



## WORKSHOP SUMMARY

Alcohol misuse, obesity and smoking: a social determinants approach to public health interventions

**Tuesday 6th March 2012**

The workshop aimed to gain views on the approach to public health interventions being developed by the UCL Institute of Health Equity. A briefing paper was circulated ahead of the event, attended by over forty delegates from a mixture of central government, local government, NHS, and other organisations. A presentation of the approach followed Sir Michael's Marmot introduction – the presentation and delegate list are both enclosed at the end of this document, which summarises the Q&A and discussion session, and the feedback from the group workshops.

### Q&A and Discussion

#### **Language, terminology and communication**

- The upstream/downstream terminology is not necessarily clear or helpful, especially for members of HWBs, who are not particularly familiar with public health. We should consider rephrasing relevant parts of the approach and use a clearer, non-technical terminology.
- The language used is particularly important, many people in local authorities have not necessarily read *Fair Society, Healthy Lives* and we should consider producing a glossary.
- Elected members, officers and commissioners all tend to use different language, though not necessarily the same language, we might want to consider producing two documents: a technical one aimed at practitioners implementing interventions, and a communication one aimed at supporting officers communicating the approach to HWBs, commissioners and other stakeholders.
- There needs to be more clarity in the analysis as to whom we are referring to when talking about commissioners, e.g. LAs, GPs, CCGs, commissioning support units, etc.

#### **Evidence and case studies**

- There is a need for a much more robust evidence base, especially to compare SDH interventions to lifestyle interventions.
- Given the focus on PPHCs it may be useful to review the array of smoking interventions that have taken place over the years and that have reduced smoking incidence, from social marketing campaigns to the smoking ban, and perhaps highlight the level of impact of each different intervention within a concerted approach.
- It would be helpful to list a hierarchy of priorities for action as well as policies areas and issues which might enable or undermine action.

## Financial issues

- There was a strong consensus that there needs to be more about cost-effectiveness, affordability and more generally, the economic aspect of interventions.
- Even if cost-benefits are hard to calculate and would need to be done on a case by case basis at the local level, listing the actual cost of interventions in the case studies would be a useful starting point.
- There is a need to make a stronger argument that these interventions can save money and reduce hospital admissions (local authorities are interested in hospital admissions as they have a significant impact on social care).
- It would be helpful if the 'cost of doing nothing' could be tested in a local authority, the methodology stated within the analysis, and the results used as an example.

## Other issues

- There is a need for a stronger focus on community development, building community capability and a much greater local involvement in line with the Marmot Review's recommendation around creating the conditions in which people can take control over their lives.
- Perhaps we need a section on policy outcomes, highlighting the benefits of cross-cutting policies and the importance of considering wider factors in addressing health inequalities, ie. planning should be considered as much as social care.
- The IHE needs to initiate a dialogue at the LGA and hold seminars for the LGA to take forward this agenda (ideally in the summer), as well widening such dialogue to include the Department of Health and NICE.
- In terms of meeting certain outcomes some authorities will find this problematic due to population turnover, especially in London; we might want to consider making suggestion as to how to deal with population turnover in achieving outcomes.
- Mental wellbeing is a twilight area and needs more focus.
- This is the best time to influence commissioning, so we need to push forward this work and a dialogue with commissioner asap.

## Workshops feedback

The delegates split up into 5 small groups and worked on discussing and answering a set four questions about various aspects of the approach.

### **1. What is the best way to address the problem of making the link from the SDH to PPHCs? How do we present the evidence in such a way that is useful for commissioning?**

- The evidence as presented would work fine, but it needs to be demonstrated that an intervention would work locally.
- There needs to be caution about 'interventionites', there are places which are healthy without interventions, perhaps the evidence-base would be stronger if we presented the evidence around how wider policies impact on health.
- Need more evidence on cost-effectiveness and impact of case studies, as commissioners are currently focusing on reducing costs and hospital admissions.
- It may be useful to provide a matrix where cost and impact of different interventions can be plotted.

