

The Marmot review and health inequalities in Kent

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Eastern and Coastal Kent
West Kent

Fair Society, Healthy Lives
Strategic Review of Health Inequalities in England post 2010
Sir Michael Marmot

“Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work and age.”

The six central themes of the Marmot review are:

- Health inequalities are a matter of social justice
- There is a social gradient in health and health inequalities
- Addressing inequalities is a matter of fairness
- The economic context
- Tackling health inequalities involves tackling social inequalities
- Tackling health inequalities means tackling climate change



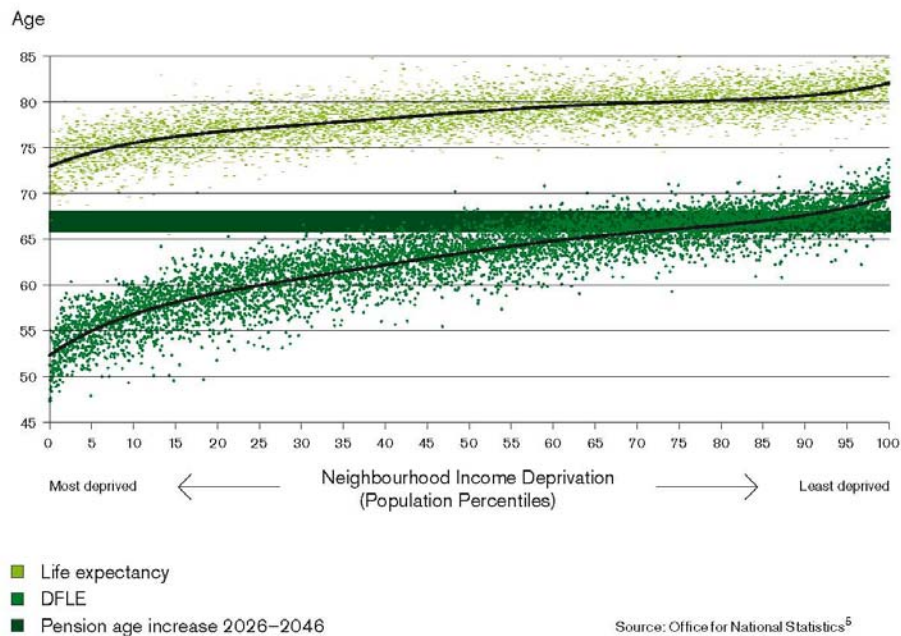
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The social gradient

- In England the average difference between richest and poorest neighbourhoods
- In life expectancy is seven years
- In disability free life expectancy is 17 years
- The relationship between social circumstances and health is a graded one.

