From: Jamie Henderson, Cabinet Member for Coastal Regeneration and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Kent Health and Wellbeing Board, 23 July 2026

Subject: **Kent Marmot Coastal Region**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary:

This report outlines the Kent Marmot Coastal Region, a long-term flagship initiative aimed at reducing health inequalities in Kent's coastal communities.

The Marmot Coastal Region was formally launched in March 2026 and is one of the priorities in KCC's strategic statement as well as one of the HWBB priorities as agreed during the recent HWBB workshop.

The report sets out the evidence around the 'coastal excess' of ill health and premature mortality and introduces the Marmot Approach to tackling health inequalities by addressing the underlying social determinants of health. The document outlines the three-tier approach to the Marmot Coastal Region: long-term culture change, system alignment around work and pathways into work, and the Marmot Accelerator Programme of local projects to support people into work and training.

At the launch in March 2026, KCC made three pledges to help people with high levels of need into education and jobs, to be delivered by April 2028. These pledges are part of the Accelerator Programme.

At the end of the document, opportunities are highlighted on how the Marmot Coastal Region can be embedded into other local plans and initiatives to achieve traction around health equity and social determinants of health.

Recommendation(s):

The Health and Wellbeing Board is asked to **NOTE** the key components of the Kent Marmot Coastal Region and to **DISCUSS** how to support the initiative.

1. Introduction

1.1. Kent has 350 miles of coastline and nearly a quarter of the population is living in coastal towns (23.5% in 2020). While many coastal areas are places of great natural beauty and rich history, many of the worst health outcomes in Kent can be found in coastal communities.
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 our residents need to be enhanced to achieve sustained improvement in health and equitable outcomes.

1.2. Today, there are more than 50 'Marmot Places' in the UK that use the Marmot Approach based on eight Marmot principles to tackle health inequalities. Kent is the first region in the UK to call itself a Marmot Coastal Region and is increasingly attracting interest from neighbouring areas and areas wider afield.

2. Background and evidence of coastal health inequalities

2.1. Several reports and calls for action have highlighted the deep inequalities in coastal areas in the UK and the need for better and more granular understanding of underlying issues, sustained commitment, and investment.

2.2. The Chief Medical Officer 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 that 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. NHS England recognised coastal communities in their ***CORE20 PLUS5 approach to reducing healthcare inequalities*** as one of the PLUS groups, groups who are experiencing social exclusion and poor health outcomes.

2.5. Despite a considerable body of evidence and calls for action, there has not yet been sustained change for residents in coastal areas in Kent that would address the underlying structural causes of inequality and ill health.

2.6 Employing a Marmot approach aims to bring partners together with a clear focus on coastal communities, and a long-term plan with specific actions where evidence suggest that change can be achieved. In addition, recommendations for regional and national bodies will add traction to factors that cannot be addressed locally.

3. Political and policy context around work and skills

3.1. UK Government

3.1.1. The UK Government's skills and work agenda is built around improving productivity, tackling labour shortages, and helping people progress into better-paid jobs.

3.1.2. **Get Britain Working** is the Government's overarching employment reform programme aimed at reducing economic inactivity. The main elements are to:

- Tackle economic inactivity, especially due to ill health
- Replace the traditional Jobcentre model with a more integrated Jobs and Career Service
- Create a Youth Guarantee so that young people have access to apprenticeships, education or training, and get help to find employment

3.1.3. **Skills England** was established in 2024 as a central body to identify national and local skills shortages and help align training with labour market demand.

3.1.4. '**Connect to Work**' is a DWP supported employment programme that aims to help people who face significant barriers to employment to enter work and sustain employment. KCC is leading this fully funded programme for Kent & Medway.

3.2. Kent County Council

3.2.1 **Reforming Kent** is Kent County Council's three-year strategy that was implemented in 2025 and has four objectives: 1. Putting Kent residents first 2. Reforming Kent County Council 3. Supporting residents that need help and 4. Building better communities. The Marmot Coastal Region is mentioned as one of the priorities in the KCC strategic statement. KCC has created a cabinet role for Coastal Regeneration in recognition of the need for action in this area.

