



Public Health
England

Protecting and improving the nation's health

Addressing health inequalities through collaborative action

Briefing note

Contents

| | |
|--|----|
| 1. Purpose of briefing | 3 |
| 2. What are health inequalities? | 3 |
| 3. Factors commonly understood to contribute to health inequalities..... | 5 |
| 4. Models and frameworks for addressing health inequalities..... | 6 |
| 5. Focussed action on health inequalities | 8 |
| Appendix A..... | 9 |
| References..... | 17 |

1. Purpose of briefing

This briefing provides a short summary of Public Health England (PHE)'s approach to health inequalities and the action that can be taken to address them. System leaders, and colleagues across organisations, can draw on the briefing:

- to support the development of a common understanding of health inequalities
- to consider how partners might work together to systematically address health inequalities
- to identify the components and benefits of a cross-system and place based approach
- as a source for links to other resources

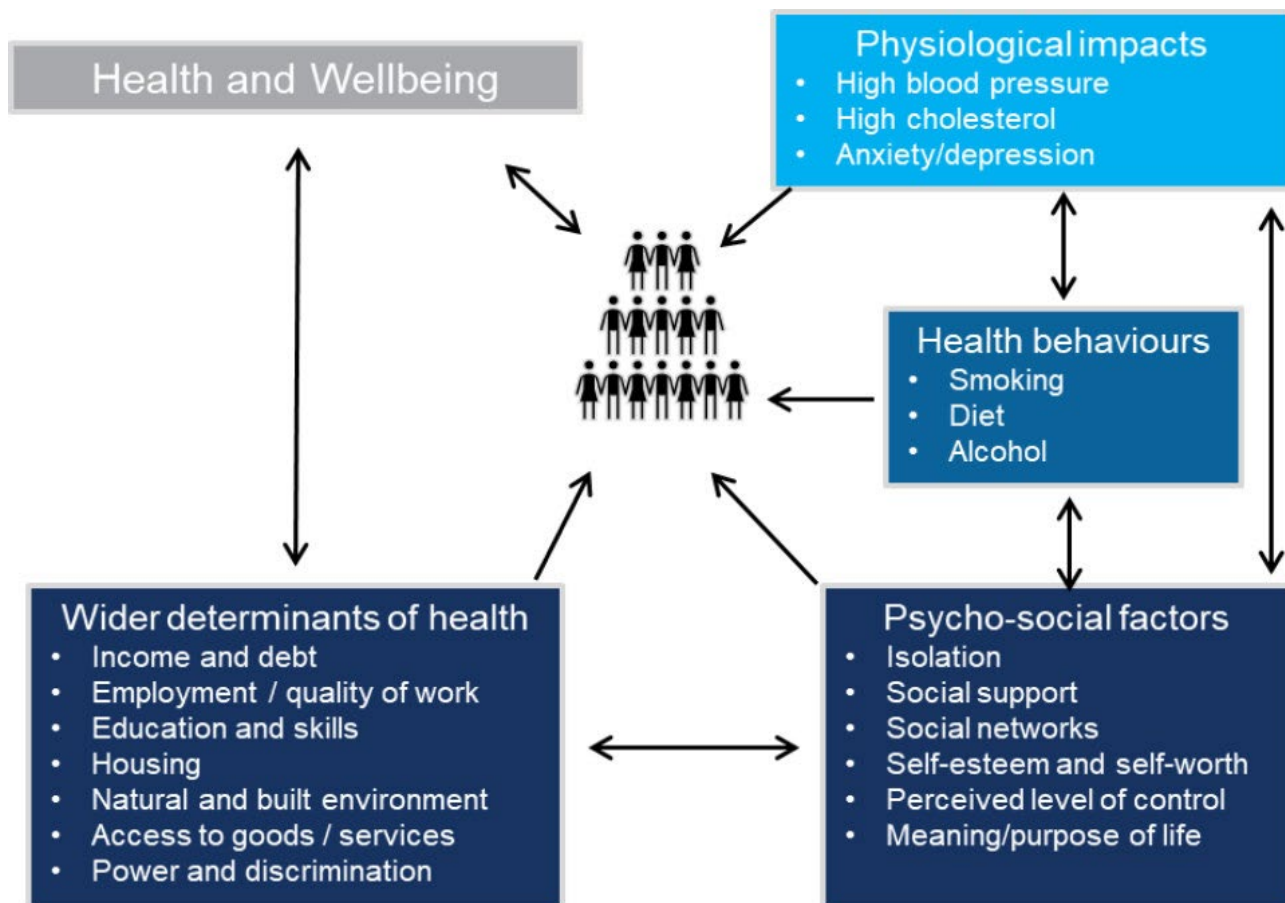
Appendix A signposts to a range of supporting frameworks, resources and tools for addressing health inequalities to complement those covered in the briefing.

