UCL Institute of Health Equity

EMBARGO: 1000HRS WEDNESDAY 30TH OCTOBER 2013

All media enquiries:
Felicity Porritt felicity.porritt@gmail.com
Tel +44 (0)7739 419219

UK BRIEFING PAPER for the launch of WHO 'Review of Social Determinants and the Health Divide in the WHO European Region'

UK: Public Health Time Bomb Waiting to Explode

If you are a women or a child you would fare better living in many other European countries including Spain, Italy and Cyprus than in the UK, according to a landmark review of health inequalities across Europe, published today, Wednesday 30th October 2013 by the World Health Organization and the UCL Institute of Health Equity (IHE).

The Review of Social Determinants and the Health Divide in the WHO European Region is the result of two years of research by a cross-disciplinary consortium of Europe's leading experts, chaired by Professor Sir Michael Marmot. It's the latest of three reviews of health inequalities, which began in 2008 with a global review, then in 2010 with an English review, both chaired by Sir Michael (1).

The European Review, for the first time, offers evidence-based social policy options that can significantly enhance health, well-being, equity and economies, specifically targeted to each of the 53 countries of the WHO's European region, which spans as far east as the Russian Federation to the UK in the west. It identifies 'best buy' priorities in 12 policy areas (2).

How does the UK fare?

The UK is already taking action on a number of priority policy areas highlighted in the Review following the review of health inequalities in England, published by the IHE in 2010 *'Fair Society, Healthy Lives'* (1). But the UK falls behind its closest European neighbours on key indicators such as female life expectancy, mortality of young children (under 5s) and child poverty:

- Female Life Expectancy: the UK (83 yrs) is behind Spain (85 yrs), France (85 yrs), Italy (85 yrs), Cyprus (84 yrs) and Germany (84 yrs) (3)
- Under 5s Mortality: the UK (5.4/thousand live births) has a higher rate than some countries to the east eg Czech Republic (3.4/thousand), Slovenia (3/thousand) and Finland (2.9/thousand), and most countries in the west of the European region eg Iceland (2.2/thousand), Luxembourg (3/thousand) and Greece (4/thousand) (4)
- Children are less likely to live in poverty in many other countries in Europe including Iceland, Cyprus and Ireland – in the UK one in four children live in poverty and just less than half of those reach a good level of development at age five, compared with two-thirds of children not in poverty (5).

It is the current high level of young people not in employment, education or training (NEETs), particularly if they are unemployed long-term, that the Review's chair, Professor Sir Michael Marmot, described as a 'public health time bomb waiting to explode' (6).

'Unemployment may be falling in the UK, but persistent high levels of the number of young people over 18 not in employment, education or training is storing up a public health time bomb waiting to explode'. We are failing too many of our children, women and young people on a grand scale.

I would say to any government that cares about the health of its population: look at the impact of their policies on the lives people are able to lead and, more importantly, at the impact on inequality. Health inequality, arising from social and economic inequalities, are socially unjust, unnecessary and avoidable, and it offends against the human right to health.'

There is, though, one area where the UK scores at the top in the world and that's its provision of a universal health care system – the NHS is one of the most equitable health services in the world (6):

'In the UK, as in other European countries, health follows a social gradient: the lower the position on the social ladder, the worse the health. Action to improve everyone's health and reduce the social gradient in health needs to start at the earliest age BEFORE people become unwell' explained Sir Michael.

'Good quality early years provision must be a priority for ALL children. But childcare in this country is expensive and many people cannot afford to utilise it or go back to work after having children. There needs to be a broad range of social policies, including improvements in every child's start to life, adequate social protection that can act as a buffer against low income over the life-course, and provide a minimum standard for healthy living.'

