Health Inequalities

Michael Marmot, a professor of epidemiology and public health, is well-known to many in public health but is perhaps less well-known outwith public health. He is important because his life’s work has been devoted to understanding health inequalities and he chaired the group looking at health inequalities in England. The report called *Fair Society, Healthy Lives (The Marmot Review)* was published in February 2010.\(^1\)

Michael Marmot was recently elected BMA President and in his acceptance speech he said: “If we really want to fight the alligators of health inequalities, we have to drain the swamp. We have to deal with the consequences of an unfair set of economic and social arrangements, and with the causes and the causes of the causes of health inequalities”\(^2\)

Draining the swamp is not an easy task in Lanarkshire, Scotland or England but it must be done. This chapter highlights how Lanarkshire is using the findings of the *Equally Well Task Force Report* and the subsequent *Equally Well Implementation Plan* to tackle health inequalities. No one should underestimate the task – and the current economic problems have resulted in increased unemployment and job insecurity, which will adversely affect health and exacerbate health inequalities.

Also in this chapter is some pioneering work being undertaken in South Lanarkshire on environmental deprivation and its links with socio-economic deprivation. While there is a relationship between the two, it is not always a simple one, and the findings from this study will inform planning of regeneration programmes.

**References**


2  Marmot M. BMA presidency acceptance speech: fighting the alligators of health inequalities. *BMJ* 2010; 341: 76.
1.1 Equally Well

*Equally Well: Report of the Ministerial Task Force on Health Inequalities* and the subsequent *Implementation Plan* were published in 2008.¹,²

The report described the health inequalities facing Scotland. For example:
- In Scotland in 2006, healthy life expectancy at birth was 67.9 years for men and 69.0 years for women. In the most deprived 15% of areas in Scotland, healthy life expectancy at birth was considerably lower at 57.3 years for men and 59.0 years for women.
- In Scotland in 2006, people who had a low household income, or reported finding it difficult to manage on their household income, had poorer mental health wellbeing than those with a high household income or who reported finding it easy to manage on their income.
- There are large and increasing relative inequalities in deaths amongst young adults due to drugs, alcohol, assault and suicide.
- In Scotland in 2006, more than two-thirds of the total alcohol-related deaths were in the most deprived two-fifths of areas.
- Those living in the most deprived 10% of areas in Scotland have a suicide risk double that of the Scottish average.
- While the overall prevalence rate of smoking in Scotland has decreased, inequalities remain because adult smoking rates increase with increasing deprivation. In Scotland in 2005–2006, smoking rates ranged from 11% in the least deprived 10% of areas to 44% in the most deprived 10%.

In light of the evidence about the causes of inequalities in health, the Task Force agreed principles to guide its work:
- Improving the spectrum of circumstances and environments that can improve people’s life circumstances and hence their health.
- Addressing the inter-generational factors that risk perpetuating Scotland’s health inequalities, particularly by supporting the best possible start in life for all children in Scotland.
- Engaging individuals, families and communities most at risk of poor health in services and decisions relevant to their health.
- Delivering health and other public services that are universal, but also targeted and tailored to meet the needs of those most at risk of poor health.

The report identified 78 recommendations for action. The implementation plan set out a programme for change and identified a number of actions. The Task Force recognised that addressing health inequalities is a long-term challenge. It did, however, prioritise those recommendations in relation to:
- Early years and young people.
- Tackling poverty and increasing employment.
- Harms to health and wellbeing, alcohol, drugs and violence.
- Health and wellbeing including mental health and the ‘big killer’ diseases.
- Physical environments and transport.
The position in Lanarkshire
Addressing health inequalities is a complex issue. A major challenge for NHS Lanarkshire and its community planning partners is to focus the delivery of their services to ensure that health inequalities are being addressed as an integral part of those services. There is a need to build upon the initial progress that has already been made with the Single Outcome Agreements (SOAs). Developing the SOAs further will enable an even greater strategic and co-ordinated approach to addressing health inequalities.

In a direct response to the Equally Well report NHS Lanarkshire developed a High Level Action Plan with 14 actions that address:
- Early years and young people.
- Harms to health (including violence, drugs and alcohol misuse).
- Mental health and wellbeing.
- ‘Big killer’ diseases and risk factors.

An NHS Lanarkshire Equally Well Delivery Plan has been developed that provides details of the actions of NHS Lanarkshire and of its key partners that address health inequalities.

