

Rethinking health inequalities: changing perspectives and practices in a local government context

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Defining health inequalities

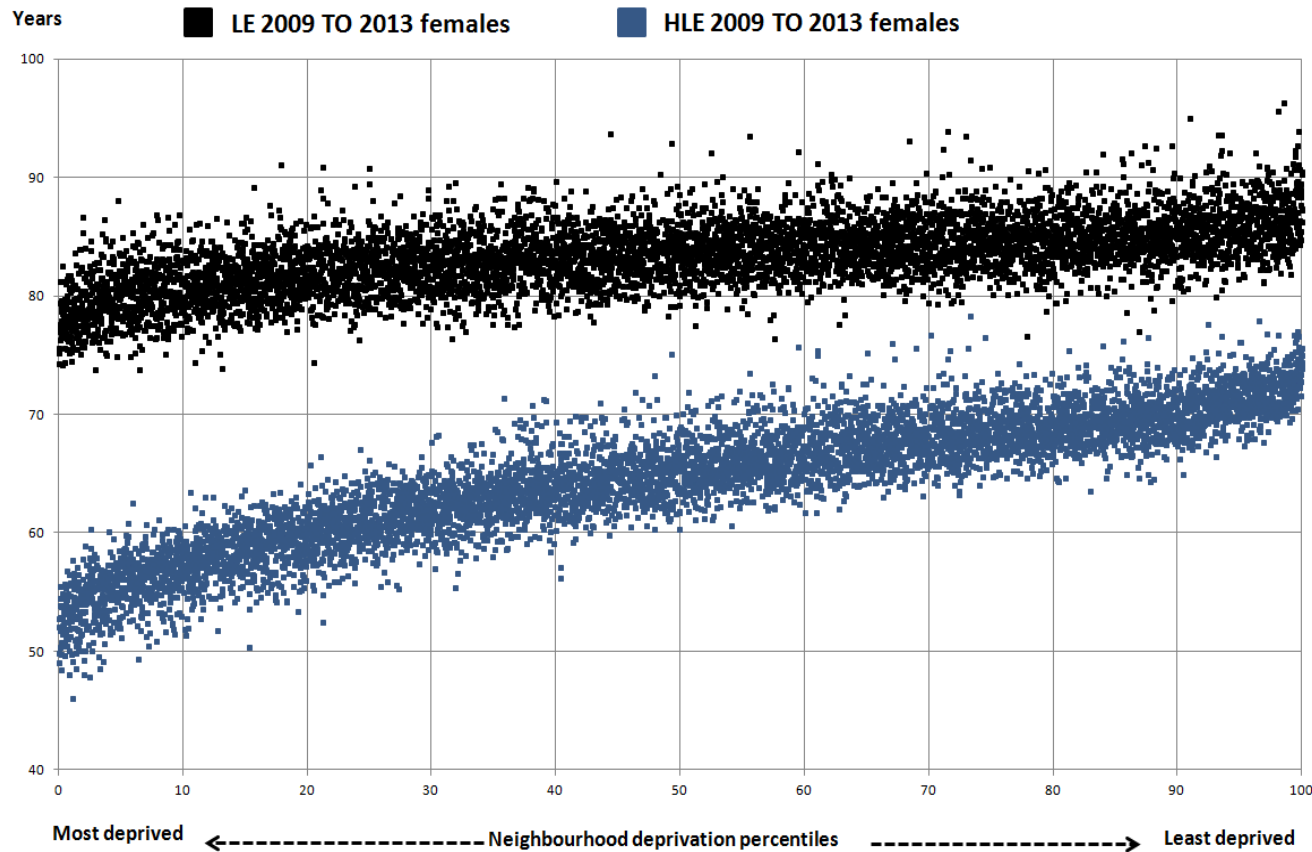
Inequalities = *“Differences in health status or in the distribution of health determinants between different population groups”* (WHO 2012)

Inequities = *“Avoidable inequalities in health between groups of people within countries and between countries”* (WHO 2010)

Inequities arise from inequalities in social and economic conditions that influence behaviours, risks and outcomes

