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## Strategic Review of Health Inequalities in England post-2010

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# The Marmot Review

- Secretary of State for Health in England asked Sir Michael Marmot to advise on the future development of a health inequalities strategy based on the best global evidence
- **Timeline**
  - Announced November 2008
  - Preparatory work November to December 2008
  - Meetings January 2009 to September 2009
  - Report to Department of Health in December 2009



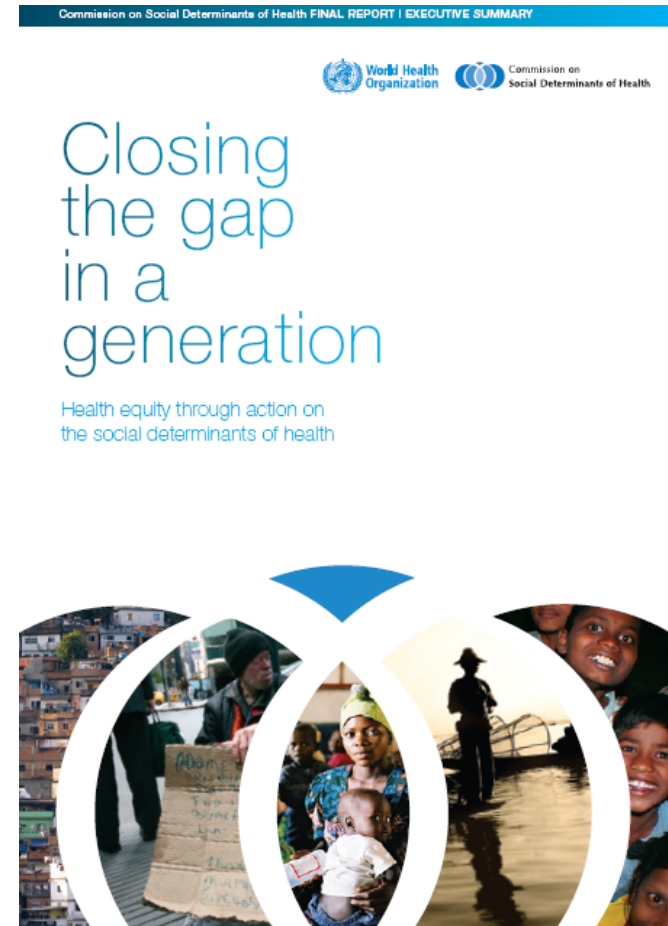
# Objectives

- Identify for the health inequalities challenge facing England and the evidence most relevant to underpinning future policy and action.
- Show how this evidence could be translated into action.
- Advise on possible objectives and measures, building on the experience of the current targets on infant mortality and life expectancy
- Publish a report that will contribute to the development of a post 2010 Health Inequalities Strategy addressing short, medium and long term issues.



# Commission on the Social Determinants of Health (CSDH)

- Chaired by Professor Sir Michael Marmot
- Commissioned by World Health Organisation,
- 2005-8
- Comprised leading academics, politicians



## CSDH key message

- "(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible.....Social injustice is killing people on a grand scale."



# Translating the CSDH to England means:

- 1) Social justice runs through our narrative
- 2) Need to make a global report locally relevant
- 3) Ensure a focus on the “causes of the causes”
- 4) Evidence matters
- 5) Make practical recommendations that will improve peoples lives
- 6) Involve and engage as wide a range of stakeholders as possible



# Timeframe and outcomes for Review

- Launched November 2008
- Task Groups gathered evidence.(Jan –June 2009)
- First Interim Report to Department of Health (April 2009)
- First Phase Report published (22 June 2009) and consultation launched (22 June – 5 August 2009)
  - Both available at <http://www.ucl.ac.uk/gheg/marmotreview/consultation>
- Second Interim report to Department - September 2009
- Final Report to Department –December 2009
- Final Report published – early 2010.



