchange. The launch was attended by over a 110 people from a range of public, private, voluntary and academic sector partners. The event aimed to bring stakeholders together to raise awareness of the Marmot initiative, consider the current status of health equity in Medway and discuss key priorities to reduce health inequalities locally. Following the launch event, the Medway Advisory Group committed to the following aspiration for Medway:

> *"In ten years' time, Medway will halve the gap in life expectancy between Medway and England; halve the gap in life expectancy between the best and worst-off areas in Medway; and halve the gap in healthy life expectancy between Medway and England."*

3.2 The Medway Marmot Advisory Group is chaired by Sir Michael Marmot and has senior representation from Medway Council, NHS, education, voluntary sector and is currently aiming to recruit young people and justice sector members. The group meet quarterly and aim to:

- Provide expertise and advice to support the development of Marmot priorities and actions.
- Commit to health equity and the building blocks of health within their organisations.
- Represent their organisations and ensure that relevant feedback is provided to and from the group.
- Take responsibility for progressing agreed actions within their respective organisations.

3.3 Appendix A is the first independent report from the Institute of Health Equity to Medway and all the local system partners who can play a role in addressing health inequalities.

3.4 The report provides a summary of the Marmot principles, the local health inequalities data, progress since Medway stated its intention to become a Marmot Place, evidence of best practice and concludes with a set of recommendations.

4. IHE Recommendations consultation

4.1 The independent and expert nature of the IHE recommendations gives them clear value as Medway strives to build and strengthen the Medway Marmot Place Partnership. However, the process of engagement, consultation, listening and evolving these recommendations is vital to enable Medway and its stakeholders to embrace them.

4.2 Primarily, the process of consulting involved gauging how these recommendations resonated with local stakeholders, to ensure that they are helpful in building an action plan to shift the recommendations into reality. Effective engagement helped develop the recommendations, and most importantly, strengthened ownership and agency across Medway to support collective action for health equity. There is no specific source of funding that will be used to realise the recommendations detailed in paragraph 5.1. Instead, it is about evolving ways of working, decision making, and prioritising to ensure that health equity is at the heart of Medway.

4.3 The consultation period in Medway was initiated at the 'Medway Marmot Place Partnership: Together for a fairer, healthier future' report launch on 8 April 2026. This online event was attended by over 70 local stakeholders and comprised discussion and presentations from key people such as Sir Michael Marmot and Dr David Whiting. Six online workshop sessions were then held throughout April 2026 and May 2026, each focused on a different subsection of the recommendations. Discussions were captured through an online, collaborative whiteboard platform, collating responses, comments, thoughts and ideas from each group. Cumulative attendance reached over 90 stakeholders, from a range of organisations in Medway. There was also an online consultation allowing people to submit comments via an MS Form. The vast majority of comments and workshop attendees gave feedback that the report and recommendations did resonate with them and fully supported the programme of work.

4.4 Appendix B is the IHE full consultation report, outlining what was discussed at each workshop, the changes to the recommendations as a result and the priority next steps for the Medway Marmot Team.

5. IHE Recommendations

5.1 Following the consultation period and adjustments based on feedback from partners the IHE recommendations to Medway to achieve its ten-year term ambition of halving health inequalities are:

- Work through a breadth and depth of long-term co-production, collaboration and partnership to reduce inequalities in experiences at school between children who are eligible, and those not eligible for Free School Meals (FSM) and for those with SEND and looked after children;

- Prioritise reducing inequalities in children's early development, especially speech and language skills and greater support for parents, carers and guardians in the early years to build confidence in their understanding of their child's cognitive development and needs;

- Profile the not in education, employment or training (NEET) population, prioritise reducing and preventing those who are NEET, engage partners through a 'NEET Summit', and extend cross-sector provision of training opportunities, building on bringing in additional partners including businesses;

- Collaborate with young people to incorporate their views about what is needed in local areas to improve existing support for mental health and employment pathways;

- Strengthen partnerships to support looked-after children and care leavers alongside other groups at risk of exclusion and exploitation to build skills and enter employment, further education or training;

