

Creating Health Equity, Wellbeing and Prosperity in Hastings A Whole Systems Approach

Executive Summary

The **purpose** of this discussion and recommendations paper is:

- To make clear, [frame](#)¹, create a **common language and examination** around our definition and understanding of inequalities in relation to health, [wellbeing](#), and [prosperity](#).
- To communicate our **vision** for creating opportunities for people and place regarding creating health equity, wellbeing and prosperity in Hastings. By 'place' we mean Hastings. This is what it means for us to take a local approach.
- To **agree high level priorities and focus areas** to create health equity, wellbeing and prosperity in Hastings as means of addressing health inequalities. The agreed priorities and focus areas should inform and shape the way in which we operate, shape policies, projects, programmes of work, applying for future funding, attracting investment into the area, allocate and see resources.
- Put forward key strategic **recommendations** for the LSP Board and wider partners in which to embed a whole systems approach towards tackling inequalities locally whilst joining the system up
- To help inform the development of any **strategic approach** and thinking
- To capture, identify and deliver key **actions** across services and organisations in which to tackle the [wider determinants of health](#) (also known as the social determinants of health), create health equity, wellness and prosperity in Hastings across the 'whole system'. This will be supported through [whole systems mapping](#).
- The purpose of this paper is **not to** communicate or map key programmes and activities around tackling health inequalities in Hastings at this stage. This will be done via the whole systems mapping exercise at the Hastings Health Equity, Wellbeing and Prosperity Seminar in September 2022.

The discussion paper has been developed by the Hastings Health Equity, Wellbeing and Prosperity Group.

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Introduction

"One of the reasons why people are dying earlier is due to the chronic stress that comes from living with unstable incomes, jobs and housing. When someone is constantly worrying about how they are going to pay rent, or if they will still have a job tomorrow, it can cause anxiety, depression, and other mental health issues. Chronic stress also puts a physical strain on people's bodies, leading to higher blood pressure, increased blood sugar, and an impaired immune system. In this way, chronic stress leads to increased risk for illness..... To close these gaps in life expectancy, we need to reduce the chronic stress that is cutting lives short by improving wages, jobs, and creating affordable homes²."

[Health inequalities](#)³ is not a siloed issue. Good health and wellbeing cannot be left solely to the 'health sector'. For too long the UK has seen health as a cost to be contained, rather than the keystone of a fair and prosperous society. After the devastating Covid-19 pandemic, it's time to reconsider the approach. The pandemic showed that we can no longer accept the status quo of poor health, rife inequalities and an economic model that fails to 'price in' health as an asset⁴. We need a coordinated approach to maximising opportunities for health,

wellbeing, prosperity, the economy, and the environment. The economic gains from reducing place-based health inequality could be significant and doing so is crucial for our national and local economy, local prosperity, and our recovery from [Covid-19](#)⁵.

We need to put 'health, wellbeing and prosperity' at the centre of all that we do, it must be the first and most important priority. We must put it at the centre of the 'whole system' if we are to reducing health inequalities in the long term and in a meaningful way.

For us prosperity is also key to having good health and wellbeing. The meaning of true prosperity is when all people have the opportunity to thrive by fulfilling their unique potential and playing their part in strengthening their communities and places. Because ultimately, prosperity is not just about what we have; it is also about who we become and where we want to be many years from now including our ambition for the future.

There is much talent, will and community strength throughout Hastings where great work is happening to produce better outcomes for our people and place. However, we recognise that our knowing and understanding of these are fragmented and there are opportunities for us to work better together, design, co-create and upscale. As part of the 'Levelling Up' agenda, now is the time to close the gaps – 'not just because it makes such obvious economic sense, but for the sake of simple justice and future generations to come'⁶.

['Levelling up health'](#) should be a core part of the cross-organisational levelling up activity in Hastings as a means for addressing health inequalities including poverty. No one should be left behind and we should plan and progress far beyond the point of levelling up. Developing an ['inclusive and sustainable economy'](#) is key to this and should be met within the means of our planet. This requires collaboration between a wide range of place-based organisations including local enterprise partnerships, sustainability, our integrated care system, schools, colleges and academic institutions, voluntary and community sector organisations, social enterprises, and local businesses.

