



Ending Health Inequalities
A new network of 'Marmot Cities'

Professor David Kerr | Eddie Barnes

Our
Scottish Future

Health Commission Report

Foreword



Professor David Kerr, CBE

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As a wee boy growing up in Maryhill in the late fifties, it was left to my Aunt Anne to teach me to read. Oddly, the two texts she chose were Marx's Das Kapital and AJ Cronin's The Citadel. It was the latter which inspired me, aged 4, to become a doctor. A dashing story of a hard apprenticeship, success, a precipitous fall from grace and ultimately redemption. I'm sure you would agree, utterly irresistible as a career path, because underpinning it all was the momentum behind the genesis of our NHS and a strong sense of social justice.

Here I am, 60 years later, considering how as a medic I might contribute to the greater good, a life restored, through the gift of health. There is the good I can do as a doctor for the patients I treat and care for, there is, perhaps, the greater good through research that can touch the lives of hundreds of thousands and perhaps the greatest amplified good by influencing health policy that can improve the lives of millions.

Sir Michael Marmot is one of our greatest thinkers in the field of reducing health inequalities and we have borrowed heavily on his work in our brief report. We advocate taking the principles which he has established over a distinguished career, and taking these forward as a series of practical measures delivered by a devolved network of collaborating regions and cities, united by a common cause – namely to understand and resolve the challenges facing their citizens and to recover those lost years of life with focussed, evidence based multidisciplinary interventions.

I was lucky – hard working parents who provided a stable home life, who valued education and encouraged my brother and me to stick in at school (Dunard Street Primary was our alma mater). My children have a life expectancy well into their eighties – contrast that today with their age equivalents born in Maryhill who fall short of that by an average of 12 lost years of life.

Back to Aunt Anne again - "There is no royal road to science, and only those who do not dread the fatiguing climb of its steep paths have a chance of gaining its luminous summits." Karl Marx, Das Kapital (1867).

Eddie and I are neither daft nor naïve. We know that this is a long haul, we know that the first step on the path to enlightenment is the most difficult to take, but we have the necessary evidence, we have the roadmap to achieve our aims, we have described a model that we believe would work but we need a joined up policy approach that places collaboration above competition, collectivism over contention or narrow parochialism.

We commend our report to policy makers of every hue, leaders of Nations, Regions and our great cities - let us come together with common aim and a commitment to share best practice that should know no barriers of geography or culture.

Introduction

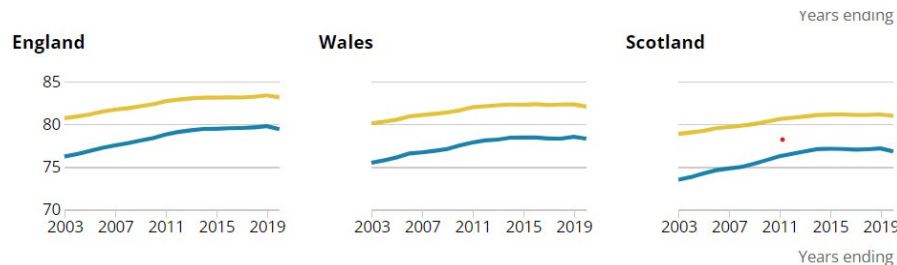


These are health policy failures of such magnitude that they represent a breach of human rights

Health inequalities are unfair and avoidable differences in health across the population, so it follows that a rights-based approach to health requires that health policy and programmes must prioritize the needs of those furthest behind first towards greater equity.

However, the trends across the United Kingdom are worryingly clear: life expectancy is falling and health inequalities are on the rise.

As the Office of National Statistics reported in September, between 2018 and 2020, male life expectancy fell by approximately 2 months in England, and around 3 months in Scotland. Female life expectancy has also fallen, reversing long-term trends which have seen year on year life expectancy increase across the UK.¹



Meanwhile, Scottish Government's figures on health inequalities show that the gap between the most and least deprived areas in Scotland is also widening across a range of indicators. The gap in healthy life expectancy for men has risen from 22.5 years in 2013-15 to 26 years in 2017-19 – the highest figure ever. On premature mortality, the gap between the richest and poorest areas

is at its widest since 2007. On mortality rates among 15-44 year olds, the gap between the richest and poorest areas has increased in each of the last six years. On low birthweight, the gap has also increased the majority of years since 2013.

These are health policy failures of such magnitude that they represent a breach of human rights.²

The Covid pandemic is almost certain to have accelerated these worrying trends. Measures to control the spread of the virus will have widened health inequalities: those with high income, high security jobs have been able to protect themselves from the virus; those with low income, low security jobs have not. Moreover, there is evidence that the virus has made a heavier impact on people with obesity and among ethnic communities, both of whom are over-represented in more deprived sectors.

