

# HOUSING LIN POLICY BRIEFING

## A Briefing on Health Inequalities – Progress and Next Steps

This briefing provides an overview of the recent report, *Health Inequalities: Progress and Next Steps*, from the Department of Health, on progress on the government's efforts to tackle health inequalities<sup>1</sup>. It sets out the health inequalities that exist and ways to work together to ensure a fairer and healthier society in the future.

Whilst not housing specific, there is important information for commissioners and providers for older people and vulnerable adults that can contribute to health improvements.

### Setting the context

In 1997, tackling health inequalities was at the heart of the government's determination to tackle the root causes of ill health. At that time, the independent Acheson Inquiry was appointed to review the extent of the problem and to make recommendations for new government policy. Its landmark report highlighted the need for action across a broad front, including poverty, education, employment, housing and the environment – as well as through the NHS.

In 2001, the Government signalled its commitment by setting national targets for health inequalities for the first time. This included the national health inequalities Public Service Agreement target, that by 2010 it would reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth.

It also includes an underpinning target of reducing by at least 10% the gap in life expectancy between the fifth of areas with the worst health and deprivation indicators and the population as a whole.

The subsequent cross-government health inequalities plan, *Tackling Health Inequalities: A Programme for Action*<sup>2</sup>, published in July 2003, set out how the government planned to deliver the target and to take action on the wider determinants of health. The plan

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<sup>1</sup>

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085307](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085307)

<sup>2</sup>

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008268](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008268)

sought to ensure that a concern for health inequalities was embedded in all public policy and that services were more responsive to the needs of disadvantaged communities.

The final status report, *Tackling Health Inequalities: 2007 Status Report on the Programme for Action*<sup>3</sup>, published in March 2008, showed progress against the indicators, with almost all of the commitments wholly or substantially achieved. Since 1997, there have been significant improvements in the health of disadvantaged groups and areas.

The Status Report also showed that, despite the absolute improvements, inequalities remain stubborn and persistent. For example, nationally, life expectancy has improved year-on-year over the past decade. But the health of the most disadvantaged has not improved as quickly as that of the better off. Inequalities in health persist and, in some cases, have widened.

In addition, social inequalities are an important driver of health inequalities. While other factors such as biological or genetic predisposition or age influence the prevalence of ill health, there is a pattern of reduced life expectancy and higher levels of illness, which is linked to socio-economic status and the gradient between socio-economic groups. At the same time, those services which can mitigate the impact of social inequalities on health – for example, access to healthcare or effective support and advice – are not always available to those who most need them. This means that some groups face a double disadvantage.

## **Progress and next steps – What is the focus?**

*Health Inequalities: Progress and Next Steps* sets out the improvements in health since *Tackling Health Inequalities: A Programme for Action* (2003), and explains that the path set in that programme will continue but will scale up action and invest in a successful programme to drive progress towards 2010, with an emphasis on narrowing the gap .

This document therefore describes action on two timescales:

1. Up to 2010 – focusing on the current targets and redoubling efforts to prevent avoidable deaths; and
2. Beyond 2010 – developing new ambitions for health inequalities and the structures and systems that support delivery and sustainable improvements.

It identifies the factors that drive health inequalities and gives four domains of activity where intervention will have the greatest impact on health inequalities. These are:

1. the influences on health – the importance of early years and family life;
2. the relationship between work and health, the impact of wider inequalities and discrimination, and the impact of the environment and wider social factors;

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<sup>3</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH\\_083471](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083471)

3. the inequalities in the lives that people lead and the risks that they take with their own health – especially smoking, alcohol and obesity – and the information that people need to live healthier lives; and
4. the services that people use where inequalities in access and outcome lead to health inequalities. This includes the importance of primary care, local authorities, the role of commissioning and partnership working and engaging people and communities to influence services

Within these four domains are the following common themes:

- Action must be taken at all levels – national, regional, local, and right down to ward and practice level. Housing providers are identified as one of the important actors at a local level, alongside local authorities, primary care trusts (PCTs), primary care practices, schools, employers, Jobcentre Plus and community midwife teams.
- The themes of empowering people and communities to take control of their own lives, whether upon the wider determinants of health – such as the environment or housing – or on their own health and that of their families.
- The crucial role of local government in tackling health inequalities, including housing.

