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| <b>BRIEFING</b> | <b>TO:</b>           | Health Select Commission   |
|                 | <b>DATE:</b>         | 3 <sup>rd</sup> September 2020   |
|                 | <b>LEAD OFFICER:</b> | Jacqueline Wiltschinsky, Public Health Consultant, Adult Social Care, Housing and Public Health<br><br>Becky Woolley<br>Policy Officer, Assistant Chief Executive's Directorate<br><br>Anne Marie Lubanski, Strategic Director of Adult Social Care, Housing and Public Health |
|                 | <b>TITLE:</b>        | The Marmot Review: 10 Years On   |

## 1. Background

- 1.1** Published in 2010, The Marmot Review was a landmark study of health inequalities in England. The ground-breaking review confirmed governments policies focusing on the health care system and individual behaviour change approaches are not hugely effective at reducing health inequalities. To improve health for everyone and reduce inequalities action needs to be taken on the social determinants – the circumstances in which we are born, grow, live, work and age (causes of the causes of ill health). Yet a decade of austerity has seen drastic cuts to local government funding, which is tasked with funding the wider determinants.
- 1.2** The report outlined six policy objectives, known as the Marmot principles:
- Giving every child the best start in life
  - Enabling all children, young people and adults to maximize their capabilities and have control over their lives
  - Creating fair employment and good work for all
  - Ensuring a healthy standard of living for all
  - Creating and developing sustainable places and communities
  - Strengthening the role and impact of ill-health prevention.
- 1.3** The new report, Health Equity in England: The Marmot Review 10 Years On, was published in February 2020, on the 10-year anniversary of the original review to explore the progress that has been made over the past decade against these policy objectives.

## 2. Key Issues

### 2.1 Key findings

The report explores the progress made 10 years on from the Marmot review and finds that progress against all six policy objectives has been poor. It outlines that austerity has taken its toll on all the domains set out in the original Marmot Review, and that

indicators suggest that health improvements are stalling nationally. These indicators include that:

- People can expect to spend more of their lives in poor health.
- Improvements to life expectancy have stalled and declined for the poorest 10% of women.
- The health gap has grown between wealthy and deprived areas.
- There are marked regional differences and widening health inequalities between the North and the South.
- The slowdown in life expectancy increase cannot for the most part be attributed to severe winters. More than 80 percent of the slowdown, between 2011 and 2019, results from influences other than winter-associated mortality.
- It is likely that public sector cuts have harmed health and contributed to widening health inequalities in the short term and are likely to continue to do so over the longer term. Cuts over the period shown have been regressive and inequitable – they have been greatest in areas where need is highest and conditions are generally worse.
- Only the 20-30% least deprived will receive a state pension before they develop a lifelong disability.
- Two thirds of those with lifelong disabilities in the most deprived areas have disabilities before they reach pension age. For males, years in poor health has increased from 15.8 to 16.2 since 2009, for females from 18.7 to 19.4.

**2.2** These findings reflect the local picture. For example, inequalities are widening between the most and least deprived communities within Rotherham. Life expectancy is 9.9 years lower for men and 9.5 years lower for women in the most deprived areas of Rotherham than in the least deprived areas. This is demonstrated visually in the map appended to this briefing.

**2.3** Additionally, health inequalities are widening between Rotherham and the national average. Rotherham is one of the 20% most deprived districts/unitary authorities in England and has moved up the rankings in terms of deprivation according to the 2019 Indices of Deprivation findings. The results within the health and disability domain were a key driver in this increase.

**2.4** The increase in health and disability deprivation reflects increases in all the indicators used – years of life lost (life expectancy), illness and disability ratio (disability and sickness benefits), acute morbidity (emergency admissions) and mood and anxiety disorders. The latter shows the largest increase and is based on prescription of drugs for mental health conditions, mental health related hospital episodes and suicides. A breakdown by wards is outlined in the maps within appendix one.

**2.5** Research also indicates that COVID-19 is having a significant impact upon health inequalities. At a national level, Public Health England has completed a report into “Disparities in the risk and outcomes of COVID-19”. The review is a descriptive look at surveillance data on the impact of COVID-19 on risk and outcomes. It confirms that the impact of COVID-19 has replicated existing health inequalities and, in some cases, exacerbated them further, particularly for black, Asian and minority ethnic (BAME) groups. Key points from the review include:

- The largest disparity found was by age. Among people already diagnosed with COVID-19, people who were 80 or older were 70 times more likely to die than those under 40.

- Risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in BAME groups than in white ethnic groups.
- These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in white ethnic groups. These analyses take into account age, sex, deprivation, region and ethnicity, but they do not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences.

### 3. Key Actions and Timelines

- 3.1** Within appendix two, the recommendations of the Marmot Review: 10 Years on report have been summarised. Some of these require action at a national level, but there will also be actions that can be taken locally to address the findings. This appendix also maps how these recommendations currently align with the work of the Health and Wellbeing Board.
- 3.2** It will be a priority to continue to engage with national developments. The LGA held a seminar in June regarding the Marmot 10 years on report and the slides from this seminar are appended to the briefing note. It has also been announced that a conference will be now be taking place in Spring 2021 relating to the findings of the report, which was postponed due to the COVID-19 pandemic.
- 3.3** The Health and Wellbeing Board agreed for a development session to be held on 16<sup>th</sup> September 2020. The focus of this session will be on reviewing the priorities of the board considering the impact of COVID-19 as well as consideration of local health inequalities and the findings of the Marmot report. The Local Government Association will be facilitating this session.
- 3.4** The proposed outcomes for the development session are as follows:
- To review current priorities and consider what priorities may need to change for the Health and Wellbeing Board, when considering the long-term consequences of COVID-19.
  - To confirm the key actions for the Health and Wellbeing Board to meet these priorities.
  - To discuss how we prioritise health inequalities and the Marmot principles as part of our ongoing response and recovery.
- 3.5** Following the development session, a refreshed set of priorities will be presented at the Health and Wellbeing Board in November for approval.
- 3.6** To ensure that the Health Select Commission is able to contribute towards the refresh of Health and Wellbeing Board priorities, it is proposed that members consider and respond to the following questions:
- What are your biggest concerns regarding health inequalities in Rotherham?
  - Are there any emerging priorities that need to feature more highly on the agenda?
  - Is there anything that we are doing differently as a result of our COVID-19 response that we would want to maintain?

## 4. Recommendations

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| 4.1 | To consider the findings of the Marmot Review: 10 years on report and the recommendations.   |
| 4.2 | To consider and respond to the following questions: <ul data-bbox="239 336 1396 524" style="list-style-type: none"><li>• What are your biggest concerns regarding health inequalities in Rotherham?</li><li>• Are there any emerging priorities that need to feature more highly on the agenda?</li><li>• Is there anything that we are doing differently as a result of our COVID-19 response that we would want to maintain?</li></ul> |