- It needs to be clarified that different levels of evidence would lead to different levels of interventions and what to do when evidence is either missing or particularly strong (eg. pilot + evaluation, intervention, mainstreaming into national policy, etc.).
- The link between an intervention and the PPHCs sometimes needs to be made clearer (e.g. impact of green space on alcohol).
- There needs to be more analysis of the impact of the SDH on health, even if it is annexed, especially for those who are not so familiar with the Marmot Review.
- The approach needs to be very simple, with the evidence-base 'sitting in the background'.
- Within local authorities there will be political viewpoints, where individual case studies and story boards may be more powerful pieces of evidence than statistics on the impact at population level.

**2. Are the criteria for selection and prioritisation adequate? Are there other more appropriate criteria that should be used?**

- Proportionate universalism is important, but there is also a need for a whole stream of interventions, so this should perhaps be included in the criteria.
- The criteria should not only be about addressing need according to the JSNA, but also knowing which interventions should be done where.
- The 'criteria' are principles rather than criteria, they are useful and interventions should abide by them, but it may be counter-productive to implement a scoring system against these.
- Alignment with other factors and policies is important, and the local economy also needs to be given consideration.
- Whether the criteria are useful may depend on the local situation; we need to clarify whether relevant criteria can be picked (rather than the whole set), so that local authorities can take ownership of them.

**3. Is the approach relevant to HWBs' role in addressing the wider determinants? Are the tools useful and usable?**

- The approach is correct, but needs to be adaptable to a local situation and move from conceptual to practical in order to 'sell it' and get innovation.
- Although many of the SDH relate to life stages, the approach needs to more clearly embed action across the lifecourse.
- The tools can be useful to identify gaps in action by filling them in with what is already happening in a local authority, and then look at external case studies to fill in the gaps. They can also be helpful in assessing whether existing interventions are likely to have an impact on the SDH and/or PPHCs, as well as developing a strategic concerted approach to addressing health inequalities.
- When looking at individual conditions, the meaning of the matrices' headings is unclear and may need to be clarified/explained; mental health is very important as a mediator of physical health and in its own right, so it is vital to highlight that action is needed in this area.
- The approach helps showing how the SDH fit in with what local authorities are already doing, however it misses people-centred approaches and the level of the individual, perhaps an additional layer needs to be inserted.
- Commissioning approaches are currently being developed along these lines, it may be interesting to compare these with the IHE approach.
- It would be good to include the involvement and roles of different partners, esp. the voluntary sector within the approach.

- The approach needs to make a stronger point about breaking down silos, e.g. planning is about health, especially since some issues are more familiar to local authorities than health.
- It needs to be clarified how the matrices will be used in practice and how current policies and interventions will be fitted into the matrix.
- The approach needs to include a mix of population and individual levels approaches.

**4. What are the best outputs for the sharing of case studies? E.g. pamphlet, online system, database of interventions, case studies on web site, etc.**

- It would be helpful if the list of case studies included all relevant indicators from the Government's Public Health Outcomes Framework and not just the ones from the wider determinants domain.
- The list of case studies should include information as to whether it relates to the individual level or the population level, as well as the social benefits to the population.
- Ideally, this would be a web-based database searchable by various fields.
- There is a need to share even more best practice, and provide both illustrative case studies and systematic reviews with more focus on outcomes, pilots and new options.
- The pathways of impact need to be explained within the case studies.
- There is a need to clarify the level of evidence-base within the case studies, including their limitations.
- The case studies should be online, with their context explained and should include a one-page summary.
- The case studies need to include both statistical and qualitative evidence to supply an evidence-base to match different viewpoints.

**Next Steps**

The IHE is currently redrafting the approach, accompanying analysis and case studies based on the feedback from the workshop, as well as considering different options for outputs following suggestions from the delegates and within the scope and remit of the project. An online consultation will be run later in the spring with a view to publishing the approach in the summer of 2012. News on the consultation and publication will be found on the IHE website, [www.instituteofhealthequity.org](http://www.instituteofhealthequity.org); all queries regarding this project should be directed to Ilaria Geddes, [i.geddes@ucl.ac.uk](mailto:i.geddes@ucl.ac.uk).

