

BUILD BACK FAIRER

Michael Marmot

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<http://www.instituteoftheequity.org/about-our-work/latest-updates-from-the-institute/build-back-fairer>

Cheshire and Merseyside

July 2021



In Cheshire and Merseyside:

- 33% of residents live in most deprived 20% of neighbourhoods in England.
- 26% of children live in poverty

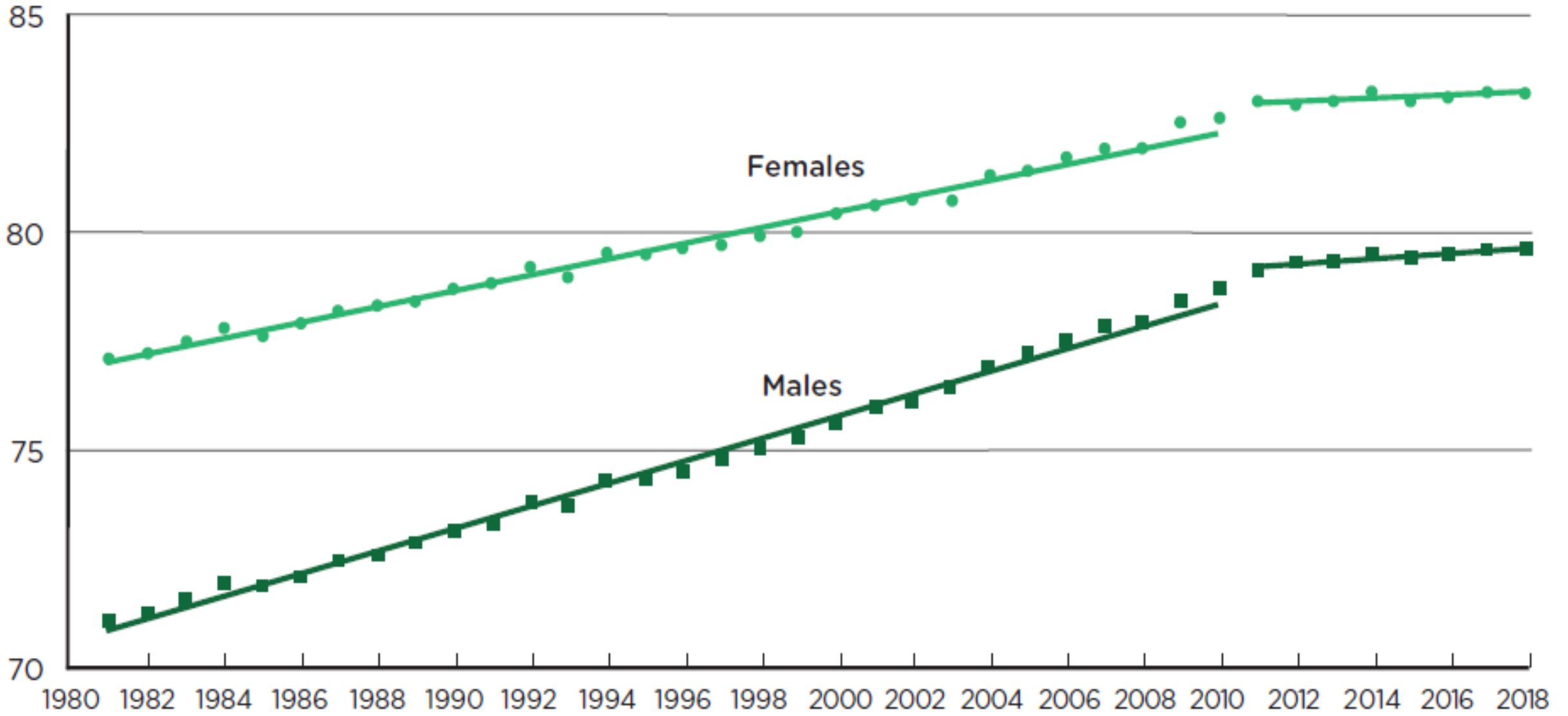


HEALTH EQUITY IN ENGLAND:
THE MARMOT REVIEW 10 YEARS ON

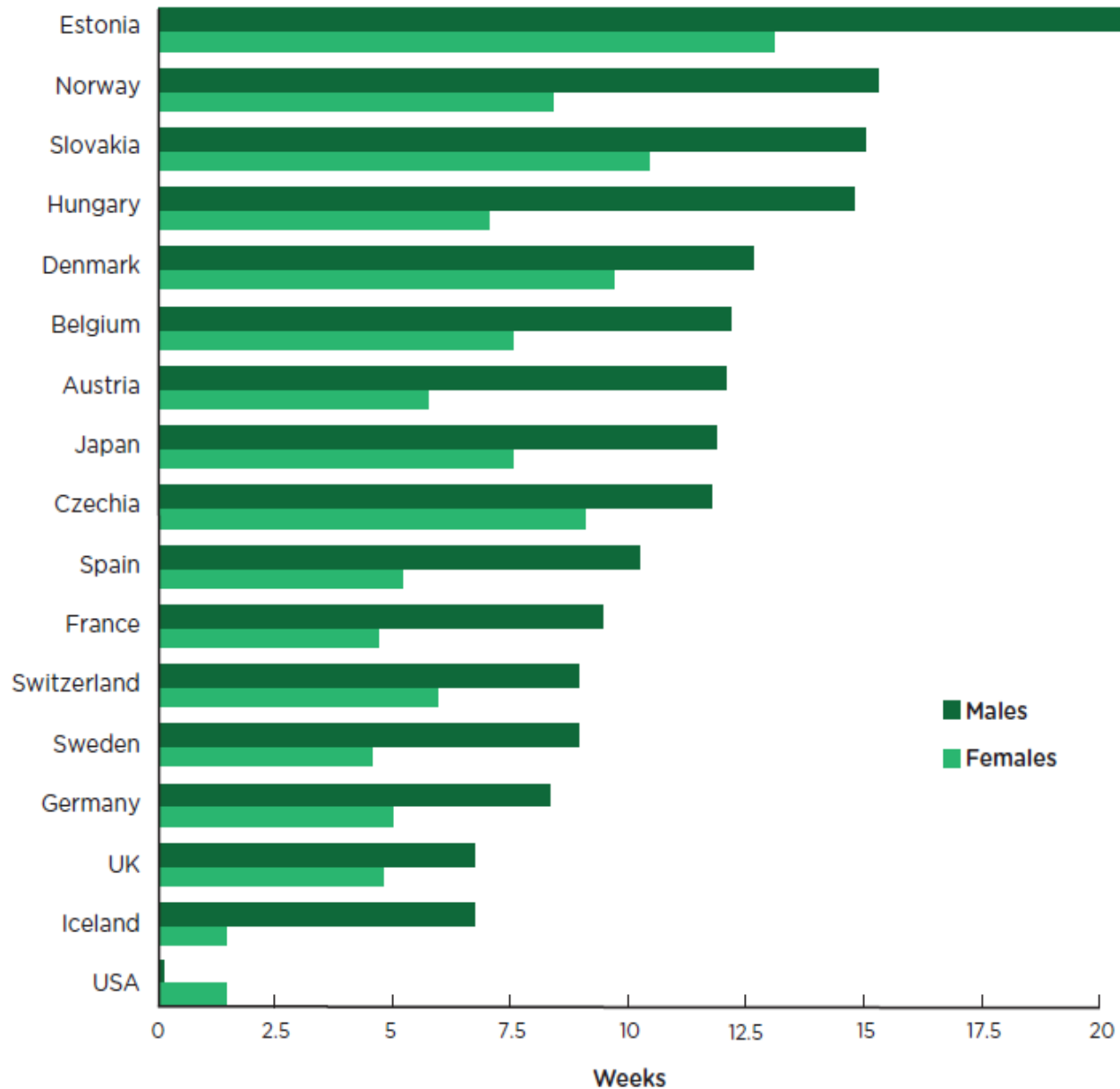
HEALTH EQUITY IN ENGLAND: THE MARMOT REVIEW 10 YEARS ON

“We have lost a decade. And it shows.”

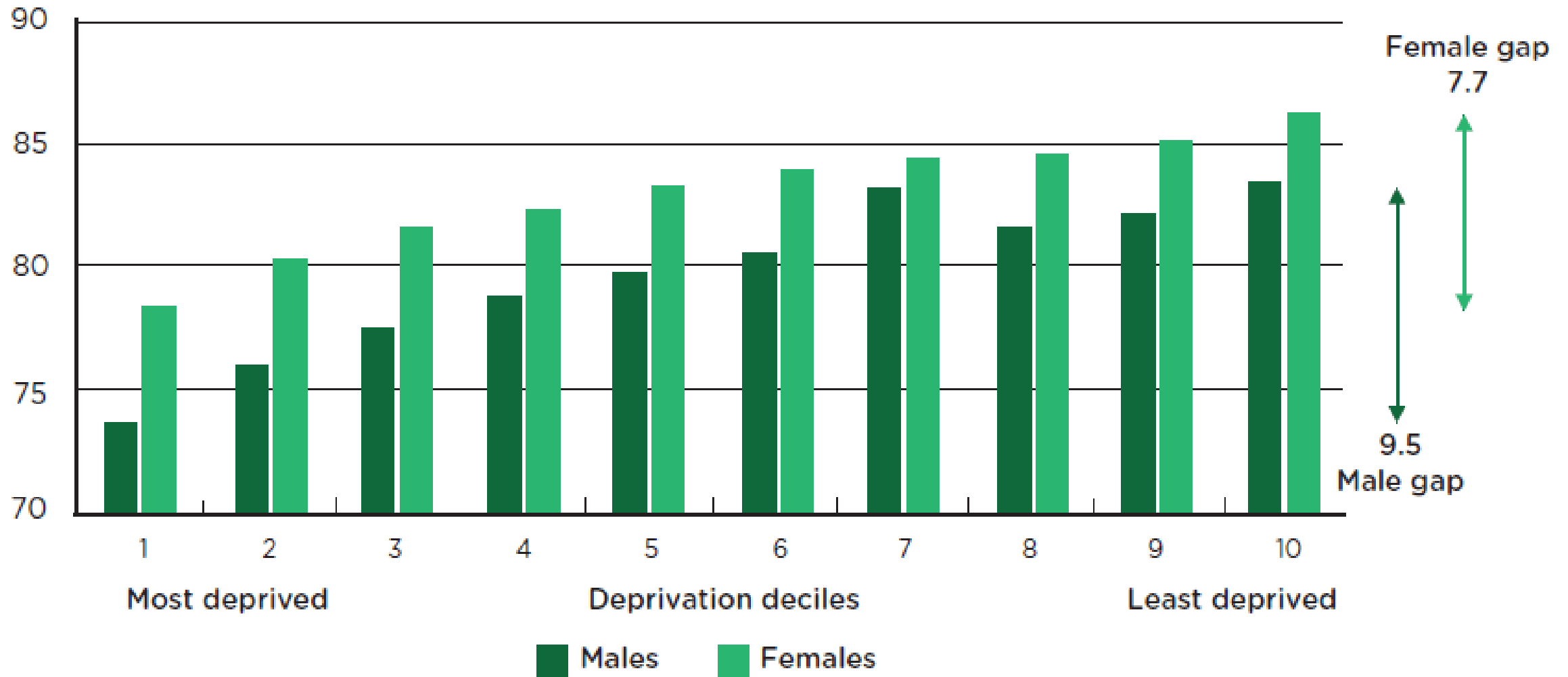
Increases in life expectancy at birth stalling in England



