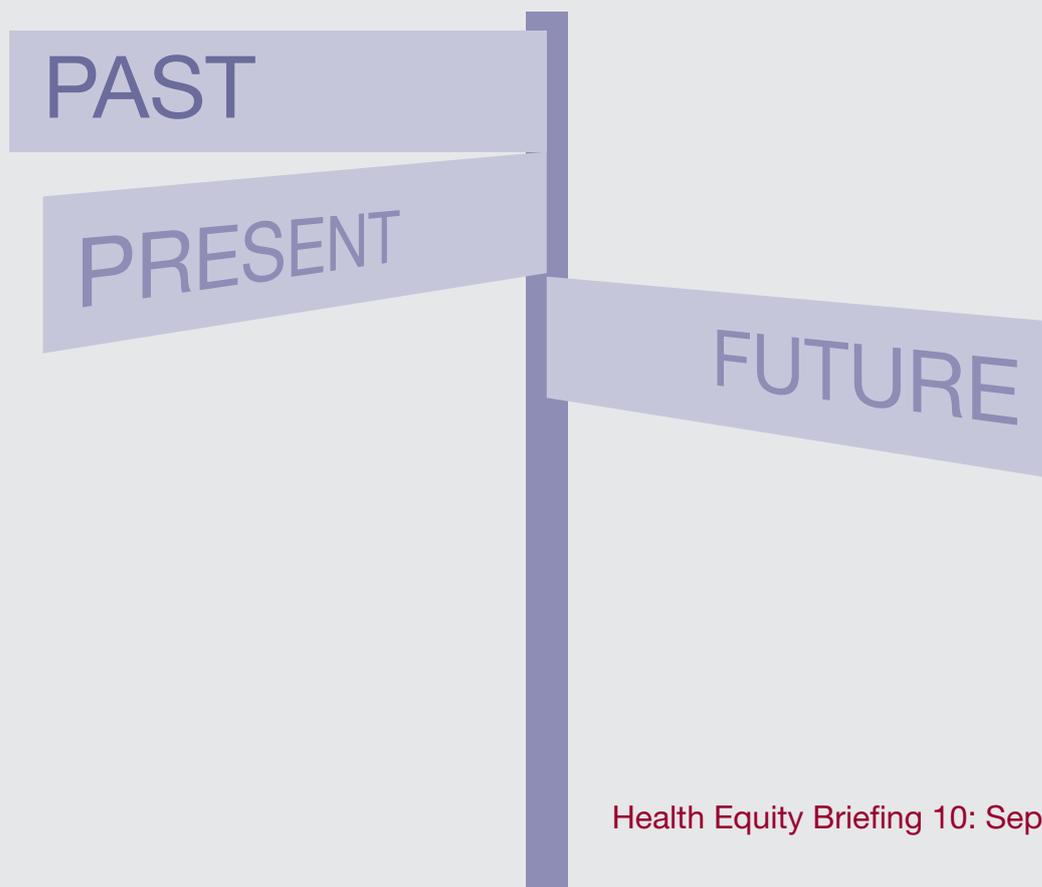Local action on health inequalities:

Tackling health inequalities through action on the social determinants of health: lessons from experience

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About the UCL Institute of Health Equity

The UCL Institute of Health Equity (IHE) is led by Professor Sir Michael Marmot and seeks to increase health equity through action on the social determinants of health, in four specific areas: influencing global, national and local policies; advising on and learning from practice; building the evidence base; and capacity building. The Institute is building 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.instituteofhealthequity.org

About this briefing

This briefing was commissioned by PHE and written by the Institute of Health Equity (IHE). It is intended primarily for directors of public health, public health teams and local authorities. This document is part of a series commissioned by PHE to describe and demonstrate effective, practical local action on a range of social determinants of health.

