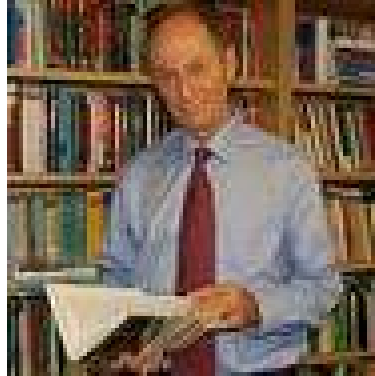


Fairer Society, Healthy Lives

The Marmot Review The Strategic Review of Health Inequalities in England post 2010



Background:

WHO Commission on Social Determinants of Health, ***Closing the gap in a generation*** (2009), recommendations:

1. Improve the conditions of daily life—the circumstances in which people are born, grow, live, work, and age.
2. Tackle the inequitable distribution of power, money, and resources—the structural drivers of those conditions of daily life: globally, nationally, and locally.
3. Measure the problem, evaluate action, and expand the knowledge base
4. Develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

The Marmot review was then commissioned by Alan Johnson, Health Secretary in Nov, 2008 to 'draw on *Closing the gap in a generation* to..help tackle health inequalities in England i.e.

1. Identify, for the health inequalities challenge facing England, the evidence most relevant to underpinning future policy and action-identify evidence to underpin future policy and action
2. Show how this evidence can be translated into practice
3. Advise on possible objectives and measures, build on experience of the current PSA target on infant mortality and life expectancy
4. Publish a report to contribute to development post-2010 health inequalities strategy

The report was published in Feb, 2010 and advice *..will contribute to the development of a cross government health inequalities strategy post- 2010, to build on the current national PSA targets on health inequalities when they expire in 2011. The Department of Health has already started to steer this new strategy through the Cross Government Health Inequalities Programme Board and its supportive Working Group. Andy Burnam, Feb, 2010*

Why now?

- Use the recommendations in the Report of the WHO Commission for Social Determinants of Health as a way of approaching health inequality reduction
- Increased priority given by Government to health inequalities
- Recognition that meeting current Government targets on health inequalities for 2010 is challenging
- Provide advice on strategy and targets and metrics from 2010

Who carried out review?

Sir Michael Marmot and team of commissioners

Stakeholder Engagement

- Political – Government departments and opposition parties
- Health and Local Authorities and their local partners
- Policymakers, practitioners and academics.
- Civil society beyond health and local government (e.g. voluntary sector)
- Europe and International

What the report says:

There is clear evidence that:

- The conditions in which people are born, grow, live, work, and age are responsible for health inequalities
- Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants
- Early childhood, in particular, impacts on health and disadvantage throughout life.
- The cumulative effects of hazards and disadvantage through life produce a finely graded social patterning of disease and ill health.
- Negative health outcomes are linked to the stress people experience and the levels of control people have over their lives and this stress and control is socially graded.
- Mental well-being has a profound role in shaping physical health and contributing to life chances, as well as being important to individuals and as a societal measure
- Significant health challenges have been identified related to specific groups based on age, ethnicity, sexuality, gender and disability

Reducing health inequalities will require action on six policy objectives:

- 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
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

These policies are underpinned by two policy mechanisms:

1. Considering equality and health equity in all policies, across the whole of government, not just the health sector
2. Effective evidence-based interventions and delivery systems

What's different in this report?

- Focus on **social determinants of health**
- Renewed emphasis on ideological position (**social justice**) i.e. health inequalities that could be avoided by reasonable means are unfair
- **Life chances Vs Life choices**
- Focus on **economic argument**: Inequality in illness in England accounts for productivity losses of £31-33 billion per year, lost taxes and higher welfare payments in the range of £20-32 billion per year. Additional NHS healthcare costs associated with inequality are well in excess of £5.5 billion per year
- Impact of HI on **Climate Change**. Creating a sustainable future is, the Review says, entirely compatible with action to reduce health inequalities
- Focus on **Social Gradient**- focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. Actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.
- A **life course** perspective
- A real focus on **early years**- giving every child the best start in life is the review's highest priority recommendation
- Further realisation that **delivering** the policy objectives will require **partnership** action- central and local government, the NHS, the third and private sectors and community groups.
- National policies will not work without effective **local delivery systems** focused on health equity in all policies. Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.
- Needs to be a more systematic approach to **engaging communities** by Local Strategic Partnerships at both district and neighbourhood levels
- **Need for different measures of HI** other than mortality e.g. disease-free life expectancy. More than three-quarters of the population do not have disability-free life expectancy as far as the age of 68. If society wishes to have a healthy population, working until 68 years, it is essential to take action to both raise the general level of health and flatten the social gradient.

- Need for **flexibility around targets/ indicators**-a realisation that local practitioners want principles for action rather than detailed, specific recommendations- local areas suggested they will exercise the freedom to develop locally appropriate plans for reducing health inequalities. Similarly, the Review has proposed a national framework of indicators, within which local areas develop those needed for monitoring local performance improvement in their own areas.
- Spells out who, what when (not how)-explicitly states delivery mechanisms and interventions, process indicators, output indicators, outcome indicators, delivery agencies, timescales

Risks:

- The general election
- The impact of the recession
- 'Lifestyle drift'
- Etc

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