

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 3 March 2020

Subject: The Marmot Review – 10 Years On

Report of: Director of Population Health

Summary

The Marmot Review – 10 Years On was published on Tuesday 25 February 2020.

The review report provides a stark assessment of the fact that the last decade in England has been marked by deteriorating health and widening health inequalities.

A summary of the key messages from the review is provided along with an initial assessment of how plans, programmes and activities in Manchester relate to the key recommendations contained in the review report.

Recommendation

The Committee is asked to note the report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
Zero carbon and climate change is a key component of the review report

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The Marmot Review addresses all of the outcomes of the Manchester Strategy
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	

A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

The link to the full Marmot Review Report and Executive Summary is provided below:

<https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

1. Introduction

1.1. In February 2010 Sir Michael Marmot published his first report: Fair Society Healthy Lives. In this report there were six priority objectives, namely:

- i. Give every child the best start in life.
- ii. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- iii. Create fair employment and good work for all.
- iv. Ensure a healthy standard of living for all.
- v. Create and develop healthy and sustainable places and communities.
- vi. Strengthen the role and impact of ill health prevention.

1.2 The Manchester Population Health Plan, approved by the Health and Wellbeing Board in March 2018, is based on these priority objectives and the Committee has received a number of reports on relevant population health programmes over the last two years.

1.3 The Marmot Review Report published on 25th February 2020 presents a detailed analysis of what has happened at a national level in relation to the first five priority objectives listed under 1.1 (<https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>). The headlines from this analysis and a summary of the key messages from the review are provided in section 2.

1.4 The Marmot Review Team was based with the Institute of Health Equity (University College London) and supported by the Health Foundation.

1.5 The Chief Executive of Manchester City Council, Joanne Roney, was a member of the National Advisory Group for the review and has played a leading role in bringing the Marmot Review Team to work with partners in Greater Manchester (GM). Indeed, there are two GM case studies in the full report and these are also included in section 2.

2. Key messages from the Review

2.1 The findings from the review were presented to a national conference on 25th February that included keynote speeches from Sir Michael Marmot, Andy Burnham (the Mayor of Greater Manchester) and Jon Ashworth (the Shadow Secretary of State for Health).

1. Since 2010 life expectancy in England has stalled; this has not happened since at least 1900. If health has stopped improving it is a sign that society has stopped improving. When a society is flourishing health tends to flourish.
2. The health of the population is not just a matter of how well the health service is funded and functions, important as that is. Health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources – the social determinants of health.

3. The slowdown in life expectancy increase cannot for the most part be attributed to severe winters. More than 80 percent of the slowdown, between 2011 and 2019, results from influences other than winter-associated mortality.
4. Life expectancy follows the social gradient – the more deprived the area the shorter the life expectancy. This gradient has become steeper; inequalities in life expectancy have increased. Among women in the most deprived 10 percent of areas, life expectancy fell between 2010-12 and 2016-18.
5. There are marked regional differences in life expectancy, particularly among people living in more deprived areas. Difference both within and between regions have tended to increase. For both men and women, the largest decreases in life expectancy were seen in the most deprived 10 percent of neighbourhoods in the North East and the largest increases in the least deprived 10 percent of neighbourhoods in London.
6. There has been no sign of a decrease in mortality for people under 50. In fact, mortality rates have increased for people aged 45-49. It is likely that social and economic conditions have undermined health at these ages.
7. The gradient in healthy life expectancy is steeper than that of life expectancy. It means that people in more deprived areas spend more of their shorter lives in ill-health than those in less deprived areas.
8. The amount of time people spend in poor health has increased across England since 2010. As the Marmot Review Team reported in 2010, inequalities in poor health harm individuals, families, communities and are expensive to the public purse. They are also unnecessary and can be reduced with the right policies.
9. Large funding cuts have affected the social determinants across the whole of England, but deprived areas and areas outside London and the South East experienced larger cuts; their capacity to improve social determinants of health has been undermined.
10. As in 2010 reducing health inequalities requires action on six policy objectives. In this Report the Marmot Team review significant changes since 2010 in five of them.
 - i. Give every child the best start in life.
 - ii. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
 - iii. Create fair employment and good work for all.
 - iv. Ensure a healthy standard of living for all.
 - v. Create and develop healthy and sustainable places and communities.
11. For each objective they outline areas of progress and decline since 2010 and make clear the links with health and health inequalities.
11. Despite the cuts and deteriorating outcomes in many social determinants some local authorities and communities have established effective approaches to tackling health inequalities. The practical evidence about how to reduce inequalities has built significantly since 2010.

