

Figure 5 Action across the life course

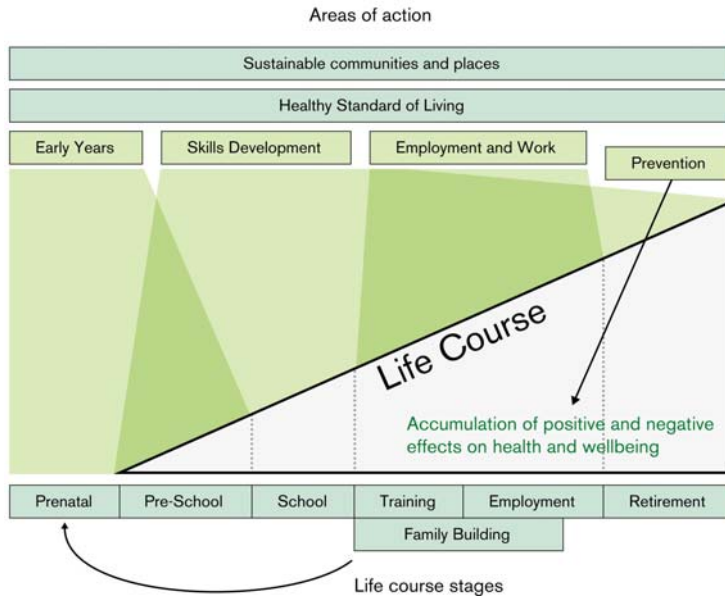
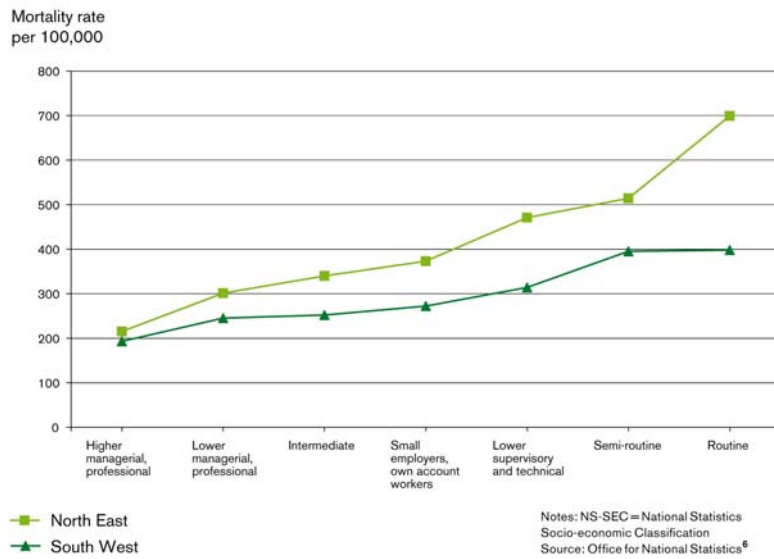
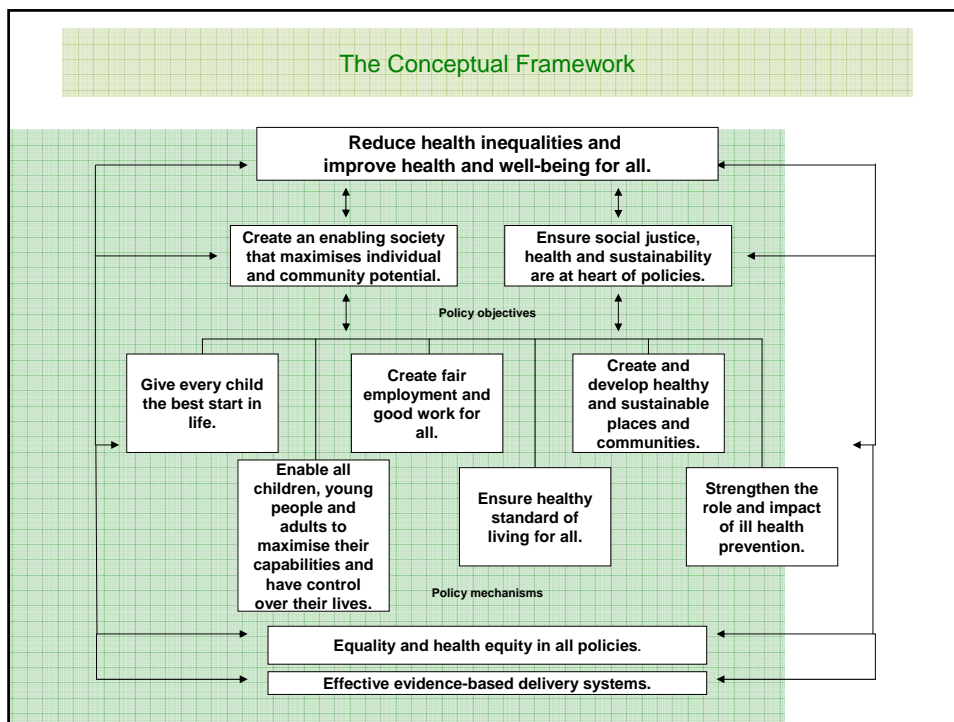


