# BUILD BACK FAIRER Dealing with Apparent Opposites

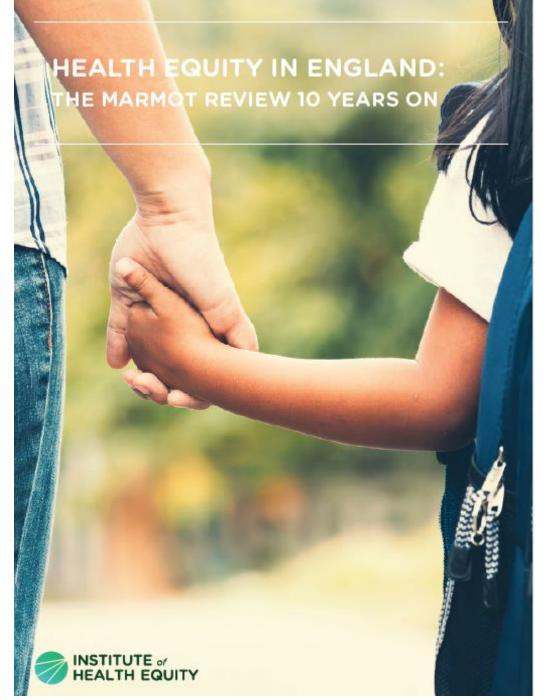
### Michael Marmot

@MichaelMarmot

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

Yorkshire and Humberside Public Health December 2021

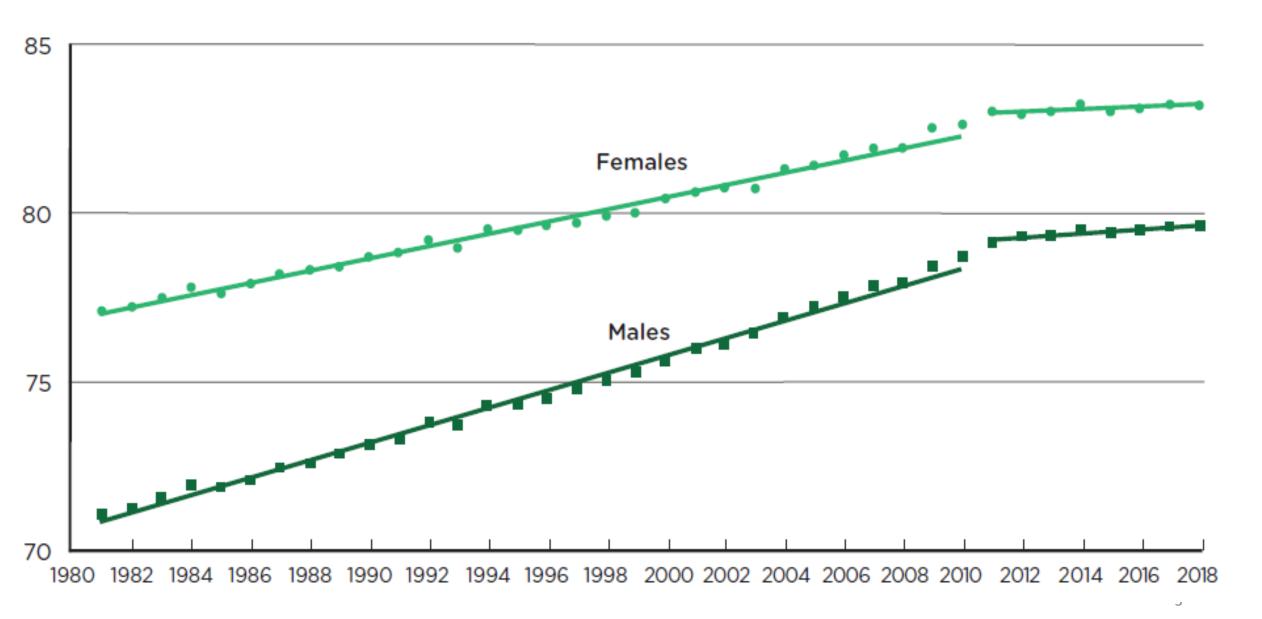




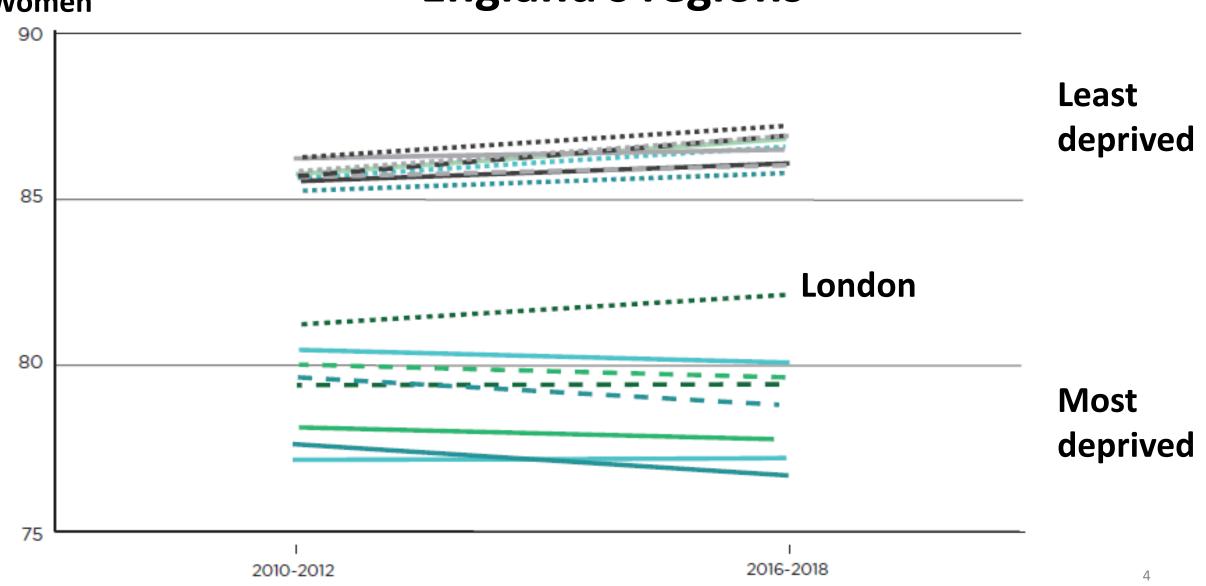


# HEALTH EQUITY IN ENGLAND: THE MARMOT REVIEW 10 YEARS ON

### Increases in life expectancy at birth stalling in England

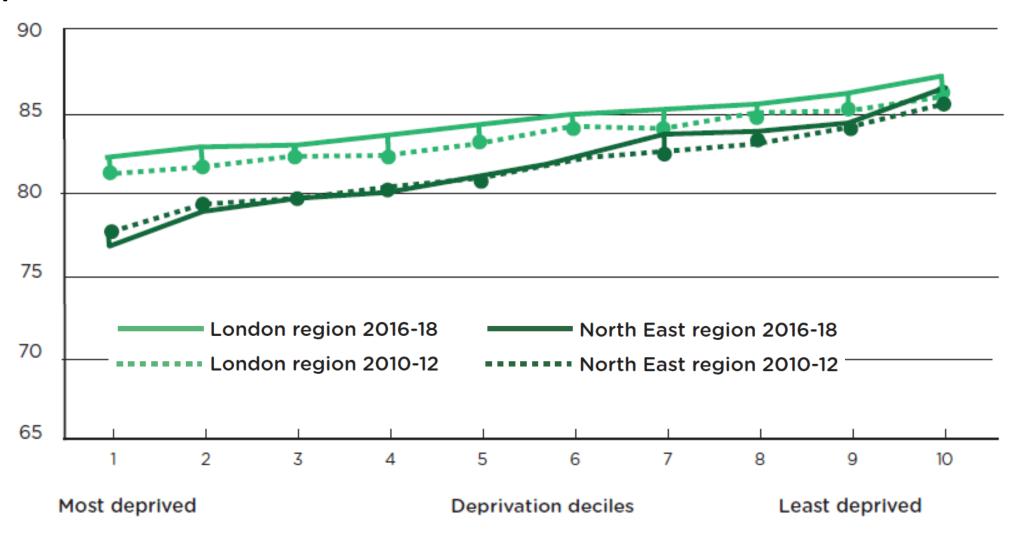