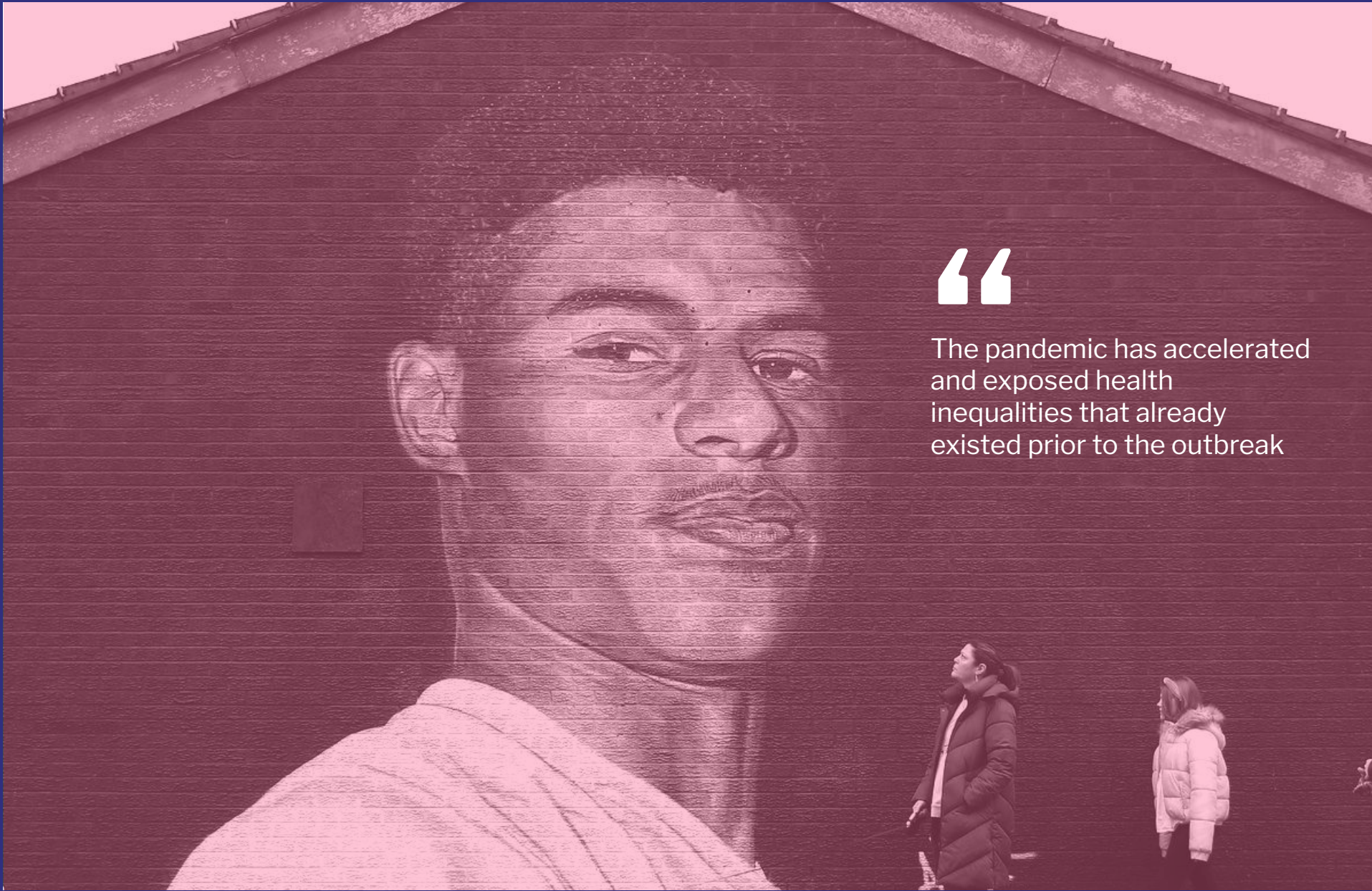
In short, the pandemic has accelerated and exposed health inequalities that already existed prior to the outbreak. As Vittal Katikireddi, a professor of public health at the University of Glasgow has said: "Prior to the pandemic the UK had large health inequalities, with the health of the more disadvantaged social groups often worse. This problem had actually been getting worse even before the pandemic and there is a real risk that it could actually get worse."³

Therefore, while there needs to be immediate support for more deprived communities who have suffered disproportionately over the last two years, a far more fundamental challenge lies beneath this – to reverse the longer trend towards a more unequal Britain. This requires a fundamental rethinking of policy priorities, with the politics of health and well-being placed at the top of the policy pyramid, rather than narrow indicators of economic growth.