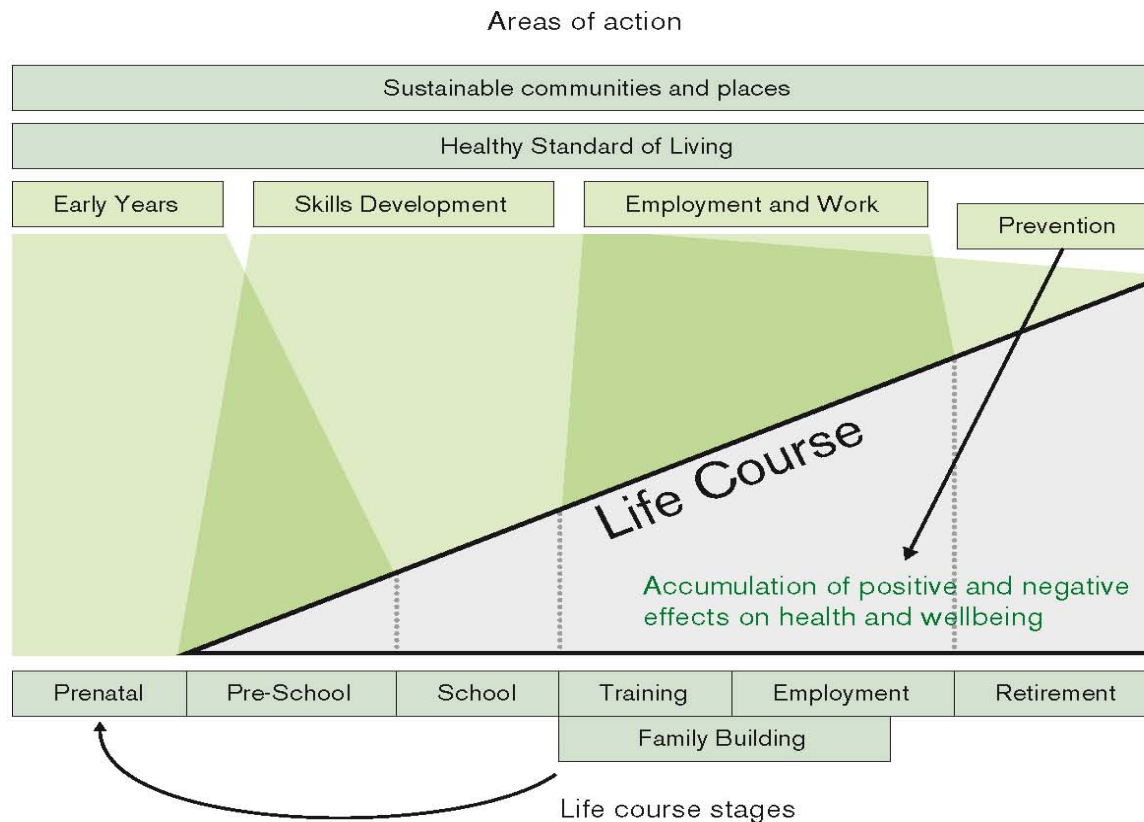
Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



Reducing health inequalities is a matter of fairness and social justice

The Life Course

Figure 5 Action across the life course



“To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.”

Cost of Inaction in lean times

- In England, dying prematurely each year as a result of health inequalities between 1.3 and 2.5 million extra years of life lost – the human cost- 200000 deaths of 30+.
- 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
 - increased treatment costs well in excess of £5B.



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Sustainability and the fair distribution of health

- Time to move beyond economic growth as the sole measure of social success
- Well-being should be more important than simply more economic growth
- Environmental sustainability should be a more important societal goal than simply more economic growth
- Creating a sustainable future is entirely compatible with action to reduce health inequalities



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Policy objectives and recommendations

- 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



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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 delivery 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, co-produced action focussed on the social determinants of health.



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Partnerships with individuals and communities

- Critical success factor in addressing health inequalities through empowerment – creating the conditions in which people can take control
 - Bespoke individual responses
 - Population focused approaches
- Asset based partnership – half full not half empty
 - Sharing power
 - Community led and long term
 - Shift in values and attitudes
 - Leadership and knowledge transfer.
- Shared aspirations in improving health and wellbeing
 - Perceptions of local schools, health and social care service, housing type, employment, safety and social cohesion.
- Balancing long-term gains and short-term pressures.

