NHS

Evidence Brief: Social Determinants of Health

Contents

Key publications – the big picture 3
Blog posts 12
Case Studies 12
The Star for workforce redesign 13
Statistics 13
National Data Programme 14
Published Peer Reviewed Research 14
- Advice services 14
- Alcohol Consumption 15
- Anchor Institutions 16
- Arts and Culture 17
- Austerity 18
- Definitions and Current picture 18
- Devolution and local approaches 19
- Employability 22
- Equality, Diversity, and Inclusion 22
- Financial Health and Cost of Living 24
- Food insecurity 27
- Gambling Harm 28
- Housing 29
- Leadership 29
- Learning from Covid-19 30
- Medical Education and Training 32
- Mental Health and Physical Health 34
- Primary Care and Community 35
- Regional Inequalities 36
- Research 39
- Workforce 40

*Help accessing articles or papers 42

Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

Date of publication: August 2024

Please acknowledge this work in any resulting paper or presentation as:
Evidence Brief: Social Determinants of Health. Katie Nicholas. (August 2024). UK: Workforce, Training and Education Knowledge Management Team

There may have been an update to this Evidence Brief - to check you are reading the most current version please see the links below:

- Complete Evidence Brief list – link for Workforce, Training and Education staff
- Complete Evidence Brief list – link for External staff

Key publications – the big picture

Health at the heart of government
Source: The Health Foundation
Publication date: July 2024
Good health is an asset. It is essential for individual wellbeing, strong communities and a thriving economy. Yet the UK's health is increasingly frayed and unequal.
Rebuilding the nation's health should sit alongside delivering economic growth and achieving net zero as the key drivers of government policy.

United against health inequalities: moving in the right direction
Source: NHS Providers
Publication date: May 2024
Addressing health inequalities is vitally important for trusts in providing equitable access to services and ensuring patients receive the same level of care. The covid-19 pandemic sharpened policy attention on tackling health inequalities, including highlighting the role that the NHS could play. In January 2021, the National Healthcare Inequalities Improvement Programme (HiQiP) was established in NHS England (NHSE) to ensure equitable access to services and optimal patient experience and outcomes. Later that year, we surveyed trusts to gain an understanding of how trusts were responding to the shift towards a focus on health inequalities (NHS Providers, 2022a). We found that there were high levels of board commitment to tackling health inequalities, but that trusts were at different stages of rising to the challenge. In response, we launched our health inequalities programme to support boards in their role in reducing health inequalities.

Rapid evidence review: tackling inequalities through the regulation of services and organisations
Source: Care Quality Commission
Publication date: May 2024
This research looks at how regulators can tackle inequalities experienced by those using services.

Poverty stigma: a glue that holds poverty in place
Source: Joseph Rowntree Foundation
Publication date: May 2024
Poverty stigma exacerbates shamefully high rates of poverty in the UK. It can affect health as much as trying to survive on a low income. How do we combat it?

Guidance: Addressing health inequalities across allied health professional (AHP) services: a guide for AHP system leaders
Source: Office for Health Improvement & Disparities
Publication date: May 2024
This guide has been developed for allied health professional (AHP) system leaders working across regions, integrated care systems (ICSs), local authorities and provider organisations. The guide focuses on what AHP leaders need to know and what actions they can take at a system level to address health inequalities.
The guide emphasises using a population health approach and leading change at scale, focusing on the breadth of AHP services rather than individual services or professional groups.

Co-production and engagement with communities as a solution to reducing health inequalities
Source: NHS Providers
Publication date: April 2024
Responding to the views of patients and local communities and involving them in decision-making processes is viewed as the gold standard of healthcare design and delivery. It is understood to remove barriers to accessing services, ensuring that services are patient-centred and responsive to the community's needs.

Yet, despite the term 'co-production' being well known and used among the sector, it is arguably not universally understood or applied by NHS trusts.

Health inequalities in 2040: Current and projected patterns of illness by deprivation in England
Source: The Health Foundation
Publication date: April 2024
This report is the second output from the REAL Centre's programme of research with the University of Liverpool. Building on the projections in *Health in 2040*, this report is one of the first studies to unpack patterns of inequalities in diagnosed illness by socioeconomic deprivation across England and project them into the future.

How to embed action on health inequalities into integrated care systems
Source: NHS Confederation
Publication date: 23 March 2024
A practical guide to inform spending on health inequalities.

Using financial incentives to tackle health inequalities
Source: Healthcare Financial Management Association (HFMA)
Publication date: January 2024
Finance staff have a key role in ensuring financial incentives are designed effectively and form part of a wider financial strategy to reduce health inequalities. Financial incentives should be considered as one tool of many, not to be used in isolation but as part of a wider change programme. They work best when they are simple, predictable, use a clear evidence base and are designed to avoid the pitfalls. This briefing summarises the financial incentives which are already built in at a national level, and looks at opportunities for individual systems to use financial incentives at a local level. Where relevant, the briefing considers how incentives support NHS England's Core20PLUS5 approach on health inequalities. This is a national approach which provides structure and directs integrated care boards on which areas they might prioritise in order to have the greatest impact.

England' Widening Health Gap: Local places Falling Behind
Source: Institute of Health Equity
Publication date: 2024
IHE's new report, 'England's Widening Health Gap: Local Places Falling Behind', confirms widening inequalities in life expectancy between regions in England and within local authorities since 2010. These widening inequalities are associated with an average reduction in local authority spending power of 34 percent.

Health Inequalities, Lives Cut Short
Source: Institute of Health Equity
Publication date: 2024
Our new report, Health Inequalities, Lives Cut Short, has confirmed that a million people in 90% of areas in England lived shorter lives than they should between 2011 and the start of the pandemic. Using several published ONS data sources, the IHE made these calculations from the number of excess deaths (the increase in the number of deaths beyond that would be expected) in the decade from 2011 in England. The new findings from the IHE add weight to its two reviews of health inequalities in 2020 (Marmot Review 10 years On Review and COVID-19 Marmot Review): that the cumulative impact of regressive funding cuts (which hit poorer areas more), associated with austerity, contributed to life expectancy failing to increase, and actually falling for women in the 10% of poorest areas, and health inequalities widening.

Integrating the social determinants of health into health workforce education and training
Source: World Health Organisation
Publication date: November 2023
Social inequalities are perpetuating unhealthy living and working conditions and behaviours. These causes are commonly called 'the social determinants of health'. Achieving greater equity in health will demand that the health sector assumes a greater leadership role in addressing social inequalities. This requires equipping health and care workers to better understand how the social determinants of health impact patients and communities. Education of the health workforce is thus a key step to advancing action. Integration of the social determinants of health into education and training will prepare the workforce to adjust clinical practice, define appropriate public health programmes and leverage cross-sector policies and mechanisms.

Acting on the social determinants of health to reduce health inequalities: innovative approaches by provider trusts
Source: UCL Partners
Publication date: October 2023
Four NHS trusts in the UCLPartners region have been showcased for their innovative approaches to tackling health inequalities through their work to address factors affecting the Social Determinants of Health.

What is destitution and how do we tackle it?
Source: Joseph Rowntree Foundation
Publication date: October 2023
The UK should be a country where everyone has the chance of a healthy, decent, and secure life regardless of who they are and where they live. Yet our research shows that approximately 3.8 million people experienced destitution in the UK at some point during 2022, including around one million children. The number of people experiencing destitution increased by 61% from 2019 to 2022, with an even larger increase in the number of children experiencing destitution. This follows another rapid acceleration in the level of destitution from 2017 to 2019.

Health inequalities: Improving accountability in the NHS
Source: Institute of Health Equity
Publication date: August 2023
This report examines current and past mechanisms and levers that enable and hinder accountability for health inequalities and analyses whether these accountability processes are sufficient to reduce health inequalities. It provides proposals to improve accountability for health inequalities across Integrated Care Systems (ICSs).
Views were gathered from senior managers in the NHS in England with experience and expertise in health inequalities. In addition, we reviewed policy documents and relevant grey and academic publications to inform our assessment of past and current accountability mechanisms.

Racism is the root cause of ethnic inequalities in health
Source: Race Equality Foundation
Publication date: March 2023
Experiences of racism and racial discrimination are associated with poorer mental and physical health outcomes for people from minoritised ethnic groups. One mechanism by which racism leads to poor health is through reduced socio-economic resources, but the evidence documenting the direct and indirect effects of racism on health via socio-economic inequality over time is under-developed.

Crumbling foundations: the impact of failing public services on health and productivity
Source: Centre for Progressive Policy
Publication date: 16 February 2023

New analysis by the Centre for Progressive Policy (CPP) highlights the impact in lost life years and years of good health of socioeconomic inequalities in employment, income, education, crime and housing. It finds that people in England are losing 1.5 years of life and 2.6 years of good health on average because of these factors, which equates to 81 million life years and 144 million years of good health lost across England.

The rising cost of living: a review of interventions to reduce impacts on health inequalities in London
Source: Institute of Health Equity
Publication date: January 2023
Summarises a rapid review of evidence for short to medium term local interventions to mitigate the impacts of the cost-of-living crisis on health in London. Presents data showing the current high level of inequality in London and the impact of austerity policies. Outlines the current support available to households facing rising living costs. Identifies which groups of people are most vulnerable to rising costs (such as families with children, disabled people, some ethnic minorities and marginalised groups including drug users and immigrants) and outlines the impacts of this on health and the social determinants of health. Discusses interventions which help people manage the cost of outgoings including food, childcare, transport and housing. Looks at how incomes could be maximised and financial resilience improved. Includes case studies of successful interventions such as the Financial Shield Programme in Lambeth and Southwark and Social Supermarkets in Lewisham. Considers that the evidence points to the need for co-ordinated action with no single intervention adequately addressing all the factors that contribute to the potential health impacts of the crisis. Makes recommendations for local authorities, businesses, and health and social care commissioners and providers.

Unlocking the NHS's social and economic potential: a maturity framework
Source: NHS Confederation
Publication date: December 2022
The new Health and Care Act (2022) this year for integrated care system (ICS) working will not only give a basis to improve health outcomes, tackle inequalities and enhance value for money, but will also for the first time give the NHS the permitted opportunity to support broader social and economic development for distinct communities. We must always acknowledge that the NHS makes a significant contribution to GDP, employment and economic activity, as well as providing a comprehensive medical and care service available to all. The new legislation supports an integrated and therefore more holistic approach to supporting people where they live, learn and work. This then in turn supports health service provision, especially in areas such as cancer, diabetes, heart disease, mental health and stroke, alongside a longer term move to preventative health.

Poverty and the health and care system
Source: The King's Fund
Source: October 2022
Our long read with the Centre for Progressive Policy sets out the data available, explores existing good practice, and what needs to happen next.

A framework for NHS action on social determinants of health
Source: The Health Foundation
Publication date: 4 October 2022
There is growing interest in the role of health care systems in influencing the social determinants of health.[1,2] Social determinants include income, employment, housing and other social factors, which interact to shape the conditions in which people live.[3,4,5] These factors play a major role in shaping health and health inequalities[6,7] – and are influenced by local, regional

and national policies. Health care systems can take various approaches to addressing people's social needs.[8,9,10,11,12] Social prescribing approaches, for example – where staff identify patients' unmet social needs, such as food insecurity, and make referrals to relevant social services – have been developed in some parts of the NHS for decades.[2] Yet these approaches are often weakly defined, and there is little strong evidence and no clear national framework to guide the choice of health care-based social interventions.[13,14,15,16]

Tackling health inequalities through inclusive recruitment
Source: NHS Employers
Publication date: 10 June 2022
Information and prompts for NHS workforce leads to consider local approaches

The business of health equity: the Marmot review for industry
Source: Institute for Health Equity
Publication date: May 2022
Sets out ways that business can improve people's lives by reducing health inequality. Argues that it is not lack of healthcare that leads people to become ill, but the conditions in which people live and work. Observes that until recently the private sector has not been involved in the discussion on the social determinants of health and argues that this has to change. Looks at health inequalities in the UK, and reports that across societies, the more advantaged enjoy better health and longer life spans than those who are more disadvantaged. Contends that health equity should be a consideration across all industries, and across all departments within businesses, in the same way that environmental sustainability is becoming. Proposes three ways that business can improve people's lives by reducing health inequality: promote the health of employees through pay and benefits, hours and job security and conditions of work; support the health of clients, customers and shareholders through products and services they provide and investments they make; influence the health of individuals in the communities through investment influence, procurement, and supply networks. Explains that this report accompanies the launch of a nationwide network that will bring together local authorities, businesses and other stakeholders, including the public and voluntary sectors.