12. The national government has not prioritised health inequalities, despite the concerning trends and there has been no national health inequalities strategy since 2010. The Marmot Review Team see this as an essential first step in leading the necessary national endeavour to reduce health inequalities.
13. The Marmot Review Team set out a clear agenda for national government to tackle health inequalities, building on evidence of experience in other countries and local areas since 2010. They establish how the Government must take action in England as a matter of urgency.
14. The goal should be to bring the level of health of deprived areas in the North up to the level of good health enjoyed by people living in affluent areas in London and the South.

2.2 The Population Health Team (PHT) are currently considering some of the national data sets and whether the trends described in the report are the same for Manchester. The initial assessment concludes that many of them do and a specific example of this relates to concerns about falling life expectancy amongst women, highlighted in the two figures below.

Figure 1
Gap in life expectancy at birth between women living in the most and least deprived parts of the city is increasing – the inequality gap in men is reducing

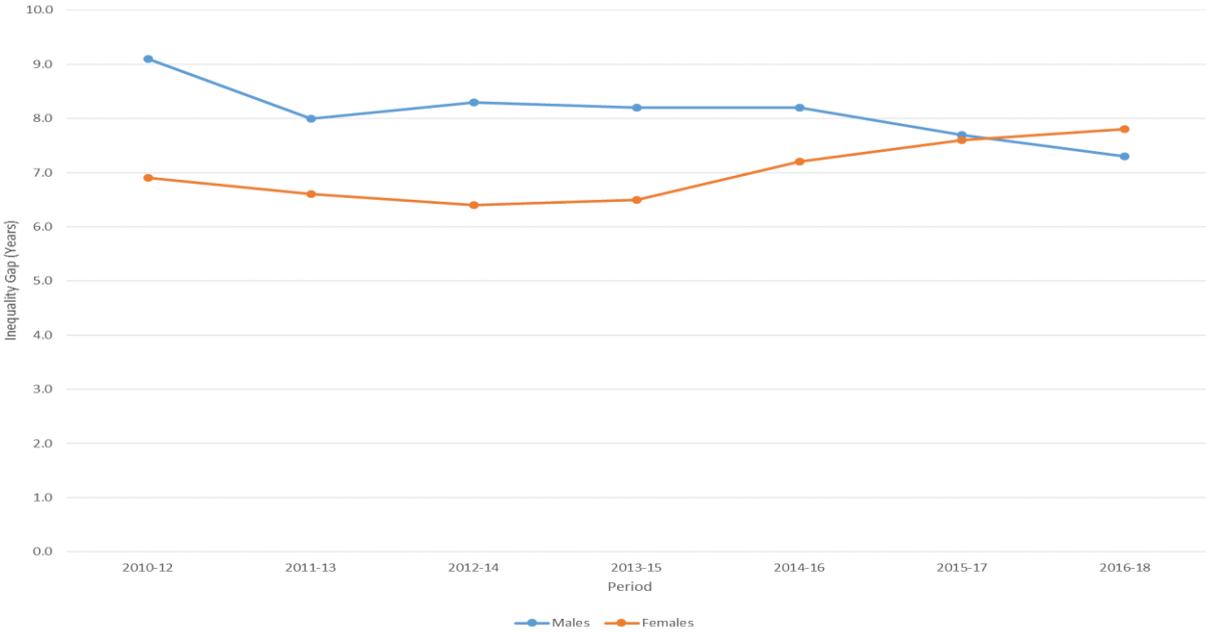
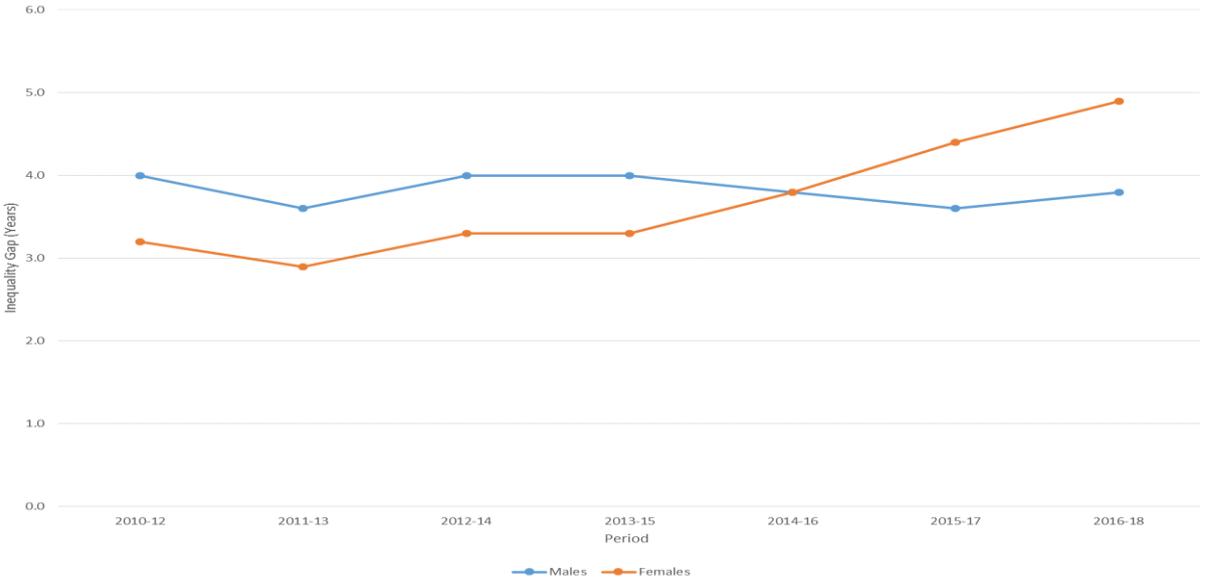