# Differences in life expectancy by deprivation widen in England's regions



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

#### Women





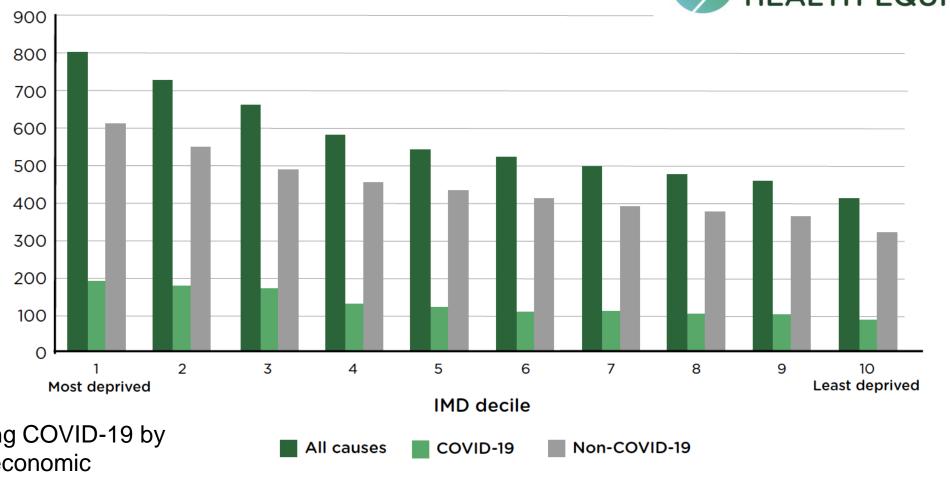
**REVIEW** 

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

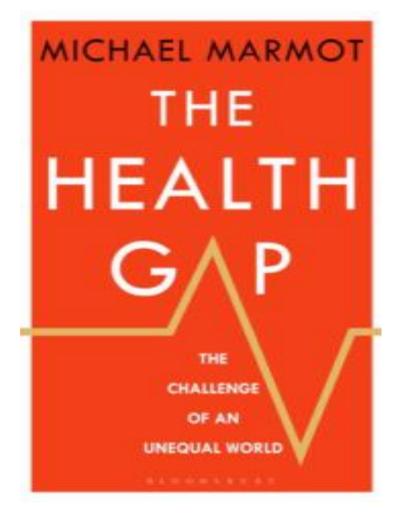




### Social or Medical

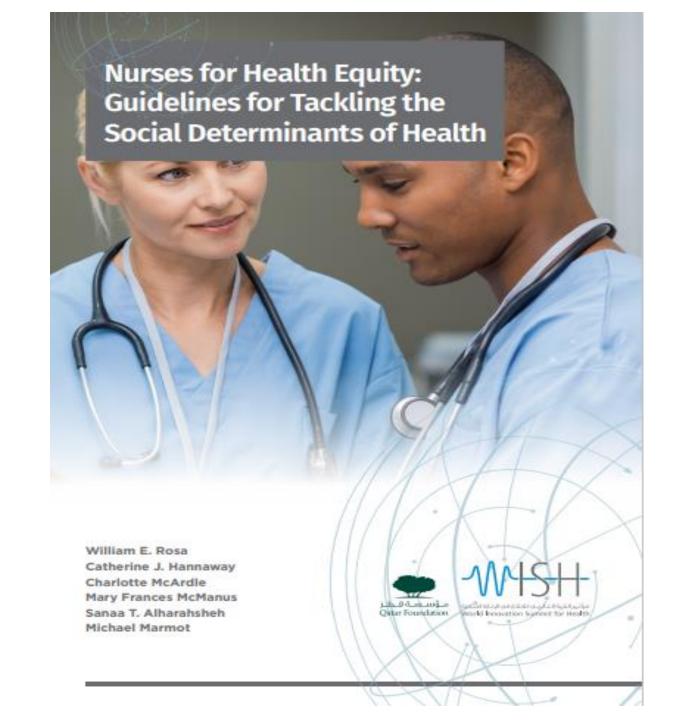


Why treat people and send them back to the conditions that made them sick?



