

By: Nick Chard, Cabinet Member for Environment, Highways & Waste
Mike Austerberry, Executive Director

To: Environment, Highways & Waste Policy Overview & Scrutiny
Committee, 18th January 2011

Subject: Update on KCC Health Inequalities Strategy

Classification: Unrestricted

Summary: The KCC Health Inequalities Strategy 2009-14 was approved by Cabinet on 13th September 2010, along with a summary of the influential Marmot report on Health Inequalities entitled 'Fair Society, Healthy Lives'. This paper is to share the summary of the Marmot Review with POSC members and to draw POSC members' attention to the latest update of KCC's 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 rather than targeting those most in need. This avoids stigmatisation 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 2.6 million 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 Health Inequalities Strategy 2009-2014 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 2009-14
- 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

Contact Officer:

Deborah Smith
Policy Manager, Kent Public Health Department
Deborah.smith@kent.gov.uk
Tel: 01622 696176

Background paper: Kent County Council Health Inequalities Strategy 2009 - 2014

Appendix 1

5. The Context of the Marmot Review, ‘Fair Society, Healthy Lives’

5.1 The Review is underpinned by the following essential messages. In summary, these are:

Marmot Review	Potential Implications for KCC
i) Reducing health inequalities is a matter of fairness and social justice to reduce the numbers of those dying prematurely each year, in total this equates to 1.3 – 2.5 million extra avoidable years of life lost, impacting upon health care, social care and other public sector and welfare services.	<p>The Total Place agenda and other partnership initiatives that provide opportunities for people to access services and lifestyle benefits at a time and place to suit them, depending on their need and situation throughout their life-course are the most effective ways to reduce the social gradient in health.</p>
ii) Action should focus on reducing the social gradient in health and not on individual lifestyle factors where benefits of inequalities are limited.	
iii) Action on health inequalities requires addressing social inequalities by focussing on all social determinants of health.	<p>This has a direct impact on local authorities through employment, economic growth, housing, education, essential health and wellbeing and how people cope with the wider stresses in their lives. It also implies that health care is important but is not the over-riding factor of health inequalities. Social inequalities and social determinants of health are critical factors that are best addressed by local authorities.</p>
iv) Focussing solely on the disadvantaged will not reduce health inequalities sufficiently. Marmot recommends a proportionate universalism approach which targets universal and whole populations but with a scale and intensity that is proportionate to the level of disadvantage. Marmot’s argument for proportionate universalism is that	<p>This approach has been successfully trialled in the Kent Public Health Department through programmes such as House and Activmobs which adopt a whole population approach to attract those most at need and who would otherwise be difficult for us to reach. The learning from this approach is being routinely embedded in public health policy</p>

<p>inequalities is relative and targeting the most disadvantaged will always result in opportunities for some and not others. There is strong evidence to suggest that a whole population approach is more conducive to public buy-in and access and less likely to result in marginalisation, exclusion and stigmatisation.</p> <p>Health inequalities is everyone's business and benefits all of society through economic benefits in reducing losses from illness, productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.</p>	<p>and encouraged more widely to other directorates, where appropriate</p> <p>There is an opportunity for the Council to work further with private sector partners and small businesses to raise the awareness of and substantially address the health and wellbeing of the Kent workforce. Kent Public Health Department is working closely with KCC Human Resources to lead by example and promote cost-effective health and wellbeing in KCC's workforce with the aim to reduce staff sickness and promote greater wellbeing.</p>
<p>v) An important measure of our country and especially county success is fair distribution of health, wellbeing and sustainability. Tackling social inequalities in health and climate change must go together to ensure long term sustainable outcomes for people and how and where they live</p>	<p>Working on Health and climate change is already under way. KCC's Regeneration Framework and Kent's Environmental Strategy is dedicated to the climate change and fuel poverty Kent Agreement 2 indicators and looking forward to building energy efficiency improvements through the 'Sustainable Building Resources', supporting Kent businesses to contribute to KCC's and Kent's environmental objectives and enabling the development of a low carbon economy of Kent.</p>
<p>vi) The Report focuses action on 6 policy objectives (which are being incorporated into the KCC Health Inequalities Strategy and also via directorate reports and plans).</p> <ol style="list-style-type: none"> 1) Give every child the best start in life 2) Enable all children, young people and adults to maximize their capabilities and have control over their lives 3) Create fair employment and good work for all 	<p>Marmot suggests that these six objectives formulate a success criteria for addressing health inequalities. Cabinet are asked to approve of these 6 objectives composing the framework of the KCC Health Inequalities Action Plan which will support the strategy document and set a focus and priorities on the way KCC prioritises its Health Inequalities</p>