Annual life expectancy improvement in weeks, 2011 to 2017

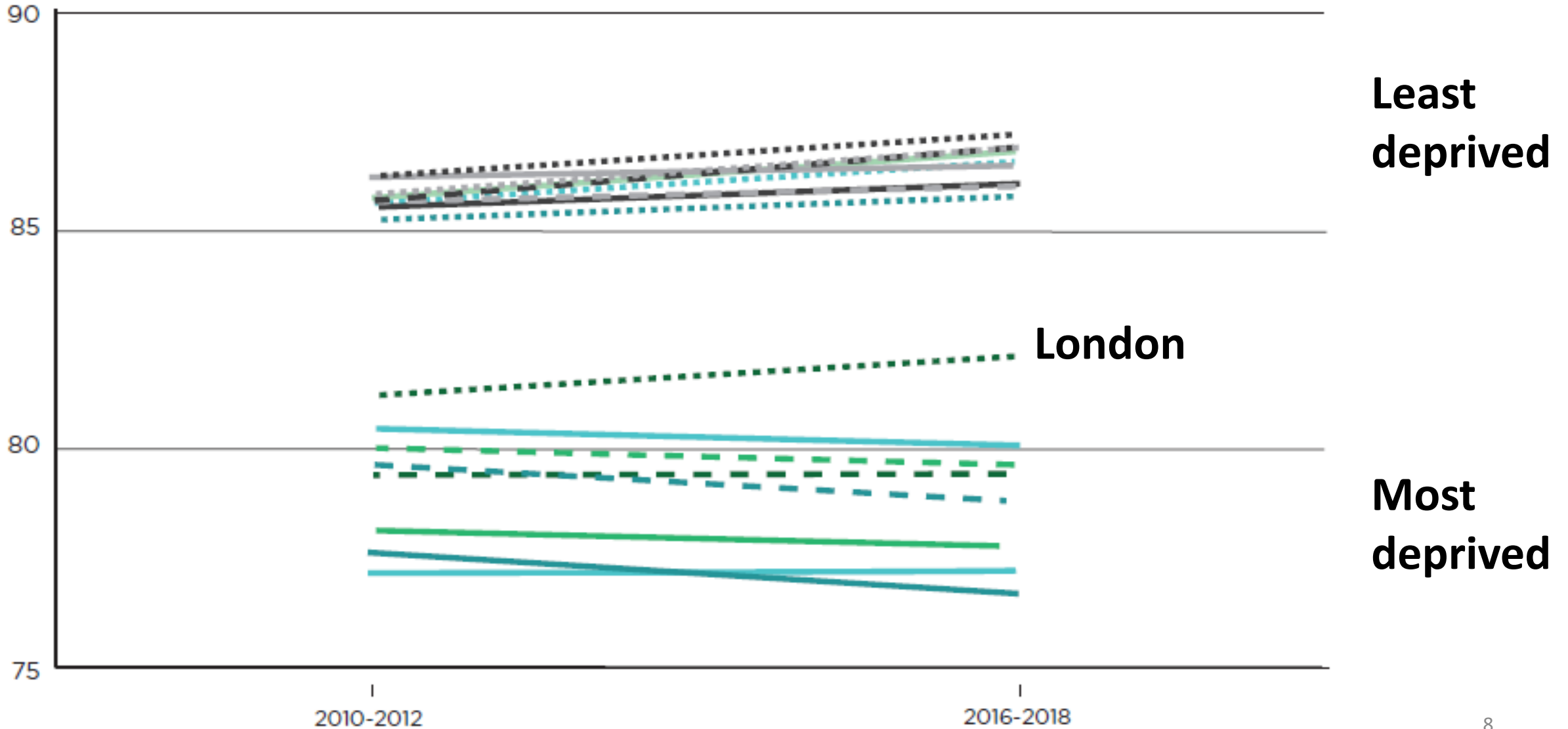


There are large differences in life expectancy by area deprivation in England



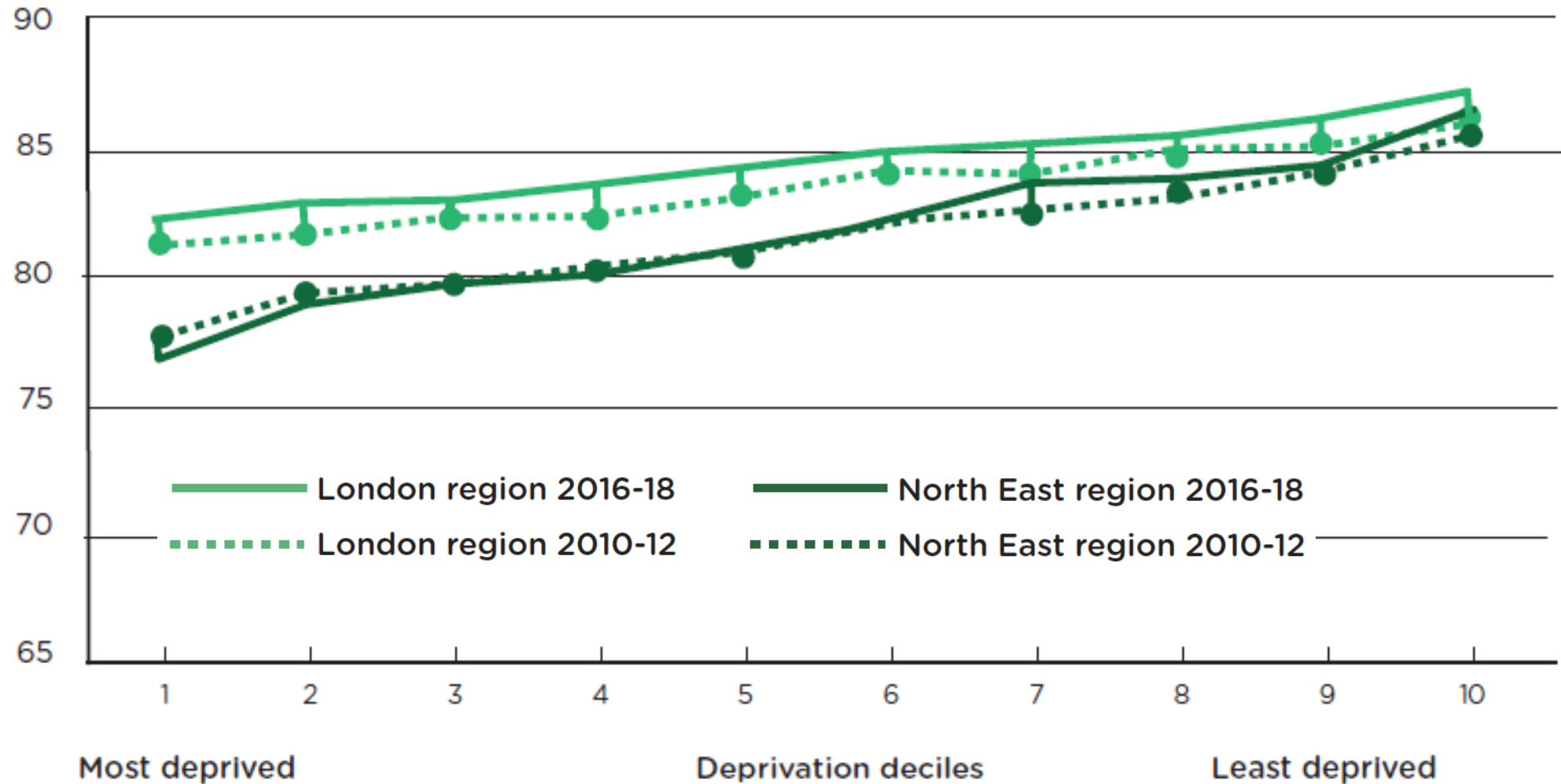
Differences in life expectancy by deprivation widen in England's regions

Women

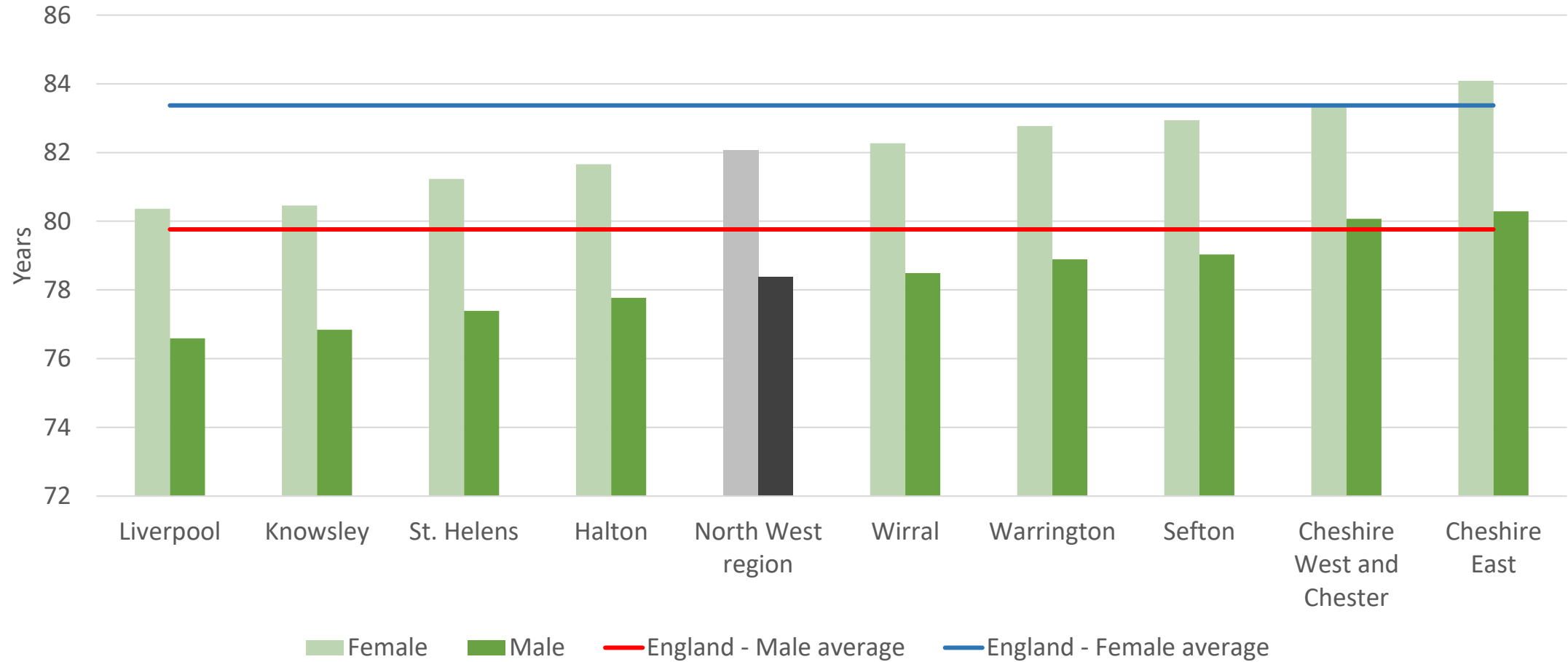


Life expectancy at birth by sex and deprivation deciles in London and the North East regions

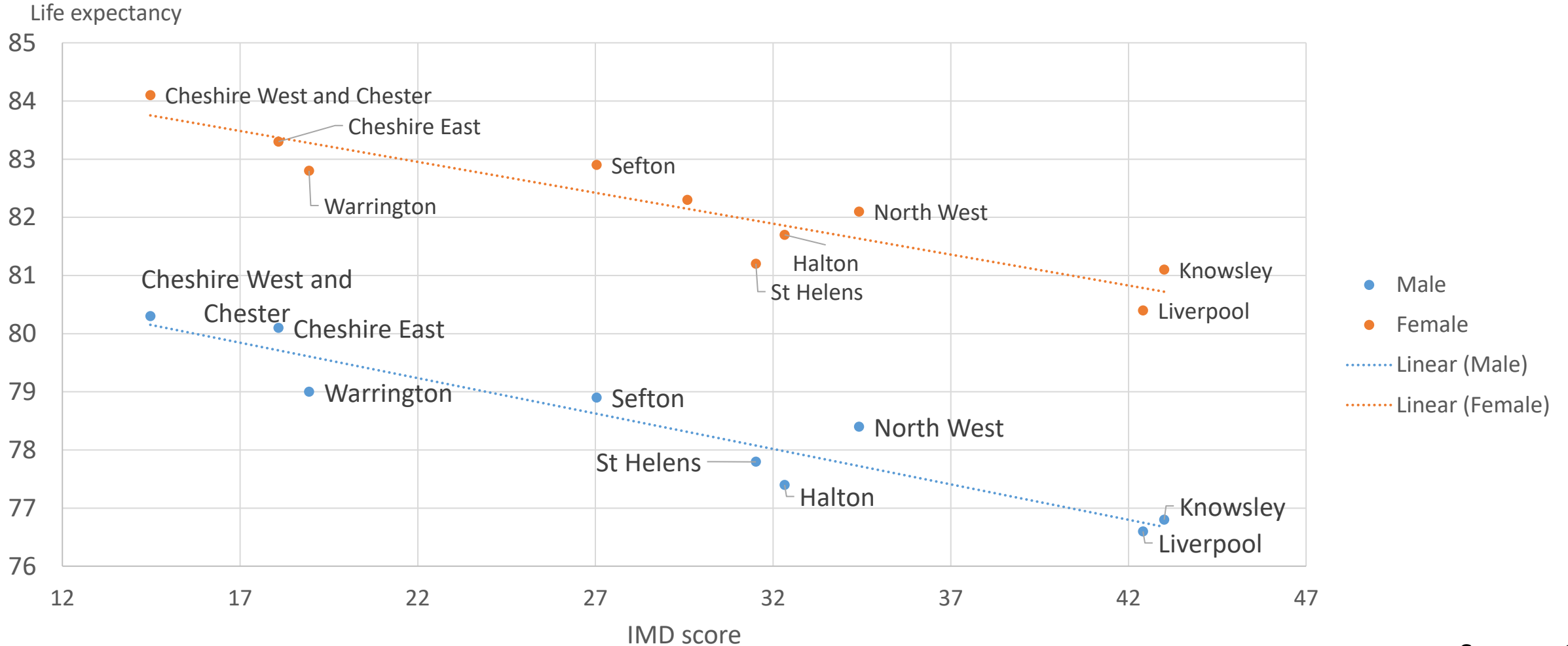
Women



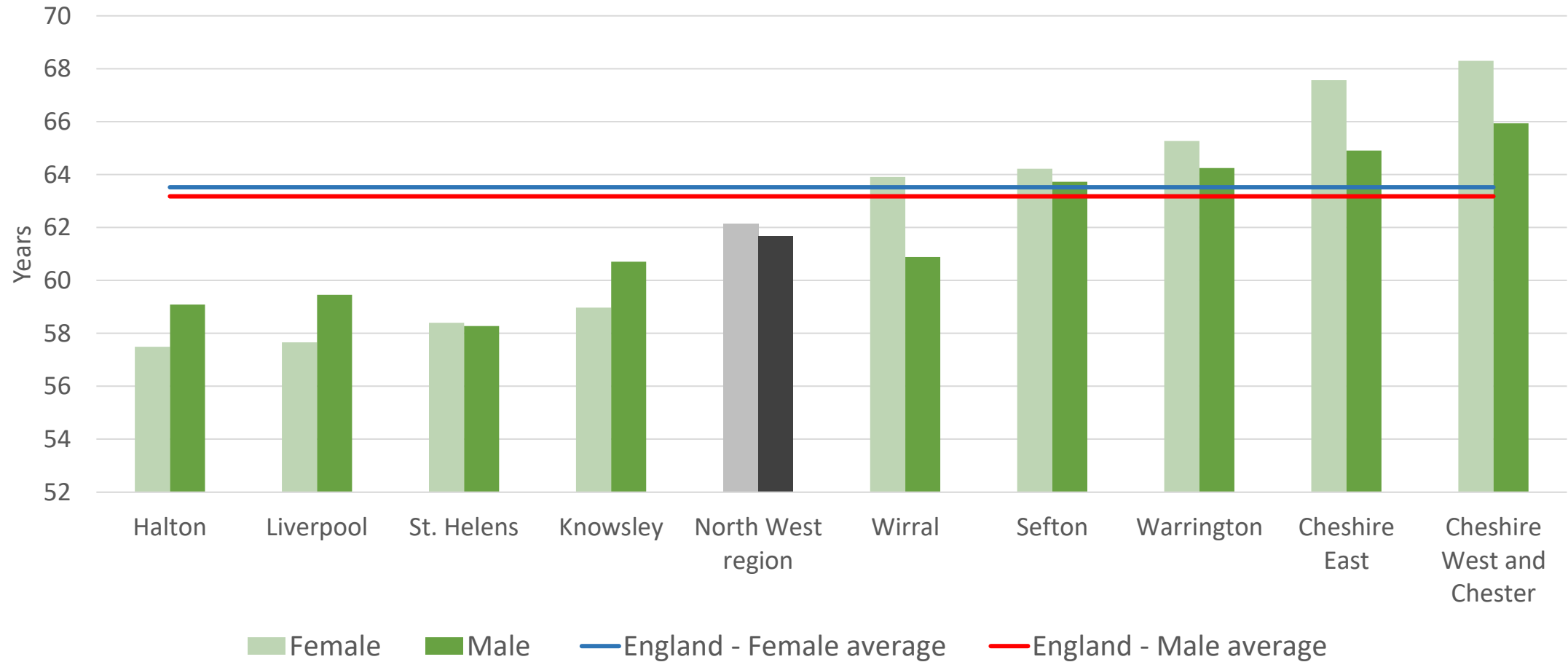
Life expectancy, Cheshire and Merseyside LA, North West, England 2017-19