PRESENTATION

## WORKSHOP

# Alcohol misuse, obesity and smoking: a social determinants approach to public health interventions

Tuesday 6<sup>th</sup> March 2012



UCL Institute of Health Equity

### The need for a SDH approach

- Responsibility for public health and processes for commissioning are currently changing; opportunities for cross-sectoral work and commissioning outside the strict remit of health.
- Feedback from practitioners:
  - Devising and implementing truly upstream interventions (lifestyle drift)
  - Applying proportionate universalism
  - Drawing on the complex evidence which shows that health outcomes closely relate to the SDH
- Ensure that best available evidence on action in SDH feeds into the design and delivery of actions to tackle health inequalities.

Approach



UCL Institute of Health Equity

## Aims of the Workshop

Gain feedback from practitioners on:

- The approach that public health professionals and others working in public health (very broadly conceived), and HWBs should take to ensure that they retain a focus on the social determinants of health and on addressing inequalities.
- What tools, evidence, case studies are needed by HWBs to ensure that interventions addressing the social determinants of health are commissioned.

Workshop



UCL Institute of Health Equity

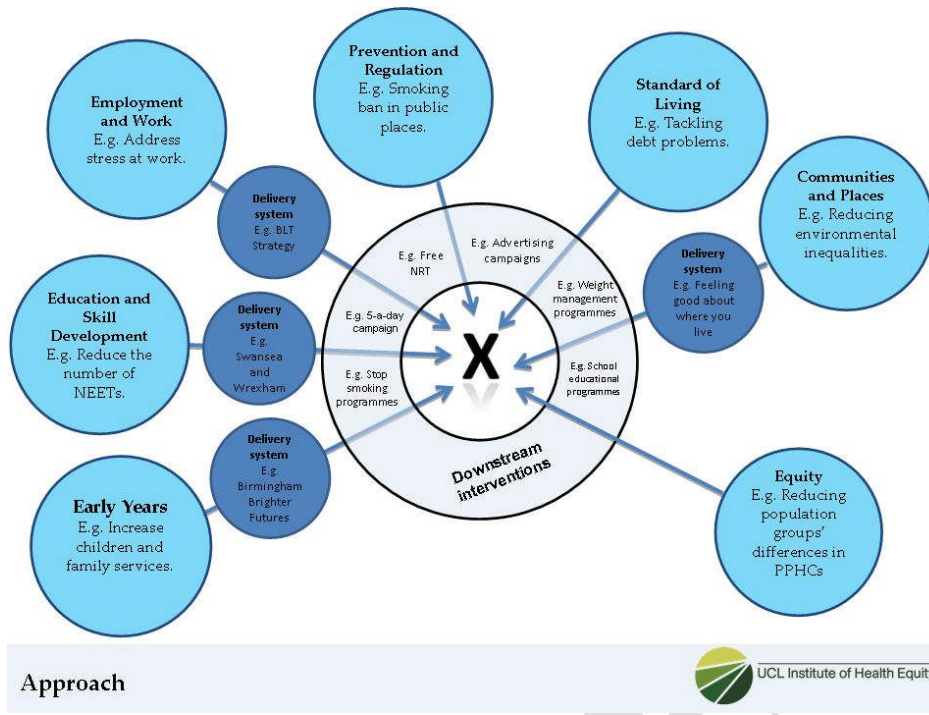
## Objectives of the Workshop

- Hear views about the proposed approach presented in the briefing paper circulated ahead of the meeting and during the workshop presentation.
- Gain recommendations for the range of issues that the approach should cover.
- Gain recommendations of best outputs to release the tools and sharing case studies, e.g. pamphlet, web site, database, etc.
- Other?

