INSTITUTE of HEALTH EQUITY

MEDWAY MARMOT PLACE PARTNERSHIP: REPORT CONSULTATION FEEDBACK AND FINAL RECOMMENDATIONS

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GLOSSARY

FSM – Free School Meals

ICB – Integrated Care Board

IHE – Institute of Health Equity

ME – Marmot Envoy

MVA - Medway Voluntary Action

NEET – Not in Education, Employment or Training

NHS – National Health Service

SEN(D) - Special Education Needs (and Disabilities)

UCL – University College London

VCFSE - Voluntary, Community, Faith, and Social Enterprise

CHAPTER 1. WHAT DID WE DO?

This report is an addendum to the report written by the University College London Institute of Health Equity (UCL IHE) for Medway in March 2026. Namely, the 'Medway Marmot Place Partnership: Together for a fairer, healthier future' [1] report. This supplement includes contextualisation of the IHE recommendations, a description of the consultation approach and a summary of contributions from workshop attendees.

WHY DID THE INSTITUTE OF HEALTH EQUITY RUN A CONSULTATION PROCESS IN MEDWAY?

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.

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 explored below. Instead, it is about evolving ways of working, decision making, and prioritising to ensure that health equity is at the heart of Medway.

Going forward, the Medway Marmot Place Partnership will be essential to retaining existing momentum to support better and more equitable health in Medway. This report captures some of the suggestions gathered through workshops and concludes with the initial next steps around which the Medway Marmot Place Partnership can collaborate.

WHAT DID THE CONSULTATION PROCESS LOOK LIKE?

The consultation period in Medway was initiated at the 'Medway Marmot Place Partnership: Together for a fairer, healthier future' report [1] launch on 8 April 2026. This online event was attended by over 70 local stakeholders and comprised discussion and presentations; including those by Professor David Whiting, Medway Council's Director of Public Health, Professor Sir Michael Marmot, Director of the UCL IHE, and Sue Alder, Managing Director of local voluntary organisation, EK360 [2]. The launch closed with a call for action for attendees to engage in the consultation on the recommendations within the report. Specifically, this process was set out to gain the following insights on each recommendation:

1. Why does this recommendation feel particularly relevant to your work in Medway, and do you feel that there is anything missing? If so, what?
2. What do you think the Medway system should do in response to these recommendations?
3. What actions can you and your organisation do to take forward these recommendations and help meet each ambition, together?
4. What do you see as enablers and barriers to making progress on these recommendations in Medway?

The consultation was aimed at anyone who works and/or volunteers in Medway, and took the following forms:

1. Six online workshop sessions, each focused on a different subsection of the recommendations. Discussions were captured through an online whiteboard platform [3], collating responses, comments, thoughts and ideas from each group. Cumulative attendance reached over 90 stakeholders, from a range of organisations in Medway.
2. Where stakeholders were unable to join the workshops, they were able to respond to similar prompts through an online form. This was completed by two colleagues whose responses were collated into the online whiteboard space.

The engagement opportunities were taken up by a range of organisations including statutory organisations such as National Health Service (NHS) organisations, Medway Council teams and numerous voluntary, community, faith and social enterprise (VCFSE) organisations. A full list of representation can be seen in Annex B.

Going forward, the Medway Marmot Place Partnership will continue engagement with residents across Medway as the next steps and actions are formed and move into delivery. This work will be spearheaded by the Medway Marmot Resident Engagement Group which oversees the gathering, analysis and coordination of resident insights to ensure lived experience informs Medway Marmot Place Partnership activities and priorities. It is essential that resident voices and perspectives guide the development of the Medway Marmot Place Partnership to ensure that progress on reducing health inequalities aligns with local needs.

WHAT BROUGHT COLLEAGUES FROM ACROSS MEDWAY TO ENGAGE IN THE CONSULTATION PROCESS?

Those who engaged with the workshops often expressed a strong, shared interest in understanding and engaging in the Medway Marmot Place Partnership to address health inequalities through the social determinants of health, particularly for families and young people. Participants wanted to explore how inequalities among Medway families link to the Marmot principles, and to use local data and evidence to inform their work and build awareness of the approach. For several participants, the workshops were their first opportunity to engage with the Medway Marmot Place Partnership, their motivation to engage guided by aligned values. For example, there was clear appetite to focus on inclusion, equity and equality, the importance of representing minority perspectives, speaking up for clients and addressing inequalities for those with, for example, disabilities or neurological conditions.

Collaboration and partnership working were also recurring themes; attendees wanted to connect with wider partners across sectors (e.g. youth services, children's services, libraries, climate change teams, charities, and public health) to improve joint working, co-develop preventative approaches, and support people of all ages into work. Specific interests which arose included strengthening secondary school careers programmes, supporting young people with Special Educational Needs and Disabilities (SEND) into career pathways, and understanding how Marmot principles will shape the design and delivery of services. All attendees had agency to represent their organisation or team as well as contributing broader experiences from working or being a resident in Medway.

Overall, there was a clear desire to learn more about the Medway Marmot Place Partnership, its ethos, and to contribute actively to a collective effort aligning with wider organisational goals. Participants saw the workshops and the partnership as an opportunity to collaborate, learn from each other and ensure that the Marmot principles are meaningfully implemented in Medway.

CHAPTER 2.
WHAT DID WE HEAR?

The original, unamended recommendations can be found in the 'Medway Marmot Place Partnership: Together for a fairer, healthier future' report [1]. The IHE have updated the initial draft recommendations to align with the feedback shared by colleagues during the consultation process. These updates reflect areas colleagues felt were of most importance and incorporate elements that colleagues felt were missing. In the most part, there were no changes made to the wording of the recommendations. In several instances, small edits were made to ensure that the recommendations incorporated a full breadth of factors; for instance, incorporation of medium sized businesses as well as small businesses, or including mental health in help and support relevant to a good work charter. In a couple of instances, the updated language reflected the need to raise awareness of a topic, such as proportionate universalism, ahead of incorporating it into all decision making. Lastly, there were two instances where two sub-recommendations served overlapping functions and so, two sub-recommendations were streamlined into one, for clarity.

The rest of this chapter outlines the contributions from stakeholders related to each of the recommendation sub sections. The sections which follow comprise the updated recommendations in bold, italic, followed by the contributions made by colleagues in relation to those recommendations during the engagement. It will be for partners in Medway to embrace these recommendations and to consider further how they can engage with and respond to them. This report is the first stage in the collaborative process of bringing the recommendations to life.