- Take a forward-looking view to build career advice, local mentorship and apprenticeships and set out what is expected of local employers in collaboration with schools and young people;

- Prioritise improvement and provision of safe and warm housing to ensure a healthy standard of living for children and young people;

- Support family-empowerment (e.g. parenting programmes and support) and strengthen the role of community, faith and voluntary sectors organisations in building trust and supporting families;

- Retain the idea for a community hub or one-stop-shop with co-located services (including onward referral) for families. This provision must be accessible in terms of opening hours, the nature of the space, how residents perceive interacting with it, where it is geographically and its connection to public transport;

- Embed anti-racism and anti-discrimination approaches and ensure support is culturally appropriate and bespoke to meet community needs;

- Develop routine collection of data by ethnicity to establish the extent of ethnic inequalities and build appropriate responses to identified need;

- Involve public services, council led services, the VCFSE, business, and residents in Medway to be part of the Medway Marmot Place Partnership and engaged in a Marmot Board;

- Strengthen partnership working for early years, young people and those who are NEET and develop sector-specific actions and associated implementation plans for the short and long term;

- Ensure meaningful engagement with communities is central to understanding needs and adapting and producing appropriate and effective services;

- Simplify and increase transparency around grant giving and commissioning processes, particularly for VCFSE organisations, and reduce reliance on short term funding;

- Explore how joint working can be formalised practically, such as contractually or through employment and estates;

- Build upon, raise awareness of, and make available, previous and existing resident engagement to better understand the gaps around who is being heard;

- Identify, engage and activate Medway's anchor organisations as the vanguards of the Medway Marmot Place Partnership including VCSFE organisations, NHS, educational settings, the council, key local employers, places of worship, and libraries;

- Anchor organisations and local economic partnerships to work closely with schools and colleges in areas with higher levels of deprivation to support apprentices, job training and employment shadowing with a guaranteed employment, apprenticeship or training offer for 18–25-year-olds;

- Develop in partnership a local good work charter for employers, which builds on the national Good Business Charter, and make becoming a signatory to this local charter a requirement for NHS and public sector contracts, with appropriate ongoing monitoring. This should include; Wages to meet the minimum income for healthy living, Provision of in work benefits including sick pay, holiday and maternity/paternity pay, Provision of education and training on the job, Provision of advice and support e.g. debt and financial management, housing support at work, mental health, Strengthen equitable recruitment practices including provision of apprenticeships and in work training, recruitment from local communities and those underrepresented in the workforce;

- Support small to medium-sized employers to follow in the footsteps of the anchor organisations in engaging with health equity work as specified through the above frameworks, identifying and overcoming the specific challenges they face;

- Spread awareness of proportionate universalism and embed this into all decisions and services among all partners in Medway;

- Develop an integrated equity impact assessment tool for decision making in Medway that incorporates existing assessment tools and is developed from the Marmot principles. Initially implement this in Medway Council as the leading statutory body, with others to follow suit as they become activated in the Marmot work;

- Make a concerted effort to build an understanding of existing programmes and evaluate these to build a clear evidence base to inform design and delivery of programmes and ensure that effective programmes are scaled up and ineffective programmes are decommissioned;

- Continue to frame initiatives through the lens of the Marmot principles, how these are applicable to the Medway system, and overlay this to geographic distribution, levels of deprivation and excluded groups;

- Embed health equity, prevention, whole system working and resident engagement in local and national programme implementation such as the NHS Neighbourhood Health programme, Family Hubs and the Pride in Place impact fund

- Celebrate, recognise and formalise the successes of existing initiatives and scale them up to cover the whole of Medway in a way which is proportionate to need;

- Develop asset mapping to include physical assets and spaces (e.g. natural spaces or community facilities) where benefits could be further maximised to improve wellbeing and inclusivity of access to provision such as leisure centres, libraries, education, and fire services;

- Use existing mapping to address gaps, inform procurement and commissioning, consolidate existing provision and reduce duplication to ensure effective use of service;

- Build on the Marmot asset mapping and resident engagement exercises to map gaps in provision related to the Marmot 8 principles and excluded population groups. In turn, identify ways to reduce and monitor progress on the identified gaps;

- Transition the mapping of resources into the development of a local health equity network and partnership that functions as a collaborative system of commissioners, providers and residents;

- Commit to continue funding, awareness raising and use of a social prescribing directory of services;

- Co-design and evolve the positioning of residents within this health equity network and how they can navigate the system, as potential MEs and in local work and volunteering opportunities.