Creating health equity, wellbeing and prosperity must be at the centre of everything we do if we are to address health inequalities, social injustice, and poverty in Hastings. This includes making it the number one priority for our places and communities. As the number one priority it should inform the formulation and development of **all** policies, services, funding and spending, projects, and programmes of work. This collective mission must be as much about building for the future as it is about what we face in the here and now.

Today's current models that drive the local economy, living day to day (including what's affordable and what is not), [housing](#), education, employment is not benefitting all the population as it is leaving many behind. This will require the need to reimagine the place of Hastings for all and those yet to come in terms of infrastructure (physical, social, environmental, and economic), housing, transport, services, neighbourhoods, and communities for example. This is where we will have the greatest impact and secure the best outcomes.

The Hastings Health Equity and Prosperity Group (endorsed by the Hastings LSP Board) have taken time to take stock, they will continue to learn, conduct analysis in which to examine fundamental considerations, concerns and questions related to how we create health equity, wellbeing, and prosperity. The group have begun work to create a public health and wellbeing approach to regeneration and service delivery.

At the heart of the matter, we recognise that systems are complex and changing, with multiple inputs and feedback loops, and control distributed across multiple stakeholders. However, despite this complexity we need to truly take a 'whole systems' approach to creating health equity, wellbeing and prosperity.

This approach will enable us to identify gaps, opportunities, new and collective ways of working, upscaling, and resourcing. This is by no means an easy or short-term task but a necessary one if we are to get on with the task in hand and achieve success as we progress. The cost of getting it right from the beginning will reap a multitude of co-benefits across our systems and for the people and place of Hastings.

Recommendations

A Roadmap to creating Health Equality, Wellbeing and Prosperity in Hastings

We are mindful of the day-to-day challenges and pressures faced by our people and their communities; we are also mindful of the pressures on our services and systems. Therefore, [strengthening our communities](#), making people responsible, safe, independent and [resilient](#) is a necessity. However, it is also dependent on the opportunities they are afforded and the influences that they do not control. For example, poorly designed neighbourhoods and the lack of opportunities to access healthy and quality housing, employment and food can provide very little opportunity for people to enjoy healthy, happy, and prosperous lives. The system has its part to play, and it can be played better by being more joined up and recognising the sum of its parts and the impact it has on the lives of people and planet.

As a 'whole system' we can create these better opportunities via several considerations which include:

- Framing and examining all that we do through a **health and environmental lens** to deliver against the vision for Hastings. This must become a collective methodology/approach for all partners looking to produce positive outcomes people and place.
- Balancing and addressing immediate needs, quick wins (jam tomorrow vs healthy food in the long term), **short term outcomes and impacts vs greater outcomes** to be achieved via longer term planning and application that takes time to produce longer term impacts and benefits for current and future generations
- Addressing the **social determinants** will meaningfully address the health inequalities in a truly impactful way and it will require 'Health in All Policies'/healthy policies across sectors, housing and infrastructure that supports starting well, living, and working well as well as ageing well.
- **Health and environmental impacts** will need to be worked through projects, policies, and programmes of work so that mitigations can be put in place to address negative health impacts and unintended consequences just as they are done for environmental impacts via environmental impact assessments. This will help us to **'create healthy and sustainable places'**.

Every part of the system has its role to play to make health equity, wellbeing, and prosperity everybody's business. We acknowledge and stress that this will require:

- Resourcing, better resource allocation and a dedicated resource to work across the system to capture what is being done, what should be done and what needs to be done
- Greater evidence and intelligence sharing to support evidence-based decision making
- The creation of healthy and equitable policies
- Strengthening community assets
- Making health everybody's business across services, organisations, businesses and communities

- Giving people more ways to control and contribute to their communities as well as to be well, safe, and independent
- Encourage communities to mobilise and promote community enterprise
- Enhance use of community assets
- Drive culture change across the system as well as community led solutions

Based on these criteria the Hastings Health Equity, Wellbeing and Prosperity Group have examined what this means locally and put forward **eight recommendations and a number of actions** in which to create health equity, wellbeing and prosperity in Hastings. The recommendations have been informed by the [Health Equity in England: The Marmot Review 10 Years On](#) report, published in 2020.

The recommendations will help to achieve our **principal objective** which is to address health inequalities in Hastings through the creating of health equity, wellbeing and prosperity.

