NHS Devon

ANNEX 7

Tackling Health Inequalities: The Marmot Review and Public Health Policy

1. Introduction

1.1 This paper sets out an interpretation of the Marmot review findings in the context of emerging public health policy for prevention.

2. The Marmot Review

2.1 'Fair Society, Healthy Lives', the final report of the Strategic Review of Health Inequalities post 2010 by Sir Michael Marmot, was published in February 2010.

2.2 It sets out the problems of health inequalities in the widest possible context with policy proposals aimed across the government, public and private sector organisations. These proposals are framed within six policy objectives:

a. Give every child the best start in life
b. Enable all children, young people and adults to maximise their capabilities and have control over their lives
c. Create fair employment and good work for all
d. Ensure a healthy standard of living for all
e. Strengthen the role and impact of ill health prevention
f. Create and develop healthy and sustainable communities

2.3 Policy proposals made in the review are intended to provide evidence of interventions that will reduce health inequalities and to give directions of travel without detailed prescription of exactly how these should be developed or implemented. Some of the recommendations would need to be implemented at a national level or by national departments. Some can be adopted and implemented locally.

2.4 Whilst the recommendations of the report are not yet national policy, the Secretary of State for Health, Andrew Lansley, in his speech to the Faculty of Public Health Conference (7th July 2010), notes that we need to build on the findings of this report and the six policy objectives Marmot proposes. Mr Lansley also talks about forming new partnerships across different disciplines and to target the determinants of poor health in ways that fit local circumstances.

3. The Devon Perspective on the Marmot Review 2010

3.1 People in more deprived areas do not only die earlier but will spend more of their shorter lives with a disability:

- life expectancy gap in England is around seven years for neighbourhoods. In Devon the gap at ward level is 13.5 years (Ilfracombe Central, Chagford) and at local authority level there is a three year gap.

- the gap in England for disability free life expectancy (DFLE) is around 17 years. In Devon this is much less at 2.9 for males and 2.6 for females.

- nationally 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).

3.2 Marmot proposes that reducing health inequalities is a matter of fairness and social justice. Action to reduce health inequalities requires action across all the social determinants of health. A social gradient exists in health – those living in more deprived areas have poorer health outcomes. Action should focus on reducing the gradient in health even though it is relatively shallow in Devon. This will not happen by solely focusing on the most disadvantaged. It requires universal actions but with a scale and intensity which is proportionate to the level of disadvantage. Marmot calls this 'Proportionate Universalism'.

3.3 NHS Devon should therefore seek to initiate action within our most deprived areas and disadvantaged groups but look to widen our focus once this approach is established.

3.4 A life course perspective is central to the approach. Disadvantage starts before birth and accumulates across the life span. Consequently, actions to reduce health inequalities must start in ante natal care and be followed through the life of the child. Giving every child the best start in life is Marmot's highest priority recommendation.

3.5 The following table provides an analysis of specific recommendations within each of the Marmot priorities by the delivery level and relevant actions:

Policy objective a – Give every child the best start in life		
Recommendation	**Level**	**Activity**
1. Increased investment in early years.	1.1 National 1.2 Local – NHS Devon Strategic Commissioning 1.3 Local – Devon Children's Trust	1.1 Dependant on coalition proposals for parents and families 1.2 Review of Health Visiting provision is in progress to take account of Healthy Child Programme and deprivation 1.3 Benchmark required for early years spend both as a proportion of total spend and by ward
2. Pre and post natal interventions	2 Local - NHS Devon Strategic Commissioning	2.1 Implementation of the Child Health Promotion Programme (targeted through Team Around the Child)
3. Parental leave during the first year	3. National	3.1 Dependant on Coalition policy
4. Routine support to families throughout the pre-school years	4. Local – Devon Children's Trust	4.1 Review support provided by Sure Start by ward 4.2 Analyse take up of parenting programmes by ward

		4.3 Introduction of MASH
5. Quality early years education and childcare	5. Local - Devon Children's Trust	5.1 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		
Recommendation	**Level**	**Activity**
6. Reduce the social gradient in educational outcomes	6.Local – Devon Children's Trust	6.1 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 multi-agency proportionate universalism
7. Reduce the social gradient in life skills	7. Local – Devon Children Trust	7.1 Increase the number of schools achieving 'full service' extended schools 7.2 Use 'full service' schools to deliver programmes to prevent mental health 7.3 Improve skills of staff to address social and emotional development within schools and families
8. Ongoing skills development through lifelong learning	8. Local – Devon Economic Partnership	8.1 Increase uptake in training and development for 16-25 year olds 8.2 Increase work experience/ apprenticeships 8.3 Increase availability of non-vocational life-long learning
Policy objective c – Create fair employment and good work for all		
Recommendation	**Level**	**Activity**
9. Active labour market programmes	9. Local – Devon Economic Partnership; Job Centre Plus	9.1 Schemes to save or create jobs or allow people to retain contact with the labour market, e.g. Fitness to work
10. The development of good quality work	10.1 Local – all partners 10.2 Local – all partners HR and OH teams	10.1 Adherence to equality guidance and legislation 10.2 Promotion of wellbeing and physical and mental health at work
11. Develop greater security and flexibility in employment	11.1 National 11.2 Local – Devon Economic Partnership	11.1 Coalition policy on prioritising greater flexibility of retirement age 11.2 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		
Recommendation	**Level**	**Activity**
12. Implement a minimum income for healthy living	12. National	12. Coalition review of benefits to implement the 'work' programme
13. Remove 'cliff edges' for those moving in and out of work and improve flexibility of employment	13.1 National 13.2 Local – Devon Strategic Partnership	13.1 Review taxation, benefits and pension rules to avoid creating perverse incentives 13.2 Explore provision of CAB and Jobcentres support in health settings, Sure Start centres etc through the Devon 'No Door is the Wrong Door' Total Place pilot.