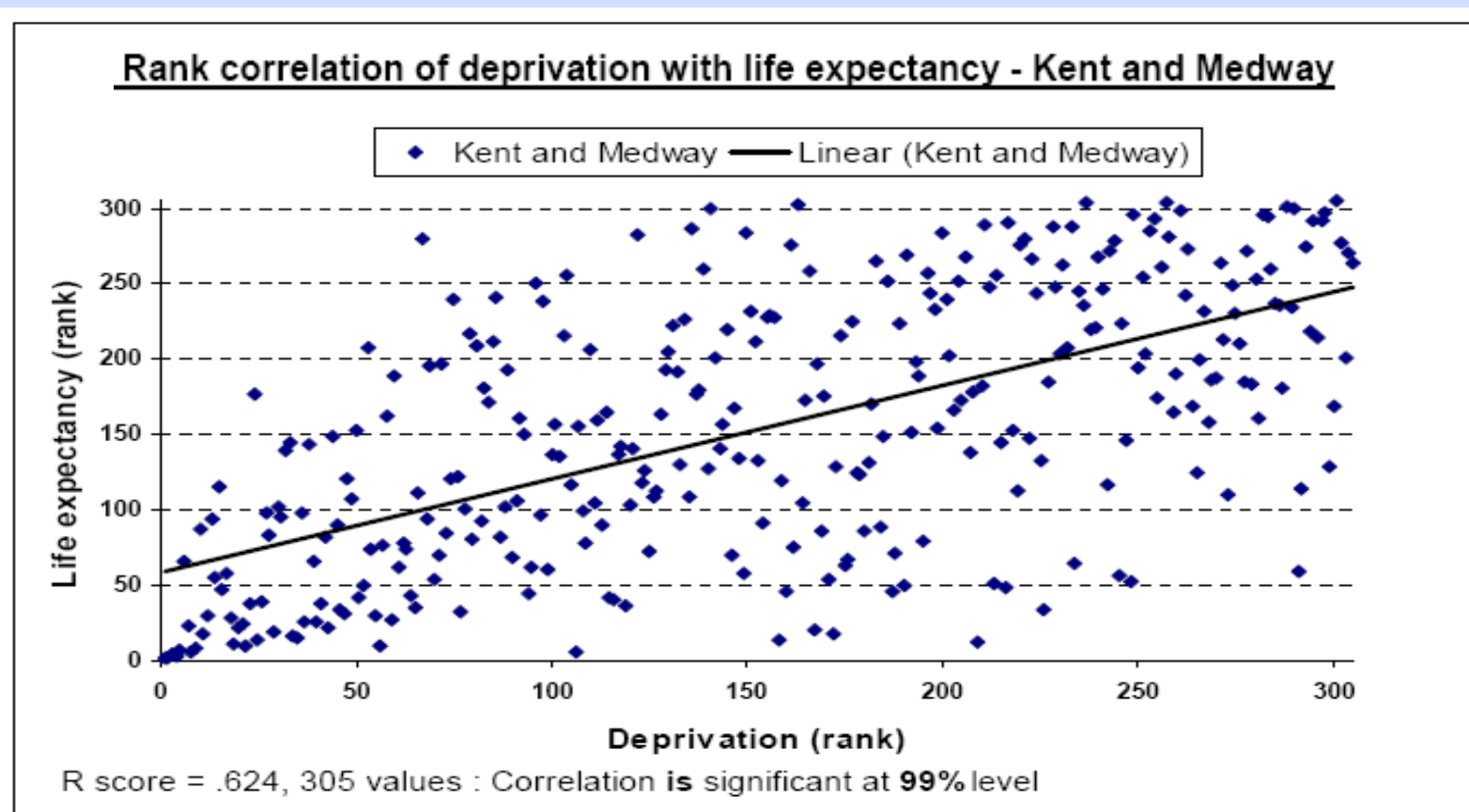


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The social gradient in Kent and Medway

