

## **Appendix A - Summary of the ten-year review of The Marmot Review into Health Inequalities**

In February, a ten-year follow-up review<sup>1</sup> of Michael Marmot's landmark 2010 report on inequalities and social determinants of health in England was published.

The original report has been highly influential in determining the City of London Corporation's approach to public health and Health in All Policies, including the Health and Wellbeing Board's most recent Joint Health and Wellbeing Strategy. This has been the case in over 75 per cent of health and wellbeing strategies developed since 2011.

The review assessed progress across the social determinants of health, life expectancy and health inequalities over the past decade. It focused on the six domains that were judged in the initial report to be most crucial for the improvement of health as well as health inequalities and life expectancy. It also incorporated case studies showcasing best practice from across the UK over the past decade. Variations across ethnicity, age and sex are also explored across the different domains.

The below summarises some of the national key findings of changes in these areas over the past ten years, as highlighted by the review.

### **Life expectancy and health inequalities since 2010:**

- Increases in life expectancy have slowed since 2010, with the slowdown greatest in more deprived areas of the country.
- Inequalities in life expectancy have increased since 2010, especially for women.
- It is not possible to establish the reason for this stalling, nor why health inequalities are widening, however the health situation is "somewhat similar" to other countries that have experienced political, social and economic disruption and widening social and economic inequalities.
- There is a social gradient in the proportion of life spent in ill health, with those in poorer areas spending more of their shorter lives in ill health
- There has been no sign of a decrease in mortality for people under 50 and, in fact, mortality rates have increased for people aged 45 to 49. For people in their 70s mortality rates are continuing to decrease, but not for those at older ages.
- There are clear socioeconomic gradients in preventable mortality. The poorest areas have the highest preventable mortality and the richest areas have the lowest.
- Ethnicity is not collected at death registration, so it is not possible to calculate life expectancy estimates or mortality rates ethnicity based solely on death registration data in England. During COVID-19, rates of diagnoses and death among different ethnic groups have been calculated using country of birth as a proxy.
- Suicide and suicidal behaviour (self-harm) are important causes of avoidable mortality and are more common in more deprived communities than in wealthier areas, as well as more common for men than women.

### **The social determinants of health**

---

<sup>1</sup> HEALTH EQUITY IN ENGLAND: THE MARMOT REVIEW 10 YEARS ON. Accessed April 2020. Available from [https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England\\_The%20Marmot%20Review%2010%20Years%20On\\_full%20report.pdf](https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf)

- **Give every child the best start in life:**
  - Since 2010, progress has been made in early years development, as measured by children's readiness for school. However, clear socioeconomic inequalities persist.
  - Poor children appear to thrive better in poorer areas than in richer ones. Poverty is bad for attainment, for a range of other important outcomes and for health, however rates of child poverty have increased since 2010 and are now back to pre-2010 levels.
  
- **Enable all children, young people and adults to maximise their capabilities and have control of their lives:**
  - Since 2010, socioeconomic inequalities in educational attainment remain, largely due to an increase in exclusions from schools and cuts to youth services.
  - Pupil enrolment numbers have increased, despite an 8% decrease in funding per pupil.
  - Funding cuts have caused further inequalities across the social gradient causing cuts in proper intensive work and leadership.
  - Youth services have been cut since 2010 and violent youth crime has increased greatly over the period.
  
- **Create fair employment and good work for all:**
  - Employment rates have increased since 2010 and there has been an increase in poor quality work, including part-time, insecure employment. The number of people on zero-hours contracts has increased significantly since 2010. While zero-hours contracts are found in all types of employment, there are higher percentages of people on this type of contract in lower skilled and lower paid occupations than in higher skilled, better paid jobs.
  - Real pay is still below 2010 levels and there has been an increase in the proportion of people in poverty living in a working household.
  - The incidence of stress caused by work has increased since 2010.
  
- **Ensure a healthy standard of living for all:**
  - Since 2010, wage inequality has persisted due to lack of wage growth and real pay remains below 2010 levels and not in line with dramatic increases in housing costs
  - Wealth inequalities have increased, and food insecurity has increased significantly.
  - Social mobility in England has declined.
  - Tax and benefit reforms have widened income and wealth inequalities and the introduction of Universal Credit has increased the risk of debt for low-income households.
  
- **Create and develop healthy and sustainable places and communities:**
  - The costs of housing, including social housing, have increased, pushing many people into poverty and ill health.
  - Homelessness and rough sleeping has risen significantly, by 165% between 2010 and 2017. In 2018 there were 69% more children in homeless families living in temporary accommodation than in 2010.
  - Harm to health from climate change is increasing and will affect more deprived communities the worst in the future.
  - In London 46% of the most deprived areas have concentrations above the EU air quality limit for nitrogen dioxide, compared to two percent in the least deprived areas.

- Compared with households on incomes above £50,000, households on incomes below £10,000 are six times as likely to be a victim of domestic violence.
- **Strengthen the role and impact of ill health prevention:**
  - The shift of national focus should be on enhancing wellbeing rather than solely on economic growth.
  - A national strategy needs to be established for actions on the social determinants of health to reduce health inequalities.
  - There is a recommendation to gear resources toward the whole of the social gradient and that health programmes be held more accountable to remedy growing inequalities.

A number of recommendations for central government, local authorities and other key stakeholders were also included within the review.

For more information, please contact Xenia Koumi – Public Health Specialist, [xenia.koumi@cityoflondon.gov.uk](mailto:xenia.koumi@cityoflondon.gov.uk) and Alexandra Vastano – Public Health Support Apprentice, [alexandra.vastano@cityoflondon.gov.uk](mailto:alexandra.vastano@cityoflondon.gov.uk)