2. Defining health inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions, or determinants, influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing (1). Factors associated with poorer health outcomes are complex, overlapping, and interact with one another (2).

Figure 1 uses an adapted Labonte model to show the complex interplay between the determinants of health (for example, income and housing), psycho-social factors (for example, isolation and social support), health behaviours (for example, smoking and drinking) and physiological impacts (for example, high blood pressure and anxiety and depression) (3). Other models such as **Dahlgren and Whitehead** can also be used to identify the factors which shape health.

Figure 1. Adapted Labonte model (source: Place-based approaches to health inequalities)



Inequalities in health between different populations are longstanding. For the period 2016 to 2018, those living in the most deprived areas could expect to spend almost 2 decades less in good health than people in the least deprived areas; with this gap remaining stable since 2013 to 2015 (4).

COVID-19 is widely recognised as having exacerbated these existing health inequalities, with both the direct and indirect impact of the pandemic disproportionately affecting many already disadvantaged populations (5).

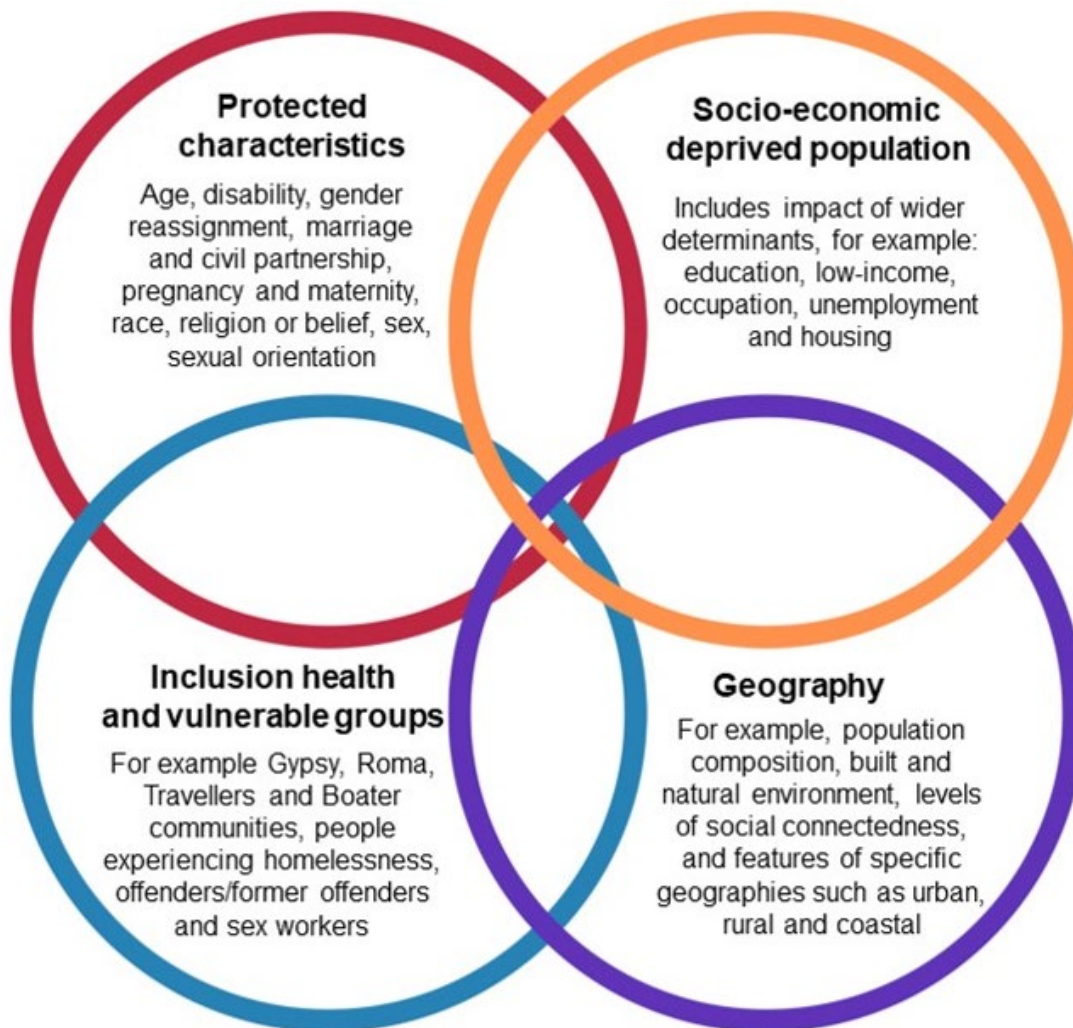
For example, in January 2021 the mortality rate for deaths due to COVID-19 in the most deprived areas was 1.8 times that in the least deprived areas, and in Wave 2 of COVID-19 despite improvements for other ethnic minority groups, people from Pakistani and Bangladeshi backgrounds remained at substantially greater risk of COVID-19 death than White British people, after adjusting for a range of socio-demographic factors (6). Exploration of the factors associated with the disparities in the impact of COVID-19 have reinforced that a wide range of organisations and agencies have a role to play in addressing health inequalities (7).