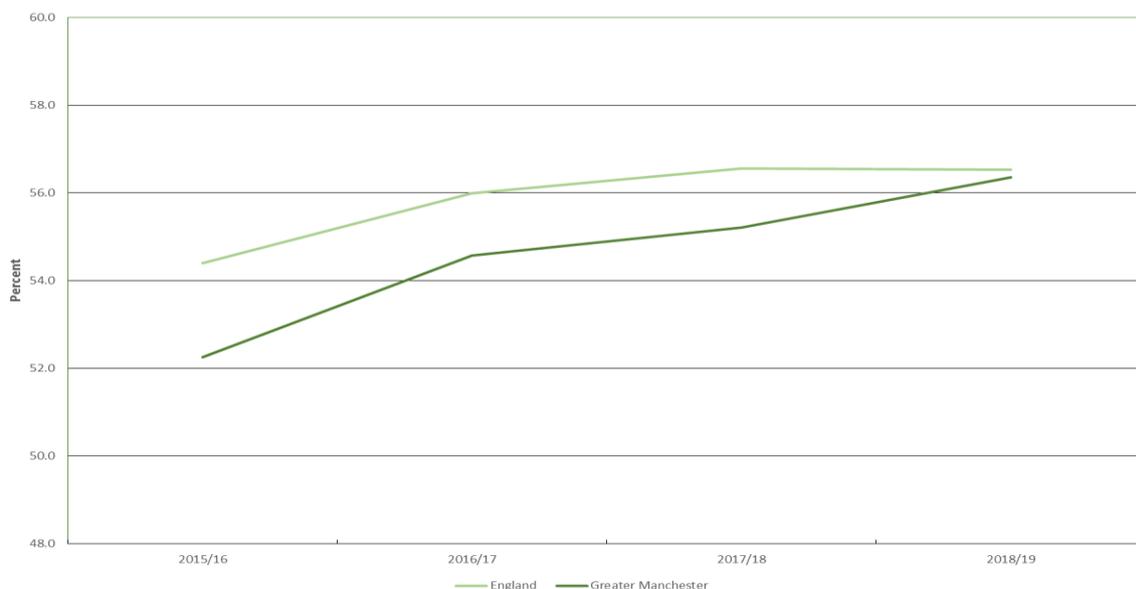
Figure 2
A similar trend of increasing inequality in life expectancy among women living in the most and least deprived parts of the city is seen at age 65



CASE STUDY: GREATER MANCHESTER – CLOSING INEQUALITIES IN THE EARLY YEARS

School readiness for all pupils has improved in Greater Manchester. In the school year 2018/19, 68.2 percent of children achieved a good level of development, compared with 71.8 percent nationally, in 2013 this figure was 47.3 percent. In Greater Manchester, levels of good development at the end of Reception for children eligible for free school meals have improved by four percentage points since 2015/16, a rate of improvement faster than for England as a whole. Greater Manchester has closed the gap in school readiness when compared to the England average.