<p>4) Ensure healthy standards of living for all</p> <p>5) Create and develop healthy and sustainable places and communities</p> <p>6) Strengthen the role and impact of ill health prevention.</p>	<p>Agenda. Further detail is provided for each of these objectives in the following sections of this paper.</p>
<p>vii) These policy objectives require action by central and local government, the NHS, the third and private sector and community groups. National policies will not work without effective local delivery systems focussed on health equity in all policies.</p>	<p>This intensifies the significance of the role of health inequalities in the local government domain where relationships with the NHS, third and private sector and the community already exist. The KCC Health Inequalities Strategy illustrates how the Council works in partnership with others to consider health and social equity in its local delivery approach. It is the aim of the Kent Public Health Department to ensure that these considerations are paramount in all Directorate's plans and strategies.</p>
<p>viii) Effective local delivery requires effective participatory decision making at local level. This can only happen by empowering individuals and local communities.</p>	<p>Emphasis is placed on working directly with partners and the public to deliver action that is public-focussed and central to what the public want and in a way they wish to access. Social Marketing best practice indicates the necessity for early and full engagement with the community to secure success and sustainability.</p>

6. The Six Policy Objectives set out by Marmot in the Review, 'Fair Society, Healthy Lives'

The six objectives are firmly rooted into the Policy function of Fair Society, Healthy Lives:

Marmot Review

Potential Implications for KCC

1. Give every child the best start in life

To have an impact on health inequalities we need to address the social gradient in children's access to positive early experiences, starting in the womb where lifelong effects on health and wellbeing: from obesity, heart disease, mental health through to educational achievement and economic status. Early years interventions such as Sure Start Children's Centres are now showing evidence that these policies are making an impact. Overall, it is considered that spending is higher in later childhood years and as gaps between individuals and social groups emerge early in the life course (where returns on investment are higher), there is strong evidence that investment in early years is essential to sustain the reducing effects of health inequalities.

The Review also acknowledges that families should have the most influence on their children and thereby suggests a combined outreach provision to supporting families to achieve progressive improvement in early years and increase take up by children from disadvantaged families by:

- Giving priority to pre and post natal interventions such as intensive home visiting programmes and providing routine support to families through parenting programmes and childrens centres to meet social need via outreach to families.
- Programmes for the transition to school
Providing paid parental leave in the first year of life with a minimum income for healthy living.

The Review's priority objectives prioritise:

- The need for early development of physical and emotional health and cognitive, linguistic and social skills.
- Ensure high quality maternity services, parenting programmes, childcare and early years' education to meet need across the social gradient.
- And build resilience and wellbeing of young children across the social gradient.

Kent County Council Children Families and Education directorate, The Children's Trust and essential key partners are already working towards this approach through the Children's Plan and in response to Every Child Matters. Examples of good practice are illustrated in the KCC Health Inequalities Strategy but in order to respond to the Review effectively, it is strongly recommended to increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early years development is focused progressively across the social gradient.

These recommendations suggest greater financial investment in early years' services, redressing the balance of early and later childhood years and will impact on the design of services in the need to be responsive to integrated and outreach provision. Extra Support for Parents and Early Childhood Development demonstrate some of the commitments CFE have already prioritised.

2.Enable all children, young people and adults to maximize their capabilities and have control over their lives

Despite many policies aimed at equalising educational opportunities the attainment gap remains. Reducing these educational equalities involves understanding the interaction between the social determinants of educational outcomes, including family background, neighbourhood, peers and what goes on in schools. Influencing educational attainment also suggests that it is families rather than schools have the most influence. Educational outcomes across the whole social gradient need to fully recognise the significant influence and role of families by building closer links between schools, the family and local communities. To improve the access and use of quality life-long learning across the social gradient will entail greater extended schools services and more skills for teaching and non-teaching staff to work across home-school boundaries to reduce the gradient in health, wellbeing and resilience of children, young people and their families.