3. Factors commonly understood to contribute to health inequalities

Figure 2 illustrates the characteristics of people or places associated with differences in health outcomes divided into 4 categories:

1. Socio-economic status and deprivation: for example, unemployment, low income, living in a deprived area; and factors associated with this such as poor housing and educational attainment.
2. Vulnerable or Inclusion Health groups: for example, vulnerable migrants, Gypsy, Roma, Travellers and Boater communities, people experiencing homelessness, offenders or former offenders and sex workers.
3. Protected characteristics under the Equality Act: the 9 protected characteristics are: age, sex, race, sexual orientation, marriage or civil partnership, pregnancy and maternity, gender reassignment, religion or belief, and disability.
4. Geography: the characteristics of the place where we live - such as population composition, built and natural environment, levels of social connectedness, and features of specific geographies such as urban, rural and coastal.

Figure 2. Domains of health inequality (adapted from [Place-based approaches to health inequalities](#))



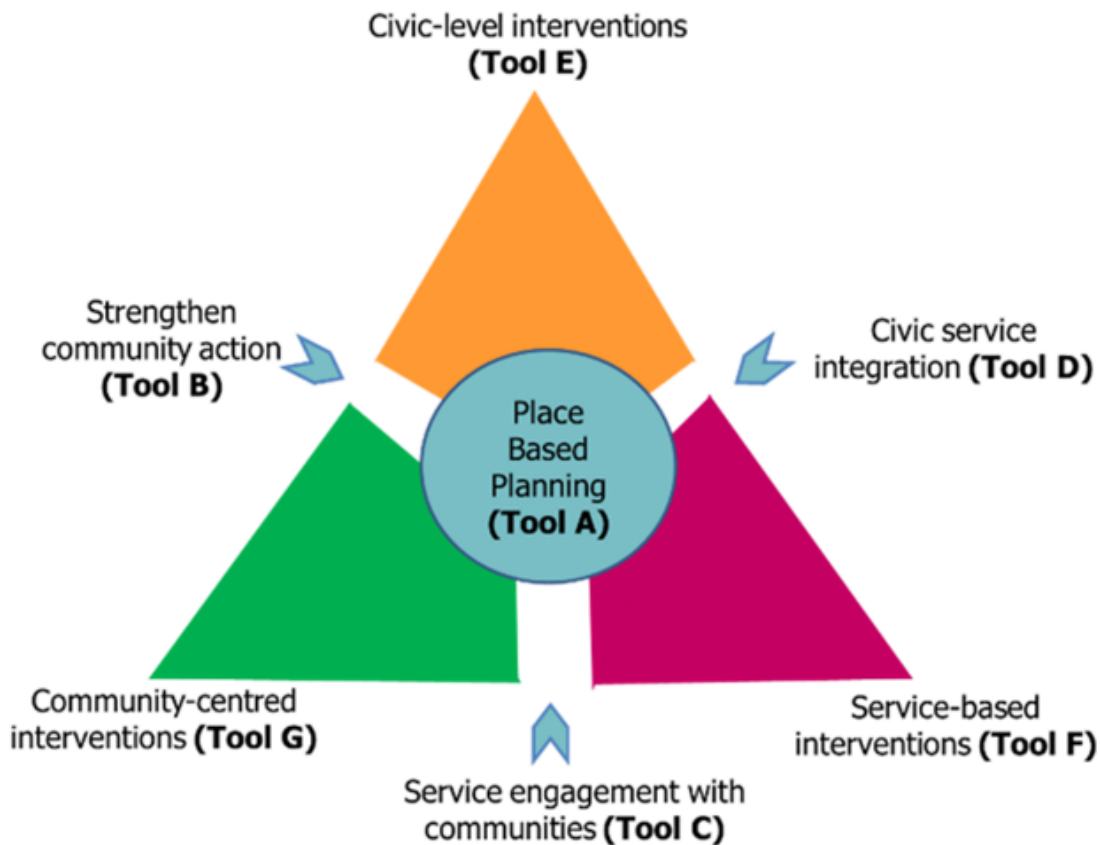
These domains interact with each other to benefit or disadvantage different people or groups. To address this, resources and action need to be allocated proportionate to need in order to deliver equitable outcomes (8).

4. Models and frameworks for addressing health inequalities

PHE's publication [Place based approaches \(PBA\) to reducing health inequalities](#) (3) uses the Population Intervention Triangle ([Figure 3](#)) to describe how health inequalities can be addressed at scale through systematic collaborative leadership and action – drawing together civic activity (for example, local authorities), services (such as the NHS), and community-centred approaches, in a way that is sensitive to local needs and priorities.

PBA includes a range of **tools** to enable co-ordinated leadership and planning, action in each of the sections of the Population Intervention Triangle, and better integration and co-ordination between each section. Action to address health inequalities can be targeted at a place or system level or to specific population groups, for example, **inclusion health** or ethnic groups, **life-course** stages or **Marmot Policy Objectives**.