Pupils achieving a good level of development eligible for Free School Meals 2015/16-2018/19



These marked improvements are the result of a significant endeavour by schools and children's services to improve school readiness, which has been a priority outcome for Greater Manchester. Tough targets have been set, including all early years settings to be rated 'good' or 'outstanding' in 2020, and to close the gap in school readiness between Greater Manchester and the national average (54).

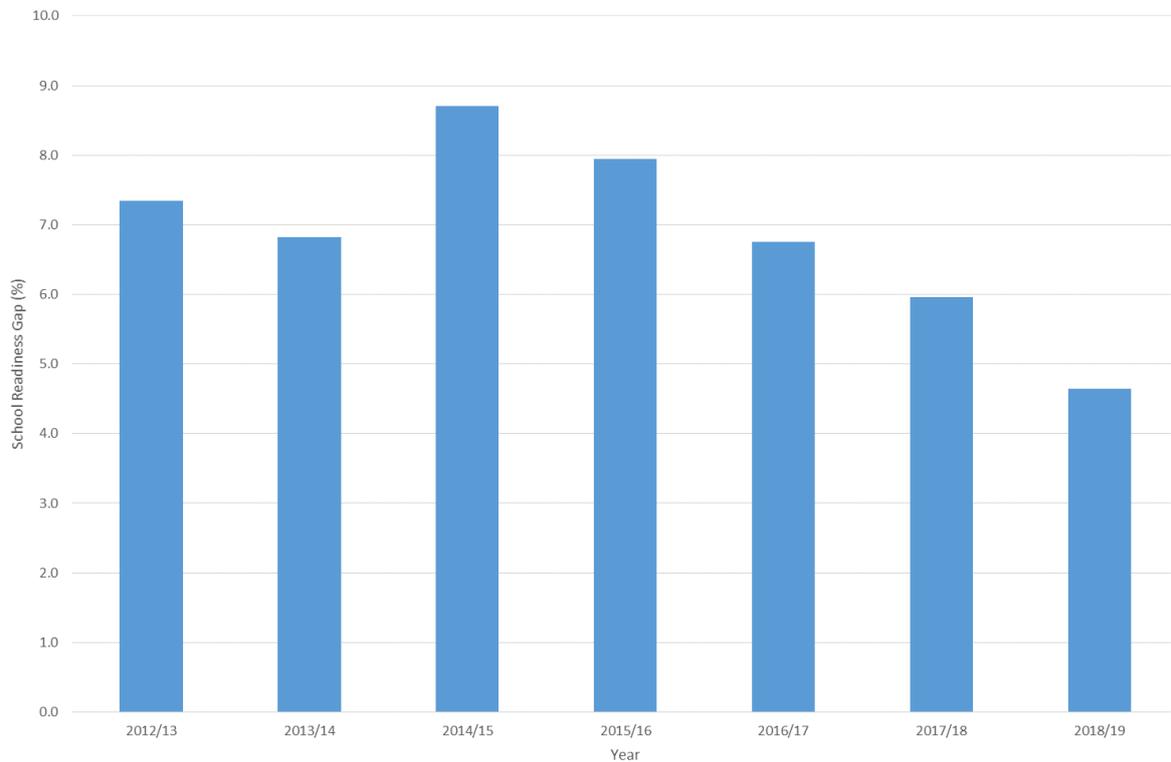
Particular programmes include:

- At scale implementation of early years pathways across GM to support; speech, language and communication; parent and infant mental health; physical development; and social, emotional and behavioural needs
- A focus on delivering both universal and targeted parenting and child development programmes which are evidence-based, like Solihull approach and Incredible Years
- Developing an Early Years Workforce Academy to support workforce development amongst all early years practitioners (in public and private settings) and encourage more integrated working
- I-THRIVE programme to promote children's and young people's wellbeing

2.3 However, it is encouraging to note that in the full report the Greater

Manchester case study on early years shows how we have “bucked the national trend” and the gap between Greater Manchester and England has narrowed. Furthermore, when we look at the specific Manchester dataset, we can see Manchester’s significant contribution to this success, see figure 3 below.

