

REPORT TO COMMISSIONING OFFICERS GROUP (COG) Date: March, 2010

Name of report: Marmot Review – Fair Society, Healthy Lives

The final report of the Strategic Review of Health Inequalities, post 2010, was published at the end of February. This review was chaired by Professor Sir Michael Marmot and a draft version, published during 2009, has already been discussed at T.S.P.

The review had four tasks:

- Identify, for the health inequalities challenge facing England, the evidence most relevant to underpinning future policy and action
- Show how this evidence could be translated into practice
- Advise on possible objectives and measure, building on the experience of the current PSA target on infant mortality and life expectancy
- Publish a report of the Review's work that will contribute to the development of a post 2010 health inequalities strategy

The recommendations in the report have not become national policy or been incorporated into national strategy as yet. Some of the recommendations would need to be implemented at a national level or by national departments. Some can be adopted and implemented locally, as set out in the tables appended to this summary.

Recommendations:

That the recommendations of the Marmot Review, whilst not yet national policy objectives, are recognised as good practice in addressing inequalities and are incorporated into the Closing the Gap Action Plans. Resource implications will be minimised by the focus on areas of greatest need first and most which may require shifts in funding.

Why report is here: The findings of the Marmot Review have implications for the Council as a member of T.S.P., for the Strategic Commissioning Groups and for the Closing the Gap project.

What needs to happen next (ie democratic decision/JET/management cascade/action:

This report should be presented at T.S.P. and shared with staff.

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Application of key findings from the Marmot Review in Torbay

The following quotes are taken from the review:

- 'The more favoured people are, socially and economically, the better their health.'
- 'The link between social conditions and health is not a footnote to the 'real' concerns with health – health care and unhealthy behaviours – it should become the main focus.'
- 'Health inequalities that could be avoided by reasonable means are unfair. Putting them right is a matter of social justice.'

In summary, people living in poorer social conditions have poorer health. They die earlier and it would be fair and just to take measure to change this. Health inequalities result from social inequalities and action to improve health must include action to address other inequalities.

There is a social gradient – health outcomes correlate with deprivation scores and action should be taken to reduce the gradient. That is why Torbay has adopted the principle of **FIRST AND MOST**. This does not mean that action should be solely focused on our three most deprived wards, only that we should look to start there and be most intensive in those areas before widening the focus of our interventions. The Marmot Review calls this approach 'proportionate universalism'.

The report also provides some contextual statistics:

- The life expectancy gap in England is around 7 years. The gap within Torbay is around the same figure.
- The gap in England for disability-free life expectancy (DFLE) is around 17 years. Figures for Torbay wards are not available but the average for Torbay males is 60.8 years (compared to the England figure of 61.7) and for Torbay females is 63.8 (compared to 64.2) **People in poorer areas not only die younger but also spend more of their shorter life with a disability.**
- There is a cost to doing nothing which arises from lost productivity (£31-33 billion per year nationally), lost tax revenues and higher welfare payments (£20-32 billion) and increased treatment costs (£5.5 billion).
- More than three quarters of the population do not have disability-free life expectancy as far as the age of 68. This is the pensionable age to which England is moving.

Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. The first

and highest priority objective arising from the Marmot Review relates to giving every child the best start in life.

The policy recommendations in the review have been summarised in the following table, with an indication of where action can be taken locally and details of the activity which should be incorporated into the Closing the Gap Action Plans. In all cases there needs to a focus **FIRST AND MOST** in our most deprived communities.

The Closing the Gap Action Plans will be used to provide evidence that a recommendation is already being implemented in a targeted fashion, or to set out the further work required to do so over time.

In addition to the Marmot recommendations, the Closing the Gap Action Plans will also include details of how action on existing policy indicators is being targeted and will address specific concerns highlighted in the Comprehensive Area Assessment of 2009.