All together fairer: health equity and the social determinants of health in Cheshire and Merseyside
Item Type: Journal Article
Authors: Marmot, Michael;Allen, Jessica;Boyce, Tammy;Goldblatt, Peter and Callaghan, Owen
Publication Date: 2022a
Abstract: The IHE is working with local authorities up and down the country to do what they can, to implement the right approaches to reduce health inequalities. The Population Health Board of the Cheshire and Merseyside Health and Care Partnership (HCP) commissioned IHE to support work to reduce health inequalities through taking action on the social determinants of health and to build back fairer from Covid-19. This report is the latest in a series of 'Marmot Reviews'. It is based on local evidence and makes ambitious recommendationsto reduce health inequalities and create fairersocieties for future generations in Cheshire and Merseyside. A set of local Marmot Beacon indicators, developed in partnership with hundreds of local stakeholders, will monitor these recommendations and actions and show the impact on the social determinants of health in Cheshire and Merseyside. Summary]

A hopeful future: equity and the social determinants of health in Lancashire and Cumbria
Item Type: Journal Article
Authors: Marmot, Michael;Allen, Jessica;Boyce, Tammy;Goldblatt, Peter and Callaghan, Owen

Publication Date: 2022b
Abstract: This report is the latest in IHE's series of work in England examining what local areas can do to implement the right approaches to reduce health inequalities. The Lancashire and South Cumbria Health and Care Partnership and the North East and North Cumbria Integrated Care System commissioned the IHE to support work to reduce health inequalities through taking action on the social determinants of health and to build back fairer from COVID-19. The work was led by the newly formed Lancashire and Cumbria Health Equity Commission, chaired by Professor Michael Marmot, with members from organisations from across the Lancashire and Cumbria Region including from local government, the NHS, the VCFSE sector and universities. The report is based on local evidence presented to the Health Equity Commission in Lancashire and Cumbria, as well as from workshops, interviews and conversations with local stakeholders. The recommendations present an opportunity to move to reduce health inequalities through action on their social and economic drivers and create a hopeful future for future generations in Lancashire and Cumbria. The recommendations are based on moving from a reactive approach - responding to need and with funding for short-term projects with limited impacts - to implementing system-wide approaches and consistently working with partners beyond the NHS to achieve long-term reductions in health inequalities through action on the wider determinants of health.

A fairer and healthier Waltham Forest: equity and the social determinants of health in Waltham Forest
Item Type: Journal Article
Authors: Marmot, Michael;Allen, Jessica;Boyce, Tammy;Goldblatt, Peter;Willis, Scarlet and Callaghan, Owen
Publication Date: 2022c
Abstract: This report is the latest in the Institute of Health Equity's work with local authorities across the country on how local areas can implement actions to reduce health inequalities. The public health team in the London Borough of Waltham Forest commissioned the IHE to support theirs, and other local partners' work to act on health inequalities through addressing the social determinants of health. And through this work enable Waltham Forest to join numerous "Marmot Places" across England and become a "Marmot London Borough". The report is based on an assessment of data and local evidence and meetings with stakeholders from across the borough. It was also informed by engagement with the local community, to ensure the voices of the residents fed into the recommendations for their borough. It presents system-wide recommendations to reduce local health inequalities and create a fairer future for residents of Waltham Forest.

How can NHS anchors support communities to create health: learning from the community response to Covid-19: proceedings from a workshop held in January 2022
Source: Health Creation Alliance
Publication date: 2022
This report provides real-world insight into how NHS anchor institutions are working in partnership communities, capitalising on both their strengths to address health inequalities.

The impact of community anchor organisations on the wider determinants of health Source: Locality
Publication date: March 2022
As part of the VCSE Health and Wellbeing Alliance, Locality (in consortium with Power to Change) have been working with the government's Office for Health Improvement and Disparities (OHID) to research the impact of community anchor organisations on the wider determinants of health. This includes understanding how they impact those experiencing health inequalities in their communities.

Ethnic inequalities in healthcare: a rapid evidence review
Source: NHS Race & Health Observatory
Publication date: February 2022
This report presents the findings and recommendations of a rapid review of ethnic inequalities in healthcare and within the NHS workforce, conducted by academics at The University of Manchester, The University of Sheffield and The University of Sussex.

Overcoming health inequalities in 'left behind' neighbourhoods
Source: APPG Left Behind Neighbourhoods
Publication date: January 2022
People in England's most deprived neighbourhoods work longer hours than those in the rest of the country but live shorter lives with more years in ill health costing an estimated £29.8bn a year to the economy in lost productivity.
People living in these communities were also 46% more likely to die from COVID-19 than those in the rest of England.
The findings, revealed in a joint report released today by the All-Parliamentary Party Group for 'left behind' neighbourhoods and Northern Health Science Alliance, shows the devastating impact of poor health for those living in deprived areas and left behind neighbourhoods (LBNs) and makes a number of recommendations to overcome the health inequalities faced by people living in these places.

Addressing the National Syndemic: Place-based problems and solutions to UK health inequality
Source: Institute of Health Equity
Publication date: October 2021
This report is a summary of workshops held over the first half of 2021. The workshops consisted of stakeholders discussing how to take effective action to reduce health inequalities.

The disease of disparity: a blueprint to make progress on health inequalities in England
Source: Institute of Public Policy Research
Publication date: October 2021
Today, a child born in the most deprived part of the country can expect to die 10 years before a child born in the least deprived part of the country. They can expect to fall into poor health 20 years sooner – in just their mid-50s – and to live a far greater proportion of their life in poor health. This is unfair and unsustainable – and the scale of health inequality in this country is a key reason it lacked resilience when Covid-19 struck.
This report identifies six areas where policy incentives are misaligned with an ambition to tackle health inequality, and makes recommendations across the NHS and the socioeconomic drivers of poor health.

The NHS as an anchor institution
Source: Health Foundation
First developed in the US, the term anchor institutions refers to large, typically non-profit, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities. The Health Foundation worked in partnership with the Centre for Local Economic Strategies (CLES) and The Democracy Collaborative to understand how NHS organisations act as anchor institutions in their local communities and can positively influence the social, economic and environmental conditions in an area to support healthy and prosperous people and communities

Anchors and social value
Source: NHS England
The Health Foundation describes anchor institutions as large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. These organisations are ‘rooted in place’ and have significant assets and resources which can be used to influence the health and wellbeing of their local community. By strategically and intentionally managing their resources and operations, anchor institutions can help address local social, economic and environmental priorities in order to reduce health inequalities. Examples of anchor institutions include: • NHS Trusts • local authorities • universities

Anchor institutions and how they can affect people’s health
Author(s): David Maguire
Source: The King’s Fund
Publication date: 8th September 2021
It is well known that socio-economic factors play a huge role in determining people’s long-term health, and contribute significantly to the health inequalities that exist across England. Anchor institutions are large organisations that are unlikely to relocate and have a significant stake in their local area. They have sizeable assets that can be used to support their local community’s health and wellbeing and tackle health inequalities, for example, through procurement, training, employment, professional development, and buildings and land use.

Guidance: Inclusive and sustainable economies: leaving no-one behind
Source: Public Health England
Publication date: March 2021
Supporting place-based action to reduce health inequalities and build back better.

Unheard, unseen, and untreated: health inequalities in Europe today
Source: Doctors of the World
Publication date: 2021
This 2021 Observatory Report is an observational study on the people excluded from mainstream healthcare services in Europe and provides a snapshot of the state of Universal Healthcare Coverage (UHC). The report contains data and testimonies collected at Médecins du Monde/Doctors of the World (MdM) programmes in seven European countries (Belgium, France, Germany, Greece, Luxembourg, Sweden, and the United Kingdom) between January 2019 and December 2020.

Level or not? Comparing general practice areas of high and low socioeconomic deprivation in England
Publication date: September 2020
In this briefing we use publicly available data to explore the current relationship between population need and supply in general practice, seeking to answer the question: how does general practice compare in areas of higher and lower socioeconomic deprivation in England? Our analysis contributes to an understanding of the extent to which the inverse care law persists in general practice today.

Health as the new wealth: The NHS’s role in economic and social recovery
Source: NHS Reset and NHS Confederation
Publication date: September 2020
This report looks beyond the immediate health response to COVID-19 to understand where and how the NHS is actively supporting the nation’s critical economic and social recovery

Prosperous communities, productive places: how a deeper relationship with anchor businesses can drive place prosperity and business productivity
Source: Localis
Publication date: April 2019
Productive businesses need prosperous communities to thrive and grow – prosperous communities need productive and profitable businesses. This report argues the relationship is symbiotic. However, the local economic landscape has changed and the relationship between major business and "place" must now be renewed if local industrial strategies are to deliver local economic success. Recommending that new, local productivity deals should be forged, the report argues that West Sussex and Gatwick Airport now have a unique opportunity to pioneer this approach.

Healthy High Streets: good place making in an urban setting
Source: Public Health England
Publication date: January 2018
Information for local decision makers examining how high streets are used as an asset to improve the overall health of local communities.

Local action on health inequalities: Promoting good quality jobs to reduce health inequalities
Source: Public Health England; UCL Institute of Health Equity
Publication date: 2015
The conditions in which we work have a huge impact on our health. 1 In the UK unemployment rates have been generally falling since 2011, to 5.6% for the period between March and May 2015.2 However, this has arguably been associated with more part-time employment, increased use of zero-hours contracts3, 4, 5 and higher levels of in-work poverty. 6 Poor quality jobs are an issue for health inequalities as they are concentrated at the lower end of the social gradient. 7 It is therefore important that good quality jobs are encouraged to help reduce health inequalities.

Social determinants of health: key concepts
Source: World Health Organisation
Publication date: 7 May 2013
Health inequities are *avoidable* inequalities in health between groups of people within countries and between countries. These inequities arise from inequalities within and between societies. Social and economic conditions and their effects on people's lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs.

Working for Health Equity: The role of health professionals
Source: Institute of Health Equity
Publication date: 2013
This report demonstrates that healthcare systems and those working within them have an important and often under-utilised role in reducing health inequalities, through action on the social determinants of health. The health workforce are, after all, well placed to initiate and develop services that take into account and attempt to improve the wider social context for patients and staff.

Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010
Source: Department for International Development
Publication date: 1 January 2010
This review proposes the most effective evidence-based strategies for reducing health inequalities.

See also Health Equity in England: The Marmot Review 10 years on
Source: The Health Foundation
Publication date: February 2020

This report has been produced by the Institute of Health Equity and commissioned by the Health Foundation to mark 10 years on from the landmark study *Fair Society, Healthy Lives (The Marmot Review)*.

Blog posts

How can workplace health equity lead to a fair and just society?
Source: World Economic Forum
Publication date: 12 May 2023

- Business leaders and employers can play a key role in promoting health equity and tackling health disparities in the workforce.
- In the USA alone, health disparities lead to roughly $320 billion in excess medical costs, which has massive implications for society.
- A healthier, more equitable workforce is both good for society and businesses, leading to a healthier and more productive workforce.

Case Studies

Friends and family events fill domestic vacancies
Source: NHS Employers
Publication date: January 2024
University Hospitals of North Midlands NHS Trust (UHNM) piloted two recruitment events which successfully filled domestic vacancies.

A population health management-based allocation of funding in Dorset
Source: NHS Confederation
Publication date: November 2023
Using data to decide how a tranche of national funding should be shared between primary care networks.

Driving wellbeing in Merseyside through non-clinical but NHS-run services
Source: NHS Confederation
Publication date: November 2023
Offering socially focused interventions to benefit an entire local community, not just patients of the trust.

Creating community hubs to support local populations
Source: NHS Confederation
Publication date: November 2023
Providing ‘one-stop shops’ for access to voluntary sector support in communities in Cornwall and the Isles of Scilly.

Local recruitment initiatives at North Cumbria Integrated Care NHS Foundation Trust
Source: NHS Employers
Publication date: September 2023

North Cumbria Integrated Care NHS Foundation Trust (NCIC) trialled local recruitment initiatives, creating opportunities for those living in Cumbria.

Embracing staff feedback to embed cultural change
Source: NHS Employers
Publication date: June 2023
A North West trust turned around its staff survey results, through improved staff engagement, a focus on feedback and a major cultural shift.

Taking a whole-system approach to mental wellbeing: Greater Manchester
Source: NHS Confederation
Publication date: January 2022
Improving the health and wellbeing of citizens across Greater Manchester.

Social determinants of health and the role of local government
Source: Local Government Association
Publication Date: 2020
See p. 18 for case studies
This report explores what local government can do to improve health especially by tackling social determinants. Health improvement has always been a fundamental responsibility of local government and this was emphasised further with the transfer of public health responsibilities in 2013. The report argues that there is little use in simply treating people for a health condition if the cause of that condition is not also addressed. Tackling social determinants includes improvements in housing, education and employment as well as ensuring a health promoting environment. Each of the social determinants of health can be improved to give an overall improvement in the health and wellbeing of communities. The roles that local government undertakes to improve health through tackling social determinants include: civic leadership; as employer and anchor institution; securing services; planning and licensing; as champion of prevention. Local government actions and services are centred around the improvement of wellbeing and the prevention of poor outcomes - this is true for children's services, adult social care and economic development among many others. Opportunities for health improvement by tackling the social determinants of health have been taken up across the country - the report includes detailed examples and case studies illustrating the opportunities for health improvement and what has already been achieved.

The Star for workforce redesign

More resources and tools are available in the Star

Statistics

You can find relevant statistics on the Health and Care Statistics Landscape under **"Health and Care"** and use the **"Health Inequalities"** theme filter

Public health profiles – Public health data
Source: Office for Health Improvement & Disparities
Fingertips is a large public health data collection. Data is organised into themed profiles. Start by choosing a profile from the list.

Atlas of Variation
Source: Office for Health Improvement & Disparities
The atlases of health variation help to identify unwarranted variation in healthcare, health outcomes and risk factors through the analysis of routine datasets.