Figure 3
Absolute gap in school readiness between children with a Free School Meal Status in Manchester and the rest of the population has narrowed



- 2.4 The second Greater Manchester case study in the report focuses on the approach to integrating services. In Manchester this relates to the establishment of Manchester Health and Care Commissioning in April 2017 and the Manchester Local Care Organisation in April 2018. It is acknowledged that Manchester is one of the areas “further along the transformation pathway” than other parts of GM.

CASE STUDY: INTEGRATED SERVICE IN GREATER MANCHESTER

Greater Manchester is a city-region of 2.8 million people with an economy bigger than that of Wales or Northern Ireland. Greater Manchester has ten district councils that come together with each other and the Mayor of Greater Manchester to form the Greater Manchester Combined Authority (GMCA). GMCA works with other local services, the devolved health and care system in GM, businesses, communities and other partners to improve the city-region. The ten GM councils (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan) have worked together voluntarily for many years on issues that affect everyone in the region, such as transport, regeneration, and attracting investment. In 2011, this led to the creation of the GMCA and then to the devolution deals which were announced from 2014 onwards

Devolution has empowered Greater Manchester to further develop new ways of working which has included a new model for Unified Public Services. The ambition is that the integration of health and social care services is brought together with a range of other public services including education, policing, fire, housing, employment and benefits services. This will provide local teams of public servants that will be aligned to common population footprints of 30,000-50,000 residents. The freedoms permitted by devolution, such as integration of health and social care services and new opportunities for joint commissioning, have enabled the development of a truly place-based population health system across Greater Manchester appropriate for taking action on health inequalities. It means that local public services can together focus on upstream determinants of health while mitigating crises downstream with effective multidisciplinary care for those most in need.

Greater Manchester, highlights the opportunities of coterminous Clinical Commissioning Groups and Local Authorities aggregating to a single Integrated Care System and Combined Authority which significantly expands the opportunities for placed based action, population health focus and intervention across all social determinants. Challenges still remain as some boroughs are further along the transformation pathway than others. However the new model for unified public services is helping to spread best practice and create a shared set of principles which underpin service delivery across Greater Manchester (489).

- 2.5 Furthermore, population health data released in December 2019 shows that our approach to integration in Manchester may be starting to deliver benefits and there has been good progress against a number of key indicators:

- There has been a small increase in Life Expectancy and Healthy Life Expectancy data for the period 2016 to 2018;
- The gap in life expectancy at birth between Manchester and England has narrowed slightly, from 3.8 to 3.5 years for men and from 3.6 to 3.4 years for women;
- There has been a relatively large increase in healthy life expectancy at birth for both men and women over the period 2015-17 to 2016-18;
- The proportion of eligible children deemed to be school ready in Manchester is continuing to improve;
- The latest data for 2017 represents a reduction in number of low birth weight;
- There has been a reduction in the rate of preventable deaths due to Cardiovascular Disease from 94.4 per 100,000 in 2015-17, to 90.1 per 100,000 in 2016-18; and
- There has been a sharp reduction in the rate of people dying from cancers considered preventable from 127.9 per 100,000 between 2015-17, to 121.0 per 100,000 between 2016-18.

2.6 The PHT will do a further analysis of the Marmot dataset that focuses on the wider determinants (e.g. housing, employment, poverty) and assess the Manchester position against these other indicators.

3 Responding to the recommendations in the review report

3.1 The PHT have listed each of the recommendations under the priority areas in the left hand side of the table below and provided an initial response on some of the Manchester strategies and plans that relate to these recommendations.

3.2 It is also important to note that there will be a specific Greater Manchester event in late spring/summer that will share best practice in recognition of Greater Manchester being a designated Marmot City Region.

Recommendation	Manchester's response
Best start in life	
Increase levels of spending on early years and as a minimum meet the OECD average and ensure allocation of funding is proportionately higher for more deprived areas.	National response required Manchester Population Health Plan 2018-2027. Priority 1 of the Plan relates to 'The first 1,000 days of a child's life'. The required local actions were set out in the Annual Report of the Director of Public Health presented to the Committee in September 2019
Reduce levels of child poverty to 10 percent – level with the lowest rates in	Family Poverty Strategy 2017-2022 Reducing Infant Mortality Strategy 2019-

