STARTING WELL:

KING'S LYNN AND WEST NORFOLK

Executive Summary

INSTITUTE of HEALTH EQUITY

CONTENTS

THE MARMOT PROGRAMME AND HEALTH INEQUALITIES IN KING'S LYNN AND WEST NORFOLK 3

Health Inequalities 3

The Marmot Programme 4

King's Lynn and West Norfolk residents and local context 5

GIVE EVERY CHILD THE BEST START IN LIFE IN KING'S LYNN AND WEST NORFOLK 6

Maternal and infant health 6

Child poverty 7

Levels of development in the early years 8

Access to childcare 8

Recommendations 9

1. Ensure support for families, babies, children and young people is available across King's Lynn and West Norfolk with proportionately more offered where needed 9
2. Build families' capacity to have control of their lives and make positive change 9
3. Mitigate the impacts of poverty 9
4. Prioritise the reduction of wide inequalities in early years development 9
5. Improve access to quality childcare 9

ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES 10

Inequalities in health 10

Inequalities in educational attainment 10

Economic inactivity and opportunities 11

Recommendations 13

1. Improve mental health for children and young people and their families 13
2. Prioritise reducing inequalities in educational attainment in King's Lynn and West Norfolk 13
3. Strengthen support for families with children with special educational needs 13
4. Build skills and opportunities for further education and employment 13
5. Increase provision of activities for young people including in more rural and isolated areas 13

INEQUALITIES IN HOUSING AND THE ENVIRONMENT IN KING'S LYNN AND WEST NORFOLK 14

Housing 14

Green spaces 14

Transport 15

Rurality 15

Recommendations 15

1. Improve access to decent quality housing 15
2. Increase provision of play areas and support for physical activity 15
3. Improve access to affordable, regular transport 15

DELIVERING GREATER HEALTH EQUITY FOR CHILDREN AND YOUNG PEOPLE 16

Recommendations 16

1. Raise awareness and accountability for health inequalities within the Borough 16
2. Strengthen partnerships for health equity 16
3. Build trust between services and families across King's Lynn and West Norfolk 16
4. Empower families and communities 16
5. Equitable resources and commissioning 16
6. Strengthen data and information for greater health equity 16

CONCLUSIONS 17

REFERENCES 18

THE MARMOT PROGRAMME AND HEALTH INEQUALITIES IN KING'S LYNN AND WEST NORFOLK

HEALTH INEQUALITIES

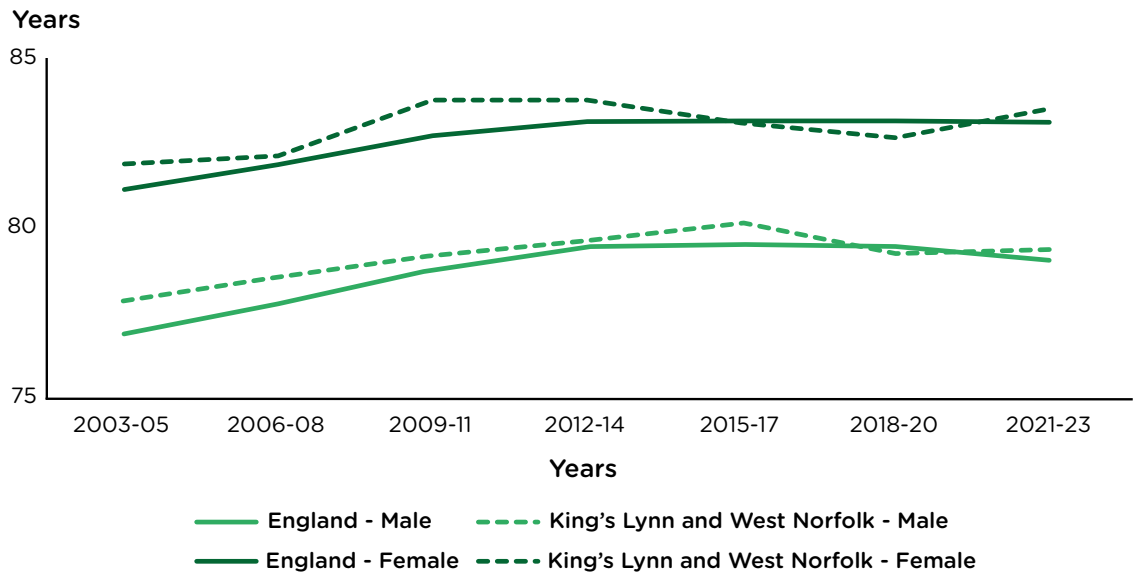
Across England health is deteriorating and health inequalities are widening. These trends are largely the result of worsening social, economic, environmental conditions – the social determinants of health - and due to funding cuts and as a result the reduced capacity of services and voluntary sector organisations to provide the needed support. The health equity 'Marmot' approach provides ways to tackle health inequalities nationally and locally and is based on evidence showing that action in 8 key policy principles is effective for improving health and reducing inequalities. These principles are known as the Marmot 8 Principles.

The Marmot 8 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

In King's Lynn and West Norfolk, life expectancy for women declined between 2009-11 and 2021-23 and among males there has been a decline in life expectancy since 2015-17.

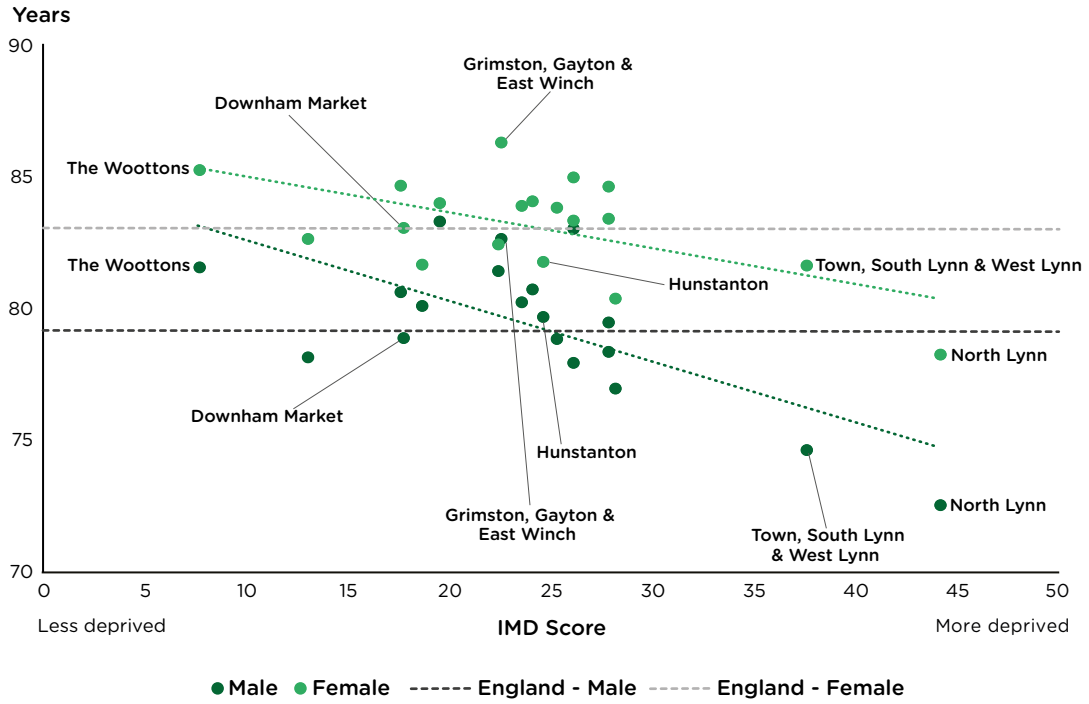
Figure 1. Life expectancy, by sex, King's Lynn and West Norfolk and England, 2003-05 to 2021-23