The atlases apply a whole population approach to inform the planning, commissioning, and provision of services by

- using national datasets to present population rates giving local areas comparable measures to support service planning and development
- highlighting local and regional variations and trends
- providing practical actions that could make differences to patients and to inform commissioning and service provision

National Data Programme

Workforce, Training and Education staff can look at the National Data Warehouse (NDL) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Advice services

A review of the effectiveness and experiences of welfare advice services co-located in health settings: A critical narrative systematic review
Item Type: Journal Article
Authors: Reece, S.;Sheldon, T. A.;Dickerson, J. and Pickett, K. E.
Publication Date: 2022
Journal: Social Science and Medicine 296, pp. 114746
Abstract: We conducted a narrative systematic review to assess the health, social and financial impacts of co-located welfare services in the UK and to explore the effectiveness of and facilitators and barriers to successful implementation of these services, in order to guide future policy and practice. We searched Medline, EMBASE and other literature sources, from January 2010 to November 2020, for literature examining the impact of co-located welfare services in the UK on any outcome. The review identified 14 studies employing a range of study designs, including: one non-randomised controlled trial; one pilot randomised controlled trial; one before-and-after-study; three qualitative studies; and eight case studies. A theory of change model, developed a priori, was used as an analytical framework against which to map the evidence on how the services work, why and for whom. All studies demonstrated improved financial security for participants, generating an average of 27 of social, economic and environmental return per 1 invested. Some studies reported improved mental health for individuals accessing services. Several studies attributed subjective improvements in physical health to the service addressing key social determinants of health. Benefits to the health service were also demonstrated through reduced workload for healthcare professionals. Key components of a successful service included co-production during service development and ongoing enhanced multi-disciplinary collaboration. Overall, this review demonstrates improved financial security for participants and for the first time models the wider health and welfare benefits for participants and for health service from these services. However, given the generally poor scientific quality of the studies, care must be taken in drawing firm conclusions. There remains a need for more high quality research, using experimental methods and larger sample sizes, to further build upon this evidence base and to measure the strength of the proposed theoretical pathways in this area. Copyright © 2022

[Maximising the health impacts of free advice services in the UK: A mixed methods systematic review]
Item Type: Journal Article
Authors: Young, D. and Bates, G.
Publication Date: 2022
Journal: Health and Social Care in the Community
Abstract: After a decade of austerity spending cuts and welfare reform, the COVID-19 pandemic has posed further challenges to the finances, health and wellbeing of working-age, low-income people. While advice services have been widely seen (and funded) as an income maximisation intervention, their health and well-being impact is less clear. Previous systematic reviews investigating the link between advice services and health outcomes have found a weak evidence base and cover the period up until 2010. This mixed methods review examined up to date evidence to help understand the health impacts of free and independent welfare rights advice services. We included evaluations of free to access advice services on social welfare issues for members of the public that included health outcomes. Through comprehensive searches of two bibliographic databases and websites of relevant organisations we identified 15 articles based on a mixture of study designs. The advice interventions evaluated were based in a range of settings and only limited information was available on the delivery and nature of advice offered. We undertook a convergent synthesis to analyse data on the effectiveness of advice services on health outcomes and to explain variation in these outcomes. Our synthesis suggested that improvements in mental health and well-being measures are commonly attributed to advice service interventions. However, there is little insight to explain these impacts or to inform the delivery of services that maximise health benefits. Co-locating services in health settings appears promising and embracing models of delivery that promote collaboration between organisations tackling the social determinants of health may help to address the inherent complexities in the delivery of advice services and client needs. We make recommendations to improve routine monitoring and reporting by advice services, and methods of evaluation that will better account for complexity and context. Copyright © 2022 The Authors. Health and Social Care in the Community published by John Wiley & Sons Ltd.

Alcohol Consumption

[Social determinants of health and alcohol consumption in the UK]
Item Type: Journal Article
Authors: Rajput, S. A.;Aziz, M. O. and Siddiqui, M. A.
Publication Date: 2019
Journal: Epidemiology Biostatistics and Public Health 16(3), pp. e13128
Abstract: Addressing the social determinants of health (SDH) and health inequities are essential for successfully combating alcohol-related harm. In U.K, excessive consumption of alcohol is a huge public health concern. An estimated 9 million adults drink at level that increase the risk of harm to their health; 1.6 million adults in England have some degree of alcohol dependence; and of these some 250,000 are believed to be moderately or severely dependent and may benefit from intensive specialist treatment. To be able to devise effective action, it is essential to comprehend these inequities in the healthcare system. Health inequities are not solely related to access to health care services; there are many other determinants related to living and working conditions, as well as the overall macro-policies prevailing in a country. The key intention of this review was to critically analyse the degree to which social determinants have impacted on excess alcohol consumption. A comprehensive approach to reduce inequities in alcohol-related harm requires action that includes mix of long- and short-term impacts, addressing the consequences and the root causes of inequities, and acting on both individuals and

environments. Whereas, consequences of harmful alcohol use are more severe for those already experiencing social exclusion. We suggest that (1) the effective legislation, (2) modifying marketing strategies, (3) enhancing cooperation with regional organizations, (4) more effectively implementing existing regulation and (5) consulting expert will enhance SDH for this vulnerable population. Copyright © 2019, Prex S.p.A. All rights reserved.

Anchor Institutions

How can healthcare organisations improve the social determinants of health for their local communities? Findings from realist-informed case studies among secondary healthcare organisations in England
Item Type: Journal Article
Authors: Gkiouleka, A.;Munford, L.;Khavandi, S.;Watkinson, R. and Ford, J.
Publication Date: 2024
Journal: BMJ Open 14(7), pp. 82
Abstract: Objectives Increasingly, healthcare and public health strategists invite us to look at healthcare organisations as not just care providers but as anchor institutions (ie, large community-rooted organisations with significant impact in the local economy, social fabric and overall community well-being). In response, this study explores the mechanisms through which healthcare organisations can impact social determinants of health and communities in their local areas. Design We conducted case studies with interviews and synthesised the findings using a realist approach to produce a set of explanations (programme theory) of how healthcare organisations can have a positive impact on the overall well-being of local communities by operating as anchor institutions. Setting Secondary healthcare organisations in England, including mental health and community services. Participants Staff from case study sites which were directly employed or actively engaged in the organisation's anchor institution strategy. Data collection took place from early June to the end of August 2023. Results We found four building blocks for effective anchor activity including employment, spending, estates and sustainability. Healthcare organisations-as anchor institutions-can improve the social determinants of health for their local communities through enabling accessible paths for local community recruitment and career progression; empowering local businesses to join supply chains boosting income and wealth; transforming organisational spaces into community assets; and supporting local innovation and technology to achieve their sustainability goals. These blocks need to be integrated across organisations on the basis of a population health approach promoted by supportive leadership, and in collaboration with a diverse range of local partners. Conclusions Healthcare organisations have the potential for a positive impact on the overall well-being of local communities. Policymakers should support healthcare organisations to leverage employment, spending, estates and sustainability to help address the unequal distribution of the social determinants of health. Copyright © Author(s) (or their employer(s)) 2024.

Taking one step further: five equity principles for hospitals to increase their value as anchor institutions
Item Type: Journal Article
Authors: Allen, Matilda;Marmot, Michael and Allwood, Dominique
Publication Date: Nov ,2022
Journal: Future Healthcare Journal 9(3), pp. 216-221
Abstract: Hospitals have the potential to create value beyond the direct clinical care that they provide through tackling the social determinants of health as an 'anchor institution': shifting the way in which they employ staff; procure goods and services; use their physical and environmental resources and assets; and partner with others. However, the societal value of this work is not automatically or accidentally created, it must be intentionally

designed and delivered, particularly if it is to tackle inequities. This article proposes five equity principles for healthcare leaders to consider in their hospitals' anchor institution work. There have already been important shifts from the 'traditional way' of conceiving of a hospital's role in the community, but going 'one step further' could help to maximise the equity impact. Copyright © Royal College of Physicians 2022. All rights reserved.

Anchor Institutions: Best Practices to Address Social Needs and Social Determinants of Health
Author(s): Koh et al.
Source: American Journal of Public Health 110(3) pp. 309-316
Publication date: March 2020
“Anchor Institutions”—universities, hospitals, and other large, place-based organizations—invest in their communities as a way of doing business. Anchor “meds” (anchor institutions dedicated to health) that address social needs and social determinants of health have generated considerable community-based activity over the past several decades. Yet to date, virtually no research has analyzed their current status or effect on community health. To assess the current state and potential best practices of anchor meds, we conducted a search of the literature, a review of Web sites and related public documents of all declared anchor meds in the country, and interviews with 14 key informants. We identified potential best practices in adopting, operationalizing, and implementing an anchor mission and using specific social determinants of health strategies, noting early outcomes and lessons learned. Future dedicated research can bring heightened attention to this emerging force for community health.

Hospitals as anchor institutions: how the NHS can act beyond healthcare to support communities Full text available with NHS OpenAthens account*
Author(s): Richard Vize
Source: BMJ 361
Publication date: May 2018
The NHS is exploring how it can use its local economic clout to benefit population health, finds Richard Vize UK hospitals are exploring their potential as anchor institutions to use their financial, employment, and asset muscle to support local economies and tackle social determinants of health.

Arts and Culture

Patterns of social inequality in arts and cultural participation: Findings from a nationally representative sample of adults living in the United Kingdom of Great Britain and Northern Ireland
Item Type: Journal Article
Authors: Mak, Hei Wan;Coulter, Rory and Fancourt, Daisy
Publication Date: 2020
Journal: Public Health Panorama : Journal of the WHO Regional Office for Europe = Panorama Obshchestvennogo Zdravookhraneniia 6(1), pp. 55–68
Abstract: Context: A significant amount of literature indicates the health benefits of arts engagement. However, as this engagement is socially patterned, differential access to and participation in the arts may contribute to social and health inequalities., Objective: This study aimed to uncover the patterns of participation in arts activities and engagement with culture and heritage among adults in the United Kingdom of Great Britain and Northern Ireland, and to examine whether such patterns are associated with demographic and socioeconomic characteristics., Methodology: We applied latent class analysis to data on arts and cultural participation among 30 695 people in the Understanding Society study. Multinomial logistic regression was used to identify predictors for the patterns of activity engagement., Results: For arts participation, adults were clustered into "engaged omnivores," "visual and literary arts," "performing arts" and "disengaged." For cultural engagement, adults were clustered into "frequently engaged," "infrequently

engaged" and "rarely engaged." Regression analysis showed that the patterns of arts activity were structured by demographic and socioeconomic factors., Conclusion: This study reveals a social gradient in arts and cultural engagement. Given the health benefits of arts engagement, this suggests the importance of promoting equal access to arts and cultural programmes, to ensure that unequal engagement does not exacerbate health inequalities.

Austerity

Austerity policy and child health in European countries: a systematic literature review
Item Type: Journal Article
Authors: Rajmil, Luis;Hjern, Anders;Spencer, Nick;Taylor-Robinson, David;Gunnlaugsson, Geir and Raat, Hein
Publication Date: 2020
Journal: BMC Public Health 20(1), pp. 564
Abstract: BACKGROUND: To analyse the impact of austerity measures taken by European governments as a response to the 2008 economic and financial crisis on social determinants on child health (SDCH), and child health outcomes (CHO)., METHODS: A systematic literature review was carried out in Medline (Ovid), Embase, Web of Science, PsycInfo, and Sociological abstracts in the last 5 years from European countries. Studies aimed at analysing the Great Recession, governments' responses to the crisis, and its impact on SDCH were included. A narrative synthesis of the results was carried out. The risk of bias was assessed using the STROBE and EPICURE tools., RESULTS: Fourteen studies were included, most of them with a low to intermediate risk of bias (average score 72.1%). Government responses to the crisis varied, although there was general agreement that Greece, Spain, Ireland and the United Kingdom applied higher levels of austerity. High austerity periods, compared to pre-austerity periods were associated with increased material deprivation, child poverty rates, and low birth weight. Increasing child poverty subsequent to austerity measures was associated with deterioration of child health. High austerity was also related to poorer access and quality of services provided to disabled children. An annual reduction of 1% on public health expenditure was associated to 0.5% reduction on Measles-Mumps-Rubella vaccination coverage in Italy., CONCLUSIONS: Countries that applied high level of austerity showed worse trends on SDCH and CHO, demonstrating the importance that economic policy may have for equity in child health and development. European governments must act urgently and reverse these austerity policy measures that are detrimental to family benefits and child protection.

Definitions and Current picture

NHS and the whole of society must act on social determinants of health for a healthier future
Author(s): Lucinda Hiam et al.
Source: The BMJ 385
Publication date: 2024
Health is going in the wrong direction in the UK, and reversing the trend requires political and societal commitment to deal with the underlying causes

Action is urgently needed on the social determinants of health in the UK
Item Type: Journal Article
Authors: Hiam, Lucinda
Publication Date: 2024
Journal: BMJ (Clinical Research Ed.) 385, pp. q1422
Whichever political party is in government after 4 July, they must take action to tackle the causes of hardship in the UK, writes Lucinda Hiam

With less than two weeks to go before the UK's general election on 4 July, voters have a decision to make. When asked "what are the most important issues facing the country," the latest YouGov poll reported half of those responding place health (50%) and the economy (51%) at the top.1 Three-quarters said the UK government should spend more on the NHS.1 It is easy to see the importance of the economy to voters reflected in the media election coverage. Latest growth figures have been widely reported and mentioned in the speeches made by politicians. Receiving fewer headlines, however, is the coverage of worsening health in the UK, particularly the dire state of many of the social determinants of health including housing, education, and poverty.

