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

- Life expectancy
- DFLE
- Pension age increase 2026–2046

Source: Office for National Statistics
Figure 2.9 Disability-free life expectancy at birth, persons: regional averages at each neighbourhood income level, England, 1999–2003.
Key themes

Reducing health inequalities is a matter of fairness and social justice

Action is needed to tackle the social gradient in health – Proportionate universalism

Action on health inequalities requires action across all the social determinants of health

Reducing health inequalities is vital for the economy – cost of inaction

Beyond economic growth to well-being
Cost of Inaction

• In England, dying prematurely each year as a result of health inequalities, between 1.3 and 2.5 million extra years of life.

• **Cost of doing nothing**

• 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.
Figure 4 The Conceptual framework

1. Reduce health inequalities and improve health and well-being for all.
2. Ensure social justice, health and sustainability are at heart of policies.
3. Create an enabling society that maximises individual and community potential.

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.

Policy mechanisms:

- Equality and health equity in all policies.
- Effective evidence-based delivery systems.
**Figure 5** Action across the life course

**Areas of action**

- Sustainable communities and places
- Healthy Standard of Living
  - Early Years
  - Skills Development
  - Employment and Work
  - Prevention

**Life Course**

- Accumulation of positive and negative effects on health and wellbeing

**Life course stages**

- Prenatal
- Pre-School
- School
- Training
- Employment
- Retirement
- Family Building
POLICY OBJECTIVE A

Give Every Child the Best Start in Life
Figure 2.20 Links between socioeconomic status and factors affecting child development, 2003–4

Birth weight

Mother suffered post-natal depression

Read to every day at age 3

Regular bed times at age 3

Source: Department for Children, Schools and Families
Figure 6 Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years

Average position in distribution

High Q at 22m

Low Q at 22m

High socioeconomic status

Low socioeconomic status

Note: Q = cognitive score
Source: 1970 British Cohort Study^{17}
Figure 2.22: Indicators of school readiness by parental income group, 2008

Average percentile score

Test Score

Source: Washbrook and Waldfogel
Figure 4.2 Reading at age 11 by social class and pre-school experience, findings from the Effective Provision of Pre-School Education Project (EPPE), 2008

Mean Year 6 reading level

<table>
<thead>
<tr>
<th>Social Class</th>
<th>Preschool</th>
<th>No Preschool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Skilled</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Un/Semi-skilled</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Department for Children, Schools and Families, Effective Provision of Pre-School Education Project.
Figure 4.1 Education expenditure by age group, 2001–8

Percent

Year


Under fives

Secondary

Primary

Post 16

Source: Department for Children, Schools and Families
Policy Objective A

Recommendations

• Increase proportion of expenditure allocated to early years
• Support families (pre and post natal, parenting, parental leave, transition points)
• Quality early years and outreach
POLICY OBJECTIVE B

Enable all young people, children and adults to maximise their capabilities and take control over their own lives.
Figure 2.12 Rates of poor social/emotional adjustment at ages 7, 11 and 16, by father’s social class at birth, 1958 National Child Development Study

Percent poor adjustment

Social class at birth

I/II  IIINM  IIIM  IV/V

Aged 7
Aged 11
Aged 16

Source: 1958 National Child Development Study
Figure 2.23 Attainment gap from early years to higher education by eligibility for free school meals, 2009

Percentage reaching expected level

- Foundation stage: 53% Not eligible, 31% Eligible
- Key stage 1: 60% Not eligible, 62% Eligible
- Key stage 2: 75% Not eligible, 60% Eligible
- Key stage 3: 72% Not eligible, 43% Eligible
- Key stage 4: 49% Not eligible, 21% Eligible
- Entry to Higher Education: 32% Not eligible, 13% Eligible

Source: Department for Children, Schools and Families and Higher Education Statistics Agency

Not eligible for free school meals
Eligible for free school meals
Figure 7 Standardised limiting illness rates in 2001 at ages 16–74, by education level recorded in 2001

Percent ill

Qualifications

3rd level 2+As 5+Os GCSE Other Qual No Qualifications

Note: Vertical bars (I) represent confidence intervals
Source: Office for National Statistics Longitudinal Study¹⁸

Males
Females
Policy Objective B

Recommendations

• Continued priority to reducing inequalities in education outcomes
• Prioritise inequalities in life skills (whole child approach, full service schools, workforce)
• Increase access and use of quality lifelong learning (16-25 yr old support, work based learning, non-vocational courses)
POLICY OBJECTIVE C

Create Fair Employment and Good Work for All
Figure 8 Mortality of men in England and Wales in 1981–92, by social class and employment status at the 1981 Census

Standardised Mortality Rate

Employed in 1981

Unemployed in 1981

Social Class

Source: Office for National Statistics Longitudinal Study\textsuperscript{19}
Figure 2.33 The association of civil service grade with job control, Whitehall II study, 1985–88

Score

Civil Service Employment Grades

Notes: Score calculated as a z score
Source: Whitehall II Study
Figure 2.34 The social gradient in the metabolic syndrome, Whitehall II study, 1991–1993

Odds Ratios

Civil Service Employment Grades

Source: Whitehall II Study\textsuperscript{144}
Figure 2.30 Employment rates among working age adults by type of disability, 2008

Type of impairment

- Diabetes
- Skin conditions, allergies
- Chest, breathing problems
- Heart, blood pressure, circulation
- Stomach, liver, kidney, digestion
- Difficulty hearing
- Other problems, disabilities
- Difficulty seeing
- Arms, hands
- Back of neck
- Legs or feet
- Progressive illness
- Epilepsy
- Speech impediment
- Depression, bad nerves
- Learning difficulties
- Mental illness, phobia, panics

Employment rate (percent)

Note: For each disability, the percentage employed are indicated by the solid horizontal bar. Horizontal lines (---) indicate the width of the 95 per cent confidence interval.

