



Strategic Review of Health Inequalities in England post-2010

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Objectives of the Review

- identify, for the health inequalities challenge facing England, the evidence most relevant to underpinning future policy and action
- show how this evidence could be translated into practice
- advise on possible objectives and measures, building on the experience of the current targets on infant mortality and life expectancy
- publish a report of the review's work that will contribute to the development of a post-2010 health inequalities strategy addressing short, medium and long term issues



Structure of the Review

- Chair - Sir Michael Marmot
- Commissioners
- 3 working committees covering:
 - Evidence for effective interventions
 - Measurement, indicators and targets
 - Implementation
- Review committees
- Stakeholder engagement and consultation
- Supported by a review team



Working Committee on evidence base

Supported by task groups on:

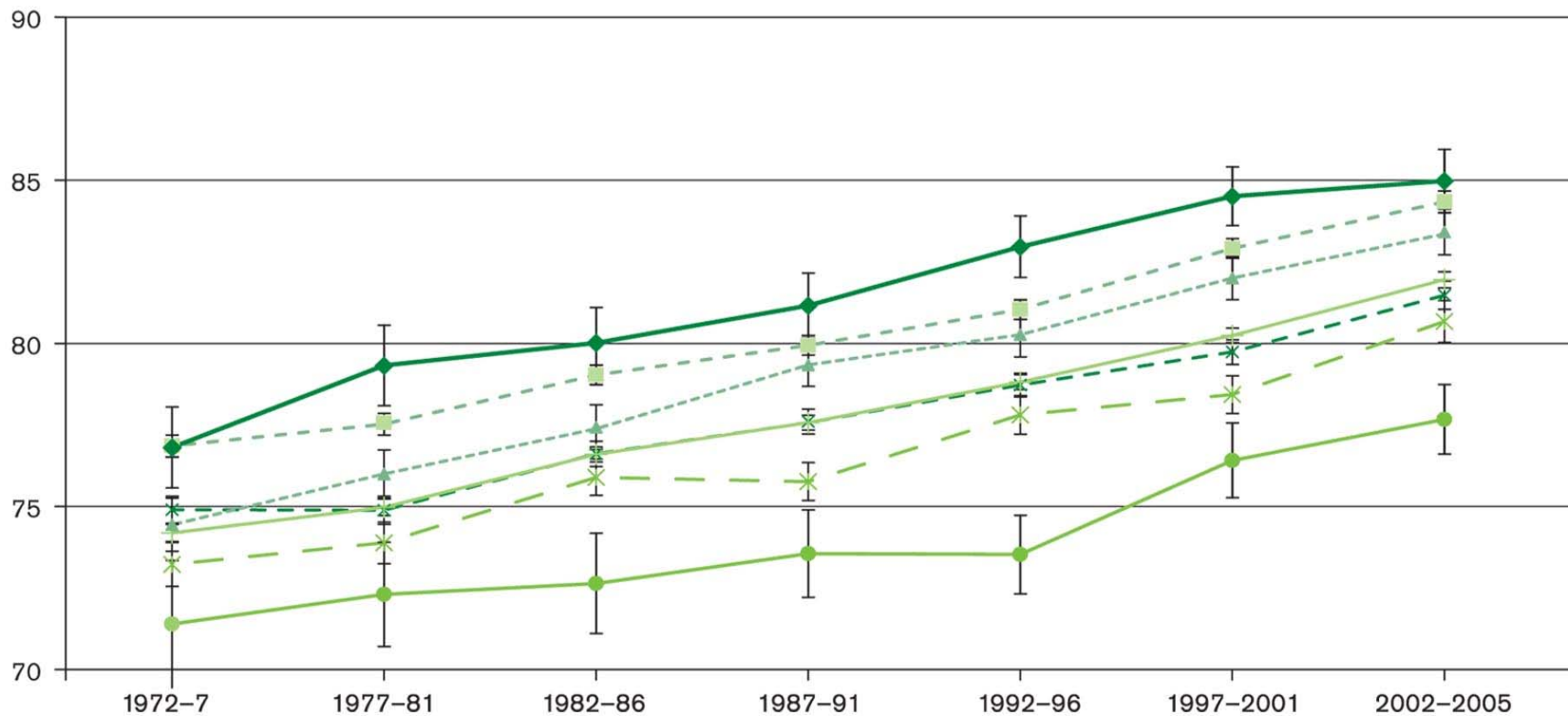
- early child development and education
- employment arrangements and work conditions
- social protection
- built environment
- sustainable development
- delivery systems
- priority public health conditions
- economic analysis
- social exclusion and social mobility



