The Association of Directors of Public Health
Policy Position: Health Inequalities

Key Messages

- Improvements in health are being experienced disproportionately, with the gap between the best and the worst off widening despite better in overall population health.
- Better health requires more than just healthcare, it requires improvements in income, housing, education, employment and the environment.
- A cross-government strategy and sustained structural national policy action are needed to tackle health inequalities.
- Action on a local level can be effective in improving health inequalities and socioeconomic conditions through interventions which empower and inform local people. Asset-based community development approaches are key.

ADPH Recommendations

National

Whole system approach: Governments across the four nations should introduce a dedicated health inequalities strategy and should take a whole system, Health Equality in All Policies approach overseen by a cross-government ministerial committee with an independent body created or commissioned to monitor the progress.

Investment in public health must be increased across the four nations. In England, the Public Health Grant needs £0.9 billion more a year to reverse years of funding cuts.[1]

Investment in local authorities (LAs): Funding for LAs should be increased to allow for a more multi-faceted approach to tackling inequalities that targets the most disadvantaged.

The role of the NHS: The NHS needs to ensure that prevention, with a focus on health inequalities, forms a key, mandatory and funded part of its plans.

Commercial determinants of health: Governments across the four nations should implement policies to act on health inequalities caused by harmful products such as smoking, alcohol use and unhealthy food consumption. This could include policies such as extending smoke-free legislation, introducing Minimum Unit Pricing, and acting to curb junk food marketing.

Social determinants of health: Governments across the four nations should implement policies that help to improve the social determinants of health, providing secure and high quality housing, access to a good education, good employment, and a healthy living environment.

Quality Improvement: The experiences of the Marmot Cities and the learning from Health Foundation Implementation Gap inquiry in Scotland should be shared widely and implemented in more regions.

Learning from elsewhere: Explore opportunities to learn from and adopt other national approaches to

tackling health inequities, for examples the Welsh Future Generations Act, the rights-based approach to health in Scotland, and Norway's health in all policies.

Local

NHS workforce: Staff should be trained to understand the impact of health inequalities. They should take a Making Every Contact Count approach to link up people who may have concerns relating to wider determinants (such as housing or debt problems) with appropriate services.

Joint Strategic Needs Assessments should be carried out with health inequalities specifically in mind.

Local public health authorities[1] should consider using Health Impact Assessments and Health Equity Assessments across all policies.

Community engagement should be sought when local public health authorities are developing policy to ensure communities are empowered to influence their own environments.

Background

Health inequalities are avoidable and systematic differences in health between different groups of people. The term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their physical and mental health, as well as wellbeing.[2] Whilst there has been a disparity in mortality rates between the most and least deprived areas for decades, the gap in healthy life expectancy across the four nations has been steadily increasing in recent years, with issues such as the cost-of-living crisis and the Covid-19 pandemic further exacerbating this problem.

Since July 2021, both age-standardised mortality rates and the absolute number of Covid-19 deaths have been consistently higher in the most deprived areas.[3] A gap of 10.7 years between men and women's healthy life expectancy in the bottom 10% of LAs, compared to the top 10% was demonstrated between 2017 to 2019.[4]

How is the cost-of-living crisis exacerbating health inequalities?

The current cost of living crisis will push millions of low-income families into poverty – an underlying cause of ill health – exacerbating health inequalities further with food and energy bills spiralling. A polling by the Royal College of Physicians in May 2022 found that 55% of people felt their health had been negatively affected by the rising cost of living, with the increasing costs of heating (84%), food (78%) and transport (46%) reported as the top three factors.[5]

What impact has the Covid-19 pandemic had on health inequalities?

Throughout the first two years of the pandemic, Covid-19 mortality rates were three to four times higher in the most deprived areas, according to The Health Foundation's report. The vaccination programme has been key to reducing Covid-19 mortality rates, but for people living in more deprived areas and people

[1] By local public health authorities we mean bodies with statutory local responsibility for public health functions (eg upper tier local authorities in England, Health Boards in Scotland and Wales, Public Health Service in Northern Ireland). These differ across the UK, Crown Dependencies, and associated territories. We have published a separate headline explainer on public health in each of these systems.

from some minority ethnic groups, uptake is still low.[6] The Marmot Covid-19 Review found that inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll. There is also evidence that many people from ethnic minority backgrounds, in highly exposed occupations, had not been sufficiently protected with personal protective equipment (PPE).[7] In addition, there has been a failure to act on education gaps due to lost learning time in the pandemic. A cohort of 'left behind' children who are from more deprived backgrounds face significant risks to their long-term health and living standards, resulting in long-term economic cost to the country.[8]

