The Association of Directors of Public Health

Policy Position: Health Inequality

Key messages

- Health inequalities continue to widen despite recent improvements in overall population health outcomes.
- Health is inextricably linked with wider determinants such as income, housing, education, employment and environment.
- Sustained structural national policy action is needed to tackle health inequality.
- At a local level, health inequality can be tackled through interventions which empower and inform local people and asset-based community development approaches are key.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

This position paper outlines the ADPH position and recommendations on health inequality. It has been developed in partnership with the membership and with the support of the ADPH Health Inequality Policy Advisory Group. It is part of a series of position statements looking across the life course and should be read in conjunction with our statements on best start in life, living and working well and healthy ageing.

Background

Although large general improvements in population health have been achieved in the last decade, systematic health inequalities still exist across the UK. The most recent data show wide inequalities across all indicators related to child health, mental health, smoking, alcohol misuse and tuberculosis as well as years of healthy life and life expectancy and there is no trend indicating a clear narrowing of these inequalities.[1]

Health inequality is closely linked to deprivation. Between 2015 and 2017, the gap in life expectancy between the most and least deprived areas of England was 9.4 years for males and 7.4 years for females.[2] Males and females living in the most deprived areas can expect to spend nearly 20 fewer years in good health.[3]

Health inequality is also experienced across protected characteristics including ethnicity, gender, age and sexual orientation. For example, in 2014/15 in England as a whole, 33% of ten and eleven-year olds had excess weight but 43% of Bangladeshi children had excess weight. There are significant differences in premature mortality rates from cardiovascular disease (CVD) between men and women; in 2012-14, the death rate among males from CVD was more than double the rate of females. The data that exists for health inequality associated with sexual orientation and disability indicate that wide inequalities exist.[4] In

Scotland, relative health inequalities have been widening. In 1997, premature mortality rates were 2.7 times higher in the most deprived areas compared to the least deprived. In 2017, rates were four times higher in the most deprived areas.[5] In Wales, for men there is a gap of about nine years life expectancy and 19 years healthy life expectancy between the least and most deprived areas. For women the gap is around seven years for life expectancy and around 18 years for healthy life expectancy.[6] In Northern Ireland, mortality in the most deprived areas is almost double that in the least deprived areas for cancer mortality and more than three times that for respiratory deaths. In 2015-17, 28% of emergency admissions in Northern Ireland were attributable to deprivation.[7] Travellers die about 15 years earlier than the general population in Northern Ireland, and child mortality up to age ten has been found to be ten times that of the population as a whole.[8]

Policy context

The report of the Marmot Review into health inequalities in England, Fair Society, Healthy Lives, was published in February 2010. The review highlighted the social gradient of health inequality in England and recommended action in six key areas: best start in life, maximising capacity and control, fair employment and good work for all, a healthy standard of living for all, sustainable places and communities, and a strengthened role for prevention. In response to the Marmot review, the government published the Healthy Lives, Healthy People White Paper in November 2010 which set out the government's long-term vision for the future of public health in England. In 2017, Public Health England published Reducing Health Inequalities: System, Scale and Sustainability which identified steps that local government, including Directors of Public Health, could take to reduce health inequalities in local areas. Most recently, the NHS Long Term Plan was published, which commits to a 'more concerted and systematic approach to reducing health inequalities'. Specific commitments in the plan included basing its 5-year funding allocation to local areas on more accurate assessment of health inequalities and unmet need, and setting out specific measurable goals for narrowing inequalities, including those relating to poverty. The plan also included specific goals for particular groups – for example, greater continuity of midwife care for black, Asian and minority ethnic women and women from deprived areas.

Strategic priority five of the Public Health Wales Strategic Plan is 'influencing policy to protect and improve health and reduce inequalities'. Wales recently introduced the Wellbeing of Future Generations Act, which requires public bodies to think about the long term consequences of their decisions and puts in place seven wellbeing goals.