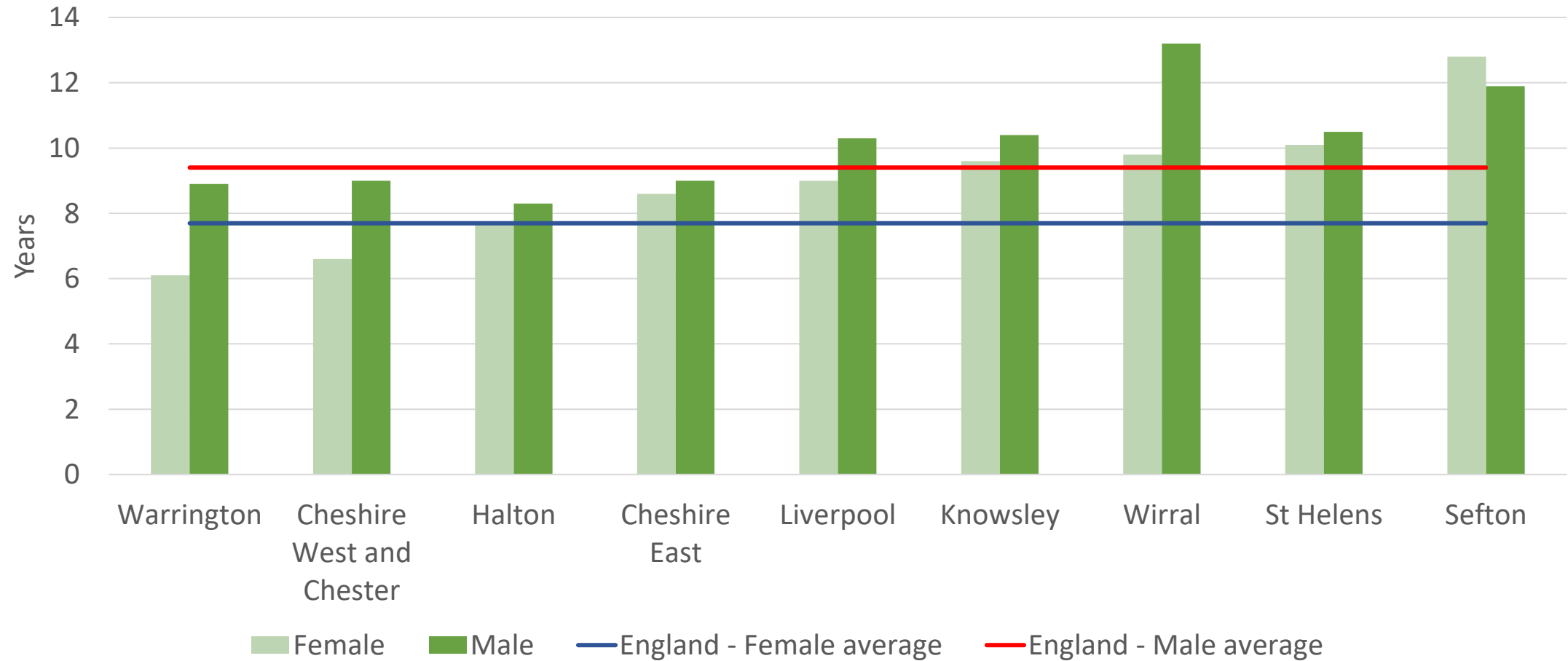
Male and female life expectancy at birth (2017–19) & average Index for Multiple Deprivation score (2019)



Healthy life expectancy at birth 2017-2019



Gap in life expectancy – difference between most and least deprived decile in each LA in C&M 2017-2019

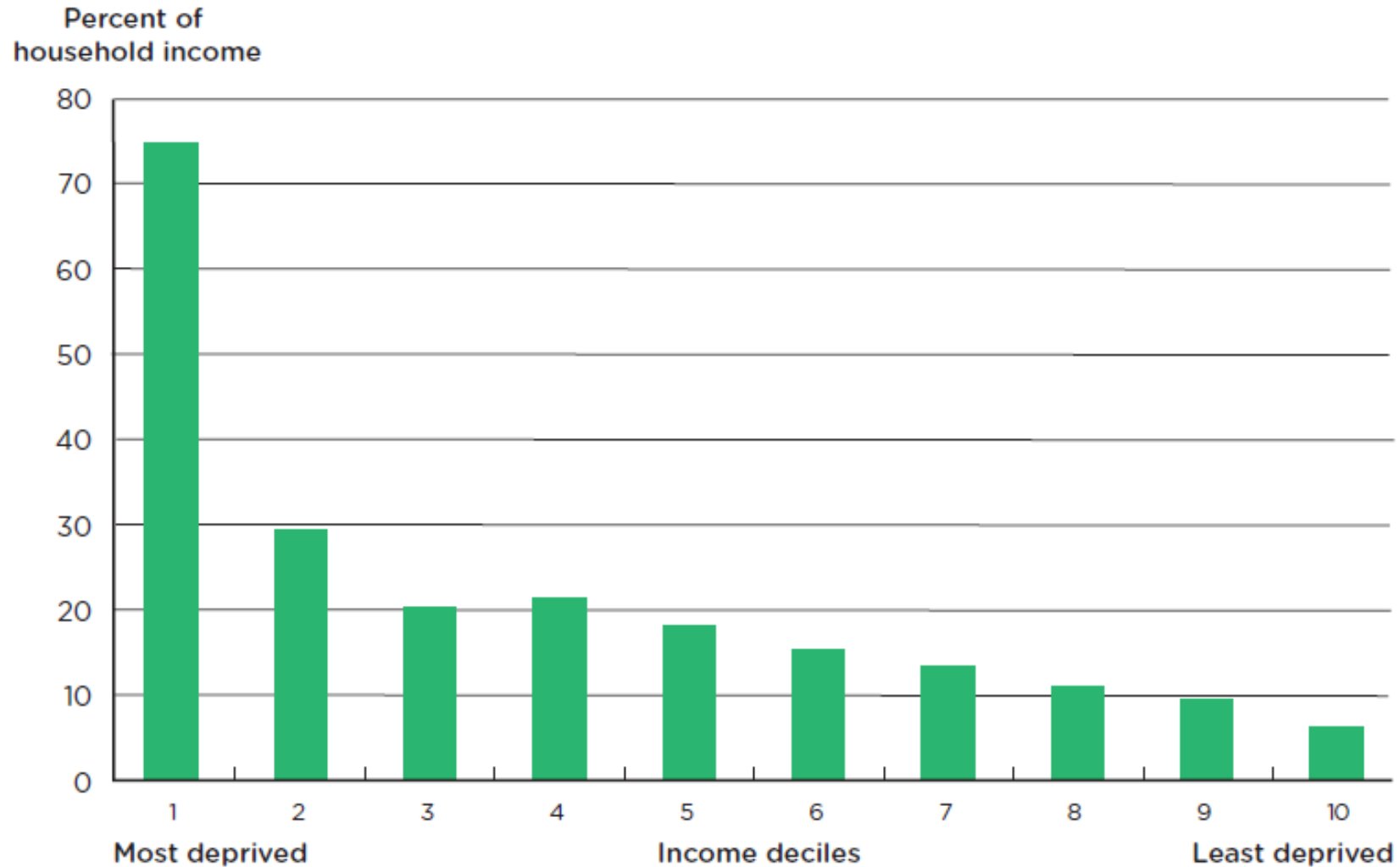


Fair Society, Healthy Lives:
6 Policy Objectives

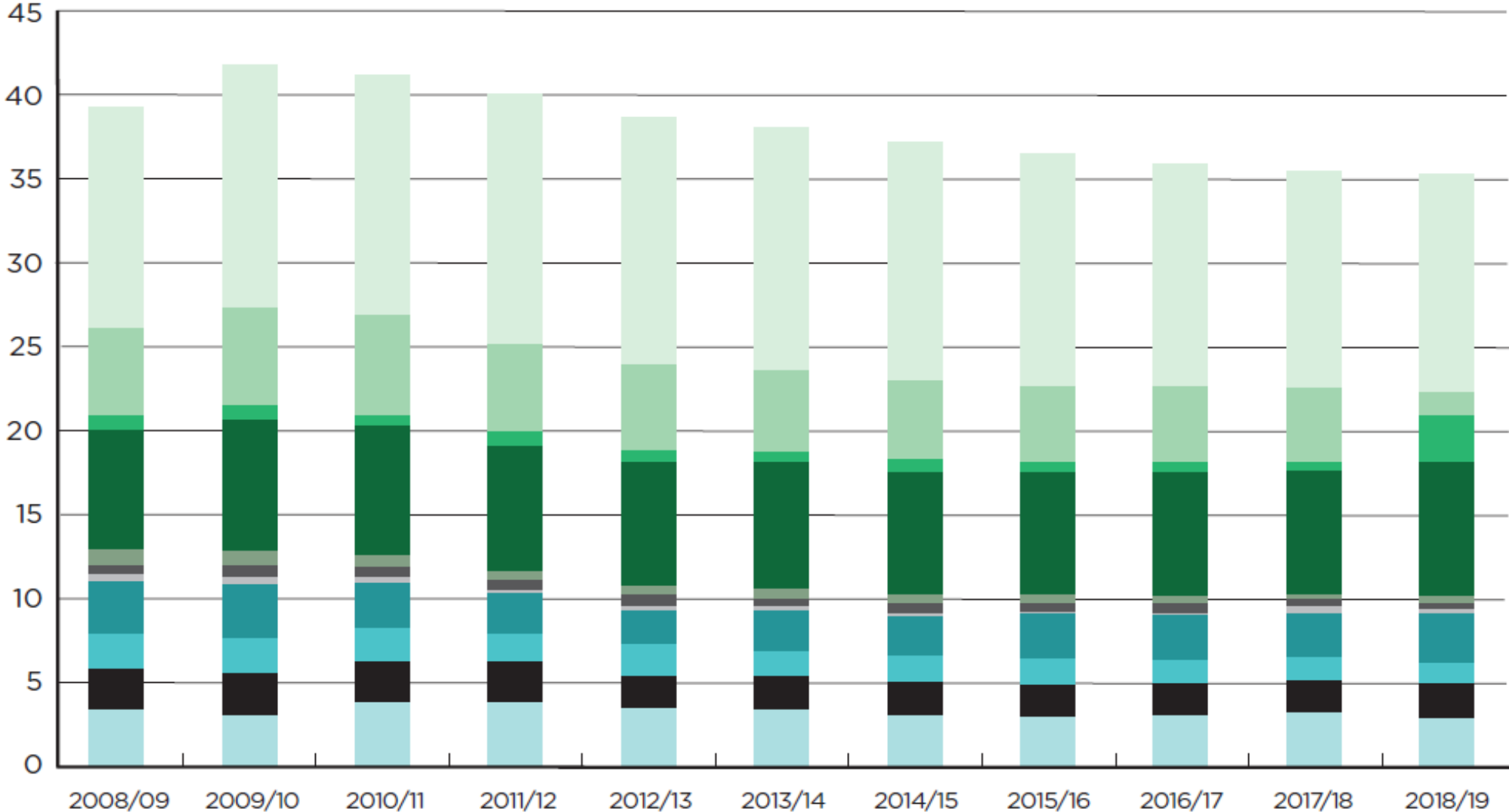
- A. Give every child the best start in life**
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives**
- C. Create fair employment and good work for all**
- D. Ensure healthy standard of living for all**
- E. Create and develop healthy and sustainable places and communities**
- F. Strengthen the role and impact of ill health prevention**



The most deprived decile households would spend 75% of their disposable income to meet the NHS Eatwell Guide



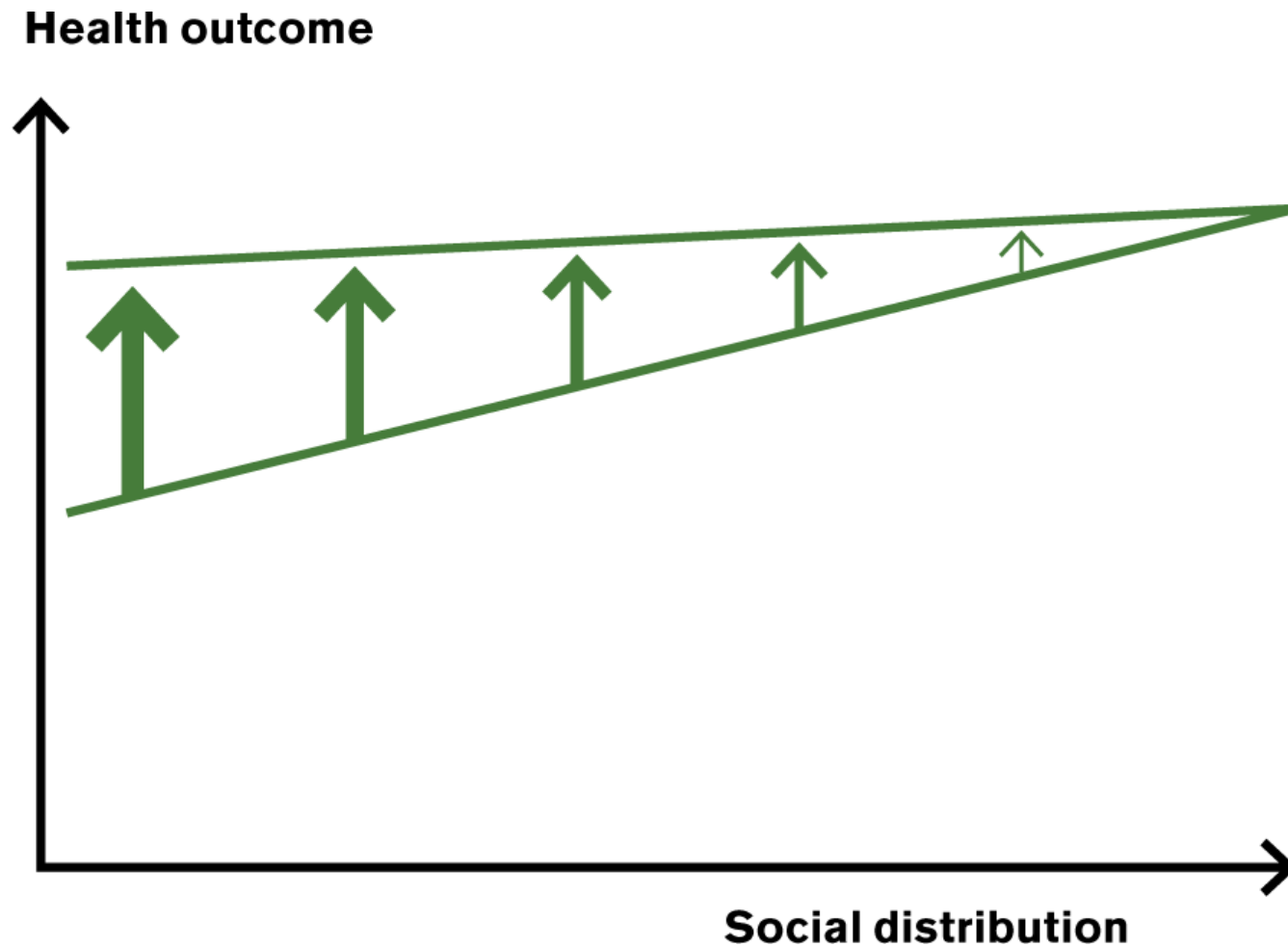
Public sector expenditure (% of GDP) declined in the UK