Figure 3. Population Intervention Triangle



Further information and detailed guidance on community centred approaches to addressing Health Inequalities can be found in **Community Centred Public Health - Taking a Whole Systems Approach (WSA)**.

In addition to PBA and WSA, a range of other frameworks, tools and resources are available to support action on health inequalities. Examples of these are included in **Appendix A**. The majority of these have the same underpinning principles of:

- action on the determinants of health
- whole systems working
- evidence-based action at scale
- strong leadership and community involvement or asset-based approaches

Different frameworks and tools may be more suited to different audiences, contexts or priorities. Resources can also be used alongside each other or in series.

5. Focussed action on health inequalities

Following an internal review of the drivers influencing health inequalities, and opportunities for further support, PHE identified the following 7 priority themes. These highlight where focussed action can support systems, places and programmes in their plans to address health inequalities. These priority themes can also be used alongside tools in PBA and other frameworks, as a rapid checklist for system leaders to identify strengths, gaps and challenges to taking systematic, sustainable and place or population sensitive action at scale.

1. A clear vision and strategy with measurable goals, co-ordinating targeted action at all levels.
2. System leadership and accountability for action on health inequalities.
3. A systematic approach to data linkage and data and evidence driven policy and intervention development and implementation
4. Building the evidence base of what works.
5. Improving system capability for action on health inequalities and wider determinants of health.
6. Use of systematic assessment tools to drive multi -agency cross- system action.
7. Comprehensive engagement to magnify community voice.