1. TAKE ACTION ON THE MARMOT 8 PRINCIPLES IN MEDWAY

1.1 ALL PARTNERS IN MEDWAY TO FIRST PRIORITISE REDUCING INEQUALITIES IN THE EARLY YEARS, CHILDHOOD AND YOUNG PEOPLE

Recommendation: 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.

Colleagues emphasised the importance of working in partnership, defined as genuine collaboration rather than signposting between organisations. This was deemed essential for sustained and effective efforts on reducing inequalities in experiences at school. There are already numerous instances of partnership working in Medway. For example, MidKent College work collaboratively with partner organisations to develop skills for young people to improve their employability. Whilst it is impossible to name all the organisations that could be involved, colleagues emphasised the importance of a range of organisations being part of the partnership. Those mentioned included local government, early years settings, education, housing, police, children's services, VCFSE providers, young people, parents and guardians. Involvement was noted to take place in a context of ever evolving challenges, with ongoing restructures of local government and the NHS integrated care systems as current complicating factors. However, the ethos here is what is most important, ensuring that all organisations working in Medway and with the Medway population recognise the role they play and therefore the importance of being a part of the collaborative approach.

Colleagues highlighted that inclusion of children, young people and families should be at the heart of the system approach and decision making, taking a whole person approach that recognises support systems, home environment and support around the family as critical. Colleagues believed partnership working should be founded on the shared belief of the importance of reducing health inequalities, taking opportunities for joint and longer-term funding through the Marmot lens. Colleagues saw the importance of ensuring children outside of the school system, and those who are on the margins of the school system (e.g. those who have been suspended or excluded), being explicitly included as intersectional factors relating to FSM eligibility. Colleagues recognised the high-quality support needed as a system for transitional periods, such as moving between local authorities, progressing from primary through to secondary school, and from childhood into adulthood.

As a system, colleagues highlighted the opportunities to share good practice and skill sets across Medway. They saw benefit in creating a menu of engagement options so that organisations can engage at different levels depending on capacity. Colleagues saw the value in building effective communication, including between school and non-school organisations. There was a suggestion of bringing together stakeholders in a group focused on the broader ambition of reducing health inequalities for children and young people.

In addition, colleagues saw opportunities for individuals and organisations to sign up as Marmot Envoys (MEs) (local stakeholders and residents who get involved in the Marmot Partnership as leaders, community representatives and local experts) as a means of signing up to the collaborative approach. Colleagues thought organisations could publicly share and recognise partnership working as one of the outcomes of this work. This could be achieved through the Medway Marmot Place Partnership, with organisations highlighting novel collaborations that have taken place through this ambition.

Recommendation: 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.

Colleagues recognised that early development is arguably the building block that shapes all subsequent building blocks of health. However, there are several challenges in this area such as significant waiting lists for speech and language therapies, the impact of social media on speech, language and communication needs, among others. These barriers have oftentimes been exacerbated since COVID. Whilst appropriate support and provision is essential, it is also key to recognise that different children develop at different paces. Meanwhile, it is essential throughout this process for the system to value and champion the parent, carer and guardian voice and ensure services are available in a proportionally universal manner.

The family hub model was viewed by colleagues as a key asset for the system to develop and extend. Family hubs can support both children and parents together, with opportunities to create social spaces for parents, carers and guardians as well as education provision. This community-based support can encompass soft-skills such as table manners and toilet training as well as specific education needs. Colleagues proposed the opportunity to think of these as 'Marmot Hubs'. As a system, colleagues pointed out opportunities to link with existing programmes such as Neighbourhood Health, Medway Parenting Support Strategy, Best Start in Life and Experts at Hand. Creative provisions, such as arts and drama, were noted as opportunities to build confidence and social skills. To support this range of work, colleagues suggested streamlining investment across the system and connecting provision together as opposed to building siloes.

Recommendation: 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.

Medway's prioritisation of the NEET and at risk of NEET population is reflected by the April 2026 NEET Summit. This event is viewed as part of the 'how' or evidence of local partnership working on this matter. Colleagues highlighted the importance of continued prioritisation and work after this event. Whilst there is a scarcity of funding in this area which can create challenges, there is also a wealth of system expertise in helping young people move from NEET into education, employment or training, and this must be utilised.

As a system, colleagues highlighted ambitions which could support this work. For instance, building a strong understanding on the impact of contextual factors on NEET, such as long-term physical and mental health conditions and SEND, to focus support on relevant causal factors. Colleagues suggested starting interventions earlier and recognised that NEET prevention starts from pregnancy, birth and early years provision. Colleagues intertwined this with an ambition to improve adult literacy and parental engagement with schools. They also highlighted the necessity for good collaboration between education and business, and recognition of transferable skills for young people and their relevance across their working life. Amplification of the voice of young people was of importance to colleagues along with developing more flexible education and training provision for those over 16 years of age.

In terms of actions for the system, colleagues highlighted the need for continued work with local employers to develop and identify training opportunities for young people, including varied work experience opportunities across sectors, and varied pathways from year 7 through to year 10. Work with primary schools, colleagues felt, was important to be able to understand the impact of early childhood on NEET outcomes to support a preventative approach. There are already examples of this work where secondary schools track attendance and its impact on NEET status. Trends in young people's future choices should be identified to evolve provision accordingly.

Colleagues felt this work could be further facilitated by organisations sharing anonymised NEET data to support collaboration, shared publication of relevant activities by various organisations, and through mobilising the Youth Guarantee. Colleagues raised the opportunity to promote Future Skills Questionnaires in identifying NEET and joint working with the Department for Work and Pensions (DWP).

Recommendation: 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.

Medway already have numerous activities working in partnership with young people, such as the Child's Voice Partnership Group and the annual mental health events for children in Medway. Colleagues noted some challenges for young people including advocating for themselves and navigating multiple systems relating to different elements of need and provision. Colleagues saw ambitions for the system in enabling smoother transitions between childhood and adult forms of care and support along with understanding the role of family expectations in employment expectations and prospects.

Some ways in which colleagues saw the system could action these ambitions included building mentoring schemes with businesses to support young people's visioning for the future. The importance of the voice of lived experience came through strongly, suggesting for example, work with nurseries and primary schools to represent the voices of young people and families. Colleagues suggested evolving existing student voice boards where possible or creating new ones where there are gaps. Overall, the view was to build an expectation of reaching out, listening and then acting in response to young people's voices whilst setting expectations as to the possible extent of change.