Intersectionality and public understandings of health inequity in England: learning from the views and experiences of young adults
Item Type: Journal Article
Authors: Ronzi, S.;Gravenhorst, K.;Rinaldi, C.;Villarroel-Williams, N.;Ejegi-Memeh, S.;McGowan, V. J.;Holman, D.;Sallinen, I. and Egan, M.
Publication Date: 2023
Journal: Public Health 222, pp. 147–153
Abstract: OBJECTIVES: Attempts to reduce health inequities in England frequently prioritise some equity dimensions over others. Intersectionality highlights how different dimensions of inequity interconnect and are underpinned by historic and institutionalised power imbalances. We aimed to explore whether intersectionality could help us shed light on young adults' understanding of health inequities., STUDY DESIGN: The study incorporatedqualitative thematic analysis of primary data., METHODS: Online focus groups with young adults (n = 25) aged 18-30 living in three English regions (Greater London; South Yorkshire/Midlands; North-East England) between July 2020 and March 2021. Online semistructured interviews (n = 2) and text-based communication was conducted for participants unable to attend online groups., RESULTS: Young adults described experiencing discrimination, privilege, and power imbalances driving health inequity and suggested ways to address this. Forms of inequity included cumulative, within group, interacting, and the experience of privilege alongside marginalisation. Young adults described discrimination occurring in settings relevant to social determinants of health and said it adversely affected health and well-being., CONCLUSION: Intersectionality, with its focus on discrimination and identity, can help public health stakeholders engage with young adults on health equity. An upstream approach to improving health equity should consider multiple and intersecting forms of discrimination along with their cultural and institutional drivers. Copyright © 2023 The Author(s). Published by Elsevier Ltd.. All rights reserved.

Devolution and local approaches

The impact of devolution on local health systems: Evidence from Greater Manchester, England
Item Type: Journal Article
Authors: Britteon, Philip;Fatimah, Alfariany;Gillibrand, Stephanie;Lau, Yiu-Shing;Anselmi, Laura;Wilson, Paul;Sutton, Matt and Turner, Alex J.
Publication Date: 2024
Journal: Social Science & Medicine (1982) 348, pp. 116801
Abstract: Devolution and decentralisation policies involving health and other government sectors have been promoted with a view to improve efficiency and equity in local service provision. Evaluations of these reforms have focused on specific health or care measures, but little is known about their full impact on local health systems. We evaluated the impact of devolution in Greater Manchester (England) on multiple outcomes using a whole system approach. We estimated the impact of devolution

until February 2020 on 98 measures of health system performance, using the generalised synthetic control method and adjusting for multiple hypothesis testing. We selected measures from existing monitoring frameworks to populate the WHO Health System Performance Assessment framework. The included measures captured information on health system functions, intermediatory objectives, final goals, and social determinants of health. We identified which indicators were targeted in response to devolution from an analysis of 170 health policy intervention documents. Life expectancy (0.233 years, S.E. 0.012) and healthy life expectancy (0.603 years, S.E. 0.391) increased more in GM than in the estimated synthetic control group following devolution. These increases were driven by improvements in public health, primary care, hospital, and adult social care services as well as factors associated with social determinants of health, including a reduction in alcohol-related admissions (-110.1 admission per 100,000, S.E. 9.07). In contrast, the impact on outpatient, mental health, maternity, and dental services was mixed. Devolution was associated with improved population health, driven by improvements in health services and wider social determinants of health. These changes occurred despite limited devolved powers over health service resources suggesting that other mechanisms played an important role, including the allocation of sustainability and transformation funding and the alignment of decision-making across health, social care, and wider public services in the region. Copyright © 2024 The Authors. Published by Elsevier Ltd.. All rights reserved.

System resilience and neighbourhood action on social determinants of health inequalities: an English Case Study

Item Type: Journal Article

Authors: Popay, J.;Kaloudis, H.;Heaton, L.;Barr, B.;Halliday, E.;Holt, V.;Khan, K.;Porroche-Escudero, A.;Ring, A.;Sadler, G.;Simpson, G.;Ward, F. and Wheeler, P.

Publication Date: 2022

Journal: Perspectives in Public Health 142(4), pp. 213–223

Abstract: AIMS: This article seeks to make the case for a new approach to understanding and nurturing resilience as a foundation for effective place-based co-produced local action on social and health inequalities., METHODS: A narrative review of literature on community resilience from a public health perspective was conducted and a new concept of neighbourhood system resilience was developed. This then shaped the development of a practical programme of action research implemented in nine socio-economically disadvantaged neighbourhoods in North West England between 2014 and 2019. This Neighbourhood Resilience Programme (NRP) was evaluated using a mixed-method design comprising: (1) a longitudinal household survey, conducted in each of the Neighbourhoods For Learning (NFLs) and in nine comparator areas in two waves (2015/2016 and 2018/2019) and completed in each phase by approximately 3000 households; (2) reflexive journals kept by the academic team; and (3) semi-structured interviews on perceptions about the impacts of the programme with 41 participants in 2019., RESULTS: A difference-in-difference analysis of household survey data showed a statistically significant increase of 7.5% (95% confidence interval (CI), 1.6 to 13.5) in the percentage of residents reporting that they felt able to influence local decision-making in the NFLs relative to the residents in comparator areas, but no effect attributable to the NRP in other evaluative measures. The analysis of participant interviews identified beneficial impacts of the NRP in five resilience domains: social connectivity, cultural coherence, local decision-making, economic activity, and the local environment., CONCLUSION: Our findings support the need for a shift away from interventions that seek solely to enhance the resilience of lay communities to interventions that recognise resilience as a whole systems phenomenon. Systemic approaches to resilience can provide the underpinning

foundation for effective co-produced local action on social and health inequalities, but they require intensive relational work by all participating system players.

Exploring the local policy context for reducing health inequalities in children and young people: an in depth qualitative case study of one local authority in the North of England, UK
Item Type: Journal Article
Authors: Holding, Eleanor;Fairbrother, Hannah;Griffin, Naomi;Wistow, Jonathan;Powell, Katie and Summerbell, Carolyn
Publication Date: 2021
Journal: BMC Public Health 21(1), pp. 887
Abstract: BACKGROUND: Improving children and young people's (CYP) health and addressing health inequalities are international priorities. Reducing inequalities is particularly pertinent in light of the Covid-19 outbreak which has exacerbated already widening inequalities in health. This study aimed to explore understandings of inequality, the anticipated pathways for reducing inequalities among CYP and key factors affecting the development and implementation of policy to reduce inequalities among CYP at a local level., METHODS: We carried out a qualitative case study of one local government region in the North of England (UK), comprising semi structured interviews (n = 16) with service providers with a responsibility for child health, non-participant observations of key meetings (n = 6 with 43 participants) where decisions around child health are made, and a local policy documentation review (n = 11). We employed a novel theoretical framework, drawing together different approaches to understanding policy, to guide our design and analysis., RESULTS: Participants in our study understood inequalities in CYP health almost exclusively as socioeconomically patterned inequalities in health practices and outcomes. Strategies which participants perceived to reduce inequalities included: preventive support and early intervention, an early years/whole family focus, targeted working in local areas of high deprivation, organisational integration and whole system/place-based approaches. Despite demonstrating a commitment to a social determinants of health approach, efforts to reduce inequalities were described as thwarted by the prevalence of poverty and budget cuts which hindered the ability of local organisations to work together. Participants critiqued national policy which aimed to reduce inequalities in CYP health for failing to recognise local economic disparities and the interrelated nature of the determinants of health., CONCLUSIONS: Despite increased calls for a 'whole systems' approach to reducing inequalities in health, significant barriers to implementation remain. National governments need to work towards more joined up policy making, which takes into consideration regional disparities, allows for flexibility in interpretation and addresses the different and interrelated social determinants of health. Our findings have particular significance in light of Covid-19 and indicate the need for systems level policy responses and a health in all policies approach.

Integrated health and care systems in England: can they help prevent disease?
Item Type: Journal Article
Authors: Briggs, Adam D. M.;Gopfert, Anya;Thorlby, Ruth;Allwood, Dominique and Alderwick, Hugh
Publication Date: 2020
Journal: Integrated Healthcare Journal 2(1), pp. e000013
Abstract: Objectives: Over the past 12 months, there has been increasing policy rhetoric regarding the role of the National Health Service (NHS) in preventing disease and improving population health. In particular, the NHS Long Term Plan sees integrated care systems (ICSs) and sustainability and transformation partnerships (STPs) as routes to improving disease prevention. Here, we place current NHS England integrated care plans in their historical context and review evidence on the relationship between integrated care and

prevention. We ask how the NHS Long Term Plan may help prevent disease and explore the role of the 2019 ICS and STP plans in delivering this change., Methods: We reviewed the evidence underlying the relationship between integrated care and disease prevention, and analysed 2016 STP plans for content relating to disease prevention and population health., Results: The evidence of more integrated care leading to better disease prevention is weak. Although nearly all 2016 STP plans included a prevention or population health strategy, fewer than half specified how they will work with local government public health teams, and there was incomplete coverage across plans about how they would meet NHS England prevention priorities. Plans broadly focused on individual-level approaches to disease prevention, with few describing interventions addressing social determinants of health., Conclusions: For ICSs and STPs to meaningfully prevent disease and improve population health, they need to look beyond their 2016 plans and fill the gaps in the Long Term Plan on social determinants. Copyright © Author(s) (or their employer(s)) 2020. Re-use permitted under CC BY. Published by BMJ.

Employability

Developing employability skills in local communities: supporting the economy, health sector and addressing the social determinants of health
Item Type: Journal Article
Authors: Woodall, James;Coan, Susan;Stanley, Michelle and Evans, Keri
Publication Date: 2022
Journal: International Journal of Health Promotion and Education
Abstract: Employment is a key determinant of health and is consistent with a range of positive health, social and economic outcomes for individuals and communities. This paper focuses on an innovative skills and employment project undertaken in Leeds, a large metropolitan city in the United Kingdom. It sought to create an employment pathway from the community into hospital-based employment, mirroring theoretical aspects of the health-promoting hospital philosophy, or more broadly a settings approach to health promotion which seeks greater levels of social justice. Using qualitative methodology with key constituents of the programme, the research identified an approach to connecting local communities with paid employment roles in a local hospital. The research focused on the conception, design and delivery of the programme and has shown the elements required to increase the likelihood of success. This includes providing a bespoke support and tailored intervention package for individuals and strong partnership working between delivery partners and strategic groups. While the focus of the research is not on outcomes, there are examples of instances where individuals had gained employment and skills, increases in confidence and evidence of the programme raising aspirations for themselves and others. Abstract]

Equality, Diversity, and Inclusion

Ethnic inequalities in health-related quality of life among older adults in England: secondary analysis of a national cross-sectional survey
Author(s): Watkinson et al.
Source: The Lancet Public Health 6(3)
Publication date: January 2021
Background: The population of older adults (ie, those aged ≥55 years) in England is becoming increasingly ethnically diverse. Previous reports indicate that ethnic inequalities in health exist among older adults, but information is limited by the paucity of data from small minority ethnic groups. This study aimed to analyse inequalities in health-related quality of life (HRQoL) and five determinants of health in older adults across all ethnic groups in England. Methods: In this cross-sectional study, we

analysed data from five waves (July 1, 2014, to April 7, 2017) of the nationally representative English General Practice Patient Survey (GPPS). Study participants were adults aged 55 years or older who were registered with general practices in England. We used regression models (age-adjusted and stratified by gender) to estimate the association between ethnicity and HRQoL, measured by use of the EQ-5D-5L index and its domains (mobility, self-care, usual activities, pain or discomfort, and anxiety or depression). We also estimated associations between ethnicity and five determinants of health (presence of long-term conditions or multimorbidity, experience of primary care, degree of support from local services, patient self-confidence in managing own health, and degree of area-level social deprivation). We examined robustness to differential handling of missing data, alternative EQ-5D-5L value sets, and differences in area-level social deprivation. Findings: There were 1 416 793 GPPS respondents aged 55 years and older. 1 394 361 (98·4%) respondents had complete data on ethnicity and gender and were included in our analysis. Of these, 152 710 (11·0%) self-identified as belonging to minority ethnic groups. HRQoL was worse for men or women, or both, in 15 (88·2%) of 17 minority ethnic groups than the White British ethnic group. In both men and women, inequalities were widest for Gypsy or Irish Traveller (linear regression coefficient −0·192 [95% CI −0·318 to −0·066] in men; −0·264 [–0·354 to −0·173] in women), Bangladeshi (−0·111 [–0·136 to −0·087] in men; −0·209 [–0·235 to −0·184] in women), Pakistani (−0·084 [–0·096 to −0·073] in men; −0·206 [–0·219 to −0·193] in women), and Arab (−0·061 [–0·086 to −0·035] in men; −0·145 [–0·180 to −0·110] in women) ethnic groups, with magnitudes generally greater for women than men. Differentials tended to be widest for the self-care EQ-5D-5L domain. Ethnic inequalities in HRQoL were accompanied by increased prevalence of long-term conditions or multimorbidity, poor experiences of primary care, insufficient support from local services, low patient self-confidence in managing their own health, and high area-level social deprivation, compared with the White British group. Interpretation: We found evidence of wide ethnic inequalities in HRQoL and five determinants of health for older adults in England. Outcomes varied between minority ethnic groups, highlighting heterogeneity in the direction and magnitude of associations. We recommend further research to understand the drivers of inequalities, together with policy changes to improve equity of socioeconomic opportunity and access to services for older adults from minority ethnic groups.

Exploring health inequalities in Gypsy and Traveller communities in the UK
Item Type: Journal Article
Authors: Morgan, Julia and Belenky, Nadya
Publication Date: 2024
Journal: Nursing Standard (Royal College of Nursing (Great Britain) : 1987)
Abstract: Health inequalities between groups of people are often unjust and avoidable and are influenced by social determinants of health, the non-medical factors that influence health outcomes. Gypsy and Traveller communities experience significant health inequalities, including barriers to accessing healthcare services and suboptimal health outcomes compared with the general population. This article provides an overview of health inequalities in relation to Gypsy and Traveller communities and examines three social determinants of health - discrimination and racism, accommodation and access to healthcare - that influence these inequalities. The authors propose that accurate data collection as well as delivery of culturally competent health services and care may facilitate access to healthcare for Gypsy and Traveller communities and potentially reduce health inequalities. Copyright © 2024 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.