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Key messages

Strategies for prioritising action on health equity	Strong leadership advocating for equity	Influential, persistent leadership among those in positions of influence, oversight and accountability keeps health equity at the top of agendas and helps ensure effective action. Leaders need to communicate the need for action to reduce health inequalities, including the business case, evidence and advocate for change.
	Understand local populations	Understanding local populations is essential in order to ensure that attempts to tackle health inequalities are relevant to local need and draw on local assets. The best local analysis includes understanding needs and local assets and resources, and involves iterative public dialogue. Disaggregating data, in order to understand variation by age, gender, socioeconomic status or other characteristic is important in understanding local inequalities.
	Take evidence-informed action	The process of selecting, designing, or modifying local interventions is most successful when based on evidence. There is a range of types of evidence that are valuable and useful to local areas. Evidence is important, even without full evaluation or cost-effectiveness analysis.
	Make the links between social determinants and health clear and mobilise political capital	Local leadership that disseminates and explains evidence linking social determinants to health can help minimise harm, highlight win-wins, and help align strategies. Building public and political awareness can create a movement and impetus, which encourages decision-makers to recognise and act for health equity.
Principles for action to increase health equity	Aim for health equity in all activities	All sectors, not just health or health-related organisations, can take responsibility for health equity and ensure their impact is positive. Ensuring positive impact includes giving consideration to health equity in employment, commissioning and procurement, impact assessments and other local processes.
	Use a life course approach	Local action that recognises and responds to the particular influences at different stages of life, working with appropriate organisations, can help prevent the continued accumulation of disadvantage through life. Ensuring the best start in life and tackling the intergenerational transmission of disadvantage is particularly important for reducing inequities.
	Apply proportionate universalism	Proportionate universalism recognises and tackles the social gradient, aiming to improve the health of everyone but with a greater focus on those facing the greatest need and worst health outcomes. Where proportionate universalism has been effective, local agencies have allocated greater resource the greater the need, and avoided simply supporting those who are easiest to support.

	Ensure partnerships across sectors and alignment of strategies	Health inequalities are caused by a range of complex social, economic, environmental, cultural and political factors. Therefore, partnership working is necessary to best tackle the causes. Where partnership working is not possible, different agencies can still endeavour to align strategies, communicate priorities, and share information to ensure a coherent and comprehensive approach.
	Work with the local community and local groups	An open and iterative approach between the public and stakeholders can help enable better understanding of the local community and their experiences of inequity. 'Consultation' alone has been found to be insufficient, particularly where this does not capture the experiences of the most excluded or isolated groups or individuals.
Ensuring impact and continuity	Promote accountability for equity	Local accountability for improving health equity includes responsibility for programmes that the local authority delivers, but also its contracting and commissioning practices and the services which are commissioned as well as the local authority as an employer. Local areas that understand and meet the requirements of legal duties such as the Social Value Act and health inequalities legislation can prioritise and enhance action on health equity.
	Monitor, evaluate and share findings to inform future planning	Monitoring and evaluation of the impact and progress of policies and programmes before, through and after implementation can help to ensure effectiveness and success. Communication of both successes and failures can build a local narrative, contribute to the evidence base, and benefit other local areas.
	Aim for long-term sustainability	Improving population health and reducing inequities is easier where there is sustainability and longevity in strategies, programmes, and local priorities, although this is often difficult to achieve. Sustainability can be built by creating cross-party political support through a local narrative which is supported by the local community and enabled by longer-term funding and accountability plans.

Introduction

The 2010 Marmot Review ('Fair society, healthy lives') set out evidence on the drivers of health inequalities – the social determinants of health – and proposals for action to improve health equity. At least three-quarters of local authorities have drawn on the Marmot Review approach to inform their joint strategic needs assessments (JSNAs) and health and wellbeing strategies, and the agenda continues to evolve.

This paper is part of a series on local action on health inequalities which responds to requests from the public health community for practical advice and suggestions about how best to implement an approach to reducing health inequalities that is based on the social determinants of health. It is intended as a source of information on approaches to consider when devising local programmes and strategies to reduce health inequalities. It complements the other briefings and evidence reviews in this series, which provide more detail on action on specific social determinant areas, such as employment and early years interventions, including information on impacts and cost effectiveness where available.

The issues discussed in this paper are rooted in practical experience and therefore may be familiar to readers. The points raised are informed by what has been learnt from IHE's experience of working in a range of local areas, and are also based on contributions from Public Health England (PHE) including local PHE centres, directors of public health in local authorities, and other stakeholders including the World Health Organization (WHO). The purpose of this document is to serve as a summary of effective action in local areas and it identifies 12 key steps for ensuring effective actions on health equity locally.