# Working Committee 1

## Task Groups

### Jan - June

- Collecting new evidence about interventions which are successful in reducing inequalities in particular social determinants – and are likely to translate into changes in health inequalities across the gradient in the short (2012-15), medium (2016-2019) and long-term (2020 and beyond).





# Task groups – areas for action

- Early child development and education
- Employment arrangements and work conditions
- Social protection
- Built environment
- Sustainable development
- Social exclusion and social mobility
- Priority public health conditions
- Economic analysis
- Delivery systems



# Emerging Themes

- Reducing Material Inequalities
- Enhancing potential
- Sustainability of neighbourhoods, transport and food systems
- Quality and flexibility of work and security of employment
- Protecting vulnerable groups
- Public Sector performance and responsibility
- Strengthening the approach to evidence based policy
- Strengthening universal health prevention



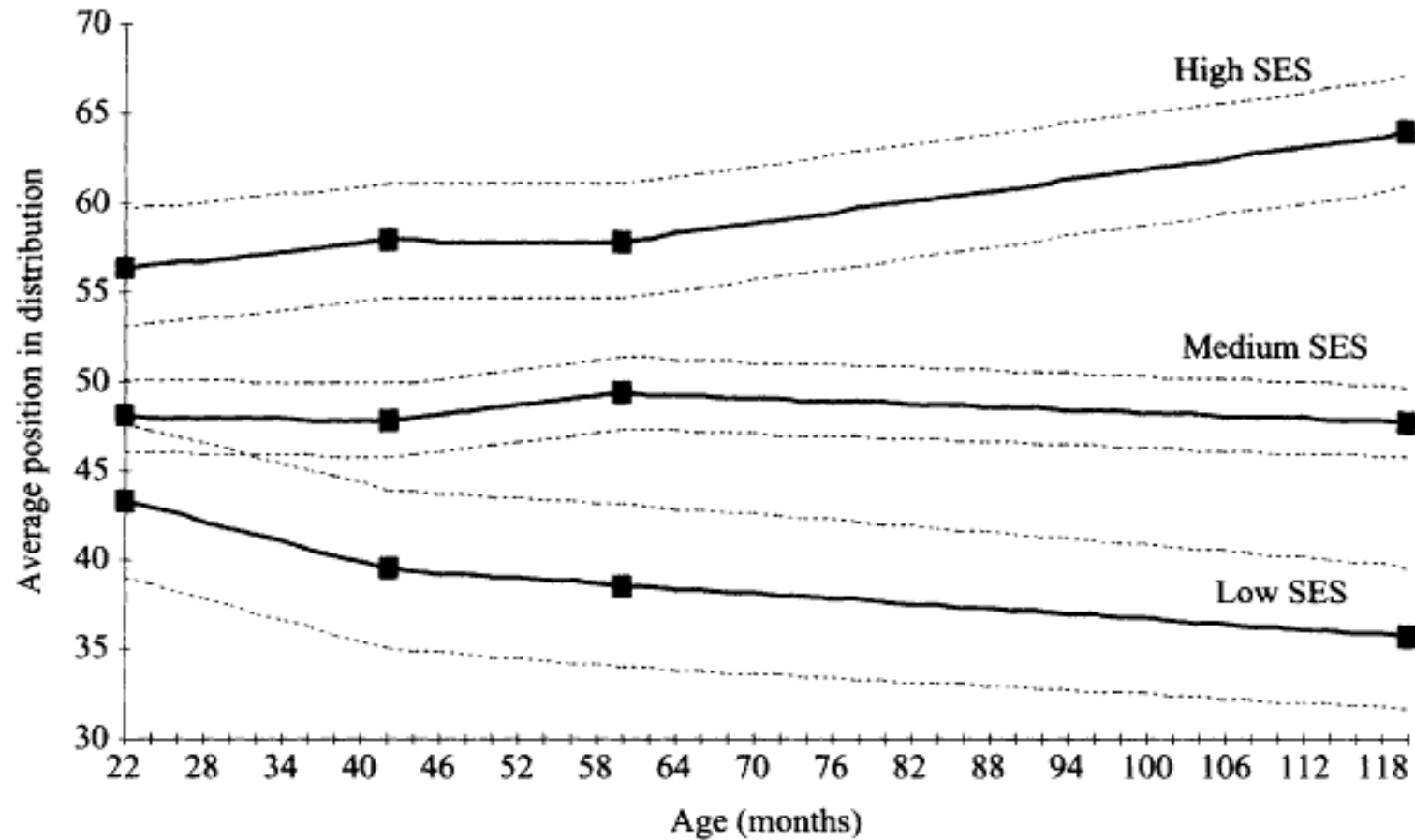
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# Inequality in early cognitive development of British children:

average rank of test scores at 22, 42, 60 and 120 months, by socio-economic status of parents

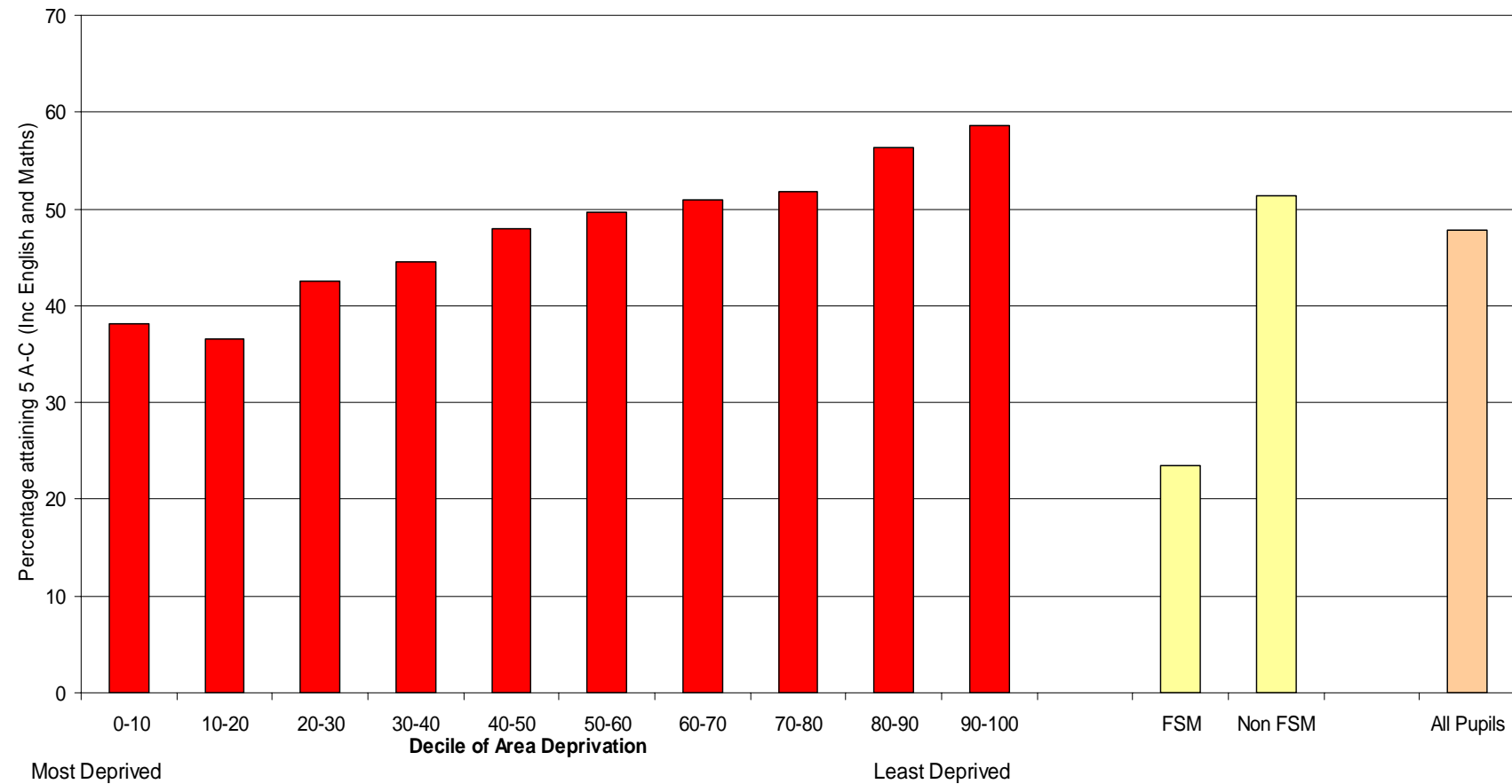


Feinstein, *Economica*, 2003

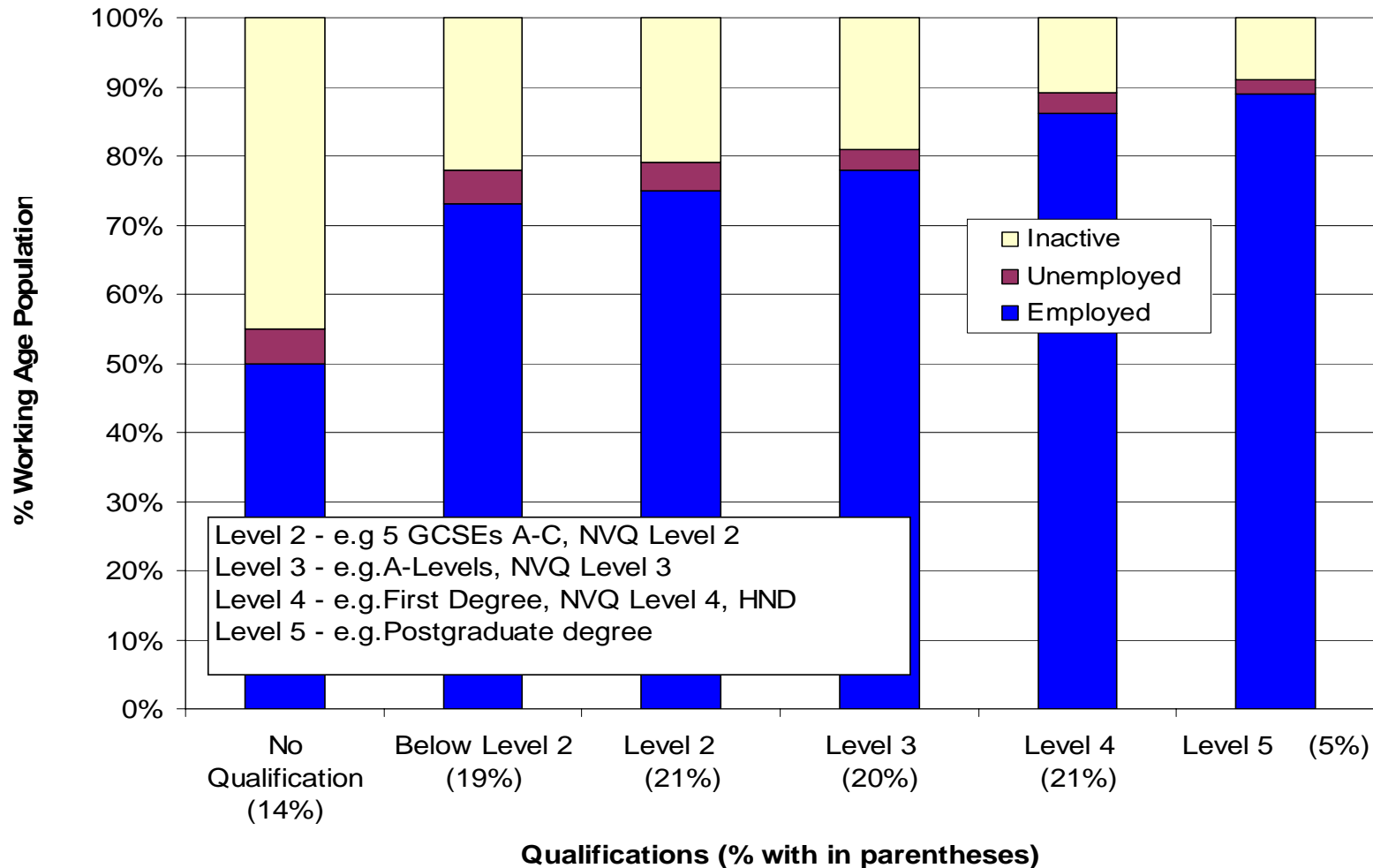


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# Income and educational outcomes



# Low Skills = Low Employment Rate



Source: HM Treasury (2006) Leitch review of Skills



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# Key questions

- What would a Early Years system (such as Surestart) look like that was truly transformative for children and contributed to reducing inequalities?
- What kind of workforce would support families and children in the early years and help reduce inequalities?
- What are the enduring structural barriers to educational equality and how might they be tackled?
- How do we promote more effective positive pathways for young people at risk of social exclusion?



