
Build Back Fairer: The Covid-19 Marmot Review

Report being considered by: Health and Wellbeing Board

On: 20th May 2021

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Item for: Discussion

1. Purpose of the Report

To provide a summary to the Board on the report by the Institute of Health Equity: [Build Back Fairer: The Covid-19 Marmot Review](#).

2. Recommendation(s)

This paper is to inform the Board of the report and provide a basis for a discussion on how it should be applied to the work of the Health and Wellbeing Board in West Berkshire.

3. How the Health and Wellbeing Board can help

For the Board to take account of the recommendations within the report.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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4. Introduction/Background

- 4.1 Immediately prior to the Covid-19 pandemic, [The Marmot Review 10 years on](#) reported that the increase in life expectancy had stalled in the UK with social and economic inequalities increases. In addition, life expectancy for the poorest people was falling
- 4.2 Health is closely linked to social determinants: the conditions in which people are born, grow and live, work and age and inequities in power, money and resources
- 4.3 The gradient in healthy life expectancy is even steeper than that of life expectancy. People living in more deprived areas are living shorter lives but spending more of their life in ill health compared to those living in less deprived areas.
- 4.4 Covid-19 has highlighted and amplified the inequalities that were already present in our society.
- 4.5 Age standardised mortality rates from Covid-19 follow the same social gradient as death rates from all causes. The causes of inequality in death in general, overlap with causes of death from Covid-19.
- 4.6 Mortality rates from Covid-19 are particularly high amongst British people who self-identify as Black, Bangladeshi, Pakistani and Indian. Most of this is linked to

deprivation rather than explained by pre-existing health conditions. It is impacted by crowded housing and being more exposed to the virus at work and at home. These conditions are the result of longstanding inequalities and structural racism.

4.7 The relative cumulative age standardised all-cause mortality rate in 2020 has been highest in the UK compared to all other European countries. The report describes four potential reasons why the pandemic toll is so high in England:

- (1) The governance and political culture has reduced social cohesion and inclusiveness and failed to recognise health and wellbeing as a priority for the population
- (2) Widening inequities in power, money and resources have generated inequalities in health in general and in Covid-19 specifically
- (3) Government policies of austerity have reduced public expenditure in the decades prior to the pandemic. Public services have been depleted with lower income groups particularly disadvantaged
- (4) Health had stopped improving with a high prevalence of the health conditions that increase mortality from Covid-19

4.8 The economic impact of the pandemic is significant. The youngest age group (16-24 years) has the highest unemployment cumulative growth. Low income workers are most likely to be in sectors that have been shut down. Employment recovery from Covid-19 is likely to be hardest in areas of greater deprivation.

5. Supporting Information

5.1 There are a number of factors associated with higher mortality from Covid-19. Many people have experienced more than one of these factors and these risks are cumulative resulting in a much higher mortality rate. This should be considered in the roll out of treatments and vaccinations and in efforts to prevent spread

- (1) England has had higher mortality rates from Covid-19 compared to other European countries.
- (2) Certain underlying health conditions significantly raise the mortality from Covid-19. This includes diabetes, cardiovascular disease and chronic obstructive pulmonary disease.
- (3) The more deprived a local authority, the higher the Covid-19 mortality rate has been.
- (4) The pandemic has shown a close association between underlying health, deprivation, occupation and ethnicity. Mortality has been particularly high in the North West and North East.
- (5) Living conditions: overcrowded living conditions and poor-quality housing are associated with higher risks of mortality from Covid-19.
- (6) Occupation: being a key worker, unable to work from home and being in close proximity to others has put individuals at higher risk. This has

particularly been the case for those in health and social care, as well as other key workers such as taxi and bus drivers.

(7) It is now well recognised that individuals from ethnically diverse communities have much higher mortality risks compared to white people in England. This is in part due to living in more deprived areas and being in high risk occupations, but there is also evidence that individuals may not have been sufficiently protected by PPE and other safety measures.

