



Public Health
England



UCL Institute of Health Equity

Local action on health inequalities

Introduction to a series of evidence
papers

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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About the UCL Institute of Health Equity

The Institute is led by Professor Sir Michael Marmot and seeks to increase health equity through action on the social determinants of health, specifically in four areas: influencing global, national and local policies; advising on and learning from practice; building the evidence base; and capacity building. The Institute builds on previous work to tackle inequalities in health led by Professor Sir Michael Marmot and his team, including the 'Commission on Social Determinants of Health', 'Fair Society Healthy Lives' (The Marmot Review) and the 'Review of Social Determinants of Health and the Health Divide for the WHO European Region'. www.instituteoftheequity.org

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Foreword by Professor Sir Michael Marmot

Over the four years since we published the Marmot Review, I have visited many local authorities across England. These visits, where I see what is happening locally, talk to directors of public health, local communities, and organisations such as schools and hospitals, have reinforced my belief that local action is absolutely essential if we are to tackle health inequalities.

Again and again, local areas have demonstrated their enthusiasm and commitment to reducing inequities, and shown their high level of understanding of the needs and assets of their local populations. I am delighted that the Marmot Review has motivated and enabled much of this local action – 75% of local authorities have taken on board our Review’s recommendations and used them to formulate their local plans and strategies.

However, there is still more that needs to be done. I have also seen parents struggling and children not developing well in their earliest years. I have seen children and young people who are disaffected and isolated, and do not have the opportunities, whether in work or education, that they need and deserve. Some local areas have large numbers of people in bad quality employment or not receiving the wages that would enable them to have a healthy life. Many of these issues are compounded by cold homes and a lack of green spaces, and all will worsen people’s health and affect their life expectancy.

In 2013, Public Health England commissioned us at the Institute of Health Equity to assess several social determinants and to produce evidence and practical proposals to help local areas take action and prioritise health equity. This set of reviews is the result. They summarise the links between several key areas and health, and set out what local areas can do. We gathered case studies to document innovative and successful approaches and to inspire further action. These show that there is already much activity and plenty to learn from.

Local actors know a huge amount about their local areas. Our aim is for these documents to help by providing information and examples that can combine with local expertise and experience to increase and improve action to tackle unnecessary and unjust health inequalities across England.

There is much we can do, and we must do it. As I quoted at the start of the Commission on the Social Determinants of Health –

Rise up with me, against the organisation of misery



Professor Sir Michael Marmot
Director, UCL Institute of Health Equity

Foreword by Professor Kevin Fenton

England has a long and proud tradition of understanding the challenge of health inequalities and developing approaches to respond to them. While the underlying causes of health inequalities are common, the priority actions for reducing inequalities will vary between communities, in response to specific local circumstances.

PHE wants to support local efforts on health inequalities, recognising that local expertise is vital for this work. This is why we commissioned the UCL Institute of Health Equity to consider a range of social determinants and present the best evidence and information on approaches that could be applied locally. With this suite of papers, I am delighted that we are building on the foundations of the Marmot Review with information to support practical local efforts to reduce health inequalities.

Reducing inequalities is certainly a significant challenge but this should not stop us pursuing further action. There is already much good work going across the country that is illustrated by the many examples of interventions and case studies across the series of papers. They show that there are opportunities to reduce inequalities across a range of settings – in schools, workplaces and community centres and at all stages of the life course. Many of the proposals in the papers show that we can make a difference by using the assets in our communities and seizing opportunities to work in partnership across organisations and service areas.

We want these papers to support dialogue about what can be done now, in local services, to reduce health inequalities across England. I hope they provide useful insights and, above all, inspire new action.



Professor Kevin Fenton
National Director of Health and Wellbeing, Public Health England

1. Introduction to the series

Action to reduce health inequalities is at the heart of PHE's mission. Health inequalities are a longstanding challenge that was described in the Marmot Review in 2010,¹ which set out the evidence for England on the wider determinants of health and made a wide range of policy recommendations to reduce health inequalities.