For more information contact Anita Counsell or Judy Kurth in the National Health Inequalities team at health.inequalities@phe.gov.uk

Appendix A

The 4 tables below list other frameworks, resources and tools for addressing health inequalities. Resources marked with an asterisk are hosted on websites and forums which are open to all but require users to register or request membership.

Table 1. Examples of other frameworks and approaches to support action on health inequalities

| Framework | Organisation | Purpose |
|---|--------------|---|
| Place Based Approaches to Reducing Health Inequalities | PHE | Narrative and series of tools to support places and systems to systematically embed evidence-based action on health inequalities as a core component of their strategic approach and delivery plans (see Figure 3). |
| Community Centred Public Health - Taking a Whole Systems Approach | PHE | A summary of the key elements, core values and principles that are needed to make a shift to whole system approaches to community-centred public health. It is intended for use by local authority, NHS and voluntary and community sector decision makers. |
| Inclusive and sustainable economies: leaving no-one behind | PHE | This document supports place-based action on inclusive and sustainable economies as a mechanism to reduce health inequalities through improving the health of people and communities, ensuring that economic activity is sustainable and achieving shared prosperity for all, with no one left behind. |
| Core20PLUS5 | NHS England | A new initiative focused on driving targeted health inequalities improvements in the 20% most deprived populations, other priority population groups identified locally and in 5 key clinical areas of health inequalities - cancer diagnosis, hypertension, respiratory disease, annual health checks for people with serious mental illness, and continuity of maternity care plans. More information can be found on the FutureNHS* forum space for further information. |

| Framework | Organisation | Purpose |
|--|----------------------------|---|
| Taking your approach to population health and tackling health inequalities to the next level | The Kings Fund | Information to support system leaders to consider their approach for population health and health inequalities. |
| My role in tackling health inequalities: a framework for allied health professionals (AHPs) | The Kings Fund | A framework to support any AHP to think through and understand their contribution to tackling health inequalities, whatever their role. Whilst targeted at AHPs the framework may be of interest to a range of other frontline professionals. |
| Pharmacy teams – seizing the opportunities for addressing health inequalities | PHE | A briefing which sets out the important role that pharmacy teams, located in the heart of the community, can play in helping to address inequalities. |
| Whole Systems Approach to obesity and promoting a healthy weight – A report on the opportunities to strengthen place-based systems approaches to consider and address associated health inequalities | PHE/ICF | A report to support embedding action on health inequalities as part of whole systems approaches to obesity. |
| Fair Society, Health Lives (The Marmot Review) | Institute of Health Equity | This report by Professor Sir Michael Marmot set out that action on health inequalities would require action on 6 policy objectives. |

Table 2. Tools and products to support health impact, health inequalities and health equity assessment

| Framework | Organisation | Purpose |
|--|--|---|
| Health Equity Assessment Tool (HEAT) | PHE | A tool for professionals across the public health and healthcare landscape to systematically assess health inequalities and equity - for their programme of work or service and to identify any subsequent action required. |
| NHS Population Screening – A Health Equity Guide | PHE | A toolkit which provides guidance for public health professionals, screening providers and commissioners. |
| Equality and Health Inequality Impact Assessment | NHS England | Similar to HEAT, this NHS England and NHS Improvement produced resource assists providers of health services to consider equality and the potential impact of policy, practice and programmes of work on groups with a protected characteristic. This document is available on request from england.eandhi@nhs.net |
| Health Inequalities Impact Assessment Toolkit (HIAT) | National Institute of Health Research (NIHR) | Produced by the NIHR Collaboration for Leadership in Applied Health Research and Care North West Coast to contribute to ensuring that all NIHR activities have the potential to contribute to reducing inequalities in health. The toolkit includes self assessment questions, worked examples and links to additional resources. Content can be interpreted flexibly so that it applies to a wide range of projects and proposals. |
| Health in All Policies | PHE | Resource to help local government improve local wellbeing and growth through its multiple functions, service areas and partnership working. |
| Wider Impacts of COVID-19 on Health (WICH) Monitoring Tool | PHE | Interactive webtool which presents weekly and monthly data on a range of indicators including those on the wider determinants, hospital activity, mortality and life expectancy in relation to the COVID-19 pandemic. |
| COVID-19 Health Inequalities Monitoring for England (CHIME) tool | PHE | This tool provides inequality breakdowns, including by age, sex, ethnic group, level of deprivation, population density and region for indicators related to the impacts of COVID-19 such as mortality rates, hospital admissions, confirmed cases, vaccinations and life expectancy. |