Workshop



UCL Institute of Health Equity



## Process for developing interventions

- Describe health inequalities from the JSNA the **socio economic gradient** – inequalities in the distribution of alcohol misuse, obesity and smoking.
- Identify and analyse key social determinants affecting inequalities and health outcomes: the **causes of the causes**.
- Assess evidence and propose actions and interventions: **evidence, feasibility, synergy, cost efficacy**.
- Set metrics, targets and responsibility: **timescales and indicators**.

**Approach**





## Social Determinants Approach to PPHCs

SDH \ PPHC	Alcohol Misuse	Obesity	Smoking
Early Years		E.g. Universal free school meals.	E.g. improved access to early years education.
Education and Skill Development	E.g. Reducing the number of NEETs.		
Employment and Work	E.g. Managing stress at work.		E.g. Develop pathways to work.
Communities and Places	E.g. Reducing environmental inequalities.	E.g. Planning walkable neighbourhoods.	E.g. Increase exposure to green space.
Standard of living		E.g. Minimum income for healthy diet.	E.g. Tackle debt issues.
Prevention and Regulation	E.g. Reducing crime and fear of crime.	E.g. Reducing salt and fat content in processed foods.	E.g. Fire fighters in the community.
Equality and Health equity			

### Tool 1



UCL Institute of Health Equity

## Birmingham Brighter Futures

**Percentage of 5-year-olds achieving a good development score increased from 40% in 2007 to 55% in 2010.**

- Strategic focus** (strategy has been prepared by a multi-disciplinary leadership team of 35 people, supported by over 200 practitioners from across the city's children's organisations).
- Identifying target groups and needs** (in-depth analysis of need to secure the services people really need; a robust outcomes and planning-driven approach to improvement).
- Partnership working and information sharing** (Local Authority, Careers Wales, JobCentre Plus, head teachers, teachers, Learning Coaches, Youth Workers, and Education Welfare Officers).
- Provision & support** (radical changes to the way they organise, commission and deliver services, especially in how people from different organisations work together at the front-line).

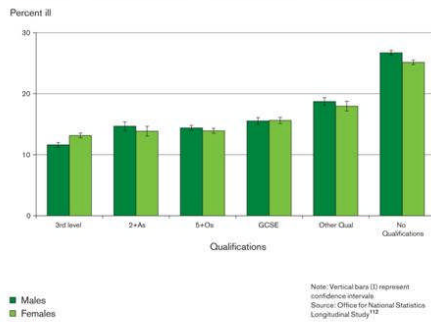
### Early Years



UCL Institute of Health Equity



Figure 2.26 Standardised limiting illness rates in 2001 at ages 16–74, by education level recorded in 2001



- Educational attainment is a predictor of health outcomes.
- Higher educational attainment is associated with healthier behaviour.
- There is a gradient in limiting illness by level of educational attainment.
- There is a gradient in mortality by educational attainment.

## Education and Skills



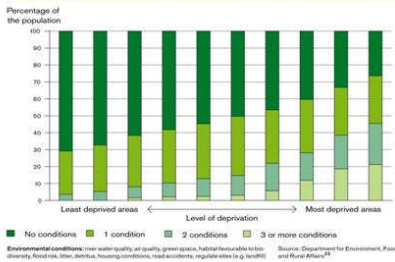
# Feeling good about where you live

- Run by Greenwich Council and NHS Greenwich.
- Aims to understand the causality between built environment, social networks and mental well-being through providing a number of interventions in the environment.
- 3-years study which include a case control group.
- Based on postal survey to 1,600 households in 9 areas in Greenwich; response rate 38% (n=608).
- Focused on two estates - Baseline survey has been completed on two estates - 810 responses (from 1500 households); the 'control' estate will receive improvements at the end of the project.
- Delivery partnerships with NHS Greenwich, Metropolitan Police, Greenwich Council, local schools established.