Inequalities in health persist and the gap in life expectancy between the most and least deprived people in England has not narrowed over time. Among males, those in the most deprived areas have a life expectancy 9.1 years shorter than those in the least deprived areas; among females the equivalent figure is 6.8 years.²

With recent changes to the public health system in England, we still face challenging questions about reducing health inequalities. Local public health teams have indicated they would value evidence to support implementation of practical action on health inequalities. PHE commissioned Professor Sir Michael Marmot's team at the UCL Institute of Health Equity to build on the Marmot Review with a series of papers for local authorities about action on the wider determinants of health – such as early year's experiences and employment.

The topics covered relate to some of the policy objectives in the Marmot Review and are intended to provide a useful local focus for action. The papers include evidence, practical points and case studies on approaches and actions that can be taken by local authorities on a range of issues to reduce health inequalities. They are not systematic or comprehensive reviews of a topic, but rather discussions that bring together key evidence and expert advice to provide practical information that can be applied in local work to reduce health inequalities.

The series is designed for teams in local authorities particularly directors of public health and their teams and for health and wellbeing boards. The papers will also provide useful information for other professionals in local authorities who have responsibility for work that has implications for health, such as planning services.

The series includes eight evidence reviews and 14 complementary short briefings, shown in table 1. It covers topics from five of the six policy domains of the Marmot Review: early intervention, education, employment, ensuring a healthy living standard for all, and healthy environment. Additional information is provided in two papers relating to issues of implementation and impact. One is an introductory guide to economics to help with deciding how best to invest in services and infrastructure that

¹ The Marmot Review Team. Fair Society Healthy Lives. 2010.

² Office for National Statistics. Inequality in Healthy Life Expectancy at Birth by National Deciles of Area Deprivation: England, 2010-12. 2014.

can affect health (briefing 9 in the series, ‘Understanding the economics of investments in the social determinants of health’). The other paper is a 12-step approach to action on the social determinants of health approach based on experiences (briefing 10 ‘Tackling health inequalities through action on the social determinants of health: lessons from experience’).

Table 1. Local action on health inequalities: and overview of the series

	Health equity evidence reviews	Health equity briefings
Early intervention	1. Good quality parenting programmes and the home to school transition	1a. Good quality parenting programmes
		1b. Improving the home to school transition.
Education	2. Building children and young people’s resilience in schools	2. Building children and young people’s resilience in schools
	3. Reducing the number of young people not in employment, education or training (NEET)	3. Reducing the number of young people not in employment, education or training (NEET)
	4. Adult learning services	4. Adult learning services
Employment	5. Increasing employment opportunities and improving workplace health	5a. Workplace interventions to improve health and wellbeing
		5b. Working with local employers to promote good quality work
		5c. Increasing employment opportunities and retention for people with a long-term health condition or disability
		5d. Increasing employment opportunities and retention for older people
Ensuring a healthy living standard for all	6. Health inequalities and the living wage	6. Health inequalities and the living wage
Healthy environment	7. Fuel poverty and cold home-related health problems	7. Fuel poverty and cold home-related health problems
	8. Improving access to green spaces	8. Improving access to green spaces
Implementation and impact: health equity briefings		
	9. Understanding the economics of investments in the social determinants of health	10. Tackling health inequalities through action on the social determinants of health: lessons from experience

The series as a whole is informed by a life course approach with, for example, consideration of education among children and young people and in adulthood; and the health effects of exposure to cold environments across the years of life. This work builds on just some of the topics set in the Marmot Review, focusing on issues that are amenable to action by local authorities, rather than comprehensively covering all social determinants of health.

2. Using the papers to inform local action

The papers set out the evidence on a social determinants issue – how it relates to health and health inequalities, and evidence on interventions or approaches that have been effective or shown promising results. They include lots of examples of interventions that give practical points on approaches for local areas to consider.

Information is summarised in boxes, labelled in the following ways:

Key messages – summaries of the key findings or action proposed in this paper.

Intervention – an example of a strategy, programme or initiative, taken by a local area, organisation or national government, that it is felt may contribute to reducing health inequalities by acting on the social determinants of health. It has either been evaluated and shown to be effective, or is considered to be an example of promising action.

Key literature – summaries of academic studies or other reports which provide key information relevant to the chapter, often taking into account a range of different programmes or projects.

Much of the information on interventions is based on studies from England, but the series also draws on international evidence where there is good evidence, even if interventions have not been tested in England.