**Nurses for Health Equity:** 

**Guidelines for Tackling the Social Determinants of Health** 

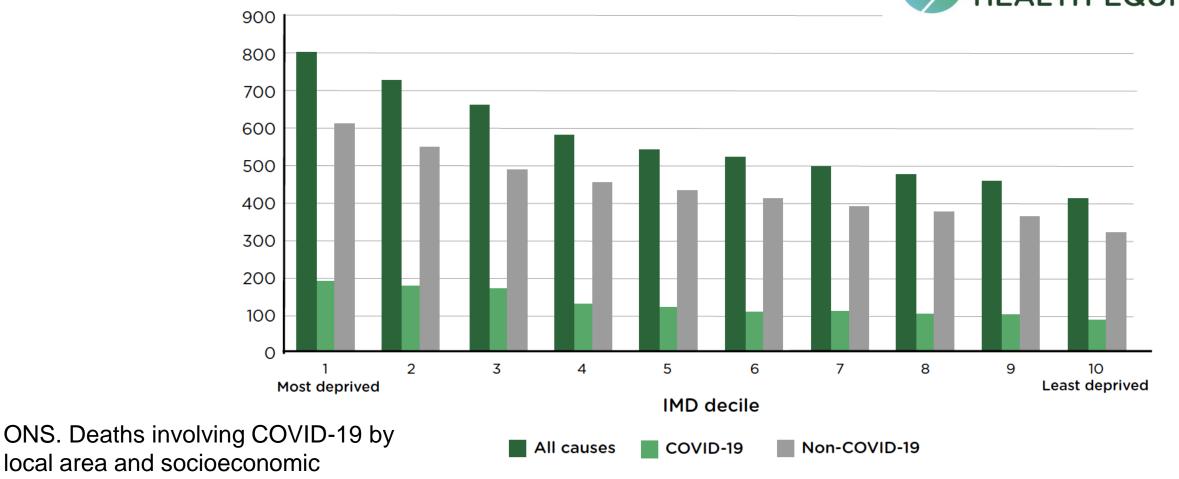




### Disease control or social determinants

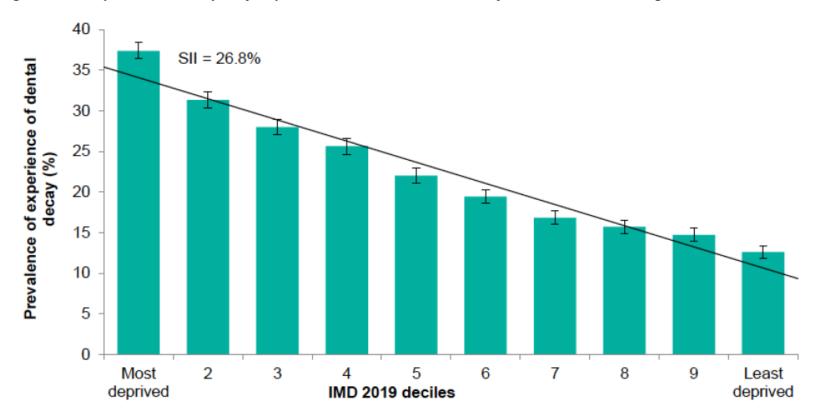


### Male age-standardised mortality rates from all causes, COVID-19 and other causes (per 100,000), by deprivation deciles in England INSTITUTE of HEALTH EQUITY



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Figure 3.13 Slope index of inequality in prevalence of dental caries in 5 year old children in England, 2019



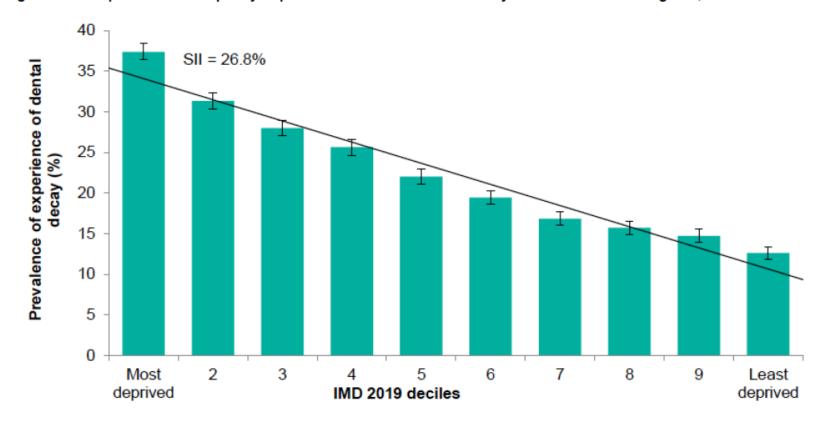
Source: PHE 2020Both the slope and the relative indices of inequality can also be used to describe changes in inequalities over time. Absolute inequalities in dental caries prevalence in 5 year old children had slightly reduced from 30.2 in 2008 to 26.8 in 2019 (Figure 3.14). While absolute inequalities in dental caries prevalence had reduced since 2008, it is also important to consider relative inequalities, as an improvement in one may not always follow an improvement in the other. Relative inequalities in the prevalence of dental caries in 5 year old children had increased from 2008 to 2019. In 2008, the proportion of children with dental caries was 2.9 times higher in the most deprived areas than the least deprived areas and in 2019 it was 3.8 times higher (Figure 3.15).