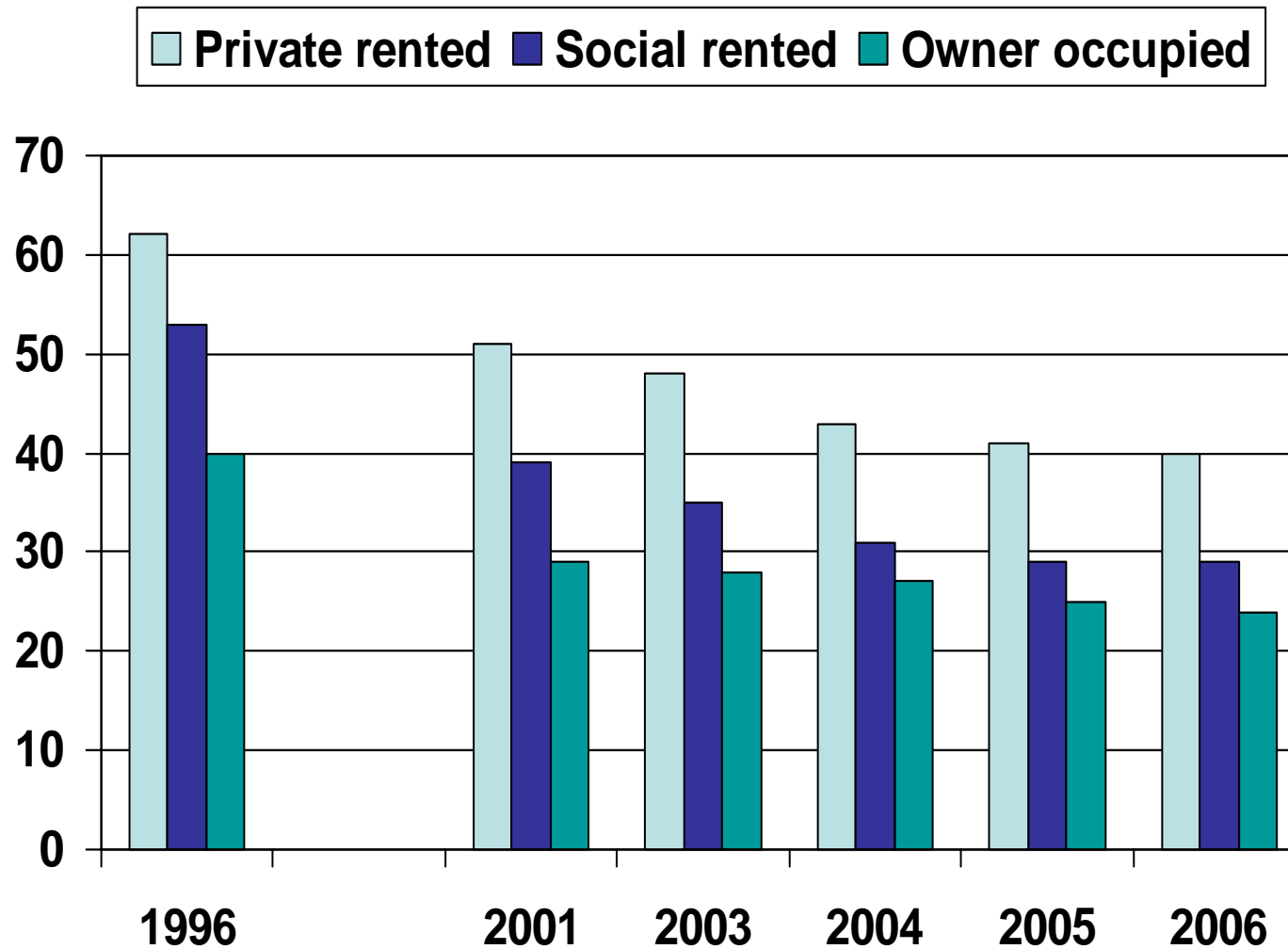
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