Figure 2 Age standardised mortality rates by socioeconomic classification (NS-SEC) in the North East and South West regions, men aged 25–64, 2001–2003





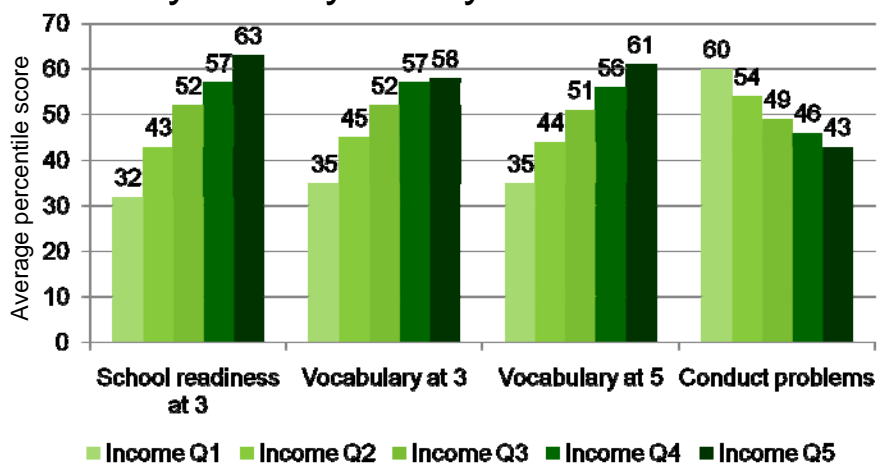
1) Give every child the best start in life.

Priority objectives

1. Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.
2. Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient.
3. Build the resilience and well-being of young children across the social gradient.



Gaps in school readiness at 3 and 5 years by family income: UK



Waldfogel & Washbrook 2008

2) Enable all children, young people and adults to maximise their capabilities and have control over their lives.

Priority objectives

1. Reduce the social gradient in skills and qualifications.
2. Ensure that schools, families and communities work in partnership to reduce the gradient in health, well-being and resilience of children and young people.
3. Improve the access and use of quality lifelong learning across the social gradient.

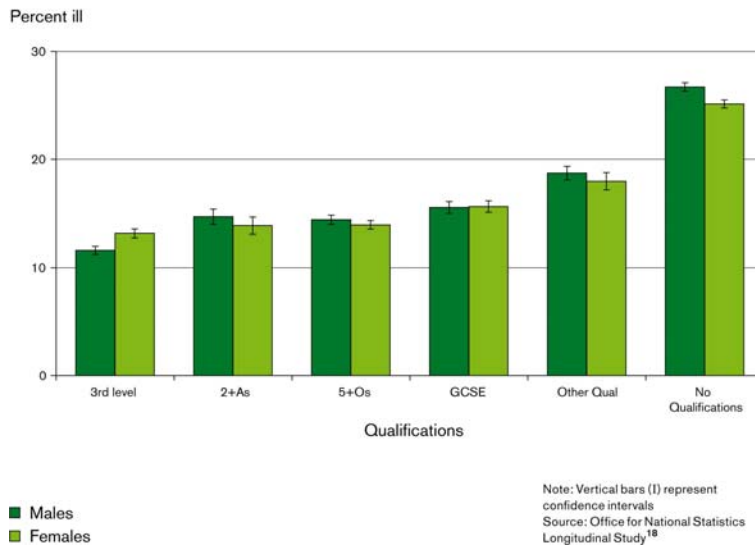
Focus Group Respondent ,Birmingham

“If there is no education, there are no jobs these days, so it really is worrying. If your children don't get a good education then what's going to happen to them”



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Figure 7 Standardised limiting illness rates in 2001 at ages 16–74, by education level recorded in 2001



3) Create fair employment and good work for all.