Early years and young people
NHS Lanarkshire and its community planning partners are committed to providing all children with the best possible start in life, with the need to focus efforts on the most vulnerable children. These actions include:
- Single agency assessment.
- Working towards sharing information across organisations.
- Improving links between midwifery and public health nursing.
- Developing a parenting strategy.
- The North Lanarkshire Nursery Pilot which focuses on supporting the most vulnerable children and their parents/carers in three nurseries.
- The COSLA Award-winning First Steps Programme in South Lanarkshire which focuses on providing intensive support to young first-time mothers in their own homes.
- Delivery of programmes such as Mellow Babies and Infant Toothbrushing.

Tackling poverty and increasing employment
Tackling poverty and increasing employment is a key element of the community planning process and is strongly reflected in both North and South Lanarkshire’s SOAs. The NHS has a key role to play as a partner in many of the actions led by others to address poverty and increase employment, but it also sometimes has a lead role. Actions include:
• Leading the Employability Equally Well test site. This programme aims to increase referrals from front-line NHS, social work and housing staff to employability services using a single telephone number. Over 1,600 staff have been trained and 287 referrals were made in the first year.
• Leading the Healthy Working Lives programme in Lanarkshire. Eighty-nine companies or organisations employing over 100,000 people have gained or are working towards an award.
• Providing a range of programmes and services such as the health and safety telephone helpline and the Condition Management Programme at Salus, NHS Lanarkshire’s Occupational Health and Safety organisation. The latter has provided support to over 3,000 clients and from 2006 to 2009 has helped 950 clients into employment and 549 clients into further education/training.
• NHS Lanarkshire’s commitment to the Local Employment Partnership (LEP) programme by providing opportunities for people recruited through initiatives such as Programme Search, which aims to help those with learning disabilities in North Lanarkshire.

Harms to health and wellbeing: alcohol, drugs and violence
Deprived communities suffer more from the effects of these harms. Lanarkshire Area Drugs Partnership (ADP) has developed a strategy and delivery plan for 2008–2011. Within this, it has prioritised key areas for action and groups to address health inequalities. These actions include:
• Investing in programmes to address the effects of alcohol and drugs in early years, school children and workplaces.
• Working with both licensing authorities to champion the public health element of the Licensing Scotland Act.
• Contributing to strategic activity and programmes that tackle antisocial behaviour and violence.
• Developing a service for young people who require clinical interventions.

NHS Lanarkshire is also undertaking an ambitious programme to train staff to deliver alcohol brief interventions in primary care, A&E and maternity services.
Health and wellbeing: mental health
The community planning partnerships are playing a major role in ensuring that health and wellbeing is at the forefront of the community planning agenda. Examples include the Health Promoting Nurseries and Schools initiatives, and Keep Well, a cardiovascular disease anticipatory care programme targeting those in our most deprived communities and specific populations such as ex-offenders, homeless and gypsy/travellers.

Health improvement services have been focused on those who need it most. For example, 39% of those who have stopped smoking at four weeks live within the most deprived 15% communities in Lanarkshire.

Evidence shows a significant association between mental health care needs and material deprivation, education and employment status, the environment and adverse life events. Significant progress has been made in developing an integrated approach to the prevention, promotion, care and treatment agenda through NHS Lanarkshire’s Mental Health Service Improvement Board (SIB):
• Strong partnerships with local authorities focussed on the wider determinants of health (poverty, poor housing, unemployment, low educational attainment).
• Increasing understanding of mental health and wellbeing and increasing positive attitudes around mental ill health (See Me campaign), promoting and supporting recovery (Scottish Recovery Network) and building capacity for suicide prevention (Choose Life).
• Increased access to self-help, e.g. ‘Living Life to the Full Self-help Programme’ and the Healthy Reading Programme which GPs will prescribe.
• Developing plans to provide psychological/talking therapies to reduce reliance on antidepressants and mental health services.
• Developing child and mental health services to make the services more responsive to the needs of children.