In Scotland, Equally Well, the report of the Ministerial Task Force on Health Inequalities, was launched in June 2008. Priority areas were identified as children's health and early years, heart disease, mental health, and the harm caused by drugs, alcohol and violence. There was an Equally Well Review in 2010 which updated the work. This recommended a more collaborative approach across different public services to influence the range of circumstances that contribute to people's health and wellbeing. The tackling of inequalities in health and their determinants also features prominently in the Scottish Government's 2018-19 Programme for Government. The Northern Irish Making Life Better Framework includes a focus on reducing health inequalities.

ADPH Position

A whole system approach

As health inequality is so strongly related to the social determinants of health, a whole system, life course approach is vital for making improvements with clear roles for the public, private and voluntary sectors. Interventions to reduce health inequality need to take place at national, regional and local levels. It is vital

that primary, secondary and tertiary prevention are all focused on and invested in. As health inequality is often cyclical and intergenerational, a life-course approach is key. Systemic action to reduce inequality in society is also key to improve health inequality – this must include structural measures to balance the inequality of both wealth and power, as deprivation and powerlessness are key causes of health inequalities. There is evidence that a national strategic approach to reducing health inequality can be effective.[9]

Public health funding

The ring-fenced public health grant will be cut by 9.7% by 2020/21, £331 million in cash terms in addition to the £200 million in-year cut in 2015/16.[10] Although DsPH have been acting to manage these cuts without detriment to outcomes they have reached the limit of available efficiencies. Reductions in the public health grant have been combined with the wider systematic reduction of funding to local authorities. These reductions may result in cuts to interventions which help to reduce health inequalities and work to improve the social determinants of health. Cuts to local authority budgets may mean that less is invested in work such as community development, which can help to reduce inequality.

Health Equality in all Policies

Health in All Policies has been defined as 'an approach to public policies across sectors that systematically considers the health implications of decisions, seeks synergies and avoids harmful health impacts to improve population health and health equity'.[11] A Health Equality/Equity in all Policies approach could represent a way to build work on health inequalities into national and local government departments. NICE recommends that local authorities and their partners use equity proofing, health equality audit and health impact assessment tools to assess the potential impact of all policies on both health and health inequalities.[12]

Proportionate universalism

There are health inequalities in all local authorities, even the wealthier areas with higher average life expectancies. As Michael Marmot asserted in his Fair Society, Healthy Lives publication, action must aim to tackle the social gradient in health rather than just focusing on the most deprived groups in society. Action should be universal, but 'with a scale and intensity that is proportionate to the level of disadvantage'. To have an impact on health inequality rather than overall health outcomes, action should be aimed specifically at addressing determinants of health inequalities, rather than at determinants of health. Universal action to improve health can widen health inequality due to the decreased likelihood of vulnerable groups engaging with services.

Social determinants

It is important to make a distinction between tackling social inequality and preventing social inequality from having a negative impact on health outcomes. Both are extremely important but changing the levels of social inequality is mostly out of the gift of public health. Changes to fiscal policy, legislation and culture change mainly implemented at national level are likely to be the most powerful levers for reducing both social inequality and the impact of social inequality on health. However, actions that improve equity of access to services and facilities, and that focus on improving health in vulnerable groups, can make important contributions to preventing further increases in health inequalities.[13] Action is needed to improve social determinants of health that are modifiable such as the provision of good quality housing, access to healthy food, safe environments and good working conditions.

Behavioural determinants

Many heath inequalities could be prevented by acting on behavioural determinants of health such as

smoking, the use of alcohol, and obesity. Almost half of the gap in life expectancy between the most and least deprived areas in England is due to excess deaths from heart disease, stroke and cancer in the most deprived areas, and these illnesses are often the result of the behavioural determinants outlined above. There is a higher prevalence of behavioural risk factors among the more deprived areas. For example, obesity prevalence in adults was more than two times higher in Kingston-Upon-Hull (30.6%) than in Richmond upon Thames (13.9%).[14]

Role of the NHS

The NHS, both as a commissioner and a provider, can play a stronger role in tackling health inequality by investing in and focusing on prevention and health inequality within its own workforce. Those working within the health system often have a role to play in tackling health inequality through action on the social and economic factors. There are an increasing number of areas where health services, local authority and the community and voluntary sectors are looking towards a whole system approach. The Institute of Health Equity details a range of ways that health professionals can act on health inequalities, including working with individuals and communities, and the role of the NHS workforce as advocates.[15] New and emerging health and care systems such as Sustainability and Transformation Partnerships and Integrated Care Systems have a role to play in tackling health inequality.