Source: *ONS (2024) [1]*

Within Kings Lynn and West Norfolk, as across England, there are stark inequalities in life expectancy associated with the level of deprivation of areas within the Borough. There is an 11-year difference in life expectancy between male residents of North Lynn, the most deprived area, compared to male residents from The Wootton, and an 8-year gap in life expectancy for women between the two areas. Many areas in the Borough have lower life expectancy than the average for England, and there is a clear association between life expectancy and the level of deprivation of an area, see Figure 2.

Figure 2. Estimated female and male life expectancy at birth, by deprivation (IMD Score 2025), King's Lynn and West Norfolk MSOA's, and England 2019-23



Source: *ONS (2024) [1]*

THE MARMOT PROGRAMME

In order to understand the drivers of these health inequalities and strengthen action to reduce them, King's Lynn and West Norfolk Borough Council, on behalf of a range of local partners commissioned the UCL Institute of Health Equity (IHE) to provide advice and support implementation. In doing so King's Lynn and West Norfolk Borough Council joins nearly 60 other councils in England in developing as a health equity 'Marmot' Place. The two-year partnership In King's Lynn and West Norfolk will support action related to the Marmot 8 principles, strengthen partnerships between a range of organisations and sectors to help improve the lives and health of residents.

Following an initial data overview and discussions with partners, three of the Marmot principles were considered to be particular priorities in King's Lynn and West Norfolk: 'Give Every Child the Best Start in Life', 'Enable all Children, Young People and Adults to Maximise their Capabilities and Have Control Over Their Lives' and 'Create Fair Work and Employment for All'. There is additional focus on rurality, housing, green space and transport all areas which impact on the health and lives of children and young people and are covered under Marmot principles 4 and 5.

The first phase of the programme and associated report, of which this is a summary, overviews and makes recommendations in the first two of these principles. The report is based on analysis of data, discussions with stakeholders from voluntary and community organisations, Norfolk County Council, King's Lynn and West Norfolk District Council, housing, health care, the police, Sport England, education, early years providers and businesses. The work, set out in detail in the main report, has led to the development of recommendations for action to support young residents and their families in King's Lynn and West Norfolk [2].

Next steps for the programme include securing commitments from partners and supporting implementation of actions covering maternity, the early years and school years into employment and the development of system wide partnerships. Alongside developing action plans, the IHE will begin focussing on the next priority area: 'Create Fair Employment and Good Work for All'.

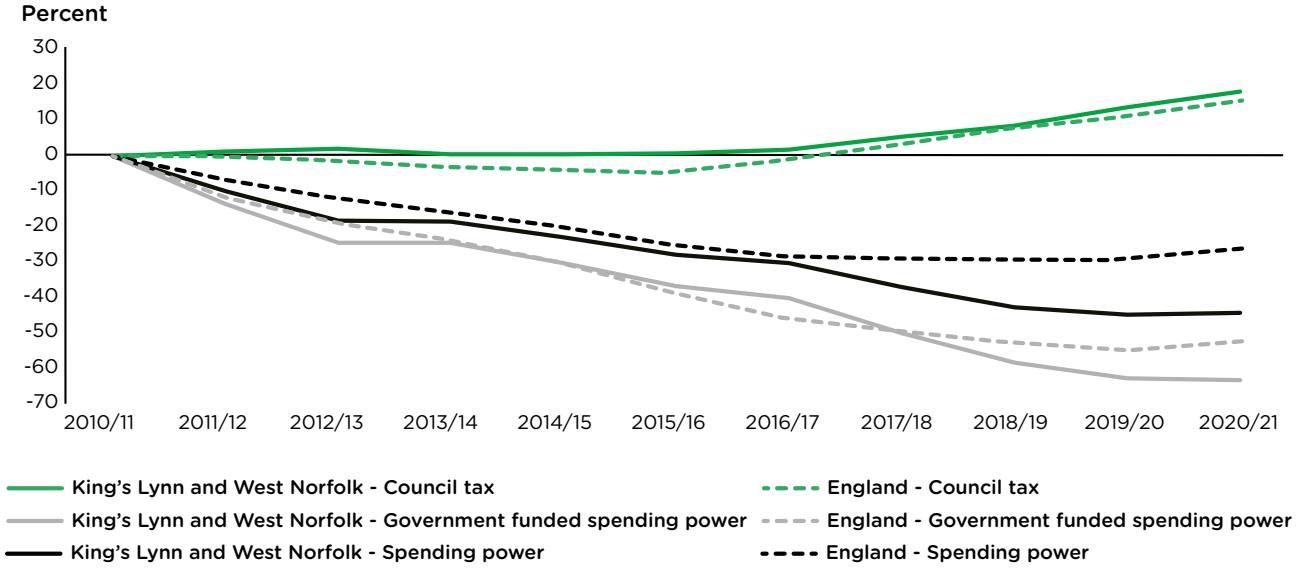
KING'S LYNN AND WEST NORFOLK RESIDENTS AND LOCAL CONTEXT

The population of the Borough is aging more rapidly than England as a whole and that can lead to a focus on support for adults and older people rather than prioritising young people. This was remarked on by many stakeholders, particularly community groups, who felt that babies, children and young people and their families often missed out on support and didn't appear to be a system wide priority group.

King's Lynn and West Norfolk is predominantly a rural area, which brings benefits but also challenges particularly for young people related to opportunities to socialise with peers, access education and employment, build skills and secure housing, all of which is frequently compounded by a lack of access to public transport. It was highlighted to us that rural poverty is overlooked by national and local government policies and approaches and often goes 'under the radar' with limited data available to identify pockets of poverty in predominantly rural areas. We were also repeatedly told about a sense of shame and stigma associated with being relatively poor in wealthy areas – this can lead to disengagement from many services, including education.

