

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health

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To: Health Reform and Public Health Cabinet Committee - 21 January 2025

Subject: **Kent Marmot Coastal Region Programme**

Classification: Unrestricted

Summary: The report provides an overview of the Marmot Coastal Region Programme and an update on progress made so far.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the content of this report.

1. Introduction

- 1.1. Kent has 350 miles of coastline and nearly a quarter of the population living in coastal towns (23.5% in 2020). While many coastal areas are places of great natural beauty, many of the worst health outcomes in Kent can be found in coastal communities.
- 1.2. Nationally, many coastal areas have suffered long-term historical decline and lack of investment, and coastal communities show some of the worst health inequalities as a result. The underlying causes of poor health and limited life expectancy often lie in social determinants such as education, employment, housing, transport, and the environment. While it is important to ensure that appropriate health and social care services are available and equitably utilised in coastal areas, the living conditions of the people of Kent need to be enhanced to achieve sustained improvement of health and equitable outcomes.
- 1.3. Despite growing awareness of the importance of coastal deprivation and health inequalities, effective, and joined-up sustained action has yet to take place in Kent to reverse the trend.
- 1.4. The Kent Marmot Coastal Region Programme is a proactive approach to health inequalities using the Marmot Principles and resulting in a long-term plan for sustained change in coastal areas in Kent. This approach is being employed by a growing number of areas in England and Wales that are declaring themselves 'Marmot Places' to lend traction to their aims.
- 1.5. Coastal Kent will be the first region in the UK to call itself a Marmot Coastal Region.

2. Background and evidence of coastal health inequalities

- 2.1. Several reports and calls for action have highlighted the deep inequalities in coastal areas and the need for better and more granular understanding of underlying issues, sustained commitment, and investment.
- 2.2. The Chief Medical Officer (CMO) in England, Dr Chris Whitty, pointed out in his annual report *Health in Coastal Communities 2021* that coastal communities have been overlooked and suffer significant deprivation resulting in ill health.
- 2.3. The Kent Annual Public Health report 2021 focuses on the health and wellbeing of coastal communities. Just as in the national CMO report, Kent shows a 'coastal excess'. This refers to health outcomes in coastal towns which are worse than those in non-coastal towns, the county as a whole and England. This 'coastal excess' is often combined with poorer access to health and social care facilities, a lack of employment opportunities and difficulty recruiting and retaining health and social care workers.
- 2.4. The *Breaking Barriers Innovations Turning the Tide Report 2024* shows health inequalities in coastal areas nationally through a lens of employment. It highlights the challenges posed by growing economic inactivity and long-term unemployment in coastal communities.
- 2.5. NHS England recognises coastal communities in their CORE20 PLUS5 approach to reducing healthcare inequalities as a PLUS group, groups who are experiencing social exclusion and poor health outcomes.
- 2.6. Despite a considerable body of evidence and calls for action, there has not yet been sustained change for people in coastal areas in Kent that would address the underlying structural causes of inequality and ill health.
- 2.7. Employing a Marmot approach brings local partners together with a clear focus on coastal communities, and a long-term plan that specific actions will be identified where evidence suggests that change can be achieved. For those areas that are identified where evidence suggests that change is required, but where actions would fall out of the power and scope of this programme (i.e. due to a need in change of national policy, an example could be where the no recourse to public funds rule prevents utilising a person-centred approach), that recommendations would be made to regional or national bodies, as appropriate, to influence future policy redesign to prevent inequality.

3. Political and policy context around skills for work and work and employment

3.1. New UK Labour Government

- 3.1.1. The government has set out a long-term ambition to achieve an 80% employment rate as part of its mission for growth. This will be a three pillar approach which includes plans to create a modern Industrial Strategy and Local Growth Plans, and improving the quality and security of work as part of the government's Plan to Make Work Pay.
- 3.1.2. The third pillar is the new Get Britain Working White Paper which sets out fundamental reform that will transform our relationship with local areas and ensures we have a strong foundation with which to work in partnership to support people into good, sustainable work.
- 3.1.3. The Government funding for 'Connect to Work' will help people with complex barriers to employment, health conditions and disabilities into work. Kent is among the places that will benefit from this funding.
- 3.1.4. A 'Youth Guarantee' for everyone aged 18 to 21 has been pledged. This Guarantee is based, in the first instance, on existing provision and entitlements. The scheme will look to generate new and additional opportunities for training, and apprenticeships or help to find work offered to all in this age group through Youth Guarantee Trailblazers in 8 mayoral authorities to inform future development.
- 3.1.5. The Skills England Bill transfers the functions from the Institute for Apprenticeships and Technical Education (IfATE) to Skills England. The aim of Skills England is to bring together businesses, providers, unions, Mayoral Combined Authorities (MCAs) and national government to ensure we have the highly trained workforce that England needs. This work will build on local skills improvement plans (LSIPs) developed across the UK in recent years. The Kent and Medway LSIP identifies skills and employment needs in the County's main industry sectors and a series of proposed actions to support them.