Community empowerment

Narrowing the health gap is unlikely to be achieved if those most affected by health inequality are not engaged and involved. One meta-analysis has shown that public health interventions using community engagement strategies for disadvantaged groups are effective in terms of health behaviours, health consequences, feelings of control over health behaviour and perceived social support. There was also some evidence to suggest that community engagement interventions improve social inequalities.[16] NHS England and Public Health England have jointly produced a resource on community centred approaches for health and wellbeing that states that 'participatory approaches directly address the marginalisation and powerlessness caused by entrenched health inequalities'.[17]

Marmot Cities

A network of local authorities in England (including Stoke, Newcastle, Gateshead, Bristol, Somerset and Coventry) is working in depth to develop a Marmot approach to tackling health inequalities based on the Fair Society, Healthy Lives review. Coventry became a 'Marmot City' in 2013 and has reported improvements in school readiness at age five, health outcomes, life satisfaction, employment and reductions in crime.

A Rights Based Approach

NHS Scotland has recently been championing the concept of a rights based approach to health, which aims to strengthen work to address health inequality. This is based on the notion that all services should meet the AAAQ criteria: available, accessible, scientifically appropriate, and of good quality. The approach stresses that not everyone should expect the same service or be treated the same – some groups in the population experience poorer health and lower life expectancy than average, so work is needed to improve their health at a faster rate.

Welsh Future Generations Act

The Wellbeing of Future Generations Act requires public bodies in Wales to think about the long-term impact of their policy decisions and prevent persistent problems such as poverty, health inequalities and climate change. The Act puts in place seven wellbeing goals: a prosperous Wales, a resilient Wales, a healthier Wales, a more equal Wales, a Wales of cohesive communities, a Wales of vibrant culture and

Welsh language, and a globally responsible Wales. It identifies five key ways of working to achieve these goals: long-term, integration, involvement, collaboration and prevention. Local public services boards are required to assess the state of wellbeing locally, set objectives and produce a plan to improve local wellbeing.

ADPH Recommendations

National

- Governments across the four nations should take a whole system approach to health inequality, consider introducing a dedicated health inequalities strategy and take a health equality/equity in all policies approach across all government departments.
- Investment in public health must be increased. Cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health need.
- NHS England needs to ensure that prevention, with a focus on health inequality, forms a key, mandatory and funded part of all Sustainability and Transformation Partnership and Integrated Care System plans in England.
- The Westminster government should act to mitigate the negative impact on health inequalities because of reductions in the funding of local authorities.
- Governments across the four nations should implement policies that help to improve the social determinants of health, providing excellent quality housing, access to a good education, good employment, and a positive and healthy environment in which to live.
- Governments across the four nations should implement national policy to help act on health inequalities caused by the behaviour determinants of health such as smoking, alcohol use and obesity. This could include policies such as extending smoke-free legislation, introducing Minimum Unit Pricing, and acting to curb junk food marketing.
- Learning from the experiences of the Marmot Cities should be shared widely by the network.
- Governments in Scotland, Northern Ireland and England should consider introducing a variant of the Welsh Future Generations Act.
- A rights-based approach to health, as taken in Scotland, may be a useful frame or lens for other governments to consider policies to tackle health inequities.

Local

- NHS staff should be trained to understand the impact of health inequality and should take a Making Every Contact Count approach to link up people who may have wider issues such as housing or debt problems with appropriate services.
- Joint Strategic Needs Assessments should be carried out with health inequity specifically in mind.
- Local authorities should consider using Health Impact Assessments across all relevant policies and embed a specific measure of the impact on health inequality.
- Local authorities should take a community engagement and empowerment approach when making policy to ensure local communities can influence their environments and provide a sense of control.

Association of Directors of Public Health

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Next Review: May 2020

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