The 12 steps are divided across three parts. The first part sets out four strategies that help prioritise action on health equity. The next steps are principles of effective action on the social determinants of the health, presented in the second part. Finally, the steps in part three outline ways of ensuring that measures to increase health equity are sustainable and have impact over the long term.

Strategies for prioritising action on health equity

Prioritising action on health equity through the social determinants of health is challenging, particularly in times of austerity. Local areas have many competing priorities and limited resources. The steps in this section illustrate how local authorities can prioritise action on the social determinants of health to increase health equity at a local level and help reduce inequities in other policy areas.

1.   Strong leadership advocating for equity

Local authorities that have built political commitment to reduce health inequalities through social determinants have shown strong leadership for equity and been able to convince relevant stakeholders at senior levels – both elected and non-elected – that action is necessary and possible.

In these cases, leadership for health equity lies with those in positions of influence, oversight and accountability, so that health equity is given a visible profile across the wide range of sectors needed for approaches on the social determinants of health. Leaders know the role that improving social determinants can play in achieving better outcomes for all the local population and can communicate with others in the community to build energy, aspiration, ambition, trust, and action.

Part of the role of strong leadership is to encourage the establishment and use of local evidence (points 2 and 3 below), and to use this evidence to build a local narrative whereby local actors and the public can contribute to and understand priorities and approaches. This process has worked best where it has taken place using collaborative approaches (point 7 below), with the involvement of the community (point 9), and where the leadership has communicated and championed the value of health equity. Strong leadership can also provide clarity on goals and ambitions across organisations. This applies to political, corporate and professional leadership, which together create a powerful combination for action. Local leaders have also had influence on national as well as local policy, particularly where national policy decisions are seen to have a negative effect on the health of their local community or as widening health inequalities.

2.   Understand local populations

Most local authorities have a good understanding of the needs of their local community and the resources available to meet those needs. However, the relationships between local needs and resources and health inequalities are not always understood. Efforts to reduce health inequalities require regular and robust needs assessment procedures, including the Joint Strategic Needs Assessment (JSNA), in order to understand how best the local authority can meet the needs of their population. This can then feed into the formation of new plans and intervention design (point 3), as well as into evaluation of existing policies (point 11).

In additions to needs assessments, asset-based approaches can be used to identify local community skills, experiences and knowledge. Asset-based approaches recognise and draw on the best ways to use local community resources such as good quality green space, local employers, or a local workforce. Taking an asset-based approach and recognising the value of local resources can enable prioritisation of health equity and lead to effective actions.

It is a potential pitfall of local data gathering and needs assessment that it can only 'measure' those things that it is easy to do so. Attempts should be made to include effective public dialogue in order to ascertain what matters to the local population and how they feel about the local area, even where this information cannot be easily quantified. It is also important to ensure the inclusion of all groups in the local area, particularly those who are under-served or excluded (see point 9).

Disaggregating data is important for identifying inequalities in outcomes for groups of people by, for example, socioeconomic position, education, gender, ethnicity, race, age, location, or job status. Good data analysis should provide local area benchmarks and enable comparisons with national averages, regional averages and similar local areas, which can aid prioritisation of the issues.

3. Take evidence-informed action

Evidence should inform local action on social determinants of health, and the design and commissioning of local strategies and actions. Much of this can be encapsulated in local JSNAs and health and wellbeing strategies.

There are many sources of evidence that can supplement assessments of local needs and assets (see point 2). These include case studies of action in the social determinants of health, examples of good practice, evaluations and studies available from within England, the UK and internationally, national reviews such as the Marmot Review, online databases (for example those held by IHE and PHE), systematic reviews (for example carried out by NICE), peer-reviewed studies and recommendations, and think tank reports. Evidence from multiple sources, and intelligence produced in a way that integrates traditional data with citizen knowledge to include views of excluded groups and individuals, can create a more complete picture. Local authorities have found these to be a valuable source of evidence to assist in the design of local strategies, and the evidence can show if previous similar policies have been successful, consistent and replicable. Evidence that demonstrates good practice and impact is important in building prioritisation of health inequalities. If there is weak or no evidence of effective practice, the necessary support for action on health equity may not be developed.