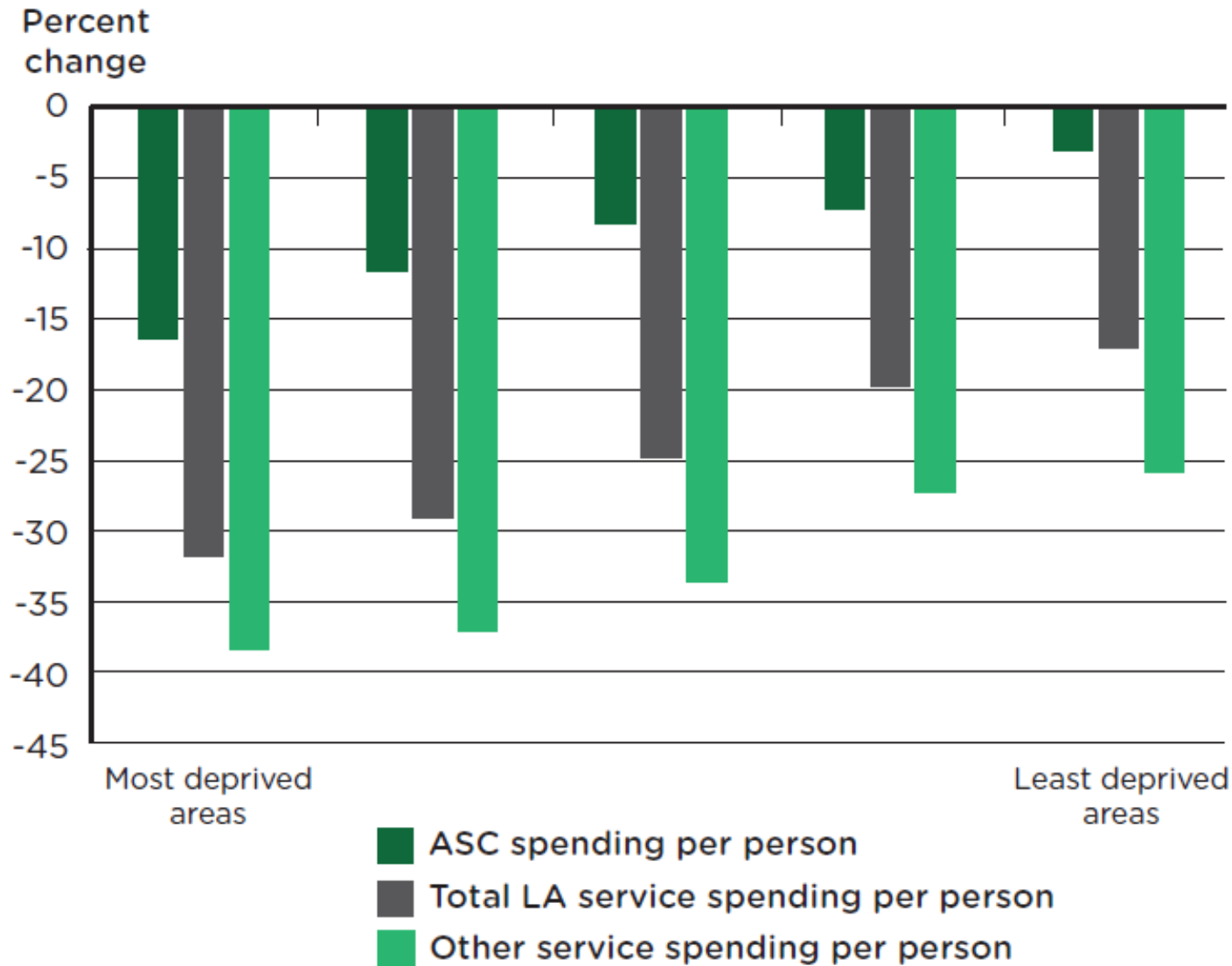
**Expenditure
by service**

Proportionate Universalism

Levelling-up the social gradient in health



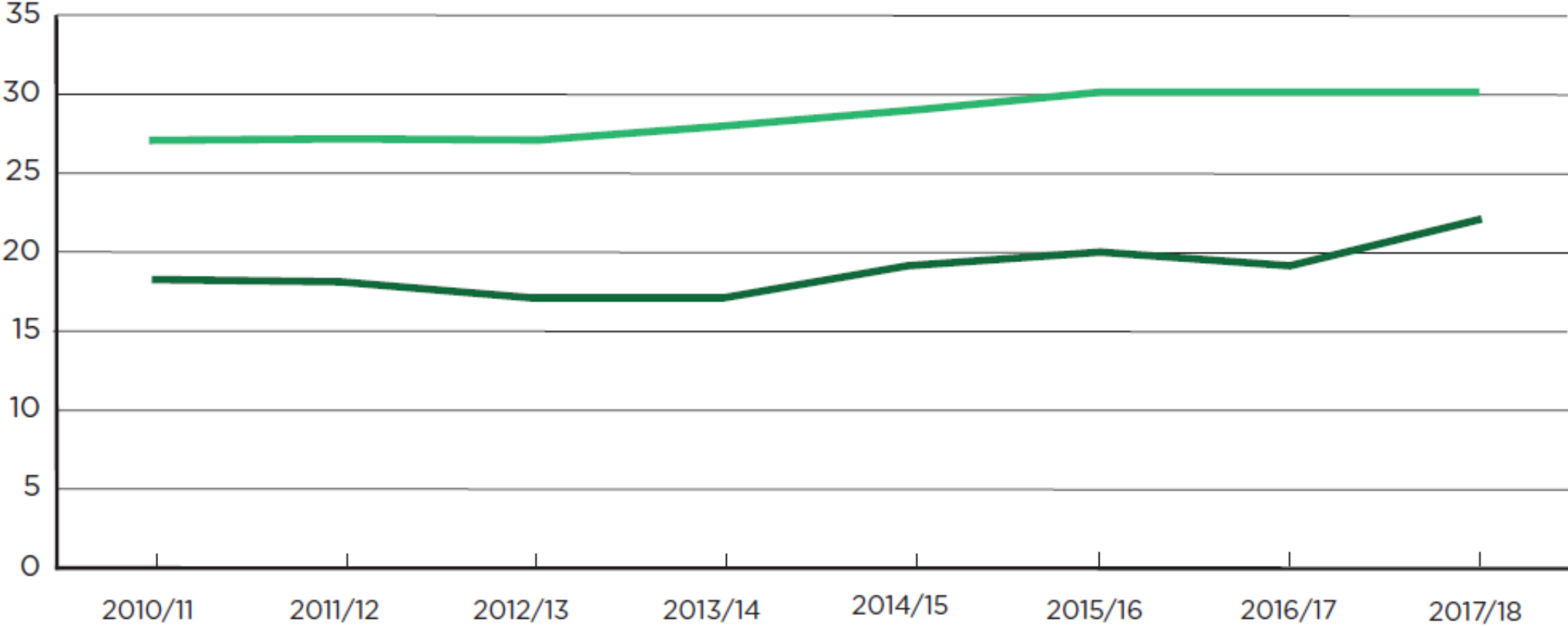
Council spending per person decreased the most in more deprived areas





Children living in poverty before and after housing costs in England

Percent of children

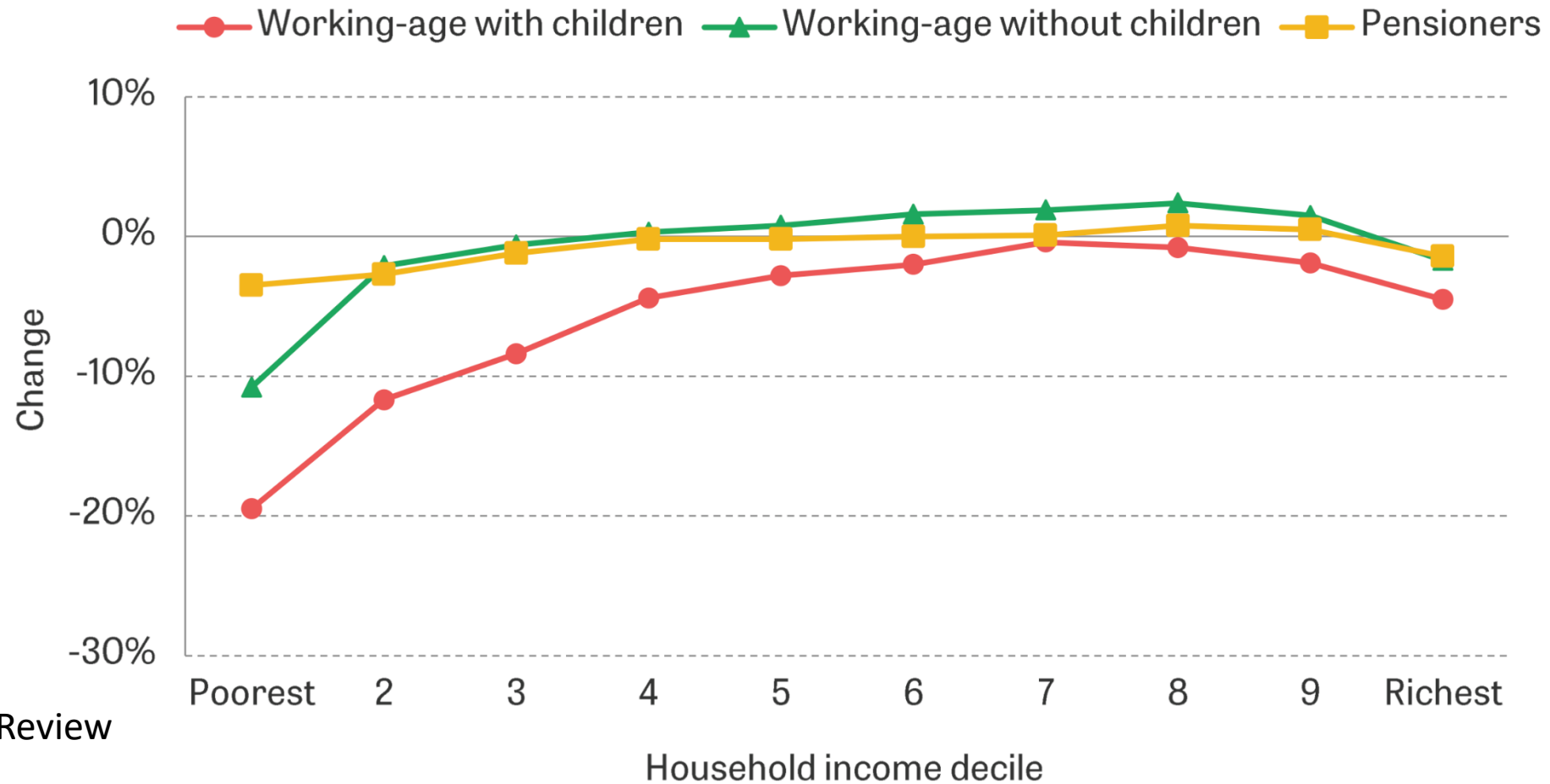


Years

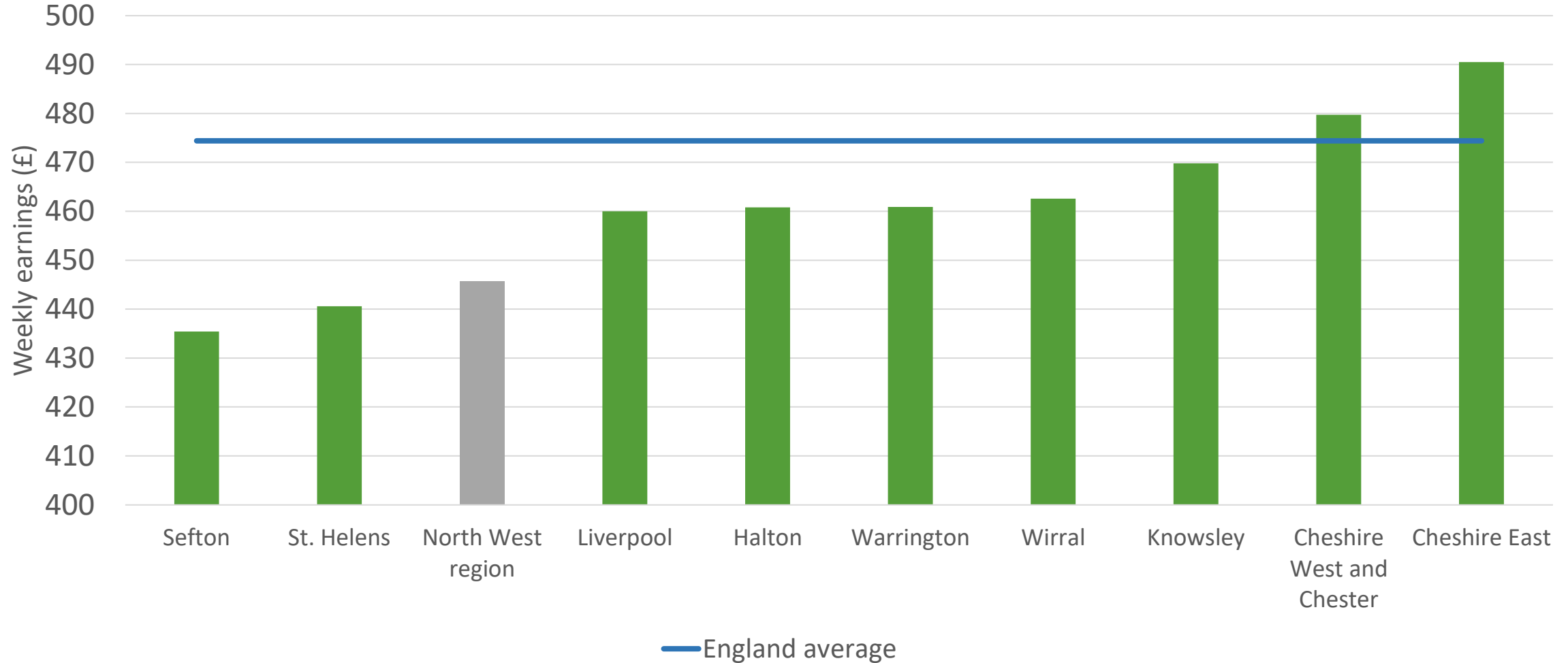
After housing costs Before housing costs