It was suggested that organisations could support with this through continuing to analyse feedback from young people at the early stages of engaging with each organisation, and for schools, colleges and universities to share feedback and insight relating to the recommendations. Colleagues proposed evolving the Marmot resident engagement work to collate existing feedback from young people and ensure future engagement opportunities are intentional, with formalised and streamlined routes for feedback.

Recommendation: 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.

It was recognised that looked-after children and care leavers can often feel like a hidden cohort, despite substantial potential to make a difference to their experiences and outcomes. In particular, this period of transition between being a looked-after child and a care leaver was identified as a system weakness, as support is often pulled away at this point. This is exacerbated as this cohort often interact with multiple services, with some moving across geographic boundaries either into or out of Medway. Crucially, all colleagues acknowledged the great potential of these young people when enabled to be in education, employment or training, in our society.

As an ambition, colleagues proposed enabling looked-after-children and care leavers to fulfil their potential with appropriate support and provision. Colleagues thought initiating confidence building and life skills pre-16 years of age would be a good action, along with providing support for the Care Leaver Hub. This support could have the potential to use artificial intelligence apps to support with various administrative tasks such as budgeting, housing and pay slips.

Organisations, it was felt, could play a part in this, for example, using Future Skills Questionnaires for looked-after-children to support their future choices and training needs. Connecting into Adult Education and expanding access to online education, training and mental health support were also felt to be useful actions, along with activating and collaborating with anchor institutions. Colleagues thought that holding an event to publicise work in this area would be helpful.

Recommendation: 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.

Colleagues flagged existing activity in Medway where there is already collaboration with both employers and young people when it comes to local opportunities. For instance, there are Schools Advisers who provide careers advice and workshops to young people.

Colleagues highlighted an ambition to align and activate the connection between what businesses need, and advice from careers advisors. Building career development pathways, colleagues thought would support young people to see the potential to grow and develop. Aligned to this was the view that a varied offer of work experience was necessary so young people can explore careers outside of traditional roles.

Recommendation: Prioritise improvement and provision of safe and warm housing to ensure a healthy standard of living for children and young people.

Colleagues highlighted the intersection of housing and finding work. They flagged the access barriers to adaptive housing, the importance of safe living conditions for every child, and links to existing work on the NHS asthma programme for healthy living environments. It was recognised that housing is often siloed in the context of health and education, and this is something that needs to shift.

Equity of provision for those with protected characteristics, including rare conditions, was noted to be of importance regarding ensuring home, work and educational spaces are appropriately adapted. Through better connected housing and health, colleagues saw the potential for healthy living spaces to be a consistent expectation and for there to be agency amongst colleagues to support progress where required.

Colleagues suggested incorporating home visits for children and young people, in particular, for those who are not attending schools, and improving awareness of what constitutes a healthy and safe environment. Colleagues proposed the continuation of work with partners to improve quality of diagnostic pathways, care planning and support for children with asthma in the context of environmentally triggered events.

1.2 FOSTER INCLUSIVE, CULTURALLY SENSITIVE AND ACCESSIBLE FAMILY SUPPORT

Recommendation: 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.

Partners in Medway support family empowerment through numerous community-based programmes that consider whole families. These activities take place through multiple lenses and in multiple spaces. For example, local libraries, the parent carer forum, Medway Community Healthcare Health visitors, school nurses, other VCFSE organisations and the neighbourhood health approach. These all play complementary roles in building trust, tailoring local support to align with need, preventing health issues, promoting literacy and health amongst neighbourhoods.

Colleagues noted the need to identify the role of education providers, including pre-school, in supporting this ambition and engaging with local communities to enable local and culturally appropriate support. Within this they highlighted the need to be mindful of differences in need amongst different communities, including, but not limited to, different cultures, and various marginalised groups (e.g. veterans). Cross system communication was felt to be important for partnership and collaborative working.

As a potential action, colleagues identified a need to develop and offer training for VCFSE groups on how to approach work with a health inequalities and social determinants of health lens, including support tools for monitoring, learning and evaluation. An additional need was flagged to map existing provision to enable an asset-based approach and better navigation of provision by cross-sector providers and residents themselves, along with data sharing to enable better collaboration. It was also viewed to be helpful if there were local spaces for the voluntary, community and faith sectors to use.

Colleagues stressed the need to incorporate Marmot as a strategic and practical priority within each organisation and to protect time internally for collaborative working across organisations developing, learning and sharing the Marmot approach.

Recommendation: 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.

There are already numerous instances of partnership working that enables one-stop-shop style provision in Medway. For instance, the Integrated Team Hubs, the James Williams Healthy Living Centre, the Best Start in Life programme and the children and young people neighbourhood health teams. There are some access challenges for residents relating to factors such as financial constraints, mobility and digital literacy.

Colleagues highlighted a need for training provision for professionals from all organisations involved in the one-stop-shop to ensure understanding of this style of working, multidisciplinary team culture, and to feel confidence in being a part of this type of provision. Colleagues noted the need for consistency of communication between and with cross-sector organisations that recognises the multitude of existing 'community hubs' and differentiates between them where appropriate, ensuring communication cascades to appropriate staff members and residents. Collaborative funding options, colleagues also considered, would build sustainability and consistency into provision. In thinking about collaboration, colleagues proposed that time was protected for at least one staff member per organisation to have an overview of organisations, spaces and partnership that are available to support progress.

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

Many organisations already run statutory or mandatory training to support anti-racism and culturally appropriate provision that aligns with organisational values and culture. Moreover, there are often distinct events and resources to celebrate and prioritise specific communities, including those with lived experience. However, it is known that racism and discrimination remain challenges, both societally and locally to Medway, that must be engaged with directly.

Colleagues' view was that anti-racist and anti-discriminatory approaches, or inclusive, kind and culturally bespoke provision should be embedded as business as usual throughout all workstreams. In addition to this, they also proposed that organisations demonstrate positive modelling of behaviours to show best practice and include restorative practices that identify and then support those who experience racism or discrimination.

Recommendation: Develop routine collection of data by ethnicity to establish the extent of ethnic inequalities and build appropriate responses to identified need.

Colleagues recognise that there are significant needs to improve the quality of data that is collected and this is particularly apparent in data capturing ethnicity. Of course, this is sensitive information and so, there is need for care and consideration when determining how best to encompass this information more consistently, as well as recognition that weaknesses in national datasets often translate locally.