The resources which are available to help reduce and mitigate the impacts of rising poverty and deprivation have reduced and there is significant pressure on every public service, council service and VCFSE organisation in King's Lynn and West Norfolk. Figure 3 shows the decreases in spending power in King's Lynn and West Norfolk and England since 2010 with reductions of over 60 percent in Government funded spending power, which were higher than the average reduction among councils across England. Increases in Council Tax partly mitigate the impacts, but the spending power of the Borough is still 40 percent less than it was in 2010/11 even when the increases in Council Tax are taken into account. An additional factor impacting on available funding is the levy which King's Lynn and West Norfolk Borough Council is required to pay to the Internal Drainage Board (IDB) to protect the area from flooding.

Figure 3. Spending power and its components indexed to 2010/11, King's Lynn and West Norfolk, and England 2010/11 to 2020/21



Source: *National Audit Office (2021) [3]*

GIVE EVERY CHILD THE BEST START IN LIFE IN KING'S LYNN AND WEST NORFOLK

MATERNAL AND INFANT HEALTH

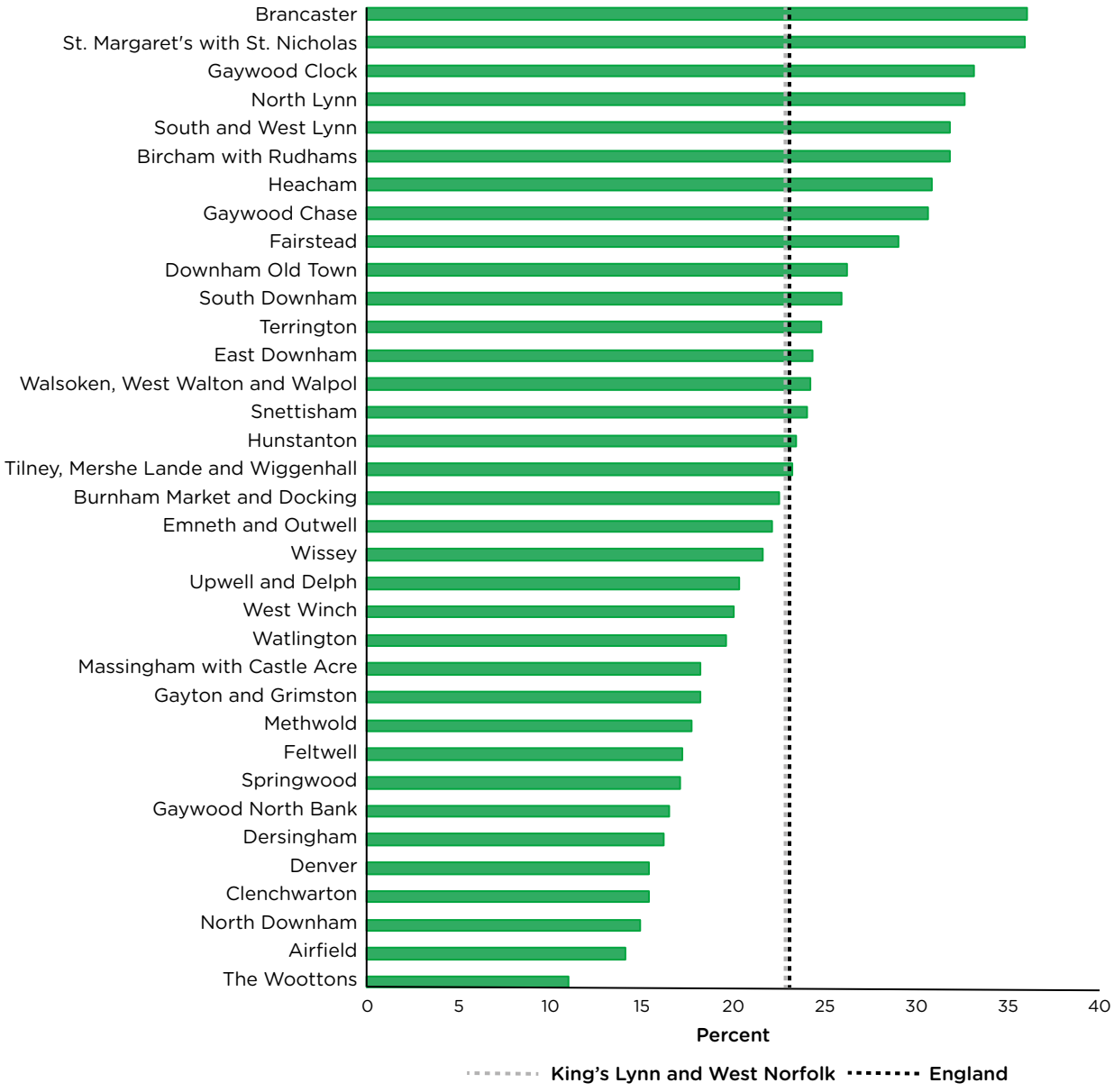
Inequalities start during the very earliest stages of life, in-utero and continue and often widen through infancy and childhood. Without effective action these inequalities accumulate and become harder to mitigate and disrupt. The need to increase capacity across a range of stakeholders to enable strengthened early intervention was widely identified. Stakeholders also emphasised the importance of supporting families within the context of their living conditions, alongside promoting effective and consistent parenting approaches that enhance both cognitive development and physical health. Midwives and health visitors have important roles here but often lack capacity to provide the support that is needed.

Across the Borough there are inequalities in levels of low birthweight related to the extent of deprivation in an area, low birthweight has many negative consequences for longer term health and development. There are also inequalities in breastfeeding rates which are related to deprivation. There are high rates of emergency hospital admissions among young children in the Borough, higher than the England average. More research is needed to explore provision of health care, such as primary care provision and need for emergency care.

CHILD POVERTY

Growing up in poverty has many detrimental impacts on health, education, employment prospects and wellbeing. The impacts on health and development are evident in infancy and widen throughout childhood and into adulthood. While average rates of poverty in the Borough are in line with the England average, within King's Lynn and West Norfolk there are wide differences between areas. In Brancaster and St Margaret's with St Nicholas wards, the percentage of children in relative low-income is over 35 percent, three times higher than in The Woottons with 11 percent of children in relative low-income families before housing costs are taken into account. Programmes to reduce and mitigate child poverty must be proportionate to the scale of the issue but not so targeted that poorer families in wealthier areas miss out completely. One in ten children are living in poverty in The Woottons and must also be offered appropriate support.