A scoping review of academic and grey literature on migrant health research conducted in Scotland
Item Type: Journal Article
Authors: Petrie, G.;Angus, K. and O'Donnell, R.
Publication Date: 2024
Journal: BMC Public Health 24(1), pp. 1156
Abstract: BACKGROUND: Migration to Scotland has increased since 2002 with an increase in European residents and participation in the Asylum dispersal scheme. Scotland has become more ethnically diverse, and 10% of the current population were born abroad. Migration and ethnicity are determinants of health, and information on the health status of migrants to Scotland and their access to and barriers to care facilitates the planning and delivery of equitable health services. This study aimed to scope existing peer-reviewed research and grey literature to identify gaps in evidence regarding the health of migrants in Scotland., METHODS: A scoping review on the health of migrants in Scotland was carried out for dates January 2002 to March 2023, inclusive of peer-reviewed journals and grey literature. CINAHL/ Web of Science/SocIndex and Medline databases were systematically searched along with government and third-sector websites. The searches identified 2166 journal articles and 170 grey literature documents for screening. Included articles were categorised according to the World Health Organisation's 2016 Strategy and Action Plan for Refugee and Migrant Health in the European region. This approach builds on a previously published literature review on Migrant Health in the Republic of Ireland., RESULTS: Seventy-one peer reviewed journal articles and 29 grey literature documents were included in the review. 66% were carried out from 2013 onwards and the majority focused on asylum seekers or unspecified migrant groups. Most research identified was on the World Health Organisation's strategic areas of right to health of refugees, social determinants of health and public health planning and strengthening health systems. There were fewer studies on the strategic areas of frameworks for collaborative action, preventing communicable disease, preventing non-communicable disease, health screening and assessment and improving health information and communication., CONCLUSION: While research on migrant health in Scotland has increased in recent years significant gaps remain. Future priorities should include studies of undocumented migrants, migrant workers, and additional research is required on the issue of improving health information and communication. Copyright © 2024. The Author(s).

Financial Health and Cost of Living

The impact of the cost-of-living crisis on population health in the UK: rapid evidence review
Item Type: Journal Article
Authors: Meadows, Jade;Montano, Miranda;Alfar, Abdelrahman J. K.;Baskan, Omer Yetkin;De Brun, Caroline;Hill, Jennifer;McClatchey, Rachael;Kallfa, Nevila and Fernandes, Gwen Sascha
Publication Date: 2024
Journal: BMC Public Health 24(1), pp. 561
Abstract: BACKGROUND: In the UK, unique and unforeseen factors, including COVID-19, Brexit, and Ukraine-Russia war, have resulted in an unprecedented cost of living crisis, creating a second health emergency. We present, one of the first rapid reviews with the aim of examining the impact of this current crisis, at a population level. We reviewed published literature, as well as grey literature, examining a broad range of physical and mental impacts on health in the short, mid, and long term, identifying those most at risk, impacts on system partners, including emergency services and the third sector, as well as mitigation strategies., METHODS: We conducted a rapid review by searching PubMed, Embase, MEDLINE, and HMIC (2020 to 2023). We searched for grey literature on Google and hand-searched the reports of relevant public health organisations. We

included interventional and observational studies that reported outcomes of interventions aimed at mitigating against the impacts of cost of living at a population level., RESULTS: We found that the strongest evidence was for the impact of cold and mouldy homes on respiratory-related infections and respiratory conditions. Those at an increased risk were young children (0-4 years), the elderly (aged 75 and over), as well as those already vulnerable, including those with long-term multimorbidity. Further short-term impacts include an increased risk of physical pain including musculoskeletal and chest pain, and increased risk of enteric infections and malnutrition. In the mid-term, we could see increases in hypertension, transient ischaemic attacks, and myocardial infarctions, and respiratory illnesses. In the long term we could see an increase in mortality and morbidity rates from respiratory and cardiovascular disease, as well as increase rates of suicide and self-harm and infectious disease outcomes. Changes in behaviour are likely particularly around changes in food buying patterns and the ability to heat a home. System partners are also impacted, with voluntary sectors seeing fewer volunteers, an increase in petty crime and theft, alternative heating appliances causing fires, and an increase in burns and burn-related admissions. To mitigate against these impacts, support should be provided, to the most vulnerable, to help increase disposable income, reduce energy bills, and encourage home improvements linked with energy efficiency. Stronger links to bridge voluntary, community, charity and faith groups are needed to help provide additional aid and support., CONCLUSION: Although the CoL crisis affects the entire population, the impacts are exacerbated in those that are most vulnerable, particularly young children, single parents, multigenerational families. More can be done at a community and societal level to support the most vulnerable, and those living with long-term multimorbidity. This review consolidates the current evidence on the impacts of the cost of living crisis and may enable decision makers to target limited resources more effectively. Copyright © 2024. The Author(s).

The impact of household energy poverty on the mental health of parents of young children Abstract only*
Item Type: Journal Article
Authors: Mohan, G.
Publication Date: 2022
Journal: Journal of Public Health (United Kingdom) 44(1), pp. 121–128
Abstract: Background: Energy poverty, typified by cold homes and/or an inability to afford energy bills, presents risks to the mental health of occupants. Parents of young children may be especially susceptible to a mental health toll from energy poverty since they have a significant care obligation and spend much of their day at home. Method(s): Data from the Growing Up in Ireland study inform this longitudinal analysis. Result(s): A 1.64 greater odds of maternal depression were estimated for households containing young children characterized by energy poverty P = 0.000; 95% confidence interval (CI): 1.31-2.05]. For energy poor households with older children (9 years and above), the odds of maternal depression were also higher odds ratio (OR) 1.74, P = 0.001; 95% CI: 1.27-2.39]. Fathers of young children had greater odds of depression in energy poor households (OR 1.59, P = 0.002; 95% CI: 1.19-2.12), though the deleterious effect on mental health was not statistically significant for fathers of older children. Conclusion(s): Energy poverty increases the likelihood of depression in parents. These findings merit policy attention since a mental health burden is in itself important, and more widely, parental well-being can influence child development and outcomes. Copyright © 2021 The Author(s) 2021. Published by Oxford University Press on behalf of Faculty of Public Health. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

Cost of living crisis: a UK crisis with global implications - A call to action for paediatricians
Item Type: Journal Article
Authors: Singh, Guddi and Uthayakumar-Cumarasamy, Amaran
Publication Date: 2022
Journal: BMJ Paediatrics Open 6(1)
Abstract: The UK's 'cost of living crisis' (COLC) has thrown millions of families into poverty in 2022, delivering an intensifying economic shock that will likely eclipse the financial impact of the global coronavirus pandemic for children, families and communities alike. But what is the relevance for paediatricians? Written by doctors who spend considerable time confronting social problems from clinical, public health and advocacy perspectives, this article aims to untangle the COLC for those working in child health and seeks to stimulate a meaningful conversation about how we might reimagine paediatrics for life in the 21st century.Taking the current crisis as our point of departure, we argue that the UK's COLC can be best understood as a 'crisis of inequality', which has been created through social, economic and political processes that were not inevitable. The health impacts, then, are a matter of health equity and social justice. While the acuity of the crisis unfolding in the UK garners much attention, the implications are global with lessons for paediatricians everywhere. We propose that using a 'social lens' for understanding the true 'causes of the causes' of complex challenges such as COLC is essential for the 21st century paediatrician, as the consequences for child health is deep, wide-ranging and long-lasting. However, the current gap in knowledge, skills and infrastructure in this area leads to disempowerment in the profession. We end with this provocation: What, after all, does it mean to be a paediatrician in a time of economic crisis? We offer thoughts about how paediatrics might respond to social challenges, such as the COLC, acknowledging that organised and concerted action must be taken both inside and outside of health systems if we are to help bring about the changes that our patients and their surrounding communities urgently need. Copyright © Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

Financial health as a measurable social determinant of health
Item Type: Journal Article
Authors: Weida, Emily B.;Phojanakong, Pam;Patel, Falguni and Chilton, Mariana
Publication Date: 2020
Journal: PLoS ONE 15(5)
Abstract: OBJECTIVES: Financial health, understood as one's ability to manage expenses, prepare for and recover from financial shocks, have minimal debt, and ability to build wealth, underlies all facets of daily living such as securing food and paying for housing, yet there is inconsistency in measurement and definition of this critical concept. Most social determinants research and interventions focus on siloed solutions (housing, food, utilities) rather than on a root solution such as financial health. In light of the paucity of public health research on financial health, particularly among low-income populations, this study seeks to: 1) introduce the construct of financial health into the domain of public health as a useful root term that underlies other individual measures of economic hardship and 2) demonstrate through outcomes on financial, physical and mental health among low-income caregivers of young children that the construct of financial health belongs in the canon of social determinants of health. MATERIALS AND METHODS: In order to extract features of financial health relevant to overall well-being, principal components analysis were used to assess survey data on banking and personal finances among caregivers of young children who participate in public assistance. Then, a series of logistic regressions were utilized to examine the relationship between components of financial health, depression

and self-rated health. RESULTS: Components aligned with other measures of financial health in the literature, and there were strong associations between financial health and health outcomes. PRACTICE IMPLICATIONS: Financial health can be conceived of and measured as a key social determinant of health. Abstract]

Food insecurity

Household food insecurity risk indices for English neighbourhoods: Measures to support local policy decisions
Item Type: Journal Article
Authors: Smith, Dianna M.;Rixson, Lauren;Grove, Grace;Ziauddeen, Nida;Vassilev, Ivaylo;Taheem, Ravita;Roderick, Paul and Alwan, Nisreen A.
Publication Date: 2022
Journal: PloS One 17(12), pp. e0267260
Abstract: BACKGROUND: In England, the responsibility to address food insecurity lies with local government, yet the prevalence of this social inequality is unknown in small subnational areas. In 2018 an index of small-area household food insecurity risk was developed and utilised by public and third sector organisations to target interventions; this measure needed updating to better support decisions in different settings, such as urban and rural areas where pressures on food security differ., METHODS: We held interviews with stakeholders (n = 14) and completed a scoping review to identify appropriate variables to create an updated risk measure. We then sourced a range of open access secondary data to develop an indices of food insecurity risk in English neighbourhoods. Following a process of data transformation and normalisation, we tested combinations of variables and identified the most appropriate data to reflect household food insecurity risk in urban and rural areas., RESULTS: Eight variables, reflecting both household circumstances and local service availability, were separated into two domains with equal weighting for a new index, the Complex Index, and a subset of these to make up the Simple Index. Within the Complex Index, the Compositional Domain includes population characteristics while the Structural Domain reflects small area access to resources such as grocery stores. The Compositional Domain correlated well with free school meal eligibility (rs = 0.705) and prevalence of childhood obesity (rs = 0.641). This domain was the preferred measure for use in most areas when shared with stakeholders, and when assessed alongside other configurations of the variables. Areas of highest risk were most often located in the North of England., CONCLUSION: We recommend the use of the Compositional Domain for all areas, with inclusion of the Structural Domain in rural areas where locational disadvantage makes it more difficult to access resources. These measures can aid local policy makers and planners when allocating resources and interventions to support households who may experience food insecurity. Copyright: © 2022 Smith et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Understanding the post-2010 increase in food bank use in England: new quasi-experimental analysis of the role of welfare policy
Item Type: Journal Article
Authors: Sosenko, F.;Bramley, G. and Bhattacharjee, A.
Publication Date: 2022
Journal: BMC Public Health 22(1), pp. 1363
Abstract: Background: The number of food banks (charitable outlets of emergency food parcels) and the volume of food distributed by them increased multi-fold in the United Kingdom (UK) since 2010. The overwhelming majority of users of food banks are severely food insecure. Since food insecurity implies a

nutritionally inadequate diet, and poor dietary intake has been linked to a number of diseases and chronic conditions, the rise in the number of people using food banks is a phenomenon of significant importance for public health. However, there is a shortage of robust, causal statistical analyses of drivers of food bank use, hindering social and political action on alleviating severe food insecurity. Method(s): A panel dataset of 325 local authorities in England was constructed, spanning 9 years (2011/12-2019/20). The dataset included information about the volume of parcels and the number of food banks in the Trussell Trust network, as well as economy-related, welfare system-related and housing-related variables. A quasi-experimental approach was employed in the form of a 'first differencing' ecological model, predicting the number of food parcels distributed by food banks in the Trussell Trust network. This neutralised bias from omitting time-constant unobserved confounders. Result(s): Seven predictors in the model were statistically significant, including four related to the welfare system: the value of the main out-of-work benefit; the roll-out of Universal Credit; benefit sanctions; and the 'bedroom tax' in social housing. Of the remaining three significant predictors, one regarded the 'supply' side (the number of food banks in the area) and two regarded the 'demand' side (the proportion of working age population on out-of-work benefits; the proportion of working age population who were unemployed). Conclusion(s): The structure of the welfare system has been partly responsible for driving food bank use in the UK since 2011. Severe food insecurity could be alleviated by reforming aspects of the benefit system that have been evidenced to be implicated in the rise in food bank use. More broadly, the findings provide support for 'Health and Health Equity in All Policies' approach to policymaking. Copyright © 2022, The Author(s).