5.2 These final IHE recommendations set the tone for the efforts of the Medway Marmot Place Partnership in working towards its ambition over the next 10 years. Now that members of the Medway system have come together and started to highlight areas for next steps and action, it is essential that collaborative steps are built and monitored to ensure progress on the recommendations over time. Namely, both the Medway Marmot Team and colleagues, volunteers and residents across Medway should now all hold one another to account to maintain momentum and drive implementation.

5.3 The IHE is explicit that prioritisation of the recommendations and next steps is essential to guarantee a balance of ambition and realism regarding the

Medway Marmot Place Partnership ambitions. As a 10-year cultural shift and evolved way of working, progress will take time.

5.4 An essential next step for all partners involved in the Medway Marmot Partnership is to ensure all possible contributors across all sectors, are aware of these recommendations, the ones that most apply to them and that they can add value to and encouraged to take action.

5.5 The Medway Health and Wellbeing Board members are ideally placed to share these recommendations, encourage partners to take action, suggest organisations that the Medway Marmot Team should prioritise and provide advice on how to best communicate with and reach organisations, partners and communities.

6. Medway Marmot Partnership Governance Structure

6.1 Following a review of the internal governance of the Medway Marmot Place Partnership a decision has been reached to cease the Steering Group. This was deemed necessary due to the potential overlap of functions with the Advisory Group, whose terms of reference have been updated to ensure no important objectives are missed. The following new governance diagram (figure 1) includes a proposed workstream incorporating Marmot into Medway Council specific work, and also a proposed workstream focusing on children and young people, these are workstreams which are in early development stages. The Advisory Group will be asked to discuss and agree the new structure at the next meeting on 16 September 2026.

6.2 As can be seen from figure 1, core elements of ten year ambition will continue to be communications, asset mapping and resident engagement. Each of these sub-groups have a chair and co-chair that are from a range of sectors and organisations, to emphasise that the partnership ethos.