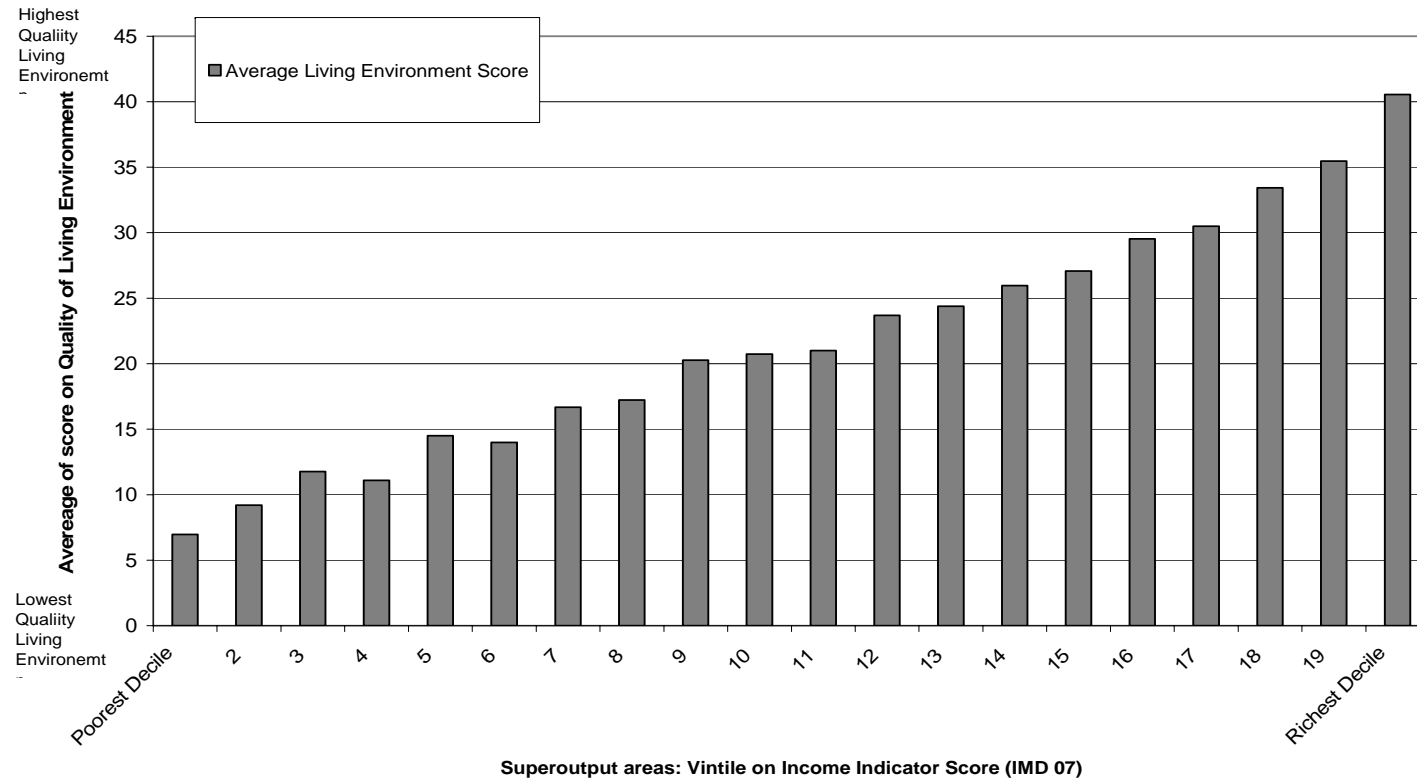