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 address the importance of employment and good work as well as that of a strong and inclusive workforce for Kent and Medway.

3.4. Kent and Medway Economic Partnership

3.4.1. The Kent and Medway Economic Partnership (KMEP) recognises the interconnectedness of health and economic outcomes, which is a central theme 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.

3.4.2. The ***Kent and Medway Integrated Work and Health Strategy*** is overseen by KMEP and aims to address the barriers that individuals with long-term health conditions and disabilities face in the workplace.

3.4.3. **The *Get Kent and Medway Working Plan*** was finalised in October 2025 and is a collaborative strategy developed by Kent County Council, Medway Council, Jobcentre Plus, and the NHS Kent and Medway Integrated Care Board**.** The plan aims to tackle barriers to employment, address skills gaps, and improve workforce participation across Kent and Medway.

3.4.4. ***Connect to Work*** is a voluntary employment support programme in Kent and Medway and part of the Get Britain Working Strategy. It is designed to support individuals facing barriers such as disabilities, long-term health conditions, neurodivergence, homelessness, caring responsibilities, or experiences of the justice system.

These and other local initiatives and locally implemented Government programmes as well as the Marmot Coastal Region come together for expert advice and join-up in the **Kent and Medway Strategic Partnership for Health and Economy** (SPHE), one of the three sub-committees formerly reporting to the Integrated Care Partnership. Going forward, there could be scope for the SPHE to report into the HWBB.

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 that showed that for the first time in more than 100 years, life expectancy in England had failed to improve. 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***, a growing number of 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, grown, live, work and age, and takes action to improve health based this understanding.

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 to improving health equity.

4.4. 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

5.1. Kent adopted a layered approach to becoming a Marmot Place, starting in the geographical area with the starkest inequalities, the coastal strip, and focusing initially on three of the eight Marmot principles: 'Enabling young people and adults to maximise their capabilities and have control over their lives', 'Creating fair employment and good work for all', and 'Ensure a healthy standard of living for all'.
For the purposes of this document, we will call them '**work'** and **'pathways into work'**.

In the autumn of 2024, KCC Public Health commissioned the UCL ***The Institute of Health Equity - IHE*** to support the initial stages of the initiative for a period of two years to the end of December 2026.

The geographical scope of the initiative encompasses **six districts and boroughs** along the Kent Coast, Swale, Canterbury, Thanet, Dover, Folkestone and Hythe, and Ashford. While not a coastal district, Ashford has close links coastal neighbours and is included in the Region.
The Kent Marmot Coastal Region 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 three Marmot principles being focussed on. We test these actions as part of the Marmot Accelerator Programme.

• **To change the culture in Kent**: Through the system-wide ownership and commitment towards our aims, objectives and actions, 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 Marmot Accelerators and existing actions that will be amplified, we hope to generate a critical mass to deliver measurable impact to address 'work and pathways into work', both in terms of improved outcomes and reducing health inequalities.

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.

5.2. Governance

The current governance of the Marmot Coastal Region consists of a Steering Group with a membership consisting of local partners across local authorities, the NHS, education and academia, and VCSE organisations. An expert Advisory Board, chaired by Sir Michael Marmot has met once and is due to meet again later this year. Going forward, there will be regular updates to the HWBB.

5.3. The Launch and KCC's three pledges

The Marmot Coastal Region was officially launched in Dover in March 2026 with Sir Michael Marmot as the keynote speaker and speeches from both the Leader and the Chief Executive of KCC. The Leader made three pledges as KCC's contribution to the Marmot Accelerator Programme to be delivered by April 2028:

- To support at least **200 young people** into education and employment who would otherwise be **Not in Education Employment or Training** (NEET).
- To get **150 people on probation** on the Kent Coast into education and employment.
- To support **100 people with additional disadvantages** such as care leavers, carers, and people with mental ill health into work based on in-depth research done as part as part of the Connect to Work scheme.