# INSTITUTE of HEALTH EQUITY

### GRADIENT IN CARIES IN 5 YEAR OLD CHILDREN

Inequalities in oral health in England

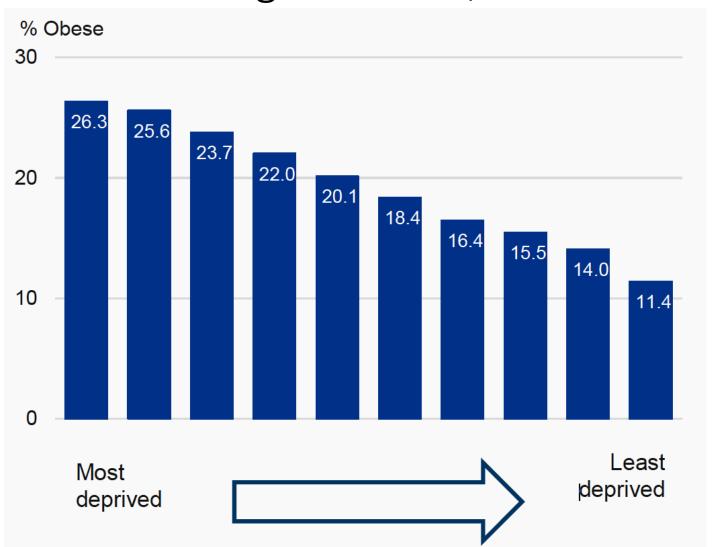
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FROM RICHARD WATT