# Proportion of homes measured as non-decent by tenure: England



Source: [www.poverty.org.uk](http://www.poverty.org.uk) from English House Condition Survey

# The quality of a neighbourhood environment depends on income levels



# Key Questions

- How can the environment better promote good health and wellbeing?
- What is a “good place to live” and how can better housing, urban and suburban environments be planned and designed to reduce the social gradient in ill health?
- Can existing housing and neighbourhoods be changed?



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## Work Matters

- Long-term unemployed: double the mortality risk
- Job instability (e.g. downsizing): around 40 studies document elevated morbidity and a few indicate elevated mortality
- Involuntary temporary employment: around 30 studies document elevated morbidity and a few indicate elevated mortality

## Good Work Matters

- Poor psychosocial quality of work (high demand/low control; high effort/low reward) among 15 to 30 per cent of the workforce
- Substantial morbidity and mortality risk (e.g. with increase in cardiovascular diseases and depression)
- Gain in physical and mental health through improved quality of work



# Key Questions



- What is a “good work place” and how can better work be extended to reduce the social determinants of ill health?
- How do we ensure that determinants of health including job security and stability, employment conditions, flexibility, and autonomy in the workplace are less socially stratified?
- How can we ensure that people with disabilities, ill health and other vulnerable groups are best able to access and remain in sustainable employment?



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# Key Questions



- How do we ensure sustainable livelihoods for those on the fringes of the labour market or reliant on social security?
- What are the financial, attitudinal, and demographic constraints we face in looking forward?





# Cross-cutting challenges for the Review

- Reducing the gradient
- Beyond mortality: Inequalities in “being well” and “well being”
- The role of resilience
- Public services – creating the conditions that foster change
- Prioritising recommendations
- The role of regulation