Recommendation 1: Embrace Systems Thinking:

[Systems thinking](#) is a way of approaching problems and organising processes that is based on an idea of integration that is grounded in the belief that in a system, component parts act differently when isolated from other parts or the system environment. It allows us to understand the dynamics and properties of the complex systems in which we work, and what kinds of interventions can lead to better results.

Systems thinking is not about theory, it is 'a way of seeing and talking about reality that helps us better understand and work with systems to influence the quality of our lives.' Once we understand how systems work, and our own role in them, we function more proactively and effectively within them. Similarly, the more we understand systemic behaviour, the more we can anticipate that behaviour and work within the system for improvements. It is important to note that there should be a [focus on relationships between systems rather than their structures](#).

- **Action** – Embrace and acknowledge the complexity of the problems that we are dealing with. Looking at the **whole, multifaceted system** that impacts upon a complex problem, rather than just parts of it, enables us to see how we can make changes that will have the greatest impact on the lives of people we are working to improve. The Health Equity, Wellbeing and Prosperity Seminar to be held in Hastings in September 2022 will bring partners together to facilitate [whole systems mapping](#), launch the discussion paper which will inform the local strategy and delivery plan as well as;
- **Action** – Develop a Hastings Health Equity, Wellbeing and Prosperity Charter. This will include signing up to 4 key actions/deliverables whereby all partners/organisations can sign up to and implement within their own settings:
 1. Embedding [Health in All Policies](#) (Hastings Borough Council to champion and embed via support from the Local Government Association)
 2. Making use of [Health Impact Assessments](#) or and [Health Equity Assessment Tool](#)
 3. Sharing evidence/data and [NHS England » Core20PLUS5 – An approach to reducing health inequalities](#)
 4. Supporting each other through learning, monitoring and evaluation to understand our impacts

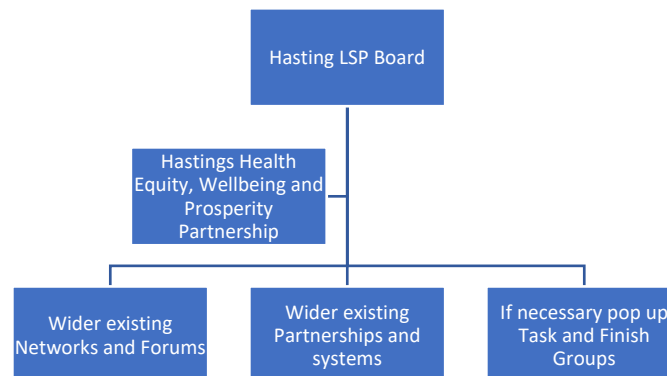
- **Action** – Complete whole systems mapping and develop a delivery plan to create healthy equity, wellbeing, and prosperity. This must be supported by partners, services, policies, and resources to make things happen.

Recommendation 2: Make use of Best Practice:

Make use of best practice ([Health Equity in England: The Marmot Review 10 Years On](#)). This means that any strategic approach to tackling inequalities locally in Hastings should:

1.1 Develop a strategy for action on the social determinants of health aiming to reduce inequalities in health.

- **Action** - The “Hastings Health Equity, Wellbeing and Prosperity Group” should form a longer-term ‘partnership’ to develop, oversee and deliver a ‘Health Equity, Wellbeing and Prosperity Strategy and associated Delivery Plan’. The partnership can feed into the LSP Board. Where appropriate Task and Finish Groups can stem from the Partnership to deliver sector specific actions. Membership of the partnership should be extended to those working across housing, planning, environmental health, licensing, sports and leisure, economy, services etc. It is necessary to work with them on this agenda and as a means of taking a whole systems approach/joining the system up.
- **Action** - Develop whole systems monitoring and strengthen accountability for health inequalities. Off the back of ‘whole systems’ mapping around health inequalities in Hastings (via the September seminar), existing forums and networks can lead on identifying key actions, gaps and opportunities and will be responsible for their delivery. Where necessary a task and finish group may be required. They will feed into the Hastings Health Equity, Wellbeing and Prosperity Partnership. For example:



- **Action** - We need a Strategy Whole Systems Plan for Hastings

We know that we cannot address many issues that impact on health and wellbeing by working in silo so this approach will allow us to respond to the priorities identified by any future strategy considering local population need, local community assets and local partnerships to support action.

