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To: Corporate Policy Overview & Scrutiny Committee,

Subject: Update on KCC Health Inequalities Strategy

Classification: Unrestricted

Summary: The KCC Health Inequalities was approved by Cabinet on 13th September 2010, along with a summary of the influential report on Health Inequalities, 'Fair Society, Healthy Lives'. This paper is to share the summary of the marmot Review with POSC members and to provide POSC with current updates on the KCC Health Inequalities Strategy.

Executive Summary:

1. The Marmot Report on Health Inequalities, 'Fair Society, Healthy Lives' acknowledges the crucial role of the Local Authority and the services it provides in the shaping of people's life chances and lifestyle choices.
2. The report perceives Health Inequality more as behaviour change and the factors that influence people's lives than physical access to health care
3. The 3 Main arguments from the report are:
 - i) The Social determinants of people's lives are an important indicator of their life expectancy and health outcomes (also termed: "Life Inequalities")
 - ii) 'Proportionate Universalism' is engaging in a whole population approach the target to those most in need. This avoids stigmatism and social exclusion and affects **all** groups on the social gradient.
 - iii) Sustainability and future-proofing is dependent on the redesign of future services relevant to people's "life-courses" and not expect people's lives to fit any criteria to access services.
4. Many of the Report's proposals adopt the same model of some of the Kent County Council initiatives (eg. HOUSE & ACTIVMOBS)
5. The Report recommends 6 Policy Objectives, 3 of which are covered and aligned to the 3 Vision 4 Kent Ambitions:
 - Create Fair Employment and Good Work for All
 - Ensure Healthy Standards of Living for All
 - Create and Develop Healthy and Sustainable Places and Communities.

The Report concurs with the NHS White Paper, promoting the opportunities for Local Authorities to work with and assist GP consortia, particularly on preventative ill-health agenda.

1. Introduction and Background

- 1.1 'Fair Society, Healthy Lives' was commissioned by the Secretary of State for Health to provide a Strategic Review of Health Inequalities in England post 2010. The purpose is to drive the Government's agenda to reduce health inequalities amongst population groups by reducing the gap of life expectancy and infant mortality rates between the most affluent and the most deprived groups in society. There has been little success in this area and evidence suggests that these trends have remained largely unchanged and are not improving equally across socio-economic groups. Nationally, the population is living longer but lower economic groups are enduring longer periods in poorer health and not living as long overall as those in more affluent groups. It is no coincidence that inequalities in income, wealth and life chances have also widened.¹ In Kent, there is evidence that those in the mid socio-economic groups show a reduced trend in rising inequalities but the disparity of health inequalities between the higher and lower groups continues to increase. This 'social injustice' of course, burdens health and social care services as well as drains society of its economic resources and impacts upon employment, families, relationships and wider resources in the public, private and voluntary sector.
- 1.2 Fair Society Healthy Lives is currently the leading review on health inequalities, offering recommendations to direct future policy and action towards measurable objectives (particularly for Local Authorities and partners) to reduce the gap in inequalities. The report maintains that the current gap of life inequalities remain unacceptable despite the considerable effort and resources that have gone into trying to reduce the gap over the last few decades. The emphasis on tackling health inequalities through the social determinants of health throughout people's life-courses is also strengthened by the NHS White Paper's endorsement of the Local Authority's role on health.
- 1.3 In Kent, we have for some time, been campaigning that health inequalities is an outcome of not just acute health but the wider determinants of health; factors such as education, lifestyle, employment, social capital, life-chances and Life Inequalities all need to be addressed, which is why the Local Authority role is crucial. To define this more clearly In Kent, health inequalities is often colloquially termed 'LIFE INEQUALITIES' to express the influencing factors of health inequality outcomes.

2. Summary of the Marmot Review: Fair Society, Healthy Lives

- 2.1 The Marmot review is summarized by the following major points:
- a) Reducing health inequalities is a matter of fairness and social justice. Marmot reports that up to 2.6million extra years of life could be gained across all social groups if health inequalities were significantly reduced
 - b) There is a social gradient in health – the lower a person's social position the worse their health will be. Action should focus on reducing the gradient in health.
 - c) Health Inequalities result from social inequalities and can only be reduced if there is action across all the social determinants of health.