Difference in life expectancy at birth is a clear example

Life expectancy in England



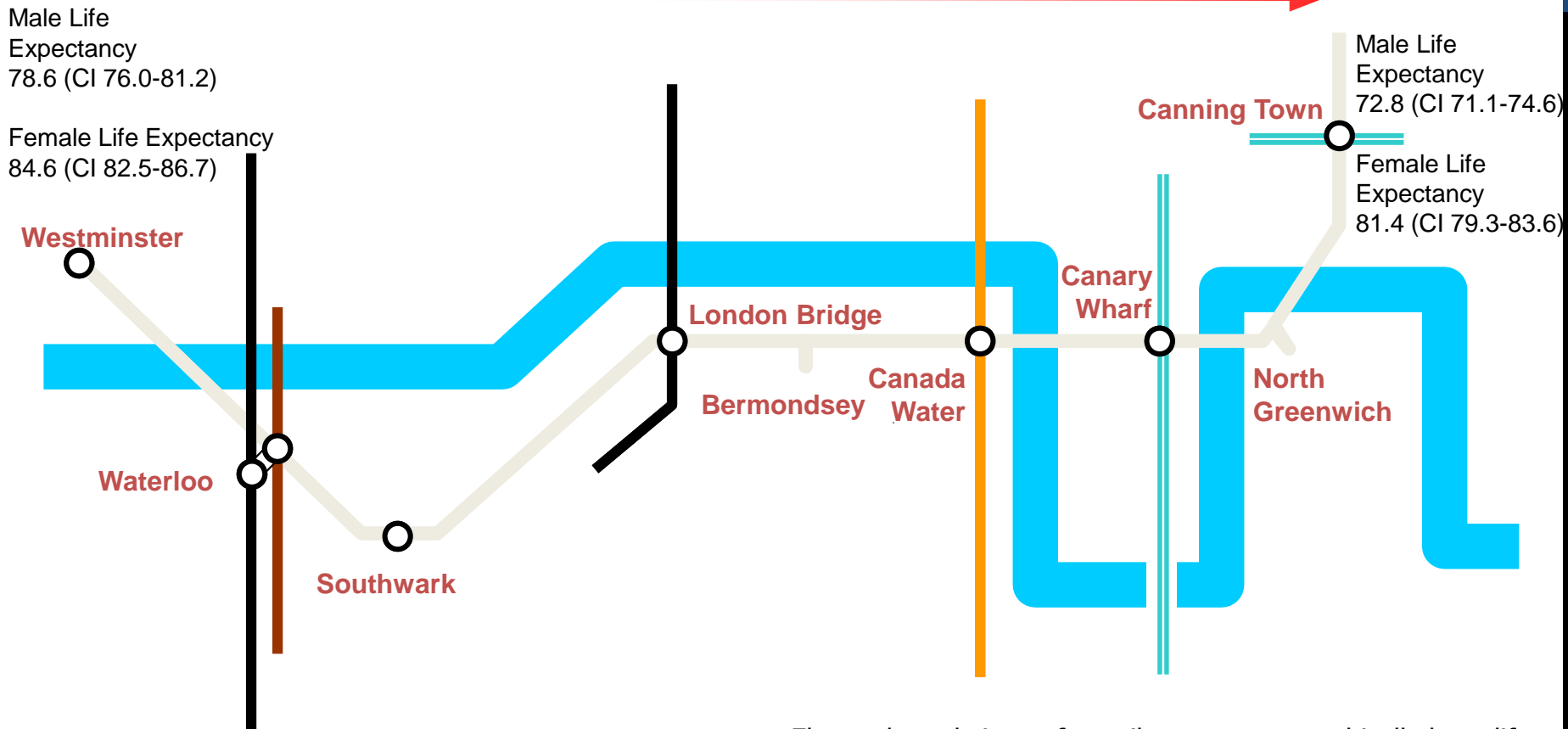
Source:
ONS (2015)

The Jubilee Line of Health Inequality

Travelling east from Westminster, each tube stop represents up to one year of male life expectancy lost at birth (2002-06)



London Health Observatory



London Underground

Jubilee Line

Electoral wards just a few miles apart geographically have life expectancy spans varying by years. For instance, there are eight stops between Westminster and Canning Town on the Jubilee Line – so as one travels east, each stop, on average, marks up a year of shortened lifespan. ¹

¹ Source: Analysis by London Health Observatory using Office for National Statistics data revised for 2002-06. Diagram produced by Department of Health

Changing context

- 2002-2010: NHS responsible for narrowing the health gap, reflected through two national health inequalities targets
- Numerous efforts made to ensure joint responsibility for health
- 2012: Health and Social Care Act gave local authorities new duties to improve health and reduce health inequalities
- Mixed views in terms of what would happen to the health agenda within the politicised spaces of local government
- Public health was not included in previous health reforms, so this represented a unique research opportunity

Study findings

A broader range of approaches across local authorities

The importance of community assets and place-based working

Greater emphasis on children and the authority as 'corporate parent'

Emphasis on 'consultative' rather than 'analytic' approaches

A shift from universal to targeted approaches

Findings I

Our case studies generally reflected a broader range of approaches towards health inequalities, often involving place-based working, whole system approaches and commissioning of integrated lifestyle services

The way public health works, there are number of contracts in place with providers, but it's allowed us to look at, as the time's gone on, to recommissioning a different approach. So what we're tending to do is move away from silo services – like Stop Smoking – to a more integrated approach about lifestyle, about developing community health champions.