Gambling Harm

Using geospatial mapping to predict and compare gambling harm hotspots in urban, rural and coastal areas of a large county in England

Item Type: Journal Article

Authors: Saunders, Mike;Rogers, Jim;Roberts, Amanda;Gavens, Lucy;Huntley, Phil and Midgley, Sarah

Publication Date: 2023

Journal: Journal of Public Health 45(4), pp. 847–853

Abstract: Background Disordered gambling is a public health problem with interconnections with health and social inequality, and adverse impacts on physical and mental health. Mapping technologies have been used to explore gambling in the UK, though most were based in urban locations. Methods We used routine data sources and geospatial mapping software to predict where gambling related harm would be most prevalent within a large English county, host to urban, rural and coastal communities. Results Licensed gambling premises were most concentrated in areas of deprivation, and in urban and coastal areas. The aggregate prevalence of disordered gambling associated characteristics was also greatest in these areas. Conclusions This mapping study links the number of gambling premises, deprivation, and risk factors for disordered gambling, and highlights that coastal areas see particularly high density of gambling premises. Findings can be applied to target resources to where they are most needed.

Housing

Housing as a social determinant of health and wellbeing: developing an empirically-informed realist theoretical framework
Item Type: Journal Article
Authors: Rolfe, Steve;Garnham, Lisa;Godwin, Jon;Anderson, Isobel;Seaman, Pete and Donaldson, Cam
Publication Date: 2020
Journal: BMC Public Health 20(1), pp. 1138
Abstract: BACKGROUND: The role of housing as a social determinant of health is well-established, but the causal pathways are poorly understood beyond the direct effects of physical housing defects. For low-income, vulnerable households there are particular challenges in creating a sense of home in a new tenancy which may have substantial effects on health and wellbeing. This study examines the role of these less tangible aspects of the housing experience for tenants in the social and private rented sectors in west central Scotland., METHODS: The paper analyses quantitative data from a mixed methods, longitudinal study of tenants from three housing organisations, collected across the first year of their tenancy. The paper postulates causal hypotheses on the basis of staff interviews and then uses a Realist Research approach to test and refine these into a theoretical framework for the connections between tenants' broader experience of housing and their health and wellbeing., RESULTS: Housing service provision, tenants' experience of property quality and aspects of neighbourhood are all demonstrated to be significantly correlated with measures of of health and wellbeing. Analysis of contextual factors provides additional detail within the theoretical framework, offering a basis for further empirical work., CONCLUSIONS: The findings provide an empirically-informed realist theoretical framework for causal pathways connecting less tangible aspects of the housing experience to health and wellbeing. Applying this within housing policy and practice would facilitate a focus on housing as a public health intervention, with potential for significant impacts on the lives of low-income and vulnerable tenants. The framework also offers a basis for further research to refine our understanding of housing as a social determinant of health.

Leadership

Social justice and medical leadership: what is preventing trainees in the East Midlands from accessing leadership training?
Item Type: Journal Article
Authors: Clegg, R. and Bowen, J.
Publication Date: 2023
Journal: BMJ Leader 7(2), pp. e000782
Abstract: Introduction Health inequality is a problem worldwide, with life expectancy decreasing in parts of the UK. Social justice requires effective leaders. Doctors can engage with their patients to understand how social determinants of health affect them and use their leadership skills to create meaningful change. The East Midlands Leadership and Management Programme (LMP), run by NHS England (NHSE) East Midlands, teaches trainees the grounding principles for effective leadership and management. Many trainees struggle to access the course; therefore, we created a survey to determine the barriers for access. Methods The survey was sent to all applicable trainees in the East Midlands. 210 of 3000 trainees responded (7%). The questions were both qualitative, analysed using thematic analysis; and quantitative, which were descriptively analysed. Results 90.5% of trainees said leadership training was somewhat or very important; however, only 52.4% had accessed training. The top barrier was not knowing what training was available (54.3%), followed by a lack of time or study leave (48.6%), and being unable to get a place on a course (46.7%). Concerningly, 3.8% thought leadership training to be of little or no importance. Discussion Despite most trainees acknowledging the importance

of leadership training, barriers to access exist. Of concern, some thought leadership training to be unimportant. Leadership is vital for social justice and to enact positive changes within our communities. The LMP provides tools for doctors to help them achieve this. Our work documents the perceived barriers our trainees have to accessing leadership training, alongside proposals for change and further research. Copyright © Author(s) (or their employer(s)) 2023.

Learning from Covid-19

COVID-19 and the role of Voluntary, Community, and Social Enterprises in northern England in responding to the needs of marginalised communities: a qualitative focus group study
Item Type: Journal Article
Authors: Scott, Stephanie;McGowan, Victoria J.;Wildman, Josephine M.;Bidmead, Elaine;Hartley, Jane;Mathews, Claire;James, Becky;Sullivan, Claire;Bambra, Clare and Sowden, Sarah
Publication Date: 2022
Journal: Lancet (London, England) 400 Suppl 1, pp. S78
Abstract: BACKGROUND: The Voluntary Community and Social Enterprise sector has a crucial role in supporting the health and wellbeing of people who are marginalised or who have multiple complex needs. We aimed to understand perceptions of those working in the sector and examine the short-term, medium-term, and long-term effects of COVID-19 on Voluntary Community and Social Enterprise organisations in northern England as they respond to the needs of marginalised communities. This research formed one component of a regional multiagency Health Inequalities Impact Assessment., METHODS: We conducted qualitative focus groups with staff and volunteers from five organisations between March and July, 2021, via a video conferencing platform. Eight of nine focus groups were audio-recorded and transcribed verbatim. One focus group was not recorded due to concerns raised over anonymity and safeguarding, but non-ascribed fieldnotes were taken. Focus group transcripts were analysed using framework analysis., FINDINGS: One organisation supported children and young people; two organisations supported vulnerable women, young people, and families; one organisation supported refugees and asylum seekers, and one organisation supported disadvantaged individuals to improve their mental and physical health and wellbeing. Three central themes were identified: the exacerbation of pre-existing inequalities, adversity, and challenges for vulnerable and marginalised populations; the cost of being flexible, innovative, and agile for Voluntary Community and Social Enterprise staff and volunteers; and the voluntary sector as a lifeline (organisational pride and resilience)., INTERPRETATION: The considerable expertise, capacity, and resilience of Voluntary Community and Social Enterprise organisations and the crucial role they have in supporting marginalised communities has been clearly shown in their response to the COVID-19 pandemic. The Voluntary Community and Social Enterprise sector therefore has an essential role in the post-COVID levelling-up agenda. The implications of these findings for service provision are that the Voluntary Community and Social Enterprise sector must be recognised as an integral partner within any effectively functioning local health system and, as such, adequately resourced to safeguard sustainability and to ensure that attempts to involve the sector in addressing the social determinants of health are not jeopardised., FUNDING: National Institute for Health and Care Research (Applied Research Collaboration North East and North Cumbria (grant reference NIHR200173) and Public Health England. SSo is supported by a Health Education England and National Institute for Health and Care Research Integrated Clinical Academic Lecturer award (reference CA-CL-2018-04-ST2-010) and Research Capability Funding, National Health Service North of England Care System Support. VJM is funded by the National

Institute for Health and Care Research School for Public Health Research (grant reference PD-SPH-2015). Copyright © 2022 Elsevier Ltd. All rights reserved.

Employment and working conditions of nurses: where and how health inequalities have increased during the COVID-19 pandemic?
Item Type: Journal Article
Authors: Llop-Girones, Alba;Vracar, Ana;Llop-Girones, Gisela;Benach, Joan;Angeli-Silva, Livia;Jaimez, Lucero;Thapa, Pramila;Bhatta, Ramesh;Mahindrakar, Santosh;Bontempo Scavo, Sara;Nar Devi, Sonia;Barria, Susana;Marcos Alonso, Susana and Julia, Mireia
Publication Date: 2021
Journal: Human Resources for Health 19(1), pp. 112
Abstract: BACKGROUND: Nurses and midwives play a critical role in the provision of care and the optimization of health services resources worldwide, which is particularly relevant during the current COVID-19 pandemic. However, they can only provide quality services if their work environment provides adequate conditions to support them. Today the employment and working conditions of many nurses worldwide are precarious, and the current pandemic has prompted more visibility to the vulnerability to health-damaging factors of nurses' globally. This desk review explores how employment relations, and employment and working conditions may be negatively affecting the health of nurses in countries such as Brazil, Croatia, India, Ireland, Italy, Mexico, Nepal, Spain, and the United Kingdom., MAIN BODY: Nurses' health is influenced by the broader social, economic, and political system and the redistribution of power relations that creates new policies regarding the labour market and the welfare state. The vulnerability faced by nurses is heightened by gender inequalities, in addition to social class, ethnicity/race (and caste), age and migrant status, that are inequality axes that explain why nurses' workers, and often their families, are exposed to multiple risks and/or poorer health. Before the COVID-19 pandemic, informalization of nurses' employment and working conditions were unfair and harmed their health. During COVID-19 pandemic, there is evidence that the employment and working conditions of nurses are associated to poor physical and mental health., CONCLUSION: The protection of nurses' health is paramount. International and national enforceable standards are needed, along with economic and health policies designed to substantially improve employment and working conditions for nurses and work-life balance. More knowledge is needed to understand the pathways and mechanisms on how precariousness might affect nurses' health and monitor the progress towards nurses' health equity. Copyright © 2021. The Author(s).

Marmot Review – 10+ years on

Marmot Places: the areas taking a proactive local approach to health inequalities
Author(s): Erin Dean
Source: The BMJ 384
Publication date: 2024
Amid a “bleak” national picture, more than 40 local authorities across England and Wales have committed to making a long term difference to the health of their communities, writes Erin Dean

Health equity in England: the Marmot review 10 years on Full text available with NHS OpenAthens account*
Item Type: Journal Article
Authors: Marmot, Michael
Publication Date: 2020
Journal: BMJ (Clinical Research Ed.) 368, pp. m693

Ten years after the landmark review on health inequalities in England, coauthor Michael Marmot says the situation has become worse. Britain has lost a decade. And it shows. Health, as measured by life expectancy, has stopped improving, and health inequalities are growing wider. Improvement in life expectancy, from the end of the 19th century on, started slowing dramatically in 2011. Now in parts of England, particularly among women in deprived communities and the north, life expectancy has fallen, and the years people spend in poor health might even be increasing—a shocking development. In the UK, as in other countries, we are used to health improving year on year. Bad as health is in England, the damage to the health of people in Scotland, Wales, and Northern Ireland has been worse.

Medical Education and Training

Effectiveness of alternative approaches to integrating SDOH into medical education: a scoping review
Item Type: Journal Article
Authors: Nour, Nehal;Stuckler, David;Ajayi, Oluwatobi and Abdalla, Mohamed Elhassan
Publication Date: 2023
Journal: BMC Medical Education 23(1), pp. 18
Abstract: BACKGROUND: There is increasing recognition of including social determinants of health (SDOH) in teaching for future doctors. However, the educational methods and the extent of integration into the curriculum vary considerably-this scoping review is aimed at how SDOH has been introduced into medical schools' curricula., METHODS: A systematic search was performed of six electronic databases, including PubMed, Education Source, Scopus, OVID (Medline), APA Psych Info, and ERIC. Articles were excluded if they did not cover the SDOH curriculum for medical students; were based on service-learning rather than didactic content; were pilot courses, or were not in English, leaving eight articles in the final study., RESULTS: The initial search yielded 654 articles after removing duplicates. In the first screening step, 588 articles were excluded after applying inclusion and exclusion criteria and quality assessment; we examined 66 articles, a total of eight included in the study. There was considerable heterogeneity in the content, structure and duration of SDOH curricula. Of the eight included studies, six were in the United States(U.S.), one in the United Kingdom (U.K.) and one in Israel. Four main conceptual frameworks were invoked: the U.S. Healthy People 2020, two World Health Organisation frameworks (The Life Course and the Michael Marmot's Social Determinants of Health), and the National Academic of Science, Engineering, and Medicine's (Framework For educating Health Professionals to Address the Social Determinants of Health). In general, programs that lasted longer appeared to perform better than shorter-duration programmes. Students favoured interactive, experiential-learning teaching methods over the traditional classroom-based teaching methods., CONCLUSION: The incorporation of well-structured SDOH curricula capturing both local specification and a global framework, combined with a combination of traditional and interactive teaching methods over extended periods, may be helpful in steps for creating lifelong learners and socially accountable medical school education. Copyright © 2022. The Author(s).

‘Attorneys of the poor’: training physicians to tackle health inequalities
Item Type: Journal Article
Authors: FitzPatrick, Michael E. B.;Badu-Boateng, Charles;Huntley, Christopher and Morgan, Caitlin
Publication Date: 2021
Journal: Future Healthcare Journal 8(1)

Abstract: The stellar gains in life expectancy and health over the past century have been accompanied by an increase in societal and health inequalities. This health gap between the most and least fortunate in our society is widening, driven by complex social determinants of health, as well as healthcare systems themselves. Physicians are not just well-qualified and well-placed to act as advocates for change, but have a moral duty to do so: to stand by silently is to be complicit. Following a workshop on health inequalities and medical training at the Royal College of Physicians Trainees Committee, we sought to examine how health inequalities could be addressed through changes to the medical education system. We discuss the arguments for reform in recruitment to medicine, and changes to undergraduate, postgraduate and continuing medical education in order to equip the profession to deliver meaningful improvements in health inequalities. We propose a population health credential as a mechanism by which specialists can gain additional skills to take on leadership roles addressing health inequalities, allowing them to support colleagues in public health and bring in specialty-specific knowledge and experience. Abstract]

Inclusion of the homeless in health equity curricula: a needs assessment study
Author(s): Feldman et al.
Source: Medical Education Online 25(1)
Publication date: May 2020
Exposure to homeless patients is a potential strategy to teach about social determinants of health and health inequities. Little is known about student attitudes and preferences for learning about the homeless in curricula addressing vulnerable populations. A needs assessment to determine student readiness may inform strategies for teaching. A mixed-methods study of one matriculating physician assistant student class, with a cross-sectional survey and 3 focus groups (FG). The validated 19-item Health Professionals' Attitudes Toward Homelessness inventory (HPATHI) and new 7-item Learning Attitudes scale were administered to explore perceptions and preferences about relevance of caring for the homeless to future practice. FGs were conducted to theme saturation. Verbatim transcripts were independently read and coded by 3 researchers using constant comparison. Survey response rate was 100% (N = 60). Overall HPATHI mean score was 3.97 ± 0.04 of 5, indicating positive attitudes toward the homeless. The highest mean score (4.26 ± 0.04) was for the social advocacy subscale; the lowest (3.02 ± 0.06) for personal advocacy. The Learning Attitude scale (Cronbach's alpha 0.89) mean score was 4.47 ± 0.07 out of 5, showing a positive attitude toward curricular exposure. Older students and those with prior experience with the homeless had higher HPATHI scores ($p < 0.05$). Four major themes emerged: vulnerable patients cannot advocate for themselves; learning about homelessness is relevant to future practice; preference for multiple teaching strategies and adequate preparation for street rotations; and anticipated anxiety about safety. Students recognize the value of learning from homeless patients as part of gaining skills in caring for vulnerable populations. Experiential learning opportunities focusing on this group are seen as an acceptable and valuable way to gain skills applicable to all vulnerable patients. Students express fear and anxiety around non-traditional settings such as the street. Their anxieties should be adequately addressed when designing clinical rotations.