¹ National Equality Panel. *An anatomy of economic inequality in the UK*. Government Equalities Office, 2010

- d) Focusing solely on the most disadvantaged has not reduced health inequalities sufficiently. To reduce the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This is known as **proportionate universalism**. This describes the approach already adopted in Kent by the innovative Activmobs and House programmes that seek to attract all populations and then to target more intensive services to those who most need it. Both initiatives have won national awards and we are convinced that this approach is vital to incentivise *all* populations to participate so that the most vulnerable groups will become visible and can be targeted appropriately. The Kent Public Health Policy Team are working to embed good practice into new policy and planning systems for the local authority. This will avoid stigmatism and exclusion and the universal approach gives greater access to those who currently are not known to or do not access services.
- e) Reducing health inequalities will have economic benefits in reducing losses from illness associated with health inequalities. This accounts for productivity losses, reduced tax revenue, higher welfare payments and treatment costs.
- f) Fair distribution of health, wellbeing and sustainability are more important than economic growth when measuring our country's success. Tackling social inequalities in health and tackling climate change must go together.

g) Policy Objectives:

The Marmot Review, Fair Society, Healthy Lives recommends six priority objectives to reducing health inequalities most effectively. These are:

- A. Give Every child the best Start in Life
- B. Enable all children, young people and adults to maximize their capabilities and have control over their lives
- C. Create Fair Employment and Good Work for All
- D. Ensure healthy Standards of Living for All
- E. Create and Develop Healthy and Sustainable Places and Communities
- F. Strengthen the role and impact of Ill Health Prevention

Note: policy objectives C-E strongly reflect the 3 Vision for Kent Ambitions.

Further details of the policy objectives are provided as an appendix, from page 5 of this document. The objectives also inform the future approach to the KCC Health Inequalities Strategy and the action plan that is supported by the KCC Health Inequalities Working Group.

- h) National policies will not work without effective local delivery systems focused on health equity in all policies. Delivering these policy objectives requires action by central and local government, the NHS and other public, private and voluntary sectors.
- i) Effective local delivery requires effective participatory decision making at local level - only achievable by empowering individuals and local communities. Agencies need a more sophisticated understanding of the barriers to progress as well as renewed commitment for radical changes to provide flexible solutions tailored to local needs. We can achieve this through improved community empowerment, co-production and social marketing principles on behaviour change, which will break down existing barriers from professional and organizational culture and practice and silo-d services. **The way we design future services needs to ensure that they are**

flexible and commensurate to the needs of communities and people's life-courses. This also requires looking at long-term solutions and avoiding short-termism.

3. Integration of the Marmot Report into Kent County Council Health Inequalities Approach

3.1 The KCC Strategy has been produced with representation from all KCC directorates and some Local Strategic Partnerships (LSPs) who have formed a Working Group to maximise the commitment of KCC to reduce Health Inequalities, both strategically at policy and planning level and locally at local planning and delivery level. The Group also works cohesively, involving LSPs and the NHS to address long and short term measures, sustainability of good practice across relevant government agencies and the third and private sector to achieve the integrated, holistic approach recommended by the Review. The KCC Working Group is also organising a briefing event on Health Inequalities for Cabinet Members, POSC representatives and CMT to identify specific challenges for Kent. This event is scheduled for the 4th February and is led by the Local Government Improvement and Development Team (formerly I&DeA).

4. Recommendations

This paper is to:

- i) Provide POSC with a summary of the Marmot Review on Health Inequalities 'Healthy People, Healthy Lives' and to highlight the implications recommended for Local Authorities
- ii) Update POSC on the status of the Kent County Council Health Inequalities Strategy
- iii) Inform POSC of the 4th February event on Health Inequalities to raise current issues of Health Inequalities, especially in the light of the new Public Health White Paper, Healthy Lives, Healthy People

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