

REPORT TO: Halton Health Policy & Performance Board (PPB)

DATE: 27th September 2022

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Marmot Report: All Together Fairer

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 To inform policy and performance board of the launch of the report by Professor Sir Michael Marmot on health inequalities. The report – All Together Fairer – has been written by Sir Michael and his team of researchers in partnership with Cheshire and Merseyside’s local authorities, and sets out measurable actions for each area, as well as the sub region as a whole, to create a fairer, equitable society.

2.0 RECOMMENDED: That

1) **The content of the reports is noted.**

3.0 SUPPORTING INFORMATION

BACKGROUND

- 3.1 All Together Fairer was presented at an event by Sir Michael Marmot on 26th May 2022. He delivered a keynote address to partners made up of local authorities, the NHS, private and third sector organisations, and interested members of the public.
- 3.2 All Together Fairer was a collaborative piece of work advised by workshops held across the sub region and informed by data and intelligence contributed by leads across local authorities. The full report was written by Sir Michael and his team of researchers in partnership with Cheshire and Merseyside’s local authorities. The executive summary is available via this link https://www.champspublichealth.com/wp-content/uploads/2022/05/Cheshire-and-Merseyside_Executive-Summary-FINAL.pdf
- 3.3 The Institute of Health Equity was established in 2011 and is led by Professor Sir Michael Marmot at University College London. The aim is to develop and support approaches to health equity and build on work that has assessed, measured and implemented approaches to tackle inequalities in health. They conducted the Strategic Review of Health Inequalities in England and

published the report 'Fair Society, Healthy Lives' in February 2010. (The Marmot Review).The first review identified the causes of inequality, in particular social policy, and set out 6 policy recommendations to government. This was followed by the Health Equity in England: the Marmot Review Ten Years On that set out how little progress had taken place over the intervening years.

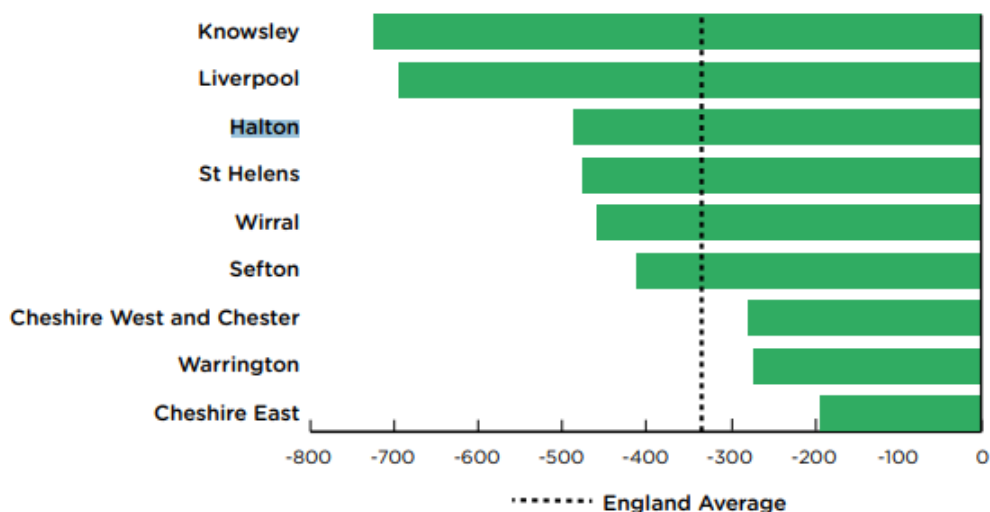
4.0 Implications for Halton

4.1 Half of Halton’s residents live in areas among the 20 percent most deprived in England. In Halton, with a population of 129,000, life expectancy at birth for women in 2018-20 was 81.4 years, 1.7 years below the England average. For men it was 77.4 years, two years below the England average. In addition, inequalities in life expectancy in Halton are evident: Figure 3.9 shows that in 2018-20 there was a 8.7-year gap for women in life expectancy between the most and least deprived deciles, 9.4 years for men. The life expectancy gap between the most deprived and least deprived wards (Halton Lea vs Birchfield) is 13.7 years for men and 9.3 years for women.