Health and wellbeing: ‘big killer’ diseases and risk factors
NHS Lanarkshire and community planning partners are engaged in a range of activity to combat the ‘big killer’ diseases and risk factors. The Keep Well Programme continues to work with primary care practitioners to identify those most at risk of cardiovascular disease in our most deprived communities. This programme offers treatment and referral to community and other NHS services, with regular monitoring and follow-up. The Lanarkshire Stop Smoking Service has helped over 7,800 people to stop smoking at four weeks. The Fit for Fun programme is engaging with children and their parents/carers to help them eat more healthily and be more active. Programmes such as Health Promoting Schools and Nurseries and Healthy Working Lives seek to promote smoking cessation, healthy eating and physical activity among other healthier lifestyles choices.
Physical environment and transport
NHS Lanarkshire has a key role to play itself and in supporting its community partners to create environments that are conducive to good health and that address health inequalities. For example, through the efforts of community regeneration, children’s play and recreation opportunities have been improved in some of our most deprived communities. NHS Lanarkshire’s Board has also approved a ‘Travel Plan’ which includes a series of measures and initiatives to promote and encourage sustainable travel and public transport with the aim of reducing reliance on the car.

Key Points

• Equally Well, the ministerial report on health inequalities, prioritised a number of key recommendations when addressing health inequalities.

• Based on recommendations from Equally Well, NHS Lanarkshire has developed a delivery plan for local activity on inequalities.

• Continued, co-ordinated action through Single Outcome Agreements in both North and South Lanarkshire Council areas is important in facilitating a sustained drive to tackle health inequalities within Lanarkshire.

References

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1.2 The South Lanarkshire Index of Multiple Environmental Deprivation

In 2009, the South Lanarkshire Partnership approved a State of the Environment Report. The opening chapter of this report concentrated on human health, but it was recognised at the time that the impact of the environment on health was a regular theme throughout the report. Following this, it was agreed to commission research into environmental deprivation in South Lanarkshire. This work had the following aims:

- Define the key indicators that would make up an index of multiple environmental deprivation.
- Map this geographically across South Lanarkshire.
- Consider the links between socio-economic deprivation and environmental deprivation.
- Consider any possible links between environmental deprivation and health.

The project was jointly funded by the Department of Planning and Building Standards and the Wellbeing Group of the Community Safety Partnership. Researchers from Edinburgh University, who had worked on a UK index of deprivation, were commissioned to prepare the index of multiple deprivation and examine the possible associations between environmental deprivation and health inequalities. The work also chimes with an increasing emphasis on ‘ecological public health’. This term has been used to characterise an era underpinned by the paradigm that, when it comes to health and wellbeing, everything matters. Essentially this calls for a much more sophisticated, orchestrated and crosscutting approach to policy on environment and public health.

Originally it was intended to create an index based on three domains: two relating to factors that have a negative impact on health and one, a set of indicators that have a positive impact on health. The domains and indicators included within them were based on regularly updated, tested datasets, and agreed following discussion with officers within South Lanarkshire Council and external experts. They were also chosen with a view to the impact on population health, rather than potential impact at individual level. However, it soon became clear that the salutogenic domain was biased in favour of urban areas, resulting in skewed findings that suggested environmental deprivation was far worse in rural areas than other indicators suggested. Following extensive testing it was agreed to base the index on five indicators, which have been combined into a single domain. These are:

- PM10 (particulate matter – a measure of air quality).
- Traffic accidents.
- Noise (i.e. within 100m of major road or rail).
- Undesirable land uses (i.e. within 100 m of contaminated land, industrial facilities, derelict land or mining activities).
- Crime rates (Scottish Index of Multiple Deprivation domain).
This is mapped for South Lanarkshire (Figure 1.2.1) and the work will be used to inform planning of regeneration programmes to ensure that environmental deprivation is considered as part of our processes. The information will also be used to inform the completion of Strategic Environmental Assessments, which include a section on human health. It will also be considered by NHS Lanarkshire to assess its relevance to tackling health inequalities.

**Figure 1.2.1** South Lanarkshire Index of Multiple Environmental Deprivation (SLIMED)
Key Points

• There is a strong correlation between environmental deprivation and socio-economic deprivation. However, this was not a simple relationship and there were some exceptions.

• Environmental deprivation was firmly concentrated in urban areas, particularly those considered more densely populated.

• There is some evidence that environmental deprivation does matter for health in South Lanarkshire. Nonetheless, the effect sizes are modest compared with those associated with socio-economic deprivation.

• This work will be used to inform planning of regeneration programmes.

Reference

1 Morris GM. Ecological public health and climate change policy. Perspectives in Public Health 2010; 130(1): 34–40. George Morris is leading this work in Scotland and was consulted in early states of index development for the work on environmental deprivation in South Lanarkshire.

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