- **Action** - Long-term, multi-sector, multi-component action

Health inequalities are driven by an unequal distribution of the wider determinants of health. Any programme of levelling up health needs actions across multiple sectors and which are cross-government to address this unequal balance of the wider determinants of health. Case study examples include the Preston model which involved the city council leading a multi-sector approach to build community wealth, and Healthy New Towns an initiative led by NHS England in partnership with 10 housing development sites across England and a range of different local organisations to design and shape new places so that they promote health and wellbeing⁷.

Question - **What are these?**

1.2 Ensure proportionate universal allocation of resources and implementation of policies:

- **Action** - Examine how is funding allocated and delegated.
- **Action** - Levelling Up Health and Local Joined Up Strategy - A clear vision for 'levelling up health' and what success would look like is needed. This needs to be informed and supported by an agreed set of metrics. Any Strategy will need to provide a framework and direction for action across the system and at a more local level⁸. It will be an important tool and resource for partners and the public that informs the development and delivery of priorities and outcomes other local strategies.
- **Action** - We want to go further than levelling up in the long term. We do not want efforts to stop once Hastings has 'levelled up'. We want Hastings to be the best it can be. This will require having a 'future generations' approach which involves planning, building and securing opportunities that will grow and support the town in the long term.

1.3 Early intervention to prevent health inequalities:

- See Appendix 1

1.4 Focus on the wider determinants and develop a social determinants of health workforce:

[A matter of life and death - The Health Foundation](#) outlines an evidence-based framing strategy for shifting understanding and building greater support for action to address the wider determinants of health because the wider determinants of health matter greatly. This is backed up by the evidence that right now, in the poorest parts of the UK, people are dying years earlier than people in wealthier areas. We know this to be the case in Hastings especially in regard to men. It is for this reason that we need to show why the wider determinants of health matter and measure our outcomes via life expectancy for example.

- See Page 14 of Hastings Health Equity, Wellbeing and Prosperity Strategy
- **Action** – We need healthy policies, project and programmes of work that deliver the town vision and takes into account health and environmental impacts over the life course in relation to:



1.5 Providing [a life-course approach](#) means supporting a cradle to grave approach and offering the opportunity to:

- Starting Well (0-16 years of age)^{9,10}
 - Living and Working Well (17 -64 years of age)
 - Ageing Well (65+ years of age)
- **Action** – All to make use of Health Impact Assessments and Health Equity Assessment Tool across services

1.6 Involve our communities as active partners:

- **Action** - We must ensure that we recognise and work with communities as active partners in the system, not as passive recipients of services. They are best placed to understand their own needs and challenges, but also how to design and deliver services that will work for their specific area or group.
- **Action** – Promote and involve our communities and partners in creating:



Recommendation 3: Resources and Capacity:

We need to build our resources and capacity. This is already stretched in local government, the NHS, services and organisation. Additional responsibilities for long-term strategy and partnership building should not impose greater demand without decent and reliable support. System change cannot be done on a shoestring.

- Question – **What resources do we have, what resources do we need and how do we free up or create more?**

5.1 Funding: The English model for funding local government is woefully inadequate and a consistent barrier to strategic action that improves health outcomes across different regions. This is a problem of scale, in that there is just not enough funding available, given the increase in demand and reduction in grant over the past decade. But it is also an issue of how that funding is delivered¹¹.

- **Action** - We need to move on from the piecemeal, ad hoc and short-term patchwork of ring-fenced pots that Whitehall makes available to councils for capital spending. Strategic planning for health requires stability and capacity. It cannot be done on a shoestring.

5.2 Local areas supporting the levelling up for health agenda need the adequate resources to effect change, working closely with local communities.

- **Action** - The Shared Prosperity Fund to be allocated to support the work of the Hastings Health Equity, Wellbeing and Prosperity Partnership and approaches to taking a whole systems approach to creating health equity, wellbeing, and prosperity. This will be a first step.

5.3 Build capacity

- **Action** - Capacity is already stretched across the system. Additional responsibilities for long-term strategy and partnership building should not impose greater demand without decent and reliable support. System change cannot be done on a shoestring.

Recommendation 4: Increased Partnership Working and Alignment:

Strategic priorities and the documents that are set out to govern how organisations collaborate are crucial. They are not the end point, but along with trust and transparency in conversations between partners, these documents can be the basis of system-wide change. Getting the strategy right and making sure it is aligned is essential.