3.2. Kent County Council (KCC)

Framing Kent's Future's four priority areas address the social determinants of health, work and skills for work directly or indirectly in that they rely on a skilled workforce for services and industries in the County.

3.3. Kent and Medway Integrated Care Partnership

- 3.3.1. The Kent and Medway Integrated Care Strategy's Shared Outcome 2- Tackle the wider determinants of health to prevent ill health, Outcome 5 – Improving the Health and Care Service, and Shared Outcome 6 – Support and Grow our Workforce to address the importance of employment and good work as well as that of a strong and inclusive workforce for Kent and Medway.

- 3.3.2. The Integrated Care Partnership (ICP) recognises significant opportunities to work together with the Kent and Medway Economic Partnership (KMEP) due to the interconnectedness of health and economic outcomes, which is also recognised in the Kent and Medway Economic Framework. The Kent Marmot Region aligns well with the Kent and Medway Economic Framework's five ambitions to: enable innovative, creative, and productive businesses; widen opportunities and unlock talent; secure resilient infrastructure for planned, sustainable growth; place economic opportunity at the centre of community wellbeing and prosperity; and create diverse, distinctive and vibrant places.
- 3.3.3. The initial focus of joint working between the ICP and KMEP is the development of an Integrated Work and Health Strategy for Kent and Medway. The Strategy will set out shared ambitions and actions to integrate and improve support for people and employers so that more people with health conditions and disabilities can start, stay and succeed in work.

4. Marmot Reviews, Places, and Principles

- 4.1. In 2008, Professor Sir Michael Marmot chaired an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England. In 2010, Fair Society, Healthy Lives (The Marmot Review) was published.
- 4.2. In 2020, the Marmot Review 10 Years On was released which showed that for the first time in more than 100 years, life expectancy in England had failed to increase. Between 2010 and 2020, health inequalities in England had widened and the amount of time people spent in poor health had increased.
- 4.3. Supported by the UCL Institute of Health Equity, over 50 areas in England and Wales are declaring themselves 'Marmot Places'. A 'Marmot Place' recognises that health and health inequalities are 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 based on this understanding.
- 4.4. Based on eight Marmot Principles, Marmot Places develop and deliver interventions and policies to improve health equity, embed health equity approaches in local systems and take a long-term, whole-system approach.
- 4.5. **The Marmot Principles:**
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.

5. Kent Marmot Coastal Region Programme

- 5.1. The plan for Kent is to adopt a layered approach starting with two of the eight Marmot principles, 'creating fair employment and good work for all' and 'enabling young people and adults to maximise their capabilities and have control over their lives'. For the purposes of this programme, we will call them 'skills for work' and 'work and employment'.
- 5.2. KCC Public Health has commissioned the UCL Institute of Health Equity (IHE) for a period of two years from October 2024 to October 2026 to support the initial stages of the programme. The joint commitment to become a Marmot Coastal Region will provide the traction for ongoing change.
- 5.3. The geographical scope of the work encompasses six districts/ boroughs along the Kent coast which will collectively be designated the "Marmot Coastal Region" for the purposes of this programme. The six areas are Swale, Canterbury, Thanet, Dover, Folkestone and Hythe, and Ashford. The senior leadership of all these districts and boroughs have endorsed the programme and have committed to support it.
- 5.4. While there is no additional funding as part of this approach, the joint focus, detailed understanding of underlying factors and shared commitment will galvanise and maintain local action.
- 5.5. In the context of the challenges outlined above, the Kent Marmot Coastal Region programme has four main objectives:
 - To create strategic alignment between all the work being undertaken across various sectors and settings, so that we achieve maximal impact. This includes avoiding duplication, amplifying the work already underway and perhaps expanding the scope.
 - To identify a set of new high impact actions: In addition to the actions already being undertaken, a set of new actions that will have a high impact on our efforts to address the two Marmot Principles being focussed on.
 - To change the culture in Kent: Through the system-wide ownership and commitment towards the aims, objectives and actions in this programme, we wish to embed a prevention and an outcomes-based approach in everything we do. This includes making every contact count, person centred care planning and a whole person approach, thinking how we can optimise prevention in our strategic commissioning, and leveraging anchor institutions.
 - To achieve critical mass: Through the effective implementation of the actions in this programme and the existing actions that will be amplified, we hope to generate a critical mass to deliver measurable impact to address 'work and employment', and 'skills for work', both in terms of improved outcomes and reducing health inequalities.