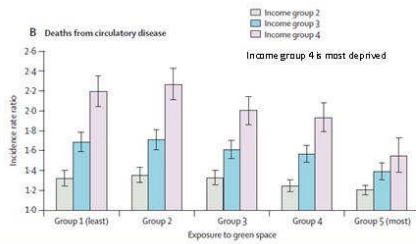
## Communities and Places



Figure 10 Populations living in areas with, in relative terms, the least favourable environmental conditions, 2002-05



- There is a gradient in environmental disadvantage.
- Strong link between environmental factors and health (e.g. Pollution).
- Strong evidence that access to good quality green spaces improves mental health.
- Traffic accidents concentrated at the bottom of the gradient.



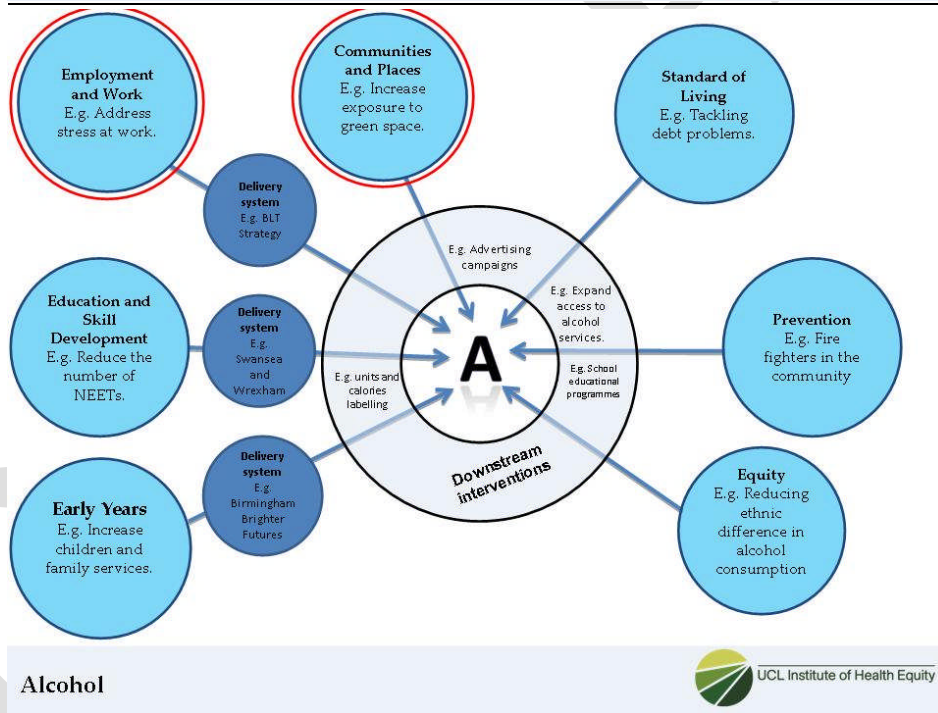
Communities and Places



# The list of case studies



# Alcohol



## Social Determinants Approach to Alcohol Misuse

Areas of action	General Influential Factors	Mental well-being – control and confidence
Early Years		
Education and Skill Development		
Employment and Work		E.g. Address stress at work.
Communities and Places		E.g. Increase exposure to green space.
Standard of living		
Prevention and Regulation		
Equality and Health equity	E.g. Reducing ethnic difference in alcohol consumption	