The UK 2020: the poor poorer

Figure 2. Change in net household incomes due to tax and benefit reforms, by income, 2010–19



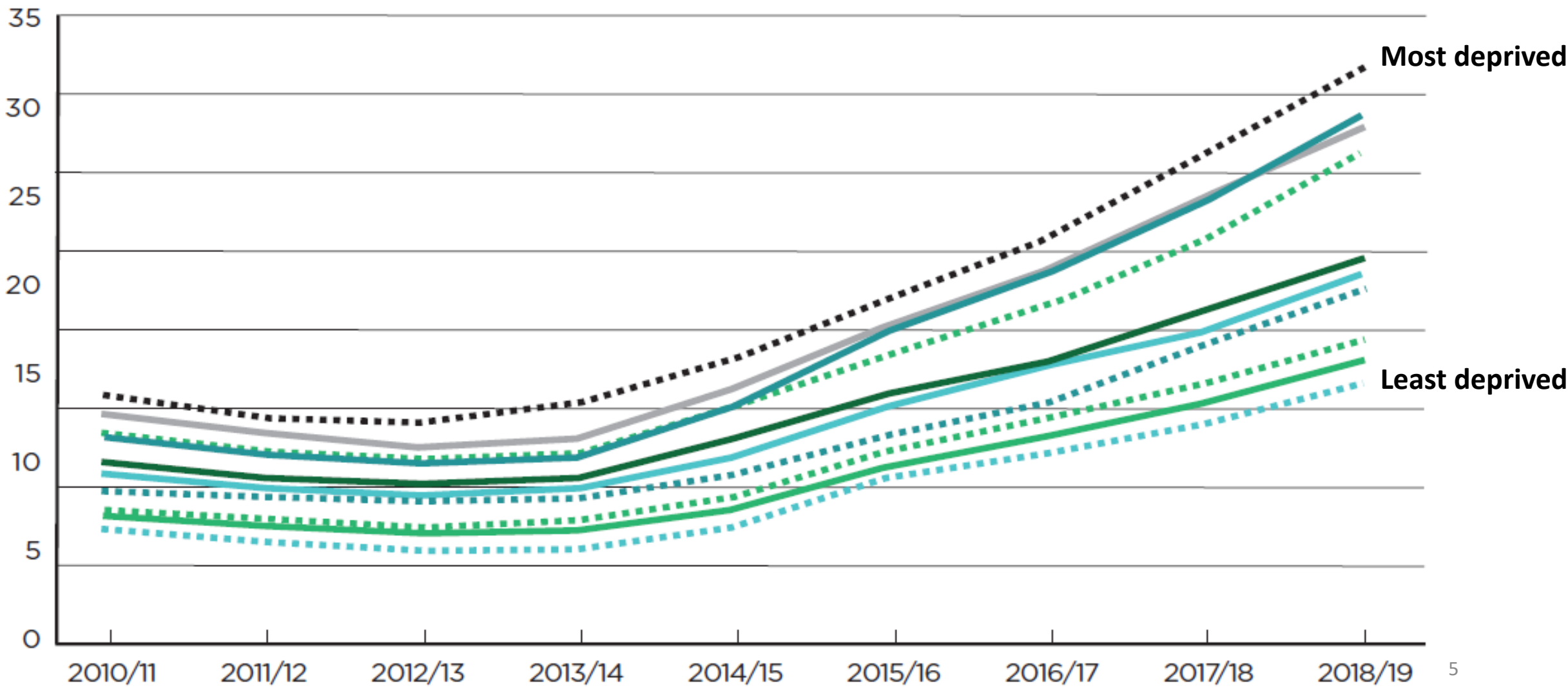
Average weekly earnings, aged 16+ years, in Cheshire and Merseyside, North West and England 2020



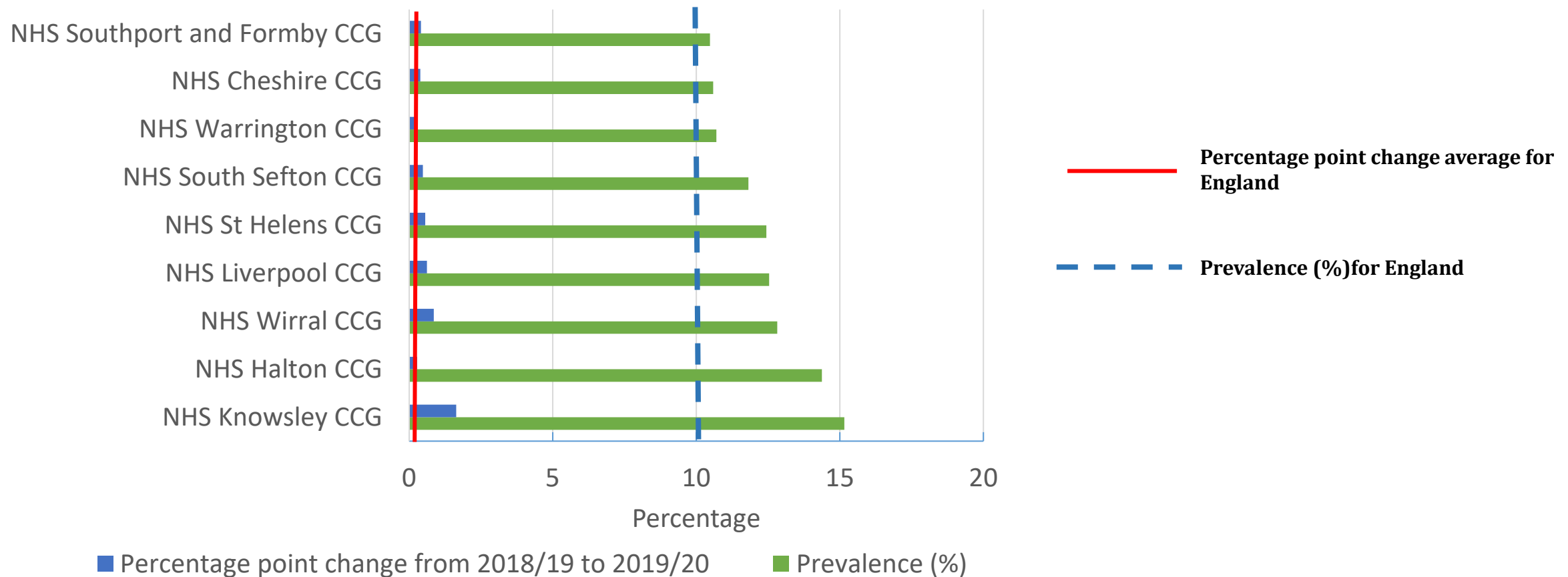


After a small dip, violence increased the most for those in more deprived areas

Per 1,000



Prevalence of obesity at ages 18 and over by Cheshire and Merseyside CCGs, 2019/20 and % change from previous year

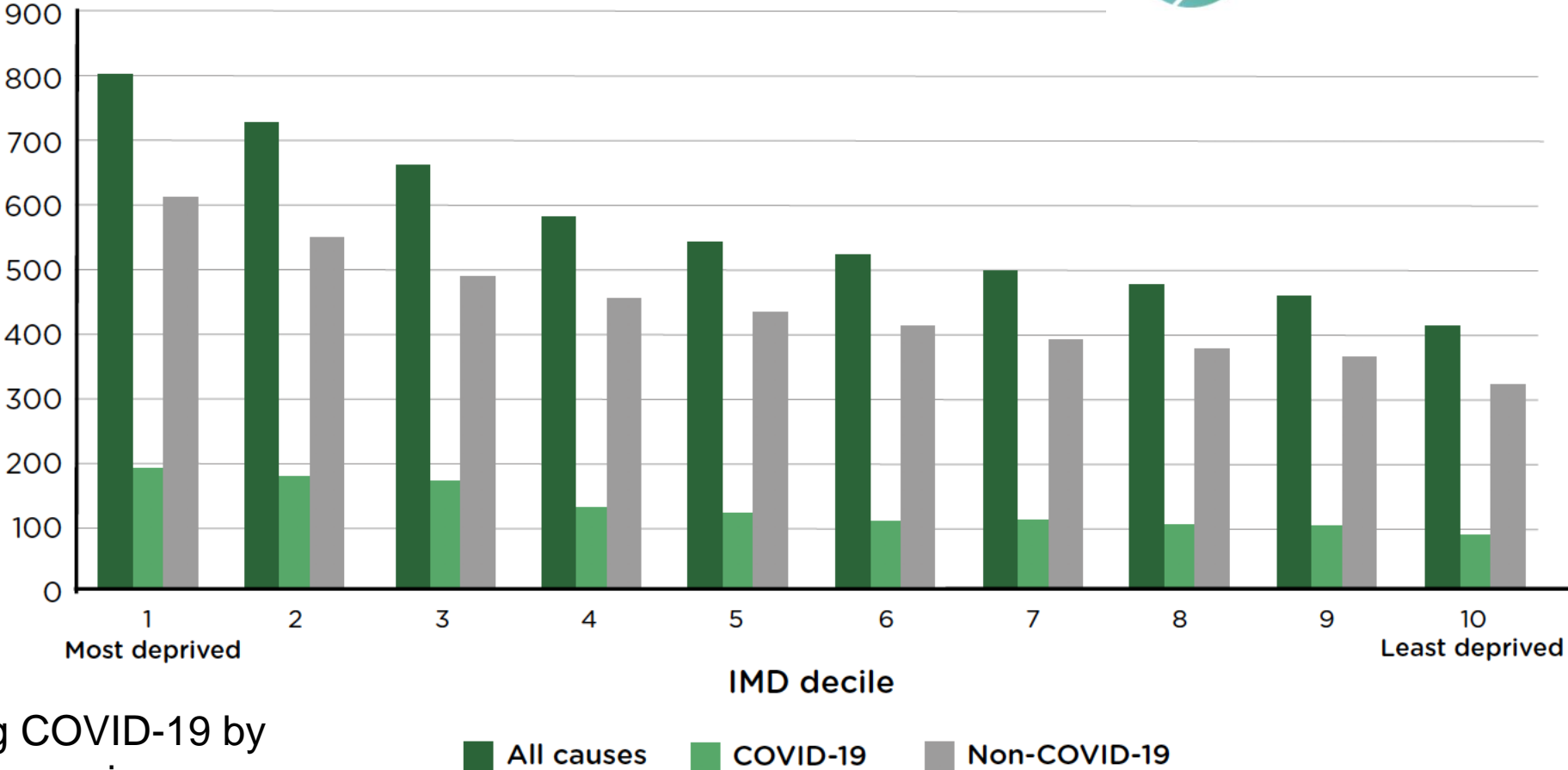


BUILD BACK FAIRER: THE COVID-19 MARMOT REVIEW

**The Pandemic,
Socioeconomic and Health
Inequalities in England**



Male age-standardised mortality rates from all causes, COVID-19 and other causes (per 100,000), by deprivation deciles in England

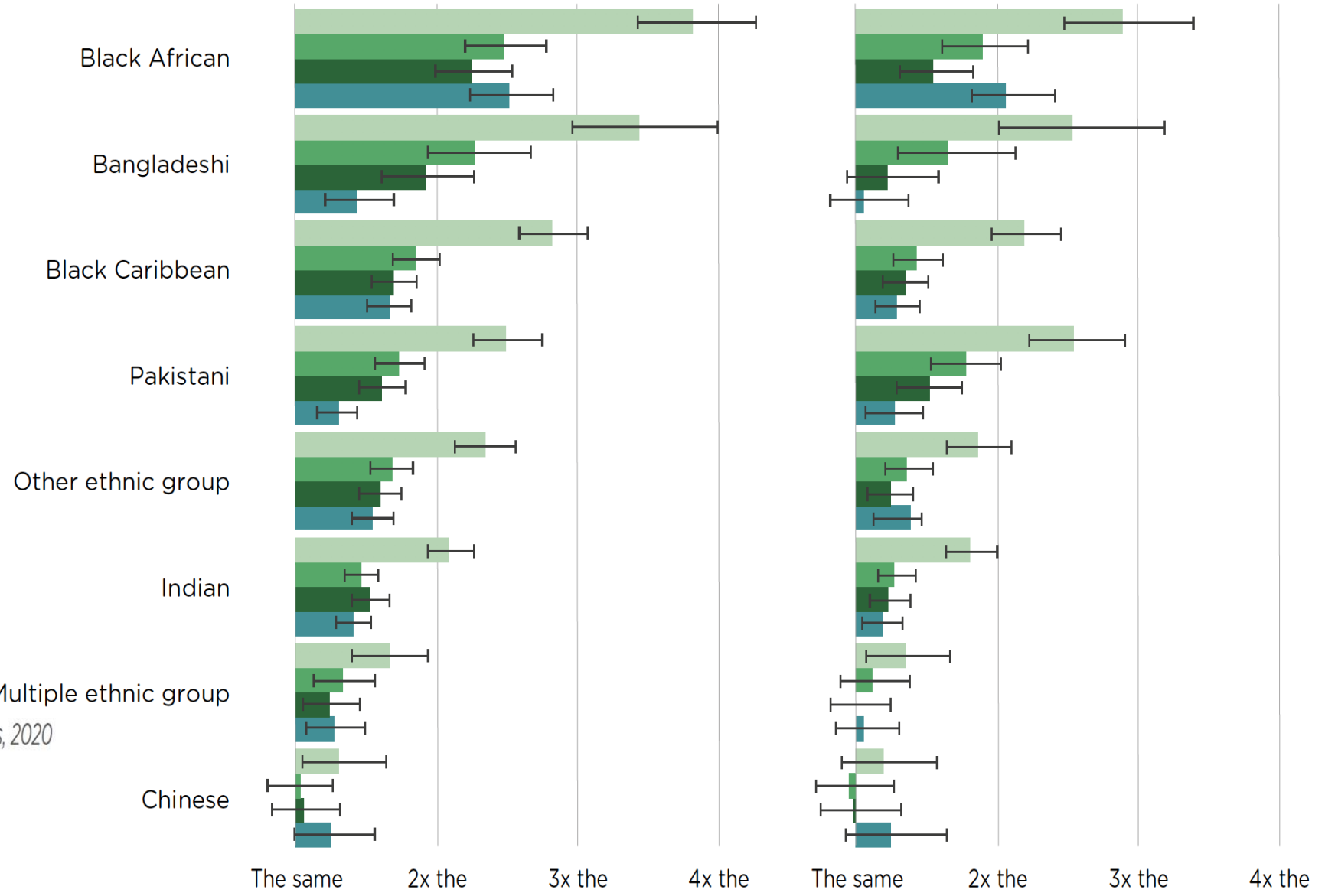


ONS. Deaths involving COVID-19 by local area and socioeconomic deprivation, 2020

Death rates at ages 9 and over involving COVID-19 by ethnic group and sex relative to the White population, England