Figure 4. Children in relative low-income families (BHC), percent, King's Lynn and West Norfolk wards, King's Lynn and West Norfolk, and England, 2023/24



Source: *UK Government Department for Work and Pensions (2025) [4]*

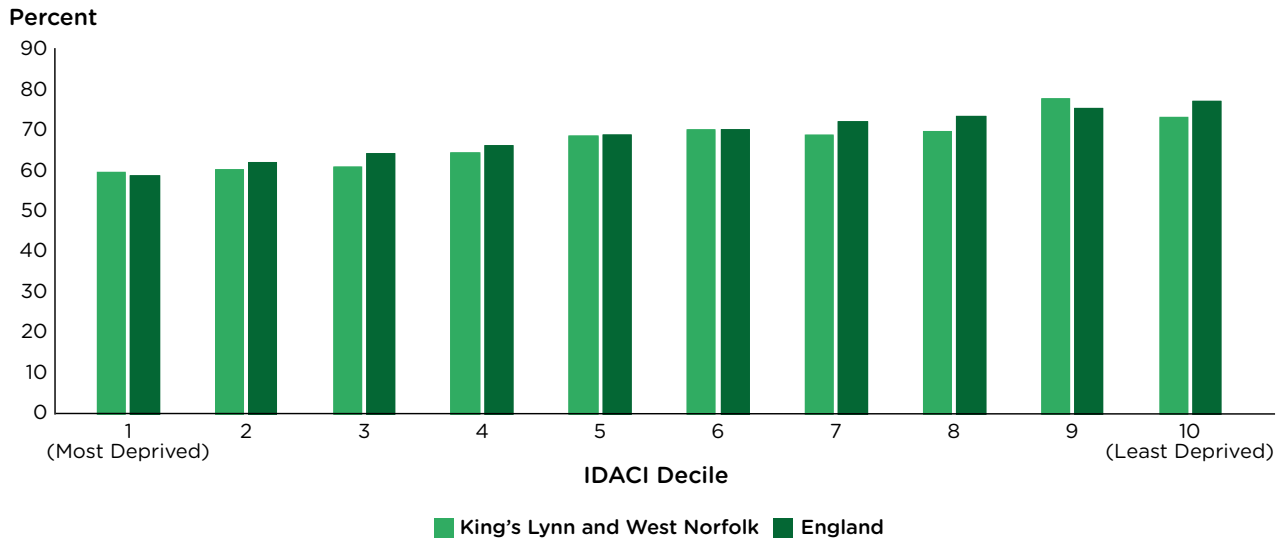
We repeatedly heard that family resilience had been eroded in recent years, a result of rising poverty and increased costs of living combined with a feeling that 'nothing had changed' or had worsened and that there was little point in engaging with services. Social mobility and educational and employment achievements were particularly low in more deprived areas of the Borough, where families felt stuck and as a result lacked aspiration. Evidence repeatedly shows how support in the early years can lead to life-long improvements in education, employment and health and reduction of inequalities [7]. However, across England, services and support for babies, children, and families has become increasingly stretched. As a result, provision is often

focused on those experiencing the most severe deprivation, neglect, and exclusion, rather than on improving outcomes for all children and families and preventing problems early.

LEVELS OF DEVELOPMENT IN THE EARLY YEARS

Figure 5 shows wide, and systematic differences in levels of development at the end of reception across England and in King's Lynn and West Norfolk, which are related to levels of household income, with children in poorer households less likely to have a good level of development. The association is systematic and graded.

Figure 5. Pupils achieving a good level of development at the end of reception, percent, by Income Deprivation Affecting Children Indices (IDACI) decile, King's Lynn and West Norfolk and England, 2023/24

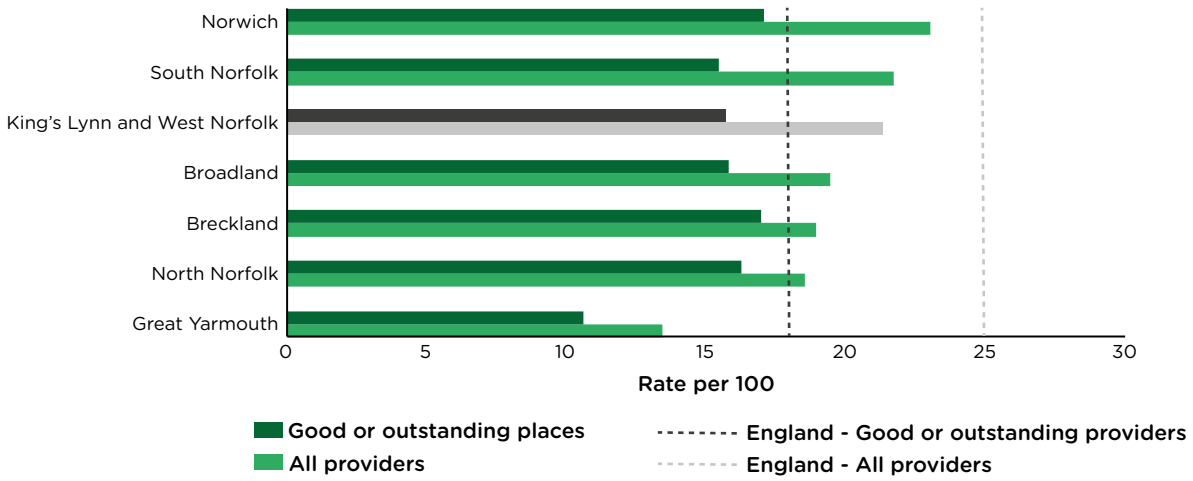


Source: *Department of Education (2025) [5]*

ACCESS TO CHILDCARE

Good quality pre-school childcare can help reduce inequalities in early years development, however, there are relatively low levels of access to good quality childcare across King's Lynn and West Norfolk, which is partly but not entirely related to rurality. Only 16 out of a hundred children living in the Borough have access to good quality childcare.

Figure 6. Childcare accessibility by quality of places, childcare places per 100 children, Norfolk Lower tier local authorities, and England, 2023



Source: *ONS (2024) [6]*

Note: *Good and Outstanding refer to grades provided by Ofsted.*

RECOMMENDATIONS

The recommendations developed in response to the data and stakeholder engagement, emphasise the need for all families to be able to access appropriate support in a way which is proportionate to the level of need – an approach we call 'proportionate universalism'. Strict eligibility criteria for some services, such as free school meals, can inadvertently widen inequalities – by missing those marginally above the threshold who still need support. There is often a sense of stigma or shame for those who are eligible and do receive the benefit and we were repeatedly told that this led to alienation and disengagement from services which are available. Stigma and shame were seen as contributing to poor experiences and attainment in school, poor mental health and a lack of trust in services more broadly. Where services or support is offered for all, in an 'open door' way, with close collaboration and co-production with communities there is better engagement, more prevention focussed support and less shame and stigma. Service providers also repeatedly emphasised that there needs to be more support for parents and families from maternity onwards, particularly to support parents to better understand how babies and children develop and how they can best support their children.

Some recent policy announcements focussing on prevention and neighbourhood health, as set out in the 10 year health plan [8] and plans for 'best start in life' family hubs [9], should enable more support across the social gradient for babies, young people and families. However, these and existing services and support must operate at a sufficient scale and be delivered through strong partnerships between the council, the CVFSE sector, businesses, health care and other public services – no one sector or organisation can deliver improvements alone.