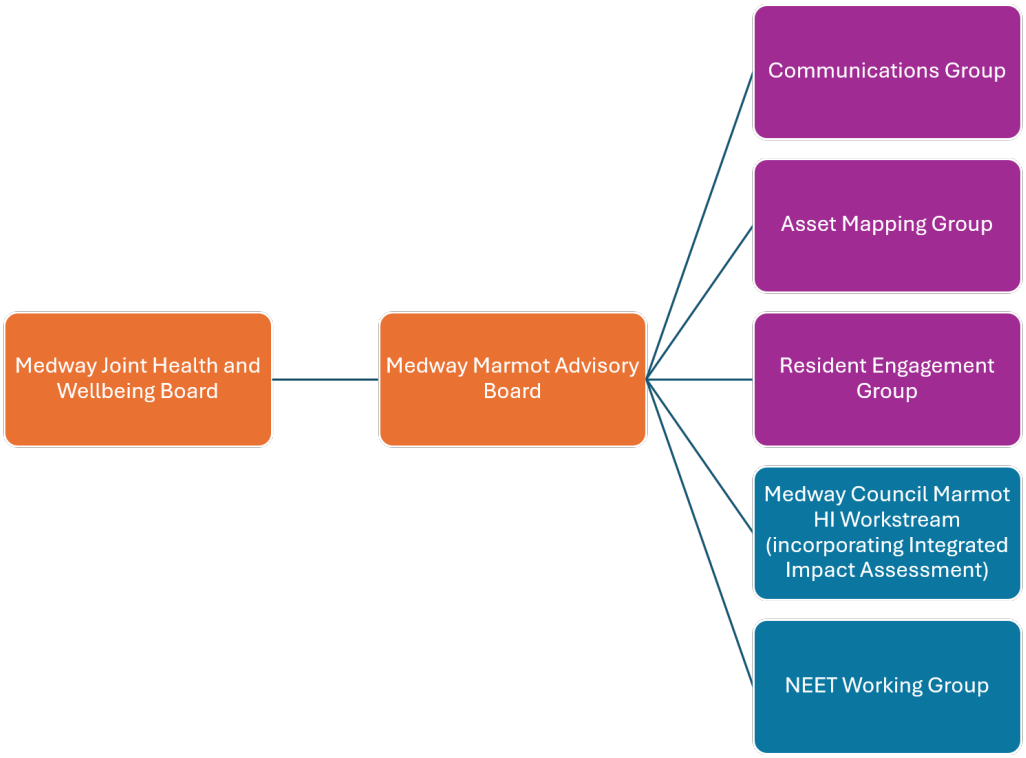

Figure 1 – Refreshed Medway Marmot Partnership Governance Structure

7. Health Inequalities Service Map

7.1 As part of the Medway Marmot Place Partnership, the Medway Health Inequalities Service Map has been developed as an interactive tool to help professionals and partner organisations in Medway find local services that support health and wellbeing. The service map brings together services available across Medway that aim to reduce health inequalities. These services often address barriers linked to the building blocks of health such as housing, income, education and access to healthcare, and support people who experience poorer health outcomes.

7.2 The purpose and benefits of the service map include bringing together services, supporting collaboration between organisations and sectors, highlighting the Marmot principles to partners and providing. insight for planning and action. The service map allows gaps in service provision to be identified more easily and improves access ad awareness of existing programmes and services.

7.3 Services that have been identified and mapped can be viewed on a map and/or in a table, and filters can be used to help the identification of services relevant to the person running the search https://www.medway.gov.uk/info/200887/medway_marmot_place/2117/medway_health_inequalities_service_map

7.4 Figure 2 is taken directly from the service map giving a simple overview of the services listed. It shows the number of services, locations and organisations across Medway that help deliver the Marmot Principles and reduce health inequalities.

Figure 2 – Overview of services and organisations listed on the Health Inequalities Asset map, grouped by the Marmot principles.

8. Resident Engagement

8.1 In January 2026 EK360 published a report that combined insights from a wide range of partners, that explored peoples' perceptions and lived experience of health inequalities. This report draws on a body of existing research and public engagement, using insights from Medway citizens and evidence from Medway-based research. It starts to build a framework to illustrate how people are experiencing living in Medway and the resultant inequality of impact on their health and wellbeing outcomes.

8.2 The report is designed to create a baseline understanding, and further work with residents of Medway will 'fill in the gaps' about who, what, why and how life experiences are affecting residents' health and wellbeing. It will therefore direct future engagement and research planning to build a richer picture of how health inequalities are being experienced across Medway. Ongoing collation of insight and evidence will inform actions that target identified inequalities and work towards Medway being a Marmot Place.

8.3 The report is structured in chapters that are each aligned to a Marmot principle. Each chapter has drawn out common 'issues' from across the papers that were submitted. An issues and relationships map within each section aims to illustrate the complexities of the issues identified within the Marmot principle and explore how these issues are currently impacting people. Where possible, each chapter also tries to identify who is talking about these experiences. A total of 90 submissions, submitted from a range of organisations, were analysed; 73 submissions had data that related specifically to Medway, 17 were Medway and Swale specific.

8.4 The level of supporting demographic data varied greatly across all submissions. A lack of demographic data was identified initially as an exclusion criterion, but this would have resulted in a significant number of

submissions not being included in the review. A decision was, therefore, made to include submissions without a profile of participants and to highlight the lack of demographic data as a limitation to the analysis.

8.5 The resident engagement working group meet every 8 weeks, and its primary objective is to ensure that resident insights continue to be at the forefront of the Medway Marmot Place Partnership. Alternate group meetings are held in a community space, and members engage with residents and community-based organisations that support people that experience health inequalities. So far meetings have been held in education settings and charities. The group are reviewing the communities that were not represented in the EK360 report, and they will be targeted to gather their collective insights of health inequalities.