- Ends -

UCL Institute of Health Equity

EDITOR'S NOTES

(1) The **UCL Institute of Health Equity** (IHE) www.instituteofhealthequity.org was formed to provide a dedicated independent centre for collecting the latest evidence on health inequalities and providing expert advice and sharing best practice both locally and internationally, following the launch of two landmark reports: 'Closing the Gap in a Generation' WHO, 2008 http://whqlibdoc.who.int/hq/2008/WHO_IER_CSDH_08.1_eng.pdf and 'Fair Society, Healthy Lives' DH 2010 http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Every year health inequalities cost the taxpayer in England:

Productivity losses of £31-33 billion every year[1]
Lost taxes and higher welfare payments in the range of £20-32 billion per year[2]
Additional NHS healthcare costs well in excess of £5.5 billion per year[3]

[1] Frontier Economics (2009) Overall costs of health inequalities. Submission to the Marmot Review, www.marmotreview.org
[2] ibid
[3] Morris S (2009) Private communication

Main Policy Recommendations for the UK:

1. Giving every child the best start in life (highest priority recommendation) – adequate social protection needed to rebalance public spending more towards the early years, increase in parenting support programmes, a well-trained early years work force and high quality affordable early years care.
2. Enabling all children, young people and adults to maximize their capabilities and have control over their lives – build closer links between schools, the family, and the local community to reduce educational inequalities.
3. Creating fair employment and good work for all – adequate social protection needed to provide decent living wage, opportunities for in-work development, good management practices, flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health.
4. Ensuring a healthy standard of living for all – standards for a minimum income for healthy living (MIHL) need to be developed and implemented – the calculation includes the level of income needed for adequate nutrition, physical activity, housing, individual and community interactions, transport, medical care and hygiene.
5. Creating and developing sustainable places and communities to mitigate climate change and reduce health inequalities – good quality neighbourhoods to improve local physical and social environment, social support, quality of life, physical and mental health and well-being
6. Strengthening the role and impact of ill-health prevention – flatten the social gradient (rungs on social ladder) by increasing funding to prevent ill-health (currently this equates only four percent of the NHS budget).

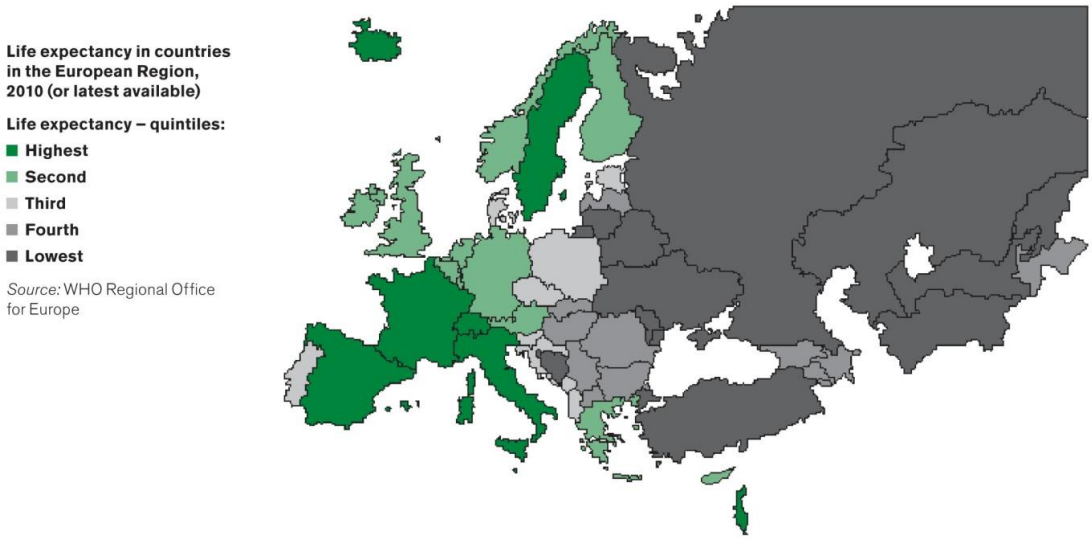
(2) The review identifies "best buy" priorities in 12 policy areas, covering action across the life-course; in wider society, based on social cohesion, protection and the right to health; in relation to economic, fiscal, environmental and in other sectors; and in health systems.