The recommendations set out below are high level, and next steps involve working with organisations and sectors to develop practical ways forward in each of the areas.

1. **Ensure support for families, babies, children and young people is available across King's Lynn and West Norfolk with proportionately more offered where needed**
2. **Build families' capacity to have control of their lives and make positive changes**
3. **Mitigate the impacts of poverty**
4. **Prioritise the reduction of wide inequalities in early years development**
5. **Improve access to quality childcare**

ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

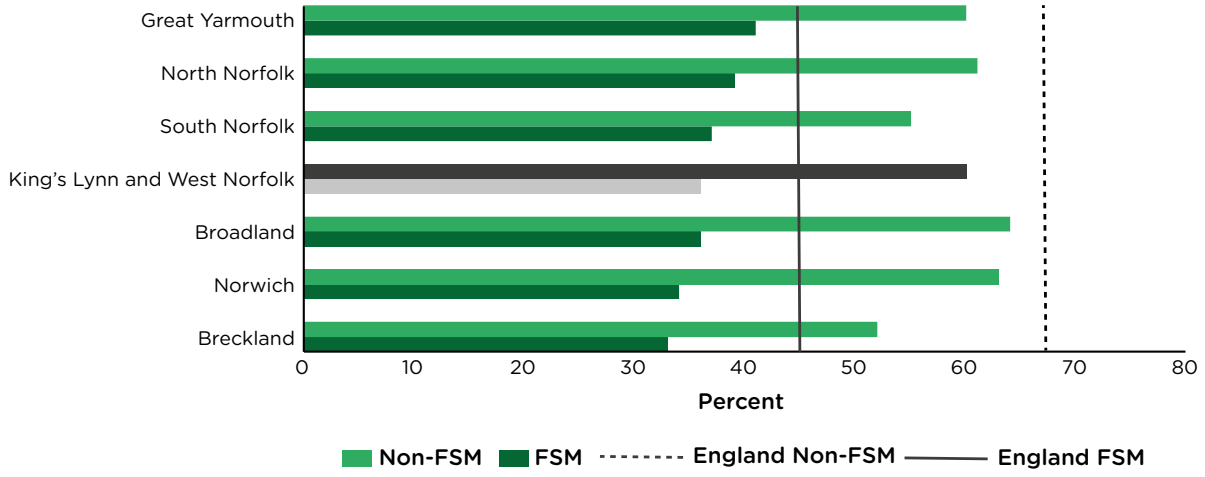
INEQUALITIES IN HEALTH

As with the under 5 age groups there are relatively high rates of emergency admissions for children and young people under age 18 in the Borough, higher than the Norfolk and England averages for emergency admissions and for asthma admissions. Poor mental health among young people was repeatedly emphasised as a growing problem, with insufficient services to treat people with serious mental health conditions. Stakeholders emphasised that preventing poor mental health among young people should be a priority for all stakeholders across the Borough, with support for families, socialising, positive experiences in school and in the communities and youth clubs being particularly emphasised. Across England, clear inequalities persist in the prevalence of mental health concerns among young people. These inequalities are closely associated with household income and area-level deprivation, with higher rates of poor mental health observed among those from lower-income households, as well as among young people with SEND, autism spectrum conditions, and some ethnic minority groups. Efforts to build aspiration and hope are provided by some VCSE organisations with positive impacts, but these are frequently limited in scale and scope by funding and capacity constraints.

INEQUALITIES IN EDUCATIONAL ATTAINMENT

Figure 7 shows wide inequalities between those eligible for free school meals (FSM) and those not at Key Stage 2 with only around a third of pupils who are eligible for FSM achieving the expected standard in reading, writing and maths compared to nearly two-thirds who are not eligible. Of note is that both those eligible for FSM and ineligible have lower rates than their peers across England.

Figure 7. KS2 pupils meeting the expected standard in reading writing and maths, by FSM eligibility, Norfolk lower tier local authorities, and England, 2023/24



Source: *Department of Education (2025) [10]*

There are also clear differences in the proportion of pupils reaching the expected standards in reading, writing and maths at KS2, related to level of area deprivation within King's Lynn and West Norfolk. Clearly proportionately more support is needed in more deprived areas of the Borough to raise levels at KS2 for all pupils, but still for those disadvantaged pupils (approximately one in ten) in the Woottons and Gaywood North Bank, support is still needed.

Figure 8. KS2 pupils meeting the expected standard in reading, writing, and maths, by deprivation (IMD Score 2025), King's Lynn and West Norfolk MSOAs, 2023/34 and 2024/25

Source: *NCC Children's Services (2025) [KLWN Data Source]*

A wide gap in educational attainment by FSM eligibility is also evident in Attainment 8 scores at age 16, with lower scores among those with FSM eligibility and relatively low scores for all pupils compared with other Norfolk lower tier local authorities and England.

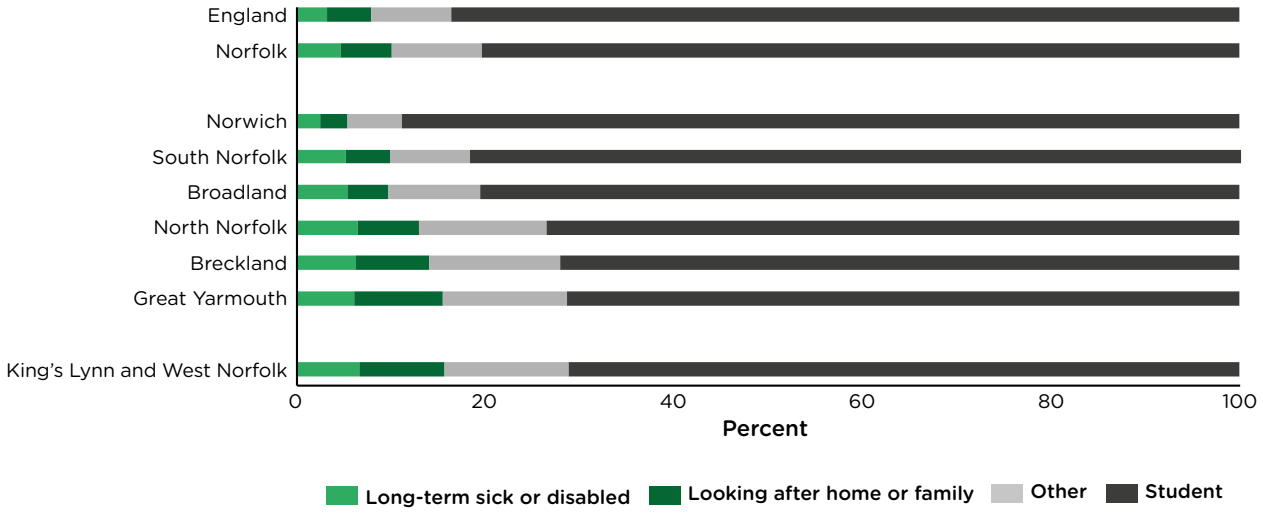
There are also wide inequalities by FSM eligibility in rates of pupils who are persistently absent with pupils eligible for FSM having higher rates than in all other lower tier local authorities in Norfolk except Broadland and much higher than average across England. Being persistently absent can harm educational attainment, skills building and employment and future income prospects.