Policy Objective C

Recommendations

• Prioritise active labour market programmes
• Quality of jobs improved (equality legislation, well being, stress and mental health at work)
• Security and flexibility of employment (retirement and people with poor health and caring responsibilities)
POLICY OBJECTIVE D

Ensure Healthy Standard of Living for All
Figure 2.37 Percentage shares of equivalised 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 Statistics
Figure 9 Taxes as a percentage of gross income, by quintile, 2007/8

Percent

Quintile of household equivalised disposable income

- All indirect taxes
- All direct taxes

Source: Office for National Statistics
Policy Objective D

Recommendations

• Minimum Income for healthy living
• Remove cliff edges
• Review taxation and welfare system
POLICY OBJECTIVE E

Create and develop healthy and sustainable places and communities
**Figure 10** Populations living in areas with, in relative terms, the least favourable environmental conditions, 2001–6

Environmental conditions: river water quality, air quality, green space, habitat favourable to biodiversity, flood risk, litter, detritus, housing conditions, road accidents, regulate sites (e.g. landfill)

Source: Department for Environment, Food and Rural Affairs²³
Figure 4.7 Percentage of population by social grade who visit a green space infrequently in a year, 2009

Percent of population

Social grade

Source: Department for Environment, Food and Rural Affairs, Energy Savings Trust
Figure 4.10 Percentage of those lacking social support, by deprivation of residential area, 2005

Source: Health Survey for England
Figure 2.41 Distance travelled per person per year in Great Britain, by household income quintile and mode, 2008

Distance travelled (miles)

Source: National Travel Survey²⁰⁸
Policy Objective E

Recommendations

• Combining policies to mitigate climate change and health (active travel, green space, food environment, energy efficiency)

• Integrate planning, transport, housing environmental and health systems

• Regeneration based on reducing social isolation and remove barriers to action
POLICY OBJECTIVE F

Strengthen the Role and Impact of Ill Health Prevention
Figure 2.13 Percentage of (a) males and (b) females smoking, by socioeconomic class (NS-SEC), 2001–7

(a) Males

Percent

Year

2001  2002  2003  2004  2005  2006  2007

Managerial and professional
Intermediate
Routine and manual

Note: NS-SEC = National Statistics Socioeconomic Classification
Source: Office for National Statistics General Household Survey

\textsuperscript{65}
Figure 2.13 Percentage of (a) males and (b) females smoking, by socioeconomic class (NS-SEC), 2001–7

(b) Females

Percent

Year

Note: NS-SEC = National Statistics Socioeconomic Classification
Source: Office for National Statistics General Household Survey\textsuperscript{65}
Figure 11 Prevalence of obesity (>95th centile), by region and deprivation quintile, children aged 10–11 years, 2007/8

Prevalence of obesity

Source: National Obesity Observatory, based on National Child Measurement Programme
Figure 2.17 Prevalence of problematic drug users aged 15–64 years by local authority of residence and Index of Multiple Deprivation, 2006/7

Rate per 1,000

IMD Score 2007

IMD = Index of Multiple Deprivation
Source: North West Public Health Observatory

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60
Figure 2.14 Alcohol-attributable hospital admissions by small area deprivation quintile in England, 2006–2007

Age standardised persons per 100,000

Deprivation quintile (IMD 2007)

- Males (Gradient = 2.6)
- Females (Gradient = 2.4)

Note: IMD = Index of Multiple Deprivation for Lower Level Super Output Areas
Source: NHS Information Centre Hospital Episode Statistics\(^\text{69}\)
Policy Objective F

Recommendations

• Prioritise investment – up from 4% of NHS budget
• Medicalise drug treatment
• Gradient in smoking, obesity and alcohol
• Public Health - social determinants
Delivery and Measurement

- Annex 2: Indicators of progress and targets
- Delivery systems – partnerships, local empowerment, LSPs
Figure 5.1 Future delivery scenario

Strategic Direction
- Reduce health inequalities and improve wellbeing for all
- Increase disability free life expectancy and reduce inequalities across the social gradient

Delivery Systems
- Integrated action to deliver on the social determinants of health
- Comprehensive and scaled up health equity strategies based on social determinants of health. Downstream and Upstream action at population level, community level, personal level, to address health and wellbeing across the gradient.

Evidence Base
- Interventions based on best available evidence focussed on social determinants of health
- Systematic evaluation of interventions

Value Base
- Equality and health equity in all policies promoting fairness
- Evaluation of the impact on health equity and fairness
Figure 5.2 Framework for indicators and targets

1. Policy objectives and mechanisms
   - Specific interventions and policies
     - Delivery processes
       - Outputs from interventions
2. Targets
   - Monitoring
     - Process indicators
       - Outcome indicators
         - Monitoring
           - Performance improvement
             - Output indicators
               - Outcomes of interventions
                 - Policy objectives and mechanisms
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