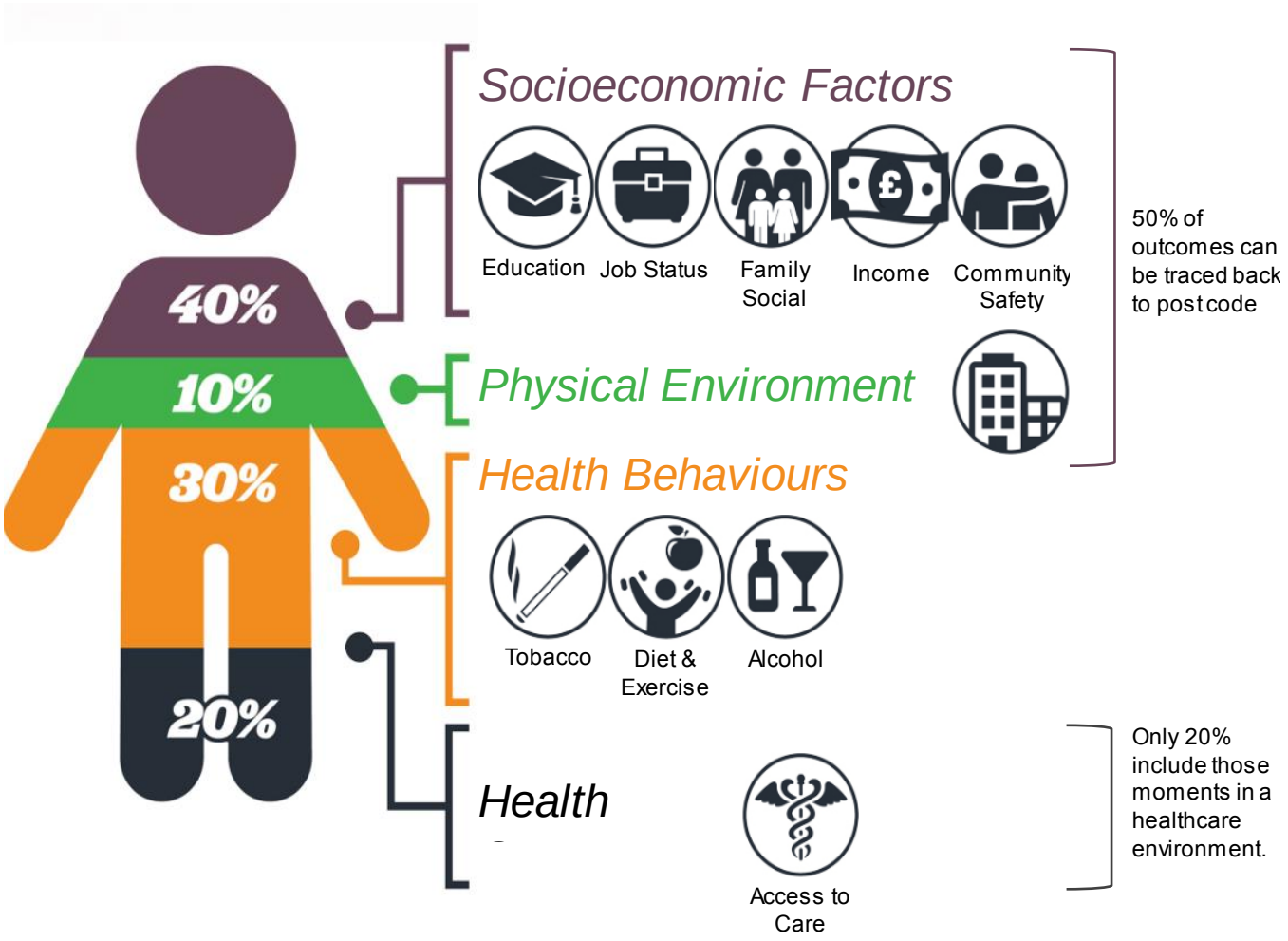
Appendix C – The Determinants of Health

What Determines Outcomes?

Outcomes are determined by the conditions in which we born, grow, age, live and work. These conditions influence opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing. As a result, the social determinants of health include:

- housing
- education
- employment
- social support
- family income
- our communities
- childhood experience
- access to health services.

The visual below shows to extent to which these factors impact on individuals.