There was a call from stakeholders to normalise the ability to record complex ethnic identities (such as first or second generation, or multiple heritages) to enable a true understanding of potentially differentiated experiences. This would enable identification of missing data, local agency to improve collection and how to focus energies. They saw opportunities to work with people from a range of backgrounds, cultures and ethnicities to shape data and response structures, acting as allies of minoritised communities to ensure voices are valued and responded to. Colleagues saw the importance of building confidence amongst professionals to collect ethnicity data kindly, appropriately and accurately.

In terms of organisations specifically, colleagues thought supporting communication with the public to aid understanding of why collecting information on ethnicity (and other protected characteristics) is important and will support improved provision for everyone. Additionally, in line with the duty of equality, colleagues proposed creating space for relationship building and connection for those who share characteristics and/or experiences.

2. STRENGTHEN CULTURES AND SYSTEMS FOR HEALTH EQUITY IN MEDWAY

2.1 STRENGTHEN PARTNERSHIPS IN MEDWAY FOR HEALTH EQUITY

Recommendation: 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.

Attendees highlighted the importance of involving stakeholders across Medway in the Marmot Partnership. Coordination was a vital condition of this, with better information sharing, signposting, and collaboration as ways to achieve this. VCFSE organisations were seen as essential partners, given their frequent contact with residents across Medway. However, there were concerns raised about the challenge of fewer resources and the workload required to engage, when staff are already overloaded.

As an ambition, colleagues highlighted collaborative working across sectors, which is in-built, formalised and consistent, along with increasing awareness, education and understanding of the Marmot Place Partnership across stakeholders in Medway.

Colleagues noted the benefit of auditing existing services. They also emphasised maintaining momentum in the Medway Marmot Place Partnership working groups, engaging new members as appropriate. To spread responsibility for becoming a Marmot Place, colleagues suggested that the Marmot Team should share tasks with various organisations and regularly review and evaluate what is working and where Medway can do better. They also noted the potential for organisations to cascade and widely disseminate information about the Marmot Place Partnership.

Recommendation: 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.

Young people who are NEET emerged as a particular priority in this discussion. Several attendees mentioned how their organisations focus on NEET and how this group is growing. There was agreement that being NEET generally impacted health and other long-term outcome measures, but that these were shaped by experiences earlier on in a person's life. There was also consensus that collaboration to reduce prevalence of NEETs was essential, particularly with schools and education providers, while being mindful not to exclude non-traditional and non-academic partners.

Colleagues stressed the need for true collaboration with all partners to be round the table in discussions, particularly coordination with local businesses to create pathways for young people. This includes, but is not limited to, schools and other education partners. A need was raised to identify sectors that have scope to improve how they proactively, representatively and inclusively engage young people e.g. the heritage sector. Also noted, was a comprehensive analysis and mapping of the varied reasons as to why young people are NEET in Medway alongside consideration of recent evidence and research. Allied to this was taking the opportunity to systematically collect data directly from young people that are NEET, to learn from their

experiences and amplify their voices and for commissioners to build capacity into contracts for preventative work. Accessible volunteering opportunities for young people in partnership with local VCFSE organisations were also viewed as being of benefit, as were creative health opportunities for children and young people.

Recommendation: Ensure meaningful engagement with communities is central to understanding needs and adapting and producing appropriate and effective services.

Meaningful community engagement was stated as vital to ensuring that services are reflective of local need. This includes the need for more consultation and co-designing opportunities in appropriate forums, but also better signposting of the opportunities already available. Several attendees highlighted how this spoke to work they are already doing and outlined the need for building on the insight and knowledge already available, to avoid feedback fatigue from communities.

Colleagues proposed building a picture across stakeholders in Medway to understand whose voices are being heard and where there are gaps or a lack of representation, identifying and making use of groups and organisations who already have routes into communities in Medway. Where insight is gathered, this should be used to inform service development. Colleagues were particularly interested in knowing what work is happening in relation to youth participants. Colleagues emphasised ensuring teams know what already exists regarding resident views, rather than outsourcing organisations to collect information which the system may have recently gathered. Where residents and communities engage, colleagues suggested compensating and incentivising for their engagement.

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

The need for simpler and longer-term grants was deemed relevant by attendees, who agreed it is difficult for voluntary organisations to deliver impactful services on short-term grants which poses a barrier to embedding sustainable change. It was requested that commissioning by councils happens on a multi-year basis, with some London councils cited as an example of best practice. Colleagues also suggested more joined up working across statutory and VCFSE organisations and an ambition of extended contract lengths for as many areas as possible.

Recommendation: Explore how joint working can be formalised practically, such as contractually or through employment and estates.

It was felt that joint working would be beneficial to avoid duplication and better service design around the needs of the end user. To this end colleagues proposed normalising working with a range of local partners on relevant topics, using the Asset Map [4] to identify the breadth of relevant colleagues as opposed to a focus on dominant stakeholders. Listening to and acting on the expertise of colleagues working on the group who know and are building communities was highlighted along with re-creation of services and teams where useful, including curating multi-agency teams.

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

There was agreement that mapping the insights and knowledge base already available was vital to identifying and subsequently targeting underrepresented groups and missing voices from previous engagement efforts, including people who may face challenges such as language and communication barriers. There was agreement that increasing awareness was important, but that this should be an ongoing process, rather than a 'one and done' approach. Beyond this, it was flagged that people not being heard may not just be dependent on someone having certain characteristics, but is shaped by trust, previous experiences, and comfort with engaging with formal organisations. Colleagues shared an ambition for all teams to know what coproduction is, and how to do it effectively, understanding the reasons why certain people or groups may not feel comfortable to engage and consider how changes can be made to be more inclusive and accessible.

The views of colleagues included ensuring trusted community champions and organisations are central to engagement conversations, and to diversify engagement techniques aligned with feedback and resident preferences. Also suggested was to build a repository of what residents have told the system e.g. through an annual report on community engagement and an understanding of what barriers prevent organisations from taking onboard resident views. Colleagues particularly mentioned working with schools to reach and support their families.

Colleagues thought organisations should be able to reach and understand their own user cohorts and clearly identify what each organisation can contribute to Medway-wide resident insights.

2.2 IDENTIFY, ENGAGE WITH AND ACTIVATE MEDWAY'S ANCHOR ORGANISATIONS

Recommendation: 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.