Alcohol

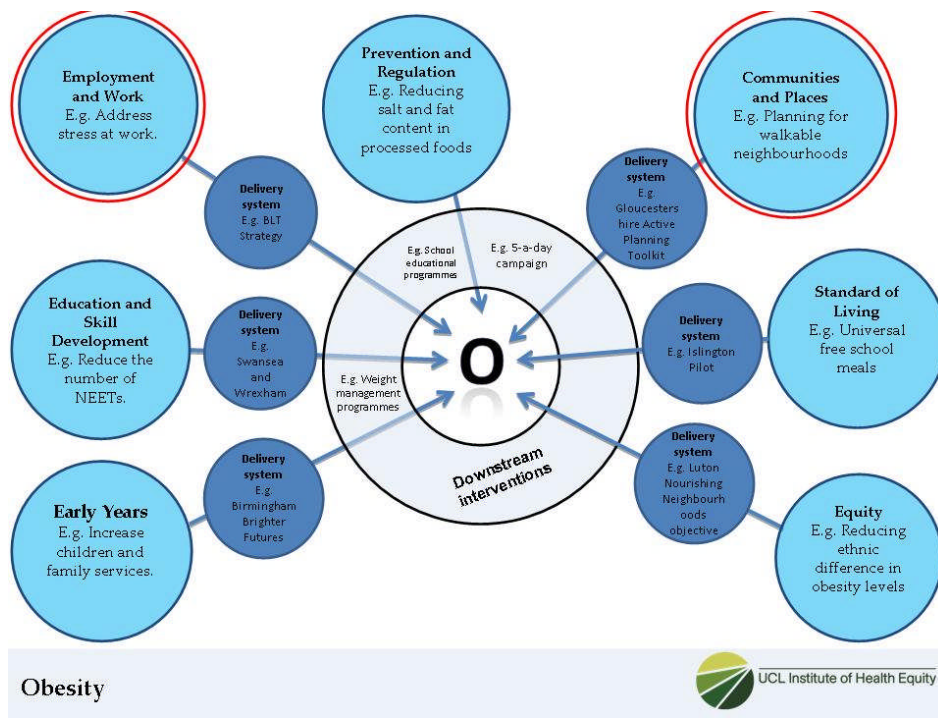


UCL Institute of Health Equity

# Obesity



UCL Institute of Health Equity



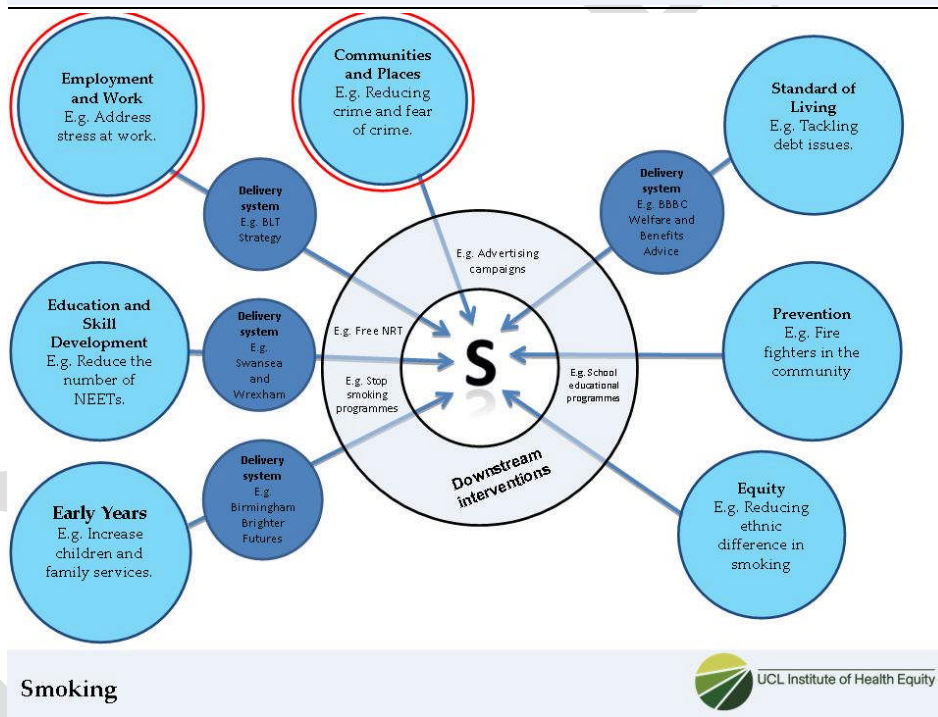
## Social Determinants Approach to Obesity