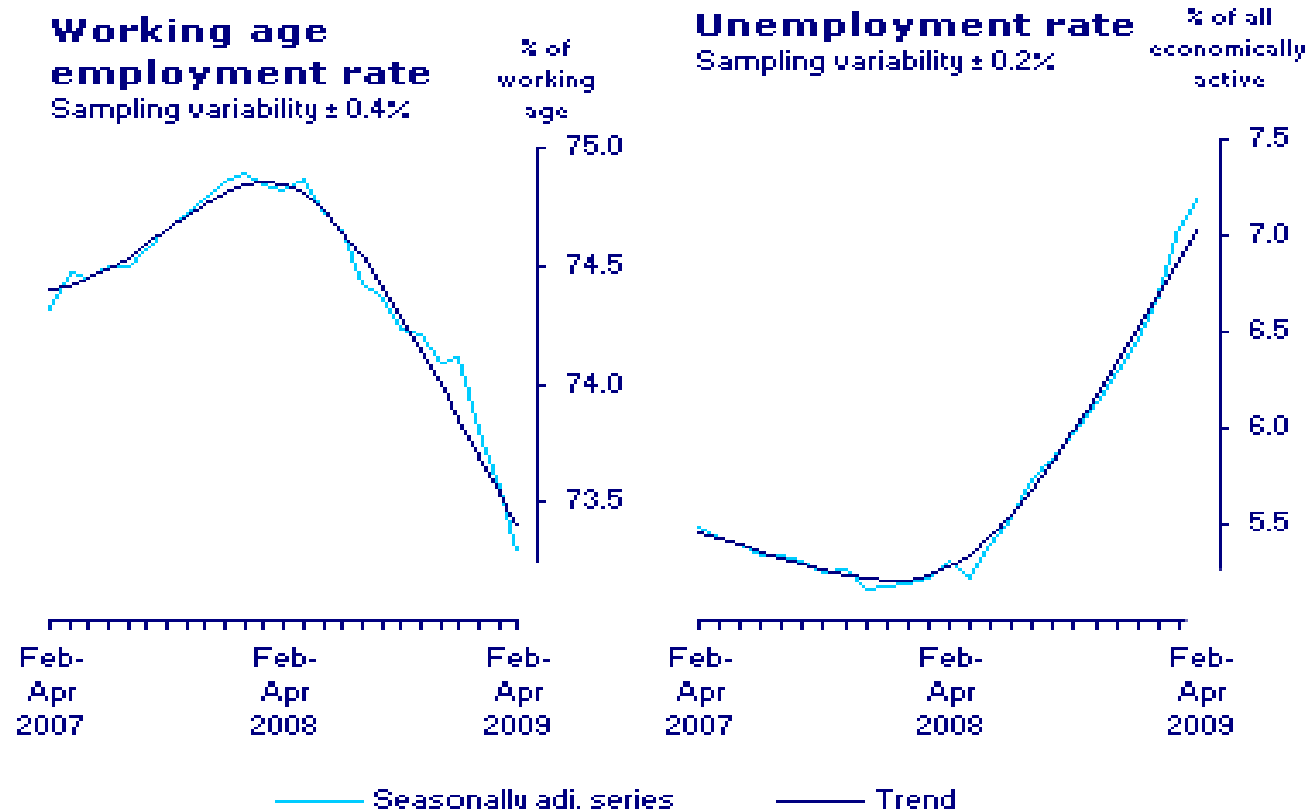


# The Recession

- Immediate Individual effects
  - Unemployment
  - Changing patterns of health behaviours
- Impact on services
  - Increased demand
  - Projected cuts
- An opportunity for a rethink – sustainable, healthy futures?



# Employment and unemployment rates, UK 2007-9



Source: ONS, Labour Force Survey



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# UK unemployment rates in late 2008

Occupation	Rate %	Annual increase %
Managers and senior officials	2	33
Professional occupations	2	42
Associate professional and technical	3	44
Administrative and Secretarial	4	15
Skilled Trades Occupations	6	81
Personal Service Occupations	4	11
Sales and customer service occupations	7	16
Process, plant and machine operatives	7	33
Elementary occupations	10	25

Source: ONS, Labour Force Survey



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# What does success look like?

- Adoption of recommendations across Government
- ...and by opposition parties
- Social determinants approach supported by public agencies and civil society;
- Internationally relevant



## Some key consultation questions

1. Are the principles and values of Social Justice the right approach to addressing the Social Determinants of Health?
2. Are the themes those most relevant or are there alternatives?
3. What are your views on the cross-cutting challenges?
4. Are there examples of good practice and successful interventions that should be included?
5. How do we empower local population and other groups to ensure action on health inequalities is prioritized?
6. Are the current systems for delivery the most appropriate ? What would improve delivery?

Thank you

For further information, please visit  
[www.ucl.ac.uk/gheg/marmotreview](http://www.ucl.ac.uk/gheg/marmotreview)



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**This paper was produced for a meeting organized by Health & Consumers DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.**