8.6 In July 2026 the Kent and Medway Integrated Care Board launched an Insight Bank to pull together experiences and views of health and care, captured through a wide range of engagement and research activities. Individual reports are analysed and reported by organisations across Kent and Medway to identify key themes and insights. EK360 have also created an insight hub which is a space to explore the latest evidence, evaluations and sector research shaped through our work across Kent and Medway.

8.7 This information and websites will be a useful addition and assist the understanding of what matters, how to plan, and how to improve people's lives. Insight may be collected in a number of ways, through surveys, studies, discussions, events or creative activity. All of it is important as it adds to our understanding.

9. NEET Summit

9.1 During the development of the Medway Marmot Programme the issue of young people not in education, employment or training (NEET) was identified as a key priority. The Medway Marmot Place Partnership NEET Summit took place at the Corn Exchange, Rochester on 30 April 2026.

9.2 Sir Michael Marmot was the keynote speaker and opened the event, providing an overview of the impact of being NEET and how this relates to health inequalities. There were also presentations providing an in-depth analysis of the Medway NEET data, a presentation from Lauren Edwards MP on national policy direction and an update from the Department for Education on the national policy direction for this agenda and a panel discussion of Medway partners working to prevent young people from becoming NEET and supporting those that are.

9.3 There was attendance from over 100 delegates representing education, government departments, VCFSE organisations, DWP, training providers, local MP and Medway Council officers and councillors. A report has been produced and will be circulated to members of the newly formed multi-partner NEET working group. The report summarises the two table discussions which were core features of the day, exploring key factors contributing to young

people becoming and remaining NEET, alongside opportunities for prevention and provision. The findings are drawn from notes captured by facilitators during discussions, as well as observations and reflections recorded by delegates. Presentations and discussions throughout the Summit culminated in delegates identifying commitments that they could take forward. The final section of the report sets out the outcomes of the Summit, including proposed short-, medium-, and long-term actions to strengthen partnership working and improve outcomes for young people at risk of becoming, or remaining, NEET.

9.4 The summit generated significant momentum, with the delegates making a range of commitments to support young people at risk of becoming, or remaining, NEET. In the short term, the Medway Marmot Team has sought to build on this momentum by connecting partners with shared interests and priorities, supporting collaboration, and the development of joint actions across organisations. In the medium term, the NEET Working Group will use the findings from the Summit to identify and prioritise key areas for action. Group members are also identifying existing working groups, projects, and emerging initiatives that align with the Summit findings, to enable opportunities to build on existing activity, and avoid duplication of effort. The longer-term ambition is to develop a Medway-wide Post-16 Strategy that reflects the collective priorities and aspirations of partners. Building on the relationships, engagement, and insight generated through the Summit. The strategy will provide a shared framework for improving outcomes for young people and driving long-term action.

10. VCFSE Evaluation Framework

10.1 As an active member of Medway Marmot Advisory Group, Nucleus Arts have proposed a Medway Marmot Evaluation Framework for the Voluntary Community Faith and Social Enterprise (VCFSE) sector. This has been designed to help charities clearly and proportionately demonstrate how their work contributes to reducing health inequalities and improving outcomes for communities. It provides a shared language between charities, Public Health, commissioners, and partners, while remaining grounded in the realities of frontline delivery.

10.2 Engagement with the framework will be voluntary, supportive, and developmental. It is not an audit or inspection tool. Its purpose is to make the value of community and voluntary sector work more visible and raise the profile of its value to the health and care system. A working group involving voluntary sector leaders, the University of Kent, IHE, and Public Health have met to discuss the framework specifics.

10.3 Benefits for communities and beneficiaries could include better targeted services**.** By capturing who is reached and where gaps remain, the framework helps charities and partners identify communities who are under-served or facing the greatest inequality, leading to more equitable service design. Additionally, it facilitates improved quality and relevance as structured reflection supports continuous improvement, ensuring services remain responsive to lived experience, changing needs, and local context. Another

proposed benefit includes stronger voice and representation**.** Participant feedback, lived experience, and qualitative evidence are central to the framework, ensuring community voices are heard and inform local decision-making, rather than being lost in high-level statistics.