- **Action** - Make sure that all partners' strategic documents are aligned across the system
- **Action** - Tackling these issues will require partners to work more closely and collaboratively than ever before, however our recent experience from pandemic has taught us a lot about how we can work together as a partnership more effectively. It will be important to maintain the links we have made and build upon the lessons learnt from this experience in order to deliver the pace and scale of change that is needed in the future.

Recommendation 5: Place-Based Approach:

4.1 Delivery to tackle health and social inequalities will be through a [place-based approach](#) working with our partners at the appropriate level of place in order to achieve our ambitions.

ACTION(s) - for place (the borough of Hastings) based-action in relation to [inclusive and sustainable economies/community wealth building](#) where no one is left behind:

- **Action** - Consider the 6-step inclusive and sustainable economies approach to support local whole system planning and action on this agenda.
- **Action** - Seek opportunities to achieve social value to generate the greatest possible social, environmental and economic value from public spending.
- **Action** - Unleash the potential of local anchor institutions to develop the integral role that anchor institutions play in local economies to increase the social, economic and environmental wellbeing of local populations and places.
- **Action** - Support access to fair and good quality employment to drive new business and good quality employment opportunities locally.
- **Action** - Promote inclusive labour markets to support those who are typically excluded from the labour market into training, volunteering or employment opportunities.
- **Action** - Capitalise on local assets to build community wealth and vice versa: to retain more of the local wealth that they generate and reinvest in community assets that matter to local people.
- **Action** - Build back greener to build back better to maximise the potential opportunities which green local economies offer for skills development, employment and sustainable economic growth.
- **Action** - Leverage local policy and financial levers to better involve health and care organisations in the development and delivery of local industrial strategies.
- **Action** - Ensure equitable access to local services so that services are targeted towards those with disproportionate need

These are proposed as specific actions that can be adapted to local circumstance, building on existing local structures and assets.

Also see and refer to [About Doughnut Economics | DEAL](#) and [A Safe and Just Space for Humanity: Can we live within the doughnut? \(oxfam.org\)](#)

4.2 Tackle the built and natural environment:

The built and natural environment are recognised as major determinants of health and wellbeing across the life course, they are a key aspect and can unlock many opportunities to create healthy and sustainable places to live, work and play. The place we have and create today is for now and for future generations. We should champion 20-minute neighbourhoods which are in close proximity to everything that people need.

Actions taken against the following areas within spatial planning, show how different parts of the system and wider partners can contribute to:

- Improving neighbourhoods
- Tackling issue related to housing
- Creating opportunities for [healthier food](#), [healthy high streets](#) and [health on the high street](#)
- Enhancing, improving, and protecting natural and sustainable environments

- Promote and maximise opportunities for active travel and positive transport opportunities ([a bold vision for cycling and walking/gear change](#))

Planning for Health is key as highlighted in PHE's '[Spatial Planning and Health: Getting Research into Practice \(GRIP\): study report](#)' (2020). The [NHS Five-Year Forward View](#) sets out opportunities to test innovative approaches to health in new places with fewer constraints. In addition, the [NHS Long Term Plan's](#) (2019) and the [Healthy New Towns programme](#), delivered by NHS England in partnership with Public Health England, identified the need to **action** the following:

1. Shape new towns, [neighbourhoods](#) and communities to promote health and wellbeing, prevent illness and keep people living independently.
 2. Radically rethink the delivery of health and care services and to support learning about new models of integrated care.
 3. Spread learning and good practice to future developments and regeneration areas.
- **Action** - To work with health commissioners to determine the type and level of services, infrastructure and workforce required to support people to live longer, healthier lives. The roll out of Integrated Care Systems (ICSs) and Primary Care Networks (PCNs) provides a platform for local NHS organisations to work increasingly in collaboration with councils and others, including on the development of new, healthier places.
 - **Action** - Early engagement and collaboration are needed to ensure that health facilities are properly planned, and sufficient homes are available for NHS staff as these are crucial to the provision of services and a healthy community. As outlined in the NHS' '[Putting Health into Place](#)' (2019), health commissioners have [local clinical and estates strategies](#), which should inform local authority development plans and strategies to ensure that they are aligned, and the required services and infrastructure are planned with healthier built environments in mind and new ways of providing integrated health and care services that also provide [social value](#).