Priority objectives

1. Improve access to good jobs and reduce long-term unemployment across the social gradient.
2. Make it easier for people who are disadvantaged in the labour market to obtain and keep work.
3. Improve quality of jobs across the social gradient.

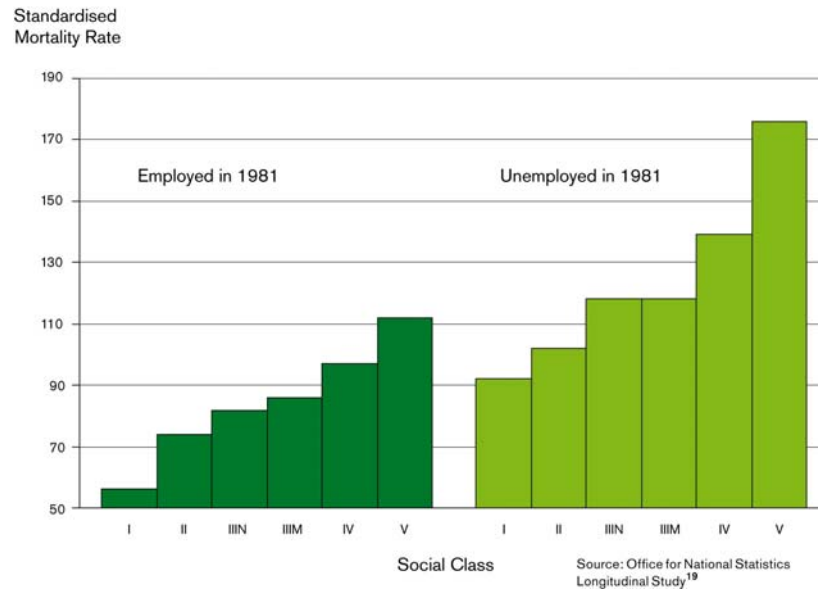
Focus Group participant :

“The only (things) I am concerned about are the future of my children, the lack of opportunities for the younger generation and the lack of employment- that is very daunting.



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Figure 8 Mortality of men in England and Wales in 1981–92, by social class and employment status at the 1981 Census



4) Ensure healthy standard of living for all.

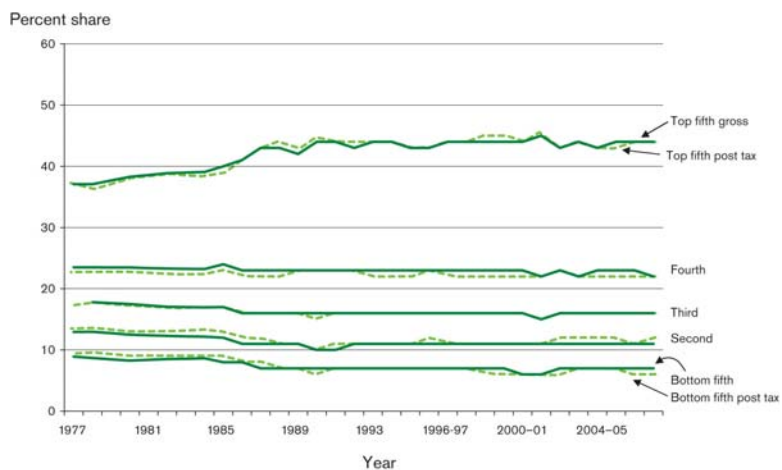
Priority objectives

1. Establish a minimum income for healthy living for people of all ages.
2. Reduce the social gradient in the standard of living through progressive taxation and other fiscal policies.
3. Reduce the cliff edges faced by people moving between benefits and work.

Focus Group participant ,Manchester:

“You have to struggle to just survive..Yeah we’re having rice and peas and gravy and dumplings because it is nice! not because I can’t afford better...”