(Elected member)

Findings II

The diversity of approaches raised questions about the impact of local variation on public health outcomes and health equity

What do you do if an authority starts doing something which really is going to have a negative impact, because you get a political drive in that says we're not interested in this stuff, if people smoke or drink that's their problem, you know, we're not interested in health inequalities? If you get an authority that does that and makes that decision through local politics, is anyone going to come in and actually protect that population? I think that is the big question. So I think that question being answered is something that Public Health England really needs to think about.

(Director of Public Health)

Findings III

Interviewees described the pressures of rising demand and reductions in budgets, although not all sites were affected equally

I have seen that optimism and that welcome for public health has really been hit hard because the council as a whole has been hit hard by having to lose money. Then of course we've now got public health cut grants on top. So I think history is going to say this has been a missed opportunity.

(Director of public health)



Findings IV



There was greater emphasis on early intervention and the role of the authority as 'corporate parent', linked to the Marmot principles

We've had a programme of work, and are midway through a programme of work, around a nought to five integrated workforce for young children. So that's one example of work that's fairly new and underway in terms of that real amalgamation into the prevention agenda for the under-fives. So that's good.

(Director of children's services)

Findings V

The reforms had increased opportunities for working across local authority directorates, facilitating strategic leadership on the wider determinants of health and health inequalities

We're very clear in the senior management team of the organisation of the communities where there are health inequalities. And our overall strategy – whether it relates to employment, whether it relates to education and school performance, vulnerable youngsters – is part of that thinking about inequality in those communities. So I think we've got a bigger focus on inequalities in the organisation.

(Local authority chief executive)

Findings VI

There was more of an emphasis on ‘consultative’ rather than ‘analytic’ approaches to public health intelligence

I really got the sense in the discussions that we had, I had with the politicians either in [Overview and Scrutiny Committee] or separately, that they really understood it because they see poverty, they see disadvantage, you know, they see these things. So actually if you can, if you can talk about inequality in terms that they can visualise then they become interested in it. It's when you talk about it in technical terms that it doesn't mean anything to them. [...] The outcome is the same but it's the narrative that goes with it that changes.

(Director of public health)

Findings VII

The influence of the political context on the local health inequalities agenda was more evident in some sites

Margaret Thatcher... she never believed that there was such a thing as a health inequality. If you recall we were talking about variations in health. Well, my elected members are very firmly of that view. So we have numerous, very robust discussions about it, but they're not really – they don't believe that they exist.

(Director of public health)

I banned my public health people from using the phrase 'health inequalities'. I have told them never, ever use that phrase in my presence. What I want to hear you say is 'areas we get the greatest return for our investment'. The same thing, same places, but actually it has much more appeal to a Conservative administration than talking about doling out money to the places where... you know

(Local authority chief executive)

Findings VIII

There had been a shift from universal to more targeted approaches to public health service provision (more so at the follow-up stage)

If you take for example the disinvestments that we're making in our tobacco control work – so we're reducing the Stop Smoking Service as part of our savings, but what we're left with is a highly targeted service targeted at BME communities, targeted at people with mental health problems.

(Director of Public Health)

What we're trying to do is, rather than being all things to all people, is target specific areas. So, for example, our coastal region, we put significantly more resources into those areas than we would do into our better-off areas. [...] But that's easier said than done because, certainly with our CCG colleagues, everybody feels that it's always better to spread a little everywhere.

(Elected member)

Findings IX

Increasing emphasis was placed on the needs of priority or vulnerable groups, such as migrants, older people and lone parent families

Inequalities tended to be framed in terms of improving quality of life for these groups by addressing factors such as mental health and social isolation

I think we've actually made a connection into communities out there, not particularly approaching saying, "Eat less salt", but sort of saying, "What's your best day like? How can you stay connected, valued, make a contribution?" And that thing about reducing social isolation, helping people feel like they're making a contribution to others. And I think they actually make a contribution to improved health over those early time periods. And I'm seeing demand reduction for social care and demand reduction for primary care and acute admissions through the work we've been doing.

(Director of adult services)

Discussion

- This study set out to assess the impact of the public health reforms on local commissioning practice in relation to health and health inequalities
- Interviewees reflected a change in the inequalities agenda over time, coupled with evidence of a broader range of approaches being taken
- These approaches did not appear to be patterned by factors such as political control or type of authority
- The reframing of narratives around health inequalities has taken place during a time of austerity and in-year cuts to the public health budget
- Questions must be asked about how much local variation is acceptable

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To find out more about the study, see our webpages:

<https://www.dur.ac.uk/public.health/projects/current/cphs/>