However, evidence for action on the social determinants is not always available in the format of clinical trial standards, and may emerge instead from research from non-health disciplines or other research methodologies. As well as potentially being unavailable, the randomised controlled trial (RCT) model is not always appropriate for developing or assessing the evidence in this area of public health practice. Nor is cost-effectiveness evidence always available. Local areas can make a strong case for their chosen interventions despite these shortcomings: reducing health inequalities is not only a demand of social justice, but there is also good evidence that improving the social determinants of health will improve health and reduce inequities. National evidence clearly demonstrates the high financial costs to society of doing nothing to reduce health inequalities (see the Marmot Review). Local evaluation is essential in order to build the evidence base (point 11).

4. Make the links between social determinants and health clear and mobilise political capital

'Political capital' is the influence and trust that political officials (or others) have with their colleagues and with the local population. This can be used to highlight the importance of action on the social determinants of health – for example, local authorities that prioritise health equity have often developed a role in information sharing and engaging with the public and others to 'make visible that which is hidden', that is to show the public health impacts of actions outside the traditional health sphere, such as employment, education and housing. This makes it easier to align strategies

and identify 'win-wins', where policies seen as being outside health also have positive health effects. Similarly, potential negative effects of policy choices or programme implementation on local population health and health equity can also be identified and publicised. Monitoring and evaluation (see point 12) and impact assessments that prioritise health equity (see point 5) are key parts of this process.

Directors of public health, local councillors and others can clarify the links between social determinants and health in order to show businesses, other organisations and a broad range of sectors within the local authority the importance of the social determinants of health, and in order to persuade decision-makers to recognise and react to the health consequences of their programmes and practices. Clarifying these links is also a key part of advocacy in relation to national as well as local policies that have unintended (or unpublicised) health effects on local and national populations. By making the importance of social determinants clear, and mobilising political capital, local actors can ensure that action on health inequalities is prioritised across local functions.

Principles for action to increase health equity

There are principles in the design and delivery of programmes which can help to ensure effective action in tackling health inequalities. Points 5–9 reflect local experience on the best ways of delivering strategies on the social determinants of health, including the importance of working in partnership and with the local community, and designing interventions that tackle the social gradient and take a life course approach.

5.   Aim for health equity in all activities

Tackling health inequalities is not just the responsibility of health or health-related organisations. In fact, if these groups alone take action, it is unlikely that health inequalities will be reduced significantly (see point 7). Evidence from successful action suggests that it is essential to place health equity and an approach based on the social determinants of health at the heart of all strategies and policies across local government and other local organisations. This includes local authorities' and the health system's role as employers, purchasers and commissioners. Health equity is an important component in each of these areas and can be achieved, for example, by using Health Equity Impact Assessments (HEIAs), or Health Impact Assessments where HEIAs are not possible (see point 11). In addition, when contracts are being offered for commissioned services, local authorities can assess bids for their impact on health equity within their local area. In some areas, this has been included as part of the inclusion of 'social value' in procurement and commissioning, which is an obligation for all public sector commissioning bodies under the Public Services (Social Value) Act 2012.

Similarly, local policy areas such as planning, early year's provision, transport, educational services, social work, and amenities including leisure centres, libraries and parks have an impact on health equity. In order to effectively reduce inequalities, equity needs to be placed as a central concern in all local policy-making. This includes being clear and transparent about the intended and likely effects of strategies and individual programme decisions on health equity. Local experience suggests that reducing health inequalities should be a clear consideration in all areas of local decision-making and priority forming, and that this should be a core step in a programme of actions.

6.   Use a life course approach

At each stage of the life course there are particular structures, organisations and factors that impact on people's lives, affecting individual health and likely future health outcomes. Some factors, such as housing, relate to the whole life course, whereas others are specific to a particular stage – for example, the school environment during childhood. Effective local authority action requires intervention at each stage of the life course, which is adapted and appropriate according to the stage being targeted, and the involvement of appropriate stakeholders in planning, delivery and evaluation (for example, schools, early year's centres, and employers). The needs and health outcomes of individuals and their families depend on their age and circumstance.