# Obesity Prevalence in Year 6 by Deprivation England 2016/17



Obesity: 95th centile of BMI

National Child Measurement Programme



# 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

sthen the role and impact of ill health prevention

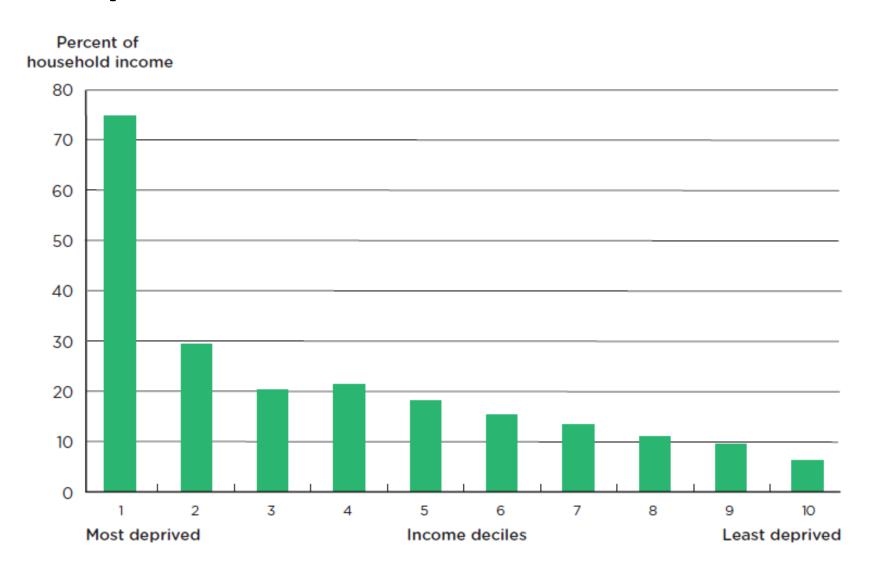




### Social Determinants or Individual Responsibility



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





### Targeted or Universal



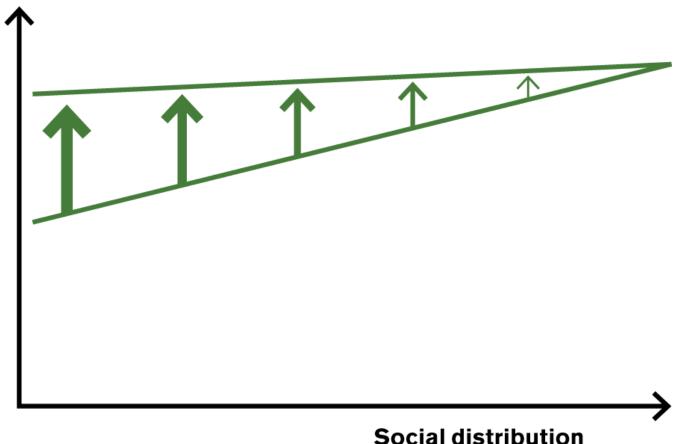


# Proportionate Universalism



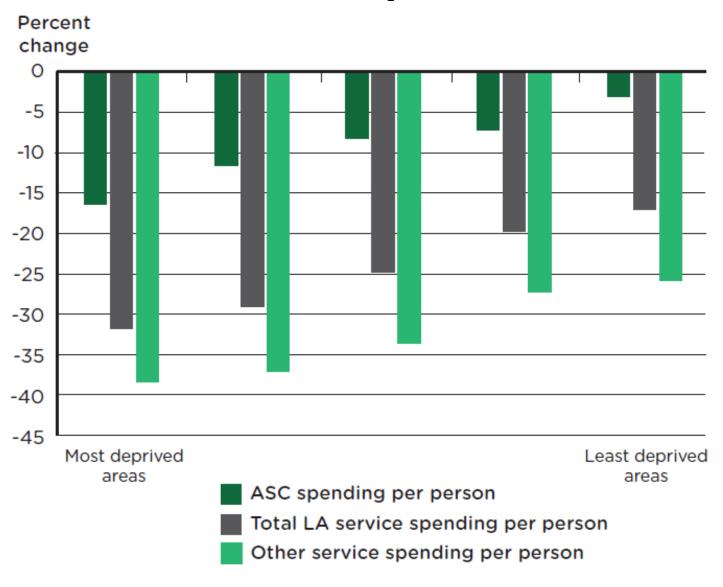
# Levelling—up the social gradient in health