| Policy recommendation | National/Local | Implementation detail for CtG |
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| Policy Objective A – Give every child the best start in life | | |
| Increased investment in early years. | <ul style="list-style-type: none"> National Local – Health Local - LA | <ul style="list-style-type: none"> Proposals in Families and Relationship Green Paper Review of Health Visiting provision is in progress to take account of Healthy Child Programme and deprivation Benchmark required for early years spend both as a proportion of total spend and by ward |
| Pre and post natal interventions | <ul style="list-style-type: none"> Local | <ul style="list-style-type: none"> Intensive health visiting already implemented in Torbay (targeted Family Health Partnership team) |
| Parental leave during the first year | <ul style="list-style-type: none"> National | <ul style="list-style-type: none"> Legislation required |
| Routine support to families throughout the pre-school years | <ul style="list-style-type: none"> Local – LA Local - all | <ul style="list-style-type: none"> Review support provided by Sure Start by ward Analyse take up of parenting programmes by ward Introduction of MASH |
| Quality early years education and childcare | <ul style="list-style-type: none"> Local - LA | <ul style="list-style-type: none"> Analyse pre-school use by ward and quality of school |
| Policy Objective B – Enable all children, young people and adults to maximise their capabilities and have control over their lives | | |
| Reduce the social gradient in educational outcomes | <ul style="list-style-type: none"> Local - all | <ul style="list-style-type: none"> This recommendation recognises that action is required outside of school in relation to social, behavioural, psychiatric and other special needs support – this will be addressed by cross-agency proportionate universalism |
| Reduce the social gradient in life skills | <ul style="list-style-type: none"> Local - LA | <ul style="list-style-type: none"> Increase 'full service' schools Use 'full service' schools to deliver programmes to prevent |

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| | | <p>mental health</p> <ul style="list-style-type: none"> • Improve skills of staff to address social and emotional development within schools and families |
| Ongoing skills development through lifelong learning | <ul style="list-style-type: none"> • Local - all | <ul style="list-style-type: none"> • Increase uptake in training and development for 16-25 year olds • Increase work experience/apprenticeships • Increase availability of non-vocational life-long learning |
| Policy Objective C – Create fair employment and good work for all | | |
| Active labour market programmes | <ul style="list-style-type: none"> • Local – TDA, Job Centre Plus | <ul style="list-style-type: none"> • Schemes to save or create jobs or allow people to retain contact with the labour market, e.g. Fitness to work |
| The development of good quality work | <ul style="list-style-type: none"> • Local -? • Local - Health | <ul style="list-style-type: none"> • Adherence to equality guidance and legislation • Promotion of wellbeing and physical and mental health at work |
| Develop greater security and flexibility in employment | <ul style="list-style-type: none"> • National • Local - TDA | <ul style="list-style-type: none"> • Prioritising greater flexibility of retirement age • Encouraging and incentivising employers to create or adapt jobs that are suitable for lone parents, carers and people with mental and physical health problems |
| Policy Objective D – Ensure healthy standard of living for all | | |
| Implement a minimum income for healthy living | <ul style="list-style-type: none"> • National | <ul style="list-style-type: none"> • Changes in benefit structures etc. |
| Remove ‘cliff edges’ for those moving in and out of work and improve flexibility of employment | <ul style="list-style-type: none"> • National • Local – TDA and all | <ul style="list-style-type: none"> • Review taxation, benefits and pension rules to avoid creating perverse incentives • Explore provision of CAB and Jobcentres support in health settings, Sure Start centres etc. |
| Policy Objective E – Create and develop healthy and sustainable places and communities | | |
| Prioritise policies and interventions that reduce both health inequalities and mitigate climate change | <ul style="list-style-type: none"> • Local - LA | <ul style="list-style-type: none"> • Improve active travel including road layout and street safety initiatives • Reduction in walking distance to quality green space • Reduction of fast food outlets and increase options for healthy food • Reduced numbers of poorly insulated homes and high energy fuel |

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| Integrate planning, transport, housing, environmental and health policies to address the social determinants of health | <ul style="list-style-type: none"> Local – LA and Health | <ul style="list-style-type: none"> Make PCTs statutory partners in local planning decisions Train local authority managers in health equity issues |
| Create and develop communities | <ul style="list-style-type: none"> Local - all | <ul style="list-style-type: none"> Support community groups with long-term funding Reduce social isolation (identification, social capital, control of services) |
| Policy Objective F – Strengthen the role and impact of ill health prevention | | |
| Increased investment in prevention | <ul style="list-style-type: none"> Local - Health | <ul style="list-style-type: none"> Annual increases in budget for PH Access to advice on healthy living |
| Implement evidence-based ill health preventive interventions | <ul style="list-style-type: none"> Local – Health | <ul style="list-style-type: none"> Use of NICE Increasing drug treatment programmes Focus of smoking cessation, alcohol misuse and obesity programmes |
| Public Health to focus interventions to reduce the social gradient | <ul style="list-style-type: none"> Local - Health | <ul style="list-style-type: none"> Use PH staff to promote prevention and highlight inequalities issues including DPH Annual Report |