Maternity and early years are particularly important as disadvantage begins to accumulate at the earliest stages of life (including before birth) and relates to a range of other outcomes throughout life. A life course approach recognises the impact of intergenerational transmission of inequity, where those born to parents who have been disadvantaged and had poor health tend to go on to have similar experiences. Action to tackle inequity should aim to prevent or lessen the intergenerational transmission of inequity as well as inequities within generations.

7.   Apply proportionate universalism

'Proportionate universalism' is term that describes actions or interventions that are implemented for the whole (local) population, but with a scale and intensity proportionate to need. This strategy aims to tackle the social gradient in health, where health outcomes tend to be associated with socioeconomic position, deprivation, or other measures such as level of education. The social gradient shows that health outcomes are not simply divided between good health for rich and bad health for poor people, but that everyone other than the 1% most privileged has worse health than they could have, on a gradient. Policies that are proportionate to need should aim to 'level up' the social gradient, bringing everyone closer to the good outcomes experienced by the top 1%.

There are some good examples of proportionate universal policies. For instance, children's centres offer a universal service, but with a more intensive offer for those families who are deprived or have greater need. State education and the NHS work on a similar basis. A further example would be actions taken by local authorities to improve the accessibility and general use of local green space for all, combined with specific outreach and engagement to ensure that deprived sections of the local population, or those who have the greatest health needs, increase their use of the green space most. Many local areas already deliver interventions and programmes according to this principle. Successful approaches have ensured that policies and strategies have been designed with this in mind, and are supported by incentive and reward structures that recognise the difficulty of this kind of approach. This is particularly the case where those at the bottom of the gradient – those in greatest need – require more intensive support. By rewarding actions that respond to this greater need with more resources, local areas have helped to prevent potentially inequality-increasing strategies that improve outcomes only for the more easy to influence – often wealthier, more educated residents.

8.   Ensure partnerships across sectors and alignment of strategies

Partnership working has been found to be essential for taking action to reduce health inequalities, as intervention is needed across sectors to reduce inequities in the social determinants. This can include partnerships involving a range of organisations in differing sectors, including health services, early years providers, schools, jobcentres, employers and private companies, and different professionals in the local authority. In addition, health equity can be promoted as a cross-party issue that engenders support from all local political groups, although this may require recognising that equity means different things to different people.

Partnership work can involve pooling budgets, joint commissioning, information sharing, and joint delivery. Where these strategies are utilised appropriately, partnerships can offer opportunities for win-wins, asset and resource pooling to enhance efficiency and provide greater benefits to the community, as well as contribute to a shared knowledge base (see points 3 and 11). In addition, it can help fulfil the integration duty under the Health and Social Care Act (HSCA). In order to achieve

these results, local areas have found it important that partnerships are well planned, monitored and evaluated (see 11), and that there are clear accountability structures (see 10). Partnership working between local authorities and clinical commissioning groups is particularly important as there is a high potential to affect health inequalities across the functions and spending power of these organisations.

Sometimes, partnership working is not possible or advisable (due to separate budgets, accountability structures, remits or particular targets). Where these barriers cannot, or should not be overcome, local authorities have still found it beneficial for different organisations to communicate and ensure alignment of strategies, share data (where appropriate) and the evaluation and monitoring results, and ensure clarity on role and remit.

9.   Work with the local community and local groups

Health inequalities arise due to a complex interaction of power and influence structures, resource allocation, opportunities, barriers, and lived experiences. While there are some common themes, these will differ between individuals, families and communities. Recognising these dynamics and processes is difficult and unlikely without the participation and involvement of local communities and subgroups within. It is important that communities are involved in more than a consultation role, going further to inspire and influence strategic directions and practice. In this way, public 'ownership' and involvement in the dialogue and narrative are increased and local public support can build a movement for change, increasing the likelihood of long-term sustainability.

Only involving those who put themselves forward is not enough. Often, these groups are the largest and best organised, with sufficient resources to enable them to participate. Many local authorities have found it necessary to take part in intensive outreach to involve those who do not volunteer themselves for participation, who are often the most excluded groups and those lacking sufficient resources.