Policy Context

The DHSC originally planned to publish a new Health Disparities White Paper.[9] However, in 2023, the Government announced that it would not publish the white paper and would instead incorporate it into a Major Conditions Strategy. This new strategy aims to tackle the growing issue of supporting people who are living with more than one condition and will include focus on addressing 'clusters of disadvantage'. Similarly in Scotland there has also been a growing shift towards secondary prevention around cardiovascular disease and on rehabilitation indicated by the NHS Scotland Annual Delivery Plan guidance.

In October 2022, the DHSC announced LAs would receive an additional £50 million for capacity funding. The investment, overseen by the National Institute for Health and Care Research (NIHR), will enable 13 LAs to set up pioneering Health Determinants Research Collaborations (HDRCs) between experts and academics to address knowledge gaps in local areas.[10] However, public health has suffered from funding cuts over the years. In England, the Public Health Grant has been cut 26% in real terms since 2015/2016. Public health funding forms the majority of funding for Directors of Public Health (DsPH) to address health inequalities. The cut has a major impact on the DsPH ability to address inequalities in their local area.

In Scotland, an Equality and Fairer Scotland statement was released in 2022 to outline how it will realise opportunities to tackle inequality, promote human rights, and build a fairer Scotland.[11]

The Welsh Government committed to setting up the Equality, Race and Disability Evidence Units in its Programme for Government 2021, in response to the need for strengthened evidence to address inequality in Wales.[12] In the same year, the Socio-economic Duty came into force in Wales, which aims to improve decision making and help the socio-economically disadvantaged.[13]

The Northern Irish Making Life Better Framework includes a focus on reducing health inequalities.[14]

ADPH Position

A whole system approach and a life-course approach to reduce inequalities

Health inequalities are underpinned by deeper issues of social justice and inequality. Therefore, a whole system approach on the social determinants of health is vital, which applies systems thinking in understanding public health challenges and identifying joint national, regional and local actions from the public, private and voluntary sectors. It is vital that primary, secondary and tertiary prevention are all focused on and invested in. As health inequalities are often cyclical and intergenerational in nature, a life-course approach is key. As a member of the Inequalities in Health Alliance, ADPH calls for the development of a cross-government strategy to reduce health inequalities, commencement of the socio-economic duty

(section 1 of the Equality Act 2010) and the adoption of a 'child health in all policies' approach.[15]

According to studies, population interventions that are less reliant on individual agency and behavioural change are most effective and most equitable in tackling major risk factors for ill health. These interventions alter the environments in which people live and impact everyone in the community. They should be implemented alongside individual-level policies supporting those most in need through cross-government planning.[16]

The role of the NHS

The NHS, both as a commissioner and a provider, can play a stronger role in tackling health inequalities by investing in and focusing on prevention and health inequalities. The Institute of Health Equity details a range of ways that health professionals can act on health inequalities, including working with individuals and communities. It also highlights the role of the NHS workforce as advocates.[17] Integrated Care Systems also have an important role to play in tackling health inequalities.[18] [19] Moreover, the inequalities in outcomes should also be framed in the context of the disease pathway. Inequalities in health outcomes are quite often worsened by unequal access to preventative measures and by inequity of access to treatment. Therefore, these inequalities must be addressed from the very start of the disease pathway before people get to the point of poor health. In this sense there is a fundamental inequity in the system that is leading to unequal health outcomes.

More public health funding needed to reduce inequalities

Investment in public health must be increased across the four nations. In England, LAs' public health funding has suffered a 26% cut (in real terms on a per person basis) since 2015/16.[20] On the other hand, in devolved nations, prevention has been side-lined in favour of the provision of healthcare services.[21] Although DsPH have been acting to manage funding cuts, they have reached the limit of available efficiencies. Failure to invest in vital preventive services will lead to poorer health and widening health inequalities which will result in greater economic inactivity, reduce the number of people in work and add to the burden of our health and social care systems.[16] Therefore, Governments across the four nations should ensure that public health is sustainably and adequately funded. Wider funding is also needed to reach local communities and to push forward a greater focus towards prevention.