The size and extent of inequalities in so many dimensions of children and young peoples' lives are not inevitable and many areas in England have lower inequalities. In more deprived areas of England, pupils living in poverty tend to achieve better educational outcomes than pupils from less deprived areas who also live in poverty, and the inequalities between them and their peers are much lower in more deprived areas. The reasons for this need further research but there are accounts of schools not being well set up to deal with poverty, particularly in rural and relatively affluent areas and pupils disengaging due to stigma and exclusion, lower aspirations and the costs of travelling to school. Many young people have family caring responsibilities and/or jobs in order to contribute to household finances which can reduce their school attendance and attainment levels.

ECONOMIC INACTIVITY AND OPPORTUNITIES

Experiences at home and in school play a critical role in shaping young people's pathways as they transition from education into employment, training, or, increasingly, unemployment and economic inactivity. Across England there have been increases in rates of economic inactivity among young people since the pandemic. While being economically inactive between ages 16-24 due to being a student is generally positive for health, other reasons for economic inactivity indicate poor health for individuals and family members. In 2021 Norfolk had higher proportions of young people who were economically inactive due to being long term sick or disabled, or caring for family than the average across England. Rates were even higher in King's Lynn and West Norfolk, which had the highest proportion of young people citing ill health and family caring as reasons for economic inactivity in Norfolk. Clearly there are opportunities to further support children and young people during school and afterwards to ensure they have access to positive destinations after school and taking action on these will be a priority during the next phase of the Marmot programme.

Figure 9. Reason for 16-24 years olds being economically inactive, Norfolk lower tier local authorities, Norfolk, and England, 2021

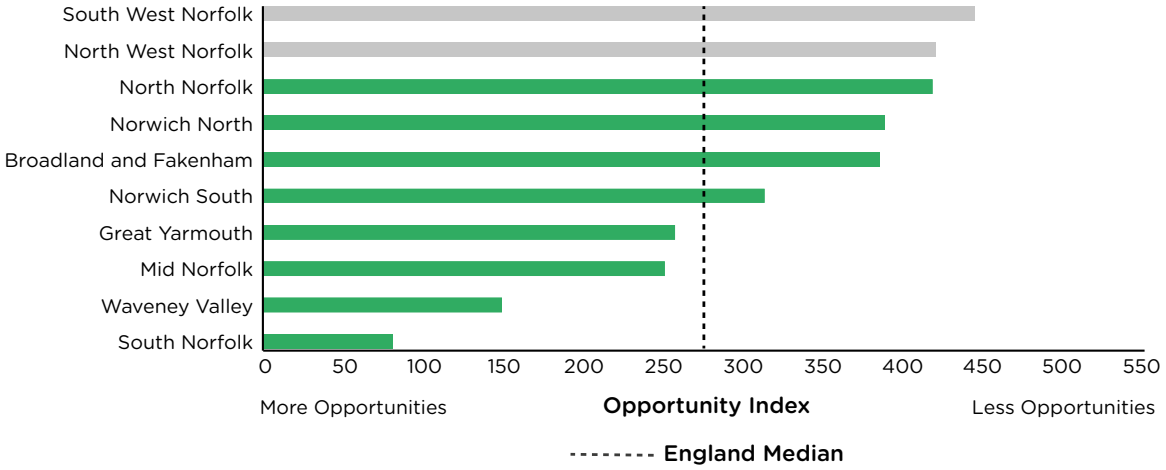


Source: *Census (2021) [11]*

Note: *Retired category excluded due to small numbers. It is impossible to determine the 'other' reasons for economic inactivity, but to note that the proportion of people citing 'other' as a reason is quite high.*

As highlighted in this summary and throughout the main report, low aspirations and low social mobility are entrenched in many deprived households and areas in King's Lynn and West Norfolk. Partly this relates to family attitudes and experiences which shape young people in the household, but it also relates to limited opportunities available for this age group. The Sutton Trust Opportunity Index ranks constituencies in England, with higher ranks meaning less opportunity – indicated by educational attainment levels, access to higher education, training and employment. The constituencies which cover King's Lynn and West Norfolk have rankings which indicate less opportunity than across England and other parts of Norfolk.

Figure 10. Sutton Trust Opportunity Index Constituency Rank Scores, Constituencies within Norfolk County Council, 2018/19 to 2023/24*



Source: *Sutton Trust (2025) [12]*

Notes:

*1) * The Opportunity Index is calculated by considering six key indicators of social mobility across the life course:*

a) School: Attainment 8.

b) Post-16: A Level result.

c) Post-16: Percentage in sustained education/employment.

d) Post-18: Percentage with degree by age 22.

e) Employment: average earning at age 28.

f) Employment: Percentage in sustained employment at age 28.

2) North West Norfolk is entirely contained within King's Lynn and West Norfolk, South West Norfolk is split between King's Lynn and West Norfolk, and Breckland. Waveney Valley is split between Norfolk and Suffolk

RECOMMENDATIONS

While there are effective programmes to support children and young people in King's Lynn and West Norfolk, there are persistent and stark inequalities related to area and household deprivation. Further actions are needed involving a range of partners in the area, including schools, health care, the VCFSE sector, employers and businesses and programmes designed to support activity and socialising for young people. The main report has many case studies of good practice in all these areas, but these are frequently not delivered at scale or in the most effective ways to reduce inequalities.

1. Improve mental health for children and young people and their families
2. Prioritise reducing inequalities in educational attainment in King's Lynn and West Norfolk
3. Strengthen support for families with children with special educational needs
4. Build skills and opportunities for further education and employment
5. Increase provision of activities for young people including in more rural and isolated areas