Males
Comparison group: White

Females
Comparison group: White



ONS, COVID-19 related deaths by ethnic group, England and Wales, 2020

Adjusted for age

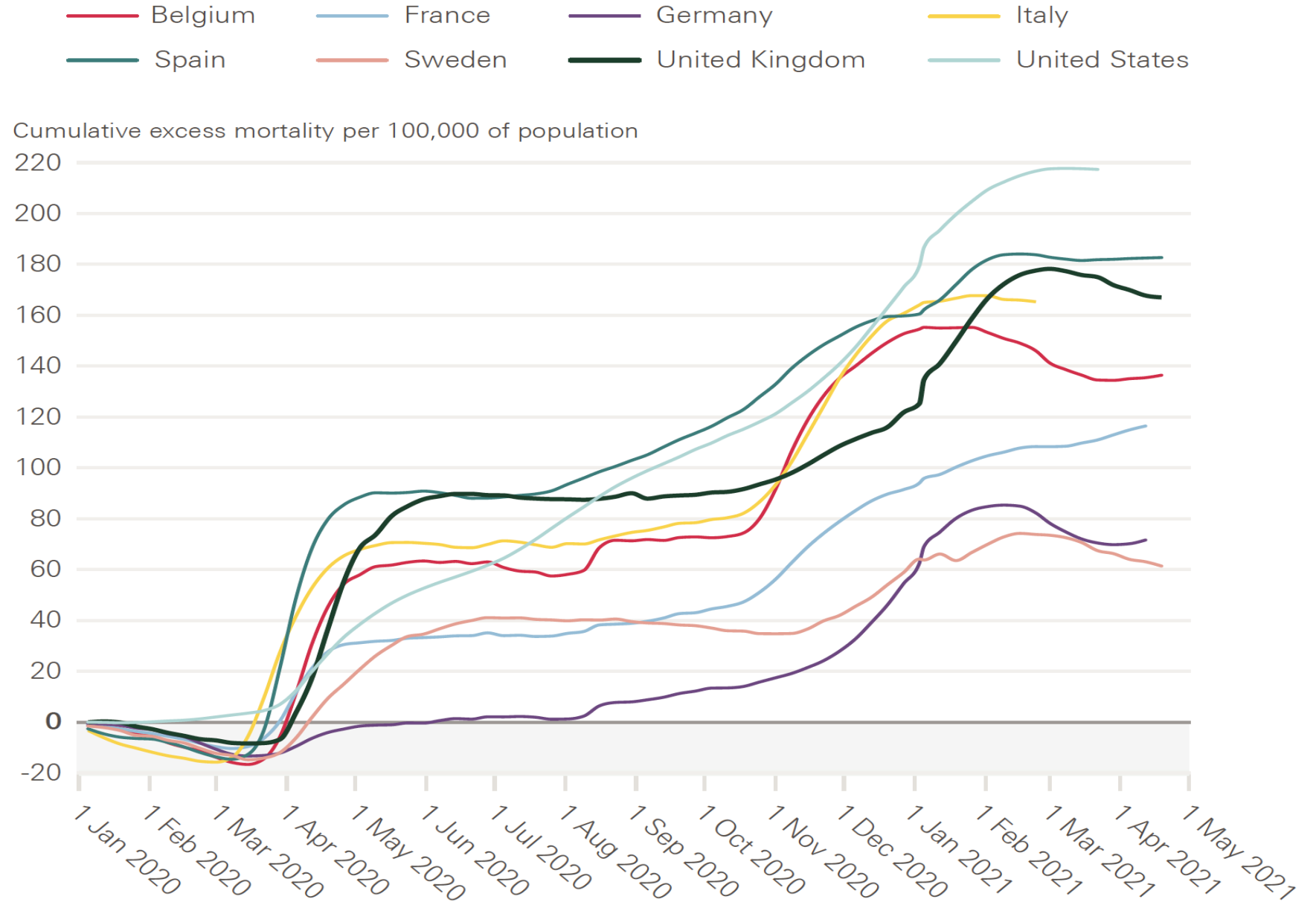
+ Geography

+ Socio-economics

+ Health status

Excess Mortality

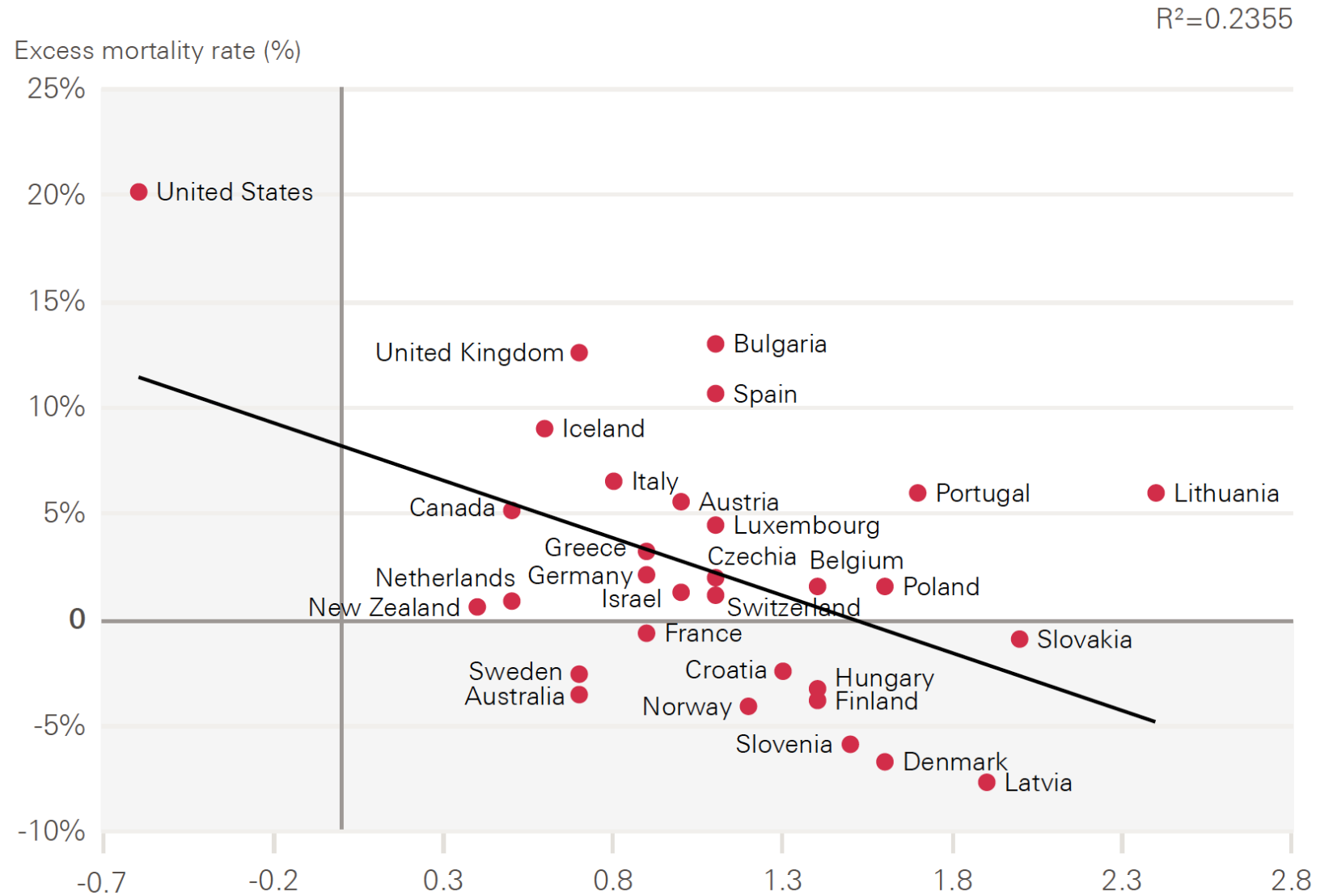
Figure 3: Cumulative excess mortality for select countries, January 2020 to May 2021



Source: Health Foundation analysis of Our World in Data excess mortality data, population data via OECD Stat for 2018.

Slower HLE
improvement
2010-2019
Higher
excess
mortality
2020

Figure 4: Change in healthy life expectancy at birth, 2010–2019 compared with excess mortality as a share of expected deaths during 2020, for people aged younger than 65, selected OECD countries



Source: The Human Mortality Database, Short-term Mortality Fluctuations (STMF) data series; WHO Global Health Observatory data repository.

HEALTH AS A MEASURE OF SOCIETAL SUCCESS

Pre-Pandemic. LE stalling, inequalities increasing, LE for poorest people falling

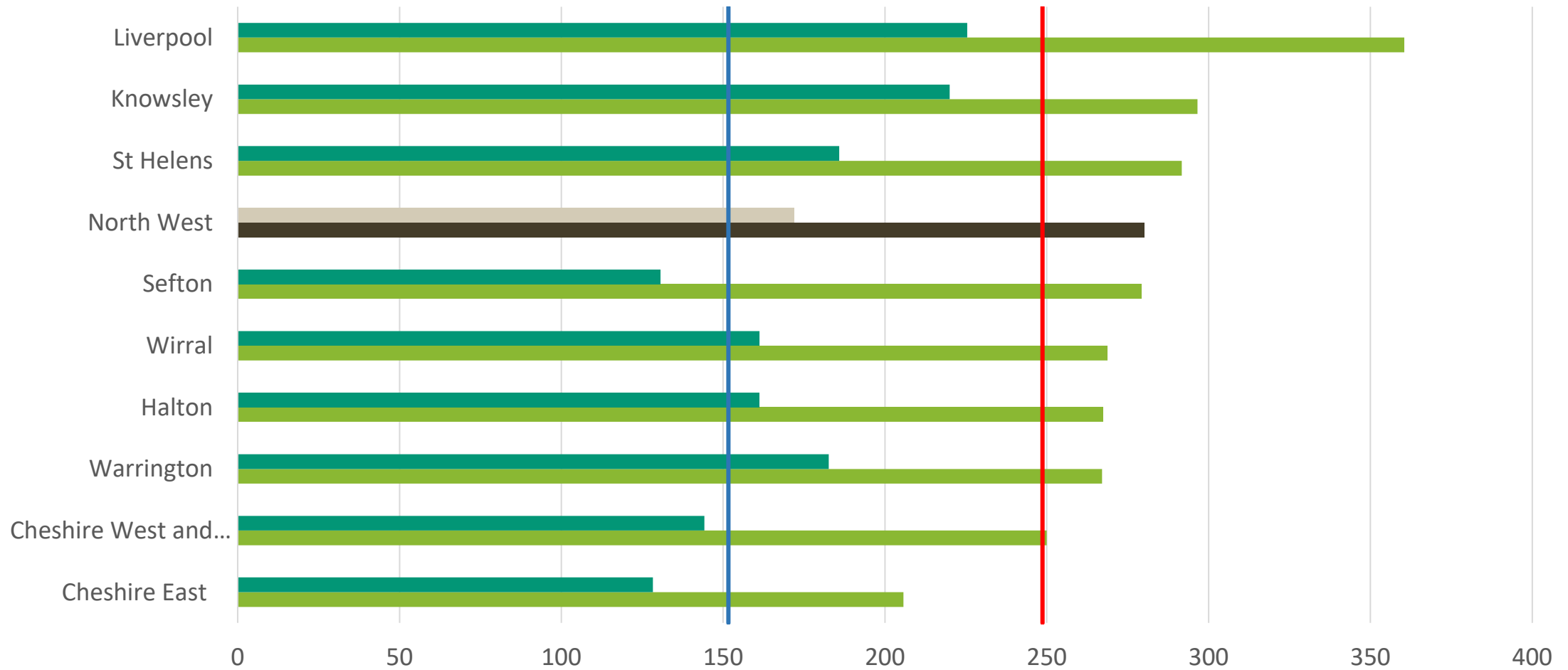
Slow down in LE nearly slowest of rich countries.

Pandemic. Highest excess mortality

Link?