Figure 2.37 Percentage shares of equalised total gross and post-tax income, by quintile groups for all households, 1978–2007/8



Note: Gross income comprises original income and direct cash benefits (e.g. pensions, child benefit, housing benefit and income support). Post-tax income comprises gross income after direct and indirect taxes (e.g. VAT).

Source: Office for National Statistics¹⁴⁸

5) Create and develop healthy and sustainable places and communities

Priority objectives

1. Develop common policies to reduce the scale and impact of climate change and health inequalities.
2. Improve community capital and reduce social isolation across the social gradient.

Female participant, Birmingham:

“ You can see the deprivation –all you have to do is look outside. It is in your face everyday, litter everywhere, rats and rubbish it is a dump...it feels like people around you have no meaning to life. I keep my curtains closed at times. It doesn’t give you a purpose to do anything.”



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Figure 10 Populations living in areas with, in relative terms, the least favourable environmental conditions, 2001–6

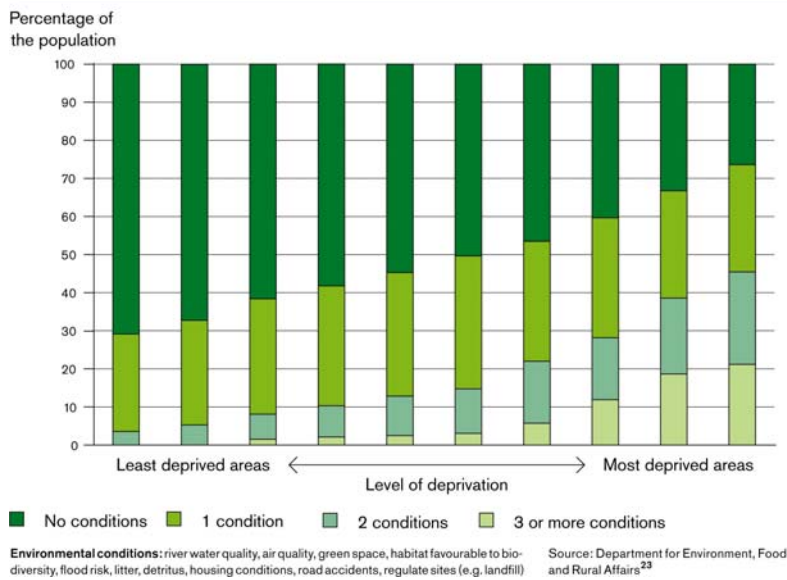
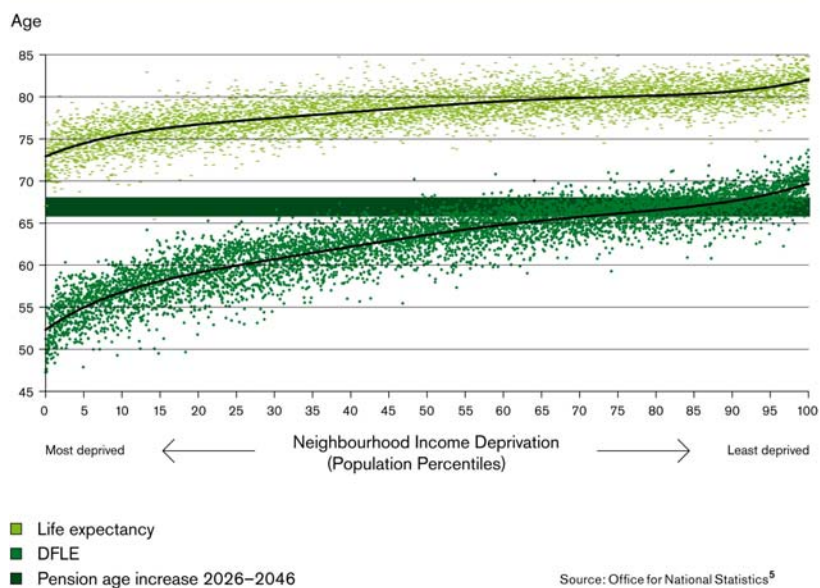


Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



6) Strengthen the role and impact of ill-health prevention.

Priority objectives

1. Prioritise prevention and early detection of those conditions most strongly related to health inequalities.
2. Increase availability of long-term and sustainable funding in ill-health prevention across the social gradient.