An introduction to intervention on the social determinants of health

The briefing papers are short summaries of key points and will be especially useful as a quick overview on an issue and some suggestions for ways forward. They will be a good introduction to public health issues linked to the wider determinants of health, particularly for people who may have less familiarity with the concepts and evidence. The information provided will help with thinking through the wide range of potential benefits that can arise from a focus on the social determinants of health or “win-win” strategies.

For example briefing 4 on adult learning sets out evidence on the wide social and health benefits of adult learning. It has been estimated that the lifetime return on investment of level 1 courses for those aged 19-24 is £21.60 for every £1 invested. Other evidence shows that adult learning can also have indirect health benefits by improving social capital and connectedness, health behaviours, skills, and employment outcomes, each of which affect physical and mental health.

Evidence for local strategies

The evidence reviews in the series are longer, richer papers which contain more detailed information that will be particularly useful for detailed work to underpin local strategies and implement actions. This information will be useful for health and

wellbeing strategies, joint strategic needs assessments and should help public health teams with making the case for action on the wider determinants, inform tendering and commissioning of services. The information in the series can also inform local authority internal business plans as well as local strategies that cover service areas with health implications, such as local plans and growth plans.

Deciding on a course of action to reduce health inequalities

As a series, the papers provide a body of work that can help local areas to decide on specific areas for focus in their strategies for local action and provide practical suggestions for implementation. The key messages in each paper will help to prioritise action on health equity, identify opportunities for activities that fit with existing local priorities, and spot new opportunities for action.

Briefing 10 in the series, 'Tackling health inequalities through action on the social determinants of health: lessons from experience' provides information on approaches to consider when devising local programmes to reduce health inequalities based on the practical experience of the public health community. It gives a summary of strategies that help to prioritise health equity, principles for effective action on the social determinants of health, and ways of sustaining action.

Advocating for action

Making the case, and the business case, for action on the social determinants of health is often a challenge. Briefing 9, 'Understanding the economics of investments in the social determinants of health' is designed to support local decision-making on actions to address the social determinants of health and the development of business cases for investment. Other papers in the series include information on the impacts and cost-benefits of specific interventions. Collectively, the papers have a range of evidence and information that can help with advocating for action.

Citing the papers

The evidence reviews and briefings may be cited, respectively, as follows:

Institute of Health Equity. 2014. Good quality parenting programmes and the home to school transition. Local action on health inequalities: Health Equity Evidence Review 1. London: PHE/IHE.

Institute of Health Equity. 2014. Improving the home to school transition. Local action on health inequalities: Health Equity Briefing 1b. London: PHE/IHE.

These are examples for citing the two types of paper.

3. Next steps

This is the beginning of a series of papers to support local efforts to increase health equity with best evidence.

PHE

PHE will:

- promote the series across the public system and develop PowerPoint slides to support use of the documents.
- conduct an evaluation to investigate the impact of this first series of papers
- commission further work on evidence to inform action on the social determinants of health

IHE

Over the coming months, the series will be expanded with papers on other issues related to the social determinants of health, commissioned by PHE.

IHE will produce papers on the following issues:

- addressing homelessness and overcrowding
- using the Public Services (Social Value Act) for action on health inequalities
- creating good quality jobs and promoting job security for local people
- using community asset-based approaches to reduce social isolation
- increasing health equity in selected communicable diseases through the social determinants of health

Local authorities

The papers can be applied in a number of different ways by professionals in local authorities:

- directors of public health can seek to take a systematic approach to action on the social determinants of health, informed by briefing 10, 'Tackling health inequalities through action on the social determinants of health: lessons from experience'
- public health teams can use the evidence in the series to develop short briefings including local data for councillor's, and can work with other services areas like children's services to develop local topic briefings
- the papers can be used to inform strategic approaches, prioritisation, investment and disinvestment decisions, and commissioning of public health or other public services (briefings 9 and 10 on implementation and impact will be particularly helpful for this purpose when used alongside information other issue-specific information in the series)
- the evidence reviews can be used for refreshing joint health and wellbeing strategies, and joint strategic needs assessments via health and wellbeing boards

- public health teams and other service areas in local authorities can provide feedback to PHE and IHE on these briefings to ensure future papers are useful for local communities
- public health teams can identify further areas for evidence reviews that would help local authorities in their decision-making and feedback to PHE and IHE