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'.[22] It is an established approach to improving health and health equity through cross-sector action on the wider determinants of health: the social, environmental, economic and commercial conditions in which people live.[23] Whether through transport, housing, fiscal or employment policies, decisions taken across national and local Government have the potential to create the conditions for healthy lives.[20]

The Norwegian Government introduced a comprehensive Public Health Act to embed a 'health in all' policies approach across all levels of Government and ensure responsibility for health inequalities across sectors.[20] Under the act, municipalities are required to include public health measures in their local strategic plans across a specified list of social determinants, including housing, education, employment, income, and physical and social environments.[20] A similar approach in the UK could articulate clear

responsibilities at each level of Government and could support a 'health in all' policies approach nationwide.[20] Similarly, the Welsh Government have also taken steps to make health more central to decision making by putting in motion plans to make health impact assessments mandatory through the Public Health (Wales) Act 2017. NICE also recommends that LAs 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.[24]

Proportionate universal approaches to reducing health inequalities

Without proper planning, universal action to improve health can widen health inequalities, as vulnerable groups are less likely to engage with health services.[25] Poor access to these services is a result of multiple barriers, related both to the individual and to the services.[22] For example, people may have difficulty understanding and navigating the system or have had past experiences of being turned away from services or being badly treated.[22] Hence, proportionate universal approaches are needed to reduce health inequalities. This term refers to the idea that policies and interventions should be 'universal' but developed to be more intense where need is higher – to be proportionate to need.

Applying proportionate universalism in practice means: understanding how the concepts can be useful in professional practice, knowing about the health issues that socially excluded people living in an area are more likely to encounter, understanding specific activities and interventions that all health and care professionals can do to support health and wellbeing groups and considering the resources and services available in an area that can help people.[22] These approaches can raise overall levels of health and flatten the 'gradient in health'.[22]

A Rights Based Approach in addressing health inequalities

Health and social care services are essential in protecting human rights. Public Health Scotland's (PHS) work on the 'Right to Health' highlights that policies and services on all things that influence our health, including the social determinants of health, should be accessible, appropriate and of high quality for addressing health inequalities and to ensure a healthier population.[26] It promotes the PANEL principles (participation, accountability, non-discrimination, empowerment and legality) which emphasise the need for policies to support people to participate in society, from all demographics, in compliance with human rights legal standards. This approach aims to ensure that allocation of resources in policy decision-making are not contributing to health inequalities. It places a primary focus on the groups in the population that experience poorer health and lower life expectancy than average and highlight the need to improve their health at a faster rate. 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 inequalities. Similarly, Wales also takes a rights based approach by introducing 'Socio-economic Duty' as a part of their Equality Act and it has since been integrated into impact assessments.

Community empowerment to reduce inequalities

Communities should be involved in the design and implementation of programmes to reduce inequalities. There should be an inclusive approach to community engagement with strategies in place to engage disadvantaged groups. Community engagement improves health through its impact on the development and delivery of more appropriate and accessible interventions, as well as through its direct positive impact on social cohesion, development of social capital, individual self-esteem and self-efficacy for those who

are engaged.[27] A meta-analysis examining community engagement and its impact on health inequalities showed 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.[28] In the UK, there are community/health champions – community members who volunteer to promote health and wellbeing or improve conditions in their local community. They are key connectors in communities and their work can help to address health inequalities, both in the context of short-term emergency response and longer-term health promotion and prevention.[29] The King's Fund model to improve community health accounts for four main areas community development, commissioning, communities in care pathways and in service design. This model can be harnessed to promote a whole system approach and further community wealth building.

Commercial determinants of health and health inequalities

The commercial determinants of health can be defined as private sector activities impacting public health, either positively or negatively, and the enabling political economic systems and norms.[30] Commercial determinants of health are particularly important in driving unhealthy product consumption, such as alcohol, tobacco, unhealthy foods, and gambling, and thereby exacerbating existing inequalities. A national strategic approach is needed on commercial determinants of health. Examples which have been found effective in reducing health inequalities include the Soft Drinks Industry Levy, Tobacco and Related Products Regulation, and Minimum Unit Pricing of alcohol in Scotland and Wales.[31]

Health Equity Networks and Marmot Cities

There have been various initiatives to build Health Equity Networks which serve the purpose of capacity building, knowledge sharing, policy development and advocacy activities at a global, national or local level. A significant development is the 'Marmot Cities' initiative, a network of LAs in England, working in-depth to develop a 'Marmot' approach.[32] Recently, Greater Manchester became the first Marmot City region.[33]

About ADPH

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. 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.

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