Mental Health and Physical Health

[Improving our understanding of the social determinants of mental health: a data linkage study of mental health records and the 2011 UK census]
Item Type: Journal Article
Authors: Cybulski, Lukasz;Chilman, Natasha;Jewell, Amelia;Dewey, Michael;Hildersley, Rosanna;Morgan, Craig;Huck, Rachel;Hotopf, Matthew;Stewart, Robert;Pritchard, Megan;Wuerth, Milena and Das-Munshi, Jayati
Publication Date: 2024
Journal: BMJ Open 14(1), pp. e073582
Abstract: OBJECTIVES: To address the lack of individual-level socioeconomic information in electronic healthcare records, we linked the 2011 census of England and Wales to patient records from a large mental healthcare provider. This paper describes the linkage process and methods for mitigating bias due to non-matching., SETTING: South London and Maudsley NHS Foundation Trust (SLaM), a mental healthcare provider in Southeast London., DESIGN: Clinical records from SLaM were supplied to the Office of National Statistics for linkage to the census through a deterministic matching algorithm. We examined clinical (International Classification of Disease-10 diagnosis, history of hospitalisation, frequency of service contact) and socio-demographic (age, gender, ethnicity, deprivation) information recorded in Clinical Record Interactive Search (CRIS) as predictors of linkage success with the 2011 census. To assess and adjust for potential biases caused by non-matching, we evaluated inverse probability weighting for mortality associations., PARTICIPANTS: Individuals of all ages in contact with SLaM up until December 2019 (N=459 374)., OUTCOME MEASURES: Likelihood of mental health records' linkage to census., RESULTS: 220 864 (50.4%) records from CRIS linked to the 2011 census. Young adults (prevalence ratio (PR) 0.80, 95% CI 0.80 to 0.81), individuals living in more deprived areas (PR 0.78, 95% CI 0.78 to 0.79) and minority ethnic groups (eg, Black African, PR 0.67, 0.66 to 0.68) were less likely to match to census. After implementing inverse probability weighting, we observed little change in the strength of association between clinical/demographic characteristics and mortality (eg, presence of any psychiatric disorder: unweighted PR 2.66, 95% CI 2.52 to 2.80; weighted PR 2.70, 95% CI 2.56 to 2.84)., CONCLUSIONS: Lower response rates to the 2011 census among people with psychiatric disorders may have contributed to lower match rates, a potential concern as the census informs service planning and allocation of resources. Due to its size and unique characteristics, the linked data set will enable novel investigations into the relationship between socioeconomic factors and psychiatric disorders. Copyright © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY. Published by BMJ.

[The intergenerational transmission of mental and physical health in the United Kingdom] Abstract only*
Author(s): Bencsik et al.
Source: Journal of Health Economics 92
Publication date: December 2023
As health is increasingly recognized as a key component of human welfare, a new line of research on [intergenerational mobility] has emerged that focuses on broad measures of health. We extend this research to consider two key components of health: physical health and mental health. We use rich survey data from the United Kingdom linking the health of adult children at around age 30 to their parents. We estimate that the rank–rank slope in health is 0.17 and the intergenerational health association is 0.19 suggesting relatively rapid mobility compared to other outcomes such as income. We find that while both mental and physical health have a similar degree of intergenerational persistence, parents' mental health is much more strongly associated with broad measures of adult children's

health than parents' physical health. We also show that the primacy of parent mental health over physical health on children's health appears to emerge during early adolescence. Finally, we construct a comprehensive measure of welfare by combining income and health and estimate a rank–rank association of 0.27. This is considerably lower than the comparable estimate of 0.43 from the US suggesting that there is greater mobility in welfare in the UK than in the US.

Social determinants of mental health during a year of the COVID-19 pandemic
Item Type: Journal Article
Authors: Minihan, Savannah;Orben, Amy;Songco, Annabel;Fox, Elaine;Ladouceur, Cecile D.;Mewton, Louise;Moulds, Michelle;Pfeifer, Jennifer H.;Van Harmelen, Anne-Laura and Schweizer, Susanne
Publication Date: 2023
Journal: Development and Psychopathology 35(4), pp. 1701–1713
Abstract: Belonging is a basic human need, with social isolation signaling a threat to biological fitness. Sensitivity to ostracism varies across individuals and the lifespan, peaking in adolescence. Government-imposed restrictions upon social interactions during COVID-19 may therefore be particularly detrimental to young people and those most sensitive to ostracism. Participants (N = 2367; 89.95% female, 11-100 years) from three countries with differing levels of government restrictions (Australia, UK, and USA) were surveyed thrice at three-month intervals (May 2020 - April 2021). Young people, and those living under the tightest government restrictions, reported the worst mental health, with these inequalities in mental health remaining constant throughout the study period. Further dissection of these results revealed that young people high on social rejection sensitivity reported the most mental health problems at the final assessment. These findings help account for the greater impact of enforced social isolation on young people's mental health, and open novel avenues for intervention.

Primary Care and Community

Reducing health inequalities through general practice: a realist review and action framework
Author(s): Gkiouleka et al.
Source: Health and Care Delivery Research 12(7)
Publication date: 2024
Plain language summary: Health inequalities are unfair differences in health across different groups of the population. In the United Kingdom, the health inequality gap in life expectancy between the richest and poorest is increasing and is caused mostly by differences in long-term conditions like cancer and cardiovascular disease and respiratory conditions, such as chronic obstructive pulmonary disease. Partly National Health Service inequalities arise in delays in seeing a doctor and care provided through doctors' surgery, such as delays in getting tests. This study explored how general practice services can increase or decrease inequalities in cancer, cardiovascular disease, diabetes and chronic obstructive pulmonary disease, under what circumstances and for whom. It also produced guidance for general practice, both local general practices and the wider general practice system, to reduce inequalities. We reviewed existing studies using a realist methodology. This methodology helps us understand the different contexts in which interventions work or not. We found that inequalities in general practice result from complex processes across different areas. These include funding and workforce, perceptions about health and disease among patients and healthcare staff, everyday procedures involved in care delivery, and relationships among individuals and communities. To reduce inequalities in general practice, action should be taken in all these areas and services

need to be connected (i.e. linked and coordinated across the sector), intersectional (i.e. accounting for the fact that people's experience is affected by many of their characteristics like their gender and socio-economic position), flexible (i.e. meeting patients' different needs and preferences), inclusive (i.e. not excluding people because of who they are) and community-centred (i.e. working with the people who will receive care when designing and providing it). There is no one single intervention that will make general practice more equitable, rather it requires long-term organisational change based on these principles.

Integration of social determinants of health information within the primary care electronic health record: a systematic review of patient perspectives and experiences
Item Type: Journal Article
Authors: Arroyave Caicedo, Nicolle Marianne;Parry, Emma;Arslan, Nazan and Park, Sophie
Publication Date: 2024
Journal: BJGP Open 8(1)
Abstract: BACKGROUND: Social determinants of health (SDOH) are the non-medical factors that impact health. Although geographical measures of deprivation are used, individual measures of social risk could identify those most at risk and generate more personalised care and targeted referrals to community resources. We know SDOH are important to health care, but it is not yet known whether their collection via the electronic health record (EHR) is acceptable and useful from the patient perspective., AIM: To synthesise relevant literature to explore patient perspectives on integrating information about SDOH into primary care EHRs, and the opportunities and challenges of its implementation in a general practice setting., DESIGN & SETTING: Systematic review of primary care-based qualitative and mixed-method studies using thematic framework analysis., METHOD: Key databases were searched for articles reporting patient perspectives of SDOH collection within the primary care EHR. Qualitative and mixed-methods studies written in English were included. A framework analysis was conducted to identify themes., RESULTS: From 14 included studies, the following five main themes were identified: rationale for SDOH screening and the anticipated outcomes; impact of the provider-patient relationship on patient perceptions; data, which included privacy concerns; screening process and referral; and recommendations for future research., CONCLUSION: Integration of information on SDOH into the EHR appears acceptable to patients. This review has added to the discussion of whether and how to implement SDOH screening and referral programmes into UK primary care systems. Copyright © 2024, The Authors.

Regional Inequalities

'It depends on where you were born...here in the North East, there's not really many job opportunities compared to in the South': young people's perspectives on a North-South health divide and its drivers in England, UK
Item Type: Journal Article
Authors: Fairbrother, H.;Woodrow, N.;Holding, E.;Crowder, M.;Griffin, N.;Er, V.;Dodd-Reynolds, C.;Egan, M.;Scott, S.;Summerbell, C.;Rigby, E.;Kyle, P.;Knights, N.;Quirk, H. and Goyder, E.
Publication Date: 2024
Journal: BMC Public Health 24(1), pp. 2018
Abstract: Background: Improving the public's understanding of how regional and socioeconomic inequalities create and perpetuate inequalities in health, is argued to be necessary for building support for policies geared towards creating a more equal society. However, research exploring public perceptions of health inequalities, and how they are generated, is limited. This is particularly so for young people. Our study sought to explore young people's lived experiences and understandings of health

inequalities. Method(s): We carried out focus group discussions (n = 18) with 42 young people, aged 13-21, recruited from six youth organisations in England in 2021. The organisations were located in areas of high deprivation in South Yorkshire, the North East and London. Young people from each organisation took part in three interlinked focus group discussions designed to explore their (i) perceptions of factors impacting their health in their local area, (ii) understandings of health inequalities and (iii) priorities for change. Due to the Covid-19 pandemic, most discussions took place online (n = 15). However, with one group in the North East, we carried out discussions face-to-face (n = 3). Data were analysed thematically and we used NVivo-12 software to facilitate data management. Result(s): Young people from all groups demonstrated an awareness of a North-South divide in England, UK. They described how disparities in local economies and employment landscapes between the North and the South led to tangible differences in everyday living and working conditions. They clearly articulated how these differences ultimately led to inequalities in people's health and wellbeing, such as linking poverty and employment precarity to chronic stress. Young people did not believe these inequalities were inevitable. They described the Conservative government as prioritising the South and thus perpetuating inequalities through uneven investment. Conclusion(s): Our study affords important insights into young people's perceptions of how wider determinants can help explain the North-South health divide in England. It demonstrates young people's contextualised understandings of the interplay between spatial, social and health inequalities. Our findings support calls for pro-equity policies to address the structural causes of regional divides in health. Further research, engaging young people in deliberative policy analysis, could build on this work. Copyright © The Author(s) 2024.

The impact of social determinants on health outcomes in a region in the North of England: a structural equation modelling analysis

Item Type: Journal Article

Authors: Newton, D.;Stephenson, J.;Azevedo, L.;Sah, R. K.;Poudel, A. N. and Richardson, O.

Publication Date: 2024

Journal: Public Health 231, pp. 198–203

Abstract: OBJECTIVES: The aim of this study was to identify the impact of social determinants of health on physical and mental health outcomes in a UK population., STUDY DESIGN: Structural equation modelling was used to hypothesise a model of relationships between health determinants and outcomes within a region in the North of England using large-scale population survey data (6208 responses)., METHODS: We analysed responses from a population survey to assess the influence of a deprivation-based index at the environmental level, education and income on a behaviour index (smoking, alcohol consumption, physical activity, and dietary habits) and the influence of all these factors on self-reported physical health and the influence of the behaviour index and income on mental wellbeing., RESULTS: The proposed model was well supported by the data. Goodness-of-fit statistics, most notably a low value of the root mean square error of approximation (RMSEA), supported the validity of the proposed relationships (RMSEA = 0.054). The model revealed all examined paths to be statistically significant. Income and education were influential in determining an individual's behaviour index score, which, with income was the most important predictor of both the correlated outcomes of physical health and mental wellbeing ($P < 0.001$ in all cases)., CONCLUSIONS: Findings challenge the traditional view of singular causal pathways, emphasising that interventions should consider the underlying influencing socio-economic conditions, which would influence behaviour and therefore physical and mental wellbeing. The extent to which the model is supported by

the data, and the statistical significance of individual relationships accentuates the imperative for comprehensive public health strategies that integrate multiple socio-economic factors. Copyright © 2024 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

Equal North: How can we reduce health inequalities in the North of England? A prioritization exercise with researchers, policymakers and practitioners
Item Type: Journal Article
Authors: Addison, M.;Kaner, E.;Johnstone, P.;Hillier-Brown, F.;Moffatt, S.;Russell, S.;Barr, B.;Holland, P.;Salway, S.;Whitehead, M. and Bambra, C.
Publication Date: 2019
Journal: Journal of Public Health (United Kingdom) 41(4), pp. 652–664
Abstract: Background The Equal North network was developed to take forward the implications of the Due North report of the Independent Inquiry into Health Equity. The aim of this exercise was to identify how to reduce health inequalities in the north of England. Methods Workshops (15 groups) and a Delphi survey (3 rounds, 368 members) were used to consult expert opinion and achieve consensus. Round 1 answered open questions around priorities for action; Round 2 used a 5-point Likert scale to rate items; Round 3 responses were rerated alongside a median response to each item. In total, 10 workshops were conducted after the Delphi survey to triangulate the data. Results In Round 1, responses from 253 participants generated 39 items used in Round 2 (rated by 144 participants). Results from Round 3 (76 participants) indicate that poverty/implications of austerity (4.87 m, IQR 0) remained the priority issue, with long-term unemployment (4.8 m, IQR 0) and mental health (4.7 m, IQR 1) second and third priorities. Workshop 3 did not diverge from findings in Round 1. Conclusions Practice professionals and academics agreed that reducing health inequalities in the North of England requires prioritizing research that tackles structural determinants concerning poverty, the implications of austerity measures and unemployment. Copyright © The Author(s) 2018.