Table 3. Other health inequalities useful tools and resources

| Framework | Organisation | Purpose |
|--|--------------|--|
| Health Equity Collection | PHE | Evidence, resource and guidance from PHE and partners to help local authorities, commissioners and decision makers to make plans to reduce health inequalities at a national, regional and local health inequalities. Contents: <ul style="list-style-type: none"> • Guidance for system wide approaches to reduce health inequalities • Children and young people • Community engagement and asset-based approaches • Data and intelligence reports on health inequalities • Economics and health equity • Healthy places • Inclusion health • Prevention and early treatment • Public sector equality duty • Work, health and inclusive growth |
| Integrated Care System (ICS) Guidance | NHS England | Guidance for NHS leaders and organisations to operate with their partners in Integrated Care Systems (ICSs). |
| FutureNHS – Equality and Inequalities Network | NHS England | A collaborative area containing resources, information and networks. |
| Local Government Association – health inequalities resources | LGA | The LGA website includes a wide range of resources, guidance and toolkits including relating to health inequalities, aimed at assisting councils and councillors in their roles. |
| Health Inequalities Knowledge Hub * | PHE | This is a sharing platform aimed at public health colleagues and the wider public health workforce with a role or interest in health inequalities. This platform is open to all, but requires membership or registration. |
| Inclusive and Sustainable Economies Knowledge Hub * | PHE | This is a collaborative space to support place-based action on inclusive and sustainable economies (ISE) for colleagues and the wider workforce with an |

| Framework | Organisation | Purpose |
|---|--|--|
| | | interest in ISE. This platform is open to all, but requires membership or registration. |
| National Inclusive and Sustainable Economies Network | PHE | The National Inclusive and Sustainable Economies (NISE) Network is a multi-agency forum which provides a space to explore the evidence, ideas, and promising practice on inclusive and sustainable economies. The network is open to all those with an interest including. To request to join the network email health.equity@phe.gov.uk |
| Migrant Health Guide | PHE | Advice and guidance on the health needs of migrant patients for healthcare practitioners. |
| Social Care Institute of Excellence (SCIE) resources | SCIE | Resources to support commissioners and providers in developing and embedding action on health inequalities into social care practice. |
| Personalisation | NHS England | Resources from NHS England to support people to have choice and control over the way their care is planned and delivered, based on 'what matters' to them and their individual strengths, needs and preferences. |
| Health Equity in England – The Marmot Review 10 years on | Institute of Health Equity / Health Foundation | Produced to mark 10 years on from the landmark report 'Fair Society, Healthy Lives - The Marmot Review 10 years on', this report highlights that people can expect to spend more of their lives in poor health, and improvements to life expectancy have stalled and declined for the poorest members of society. |
| Building Back Better in Greater Manchester: Health Equity and Dignified Lives | Institute of Health Equity | This report includes recommendations on how to reduce health inequalities and build back fairer from the COVID-19 pandemic for future generations. |
| Equality and Health Inequalities Right Care Packs | NHS England | Packs to support health and care systems design and deliver services that work to reduce health inequalities in access to services and health outcomes for their diverse local populations. |
| Population Health | The Kings Fund | Work on population health and the wider determinants of health. |