The involvement of the community in prioritising, planning and delivering local interventions has been best utilised when combined with the best evidence and local professional experience.

Ensuring impact and continuity

It is important that programmes are evaluated and monitored adequately, and that accountability is clear. In this way, approaches that work can be identified, and those that don't can be modified. Evaluation also enables local areas to share successful practice to increase effective action nationally. Ensuring accountability and monitoring impact have helped local leaders to secure the sustainability of programmes and to scale up effective programmes, drawing on what has been learnt from earlier programmes.

10. Promote accountability for equity

Clear accountability for intervention design, programme implementation, and overall strategy has been found to be highly important. Where accountability has the greatest effect, all local authority staff are aware of accountability and reporting structures and local leaders ensure that the performance of the local area is measured, in part, by outcomes. Good, clear management structures that tackle health equity ensure that there is a 'senior responsible officer' for driving improvements in each of the six Marmot policy objectives, or equivalent social determinants of health areas.

Accountability also includes an understanding of funding requirements, grant opportunities, legal duties and requirements (for example, under the HSCA and Social Value Act), and demonstration of how the local area is fulfilling these duties and maximising opportunities. There is a general duty on local councils to secure the health and wellbeing of the local area. Clear accountability for improving the social determinants of health rests with leadership, with a particular role for health and wellbeing boards, in driving forward action.

Local areas have responsibility for the programmes they deliver, the services they commission, their employment policies and their procurement processes. Accountability structures also apply in these areas.

11. Monitor, evaluate and share findings to inform future planning

Monitoring and evaluation is important at every stage of the process of developing and implementing strategies, beginning with local information (point 2) and previous evaluation findings (point 3). Many local authorities formally evaluate proposed new policies for their expected impact on health equity through a 'health equity assessment', and the results have been used effectively as a key part of the decision-making process, influencing the design and nature of programmes (point 3).

Process monitoring and indicators are important for ensuring a policy is being implemented according to plan, that processes such as partnership working are operating successfully, and that there are no unintended negative effects (for example, exclusion of a particular group) which may necessitate modification or adaptation of the programme.

Monitoring and evaluation of outcomes can be informed by national guidelines such as the public health outcomes framework and locally set indicators and targets. Qualitative and quantitative measures are both useful, particularly when sensitive to distributional aspects – for example, what sections of the population have benefitted and, to what degree? Often, it has been necessary to set and evaluate both short- and long-term goals. Evaluation can be enhanced by working with academic institutions and experts, and national bodies such as PHE. Where local government adopts an evaluative culture, a high level of effectiveness and efficiency of action on health inequalities is more likely.

Evaluations and the results of monitoring programmes can then be used to communicate to others examples of best practice and evidence of effectiveness, both within the local area, to national bodies (such as PHE), and internationally where appropriate; to make the case to future funders and commissioners where work has been a success (point 12); to build a narrative for the local population, to encourage their participation; and help to build prioritisation of health equity. Where programmes have not achieved their expected aims, it is important to share information as widely as possible, so that mistakes are not repeated and the knowledge base grows.

12.   Aim for long-term sustainability

Long-term sustainability has been hard to achieve in some areas, particularly in the context of funding shortages, political change, and shifting priorities. However, sustainability, where possible, is likely to improve outcomes for the population and help to build evidence (points 2 and 3), a knowledge base, and a highly skilled local workforce. In order to build longevity and sustainability, those involved have found they needed to 'tell the story' in order to build political will across party lines and support and involvement among the community (point 9). Facilitating funding for longer-term programmes where possible will be highly significant.

In some cases, shorter programmes are practical and effective. However, these can still be part of a longer-term strategy with clear ambitions and strategic direction. Short-term successes should also be celebrated, and progress communicated, in order to ensure that 'quick wins' contribute to a longer-term plan.

Finally, long-term sustainability is more likely where local government has a long-term accountability plan for policy and programme continuation. This includes policies, partnerships, organisational strategies, communications plans, and funding. In addition, ensuring that these plans align with and are related to other local strategies, processes and bodies such as local enterprise partnerships and regeneration strategies can help to increase the chances of sustainability.