4.2 The spending power of local authorities in real terms has fallen significantly between 2010 and 2018. The spending power (real terms), per head of population, Cheshire and Merseyside lower-tier local authorities and England 2010-2018 is shown below in Fig 1.

After Knowsley and Liverpool, Halton has been most impacted with spending power loss being much higher than loss on average across England.

Fig 1. Change in local authority spending power (real terms), per head of population, Cheshire and Merseyside lower-tier local authorities and England, 2010-18

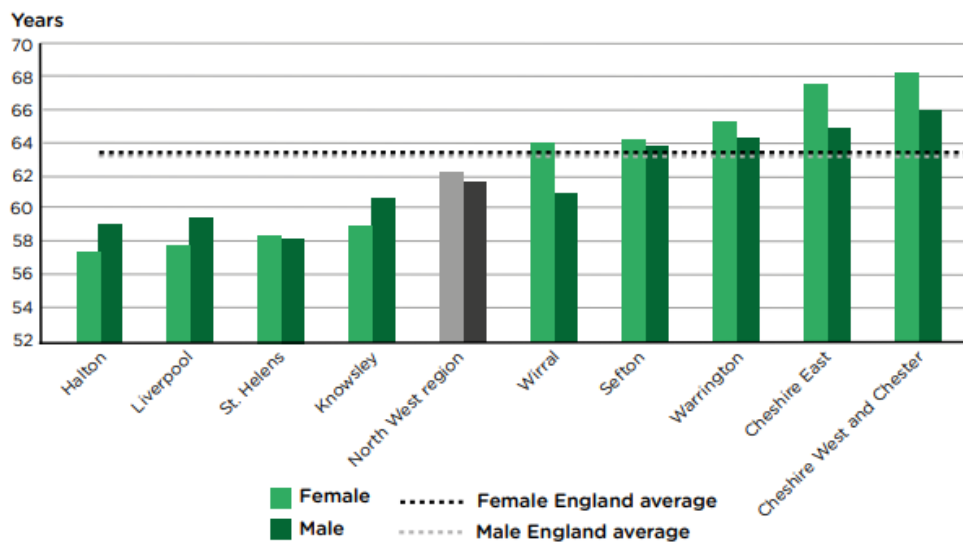


Source: Ministry of Housing, Communities & Local Government (9)

Researchers from the University of Liverpool estimate that without the cuts, in the most deprived areas of England, male life expectancy would have been three months longer and female life expectancy would be 2.8 months longer.

- 4.3 The report also questions the allocation of allocation of Levelling Up funding as it does not necessarily follow need. Despite being identified as a local authorities in the highest priority category Halton has been placed in category 2, which is lower than some more relatively affluent local authorities.
- 4.4 Healthy life expectancy is the average number of years an individual is The figure below shows women in Halton and Liverpool boroughs are six years below the national healthy life expectancy average that is 63 years.

Fig 2. Female and male healthy life expectancy at birth, Cheshire and Merseyside lower tier local authorities, North West region, and England 2018- 2020.



Source: Office for National Statistics. (90)

- 4.5 Other areas where Halton had a lower than the England average experience included :
- Percentage of children achieving a good level of development at the end of reception, (figures from 2018/19)
 - Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0 to 14, (figures from 2022/21)
 - Rate of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24, (figures from 2022/21)
 - Children eligible for Free School Meals perform below the average across all measures of educational attainment.
 - Average weekly earnings in Halton for people aged over 16 are among the lowest in the region
 - Higher rates of children in relative poverty households compared to the England average. 18.5% of Halton residents live in poverty
 - Estimated levels of fuel poverty is above the England average
 - Lower rates of physical activity including walking and cycling
 - Low Public transport use for work
 - Higher rates of obesity and smoking, including at time of delivery

It is noted in the report that Halton, alongside Knowsley and St Helens is still experiencing the long-term effects on unemployment from the recession of 2008.