Recommendation 6: Evidence Led:

- **Action** - This will be reflected through the delivery of an action plan and our approach needs to evolve as evidence from the JSNA emerges, partners develop their own local strategies and new partnerships emerge and mature. The wider system is changing with new opportunities for partnership working offered through integrated care partnerships and place-based Alliances which take into account this approach which is a positive and which will be explored as our work evolves.

Question - **What is the ICS expectation of us locally, how do we work closer together, what is our role?**

Recommendation 7: Align with new and emerging systems:

6.1 Work across systems and make sure that all partners' strategic documents and efforts are aligned across the system. Strategic priorities and the documents that are set out to govern how organisations collaborate are crucial. They are not the end point, but along with trust and transparency in conversations between partners, these documents can be the basis of system-wide change. Getting the strategy right and making sure it is aligned is essential

- **Action** - Where possible work with the wider system around tackling health and social inequalities. This includes efforts to support joint and shared priorities set out by the Integrated Care System for Sussex and [Core20PLUS5](#) for example.

Starting well 	<ul style="list-style-type: none"> ✓ Improved mother and baby health and wellbeing, especially for those most in need ✓ Children growing in a safe & healthy home environment with supporting and nurturing parents and carers 	<ul style="list-style-type: none"> ✓ Healthy lifestyles and resilience will be promoted, including in school and other education settings ✓ Good mental health for all children ✓ Children and young people leaving care are healthy and independent
Living well 	<ul style="list-style-type: none"> ✓ Individuals, families, friends and communities are connected ✓ People have access to good quality homes providing a secure place to thrive and promote good health, wellbeing and independent living 	<ul style="list-style-type: none"> ✓ People have the knowledge, skills and confidence to self-manage, and to protect their own health ✓ People live, work and play in environments that promote health and wellbeing
Ageing well 	<ul style="list-style-type: none"> ✓ Fewer older people feel lonely or socially isolated ✓ There is a reduction in number of older people having falls ✓ Older adults stay healthier, and happier 	<ul style="list-style-type: none"> ✓ More people are helped to live independently in the community by services that connect them with their communities. ✓ People receive good quality end of life care and have a good death
Better care 	<ul style="list-style-type: none"> ✓ Improved mental health and wellbeing and easier access to responsive mental health services ✓ Access to urgent care for those who need it is quick and effective 	<ul style="list-style-type: none"> ✓ Services are responsive and flexible and supported by effective use of technology ✓ Our specialist services are harnessing the potential of breakthroughs in medical science and the use of data

Source: Sussex Health and Care Partnership, 2021

6.2 System-wide budgeting

Action - Funding should be provided specifically for the coordination of strategic priorities across the system. Various models of single pot place-based financing, going back to Total Place, have been tried and shown to have positive impacts¹².

Recommendation 8: Focus on 'vulnerabilities' in relation to people and planet:

As pointed out in [Chief Medical Officer's annual report 2021: health in coastal communities - GOV.UK \(www.gov.uk\)](#), there is a synergistic relationship between the state of the environment and health and wellbeing in coastal communities. Global and local processes of environmental degradation and climate change currently, and will increasingly, negatively affect human health, with coastal environments and, therefore, coastal communities particularly at risk. The impact of environmentally related risks (e.g., floods, severe storms) often falls disproportionately on more deprived and marginalised coastal communities.



Appropriate environmental management, protection and [sustainable development](#)¹³ may result in significant co-benefits for human and environmental health. For example, more severe storms and a rise in sea level are likely to result in coastal flooding, putting health and essential infrastructure at risk. An important response is the development of high-quality, co-beneficial green and built infrastructure that mitigates the impacts of environmental change, facilitates safe access to the coast, while protecting fragile coastal ecosystems. This coincides with what is good for the planet is good for people (planetary health) as outlined in [Our Planet, Our Health \(parliament.uk\)](#).

1. **Action** - We will tackle the '[coast specific issues](#)', 'coastal excess'/'coastal effects'. (High levels of deprivation, driven in part by major and longstanding challenges with local economies and employment, are important reasons for the poor health outcomes in coastal communities).
2. **Action** - Focus on the most vulnerable and vulnerable areas. This includes issues related to the cost of living and destitution, people in relation to age, characteristics (including [LGBTQ+](#)¹⁴), economically vulnerable, geography, ill health, and coastal/community vulnerability.