The role and influence of different local stakeholders was widely considered to be important, with the addition of VCSFE organisations, places of worship and libraries. One attendee suggested that localities and estates could be better used to collaborate on the Medway Marmot Partnership, such as making use of joint spaces like retail hubs and business parks. There was a clear desire from a range of organisations to learn about the Marmot approach and learn how they can engage.

Colleagues highlighted the need to ensure that engagement and activation of a range of Medway organisations is sustainable and maintained beyond the initial interest. They noted the opportunities to build upon existing networks such as the Medway Champions and the Medway Leadership programme, to encourage anchor organisations to use Marmot principles for guidance and good practice aligned with the breadth of recommendations, and to protect and maintain the key, non-negotiable services provided by VCSFE organisations.

Colleagues felt organisations could update their own staff on the Medway Marmot Place Partnership and establish how it aligns with their own organisation's aims, as well as activating and creating buy in to allow for engagement in the Partnership. There was opportunity to benefit from the range of connections into communities of the different Partnership organisations, encouraging others to sign up for the Medway Marmot Newsletter. For those acting as MEs, both formally and informally, colleagues felt it should be ensured that they feel confident to activate others in the Medway Marmot Place Partnership.

Recommendation: 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.

Attendees agreed that apprenticeships are valuable and are already being offered, such as across Medway Council and charities, but funding can be a barrier to offering guaranteed employment. These apprenticeships require expansion across more organisations and more places so that demand is increasingly competitive. It was also stated that apprentice offerings should be co-developed with a range of young people.

Colleagues felt there should be an ambition for an adequate, accessible and affordable transportation system around Medway, particularly out on the peninsular, to support access to education, employment and training opportunities. It was highlighted that there was a need to start early, looking at the strengths and skills needed for young people to enter employment, education and training in the future. These include elements such as self-confidence, communication skills and development of interests at a young age, as well as more specific skills at an older age. An infrastructure for employers to support training and apprenticeships was also mentioned.

Colleagues perceived some actions which could be taken, for example the creation of an inclusive environment so that those with a breadth of needs can enter the work environment and the development of flexible working arrangements, such as home working. They saw opportunities for collaborative work between Medway Council's Skills Team and existing or prospective employers and improvement in communication and signposting for young people to look for opportunities.

In terms of where individual organisations could add value, colleagues suggested expanding on apprenticeships offered as a clear route towards employment. This may be a process for some organisations and take a number of years to develop as well as something that can happen sooner for others. Training for support workers to work effectively with young people was also highlighted, along with considering the importance of inclusive and accessible support for young people, e.g. travel training to reduce anxiety around using public transport, and consideration of home working contracts.

2.3 STRENGTHEN THE ROLE OF BUSINESSES AND THE ECONOMIC SECTOR FOR HEALTH EQUITY

Recommendation: 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 advice and support e.g. debt and financial management, housing support at work, mental health
- Provision of education and training on the job
- Strengthen equitable recruitment practices including provision of apprenticeships and in work training, recruitment from local communities and those underrepresented in the workforce.

There was agreement that a work charter would be beneficial with particular interest in protecting time and space for training. However, some concerns were raised around the difficulty of setting up this infrastructure during a time of local government reorganisation. Another challenge raised was the tension of paying living wage potentially leading to a lower overall job count.

As a system, colleagues expressed the importance of ensuring activity linked with relevant existing work, whilst retaining the Marmot voice, e.g. Kent and Medway Work and Health Strategy, HR Teams with their skills in inclusive recruitment strategies, the Crisis Resilience Team and the Medway Council Skills and Adult Education Team. Colleagues saw system opportunities for anchor institutions to work with employment support organisations. They also highlighted the need to frequently review any good work charter to assess the extent of its impact.

Colleagues noted the opportunity for organisations to increase the awareness and provision of training and education in workplaces that can be provided by Medway Adult Education. Apprenticeship pathways and embedding mentorship structures give scope for creating more entry-level roles for young people, e.g. individual placement services.

Recommendation: 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.

While there was support for this recommendation in principle and agreement that this is necessary, questions raised included what this support would look like, particularly when resources and time for smaller businesses are particularly limited.

Creating more entry level roles for young people via apprenticeship pathways was reiterated by colleagues. Facilitating more opportunities for applicants with limited or no experience and work history gaps was also highlighted, as was the development of 'stepping stone' opportunities. There was value, colleagues felt, in a collaborative approach between employers of different sizes to share resources and support, to allow engagement from those with less capacity.

As a system there was a suggestion to use existing infrastructure that brings together organisations yet to engage in the Marmot work, such as the Federation of Small Businesses [5], to access and work with new groups. Allied to this, there was a proposal to improve representation of smaller businesses in Marmot spaces and consider how make engagement feel beneficial to them, and possible e.g. meetings outside of shop opening hours.

3. EMBED TRANSFORMATIONAL PROCESSES IN MEDWAY

3.1 ENSURE HEALTH EQUITY IN ALL POLICIES, PROGRAMMES AND SERVICES

Recommendation: Spread awareness of proportionate universalism and embed this into all decisions and services among all partners in Medway.

The principle of embedding proportionate universalism and equity into approaches in Medway was welcome, but it was felt there was a necessary first step in spreading awareness about what proportionate universalism is and what it means in practice ahead of being able to implement it. One attendee cited libraries as an example of where this approach is already being embedded in Medway, where services and resources are targeted towards underrepresented and vulnerable communities but open to all.

For the system, colleagues felt it was important to ensure appropriate education of the wider system with consistent messaging about what proportionate universalism is, why it is important, what it means for different services and how to deliver it effectively. They also noted the need to build diversity into volunteer and employee groups that ensure a range of experiences, perspectives, languages and voices are reflected from the local community into the workforce.

Recommendation: 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.

The concept of an integrated equity impact assessment tool was popular, with the caveat that it should align or merge with existing tools where possible. This process should involve consulting with partners to understand their current assessment tools. There was a question around whether the ongoing implementation should be owned by a specific organisation to ensure accountability for its development.

As a system ambition, colleagues talked about the creation and adoption of a single equity tool that all partner agencies use within reason. A tool that captures the breadth of the 8 Marmot principles, including the seventh (tackle racism, discrimination, and their outcomes) by recognising minoritised groups such as care leavers, armed forces veterans and their families, as well as intersectionalities within and between communities. The development should integrate the expertise and learning of organisations, both internal and external to Medway, in the development of the tool, from the beginning. For example, the Medway Climate Change Action Plan includes a tool that could be compatible. Colleagues talked about systematically reviewing the assessment tool to ensure it continues to meet local need and that colleagues from both statutory and non-statutory organisations are trained on the importance of the tool as well as its use. There was interest expressed by colleagues in taking on such a tool.