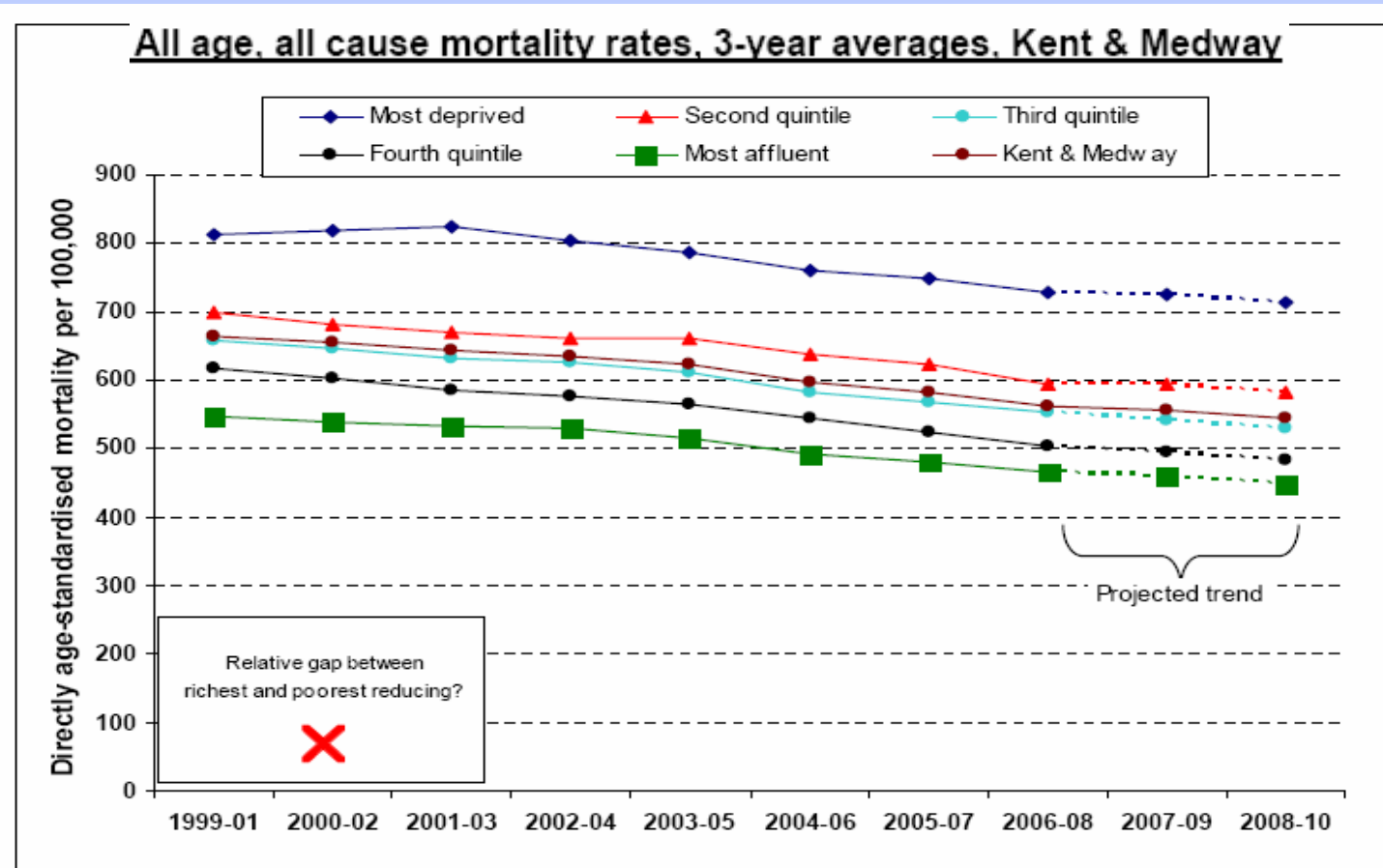
Poverty exists all over Kent and Medway and is not confined to specific areas



Source: IMD 2007, ONS

Using the data from IMD 2007 for all the electoral wards in Kent, it is possible to demonstrate a highly significant correlation between relative deprivation and life expectancy across the county as a whole, also for Medway and for many of the district council areas.

All age all cause mortality in Kent and Medway



Source: IMD 2007, ONS

The overall mortality gap between the richest and poorest in Kent and Medway is increasing over time with quintiles two to five converging upon each other but the most deprived quintile becoming increasingly orphaned.

Conclusion

- There has been limited success in reducing inequalities between the richest and poorest but by a number of measures this gap is increasing
- Some indicators show that differences between groups within the richest and poorest have decreased
- The application of Marmot's principles and recommendations in Kent could deliver significant benefits