- 5.2 Even before the pandemic, the UK ranked poorly in child wellbeing – ranking 27th out of 38 in the UNICEF report card. Clear and persistent socioeconomic inequalities in educational attainment have persisted since 2010.
- 5.3 Covid-19 has had a particular impact on early years and school-age education. Children already experiencing disadvantage have been harmed by closures of early years settings and levels of development have been lower than expected among poorer children. Parents with lower incomes have experienced significant stress when young children have been at home. Children from disadvantaged families have had less access to online learning and educational resources and have been impacted by inequalities in the exam grading systems. Children with special educational needs (SEND) have been particularly disadvantaged by the school closures.
- 5.4 Covid-19 has had a significant impact of children’s learning and their personal, social and emotional wellbeing. This has particularly been the case for parents who have continued to work outside of the home, with stress related to reducing family finances, poverty, larger family size and overcrowded households. These have impacted the capacity of parents to support their young children during lockdowns.
- 5.5 Inequalities in education are widening. Schools from deprived areas have been less able to provide online learning, with more deprived children less likely to have a suitable space at home to study. Wealthier parents have been more able to compensate for loss of learning through additional tutoring and educational resources as well as having more time to support their children’s education.
- 5.6 Covid-19 has had wider impacts on inequalities for children and young people. Indications are that child poverty will increase further with food poverty among children and young people already increasing significantly. The mental health of young people has deteriorated during the pandemic with lack of access to appropriate services. Exposure to abuse at home has risen. Unemployment among young people is rising more rapidly than among other age groups with declining availability of apprenticeships and training schemes.
- 5.7 Countries that controlled the pandemic better than England have seen less impact on employment and wages. Rising unemployment and low wages will lead to worse health and increasing health inequalities. Unemployment has been protected by the Coronavirus Job Retention Scheme (furlough) but is expected to rise considerably following the end of the scheme in April 2021.
- 5.8 Low income workers are most likely to have been furloughed, resulting in a 20% pay cut. This is likely to have pushed many into poverty, without the buffer of savings. One third of people in the bottom decile for earnings were employed in shuttered sectors compared with less than 10% in the top three income deciles. Self-employed

workers have been hit particularly badly, many having to stop working but being ineligible for the furlough scheme. The crisis has also highlighted the pre-existing difficulties and low pay in the social care sector – one in 10 care workers is on a zero hours contract and 70% earn less than £10 per hour

- 5.9 While the measures put in place for Covid-19 have had a negative economic impact on much of the population, the level of impact has varied according to prior socioeconomic position, religion, occupation, age, ethnicity and disability. This is resulting in further widening of income inequalities in the UK. Young people and those from Black and Minority Ethnic groups have been most impacted by decreases in income. Disabled people have also been disproportionately harmed by the economic impacts of containment.
- 5.10 Even before the pandemic, food insecurity was a significant concern in the UK with the Trussell Trust estimating 8-10% of households had experienced either moderate or severe food insecurity between 2016 and 2018. During March to August 2020, four million people in households with children experienced food insecurity (14% of households).
- 5.11 The physical, economic and social characteristics of housing, places and communities play an important role in people's mental health and wellbeing. However, inequalities between places have been widening since 2010 with regressive cuts to public services negatively impacting more deprived areas the most. Places that were already deprived will find recover from Covid-19 more difficult and are likely to experience even greater deprivation and ill health after the pandemic.
- 5.12 Housing is a key determinant of health and overcrowded housing has emerged as a high risk factor for Covid-19 infection, as well as being associated with poor mental and physical health. During the lockdown periods, people have spent much of their time in their own homes, which in some cases has increased exposure to unhealthy and overcrowded conditions. Inequalities related to access to outdoor space have increased and housing costs have become an even greater burden for many. The economic impact of Covid-19 will lead to an escalation of homelessness. In March 2020, funding was provided to local authorities to provide accommodation for those sleeping rough. However, since then there have been increases in rough sleeping and homelessness, along with reduced access to support services as many have had to move online.
- 5.13 The original Marmot review in 2010, found that many unhealthy behaviours are driven by the conditions in which people are born, grow, live, work and age (the social determinants of health). Inequalities in health behaviours and health have contributed to inequalities for Covid-19 mortality. The longer term health impacts of containment measures are creating a new public health crisis, increasing inequalities. The public health system needs a strengthened focus on the social determinants of health in order to address this and to ensure full and equitable recovery from Covid-19.

6. Options for Consideration

- 6.1 The recommendations within the report are divided into a number of sections which are now described.
- 6.2 Recommendations to reduce the inequalities in mortality from Covid-19 include:

- (1) Consider proportionate allocation of measures to prevent Covid-19. For example focusing vaccination efforts on people in particularly high risk occupations and geographical areas.
- (2) Ensure that Personal Protective Equipment is available and its use is enforced.
- (3) Provide adequate financial support for workers who are unable to work due to Covid-19 and the requirement to self-isolate.

6.3 Recommendations to reduce the impact on early years and reduce the inequalities in education include:

- (1) For Early Years In the short term: improve access to parenting support programmes, increase funding rates for free childcare places to support providers and to allocate additional governmental support to early years settings in more deprived settings.
- (2) For Education in the short term: to address inequalities in laptops – particularly for more disadvantaged students; to increase the focus on equity in assessments for exam grading; to roll out catch up tuition for children in more deprived areas; to provide additional support for families and students with SEND and to urgently give excluded students additional support and enrol those who need it into Pupil Referral Units.
- (3) For Early Years in the medium term: increase levels of spending on the early years, ensuring allocation of funding is proportionately higher for more deprived areas; improve the availability and quality of early years services (including Children’s centres); increase pay and qualification requirements for childcare workforce.
- (4) For Education in the medium term: restore the per-student funding for secondary schools at least in line with 2010 levels.
- (5) For Early Years in the long term: Government should prioritise reducing inequalities in early years development.
- (6) For Education in the long term: to put equity at the heart of national decisions about education policy and funding; to increase attainment to match the best in Europe by reducing inequalities.