¹ [Life expectancy for local areas of the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

² [Long-term monitoring of health inequalities: January 2021 report - gov.scot \(www.gov.scot\)](https://www.gov.scot)

³ [UK health inequalities made worse by Covid crisis, study suggests | Coronavirus | The Guardian](https://www.theguardian.com)



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A policy framework for action



A framework to reduce the health equity gap has been set out by Professor Sir Michael Marmot, one of the world's great students of the social determinants of health equity, in his report to the Greater Manchester Health and Social Care Partnership earlier this year. It builds on his work over the last three decades to highlight the need to focus on the social determinants of poor health across the United Kingdom. We believe that the UK Government must focus its "levelling up" agenda to prioritise health equity and create a learning collaborative, or network linking the great cities, regions and nations of the UK to unite in a concerted action to implement the core pillars of this report:

In summary, it sets out six key areas for action:

- support for children and young people, with a focus on mental health and wellbeing
- shifting spending towards prevention, a significantly underfunded component of our healthcare system
- a strategy for healthy living by creating standards (eg. Clean air, quality of housing and education) that can be used by citizens to hold the necessary institutions to account eg. Local authorities, employers,
- use 'anchor' institutions (eg. Large local institutions like Universities, businesses, hospitals) to support local economies through job creation,
- identify new equity targets that are relevant to the populations being served
- devolution of responsibility to deliver change, in that the English regions or cities need a wider scope of powers to deliver this change.

However, we would add, as did John Donne, 'that No man is an island, Entire of itself' and believe that building a UK-wide Network committed to these principles, and to a collaborative approach to sharing wins and failures is likely to be more successful in closing the health equity gap than if each of the devolved administrations stood completely apart.

While these most recent recommendations are focussed on Manchester, we argue in this paper that this philosophy is relevant for every part of the United Kingdom including in Scotland. This is especially the case for Glasgow, where health inequalities are the most extreme. Life expectancy improvements have stalled over the last decade, resulting in widening health inequalities and shortened lives. The Glasgow Centre for Population Health has argued that progressive fiscal and welfare policies and more radical, joined up action from the Scottish and UK Governments are required to enhance educational, income and wealth opportunities.⁴

⁴ [Health in a changing city: Glasgow 2021](#) | Glasgow Centre for Population Health (gcph.co.uk)

Our recommendations

Let's start with cities - the benefits of dense settlement include reduced transport costs, exchange of ideas, sharing of natural resources, large local markets, and in the early days amenities such as running water and sewerage. We would add that they can become the laboratories for delivering the policy changes envisaged by Marmot and colleagues.

Greater Manchester has taken a lead in becoming a "Marmot City Region". As mayor Andy Burnham has explained, this means that the regional administration has decided to place health and reduced inequalities at the core of all their approaches to early years, education and skills, transport, housing, places and spaces, and jobs and businesses. Mr Burnham, a former UK Health Secretary has explained: "As Secretary of State for Health, you can have a vision for health services. As Mayor of Greater Manchester, you can have a vision for people's health. There is a world of difference between the two. Devolution holds the key to breaking down the silos between public services and moving from a picking-up-the-pieces to a preventative approach."⁵

In addition, six other council regions – Coventry, Stoke, Newcastle, Gateshead, Bristol and Somerset – have named themselves Marmot cities too.

We propose that:

- The challenges of deprivation, poor health and social dislocation are overwhelmingly located in our cities. So **we propose that all of our major cities join together in a UK wide network of Marmot Cities to drive down inequalities and place health and wellbeing back at the centre of civic politics.**
- Such a network would be able to sustain a **new world-leading research body, bringing together Universities from each city region, to monitor and investigate the causes of and solutions to health inequality.** The UK Government should fund this new body.
- To demonstrate commitment to the communities it is designed to support, **such a new institution could be based in the Glasgow Maryhill** (where one of us was

born and bred) and Springburn constituency which has the largest proportion of areas which are fall into the most deprived category – 62%.⁶

- Central Government in Westminster, Holyrood, Cardiff Bay and Stormont should **provide these cities and city regions with the controls and powers to act by devolving down control on health, employment services, housing, early years and education policies.**
- **Each Marmot city and city region would be encouraged to share expertise through a new health inequalities forum to be chaired by council leaders on a rotating basis.** Marmot cities would also be encouraged to twin with another, with funding made available for schools and community groups to share experiences and forge common bonds. Twinning Glasgow with Liverpool – two cities which share both a common history and a shared experience of deindustrialisation and poverty – is an obvious example.

⁵ [Greater Manchester is a "Marmot city region" – what does that mean, and how will it improve our health and reduce inequalities? - GMHSC](#)

⁶ [SIMD 2020: the where of deprivation – SPICe Spotlight | Solas air SPICe \(spice-spotlight.scot\)](#)

Conclusion

The politics of health and economic inequality is becoming the defining issue in the United Kingdom. The ruling Conservative government has made “levelling up” its prime focus. Its success or otherwise will likely determine the course of the next General Election. But governmental attempts to throw crumbs from the Whitehall table will fail. Only through genuine collaboration with regional leaders who know their communities best will we succeed in lifting some of our most deprived communities out of the cycle of poverty and deprivation. By bringing those cities and city regions together so they can share knowledge, data, experience and a strategic vision, the appalling inequalities that so scar our nation can be reversed.

By placing a focus on support for young people, on the shift towards preventative spend, on a strategy on healthy living, on using private and third sector institutions to lead change, on devolution and UK wide targets, we have a roadmap for a more equal, a fairer and a happier Britain. We should bring together our great cities to lead the change.



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Our Scottish Future believes that good government in Scotland and across the United Kingdom has to be based on the values of cooperation, empathy, solidarity and reciprocity.

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