Policy objective e – Create and develop healthy and sustainable places and communities		
14. Prioritise policies and interventions that reduce both health inequalities and mitigate climate change	14. Local – Healthier and Stronger Communities Partnership	14.1 Improve active travel including road layout and street safety initiatives 14.2 Reduction in walking distance to quality green space 14.3 Reduction of fast food outlets and increase options for healthy food 14.2 Reduced numbers of poorly insulated homes and high energy fuel
15. Integrate planning, transport, housing, environmental and health polices to address the social determinants of health	15. Local – Healthier and Stronger Communities Partnership	15.1 NHS Devon to be statutory partners in local planning decisions 15.2 Increase the awareness of key managers in partner organisations of health equity issues and evidence-based interventions
16. Create and develop communities	16.1 Local – Healthier and Stronger Communities Partnership	16.1 Evaluate the learning from the Stronger Communities LPSA projects 16.2 Support community groups with long-term funding 16.3 Reduce social isolation (identification, social capital, control of services)
Policy objective f – Strengthen the role and impact of ill health prevention		
17. Increased investment in prevention	17. Local – NHS Devon Public Health, Strategic Commissioning and GP Consortia	17.1 Annual increases in budget for Public Health 17.2 Increased access to advice and information on healthy living and lifestyle choices through evidence based interventions 17.3 Health Improvement interventions to be integral to locality commissioning plans
18. Implement evidence-based ill health preventive interventions	18. Local – NHS Devon Public Health, Strategic Commissioning and GP Consortia	18.1 Use of NICE evidence to inform commissioning processes 18.2 Increase in drug treatment programmes 18.3 Focus on smoking cessation, alcohol misuse and obesity programmes
19. Public Health to focus interventions to reduce the social gradient	19. Local – Healthier and Stronger Communities Partnership LSP Health and Wellbeing Groups NHS Devon Public Health, Strategic Commissioning and GP Consortia	19. Annual Public Health Report recommendations to be implemented by effective partnerships at the County and District, Borough and City Council levels.

4. Preventative Opportunities within Primary Care

4.1 The recent publication *'How Doctors can close the gap: Tackling the social determinates of health'* published by the Royal College of Physicians in June 2010 states that: *'Doctors are one of the linchpins in this endeavour [to reduce the health inequalities gap] and, within an enabling policy framework, must initiate, involve themselves in and advocate for programmes of action to tackle the social determinates of health and reduce health inequality'*.

4.2 Many of the individuals who do not present at practices for health care are often those from most deprived areas, the most vulnerable and have higher mortality rates. They will typically have multiple risk factors for key disease killers such as cancer, coronary heart disease, diabetes and respiratory conditions. Practitioners should be incentivised to search for and register those falling in the 30% above the Quality Outcome Framework (QOF) performance payment of 70% for disease registers. This would facilitate active case finding and management of those individuals most in need with the poorest health outcomes.

4.3 Direct referral of those individuals identified on disease registers into preventative services would increase the value and reduce the unit cost of the services. Individual's successful engagement with those services will reduce their future reliance on health care.

4.4 Exception reporting on disease registers should also be looked at to ensure it is not disproportionately involving those hardest to reach or not engaged with health care, who would benefit most from being on the register.

4.5 The Marmot review reports *"NHS healthcare costs associated with inequality are well in excess of £5.5 billion per year. If no action is taken, the cost of treating the various illnesses that result from inequalities in the level of obesity alone will rise from £2 billion per year to nearly £5 billion per year in 2025".* Service redesign programmes and Quality, Improvement, Productivity and Prevention (QIPP) programmes should seek to incorporate approaches to reach these individuals in their design.

4.6 Mapping the baseline of practices' performance on a number of preventative public health indicators would illustrate areas of poor engagement, encourage peer support and could be used to drive up Primary Care's contribution to Health Improvement. Mechanisms to implement and address this would be through locality commissioning, GP consortia, Clinician to Clinician (C2C) groups.

4.7 Successful delivery of these objectives will require strong clinical leadership; action planning; accountability and performance management within locality commissioning structures.

5. Recommendations

5.1 The reduction of inequalities in Devon will require a concerted and long term commitment across all partner organisations and sectors to address both the wider determinants of health and the ability of individuals to make healthy lifestyle choices. Therefore it is proposed that:

- NHS Devon, Devon County Council and the Devon Strategic Partnership adopt the Marmot review priority objectives as the main strategic framework for addressing health inequalities within Devon

- all partners commit to the specific actions identified to implement the various actions within each of the Marmot priority objectives as set out in this paper

- the Devon Healthier and Stronger Communities Partnership is the governance body for reporting to the Devon Strategic Partnership on progress in implementing the Marmot recommendations

- NHS Devon utilises the development of locality and GP Consortia commissioning processes to implement evidence-based interventions for health improvement in line with the Marmot priority objectives

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July 2010