Areas of action	General Influential Factors	Mental well-being – control and confidence
Early Years	E.g. Universal Free School Meals.	
Education and Skill Development		
Employment and Work		E.g. Address stress at work.
Communities and Places	E.g. Planning Walkable Neighbourhoods.	E.g. Reducing crime and fear of crime.
Standard of living	E.g. Improving energy efficiency of homes.	
Prevention and Regulation		
Equality and Health equity		

**Obesity**

UCL Institute of Health Equity

# Smoking





## Social Determinants Approach to Smoking

Areas of action	General Influential Factors	Mental well-being – control and confidence
Early Years		
Education and Skill Development		
Employment and Work		
Communities and Places		E.g. Reducing crime and fear of crime.
Standard of living	E.g. Reducing fuel bills	
Prevention and Regulation		
Equality and Health equity	E.g. Reducing ethnic difference in smoking	

Smoking



UCL Institute of Health Equity

# Selection and Prioritisation Criteria



UCL Institute of Health Equity

## Workshops

1. What is the best way to address the problem of making the link from the SDH to PPHCs? How do we present the evidence in such a way that is useful for commissioning?
2. Are the criteria for selection and prioritisation adequate? Are there other more appropriate criteria that should be used?
3. Is the approach relevant to HWBs' role in addressing the wider determinants? Are the tools useful and usable?
4. What are the best outputs to for the sharing of case studies? E.g. pamphlet, online system, database of interventions, case studies on web site, etc. [Think back to points 1-3]

Workshops



UCL Institute of Health Equity

## Next Steps

- Summary of workshop
- Collation of further case studies, updating of existing case studies
- Redrafting of analysis and reformatting of case studies according to workshop outcomes
- Online consultation
- Publication late spring
- Dissemination



UCL Institute of Health Equity

## DELEGATE LIST

Alison Ismail	Department of Health
Amanda Douglas	NHS East London and the City
Angela Kaushal	NHS Wandsworth
Anne Griffin	Department of Health
Bola Akinfolarin	NHS Tower Hamlets
Catherine Brogan	Public Health Action Support Team
Christine Nolan Bertuol	NHS South East London
Clive Henn	Department of Health
Crispin Acton	Department of Health
Deborah Maynard	Thurrock Council
Diane McNulty	NHS Dudley
Ellen Bloomer	Institute of Health Equity
Eva van Velzen	NHS Sutton and Merton
Fiona Harris	NHS South West London
Helen Buttivant	Wessex Deanery
Ilaria Geddes	Institute of Health Equity
Jackie Chin	NHS Ealing
Jacqueline Lindo	NHS South West London
Jane Beenstock	NHS County Durham and NHS Darlington
Jessica Allen	Institute of Health Equity
Jimmy Burke	Croydon Public Health
Jose Figueroa	NHS East London and the City
Judy Kurth	NHS Stoke-on-Trent/City Council
Julia Groom	NHS South West London
Kay Eilbert	NHS Waltham Forest
Kieron Williams	London borough of Lambeth
Lesley White	City of York Council
Lucy Saunders	North central London
Maddy Wright	NHS Ealing
Marie-Noelle Vieu	Public Health Registrar - NHS Lambeth
Mark Browne	Department of Health
Mark Jordan	Hertfordshire County Council
Mike Roberts	Socialist Health Association/LGA Well Being Board member
Mobola Alexi-Oni	NHS North Central London
Pamela Gbesemete-Akyeampong	NHS Redbridge
Paul Fox	NHS North Central London
Paul Southon	NHS Sandwell
Peter Brambleby	NHS Croydon
Ray Earwicker	Department of Health
Rob Howard	Leicester City Council
Rubinder K Sidhu	London Kent Surrey and Sussex

Ruth Wallis  
Somen Banerjee  
Steven Casson  
Sue Hogarth  
Suzanne Wood  
Tracy Carpenter  
Viji Luxman

Lambeth - Director of Public Health  
NHS Tower Hamlets  
London Borough of Hounslow/NHS Hounslow  
Institute of Health Equity  
NHS East London and the City  
Greenwich Council  
Wandsworth PCT

DRAFT