Policy Themes	Twelve Recommendations (intervention action areas)	Examples of Specific Interventions
Life-course Pregnancy, early childhood, work and old age	1. Ensure conditions exist for good quality parenting and family building. Promote gender equity. 2. Provide universal high quality and affordable early years education and care 3. Eradicate exposure to unhealthy/unsafe work, promote good quality work 4. Inter-sectoral action to tackle inequities in gender and old ages/prevent and manage chronic morbidity	• Provide sexual and reproductive health services • Ensure women of childbearing age/families with young children benefit • Include children most at risk in education • Protect employment rights of the most vulnerable • Address youth unemployment • Address ageism
Wider-society Social protection, local communities, social exclusion	5. Improve the level and distribution of social protection 6. Address local determinants of health through co-creation and partnership with those affected and civil society 7. Focus on groups most severely affected by exclusionary processes	• Increase spending and the effectiveness of social protection • Recognise people's fundamental right to health • Ensure public engagement and community participation • Give socially excluded groups a real say in decisions that affect their life
Macro-level Social expenditure and sustainable development and health	8. Use taxes and transfers to promote equity 9. Plan for the long-term and safeguard interests of future generations; identify links between environment, social and economic factors and their centrality to all policies and practices	• Maintain and/or improve social spend to current European average • Prioritise health and social consequences of austerity in addressing the financial crisis • Apply principles of sustainability development to all policies • Perform health equity assessments
Systems Governance, priorities for public health, ill health prevention and treatment, managements/targets	10. Improve governance for social determinants of health and health equity; capacities & instruments that hold decision makers to account for delivering equity results 11. Develop a comprehensive and intersectoral response to preventing and treating ill health inequity 12. Undertake regular reporting and public scrutiny of inequities in helath and its social determinants	• Build partnerships for health and inclusive growth across government and within society • Ensure universal health care coverage • Set transparent and measurable targets to improve health and reduce health inequities (level up) • Enhance UN collaboration mechanisms to improve addressing inequities in health and its social determinants

(3) Life Expectancy

The Review highlights a staggering 17 year gap in life expectancy for men and 12 for women across 53 countries of the WHO European region, which spans from the Russian Federation in the East to Spain, Iceland and the UK in the west.

For men, life expectancy is spread from less than 65 years of life in five countries to the East, to over 75 years for 24 countries in the rest of Europe. For women there are six countries with life expectancy of less than 75 years and 27 countries where it exceeds 80 years.



Ref: page xiii Executive Summary, Main Review Fig 3.1, p 16

Male Life Expectancy		**Female Life Expectancy**	
United Kingdom (2009)	78.4	United Kingdom (2009)	82.6
Spain (2009)	78.76	Portugal (2009)	82.62
Cyprus (2009)	78.89	Slovenia (2009)	82.77
Netherlands (2010)	79.05	Greece (2009)	82.79
Italy (2008)	79.09	Germany (2010)	83.09
Norway (2010)	79.13	Netherlands (2010)	83.1
Malta (2010)	79.27	Norway (2010)	83.46
Switzerland (2007)	79.62	Malta (2010)	82.46
Sweden (2010)	79.73	Austria (2010)	83.65
Iceland (2009)	79.94	Finland (2010)	83.66
Israel (2009)	80.11	Luxembourg (2009)	83.67
		Sweden (2010)	83.74
		Cyprus (2009)	83.85
		Iceland (2009)	83.85
		Israel (2009)	83.88
		Andorra (2006)	84.2
		San Marino (2006)	84.4
		Switzerland (2007)	84.51
		Italy (2008)	84.52
		France (2008)	84.84
		Spain (2009)	85.01

(4) Under 5s Mortality – the relationship between child mortality and poverty levels has long been recognised. There is a strong correlation between under-five mortality rates and household deprivation – see Main Review Fig 3.22 page 36