The Department of Health will scale up what has been shown to work locally in reducing health inequalities through a variety of actions including:

- scaling up the National Support Team (NST) for Health Inequalities, and developing new support teams for infant mortality and alcohol and refocusing the Tobacco Control NST to improve services for routine and manual workers
- providing an improved version of the Health Inequalities Intervention Tool, which will model how health inequalities can be reduced both between and within local areas;
- developing programmes to support leadership development for reducing health inequalities and continuing to support and extend other initiatives such as Communities for Health; and
- investing in third sector organisations locally to increase their capacity and capability to contribute effectively to reductions in health inequalities.

## **The influences on health**

Wider influences can have a profound impact on people's physical and mental health. There is good evidence that a range of environmental factors – including poor housing - have a measurable impact on later mental health and individual resilience. When experienced during adult lives, such factors also have a profound influence on health and well-being. There is also a direct relationship between the physical environment, as measured by proximity to green spaces, and people's levels of physical activity and mental health.

On a broader scale, the Government is taking action to tackle climate change, which is likely to have the greatest impact on the most disadvantaged families and communities. Specific issues that will be addressed include working in partnerships to increase insulation of homes of vulnerable people living in fuel poverty to reduce CO<sup>2</sup> emissions and improve income and resilience in maintaining cool homes during heat waves. The development of green spaces will also help to reduce heat islands in the centre of larger cities.

Over the medium and longer term, the Department of Health will work across government to ensure that all programmes are focused on tackling inequality and that the impact on health inequalities of each programme is understood. Reducing health inequalities may not be the goal of all policies, but it should be one of the results.

## **Making an impact**

There are five areas in which early action will have the most impact. Those most relevant to housing and support providers are:

### ***Promoting equality***

Delivering on wider commitments to promote equality and tackling inequalities that result from damaging discrimination is also an essential part of addressing health inequalities.

The Department of Health's Single Equality Scheme for 2008–2011 will spell out the Department of Health's actions to meet statutory duties under race, disability and gender legislation, all of which include a requirement to have due regard for the need to eliminate unlawful discrimination and promote equality of opportunity. The Scheme also covers other aspects of equality relating to age, religion or belief, and sexual orientation.

Progress on health inequalities will be judged against how public services treat especially vulnerable groups. The recent Disability Rights Commission report made it clear that people with learning disabilities often receive a poorer level and quality of service from the NHS. If services and health outcomes are improving for people with learning disabilities, they are likely to be improving for other groups at risk of health inequalities.

The action plan accompanying the scheme includes a range of initiatives to achieve progress including:

- improving access and responsiveness in service provision; and
- empowering people to understand and use services;

In particular, the Department of Health will:

*"promote a PCT framework to support comprehensive health checks, health action planning and better access to health promotion services for people with a learning disability"*

### **Housing good practice point**

Some housing providers have undertaken health access audits to get a better understanding of the health and well-being of their residents, and to ensure improved access to housing related support and care where appropriate (*Housing and Health Uncovered*, Shepherds Bush Housing Association, 2003)

### ***Using work to improve well-being***

Health is good for work, and good work is good for health. In her report, *Working for a healthier tomorrow*, Professor Dame Carol Black set out a compelling case to act decisively in order to improve the health and well-being of the working-age population. The case for the connection between work, poverty and health is therefore not in doubt.

The Government will:

- develop Dame Carol Black's recommendation to create a new Fit for Work service and pilot this service in less well off areas where there is the most significant potential to prevent worklessness arising from ill health; and
- develop a new partnership between the NHS and Jobcentre Plus to help benefit claimants who misuse drugs to access the right advice and, if necessary, refer them to specialist treatment and employment support.

### **Housing good practice point**

Some specialist and mainstream housing providers are working in partnerships with local employment and training programmes to help disabled people to gain, or retain work (*Housing Associations tackling worklessness*, The Housing Corporation, 2007)

### ***Promoting mental health to tackle health inequalities***

In further work to support mental wellbeing, the Department of Health will, amongst other things: provide additional support to those suffering with mental illness through the expansion of the Improving Access to Psychological Therapy programme, which will cover a further 900,000 people by 2010–11. The programme will ensure that access is equal for groups who traditionally miss out, for example, older people and those from black and other ethnic communities. It will develop a new vision to address mental health, to follow from the previous National Service Framework for Mental Health, which will include as a core theme the need to address inequalities in access to services and inequalities in mental health itself.