10.4 Potential benefits for the wider system in mobilising the framework include a clearer picture of VCFSE contribution. This would enable Public Health Teams to gain a consistent, comparable view of how the VCFSE contributes to prevention and health equity, without flattening diversity or innovation. It would also support better-informed partnership and investment decisions, and further the progression of the reducing inequalities agenda. By aligning community action with the Marmot Principles, the framework supports a whole-system approach to tackling the social determinants of health, including racism, discrimination, poverty, and environmental injustice.

10.5 The draft framework is scheduled to be discussed and shared at the Medway VCFSE Leaders Network Event on 15 September 2026, in order to hear feedback to improve the tool and gain support for it being piloted and mobilised across the sector.

11. Medway Council Integrated Impact Assessment

11.1 One of the recommendations within the IHE report is to develop an integrated equity impact assessment tool for decision making in Medway that incorporates existing assessment tools and is developed from the Marmot principles. A cross department working group has come together to review Integrated Impact Assessments (IIA) already in existence, with Northumberland Council process being considered for a pilot.

11.2 An IIA helps to place equality and equity considerations at the heart of everything an organisation does and ensures strategies, policies, services, and functions do what they are intended to do and are for everyone. An IIA builds on and encompasses content from Diversity Impact Assessments (DIA), Equality Impact Assessment (EIA), and Carbon Impact Assessment (CIA) processes. The DIA is a well-established approach within Medway Council designed to help the authority ensure that its activities are fair and do not cause disadvantage to any groups ‘protected’ under the Public Sector Equality Duty (PSED).

11.3 The officer working group is developing a proposal to Corporate Management Team to pilot an IIA, in place of the DIA process. The IIA builds on the existing Diversity Impact Assessment and considers the impact on a wider group of the population who experience inequalities. It also responds to the established need for a more structured approach to identifying and articulating the full range of potential climate change implications, without the requirement for multiple separate assessment tools. There is also synergy at this time between development of an IIA and progress on the Local Government Outcomes Framework. Implementation of an IIA would align with the One Medway vision and priorities, the 2025-2028 Climate Change Action Plan and Medway’s commitment to reducing health inequalities as a Marmot Place.

12. Communications priorities

12.1 The purpose of the Medway Marmot Place Communication Group is to develop community and partner narrative about the Medway Marmot Place Partnership principles, priorities, and action. General responsibilities of the group include; development and implementation of the Communication Strategy, ensuring clear, culturally sensitive and consistent messaging outlining the principles, priorities and actions of programme, increasing awareness and public understanding of health inequalities in Medway and the work of the Medway Marmot Place Partnership in tackling this, promoting opportunities for involvement in the Medway Marmot Network, as a Medway Marmot Partner or as a member of the public and taking oversight of the development and maintenance of the Medway Marmot website.,

12.2 Key communication channels include regular newsletters for people and organisations that have registered to receive them through the Medway Marmot Network. Another key channel is the Medway Marmot website hosted on the Medway Council website https://www.medway.gov.uk/info/200887/medway_marmot_place

12.3 The next priority for the Medway Marmot website is to add a 'Marmot in Action' section, showcasing examples of good practice from Marmot Places across the country. This content will highlight how the eight Marmot principles are being put into practice and provide inspiration for action within Medway. Users will be able to explore examples through the eight Marmot principles and further filter examples relevant to their sector.

12.4 The 'Marmot in Action' content will also give an opportunity to highlight excellent work happening across Medway already, to celebrate existing local partner contributions and hopefully identify scale up opportunities.

12.5 A further communication priority is to explore and implement a means by which a community partner commitments can be shared in the public domain. During the NEET summit, over 80 people made an individual commitment to support the NEET/Marmot agenda and as the IHE recommendations are more widely communicated, more organisations will be encouraged to make a commitment. It is anticipated that sharing on the website brings visibility and creating a collaborative ethos around which partners can coalesce. The Medway Marmot team will be routinely asking partners who make a commitment, what progress has been made and support by linking them with other members of the partnership to collaborate.