- 4.6 Areas where Halton performed as well as or better than England average
- the number of jobs per resident aged 16 to 64, is similar to the national average
 - The rate of long term claimants of Jobseeker's Allowance, (aged 16 to 64) is one of the lowest in C&M and lower than England average
 - Low reported homelessness
 - Lower deaths from drug misuse
 - Lower deaths due to exposure to poor air quality
- 4.7 Whilst Halton is not very ethnically diverse, the report highlighted the adverse experience through educational attainment, employment and income as well as health experienced by people from ethnically minority populations.
- 4.8 Using modelling it is estimated by 2080 that the climate in the North West will see average summer temperature increasing by 3.7 degrees; 21 percent less rainfall in the summer, affecting subsidence, crop yields and water stress; and 16 percent more rainfall in the winter increasing flooding risks. Halton has higher than England average for carbon dioxide emissions per capita

5.0 **Actions required**

As is evident from the foregoing, whilst the impact of the economic and social environment has affected people's health and wellbeing. The actions required to make a positive change cannot come from the health system. There is a general acknowledgement through the Marmot report that to make any change the following "Marmot 8 principles" should be adopted:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention.
7. Tackle racism, discrimination and their outcomes.
8. Pursue environmental sustainability and health equity together

The Marmot Report sets out recommendations at system as well as local place level and suggests the lead organisation for a number of these. It is acknowledged that financial pressures mean that organisations would need to work in partnership and that the recommendations most relevant to their area should be the focus of action.

6.0 **Examples of action already in place**

6.1 Work taking place at One Halton Level

- CORE20Plus5 work with local voluntary sector CVS. CORE20Plus5 is a national approach to support the reduction of health inequalities. The approach defines a target population cohort – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement. Halton secured additional funding to develop a partnership approach across local authority, NHS and CVS to target the most vulnerable and hard to reach

6.2 Work taking place at local authority level

- **Transformation work looking at early years outcomes** in bringing systems together to develop equitable early interventions
- Development of **Family Hubs** has started
- **Holiday Activity Fund** provides meals and activities for children during school holidays
- **Compendium of sources of support** on offer for people struggling with current financial crisis.
- Linked to networks to enable sharing of best practice at local as well as national level.
- **Lifestyle survey** to gather additional information in people’s lifestyle choices commissioned
- Halton’s Health Improvement Team has partnered with a range of stakeholders to **target health advice to unemployed people, asylum seekers and refugees** offer includes NHS Health check, smoking, vaccination, alcohol.
- The **Public Health Bus goes into underserved community** providing a range of advice and signposting to other sources of support
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6.3 Work taking place a regional “system level”

- **Establishment of a multi-agency Board** and local leads group to ensure action at local and system level. Halton is well represented
- Ongoing work with local acute NHS trusts on **anchor institutions** work and Prevention pledge,
- Recommendations into the ICB / Place Strategy.
- The **System P programme** is using data and analytics to provide insight and inform future plans Halton is supporting the programme, an area of study: Complex Families Mental Health is underway across C&M. Halton Public Health analyst linked in.
- **Community of Practice** established to encourage collaboration, share learning and best practice
- **Completion of an evaluation** of NHS Prevention Pledge by the Institute of Health Equity to inform future delivery
- Completion of the Cheshire and Merseyside ‘**Citizen’s Inquiry on Alcohol**’,
- Implementation of early identification of Alcohol Related Liver Disease (ARLD) **liver scan pilot**. The programme enabled 50 frontline staff to be trained and more than 600 liver scans completed.

- Over £200k funding secured from NHSE/I for the ‘Early identification of co-occurring **Alcohol and Mental Health disorders**’ (**ExAMH**) **project**, which is aimed at preventing people ‘falling through the gaps’ when they need access to concurrent interventions
- Development of a **Cheshire and Merseyside Physical Activity Strategy**, undertaking a two-phase consultation and engagement process in order to secure system wide and public buy-in. Led by the two Sports Partnerships,
- Implementation of the **BP@Home/national Blood Pressure optimisation programme**
- **Commissioning of the Suicide Bereavement service Amparo**, with 132 referrals being made during 2021 and 2022.
- In 2019 Liverpool City Region declared a climate emergency, pledging the region to reach net zero carbon by 2040.