Country	**Mortality Rate Per Thousand Live Births**
United Kingdom	5.38
Belgium	4.93
Estonia	4.93
Austria	4.66

Portugal	4.52
Netherlands	4.49
Cyprus	4.46
France	4.31
Ireland	4.21
Italy	4.16
Germany	4.13
Spain	4.07
Denmark	4
Greece	3.91
Czech Republic	3.44
Sweden	3.14
Norway	3.06
Slovenia	3.01
Luxembourg	3.01
Finland	2.9
Iceland	2.23

(5) Child Poverty (as defined by children under 18 living in households below 60% of median income) is particularly dependent on social transfers – Main Review Fig 3.21 p 35

Country	**% after social transfers**	**% before social transfers**
United Kingdom	20.7	44
Malta	20.6	33.8
Estonia	20.4	31.7
Switzerland	19	29.1
Ireland	17.8	46
Slovakia	17	46
France	16.7	35.8
Belgium	16.4	32.8
Netherlands	15.4	25.5
Germany	14.6	31.6
Austria	13.8	41
Czech Republic	12.8	27.3
Sweden	12.7	31.6
Finland	11.9	28.7
Cyprus	11.7	20.4
Slovenia	11.2	26.6
Denmark	11.1	25
Norway	10.6	27.7
Iceland	10.1	26.3

Good quality early years provision can help improve outcomes especially for the most disadvantaged, however childcare is expensive in the UK and many people cannot afford to utilise it or go back to work after having children. All children aged 3 and above are eligible to 15 free hours of early years education per week. In addition, from September 2013, the most disadvantaged 2 year olds will be also be eligible. Local authorities will be responsible for funding these places and there are concerns regarding the effect that this will have on other services available to families.

Rising child poverty is complex: average incomes have fallen over the recession raising the numbers in absolute poverty, yet because the official child poverty measures are measured using relative poverty they have fallen… however… they are predicted to rise given the caps

Percentage of children achieving a 'good level of development'[1] in the Early Years Foundation Stage by free school meal eligibility
Years: 2011/12
Coverage: All English providers of state-funded Early Years education[2]
http://www.education.gov.uk/researchandstatistics/statistics/keystatistics/b00221154/school-readiness-at-age-5

	Number of eligible pupils[3]	Percentage of pupils achieving a 'good level of development'[1]
Pupils eligible for free school meals	114,332	48.2
All other pupils[4]	504,665	67.0
		Source (National Pupil Database)

[1] A pupil achieving six or more points across the seven scales of Personal, Social and Emotional Development (PSE) and Communication, Language and Literacy (CLL), and who also achieves 78 or more points across all 13 scales is classed as having a good level of development.
[2] All English providers of state-funded Early Years education (including academies and Free Schools), private, voluntary and independent (PVI) sectors are within the scope of the EYFSP data collection. Data for any children in the PVI sector no longer in receipt of funding who were included in the return submitted by the local authority to the Department for Education will not be included in the figures.
[3] Only includes pupils with a valid result for every achievement scale.
[4] Includes pupils not eligible for free school meals and for whom free school meal eligibility was unclassified or could not be determined.

(6) Young People Not in Employment, Education or Training (NEETs) – a measure peculiar to the UK. Across the WHO European Region unemployment is reflected by:

- Unemployment 15-24 year olds and 25-75 year olds, Main Review, Fig 3.34 page 47
- Short (less than 12 months) versus long term unemployment (more than 12 months), Main Review Fig 3.37 page 49

(7) NHS – one of most equitable health systems in the world that needs protecting – in a comparative survey of cost-related access to health care among health care users across eleven countries only 4% of respondents in the UK reported experiencing at least one of three cost-related access problems and there was no difference in access problems by income – Schoen C, Osborn R, Squires D, Doty MM, Pierson R, Applebaum S. How health insurance design affects access to care and costs, by income, in eleven countries. Health Aff (Millwood) 2010; 29(12):2323-23347) http://www.ncbi.nlm.nih.gov/pubmed/21088012