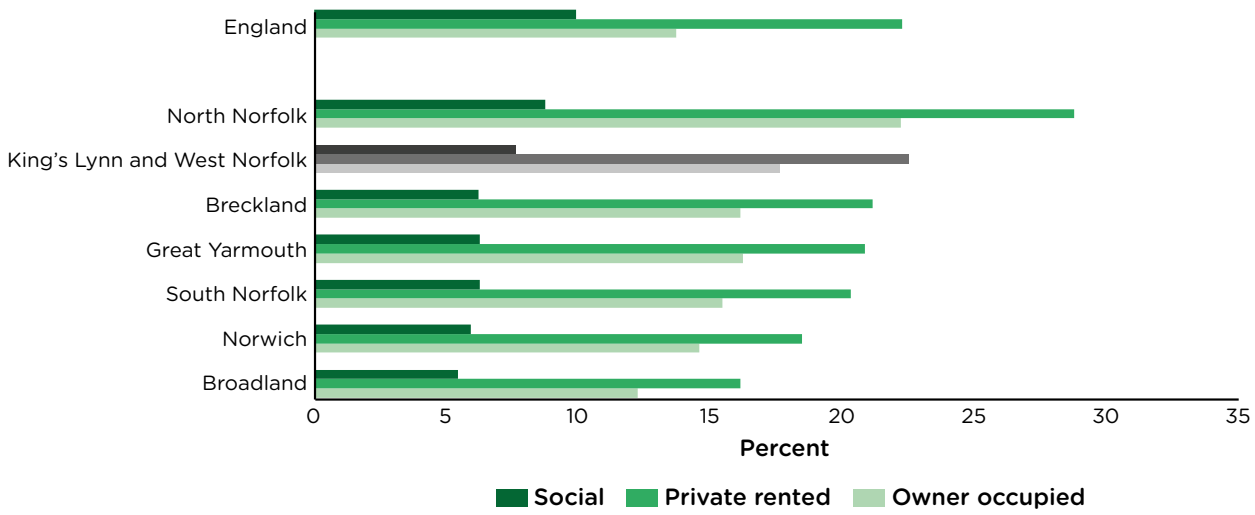
INEQUALITIES IN HOUSING AND THE ENVIRONMENT IN KING'S LYNN AND WEST NORFOLK

In the main report we explore how poor quality housing and environments shape people's lives and their health in King's Lynn and West Norfolk. There are many opportunities for improvement in these conditions and while there are existing programmes in place, these can be expanded with a further focus on equity to help reduce health inequalities. As with all the recommendations we make in the report, the actions need, do not originate from a single sector – in relation to housing for instance the NHS has a role, while schools, businesses and council can also contribute.

HOUSING

As is the case across England, the majority of poor-quality housing in King's Lynn and West Norfolk is in the private rented sector, where there are comparatively fewer levers or regulations to identify issues and drive improvements. In King's Lynn and West Norfolk, 7.7 percent of social homes, 17.8 percent of owner occupied homes and over a fifth, 22.8 percent of private rented homes are assessed as not decent. These figures are the second highest in each of their respective categories among Norfolk's lower tier local authorities and corresponding England averages. There are also a relatively high proportion of homes with Category 1 hazards in King's Lynn and West Norfolk, particularly in the private rental and owner-occupied sectors.

Figure 11. Non-decent homes*, Norfolk lower tier local authorities, and England, 2022



Source: *Ministry of Housing, Communities and Local Government (2025) [13]*

Note: **A non-decent home is one with a hazard or immediate threat to a person's health, not in a reasonable state of repair, lacking modern facilities or not effectively insulated or heated.*

Stakeholders from the housing and health sector told us how the old, damp, and overcrowded homes contribute to respiratory conditions across the Borough, views which correspond with King's Lynn and West Norfolk's high asthma hospital admissions rate. Stakeholders described widespread issues with poor-quality private rental housing, overcrowding, and a shortage of larger family homes, particularly affecting families with disabilities. While housing providers are aware of the health impacts of poor living conditions, many families do not recognise the link between issues like damp or overcrowding and their health. Raising awareness about damp and mould and actively requiring private landlords to make improvements will support residents experiencing these conditions, while elsewhere Selective Licensing schemes have been shown to support conditions in the rental sector [14].

GREEN SPACES

Having access to good quality green space is beneficial to physical and mental health, reduces social isolation and encourages community cohesion. While there is an abundance of countryside in King's Lynn and West Norfolk, much of this is not accessible for residents who would benefit most, including those with young children, older people and people with disabilities and those without private transport. There are low rates of physical activity and high rates of obesity among young people in King's Lynn and West Norfolk and developing appropriate programmes which address concerns about access, safety and appropriateness is important. There were repeated concerns raised about the introduction of car parking charges at the Sandringham estate

and the restrictions in access to areas which were previously available to the community to visit. In the constituencies which cover King's Lynn and West Norfolk, children under age 9 have less access to playgrounds (those within a 10 minute walk) than England and other areas in Norfolk [15].

TRANSPORT

Reliable, regular and affordable transport is an important determinant of health, it enables access to work, education, social networks, and services and not having access to reliable and affordable transport increases inequalities in health [16, 17]. Bus services are essential infrastructure, particularly in rural places and for more deprived groups. Despite this, provision of bus services outside London declined between 2008-2023 by 48 percent for urban bus services (except London), and 52 percent for rural bus services [18]. Surveys show that young people make fewer trips than older people, with young people without a car and those in the lowest income quartile having even more reduced mobility than others [19]. Young people cite affordability and infrequency of transport as reasons for missing school, turning down jobs, skills and training and social activities.

At community group engagement events, lack of transport was repeatedly flagged as a major obstacle to education, employment, childcare, and healthcare, impacting aspirations, school attendance, and access to services. Participants also discussed how transport challenges, particularly among those travelling with children, and unfamiliarity with public transport may limit use of bus services which are available. Various stakeholders commented on the low levels of bus service provision in West Norfolk, which is lower than in other parts of Norfolk, with the centralisation of services in King's Lynn making access difficult for families in rural areas. Many VSCE organisations are not able to assist or support people who have additional needs or those lacking in confidence to use public transport [20]. Stakeholders also highlighted the need for private cars in rural areas, but that this was unaffordable for many people – widening inequalities.

RURALITY

Living in rural areas has many benefits but there are also particular issues which are often overlooked by service providers and councils. At community events and in discussion with stakeholders' rural isolation was repeatedly raised, particularly among young people living in rural areas. Living in rural areas and low access to public transport were cited as a reason for poor engagement with education, absence from school, lack of employment and economic inactivity among young people. VCFSE stakeholders noted that their service delivery often depends on the availability of volunteers and staff, and that is more difficult in rural areas due to difficulties accessing public transport and higher costs of providing support in rural areas.

Rural isolation can contribute to poor early years development, through limited access to early years support including childcare and antenatal classes, service cuts, and shifts to online interactions, all impacting child development, socialisation, and parental engagement.

RECOMMENDATIONS

Data analysis and particularly discussions with stakeholders from a range of sectors has informed the recommendations to improve access to good quality housing, particularly private rental and to improve access to healthy environments, education, employment and social life. All these attributes are essential to provide children and young people, and their families, with the foundations for healthy lives. Proportionately greater focus on families and young people living in more deprived areas and in rural areas is needed, without this, inequalities will continue to widen and blight the lives of those affected.