In Fair Society, Healthy Lives (known as the Marmot Review), Marmot explored how the social determinates of health could be addressed. He concluded that there is a social gradient in health – the lower a person's social position, the worse his or her health and that health inequalities result from social inequalities.

Marmot noted that focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. Marmot calls this this 'proportionate universalism'.

Reducing health inequalities will require action on six policy objectives:

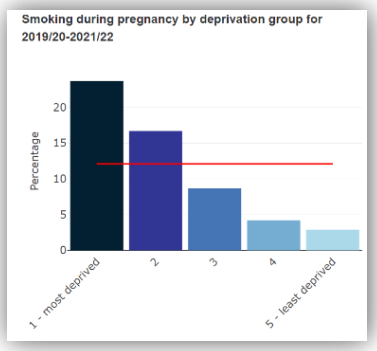
- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

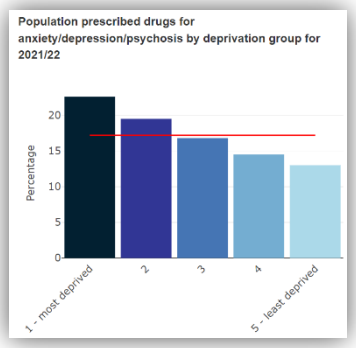
Marmot concluded that delivering these policy objectives will require action by central and local government, the NHS, the third and private sectors and community groups, Marmot is of the view that national policies will not work without effective local delivery systems focused on health equity in all policies. Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.

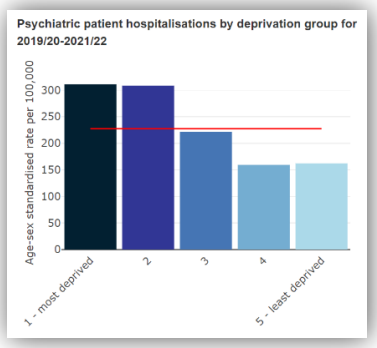
Variation in Outcomes Across our Communities

The Scottish Index of Multiple Deprivation measures levels of deprivation by looking across seven domains: income, employment, education, health, access to health services, crime and housing, and so closely mirrors the wider determinates of health.

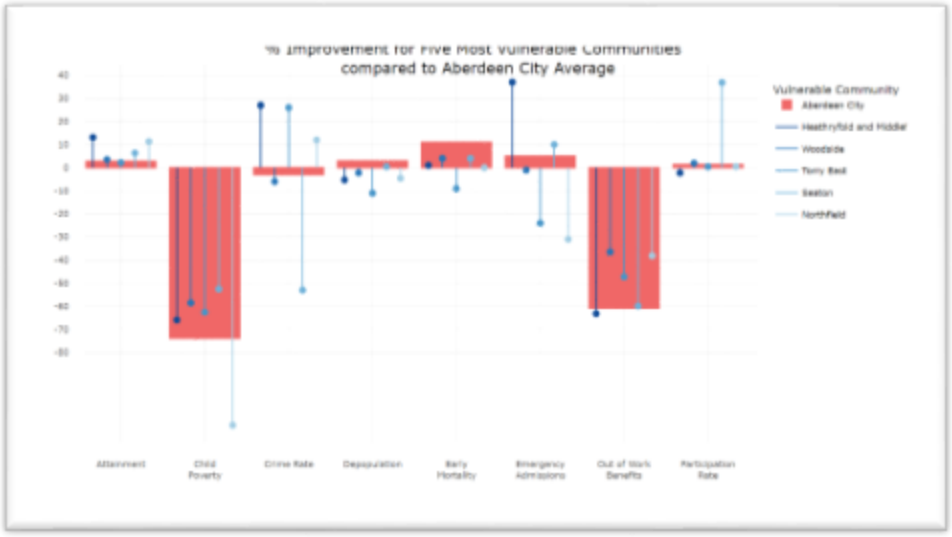
Despite considerable national and local efforts to address poorer outcomes based on deprivation, benefits have not been felt equally across the population as exemplified Public Health data held for Aberdeen City.







There continues to be considerable variation in outcomes at community level, with different communities with a similar SIMD profile, having quite different outcomes.