Figure 2.1 Life expectancy at birth by social class, a) males and b) females, England and Wales, 1972–2005

a) Males

Years



Source: Office for National Statistics Longitudinal Study⁴⁵

Figure 2 Age standardised mortality rates by socioeconomic classification (NS-SEC) in the North East and South West regions, men aged 25–64, 2001–2003

Mortality rate
per 100,000

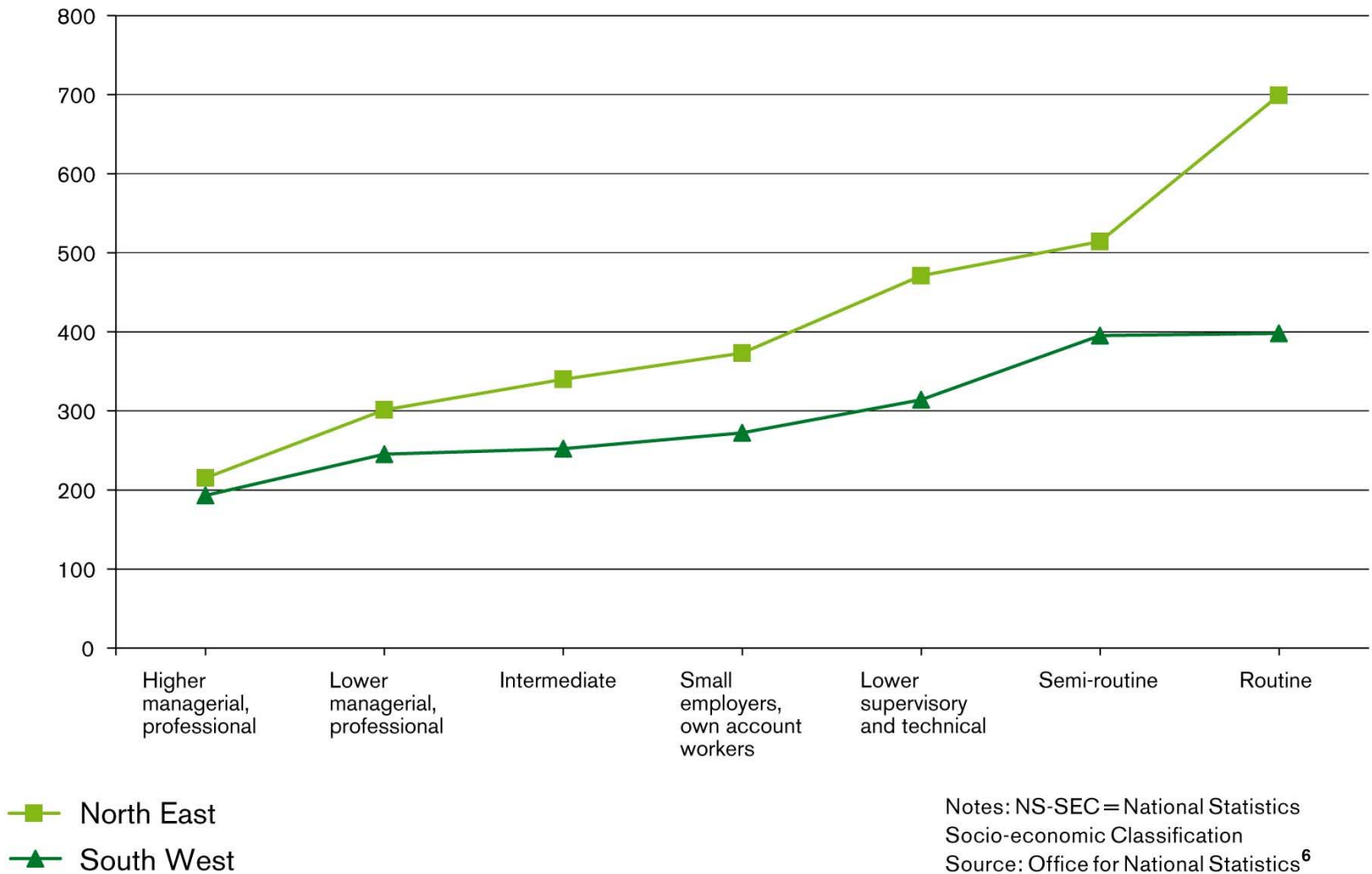
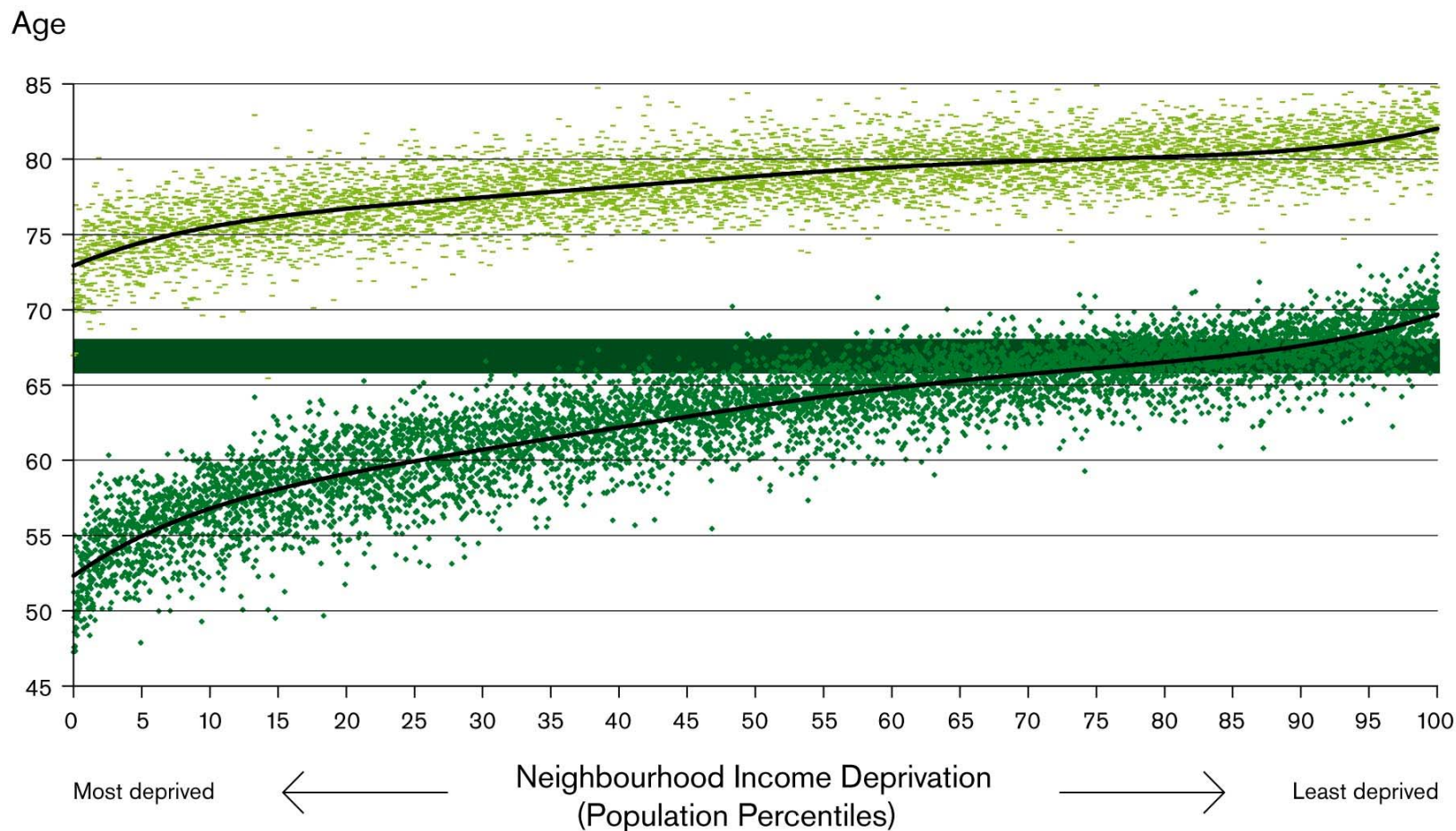


Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



- Life expectancy
- DFLE
- Pension age increase 2026–2046

Cost of health inequalities in England

- Between 1.3 and 2.5 million years of life lost
- Losses from illness associated with health inequalities
 - productivity losses of £31-33B
 - reduced tax revenue and higher welfare payments of £20-32B and
 - increased NHS treatment costs well in excess of £5B.