1. Improve access to decent quality housing
2. Increase provision of play areas and support for physical activity
3. Improve access to affordable, regular transport

DELIVERING GREATER HEALTH EQUITY FOR CHILDREN AND YOUNG PEOPLE

The collaboration between IHE and King's Lynn and West Norfolk in developing as a Marmot place has involved stakeholders from across the Borough, including the District and County Council, VCSE organisations, businesses and the economic sector, the whole healthcare system, education, the police, transport, housing, the leisure sector, faith organisations and residents. All these, and many other organisations have an impact on health and the social determinants of health, both positive and negative, and all must be involved in working collaboratively for greater health equity. These system partners have helped shape many of the recommendations and proposals in this report and together with residents, they form the foundation for the Borough's health equity system.

Next steps include developing practical actions with stakeholders to take forward all the recommendations set out in this report and focus on delivery. Even with commitment and clear evidence for action, implementation is often hampered by siloed working and insufficient engagement and partnership with communities.

In order to deliver greater health equity for children and young people in the Borough, partnerships and collaborations must be strengthened. No one organisation or sector can deliver reductions in inequalities alone. Businesses and faith-based organisations are often not viewed as potential health equity partners, although they have much to contribute to partnerships to tackle health inequalities among residents of all ages. Meanwhile, the complex health care system with pressure to deliver treatment, has potential to strengthen its focus on prevention and reducing inequalities in the social determinants of health in partnership with other sectors.

We were repeatedly told that there was a lack of information sharing about what services and programmes are being provided across the Borough and by whom; developing an up-to-date directory of resources, with Marmot champions to support communities to access programmes and build trust with services would be of great benefit. Involving families and communities in identifying what types of support and services they need and, in the design and delivery of those services, is essential to meeting needs in appropriate ways and building trust and reducing stigma. Strengthening family and community resilience should be at the heart of all organisational, and particularly partnership, approaches to improving outcomes and reducing inequalities. Approaches that focus on individuals, rather than the context in which they live, can limit the efficacy of services and broader support.

A repeated concern across England is the lack of funding to ensure services and support which stakeholders know is urgently needed, and in many cases are a statutory obligation. The allocation of resources within a place must be proportionate to the scale of need, this can be embedded more explicitly and coherently within procurement and commissioning. Meanwhile grant giving to the VCSE sector is blighted by small-scale, short-term pots of money which require onerous application and contracting processes which limit the capacity of the sector to deliver improvements for the groups they support.

There are gaps in information about the experiences of particular groups which are highlighted throughout the report and certainly more information is needed to ensure that support can be delivered in a proportionate and equitable way across King's Lynn and West Norfolk.

RECOMMENDATIONS

1. Raise awareness and accountability for health inequalities within King's Lynn and West Norfolk
2. Strengthen partnerships for health equity
3. Build trust between services and families across King's Lynn and West Norfolk
4. Empower families and communities
5. Equitable resources and commissioning
6. Strengthen data and information for greater health equity

CONCLUSIONS

Addressing inequalities in health and the social determinants of health among children and young people requires a renewed commitment to health equity among stakeholders in King's Lynn and West Norfolk. While the Borough benefits from strong communities, a dedicated council and public services workforce, and a highly motivated and vibrant CVFSE sector, these are often insufficient to meet growing need and rapidly changing contexts. The report highlights the need for strong leadership and accountability, much strengthened partnership working, improved data in rural areas, and a system-wide understanding and prioritisation of the social determinants of health. Action should be grounded in the principle of proportionate universalism, ensuring that services are universal but delivered at a scale and intensity that reflects differing levels of need. This will reduce health inequalities across the socioeconomic gradient and reduce stigma. Families, children and young people must be involved in the identification, design and delivery of support, with trusted, community-based organisations recognised and resourced to work in partnership with services.

Building on the evidence and the views of the many stakeholders we consulted, the report sets out high-level recommendations for action for the many sectors and organisations which shape health across the Borough. The next phase of the programme involves organisations developing practical ways forward, with specific commitments and implementation. There is a great deal that can be achieved to ensure greater health equity for all the residents of King's Lynn and West Norfolk.

REFERENCES

1. Office for National Statistics. Life expectancy for local areas of Great Britain. 2024; Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyforlocalareasofgreatbritain.
2. Allen, J., B. Viles, and O. Callaghan, Starting Well - King's Lynn and West Norfolk. 2025, Institute of Health Equity.
3. National Audit Office. Financial sustainability of local authorities data visualisation raw data. 2021; Available from: https://www.nao.org.uk/financial-sustainability-update-raw-data/.
4. UK Government Department for Work and Pensions. Children in low income families: local area statistics 2014 to 2024. 2025; Available from: https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2024.
5. Department for Education. Early years foundation stage profile results - Academic year 2024/25. 2025; Available from: https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2024-25.
6. Office for National Statistics. Childcare accessibility in England data. 2024; Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/datasets/childcareaccessibilityinenglanddata.
7. Hobbs A and Mutebi N, The Impact of Early Childhood Education and Care on Children's Outcomes, and the Sustainability of the Sector. London: UK Parliament, 2021.
8. UK Government. Policy Paper - 10 Year Health Plan for England: fit for the future. 2025; Available from: https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future.
9. UK Government. Policy Paper - Giving every child the best start in life. 2025; Available from: https://www.gov.uk/government/publications/giving-every-child-the-best-start-in-life.
10. Department for Education. Key stage 2 attainment - Academic year 2024/25. 2025; Available from: https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-2-attainment/2024-25-revised.
11. Office for National Statistics. Census 2021; Available from: https://www.ons.gov.uk/census.
12. The Sutton Trust. The Opportunity Index. 2025; Available from: https://www.suttontrust.com/opportunity-index-interactive-map/.
13. Ministry of Housing Communities and Local Government. English Housing Survey: local authority housing stock condition modelling, 2023. 2025; Available from: https://www.gov.uk/government/statistics/english-housing-survey-local-authority-housing-stock-condition-modelling-2023.
14. Erskine S, Ireland M, and Boyce T, Selective Licensing in Leeds. 2025, Institute of Health Equity,.
15. Fields in Trust. Green Space Index. 2024; Available from: https://fieldsintrust.org/insights/green-space-index.
16. Marmot, M., et al., Health equity in England: The Marmot Review 10 years on. 2020, Institute of Health Equity,: London.
17. Daly, S. and J. Allen, Healthy High Streets - Good place-making in an urban setting. 2018, Public Health England and Institute of Health Equity.
18. Friends of the Earth. How Britain's bus services have drastically declined. 2023; Available from: https://policy.friendsoftheearth.uk/insight/how-britains-bus-services-have-drastically-declined.
19. Collings, S., et al., Transport to Thrive. 2023, UWE Bristol.
20. Community Action Norfolk. The VCSE Sector Landscape in West and North Norfolk. 2025; Available from: https://www.communityactionnorfolk.org.uk/sites/sites/default/files/VCSE%20Sector%20Landscape%20in%20West%20and%20North%20Norfolk%20-%20Consultation%20Report.pdf.