As Marmot suggested, this variation triggers the need to consider if all communities need the same universal and targeted support, or they would be better served by something more bespoke and 'proportionate universalism' and in keeping with the profile of need across a community.

Factors Impacting on Variation

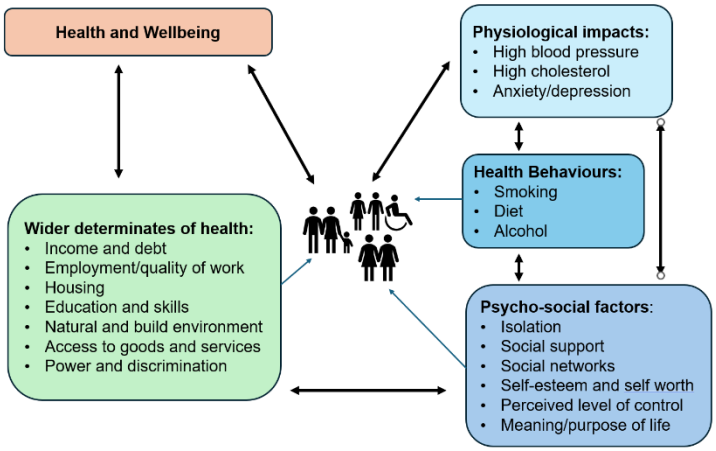
Some groups living in communities, such as the homeless or those with protected characteristics, experience even more pronounced inequality.

The cumulative impact of more than one factor being experienced by some families is considerable and leads to the considerable inequality of outcomes locally.

Figure 1 - Factors impacting inequality of outcomes

Consultation on the recently approved Local Outcome Improvement Plan and associated Locality Plans strongly suggests that many citizens do not feel safe in their community. Feelings of safety are often linked to people feeling unconnected. This suggests a need to strengthen the sense of community to increase levels of resilience and self-efficacy.

The connection between the health determinates, psycho-social factors, physiological impacts and health behaviours on the health and wellbeing of citizens and communities is shown in the visual below.



Research overwhelmingly suggests that strengthening psychosocial pathways can increase resilience and tackle feelings of loneliness and social isolation. Could our Library and Information services help drive this sense of connection?

How to Improve Psychosocial Pathways?

A range of psychosocial problems exist in Scotland and are triggering a concerning rise in reported mental health needs.

A Scotland-wide stress survey, commissioned by the Mental Health Foundation, found that almost three quarters of adults (74%) have at some point over the past year felt so stressed they felt overwhelmed or unable to cope. The findings exemplify how prevent psychosocial issues are, and how differently the issues are felt by different groups.

74% of Scottish adults have felt so stressed at some point over the last year they felt overwhelmed or unable to cope.

- 80% of women said this compared to 68% of men
- 83% of 18-24 year-olds said this compared to 66% aged 55 and over

35% of adults said they had experienced suicidal feelings as a result of stress

- 35% of women said this compared to 34% of men
- 33% of 18 to 24 year-olds said this compared to 26% aged 55 and over

16% of adults said they had self-harmed as a result of stress

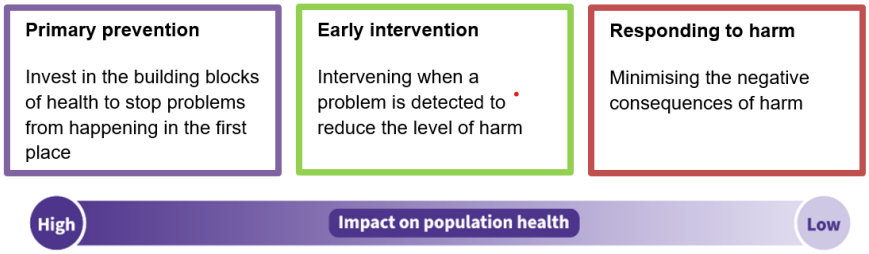
- 21% of women said this compared to 11% of men
- 24% of 18 to 24 year-olds said this compared to 7% aged 55 and over

Research suggests that psychosocial pathways can be increased by shifting systems to focus on the wider determinants of health at community level, routinely reviewing progress and applying a Health in All Policies, this also requires a well informed workforce. This work is currently being progressed through implementation of the new Organisational Structure, but there is a need to take more of a community focus rather than look at misleading city wide data.