- 5.6. In addition to the work focused on coastal areas, there is an open invitation to inland District and Borough Councils in Kent to adopt an approach based on Marmot principles and to benefit from the insights and connections gained from our coastal work.
- 5.7. A review of existing health inequalities and social determinants in the region as well as an evidence review of the impact of social determinants on health outcomes in coastal areas has started to provide the basis for the programme.
- 5.8. We are undertaking a mapping of existing structures, such as health alliances, partner organisations, community and voluntary groups, schools and higher education, business and anchor institutions. We are mapping existing interventions, programmes and groups aimed at improving skills for work and work and employment in the region.
- 5.9. We have set up a steering committee to oversee the programme and to provide the governance long term. The East Kent Wellbeing and Health Improvement Partnership (EKWHIP) has been modified to form this steering group, as it already brings together key partners, including Health Alliance Leads, in East Kent. Swale Borough Council and partners in Swale and elsewhere in the Coastal Region have joined the committee.
- 5.10. District and Borough councils are at the centre of the local delivery of this programme through existing and emerging Health Alliances, along with Health and Care Partnerships, Primary Care Networks, organisations in the entire education sector (schools, higher education, adult education), private and public employers and their representatives as well as a range of partners.
- 5.11. Under the auspices of the steering committee, an indicator set will be developed to enable the monitoring and evaluation of the programme.
- 5.12. The steering committee will oversee the development of a set of recommendations and specific actions aimed at reducing health inequalities in the region.
- 5.13. Specific focus will be on health and social care organisations as employers addressing gaps in the health and adult social care workforce at the same time as creating work. Certain populations such as young people, aged 16 to 24, who are Not in Education, Employment and Training (NEET) and care leavers will be considered priority groups.

6. Opportunities

- 6.1. Joining the national Health Equity Network enables us to exchange insights and learning with a growing number of regions, towns, cities and organisations across the UK as well as international partners.
- 6.2. In March 2024, Legal & General announced a £3 million Health Equity Fund in partnership with Sir Michael Marmot and UCL Institute of Health Equity. The fund will support 150 place-based initiatives across the UK.

- 6.3. The Marmot Coastal Region in Kent will offer opportunities for Research and Innovation as well as potentially be a magnet for external investment.
- 6.4. Following an expression of interest by the Chief Executive Officer (CEO) of East Sussex Council (ESCC), conversations between both Directors of Public Health for ESCC and KCC have taken place resulting in a decision to create a Coastal Collaboration between East Sussex and Kent. This collaboration initially consists of regular meetings to identify synergies, shared learning and insights. Depending on the level of engagement from Districts in East Sussex there may be scope for further collaboration and investment.

7. Key Issues for Consideration and Associated Risks

- 7.1 The following risks have been identified and will be considered during the development and all stages of the programme:

- 7.1.1 Capacity: The Marmot Coastal Region programme requires additional dedicated capacity from the outset. KCC Public Health have commissioned UCL IHE for the duration of two years. The UCL IHE team work closely with the steering group and all partners participating in the programme embedding health equity in existing structures and supporting the development of tangible recommendation and actions as well as measurable indicators.

KCC Public Health have recruited a Marmot Coastal Region Lead on a two-year fixed-term basis who works closely with UCL IHE and all partners overseeing the development and implementation of the programme. The Lead will be the main contact for all partners within KCC and the wider programme and will provide updates on progress.

- 7.1.2 Duplication: Several initiatives are already in place to address health inequalities in coastal areas in Kent. To avoid duplication, careful mapping and engagement with existing schemes and partners will ensure that the programme builds on and complements existing initiatives.

- 7.1.3 Lack of continuity: The steering committee will play a central role in the continuity of the programme beyond the end of the contract with UCL IHE and once dedicated capacity from KCC PH has ended. Therefore, support and engagement in a bottom-up and top-down fashion is important. The programme will have a hyper-local focus and will require system and cross-agency support.

- 7.1.4 Lack of measurable impact: Identification of meaningful recommendations and specific actions as well as measurable indicators will provide a basis for the monitoring of the impact.

8. Conclusion

- 8.1 The Kent Marmot Coastal Region Programme represents a critical step towards addressing the deep-rooted health inequalities in Kent's coastal communities. By adopting a focused approach, centred on 'skills for work' and 'work and employment,' this initiative leverages the Marmot Principles to tackle key social determinants of health. Collaborative partnerships, strategic alignment with existing initiatives, and a commitment to evidence-based decision-making form the foundation of this programme.
- 8.2 Through robust governance and stakeholder engagement, the programme aims to create sustainable improvements in health equity, drive economic inclusion, and foster long-term systemic change. While challenges such as resource capacity and demonstrating measurable impact remain, the outlined mitigation strategies ensure a strong basis for achieving its objectives. This pioneering effort positions Kent not only as a leader in health equity but also as an exemplar for other regions to follow.

9. Recommendations

- 9.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the content of this report.

10. Contact details

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