Note that these are just a few examples, as the reach and ambition is wide.

7.0 **Marmot Indicators**

A set of local Marmot Beacon indicators, developed in partnership with local stakeholders, will monitor actions on the social determinants of health in Cheshire and Merseyside. This is likely to be reported at Local Authority level. The report proposes 22 indicators, aligned with the 8 Marmot themes. The indicator set will be monitored by the Combined Intelligence for Population Health Action (CIPHA) programme.

Life expectancy	
1 Life expectancy, female, male	
2 Healthy life expectancy, female, male	
Give every child the best start in life	
3. Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)	
4 Percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception)	
Enable all children, young people and adults to maximise their capabilities and have control over their lives	
5 Average Progress 8 score	
6 Average Attainment 8 score	
7 Hospital admissions as a result of self-harm (15-19 years)	
8 NEETS (18 to 24 years)	
9 Pupils who go on to achieve a level 2 qualification at 19	
Create fair employment and good work for all	

10 Percentage unemployed (aged 16-64 years)
11 Proportion of employed in permanent and non-permanent employment
12 Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter***
13 Percentage of employees earning below real living wage
Ensure a healthy standard of living for all
14 Proportion of children in workless households
15 Percentage of individuals in absolute poverty, after housing costs
16 Percentage of households in fuel poverty
Create and develop healthy and sustainable places and communities
17 Households in temporary accommodation
Strengthen the role and impact of ill health prevention
18 Activity levels
19 Percentage of loneliness
Tackle racism, discrimination and their outcomes
20 Percentage of employees who are from ethnic minority background and band/level***
Pursue environmental sustainability and health equity together
21 Percentage (£) spent in local supply chain through contracts***
22 Cycling or walking for travel (3 to 5 times per week)

***12, 20 and 21 do not as yet have routinely collected data

8.0 POLICY IMPLICATIONS

- 8.1 Health is largely shaped by the social, economic and environmental conditions in which people are born, grow, live, work and age known as the social determinants of health.
- 8.2 The social determinants of health are the focus of the eights recommendations of the report

9.0 FINANCIAL IMPLICATIONS

- 9.1 There is no additional funding available to support this area of work, it would be expected that the principles themselves are incorporated into practice to enable effective and value for money service provision.

10. IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

10.1 Children and Young People in Halton

Experiences during the early years and in education are particularly important for immediate and longer-term health and outcomes. Improving health and reducing health inequalities are the very first Marmot goals. Improving outcomes in the early years and in schools requires collaborations between early years providers, schools, employers and youth services working together with communities and families.

10.2 Employment, Learning and Skills in Halton

Businesses can have both positive and negative impacts on health through employment practices; through goods, services and investments; and through their impacts on communities and the environment. Reducing the harmful impact of business and enhancing the positive contribution is vital for health and wellbeing and reducing inequalities.

There is great potential for businesses to improve the health of their employees and communities more broadly

10.3 A Healthy Halton

Shifting to a social determinants of health approach means taking action in the drivers of ill health as well as treating ill health when it is presented in healthcare settings: the prevention agenda must focus on improving living and working conditions, and reducing poverty – as well on healthy behaviours.

10.4 A Safer Halton

As above

10.5 Halton's Urban Renewal

One of the most significant ways that healthy and sustainable places and communities can be forged is through good quality housing and safe environments with good access to services, shops, community facilities, leisure and entertainment and good quality natural environments

11 RISK ANALYSIS

There are no major risks associated with the report.

12 EQUALITY AND DIVERSITY ISSUES

13.1 Halton Borough Council led on a Marmot workshop in late 2021 and has continued to contribute to the agenda setting and report that acknowledges the direct impact of racism and inequalities on health.

14 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None under the meaning of the Act.