Key themes

Action is needed to tackle the social gradient in health – Proportionate universalism

Action on health inequalities requires action across all the social determinants of health

Reducing health inequalities is vital for the economy – cost of inaction

Beyond economic growth to well-being



Figure 5 Action across the life course

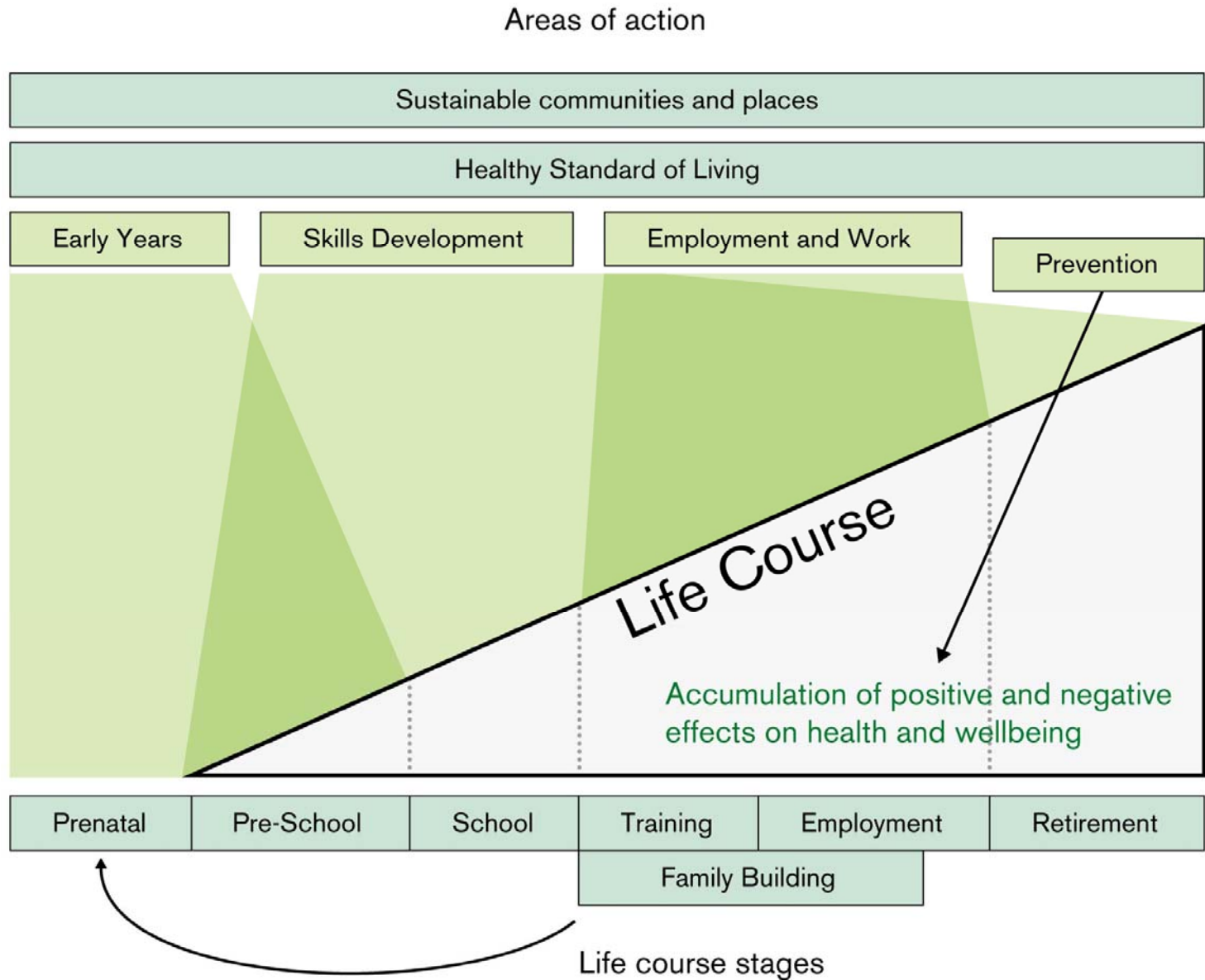
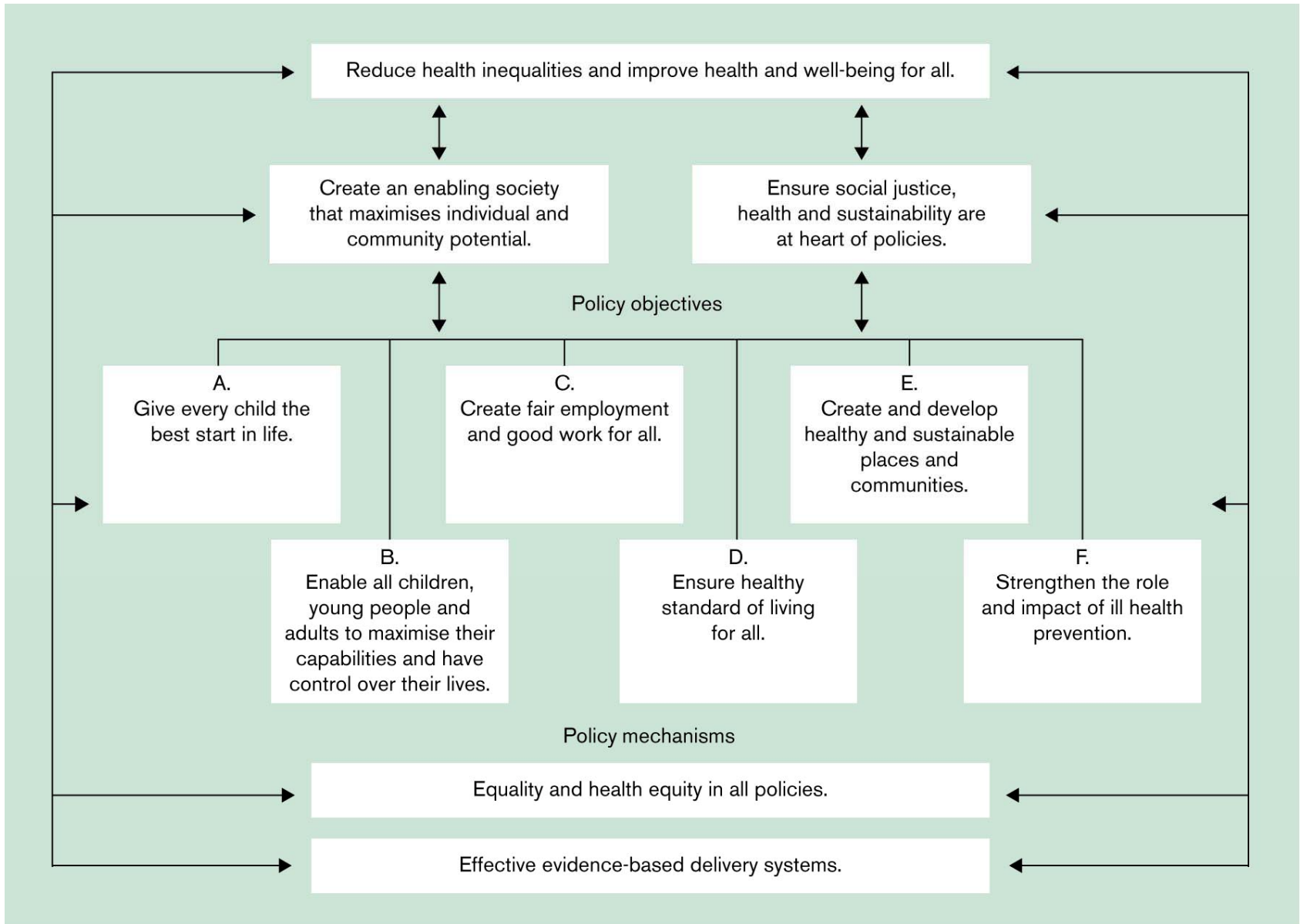


Figure 4 The Conceptual framework



Final Report and evidence
available online

www.ucl.ac.uk/gheg/marmotreview



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