- Poor governance and political culture
- Social and economic inequalities increasing
- Reduction in spending on public services – we are ill-prepared
- England was unhealthy coming in to the pandemic

Age standardised COVID-19 mortality per 100,000, England, the North West, Cheshire and Merseyside local authorities, 14 month total (March 2020 to April 2021)

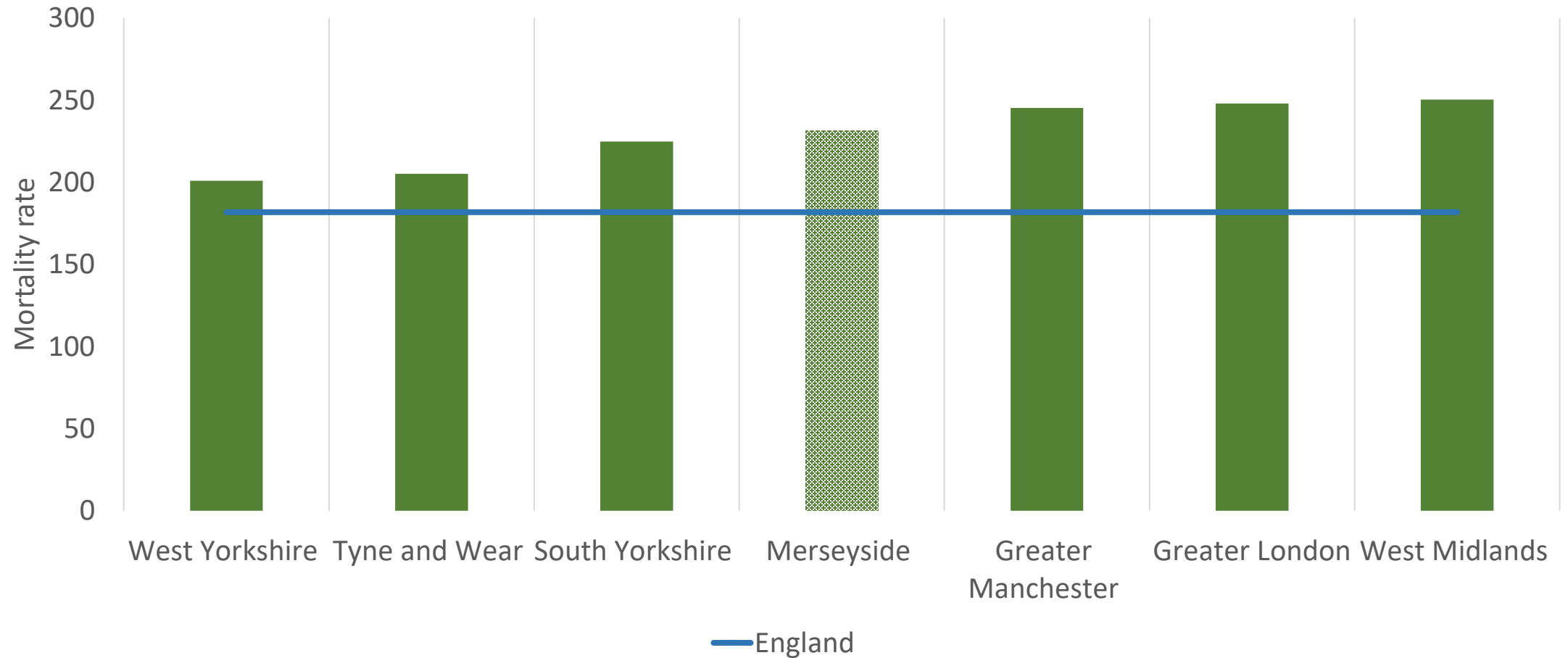


Source: ONS

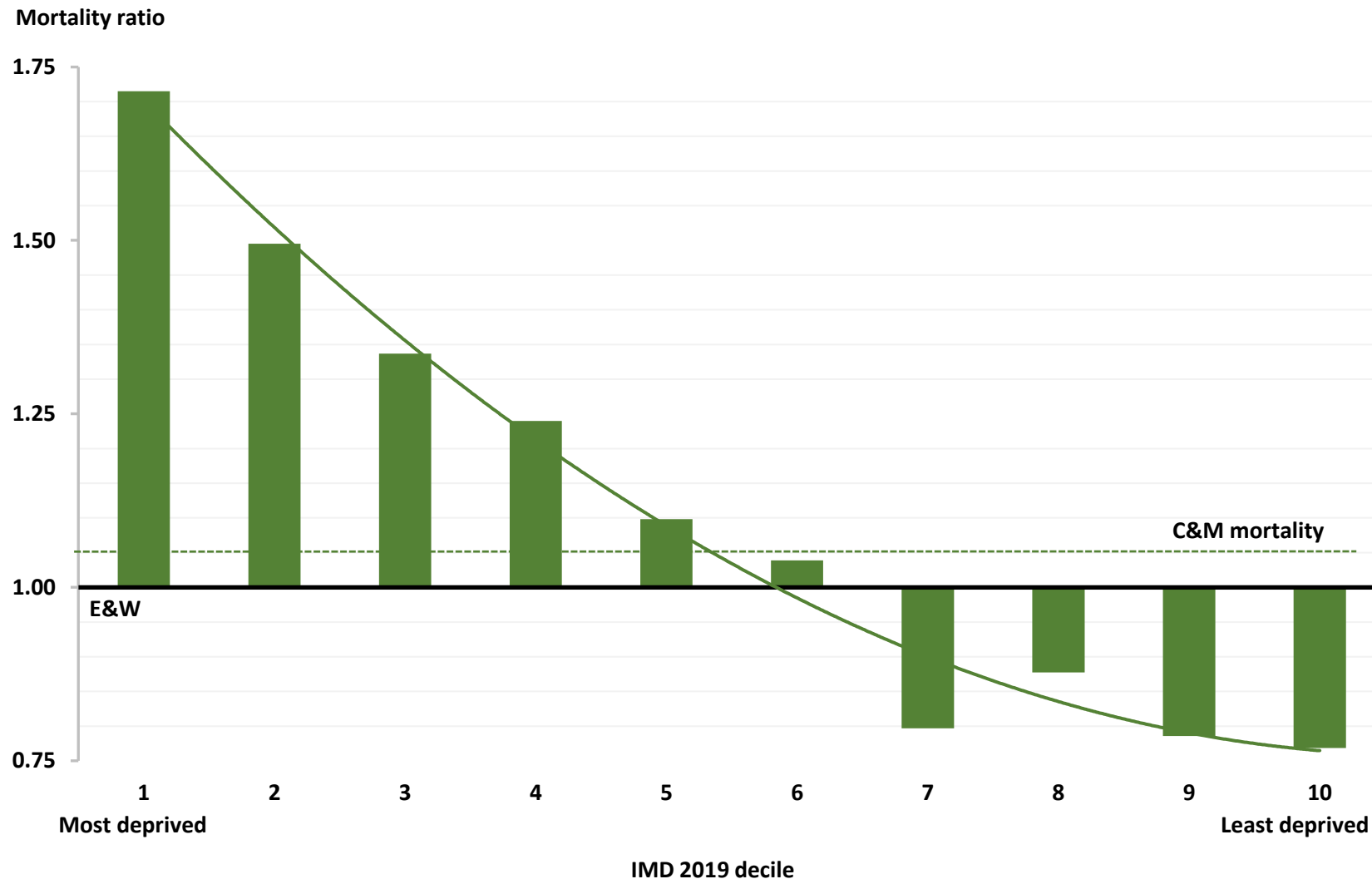
■ Females
 ■ Males
 — Males England average
 — Females England average

Mortality rate (per 100,000)

Age-standardised COVID-19 mortality rate per 100,000, metropolitan counties in England & Grt London, 14 month total (Mar 2020 - Apr 2021)



Age and sex standardised COVID-19 mortality ratios by IMD 2019 deciles of MSOAs* in Cheshire and Merseyside, Mar 2020 - Apr 2021



BUILD BACK FAIRER IN GREATER MANCHESTER: HEALTH EQUITY AND DIGNIFIED LIVES



BUILD BACK
FAIRER IN GREATER
MANCHESTER:
HEALTH EQUITY AND
DIGNIFIED LIVES

Life expectancy decline in 2020 (provisional)

	Female	Male
North West	1.2 years	1.6 years
England	0.9 years	1.3 years

From Brookside to Big Brother

How Channel 4 shook up Britain

G2



Worries over slippery grass as Serena Williams crashes out

Page 8

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The Guardian For 200 years

England 2 Germany 0
Like emerging from a dream into a strange new light

Barney Ronay
Chief sports writer



Well, that was unexpected. On a grey, boisterous, increasingly wild night at Wembley Stadium England's footballers did something new. When it comes to these grand, operatic international tournaments England shrink. England are fearful. At best England flutter, briefly, before being broken on the wheel. Except not this time. Instead Gareth Southgate's fine young team produced a performance of slow-burn



▲ England's players celebrate the second goal, scored by striker and captain Harry Kane, at Wembley Stadium yesterday PHOTOGRAPH: EDIE KEOGH/THE FA/GUETTY

'Jaw-dropping' fall in life expectancy in poor areas

Patrick Butler
Social policy editor

Boris Johnson's post-Covid levelling-up agenda will fail unless it addresses declining life expectancy and deteriorating social conditions in England's poorest areas, a leading authority on public health has warned. Sir Michael Marmot revealed the coronavirus death rate in Greater Manchester was 25% higher than the England average during the year

to March, leading to "jaw-dropping" falls in life expectancy and widening social and health inequalities across the region over the past year. The deterioration of health equalities in the region and across similarly deprived areas of the country was a result of longstanding, avoidable socio-economic inequities and ethnic disadvantage, exacerbated by a decade of spending cuts and amplified by the coronavirus pandemic and the effect of prolonged lockdowns, he said.

'The deterioration in health for the most deprived people is a marker of a society that is not functioning'

Sir Michael Marmot
Public health expert

Marmot proposed a "moral and practical" plan for government investment in jobs, housing, local services and education to tackle health and social inequalities in Manchester and similar areas: "If government is serious about levelling up, here's how to do it."

Ministers' ambition to level up regional differences has been criticised for being overly reliant on large economic infrastructure projects. Marmot's proposals suggest the focus should be widened to address the social conditions that cause inequalities at community level.

"Levelling up really ought to be about equity of health and wellbeing," he said. The findings of the report focusing on Greater Manchester were "generalisable" across other deprived areas of England, added Marmot, saying: "It's pretty bad for life chances to live in poorer parts of London,

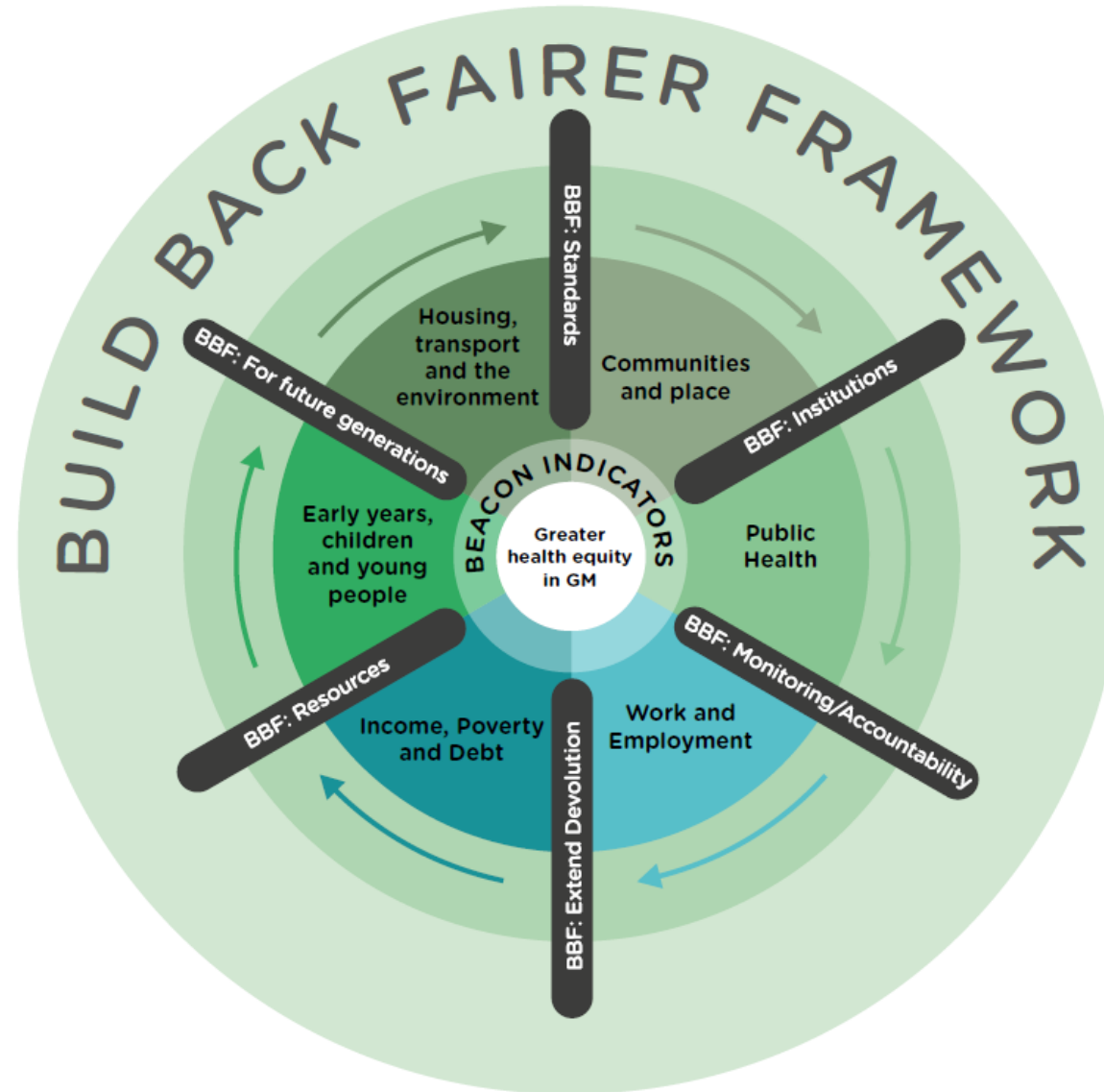
too. Levelling up shouldn't only be about the Midlands and the north-east and the north-west [of England]. Deprived parts of London need attention as well."

Marmot is the director of the UCL Institute for Health Equity and an public health expert known for his work on the social determinants of population health. Just before the pandemic he published research linking UK austerity cuts to the first falls in life expectancy for more than 100 years.