| Framework | Organisation | Purpose |
|--|-------------------------------------|--|
| Ageing in Rural and Coastal Communities | PHE and Age UK | This report draws on the Placed Based Approaches for Reducing Health Inequalities resource, exploring the factors underlying health inequalities for older men, older LGBTQ+ and older people from ethnic minority groups who live in rural or coastal locations, with key recommendations for action. |
| Reducing Health Inequalities Associated with COVID-19 | NHS Providers / Provider PH network | Core principles for understanding and acting on health inequalities associated with COVID-19. It is intended to support NHS trusts during delivery of surge plans, as well as in service restoration and recovery action. |
| Reducing health inequalities: system, scale and sustainability | PHE | A precursor to Place Based Approaches (PBA) resource and tools, this resource identifies steps to reduce health inequalities in local areas by helping local partners to identify what specific interventions could measurably improve outcomes. |
| NHS England Menu of evidence-based interventions and approaches for addressing and reducing health | NHS England | Collection of resources to assist NHS organisations to take action on health inequalities in line with the ambitions set out in the NHS Long Term Plan . |
| NHS England Population Health Management Academy | NHS England | Shared workspace where colleagues across the country can learn more about PHM, share experiences and lessons learnt. |
| All our Health collections All our Health – E-Learning | PHE Health Education England | A framework of evidence to guide professionals in preventing illness, protecting health and promoting wellbeing. Includes a range of resources related to addressing health inequalities including on the wider determinants of health. |
| The Kings Fund | | Independent charitable organisation with a focus on improving health and care in England. Resources include research and analysis, policy, guidance and briefings on health and care. |

| Framework | Organisation | Purpose |
|----------------------------|--------------|--|
| The Health Foundation | | <p>This independent charitable organisation aims to improve the quality of health care. Resources are aligned with the organisation’s 5 strategic priorities:</p> <ul style="list-style-type: none"> • healthy lives for all • data analytics for better health • supporting healthcare improvement • making healthcare services more sustainable • improving national health and care policy |
| Institute of Health Equity | | <p>Established in 2011 and led by Professor Sir Michael Marmot, the institute develops and supports approaches to health equity and builds on work that has assessed, measured and implemented approaches to address health inequalities. Key works include:</p> <ul style="list-style-type: none"> • Healthy Places, Healthy Lives • Marmot Review, 10 Years On • Building Back Fairer |

Table 4. Tools and resources to support community voice

| Framework | Organisation | Purpose |
|--|------------------------------------|--|
| Health and wellbeing: a guide to community-centred approaches | PHE | This guide outlines a ‘family of approaches’ for evidence-based community-centred approaches to health and wellbeing. |
| Inclusion Health Self-Assessment tool for Primary Care Networks | VCSE Health and Wellbeing Alliance | This tool is designed to help PCNs assess their engagement with inclusion health groups. |
| VCSE Inclusion Health Audit Tool | VCSE Health and Wellbeing Alliance | This is an audit tool for VCSE organisations to assess their engagement with Inclusion Health groups. |
| Inclusion health: applying All Our Health | PHE | Provides guidance to enable health and social care professionals identify and advocate to prevent the risk of homelessness among people who have poor health, and for the improvement of health outcomes for people experiencing homelessness. |
| Realising the Value | NESTA | Resource to support the health and care system to support people to have the knowledge, skills and confidence to play an active role in managing their own health and to work with communities and their assets. |
| Community engagement: improving health and wellbeing Quality standard [QS148] | NICE | community engagement approaches to improve health and wellbeing and reduce health inequalities, and initiatives to change behaviours that harm people’s health. |

References

1. Public Health England. 'Health inequalities: place-based approaches to reduce inequalities.' 29 July 2019
2. Williams E and others. 'What are health inequalities?' The Kings Fund. 18 February 2020
3. Public Health England. 'Place-based approaches for reducing health inequalities: main report.' 29 July 2019
4. Office for National Statistics. 'Health state life expectancies by national deprivation deciles, England: 2016 to 2018.' 27 March 2020
5. Public Health England. 'Disparities in the risk and outcomes of COVID-19.' August 2020
6. Government Equalities Office and Race Disparity Unity. 'Second quarterly report on progress to address COVID-19 health inequalities.' Updated 1 March 2021
7. Jo Bibby and others. 'Will COVID-19 be a watershed moment for health inequalities?' The Health Foundation, 7 May 2020
8. Public Health England. 'Reducing health inequalities: system, scale and sustainability.' August 2017
9. NHS Long-Term Plan

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000

Website: www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland

© Crown copyright 2021

OGL

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published: September 2021
PHE gateway number: GOV-9224



PHE supports the UN Sustainable Development Goals