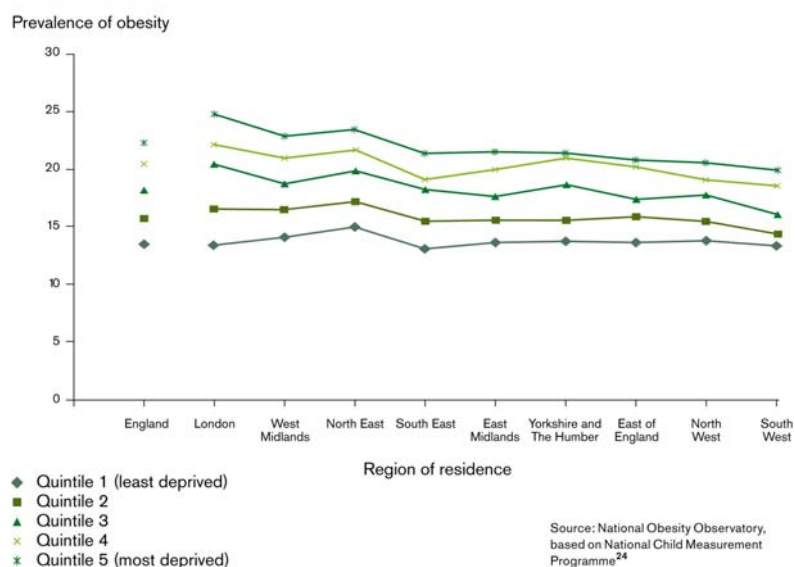
Community Development Study participant:

“ I don’t know what makes other people healthier, I know what makes me healthier and that is being happy and having friends”



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Figure 11 Prevalence of obesity (>95th centile), by region and deprivation quintile, children aged 10–11 years, 2007/8



Cost of Inaction

- In England, dying prematurely each year as a result of health inequalities means between 1.3 and 2.5 million extra years of life.
200,000 people 30+ could be alive.
- Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. Each year in England these account for:
 - productivity losses of £31-33B
 - reduced tax revenue and higher welfare payments of £20-32B and
 - increased treatment costs well in excess of £5B.



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Making it happen – A framework for delivery

- **Increased disability free life expectancy and reduction in inequalities across the gradient.**
- **Empowering people : securing community solutions.**
- **Intergovernmental action with dedicated leadership and executive team.**
- **National Policies need effective local deliver focussed on health equity in all policies.**
- **New model of civic and public sector leadership grounded in democracy and whole system thinking**
- **Local Strategic Partnerships of Councils, NHS, 3rd Sector and Private Sector creating the conditions where individuals and communities take control.**
- **Comprehensive, systematic, scaled up action focussed on the social determinants of health.**



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Points of emphasis

- Focus on Early Years with action across the life course.
- Proportionate action across the social gradient at key points of intervention.
- Focus on the social determinants : families, education, income, gender, race, community, housing, environment, work, ability to participate.
- Sustainability and addressing health inequalities are complementary.
- People and places focus to increase social cohesion and social capital in asset based approach to empowering individuals and communities.
- Key role of partner organisations in being exemplar employers.
- Wider focus on healthy sustainable communities.
 - Access to green space
 - Active travel
 - Crime and fear of crime
 - environment
- Quality services impact on health and well being
- Synergy from partnership

Action

- **Olympic Host 5 Boroughs** Strategic Regeneration Plan. Recommendations made to be incorporated into Stage 2 Plan to secure the Olympic legacy and convergence on health inequalities.
- **Bolton Local Strategic Partnership** LSP developing action plan based on Marmot recommendations. To be submitted to marmot Team for comment.
- **Wakefield Council and PCT** Working up a strategy for ratification by the LSP based on Marmot principles.
- **Yorkshire and the Humber NHS** Action Plan to be agreed at next Board Meeting. Consideration being given to a 1 year dedicated post to oversee implementation of Marmot recommendations.
- **Coventry City Council and PCT** Thematic Groups of the LSP to work up action plans on specific recommendations from the Marmot review.
- **North West Region** Continuing development of regional strategy based on Marmot principles.
- **Greater London Authority.** Marmot Team to facilitate and support implementation April 2010
- **Health Lives/ Healthy Places** 30 PCT sign up

For further information

www.ucl.ac.uk/marmotreview



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