13. A Better Medway Marmot Champions

13.1 A Better Medway Champions are members of the public who have been trained to help their friends, families and the wider community make informed choices about healthy lifestyles. Training includes; the latest news and developments in health and wellbeing, including facts and figures, techniques

to help manage conversations about health and wellbeing and access to information about local health and wellbeing services.

13.2 Following feedback from the recommendations consultation, the Public Health team plan to develop a specific Marmot training module and encourage existing Champions to attend this training and through the growth of the Medway Marmot Place Partnership attract new professionals and residents to attend the new and existing modules. It is hoped that by creating active champions with health inequalities skills and knowledge within organisations and communities, further action against the IHE recommendations will be generated.

14. Medway Marmot Priority Actions

14.1 Medway Council Public Health employs a small team that co-ordinate the Medway Marmot Partnership. The Team have carefully considered the list of revised IHE recommendations and are committing to pursuing the following priority actions over the coming year:

- *Socialise the Health Inequalities Service Map as a collaborative tool, creating connections and raising awareness of the work that is already happening across Medway in reducing health inequalities.*

- *Populate the Health Inequalities Service Map with newly identified assets as awareness of the Medway Marmot Partnership grows and community engagement increases*

- *Train colleagues in how to use the Health Inequalities Service Map so that they understand its purpose and how it can support their work in reducing health inequalities.*

- *Co-develop an impact assessment tool for the VCFSE that can assist with demonstrating quality and outputs of all listed assets.*

- *Develop a communication plan to raise awareness of Medway as a Marmot place which details who can get involved, how they can engage and possible actions they can take to support the 10-year ambition*

- *Communicate definitions of Medway Marmot Network Members, Partners and Champions, recruiting and activating new stakeholders.*

- *Map stakeholders and identify missing organisations who can add contribute to the 10-year ambition Raise awareness of the Institute of*

- *Encourage local partners to take action on relevant recommendations in a targeted fashion. Proactively connect partners with specific recommendations to facilitate positive change*

- *Develop and implement a process of logging Partner and Champion commitments, collating and recording progress against the IHE recommendations for the Medway Marmot Place Partnership.*

- *Engage with communities who were not represented in insight reports, reaching out to seldom heard residents to better understand their health inequality priorities.*

- *Promote the ICB insight bank and identify any new community insights that can be logged.*

- *Explore the development of a Medway Council Integrated Impact Assessment Tool and Marmot working group to embed the 8 Marmot principles across council decisions (sharing the processes with other anchor institutions).*

- *Co-develop a post-16 strategy with a working group of key stakeholders, building on the foundation of the NEET Summit working group*

- *Identify examples of best practice locally and nationally on how to tackle health inequalities, listing them on the Medway Marmot website and promote to all partners*

14.2 It is important to acknowledge this team is currently 1.8 full-time equivalent in capacity, so action on the recommendations needs to be co-owned across Medway. Existing partners are invited, and encouraged, to make their own commitments and expand on the priority next steps for the coming year. Moreover, as awareness of the IHE recommendations increases, new stakeholders will be needed to take action, bring new ideas and perspectives and take leadership on reducing health inequalities in Medway. Only through building the partnership and sustained action at scale will Medway achieve its ambition of halving health inequalities over the next ten years.

15. Climate change implications

15.1 Marmot Principle 8 is to "*Pursue environmental sustainability and health equity together".* The Marmot Place Partnership is completely complementary and supportive of the Medway Council Climate Change Action Plan, due to the strong overlap of the health and climate change agenda.

16. Financial implications

16.1 There are no direct financial implications as result of this report. The Institute of Health Equity are funded by the Public Health grant to support the Medway Marmot Place Partnership progress.

17. Legal implications

17.1 There are no direct legal implications arising from this report.

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Appendices

Appendix A Medway Marmot Partnership Report January 2026

Appendix B Medway Marmot Consultation Feedback Report August 2026

Appendix C Health Inequalities Insights in Medway Report January 2026

Background papers

None