6.4 Recommendations to improve outcomes for children and young people include:

- (1) In the short term: to take measures towards reducing child poverty (for example, increasing child benefit for lower income families and extending free school meal provision); urgently address children and young people’s mental health including training more teachers in mental first aid; increase resources for preventing abuse and identifying and supporting children; develop and fund additional training schemes for school leavers; further support young people’s training, education and employment schemes to reduce the numbers who are NEET; raise minimum wage for apprentices and further incentivise employers to offer these schemes; prioritise funding for youth services

- (2) In the medium term: to reduce levels of child poverty to 10%; to increase the number of post-school apprenticeships and support in work training; improve prevention and treatment of mental health problems among young people
- (3) In the long term: to reverse the decline in mental health of children and young people and improve levels of wellbeing from the present low rankings nationally; to ensure that all young people are engaged in education, employment or training up to the age of 21.

6.5 Recommendations to create fairer employment and good work for all include:

- (1) In the short term: provide subsidies or tax relief for firms that recall previously dismissed workers; extend the Coronavirus Job Retention Scheme to cover 100 percent of wages for low income workers and self-employed workers; to enforce living wages
- (2) In the medium term: reduce the high levels of poor quality work and precarious employment; invest in good quality active labour market policies; increase the national living wage to meet the standard of minimum income for healthy living
- (3) In the long term: establish a national goal for everyone in full time work to receive a wage that prevents poverty and enables a healthy life; ensure the social safety net is sufficient for people not in full time work to receive a minimum income for healthy living; engage in a national discussion on work life balance

6.6 Recommendations on ensuring a healthy standard of living for all are as follows:

- (1) In the short term: increase the scope of the furlough scheme to cover 100% of low income workers; eradicate benefit caps and lift the two child limits; provide tapering levels of benefits to avoid cliff edges; end the five-week wait for Universal Credit and provide cash grants for low income households; give sufficient Governmental support to food aid providers and charities
- (2) In the medium term: make permanent the £1000 a year increase in the standard allowance for Universal Credit; ensure that all workers receive at least the national living wage; eradicate food poverty permanently and remove reliance on food charity; remove sanctions and reduce conditionalities in benefit payments
- (3) In the long term: put healthy equity and wellbeing at the heart of local, regional and national economic planning and strategy; adopt inclusive growth and social value approaches nationally and locally to value health and wellbeing as well as, or more than, economic efficiency; review the taxation and benefits system to ensure that they achieve greater equity and are not regressive.

6.7 Recommendations to create and develop healthy and sustainable places and communities include

- (1) In the short term: increase grants for local government to deal with the Covid-19 crisis; increase government allocations of funding to the voluntary and community sector; increase support for those who live in the private rented sector; remove the cap on council tax; urgently reduce homelessness
- (2) In the medium term: increase deprivation weighting in the local government funding formula; strengthen resilience of areas; reduce sources of air pollution from road traffic in more deprived areas; build more good quality homes that are affordable and environmentally sustainable
- (3) Long term: invest in the development of economic, social and cultural resources in the most deprived communities; ensure 100% of new housing is carbon neutral by 2030; aim for net-zero greenhouse gas emissions by 2030, ensuring that inequalities do not widen.

6.8 Recommendations to strengthen the role and impact of ill health prevention include:

- (1) In the short term: funding for Public Health to be increased with spending focused proportionately across the social gradient; Public Health to develop capacity and expand focus on social determinants of health
- (2) In the medium term: to develop social determinants of health interventions to improve health behaviours and reduce inequalities; Public Health to inform the development of a government health inequalities strategy
- (3) In the long term: a National Strategy on Health Inequalities; build a Public Health system that is based on taking action on the social determinants of health and reducing health inequalities.

7. Proposal(s)

- 7.1 Although the containment response to the Covid-19 pandemic continues, it is also necessary to start to look towards how we will recover. The pandemic is an opportunity to build a fairer society and address the widening health inequalities that have been highlighted by Covid-19.
- 7.2 It is proposed that this will require both a commitment to social justice and putting equity at the heart of local decisions, along with specific actions taken to create healthier lives for all.
- 7.3 It is proposed that the Health and Wellbeing Board considers the recommendations as outlined in the report and above and to use these to inform recovery planning locally

8. Conclusion(s)

The purpose of this paper is to provide a summary of the report on the pandemic, socioeconomic and health inequalities in England and to provide an opportunity for discussion of how the recommendations could be implemented locally.

9. Consultation and Engagement

Not applicable

10. Appendices

Nil

Background Papers:

Build Back Fairer: The Covid-19 Marmot Review (The Pandemic, Socioeconomic and Health Inequalities in England)

Health and Wellbeing Priorities 2019/20 Supported:

- First 1001 days – give every child the best start in life
- Primary Care Networks

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- Help older people maintain a healthy, independent life for as long as possible

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim by addressing health inequalities.

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