### **Housing good practice point**

Understanding Homelessness & Mental Health - Housing LIN Briefing No24

This Briefing identifies some of the difficulties faced by people with mental health problems who are homeless or living in insecure accommodation. It looks at challenges for people providing services and suggests ways of ensuring appropriate care and support can be delivered.

<http://networks.csip.org.uk/IndependentLivingChoices/Housing/Topics/browse/Homelessness/?parent=980&child=2667>

### **Co-ordinating action on the influences on health**

The Government also recognised the challenges faced by the most excluded individuals, families and communities in its 2007 report *Reaching out: An action plan on social exclusion*. The programme of work that followed the report aims to support the most socially excluded by driving local action (for example, through the development of PSAs and the associated delivery plans) and piloting new approaches. For example, by testing new ways of delivering services to people with complex needs that cut across traditional service boundaries. The Department of Health will increase investment in this work so that it is best placed to learn and implement the lessons in future

### **Housing good practice point**

There are many examples of coordinated action between housing and health that have helped influence individual and neighbourhood health outcomes. For example, on energy efficiency and fuel poverty, tackling disrepair and making improvements to housing stock, building Lifetime Homes.

The Housing LIN has produced a useful tool to assess the health risks and health inequalities in housing (see Useful Publications)

### **The lives people live**

Many inequalities in health are a preventable consequence of the lives people lead and the behaviours and lifestyles that cause ill health, many of which show a stark relationship to social-economic factors. The government will work to support people to live healthier lives. It will focus on tobacco use, alcohol consumption and obesity. There is a dual challenge: to help and support individuals directly, and to change the environments in which they make decisions so that healthy decisions are the easiest to make.

*Tobacco use:* Smoking is responsible for one sixth of all deaths. It is the one area where behaviour change would make the greatest impact on health inequalities. The Government will take further action to tackle smoking, building on the recently launched Tobacco Consultation. This will include supporting communities with the highest

smoking rates to implement new multi-agency, community-based tobacco control programmes. These will include effective social marketing campaigns and more accessible smoking cessation support with action to reduce the number of young people who start smoking.

*Alcohol use:* There are between 15,000 and 22,000 alcohol-related deaths every year in England. Most of these deaths are premature: on average, every man in this group loses 20 and every woman 15 years of life compared with the average. Within localities, individuals facing the greatest disadvantage have four to fifteen times the greater alcohol-specific mortality and four to ten times greater alcohol specific admissions to hospital than the most affluent.

The Government will implement a programme to reduce, and in time halt, the rise in alcohol-related admissions to hospitals through a coherent and effective set of actions at national and local level including health information and marketing campaigns, telephone help-lines and websites.

*Obesity:* Obesity is one of the most important long-term challenges facing the nation's health. The government has already announced an investment of over £370 million in a cross-government strategy to halt and turn the tide of obesity in children and adults. Healthy Weight, Healthy Lives set out the Government's long-term plans for tackling obesity.

A 'full service' model will be tested out and include information, incentives and greater local service provision supporting all adults to take healthier decisions on eating and activity. This could include local action promoting better nutritional information in all food settings; encouraging more walking, cycling, swimming and other forms of physical activity; and major workplace health initiatives. For older people, the introduction of free swimming for those over 60 will promote healthy weight, provide weight-bearing exercise for those with arthritic conditions and have wider health benefits in relation to independent living in later life and the prevention of falls; and identification and provision of personalised support for the most at-risk adults.

#### **Housing good practice point**

Newcastle Supporting People Team have developed a Drugs, Alcohol and Housing Strategy to meet the housing and support needs of users in the city. It seeks to prevent homelessness and ensure that vulnerable people can stabilize their lives.  
[www.newcastle.gov.uk/wwwfileroot/regen/nhf/StrategyExecSummary.pdf](http://www.newcastle.gov.uk/wwwfileroot/regen/nhf/StrategyExecSummary.pdf)

#### ***The services people use***

As the Government renews the focus on achieving the 2010 target, it is important that services – in particular the NHS – are designed and targeted so that they work effectively for the people who need them most. The NHS has an important role in reducing health inequalities yet, in some cases, the people most in need of healthcare

have the most difficulty accessing it. There are actions to address how to reach and empower people who most need the services.