Europe.	2024
Improve availability and quality of early years services, including Children's Centres, in all regions of England.	<p>Healthy Child Programme; Early Help Programme; Children's Transformation Programme</p> <p>Our Manchester, Our Children - Manchester Children and Young People Plan 2016-2020</p> <p>Manchester Early Help Strategy 2018-2021</p>
Increase pay and qualification requirements for the childcare workforce.	To be considered as part of the Living Wage Accreditation work
Enabling all Children, Young People and Adults to Maximise their Capabilities and Have Control over their Lives	
Put equity at the heart of national decisions about education policy and funding.	National response required
Increase attainment to match the best in Europe by reducing inequalities in attainment	<p>Children and Young People's Plan 2016-2020</p> <p>Recent excellent local progress on narrowing the attainment gap between Manchester and England</p> <p>Children and Young People's SEND Plan</p>
Invest in preventative services to reduce exclusions and support schools to stop off-rolling pupils.	Children and Young People's Plan 2016-2020
Restore the per-pupil funding for secondary schools and especially sixth form, at least in line with 2010 levels and up to the level of London (excluding London weighting).	National response required
Creating Fair Employment and Good Work for All	

Invest in good quality active labour market policies and reduce conditionalities and sanctions in benefit entitlement, particularly for those with children.	The in-work poverty pilot led by the Work and Skills Team at MCC is helping people back into paid and secure work
Reduce in-work poverty by increasing the National Living Wage, achieving a minimum income for healthy living for those in work.	Manchester City Council (MCC) and Manchester Clinical Commissioning Group (MCCG) accreditation as a Living Wage Employer (Living Wage Foundation)
Increase the number of post-school apprenticeships and support in-work training throughout the life course.	Locality Workforce Transformation Plan
Reduce the high levels of poor quality work and precarious employment.	Locality Workforce Transformation Plan; Workplace Health and Wellbeing Collaborative; 50+ work and health; Locality approach to Living Wage accreditation
Recommendations for Ensuring a Healthy Standard of Living for All	
Ensure everyone has a minimum income for healthy living through increases to the National Living Wage and redesign of Universal Credit	MCC and MCCG accreditation as a Living Wage Employer (Living Wage Foundation)
Remove sanctions and reduce conditionalities in welfare payments	This is being taken forward by the Welfare Reform Board
Put health equity and wellbeing at the heart of local, regional and national economic planning and strategy	Our Manchester Industrial Strategy ('Developing a More Inclusive Economy')
Adopt inclusive growth and social value approaches nationally and locally to value health and wellbeing as well as, or more than, economic efficiency.	Our Manchester Industrial Strategy ('Developing a More Inclusive Economy'); Manchester Health and Care Commissioning (MHCC) Inclusion and Social Value Strategy
Review the taxation and benefit system to ensure it achieves greater equity and ensure effective tax rates are not regressive	National response required

Recommendations to Create Healthy and Sustainable Places and Communities	
Invest in the development of economic, social and cultural resources in the most deprived communities	GM Culture Strategy
100 percent of new housing is carbon neutral by 2030, with an increased proportion being either affordable or in the social housing sector	Manchester Climate Change Framework and MCC Climate Change Action Plan 2020-25 (draft)
Aim for net zero carbon emissions by 2030 ensuring inequalities do not widen as a result	Manchester Climate Change Framework and MCC Climate Change Action Plan 2020-25 (draft)
Recommendations for taking action: All of the following require national action	
Develop a national strategy for action on the social determinants of health with the aim of reducing inequalities in health	Manchester Population Health Plan 2018-2027; Social Prescribing/Wellbeing 2021 Model presented to the Committee in February 2020 Draft Manchester Healthy Weight Strategy 2020-2025 presented to the Committee in February 2020 Manchester Homelessness Strategy 2018-2021
Ensure proportionate universal allocation of resources and implementation of policies.	To be considered by the Health and Wellbeing Board partner organisations
Early intervention to prevent health inequalities.	Manchester Early Help Strategy 2018-2021 GM Drug & Alcohol Strategy 2019-21 Manchester Tobacco Control Plan, 2018-2021
Develop the social determinants of health workforce	Social Prescribing/Wellbeing 2020/21 Model presented to the Committee in February 2020
Engage the public	Council community engagement

	activities Manchester Local Care Organisation (MLCO) Neighbourhood Development and Support MHCC Patient & Public Advisory Committee (PPAC)
Develop whole systems monitoring and strengthen accountability for health inequalities	Manchester Health and Wellbeing Board responsibility

4 Recommendation

4.1 The Committee is asked to note the report.