Empowerment and Resilience resonate throughout the whole of the Review. This is achieved by working beyond community engagement to good community participation. To provide aspiration and motivation to individuals and communities there should be increased access and use of quality lifelong learning opportunities across the social gradient where people can develop ongoing skills through lifelong learning. Broadening skills for life for work as well as attain qualifications can be achieved by providing easily accessible support and advice for 16-25 year olds on life skills, training and employment opportunities, providing work based learning (such as apprenticeships) and increasing availability of non-vocational lifelong learning across the life course.

To prioritise the reduction of social inequalities in life skills will impact on the future design of children's services, adopting a whole child approach to education and extending the role of the schools in supporting families and communities through consistent implementation of full range of extended services and developing the school-based workforce. This has to some extent been developed through the success of the Local Children Services Partnership Manager roles and through the eight priorities of the Children's Plan. Further work is needed as building skills in working across school-home boundaries addressing not just education but social and emotional development, physical and mental health and wellbeing are essential.

Existing services that support skills development (such as Connexions, Kent Youth Service, JobCentre Plus, Supporting Independence Programme, Education to Employment and Adult Education) should be accessible to all young people across the social gradient through improved aspiration and self-esteem of individuals. There is also greater opportunities for the Council to work in partnership with other sectors (such as colleges and the private and third sector) to offer improved and more joined up service provision.

3.Create fair employment and good work for all

For each occupational class the unemployed have higher mortality rates than the employed. Although employment is important, the quality of work matters as it is likely to impact significantly to health and wellbeing. Some poor quality jobs can be harmful to health with few opportunities for advancement, leaving employees trapped in a cycle of low-paid, poor quality work and unemployment affecting physical and mental health. Good employment (irrespective of salary) is key to realizing employers aspirations and being empowered to strive for more in life is essential to mental wellbeing. Therefore, the Review prioritises improved access to good jobs, making it easier for those who are disadvantaged to obtain and keep work and improve the quality of jobs across the social gradient. This should be achieved by active labour market programmes to achieve timely interventions to reduce long-term employment.

More than ever before does the county council need to work collaboratively with employment and benefit services to reduce health inequalities. For each occupational class the unemployed have higher mortality rates than the employed. The report suggests prioritising greater flexibility of retirement age and encouraging and incentivising employers to create or adapt jobs that are suitable for lone parents, carers and people with physical and mental health conditions. The development of this has a strong implication for the role of local government by ensuring that public and private sector employers adhere to equality guidance and legislation and implementing guidance on stress management as well as the effective promotion of well being and physical and mental health at work.

4.Ensure healthy standards of living for all

The Review reports on difficulties of those who find it difficult to return to work to improve their standards of living. For example, 90% of cancer sufferers experience a significant drop in income and increased daily living expenditure as a direct result of their diagnoses, causing additional stress. Although tax credits and working tax credits have lifted 500,000 children out of poverty and recent figures show that rates of poor self esteem, unhappiness, truancy, smoking and desire to leave school at 16 have all halved, the social protection system still fails to offer people necessary opportunities, family and parental support, transition to retirement

Again, the emphasis is on an integrated and holistic approach to supporting the public, particularly those with the greatest need where individuals can obtain a range of related meaningful information to encourage and incentivise them out of the poverty cycle. The report recommends establishing a minimum income for healthy living for all ages and workplace initiatives and a one stop shop combining job centres, officers, Citizens Advice Bureaux, debt issues and other concerns on an outreach basis providing services tailored to individuals needs. Total Place could be an ideal conduit for this development.

and encouragement to people to remain at work when they experience poor health or other life-changing events. The review considers the Minimum Income for Healthy Living calculations should be replaced with the Minimum Income Standard which also considers, food, clothes, shelter and resources to participate in and maintain human dignity and consuming the goods and services regarded as essential in Britain.