APPENDIX 1

Defining Health inequalities

- [NICE Guidance: Health Inequalities and population health](#)
- [Marmot review Report – Fair Society, Healthy Lives](#)
- [The Marmot Review 10 Years on](#)
- [Local Government Association Health Inequalities Hub](#)
- [Deloitte: Identifying the gap: understanding the drivers of inequality in public health](#)

To summarise, health inequalities are **avoidable, unfair and systematic differences** in health between different groups of people. There are many kinds of health inequality, and many ways in which the term is used. This means that when we talk about 'health inequality', it is useful to be clear on which measure is unequally distributed, and between which people.

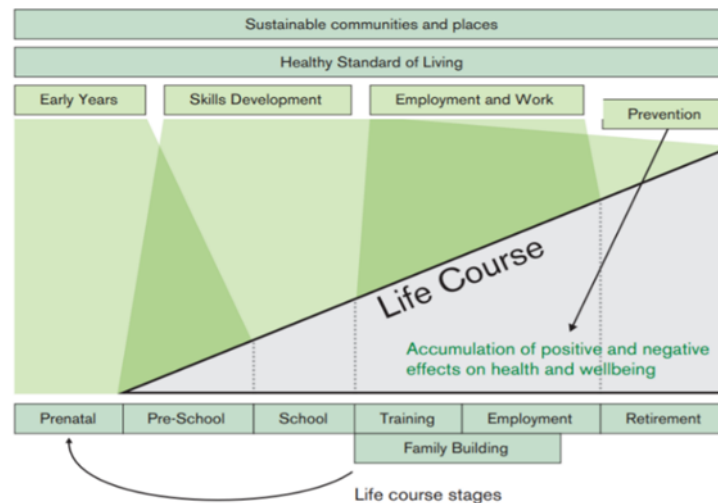
Differences in health status and the things that determine it can be experienced by people grouped by a range of factors. In England, health inequalities are often analysed and addressed by policy across four factors¹⁵:

- socio-economic factors, for example, income
- geography, for example, region or whether urban or rural
- specific characteristics including those protected in law, such as sex, ethnicity or disability
- socially excluded groups, for example, people experiencing homelessness.

People experience different combinations of these factors, which has implications for the health inequalities that they are likely to experience. There are also interactions between the factors. For example, groups with particular protected characteristics can experience health inequalities over and above the general and pervasive relationship between socio-economic status and health.

The increased widening of health inequalities nationally had been noted through the [Marmot Review](#) published just prior to the Covid-19 pandemic in 2020. The COVID-19 pandemic has exposed the health gap between those living in our most deprived and affluent communities. And it is our cities and urban areas that have the most striking contrasts in health¹⁶.

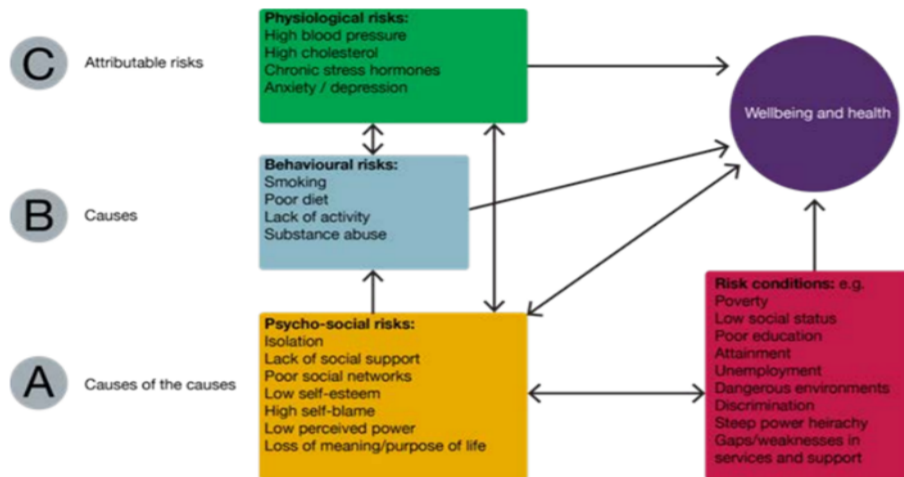
The [2010 Marmot review](#) described inequalities as occurring across a social gradient, and as accumulating throughout a person's life depending on their circumstances.