#### **Health outcome**



**Social distribution** 

# Council spending per person decreased the most in more deprived areas

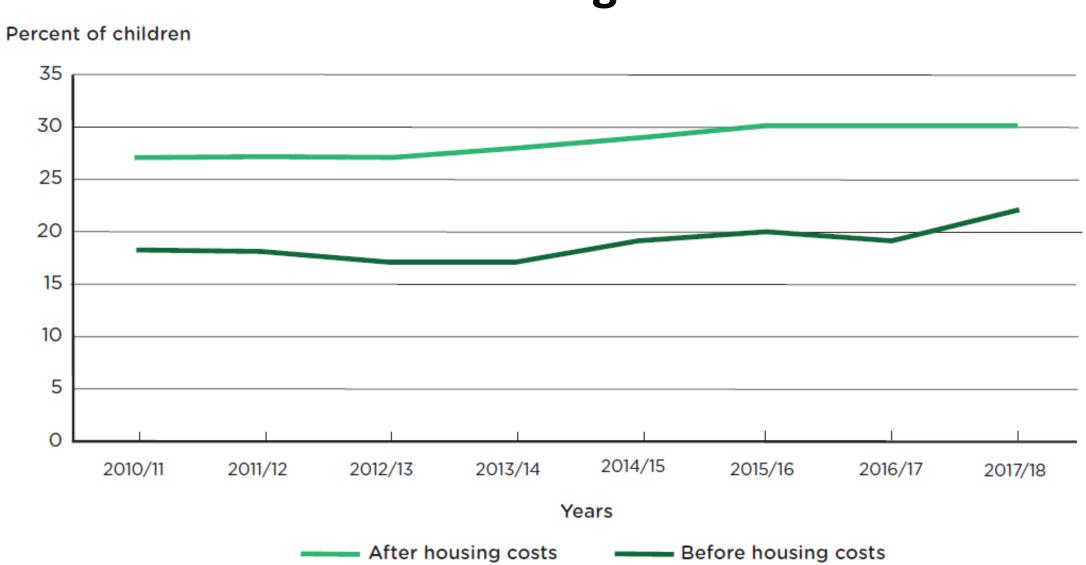




### Central or local



# Children living in poverty before and after housing costs in England

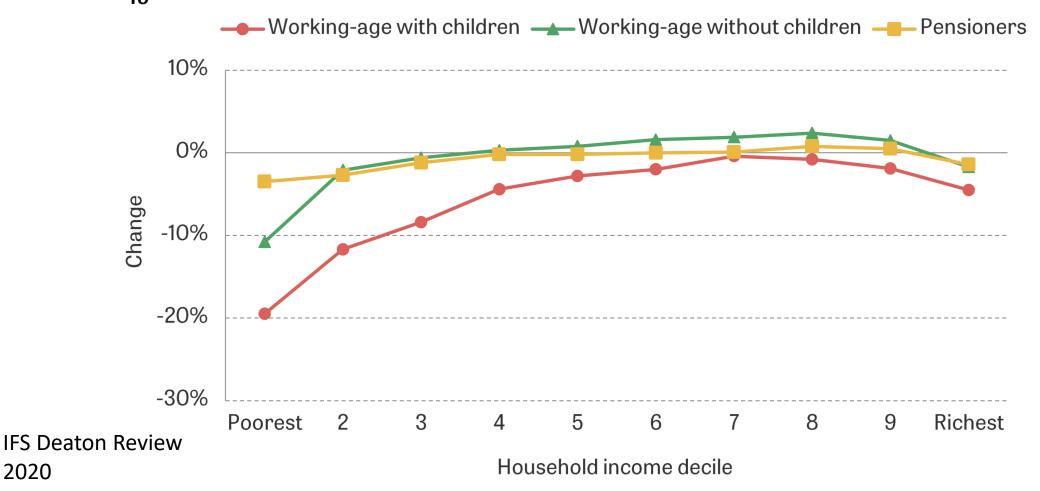


### The UK 2020: the poor poorer

2020



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







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







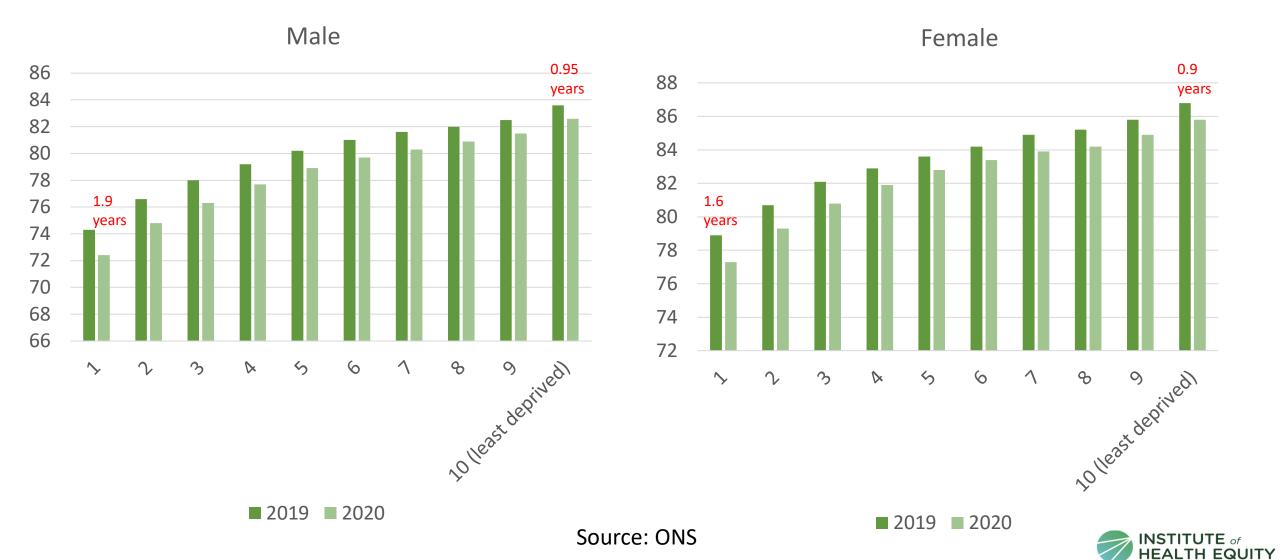
### Life expectancy decline in 2020 (provisional)

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

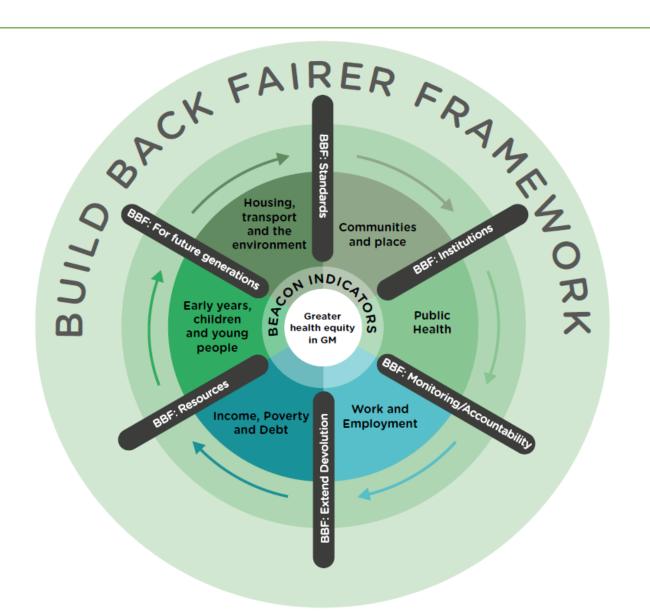
Source: Public Health England

#### Life expectancy is falling and falling faster in most deprived areas

Life expectancy at birth by area deprivation deciles and sex, England, 2019-20



### Framework for Building Back Fairer in Greater Manchester





### Recommendations

1. Build Back Fairer for future generations	Prioritise children and young people
2. Build Back Fairer resources	<ul> <li>Rebalance spending towards prevention</li> <li>Build Back Fairer opportunities for all</li> <li>Build Back Fairer commissioning</li> </ul>
3. Build Back Fairer standards	Standards for healthy living
4. Build Back Fairer Institutions	<ul> <li>Extend anchor institution approaches</li> <li>Scale up social value contracting and extend business role</li> </ul>
5. Build Back Fairer Monitoring and Accountability	<ul> <li>Develop Build Back Fairer equity targets for Greater Manchester</li> </ul>
6. Build Back Fairer through greater local power and control	Build Back Fairer devolution