5.4. Three tiered approach

The Marmot Coastal Region takes a three tiered approach:

- **Tier 1**: **Long-term culture change** working towards health equity on the coast supported by the Institute for Health Equity (IHE).
  IHE have produced an ***IHE - Kent Report*** consisting of a data-led report and a deep dive into work, income and health. IHE are currently consulting on a number of recommendations that will aid to inform the strategic direction of the Marmot Coastal Region over the next 10 years.
  Part of the support from the IHE is the development of a coastal indicator set and an evaluation framework to monitor progress over time.

- **Tier 2**: **System alignment** of the plethora of programmes addressing work and pathways into work is taking place to ensure that there is a focus on the coast, that the link to health is understood, that duplication is avoided and impact is maximised.

- **Tier 3:** The **Marmot Accelerator Programme** consists of ground-level, innovative projects to support people with high levels of need into work and improve their skills for work. These initiatives are funded by KCC Public Health. Focus is initially on creating work in the health and social care sector, and on young people aged 16 to 24 who are not in education, employment and training, and other high-need groups such as people in the justice system, care leavers, homeless, substance users, and other 'inclusion groups'. Marmot Accelerators will create an evidence base for what works that can be shared and implemented across Kent to improve the impact of local interventions.

  Accelerator Projects will:

  - Test innovative approaches to support people into education, work or training in coastal communities.
  - Produce evidence, learning and models that can lead to sustained change, either through shared guidance, replication and scalability across Kent or embedded practical changes.
  - Translate the strategic Marmot principles into tangible delivery.
  - Focus resources on coastal inequalities in Kent, prioritising Accelerator projects from organisations that are Kent-based and provide local employment, education and training opportunities.
  - Align with existing work-based strategies and programmes such as Connect to Work, Get Kent & Medway Working Plan and the Kent and Medway Work and Health Strategy 2025-2030.

  The **Launch Pledges** are part of the Accelerator Programme and will be met by April 2028. A commissioning strategy is currently in development to ensure that allocation of public health funds is transparent and opportunities are spread across the whole Marmot Coastal Region.

  The **Marmot Accelerator Commissioning Strategy** has two phases. In **Phase 1**, the focus is on NEET prevention with a project in development in Folkstone & Hythe. In addition, a grant-award scheme will enable local organisations from areas of the Marmot region to bid for projects on NEET prevention.
  Phase 2 will focus on projects to deliver against the pledge to get people on probation into education and jobs. This phase will take place in the financial year 27/28. This phase will include a grant-award scheme for projects to people with additional disadvantages into education and jobs.

  The first Marmot Accelerator started in June on the Isle of Sheppey and aims at preventing young people from being not in employment, education and training (NEET). The project name is '**Sheppey Career Readiness Initiative**' and is provided by Breaking Barriers Innovations (BBI). This project was commissioned prior to the Accelerator Commissioning strategy but will count towards fulfilling the first Launch pledge. It aims as getting 36 young people into training and employment over 12 months.

6. Opportunities

6.1 Sustained focus on health inequalities in Kent's coastal areas and interventions to address the underlying social determinants will lead to a more joined-up and effective system approach to improving health and to creating vibrant coastal communities.

6.2 Evidence from Marmot Accelerators of what works in the Coastal Region will be systematised, collated and shared to inform policy and practice across Kent.

6.3 Embedding the Marmot Coastal approach and a focus on wider determinants of health into the Kent and Medway Neighbourhood Health Plan can strengthen prevention and reduce pressure on health services in the long term.

6.4 Joining the Marmot Coastal work with that of community health and wellbeing workers, community wardens and similar roles can reduce barriers to access to education and work. Discussions on how to use social prescribing platforms to improve access to education and employment are already taking place.

6.5 There is an increasing number of research opportunities such as the NHIR funded ***HOPES*** (Health of our young people for employment success) collaborative for Kent and Medway to develop local evidence.

7. Outlook

7.1 Once efforts around improving work and pathways to work on the coast have shown significant impact, we will address other Marmot principles such as housing as another fundamental building block of health.

8. Recommendation(s):

8.1 The Health and Wellbeing Board is asked to **NOTE** the key components of the Kent Marmot Coastal Region and to **DISCUSS** how to support the initiative.

9. Contact details

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