There are many ways to reach out and improve the health of different groups and individuals, and Health Trainers and social marketing are one way in which people can be reached by adapting the way services are provided. Amongst other initiatives the Department of Health will roll-out Health Trainers to every community, and extend their reach with an additional network of health champions who will operate as an outreach team facilitating uptake of health trainer services and other interventions, as appropriate.

People are more likely to change their behaviour if they recognise the benefits and they choose to change voluntarily. The Department knows that:

- multiple approaches work better than single interventions
- using intermediaries or partners builds trust – as people can often be distrustful of messages from the Government; and
- greater acceptance is key – by adapting the message to the audience and targeting information and messages in ways people want to receive them they are more likely to take action.

The Department also recognizes that third sector organisations are particularly well placed to engage with those that are hardest to reach. Their strength at a local level to work within the community and engage with individuals and statutory organisations for the benefit of individuals, cannot be underestimated. The Empowerment White Paper to be published by the Department for Communities and Local Government later this year will emphasise and take forward the Government's commitment to ensuring that local people have more power over their lives. Alongside this, the Government will invest in support for voluntary and community sector organisations to develop community engagement programmes.

#### **Housing good practice point**

Housing organizations can help both the lives of their residents and their staff to support health promotion activities. Several providers of Extra Care Housing have introduced well-being advisers to enable residents to lead healthier lives. In some schemes there are gyms or suites where people can exercise (such as Tai Chi) and/or access health advice and information.



## **Meeting the future challenges**

The strategic challenge for 2010 is to consolidate the gains from our current approach, by scaling up learning and support. Many of the tools locally are now in place. Joint Strategic Needs Assessments (JSNAs), Local Strategic Partnerships (LSPs) and Local Area Agreements (LAAs) are the right tools to support delivery on the ground between local partners. National Support Teams are being scaled up and local areas will be expected to use the improvement architecture detailed in the National Improvement and Efficiency Strategy to develop systems of effective leadership to drive and support change. It is also ever clearer that the Department of Health and the NHS cannot reduce health inequalities in isolation from other public services. *Tackling Health Inequalities: A Programme for Action* provided a good model which improved the coherence of government programmes. The new duties around JSNA and the development of LAAs and LSPs have made it easier to deliver jointly designed public services.

## **The role for housing and support providers**

There is a role for housing and support providers in ensuring the people they work with are linked into the work to improve the health of those who are most disadvantaged. Many of the people they work with will be the ones who are hard to reach, most affected by health inequalities and most likely to benefit from the services and support on offer.

Housing and support providers can play a key role in supporting people to access services such as those to reduce smoking or obesity. They can also help to get across the messages and services available to their clients. Housing and related support workers will need to be aware of the new services being developed and be advocates and enable people to access them.

Housing providers need to be aware of the impact environment can have on health, building this into any new schemes, and addressing issues in existing ones. That includes the need for warm homes with good circulation, built to standards that support independence and support someone to remain active and independent. Factors include access to green space, transport to services, work, leisure and training, and whether the housing increases and supports independence. For example aids and adaptations, assistive technology and exercise classes in extra care settings.

Home Improvement Agencies already play a big part in this, helping people make their homes safer and adapted to their needs. They will continue to play a role.

Housing needs to be aware of this agenda and linked into the Joint Strategic Needs Assessments (JSNAs), Local Strategic Partnerships (LSPs) and Local Area Agreements (LAAs). The Housing LIN has produced a useful glossary of terms that covers many of the above-mentioned tools; see Housing LIN Briefing No25.

## Other relevant Housing LIN documents

'Health risks & health inequalities in housing: an assessment tool':

<http://networks.csip.org.uk/IndependentLivingChoices/Housing/Topics/browse/Housing/HousingStrategy/?parent=3656&child=1638>

'Good housing and good health. A review and recommendations for housing and health practitioners', jointly published with the Housing Corporation, 2006

<http://networks.csip.org.uk/IndependentLivingChoices/Housing/Topics/browse/Housing/hwb/?parent=3691&child=1573>

'Connecting Housing to the Health and Social Care Agenda: a person-centred approach', 2007

<http://networks.csip.org.uk/IndependentLivingChoices/Housing/HousingNews/HousingNewsItem/?cid=2370>

'Spotlight on Housing and Health', jointly published with the CIH, 2004

<http://www.cih.org/spotlight/spotlight2.pdf>

"Healthy Homes, Healthier Lives": DVD/CD-Rom and support material. Training resource jointly produced by Care & Repair and the Housing LIN.

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