### Racism or socioeconomic inequality



Males

Comparison group: White

**Females** 

Comparison group: White

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

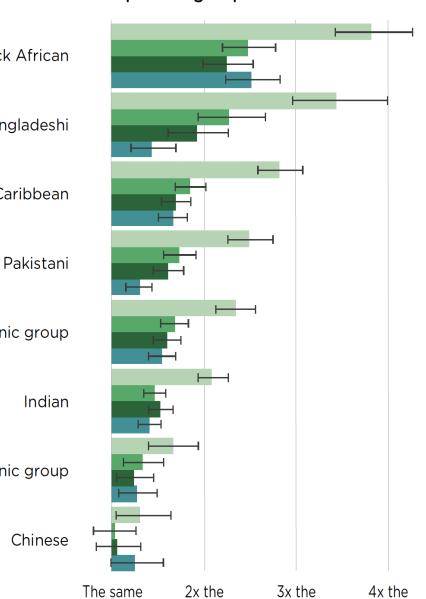
Black African Bangladeshi Black Caribbean

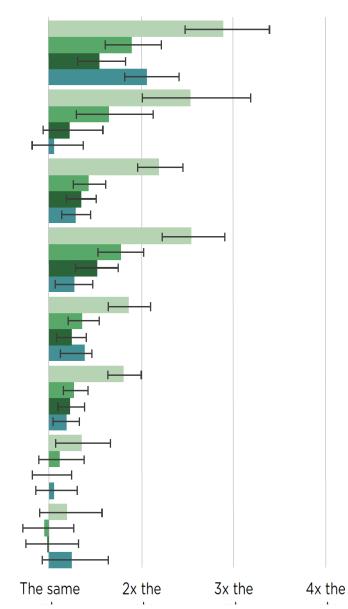
Other ethnic group

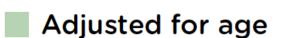
Indian

Mixed/Multiple ethnic group

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









+ Geography



Socio-economics

+ Health status



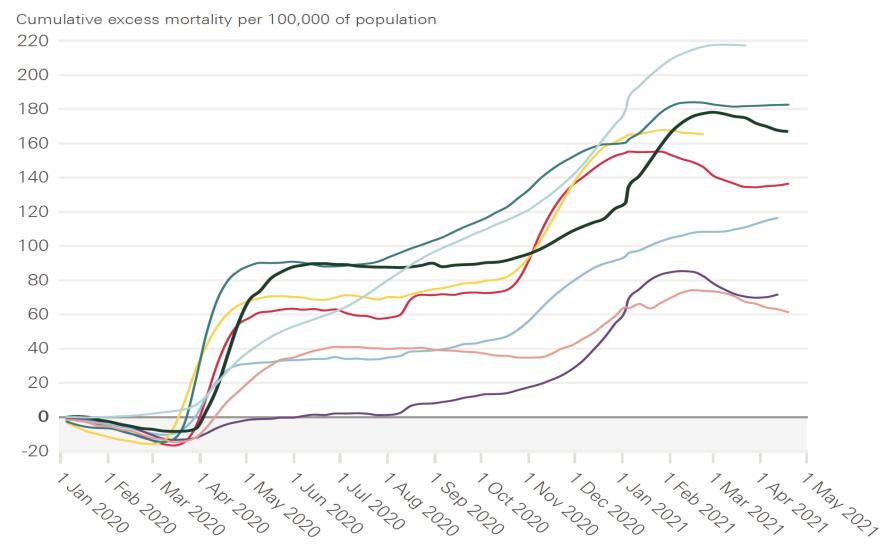
### **Government or Services**



# Excess Mortality

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





35

#### 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 illprepared
- England was unhealthy coming in to the pandemic



# 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

sthen the role and impact of ill health prevention





## 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

### Recommendations

#### HEALTH AS A MEASURE OF SOCIETAL SUCCESS

- Poor governance and political culture
- Social and economic inequalities increasing
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PUT FAIR DISTRIBUTION OF HEALTH AND WELL BEING AT THE HEART OF GOVERNMENT POLICY