His latest report shows life expectancy in north-west England fell in 2020 by 1.6

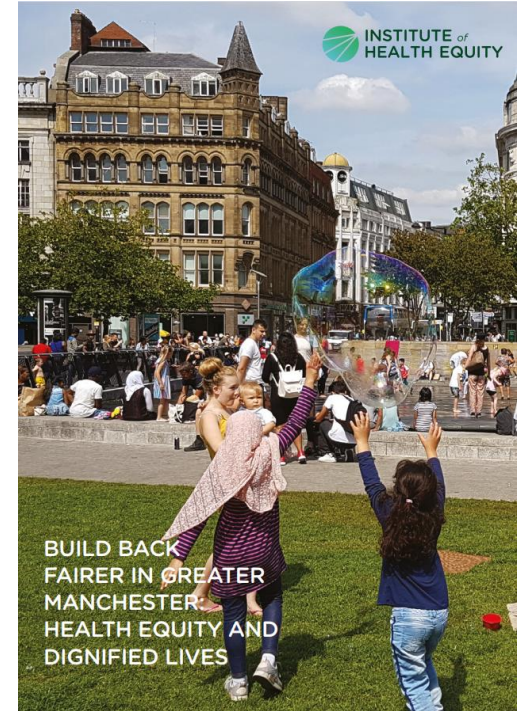


Framework for Building Back Fairer in Greater Manchester

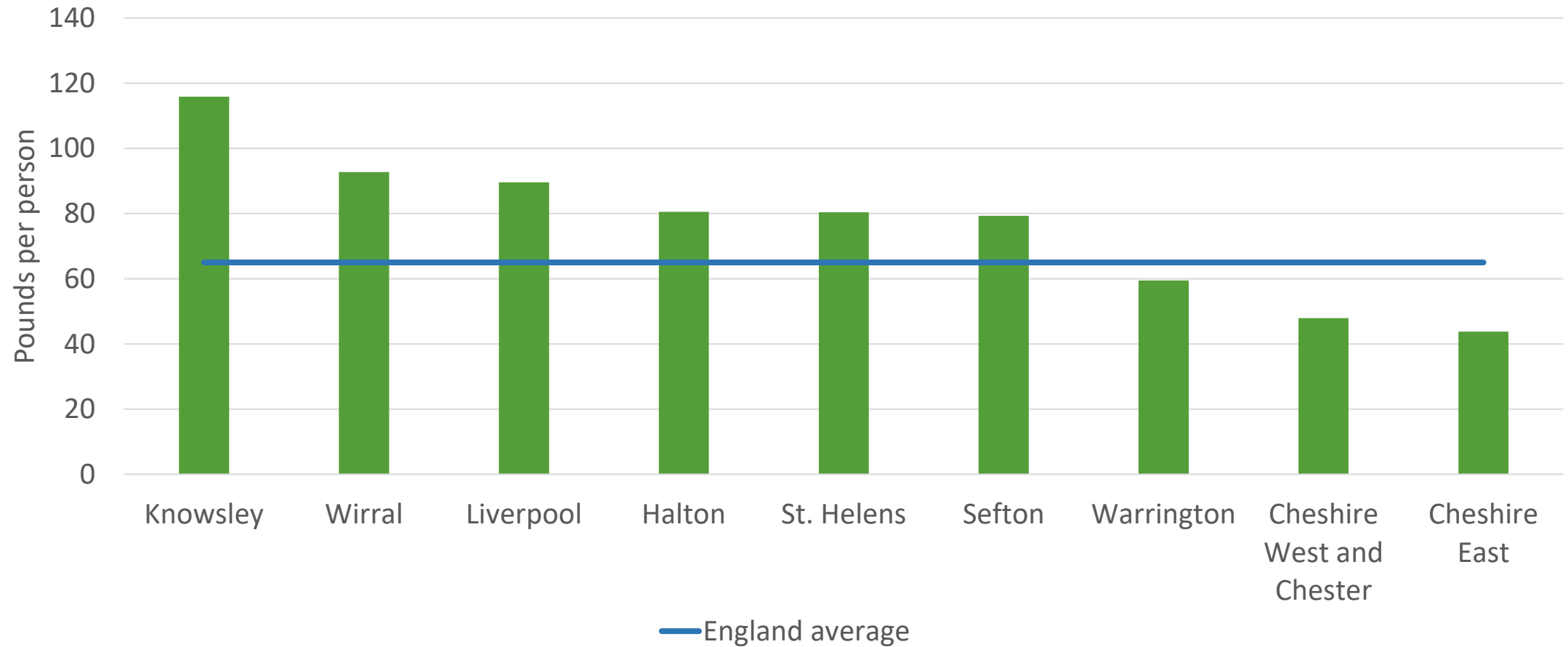


Recommendations

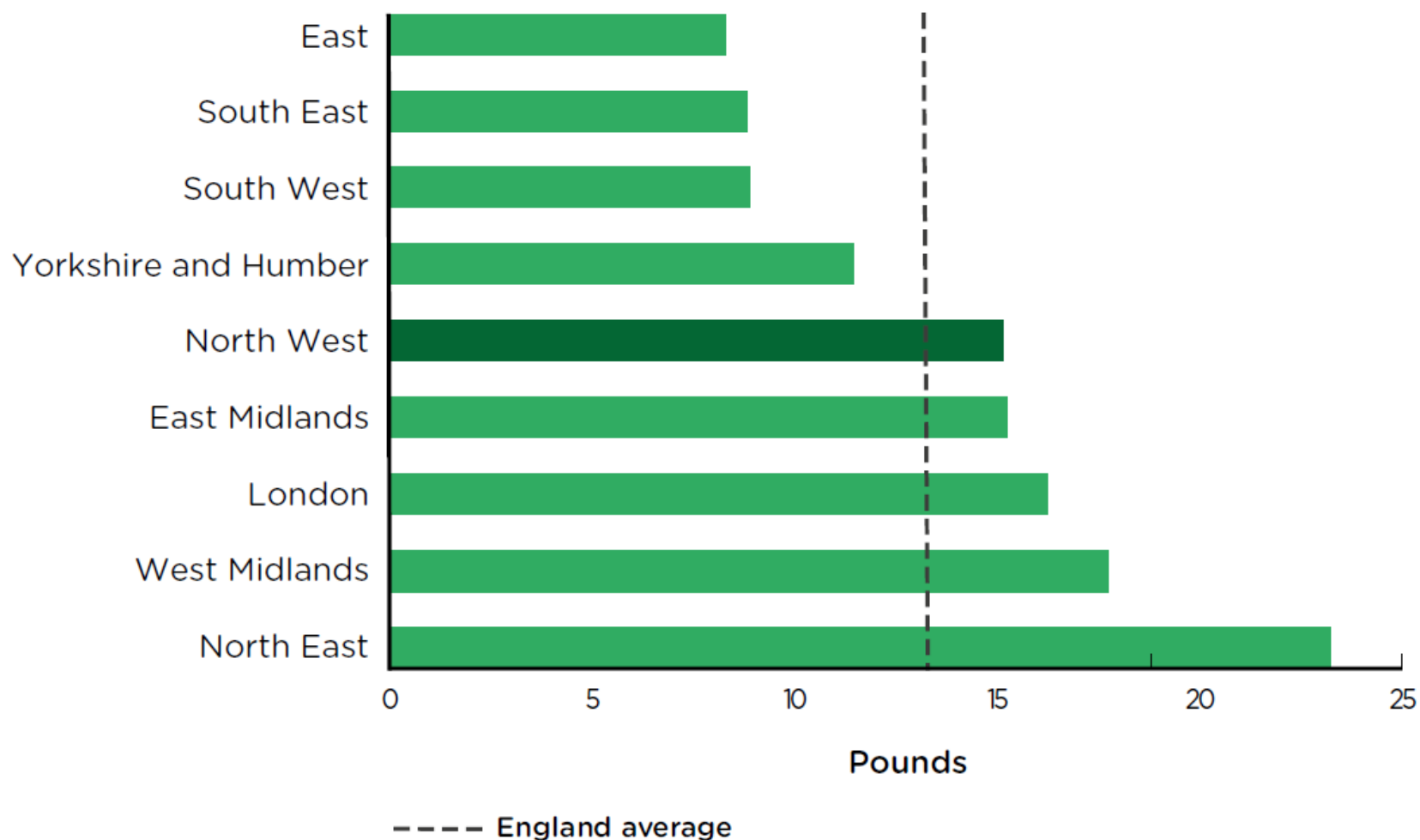
1. Build Back Fairer for future generations	<ul style="list-style-type: none">• Prioritise children and young people
2. Build Back Fairer resources	<ul style="list-style-type: none">• Rebalance spending towards prevention• Build Back Fairer opportunities for all• Build Back Fairer commissioning
3. Build Back Fairer standards	<ul style="list-style-type: none">• Standards for healthy living
4. Build Back Fairer Institutions	<ul style="list-style-type: none">• Extend anchor institution approaches• Scale up social value contracting and extend business role
5. Build Back Fairer Monitoring and Accountability	<ul style="list-style-type: none">• Develop Build Back Fairer equity targets for Greater Manchester
6. Build Back Fairer through greater local power and control	<ul style="list-style-type: none">• Build Back Fairer devolution



Public health local authority allocations (£/person), Cheshire and Merseyside, 2021–2022



Public health spending reduction in real terms (£/person), 2014–21, regions in England and England average



Source: MHCLG (2020) and PHE (2020) from IPPR

Monitoring and Accountability

MARMOT BEACON INDICATORS

Early years, children and young people	Indicator 1: School readiness Indicator 2: Low wellbeing in secondary school children (#Beewell) Indicator 3: Pupil absences Indicator 4: Educational attainment by FSM eligibility
Work and employment	Indicator 5: NEETs at ages 18 to 24 Indicator 6: Unemployment rate Indicator 7: Low earning key workers Indicator 8: Proportion of employed in non-permanent employment
Income poverty and debt	Indicator 9: Children in low income households Indicator 10: Proportion of households with low income Indicator 11: Debt data from Citizens Advice
Housing transport and the environment	Indicator 12: Ratio of house price to earnings Indicator 13: Households/persons/children in temporary accommodation Indicator 14: Average public transport payments per mile travelled Indicator 15: Air quality breaches
Communities and place	Indicator 16: Feelings of safety in local area Indicator 17: People with different backgrounds get on well together Indicator 18: Antisocial behaviour
Public health	Indicator 19: Low self-reported health Indicator 20: Low wellbeing in adults Indicator 21: Numbers on NHS waiting list for 18 weeks Indicator 22: Emergency readmissions for ambulatory sensitive conditions Indicator 23: Adults/children obese Indicator 24: Smoking prevalence

Listening and giving a voice: Feeding Liverpool



Developing Liverpool's Good Food Plan

- Tackling the root causes of poverty
- Listening to experiences of hunger and food insecurity
 - Reducing food deserts – improving transport links
 - Providing emergency food parcels
- Food pantries, community markets and shops – locally available food

WMA Health Equity Report

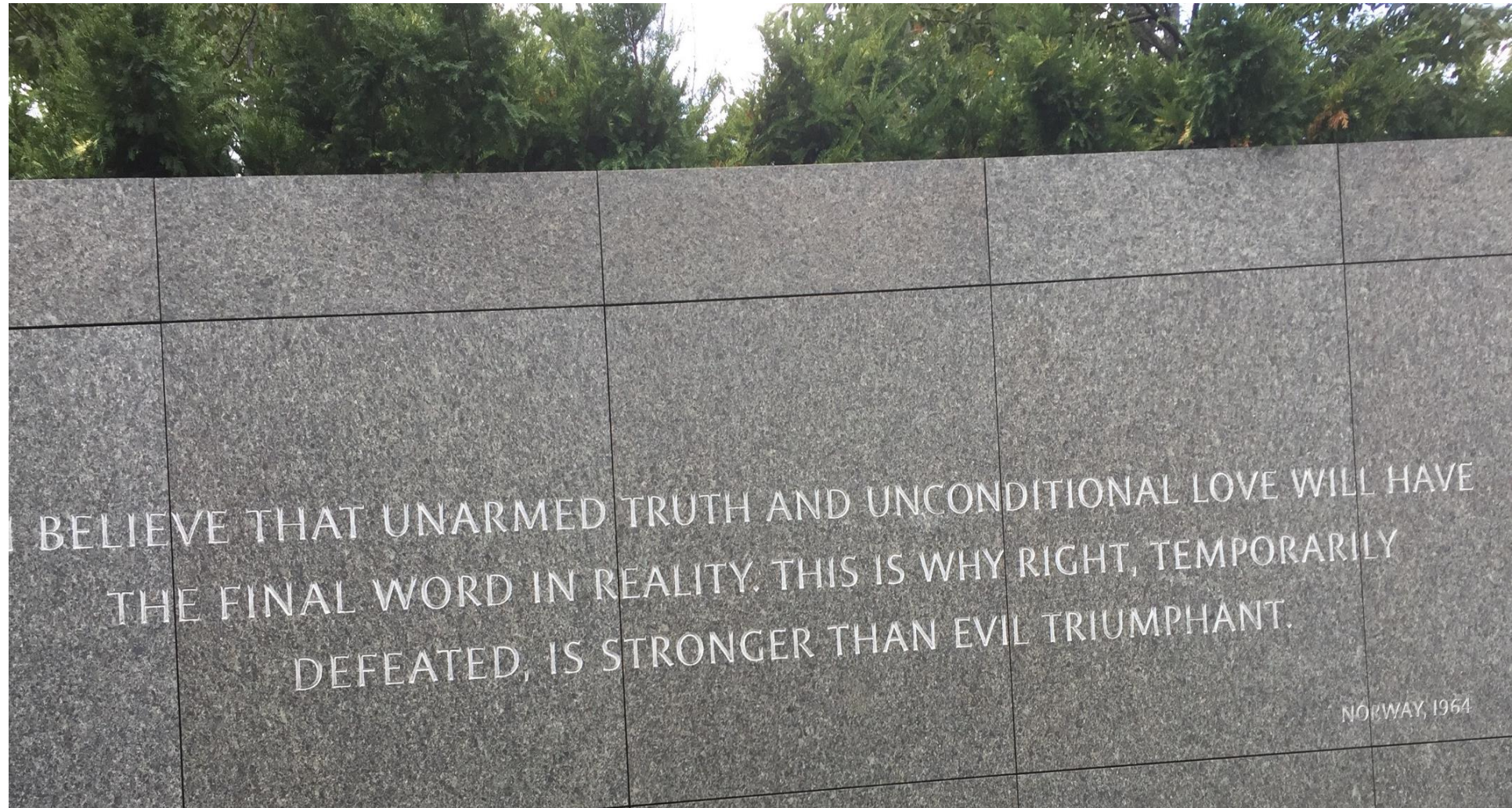


DOCTORS FOR HEALTH EQUITY

The role of the World Medical Association, national medical associations and doctors in addressing the social determinants of health and health equity

1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates

Martin Luther King





Building Back Fairer: Cheshire and Merseyside