3.2 STRENGTHEN EVALUATION OF EXISTING PROGRAMMES

Recommendation: 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.

This was seen as highly relevant, particularly the attempt for measurement based on quality: it was agreed that there are lots of assets in Medway but of varying quality, and there was agreement that the ones that have measurable impact to families in Medway are the ones that should continue. This would have the added value of minimising duplication of services, which can be confusing to navigate for the end user. A couple of attendees mentioned they were already making attempts to evaluate what is working well and make decisions accordingly.

Colleagues highlighted potential actions as a system to create and publish some guidance on how to meaningfully measure impact of programmes, to ensure partners are equipped with the tools to evaluate their own programmes and that there is a central place for stakeholders to access this support or toolkit.

Recommendation: 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.

Attendees thought this recommendation felt sensible and that the Medway Marmot Place Partnership should encompass all the work in Medway. Some felt there was good base awareness which provides an opportunity to build further.

System wise, colleagues suggested organising meetings with leads of the Medway Marmot Place Partnership and VCFSE organisations to understand how their work is aligning with the Marmot principles and where they might reframe or reconceptualise elements for the benefit of health equity. They also proposed Medway Council embedding Marmot principles into commissioning and procurement processes, and using staff training days to embed the Marmot approach.

3.3 BUILD ON AND DEVELOP EXISTING PROGRAMMES

Recommendation: 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.

The roll out and embedding of health equity and prevention as a system priority was welcomed, with a particular enthusiasm for whole system working and collaboration across organisations. The allocation of Pride in Place funding, as well as the NHS shifting towards prevention nationally, were seen as opportunities that are vital to alleviate service pressures in Medway.

Colleagues were ambitious for embedding a collaborative, whole-system holistic approach that builds on what is already happening in Medway. This includes the involvement of residents to ensure programmes remain relevant to local need, working with people who really know their communities to ensure no one gets left behind. Accessibility was raised as important by colleagues, particularly in relation to family hubs. Colleagues felt that updates on resident feedback should be fed through organisations. There was a view that a bigger picture view and prevention lens should be taken over and above operational pressures, to avoid siloed working within and between organisations.

Recommendation: 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.

This recommendation was popular, particularly the idea that initiatives that are proving to be successful should continue to be supported, rather than stopped due to funding. Several attendees warned against the temptation to 'reinvent the wheel'. There was a suggestion that such initiatives could receive awards such as those hosted by Medway Voluntary Action (MVA).

Colleagues valued opportunities to share and cascade information about successful initiatives across the system and showcase these successes in a common hub or forum, such as a community of practice. Colleagues emphasised the need to ensure organisations are evaluating initiatives through a set of measures and felt it was helpful to be able to scale up or continue projects that were deemed successful. The value of communication across the hierarchies of organisations was highlighted by colleagues.

Recommendation: 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.

Attendees cited some examples where this was already happening, such as through MVA and the Local Heritage Asset List, providing some sources for where the Marmot Asset Map could source further information from. There was also a suggestion that the asset map include accessible and affordable community spaces that are available for use among VCFSE organisations.

Colleagues noted that all organisations should be encouraged to be transparent and share what assets they have. They suggested that the map could be evolved into an app so that it is usable to see what assets are available in an area, alongside this they highlighted that, to avoid duplication, asset maps should be consolidated where appropriate. Colleagues also suggested mapping transition points between different services to ensure transitions are recognised as a potential point of system weakness. Colleagues also saw opportunity for upskilling in navigating the asset map appropriately.

Recommendation: Use existing mapping to address gaps, inform procurement and commissioning, consolidate existing provision and reduce duplication to ensure effective use of services.

Utilising existing mapping was seen as positive to save different stakeholders conducting their mapping in siloes. Medway Parents and Carers Forum were said to be doing mapping of this kind for children's services, but the knowledge base is often under-utilised. Doing this with the goal of reducing duplication was seen as particularly key, given how stretched funds and resources are. Colleagues recognised the need to keep the map as up to date as possible.

Colleagues suggested raising awareness of key asset maps within organisations and upskilling staff and volunteers to utilise existing mapping and/or be directed towards priority asset maps for both use and enhancement. Incorporation of service provision quality into maps alongside quantity of activity was mentioned, as was protecting time in organisations to make sure the entries for their services are accurate and up to date and staff are trained to use tools appropriately.

3.4 DEVELOP THE HEALTH EQUITY MARMOT NETWORK ACROSS MEDWAY

Recommendation: 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.

Through use of the Marmot asset map, there was a specific mention about the lack of assets for principle 8 (pursue environmental sustainability and health equity together) illustrating that this tool is already proving useful.

It was suggested that system partners take responsibility in updating the asset map when services are discontinued or new ones are added. This includes raising system-wide awareness of the tool to ensure a true breadth of existing services are incorporated. Proposed action by system partners in relation to this included reaching out to local spaces such as sports clubs and coaching networks to reach and engage residents. In addition, working with organisations and communities to identify how to address and monitor the gaps in assets and resident engagement. Also noted was regularly and widely publicising what local services are available, for young people and those who are marginalised, such as those who are digitally illiterate. Colleagues also proposed using analysis to identify what is working well and consider where there are lessons to take forward and how these can be shared. One mechanism for sharing best practice could be through a community of practice or various communities for different service types or resident groups. Colleagues also made offers to review services to map current assets, look at gaps in and collaborate with other services.

Recommendation: 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.

The creation of a network was seen as positive, with keenness to position anchor institutions as central to their delivery. This included being responsible for venue hire to host the network, an issue which is posing an increasing challenge to public sector and VCFSE organisations.

Colleagues emphasised the need to ensure all voices are meaningfully heard in this network, including inviting anchor bodies to attend community networks and encourage their role as delivery partners for the network.

Recommendation: Commit to continue funding, awareness raising and use of a social prescribing directory of services.