Increasing inequality in age of death at shared levels of life expectancy: A comparative study of Scotland and England and Wales
Item Type: Journal Article
Authors: Seaman, Rosie;Leyland, Alastair H. and Popham, Frank
Publication Date: 2016
Journal: SSM - Population Health 2, pp. 724–731
Abstract: There is a strong negative correlation between increasing life expectancy and decreasing lifespan variation, a measure of inequality. Previous research suggests that countries achieving a high level of life expectancy later in time generally do so with lower lifespan variation than forerunner countries. This may be because they are able to capitalise on lessons already learnt. However, a few countries achieve a high level of life expectancy later in time with higher inequality. Scotland appears to be such a country and presents an interesting case study because it previously experienced lower inequality when reaching the same level of life expectancy as its closest comparator England and Wales. We calculated life expectancy and lifespan variation for Scotland and England and Wales for the years 1950 to 2012, comparing Scotland to England and Wales when it reached the same level of life expectancy later on in time, and assessed the difference in the level of lifespan variation. The lifespan variation difference between the two countries was then decomposed into age-specific components. Analysis was carried out for males and females separately. Since the 1950s Scotland has achieved the same level of life expectancy at least ten years later in time than England and Wales. Initially it did so with lower lifespan variation. Following the 1980s Scotland has been achieving the same level of life

expectancy later in time than England and Wales and with higher inequality, particularly for males. Decomposition revealed that higher inequality is partly explained by lower older age mortality rates but primarily by higher premature adult age mortality rates when life expectancy is the same. Existing studies suggest that premature adult mortality rates are strongly associated with the social determinants of health and may be amenable to social and economic policies. So addressing these policy areas may have benefits for both inequality and population health in Scotland.

Research

Developing the embedded researcher role: Learning from the first year of the National Institute for Health and Care Research (NIHR), Health Determinants Research Collaboration (HDRC), Doncaster, UK
Item Type: Journal Article
Authors: Holding, E.;Gettings, R.;Foster, A.;Dowrick, L.;Hampshaw, S.;Haywood, A.;Homer, C.;Booth, A. and Goyder, E.
Publication Date: 2024
Journal: Public Health in Practice (Oxford, England) 7, pp. 100516
Abstract: Background: Strategies to embed research knowledge into decision making contexts include the Embedded Research (ER) model, which involves the collocation of academic researchers in non-academic organisations such as hospitals and local authorities. A local authority in Doncaster, United Kingdom (UK) has adopted an embedded researcher model within the National Institute for Health and Care Research (NIHR), Health Determinants Research Collaboration (HDRC). This five-year collaboration enables universities and local authorities to work together to reduce health inequalities and target the social determinants of health. Building on previous embedded research models, this approach is unique due to its significant scale and long-term investment. In this opinion paper Embedded Researchers (ERs) reflect on their experiences of the first year of the collaboration., Study design: A reflective consultation exercise., Methods: Observation of HDRC delivery meetings, as well as informal discussions and a short proforma with ERs (N = 8)., Results: ERs valued the five-year timeframe which provided a unique opportunity for strengthened relationships and to apply formative learning as the programme progressed. However, differences in knowledge of undertaking research across the HDRC team and between practitioners and academics require each to respect different professional experiences and to avoid potential power imbalances. Diverse projects required researchers to be generalists, applying their expertise to multiple topics. This requires careful priority setting alongside workload and expectation management., Conclusions: The significant scale and investment of the HDRC provides a unique opportunity for developing the ER role by applying formative learning as the programme progresses. However, success will require careful management of workload allocation and relationships between ERs and practitioners. Further learning on how to embed ERs within local authority contexts will emerge as the programme matures. Copyright © 2024 Published by Elsevier Ltd on behalf of The Royal Society for Public Health.

The role of cultural, community and natural assets in addressing societal and structural health inequalities in the UK: future research priorities
Item Type: Journal Article
Authors: Thomson, L. J.;Gordon-Nesbitt, R.;Elsden, E. and Chatterjee, H. J.
Publication Date: 2021
Journal: International Journal for Equity in Health 20(1), pp. 249
Abstract: Background: Reducing health inequalities in the UK has been a policy priority for over 20 years, yet, despite efforts to create a more equal society, progress has been limited.

Furthermore, some inequalities have widened and become more apparent, particularly during the Covid-19 pandemic. With growing recognition of the uneven distribution of life expectancy and of mental and physical health, the current research was commissioned to identify future research priorities to address UK societal and structural health inequalities. Method(s): An expert opinion consultancy process comprising an anonymous online survey and a consultation workshop were conducted to investigate priority areas for future research into UK inequalities. The seven-question survey asked respondents (n = 170) to indicate their current role, identify and prioritise areas of inequality, approaches and evaluation methods, and comment on future research priorities. The workshop was held to determine areas of research priority and attended by a closed list of delegates (n = 30) representing a range of academic disciplines and end-users of research from policy and practice. Delegates self-selected one of four breakout groups to determine research priority areas in four categories of inequality (health, social, economic, and other) and to allocate hypothetical sums of funding (half, one, five, and ten million pounds) to chosen priorities. Responses were analysed using mixed methods. Result(s): Survey respondents were mainly 'academics' (33%), 'voluntary/third sector professionals' (17%), and 'creative/cultural professionals'(16%). Survey questions identified the main areas of inequality as 'health' (58%), 'social care' (54%), and 'living standards' (47%). The first research priority was 'access to creative and cultural opportunities' (37%), second, 'sense of place' (23%), and third, 'community' (17%). Approaches seen to benefit from more research in relation to addressing inequalities were 'health/social care' (55%), 'advice services' (34%), and 'adult education/training' (26%). Preferred evaluation methods were 'community/participatory' (76%), 'action research' (62%), and 'questionnaires/focus groups' (53%). Survey respondents (25%) commented on interactions between inequalities and issues such as political and economic decisions, and climate. The key workshop finding from determining research priorities in areas of inequality was that health equity could only be achieved by tackling societal and structural inequalities, environmental conditions and housing, and having an active prevention programme. Conclusion(s): Research demonstrates a clear need to assess the impact of cultural and natural assets in reducing inequality. Collaborations between community groups, service providers, local authorities, health commissioners, GPs, and researchers using longitudinal methods are needed within a multi-disciplinary approach to address societal and structural health inequalities. Copyright © 2021, The Author(s).

Workforce

Inequalities in the distribution of the general practice workforce in England: a practice-level longitudinal analysis
Author(s): Nussbaum et al.
Source: BJGP Open 5(5)
Publication date: October 2021
Background: In England, demand for primary care services is increasing and GP shortages are widespread. Recently introduced primary care networks (PCNs) aim to expand the use of additional practice-based roles such as physician associates (PAs), pharmacists, paramedics, and others through financial incentives for recruitment of these roles. Inequalities in general practice, including additional roles, have not been examined in recent years, which is a meaningful gap in the literature. Previous research has found that workforce inequalities are associated with health outcome inequalities. Aim: To examine recent trends in general practice workforce inequalities. Design & setting: A longitudinal study using quarterly General Practice Workforce datasets from 2015–2020 in England. Method: The slope indices of inequality (SIIs) for GPs, nurses, total direct patient care (DPC) staff, PAs, pharmacists, and paramedics per 10 000 patients were calculated quarterly, and plotted over time,

with and without adjustment for patient need. Results: Fewer GPs, total DPC staff, and paramedics per 10 000 patients were employed in more deprived areas. Conversely, more PAs and pharmacists per 10 000 patients were employed in more deprived areas. With the exception of total DPC staff, these observed inequalities widened over time. The unadjusted analysis showed more nurses per 10 000 patients employed in more deprived areas. These values were not significant after adjustment but approached a more equal or pro-poor distribution over time. Conclusion: Significant workforce inequalities exist and are even increasing for several key general practice roles, with workforce shortages disproportionately affecting more deprived areas. Policy solutions are urgently needed to ensure an equitably distributed workforce and reduce health inequities.

Social determinants of health and the well-being of the early care and education workforce: the role of psychological capital
Abstract only*
Item Type: Journal Article
Authors: Farewell, C. V.;Shreedar, P.;Brogden, D. and Puma, J. E.
Publication Date: 2024
Journal: Journal of Public Mental Health 23(1), pp. 29–42
Abstract: PURPOSE: The early care and education (ECE) workforce plays a pivotal role in shaping early childhood developmental trajectories and simultaneously experiences significant mental health disparities. The purpose of this study is to investigate how social determinants of health and external stressors are associated with the mental health of ECE staff, which represent a low-resourced segment of the workforce; how psychological capital (psycap) can mitigate these associations. DESIGN/METHODOLOGY/APPROACH: The authors administered an 89-item survey to 332 ECE staff employed in 42 Head Start centers in the USA. The authors ran three hierarchical linear regression models to analyze associations between social determinants of health, external sources of stress, psycap and potential moderation effects and mental health outcomes. FINDINGS: Individuals experiencing greater finance-related stress reported 0.15 higher scores on the depression scale and 0.20 higher scores on the anxiety scale than those experiencing less finance-related stress ($p < 0.05$). Individuals experiencing greater work-related stress reported 1.26 more days of poorer mental health in the past month than those experiencing less work-related stress ($p < 0.01$). After controlling for all sociodemographic variables and sources of stress, psycap was significantly and negatively associated with depressive symptomology (b-weight = -0.02, $p < 0.01$) and the number of poor mental health days reported in the past month (b-weight = -0.13, $p < 0.05$). Moderation models suggest that higher levels of psycap may mitigate the association between work-related stress and the number of poor mental health days reported in the past month (b-weight = -0.06, $p = 0.02$). ORIGINALITY/VALUE: The implications of these findings suggest a need for policy change to mitigate social determinants of health and promote pay equity and multi-level interventions that target workplace-related stressors and psycap to combat poor mental health of the ECE workforce. Abstract]

The role of health protection teams in reducing health inequities: findings from a qualitative study
Item Type: Journal Article
Authors: Allison, Rosalie;Roberts, David J.;Briggs, Adam;Arora, Shona and Anderson, Sarah
Publication Date: 2023
Journal: BMC Public Health 23(1), pp. 231
Abstract: INTRODUCTION: The UK Health Security Agency's (UKHSA) Health Protection Teams (HPTs) provide specialist public health advice and operational support to NHS, local authorities and other agencies in England. The development of a three-year UKHSA Health Equity strategy creates a unique

opportunity for HPTs to reduce health inequities within their work., AIMS: This study aimed to understand current health equity activities and structures within HPTs, and to propose future HPT-led health equity activities., METHODS: Between November 2021 - March 2022, HPT staff from the nine UKHSA regions were invited to participate in a semi-structured interview or focus group., RESULTS: Twenty-seven participants covering all nine UKHSA regions took part in a total of 18 interviews and two focus groups. There was enthusiasm to address health inequity, and many reported this as their motivation for working in public health. All HPTs routinely engaged in health equity work including, variously: liaising with other organisations; advocacy in case and outbreak management meetings; developing regional HPT health equity action plans; and targeting under-served populations in day-to-day work. HPT staff discussed the challenge of splitting their time between reacting to health protection incidents (e.g., COVID as the main priority at the time) and pro-active work (e.g., programmes to reduce risk from external hazards for vulnerable populations). Although COVID had raised awareness of health inequities, knowledge of health equity among the professionally diverse workforce appeared variable. Limited evidence about effective interventions, and lack of clarity about future ways of working with other organisations were also shared as barriers to tackling health inequities., CONCLUSION: HPTs welcomed the development of UKHSA's health equity strategy, and through this study identified opportunities where HPTs can influence, support and lead on tackling health inequities. This includes embedding health equity into HPTs' acute response activities, stakeholder working, and staff management. This study also identified a need for health equity training for HPTs to improve knowledge and skills, utilising evidence-based approaches to health equity. Finally, we have identified areas where HPTs can lead, for example using brief advice interventions and through developing resources, such as standard operating procedures that focus on vulnerable populations. These findings will support a more integrated approach to addressing health equity through health protection work. Copyright © 2023. Crown.

*Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can self-register here.

If you need help accessing an article, or have any other questions, contact the Knowledge Management team for support england.knowledgemanagement@nhs.net