These measures would avoid 'cliff edges' by withdrawing benefits more slowly as people move into work and adjust to new ways of living, particularly low earners and part time workers.

5.Create and develop healthy and sustainable places and communities

This priority objective is concerned with the range of different environmental pressures people are exposed to throughout their life courses. In order to achieve a sustainable community, **all** should have access to good air, water, food, recreation, sport, green space and cultural facilities.

Despite the success of the Government initiative, 2.8million people in England are still in fuel poverty with more fuel poverty experienced in rural areas which in turn affects health through higher mortality rates, less tendency to visit the GP when needed and increased poor mental health. It is suggested that UK carbon emissions should be reduced by 34% by 2020 (from 1990 levels) and 80% by 2050. The Review reiterates the importance of ensuring that all areas are affected and should work towards the targets set by the Government Office estate for recycling (75%), waste reduction (25%), 25% reduced water consumption, and improve energy efficiency by 30% per square metre. Good examples of water saving initiatives are the Kent and Coastal

These factors can impact on stress, isolation, depression and are associated with low status and lack of social networking. Kent Department of Public Health is working across Directorates and other agencies to promote greater integration and social support to strengthen community capital which could result in improved numbers of self-reported good health.

Trust renal unit which saves £7Kpa from an initial one off investment of £14K.

The relationship between transport and health is complex and socioeconomically patterned. It determines access to services, work and social networks. Active travel needs to be improved by introducing greater parental and peer support, and a better understanding of attitudes and perception. In addition, good quality spaces and improved energy efficiency should be available across the social gradient.

The Review prioritises greater integration between health, planning, transport, environment and housing and there are opportunities for Kent County Council to lead on this.

At present, over half of people in the most deprived areas feel that vandalism, drug dealing and litter are serious problems where they live which need to be recognised as both a social and health concern.

6.Strengthen the role and impact of ill health prevention

Epidemiological and sociological evidence suggests that social determinants play such a strong role in health inequalities that inequalities across socioeconomic groups will still persist even if individual lifestyle factors such as smoking are equalised. Population wide and individual frameworks need to be adapted to work successfully for particular vulnerable groups (such as gypsies and travellers).

In 2006-7, only 4% of the NHS budget was spent on ill health prevention and health promotion. Public health and prevention should not be regarded as an optional extra. It is vital to invest in public health and ill health prevention to achieve the Chief Medical

It is recommended that the government should adopt a shared and clearer definition of prevention across government departments. The prioritised investment in ill health prevention and health promotion across government departments can help reduce the social gradient. There is great potential for Local Authorities to lead population wide interventions and to ensure there is availability and good access to healthier food choices and to raise the volume on lobbying for healthier food through Trading Standards Units to rebalance problems of equality (such as the high level of salt and saturated fat present in cheaper food products). The KCC Public Health Department is also primed to mobilise existing resources and lead key partners towards more holistic and integrated services.

Officers vision “to help build the foundations of healthier populations for the future” (2005). There should be increased funding for longer term projects and follow up funding to sustain good practice. The review proposes increasing spending over 20 years to 0.05% of GDP to £7,230,565,000 on ill health prevention (2008 figures) along with a widely accepted definition would help to better calculate expenditure. Drugs, alcohol, smoking and obesity all take their toll on health inequalities and are still entrenched in the social gradient. 40-50% of the prison population are drug dependent despite only 10-15% charged with drug offences. Alcohol is 69% more affordable in 2007 than 1980, with some alcohol being less expensive than a bottle of water in some areas.

There is some indication that the NHS smoking quit services may improve, but there is still an absolute need to greatly reduce smoking prevalence and to understand attitudes towards smoking across the social gradient, as the quit rates are far from consistent across the social gradient. We know that price should have the most impact on gradient, but for those in deprived areas who do not quit, the gap in health inequalities is stretched even further. With the current trend on obesity it is anticipated that levels of obesity will reduce for girls from professional class groups while it will increase for boys in this group and increase for both girls and boys from the lower class groups. There is clearly a need to understand what works, as teenage attitudes vary across class, education and employment

This page has been left blank.