While this recommendation generally was well-received, with many expressing praise for the existing platform and mentioning that they promote it, the majority felt its uptake could be improved through wider communication, promotion and education. There were also some challenges raised on the social prescribing directory of services: it was mentioned that it can be difficult to use for individuals with disabilities or those vulnerable to digital exclusion. There was also talk of referrals getting lost in the system, such as being referred for the wrong pathway. There is a need to clarify the purpose of the platform, where the original intent was for use by social prescribers within their role, as the functionality must align with the current purpose.

A need was expressed to clearly define the intended remit for the social prescribing directory of services and ensure appropriate awareness and understanding of the platform in relevant places. Also emphasised was the need to analyse existing usage of the platform and produce a report on its use in Medway. This could include things such as how many professionals use it, how regularly, referral routes that are activated, and staff feedback. Organisations highlighted an action for themselves to upload more of their own service provision onto the social prescribing directory of services.

Recommendation: 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.

MEs are a proposed championing model for the Medway Marmot Partnership Programme. They could be stakeholders or residents who get involved in the Marmot Partnership as leaders, community representatives and local experts to embrace and push forward the Partnership and ensure it meets the needs of local communities. Attendees had lots of ideas about how to directly involve residents in a health equity network. One attendee shared how important it is that services are there for residents when they need it, and how continuous signposting can be disheartening and fatiguing.

Feedback was given on the need to appreciate that different communities have different needs and reflect this in engagement opportunities. As a system, colleagues saw opportunity to engage a health equity network with accessibility considerations that directly confront barriers to involvement (e.g. transport, finances, digital literacy and logistics). Colleagues felt time should be allowed for relationship building and staff time protected where possible so that they could engage. Also suggested was building more support for social prescribers in their roles, recognising the breadth of organisations and positions that they are currently dependent on to interconnect. Organisations were keen to find ways to support continuation of their own services.

CHAPTER 3. WHAT ARE SEEN AS THE ENABLERS AND BARRIERS TO MAKING PROGRESS ON THE RECOMMENDATIONS?

Across all of the workshops that were held, the session was closed with the opportunity for colleagues to reflect on barriers and enablers to making progress on the recommendations. Responses to these two questions have been collated from across the workshops to identify elements colleagues felt we should build on and where there is a need to be mindful when agreeing and implementing next steps on the recommendations.

WHAT DO COLLEAGUES SEE AS ENABLERS TO PROGRESS ON THE RECOMMENDATIONS?

Those who attended the workshops held immense and admirable ambition and were keen to take on collective ownership for delivery of the actions required on each ambition. When asked about enablers, numerous answers simply stated 'us', reflecting the power of collective action and those already engaged in the Medway Marmot Place Partnership. Several colleagues referenced being bold or brave and raised the importance of maintaining a clear and consistent focus on health inequalities despite the fact politics can be fast-moving and create instability in the environment.

It was felt that - to build on the enthusiasm – awareness raising and communication beyond the room would be an essential enabler to acting on the recommendations and embedding the Medway Marmot Partnership approach. This included requirements for strong communication techniques, clear language, regular forums and protected time within a range of roles to enable this.

Reaching this heightened awareness and engagement would continue to unlock another enabler: partnership. Cross-system working, be it across councils, community groups, neighbourhood health teams, schools, universities, commissioners and many more, was seen as essential. This is supported by the solid relationships that already exist, alongside community pride and local knowledge, both of which were also identified as further enablers. Meaningful engagement, particularly with residents, young people, and community champions, are all viewed as critical in spreading the word, garnering buy-in, and ensuring that partnership activity reflects genuine community needs.

Another key to success is the alignment of priorities across organisations, which in turn could result in better use of existing resources. There was acknowledgement throughout all the workshops that money in the system was tight, but that existing assets and programmes were sometimes ineffective or duplicative and have the potential to be more effectively streamlined. In addition, attendees across the workshops shared some examples of work where the Marmot approach is already being adopted, reflecting that colleagues in Medway don't want to reinvent the wheel, but want to upscale and learn from positive work already happening. In addition to these ways of working, practical needs included protected time and capacity to get involved in the Marmot programme.

WHAT DO COLLEAGUES SEE AS BARRIERS TO PROGRESS ON THE RECOMMENDATIONS?

Simultaneously, attendees were realistic and honest about potential barriers to implementing the recommendations. Perhaps unsurprisingly, the chronic lack of funding, resources and time were raised most frequently. In particular, the allocation of short-term funding pots as inhibitors to long-term decision making and planning, was flagged as problematic.

There was a concern that time constraints, day-to-day pressures, and insufficient organisational capacity could make it difficult to meaningfully engage in the Medway Marmot Partnership. This links to concerns of a continuation of siloed working, limiting the goal and potential impact which is to come from cross-Medway collaboration, outlined as an enabler above.

Additional concern surrounded engagement fatigue and distrust of formal bodies from the wider public whereby the attitude of 'we've heard it all before' may limit resident trust in the Medway Marmot Partnership. This may be compounded by a lack of public understanding on what health equity is and associated concepts such as proportionate universalism.

CHAPTER 4.
WHAT ARE THE NEXT STEPS IN MEDWAY?

The 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. Namely, this ambition is:

In 10 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.

The time and commitment of colleagues in the consultation process and the views offered on the recommendations during the engagement have been invaluable. Together, they have helped shape the first stage of the work of the Medway Marmot Place Partnership.

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.

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. Therefore, the Medway Marmot Team have carefully considered the list of revised recommendations. In turn, the team commit to pursuing the following priority actions over the coming year:

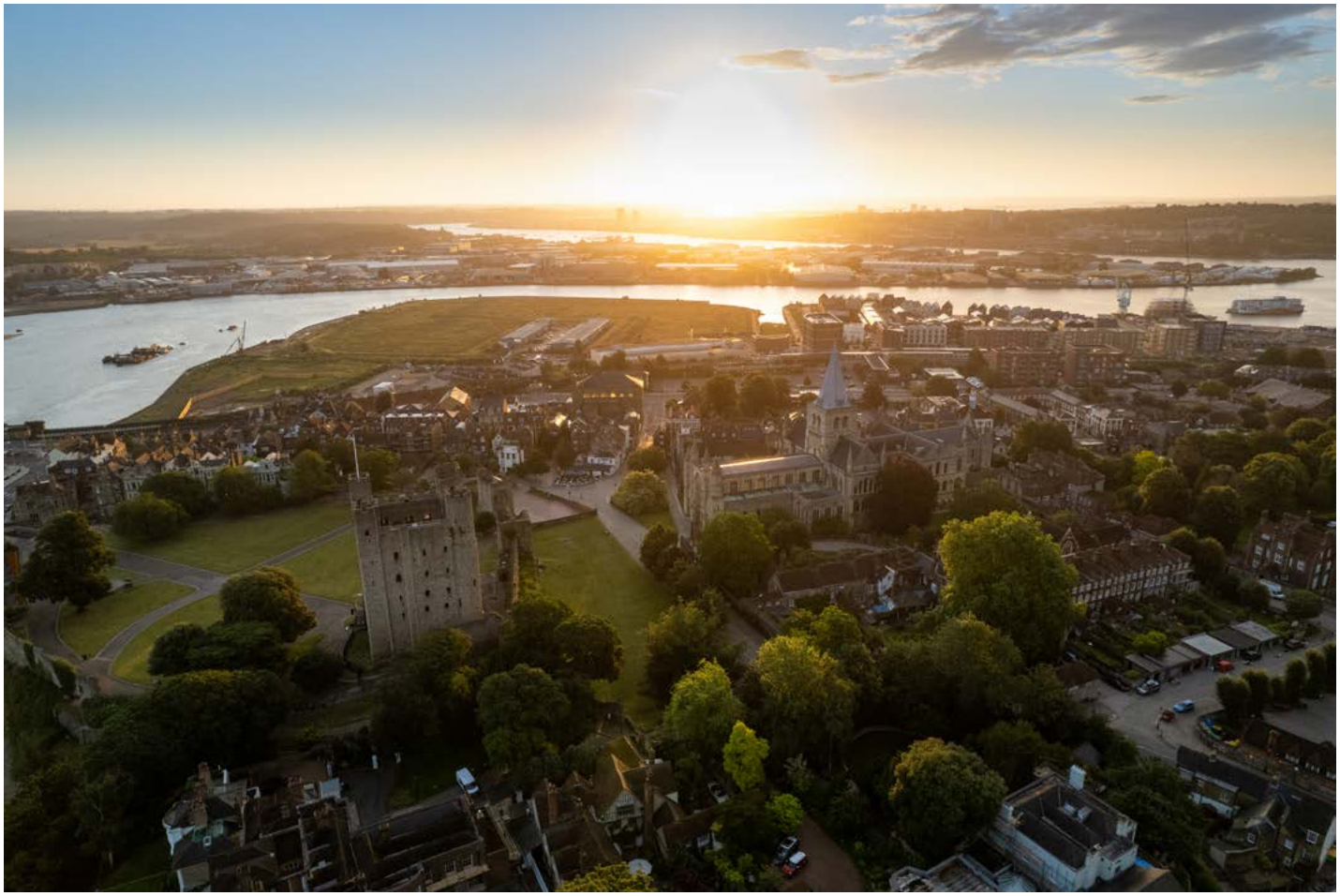

Table 1. Medway Marmot priority actions

Asset mapping	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.
	Develop an impact assessment tool for the VCFSE that can assist with demonstrating quality and outputs of all listed assets.
Communication	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 contribute to the 10-year ambition
Raise awareness of the Institute of Health Equity's Recommendations	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.
Resident engagement	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.
Integrated Impact Assessment Tool	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).
NEET	Develop a post-16 strategy with a working group of key stakeholders, building on the foundation of the NEET Summit working group.
Marmot in Action	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.

Action on the recommendations is co-owned across Medway. These priority actions are already being actively pursued by the Medway Marmot team and a wide range of stakeholders already committed to supporting the 10-year ambition, known as Medway Marmot Partners. Existing partners are invited 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 also be encouraged to bring new ideas and perspectives and take leadership on reducing health inequalities in Medway. All Partners should contact the Medway Marmot email address (marmot@medway.gov.uk) with proposed commitments and ways to activate broader potential partners.

Over the next two years, the IHE will continue to support the Medway Marmot Place Partnership as it progresses towards its 10-year ambition. This support will focus on strengthening and evolving the programme's governance arrangements to align with requirements and ensure effectiveness as the work evolves. The IHE will also provide health equity data and analytical support to help identify priority themes, monitor inequalities and inform future areas of focus. In addition, the IHE will contribute to planning and delivery of annual events and review reports which will enable partners to reflect on progress on the recommendations, celebrate achievements, identify challenges and shape continued development of the programme.

Looking ahead, the Partnership is well positioned to build on the considerable strengths that already exist across Medway. Strong leadership, effective collaboration, and the influence of key enablers provide a solid foundation for continuing progress, while the wealth of local assets, community knowledge, and enthusiasm across existing and potential members, partners and champions represent significant opportunities to drive further change. As the programme matures, there is also an opportunity to critically examine areas where siloed working still exists. Where duplication or disconnected activity is identified, partners can work together to streamline approaches, reduce inefficiencies, and redirect capacity towards shared priorities. In doing so, the Partnership can maximise the impact of existing resources, strengthen collective action, and accelerate progress towards its long-term ambition of reducing health inequalities and improving outcomes for all residents.

ANNEXES

ANNEX A: MEMBER ORGANISATIONS OF THE ADVISORY BOARD AND STEERING GROUP

Department for Work and Pensions

EK360

Health Determinants Research Collaboration

Kent Association for the Blind

Maritime Children's Foundation

Medway Community Healthcare

Medway Council

Medway Diversity Forum

Medway Foundation Trust

Mid Kent College

National Institute of Health and Care Research

NHS Kent and Medway Integrated Care Board (ICB)

Nucleus Arts

Rivermead Inclusive Trust

Voluntary Sector Leaders Network

ANNEX B: ORGANISATIONS ENGAGED IN THE CONSULTATION PROCESS

Alzheimer's and Dementia Support Services

Ambertrace Labs

Department for Work and Pensions

EK360

Emerge Advocacy

Headway Medway

Home Start Medway

Institute of Health Equity

Medway & Swale Health and Care Partnership /ICB

Medway Adult Education

Medway Community Healthcare

Medway Council teams: Child Commissioning, Climate Response, Diversity Forum, Marmot, Planning Policy, Skills and Employment, Physical Activity, Public Health, Youth Services

Medway Foodbank

Medway Libraries

Medway Neurological Network

Medway Parents and Carers Forum

MidKent College

MS Society

Pilot 2 Work Community Interest Company

Royal Engineers Museum

Sahara Wellbeing

Sunlight Development Trust

Tempo

The Forward Trust Community Drug and Alcohol Service Medway

Wisdom Hospice Charity

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