Actions to address health inequalities across the life-course(Marmot 2010)

- **A social gradient of health** - a systematic relationship between deprivation and life expectancy, meaning that the lower a person's social position, the worse their health. The social gradient on health inequalities is reflected in the social gradient on other areas, for example, educational attainment, employment, income, quality of neighbourhood.
- **Inequality across the life-course.** Disadvantage starts before birth and accumulates throughout life. Social and biological influences on development start at conception, or earlier, in terms of genetic effects accumulating through pregnancy.¹⁷ From the time of birth, the individual is exposed to social, economic, psychological and environmental experiences, which change as a person progresses through life. In this respect it is important to take a life-course approach (from cradle to grave approach).

The pandemic has further highlighted the differences we see between health and wellbeing outcomes of specific populations and communities. Data demonstrates the impacts on people negatively impacted by health inequalities including people with specific protected characteristics, people who are impacted by geographic differences, people who are impacted through socio-economic factors and socially excluded groups.



Patterns of risk affecting health and wellbeing: The Labonte Model of Health (Public Health England, 2017)

Inequalities across health, wellbeing, and prosperity is everybody's business. Differences in health, wellbeing and prosperity reflect the differing social, environmental and economic conditions of local communities and their places. The fact that 'place matters' is reaffirmed by the Marmot Review 10.



A person's chance of enjoying good health and a longer life is influenced by the range of interacting social, economic and environmental conditions in which people are born, grow, live, work, and age. These conditions are the [determinants of health](#), and include individual lifestyle factors, community influences, living and working conditions, and more general social circumstances that influence our health. The health map illustrates how the factors that influence our health and wellbeing are multiple and complex.

The '**causes of the causes**' include key influencing factors such as housing and employment. These diverse range of factors are themselves influenced by the local, national and international distribution of power, money and resources in society which shape the conditions of daily life, causing some groups to experience different exposures and vulnerabilities to

health risk. Health, wellbeing and prosperity is therefore significantly impacted by circumstance beyond an individual's control, with health and social inequalities not caused by one single issue, but by a complex mix of factors which can create, exacerbate and sustain inequalities that exist between people, communities and places.

Further tools and resources include:

- [Public Health England: Addressing Health Inequalities through collaborative action](#)
- [NHS England: Reducing Health Inequalities resources](#)
- [Local Government Association: Health Inequalities Hub](#)
- [Public Health England: Health Equity Assessment Tool \(HEAT\)](#)
- [Public Health England: Reducing health inequalities: system, scale and sustainability](#)
- [Public Health England: Tools to support 'Place-based approaches' for reducing health inequalities](#)
- [NHS England: The role of businesses in reducing health inequalities](#)

REFERENCES

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- ¹ [A matter of life and death - The Health Foundation](#)
 - ² [A matter of life and death - The Health Foundation](#)
 - ³ [JSNA - Local Briefings \(eastsussexjsna.org.uk\)](#)
 - ⁴ [Launch of the IPPR Commission on Health and Prosperity | IPPR](#)
 - ⁵ [ESCC CV-19-Impact-Stories Final-Report April-2021.pdf \(eastsussexjsna.org.uk\)](#)
 - ⁶ [Levelling up health for prosperity | IPPR](#)
 - ⁷ [Levelling-Up-Health.pdf \(cam.ac.uk\)](#)
 - ⁸ [Levelling-Up-Health.pdf \(cam.ac.uk\)](#)
 - ⁹ [JSNA - Previous Public Health Annual Reports \(eastsussexjsna.org.uk\)](#)
 - ¹⁰ [GCR 2021 Summary 0.pdf \(childrenssociety.org.uk\)](#)
 - ¹¹ [LGIU-Local-Health-Systems-website.pdf](#)
 - ¹² [LGIU-Local-Health-Systems-website.pdf](#)
 - ¹³ [THE 17 GOALS | Sustainable Development \(un.org\)](#)
 - ¹⁴ [East-Sussex-Lesbian-Gay-Bisexual-Trans-Queer-Plus-Needs-Assessment-Dec-2021.pdf \(eastsussexjsna.org.uk\)](#)
 - ¹⁵ [What are health inequalities? | The King's Fund \(kingsfund.org.uk\)](#)
 - ¹⁶ [IOUH-MLTC-FlagshipReport-min.pdf \(urbanhealth.org.uk\)](#)
 - ¹⁷ Dyson A, Hertzman C, Roberts H, Tunstall J and Vaghri Z (2009) Childhood development, education and health inequalities. Report of task group. Submission to the Marmot Review