There is a need to focus on prevention by having a good understanding of community level data, to enable a clear focus on protective and risk factors. Systems can best address the effects of adverse factors (shown in Figure 1 above) at a scale and intensity that is proportionate to the community. This is helpfully described as '[proportionate universalism]' by the Institute of Health Equity and Marmot. Taking this approach would enable those living in different communities to access support in a way that works for them based on local need.

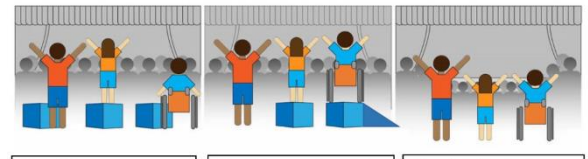
The built, natural and social environment is important. Environments to encourage empowerment, social cohesion, sense of belonging, social relationships and social capital may look different from some of the spaces our services, including the Library and Information Service, currently utilise.

Prevention is known to be an effective means of supporting whole populations.



What do we want to achieve?

Our future model should strive to realise equal long term outcomes for our citizens by addressing the health gradient. In real terms, this means that different communities should have access to what they need to build agency and improve outcomes across all of the determinates of health. This relies on having clear community level data and accountability to help shape the offer to the community.

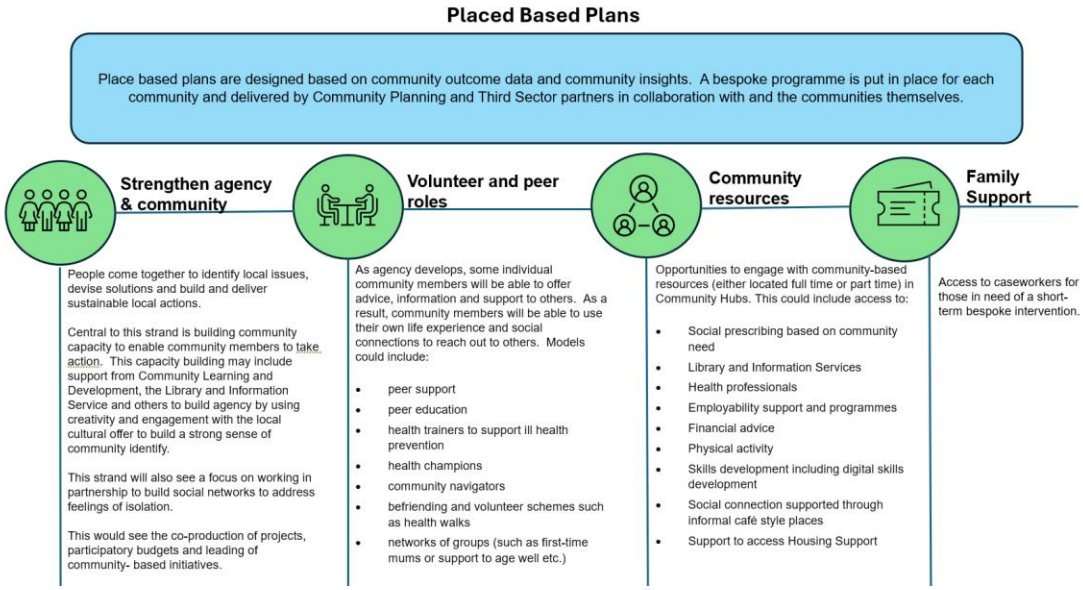


Equality – everyone gets the same resources	**Equity** – everyone gets the same outcomes, with resources distributed according to need	**Equal outcomes** – through the removal of structural barriers

How do we focus on Place?

Consideration of Marmots 6 policy objectives, guides the establishment of a Community Hub Model.

The Community Hub model would prioritise strengthening agency and community, building community capital, providing access to a range of community resources and provide access to more targeted Family Support. Programmes and approaches would be designed in collaboration with the communities being served, resulting in the proportionate universalism Marmot describes.



Working to integrate services within shared spaces and defined places, and communities of culture and interest, is important for many reasons, including:

- it enables combined focus around the needs of individuals and families, rather than the separate needs of individual services
- it enables the rationalising of overlaps and duplication – bad for our citizens and bad for system efficiency
- it enables gaps and barriers to be identified and overcome
- it makes sound financial sense

It is critical, particularly with health inequalities in mind, that the purpose of the integrating process is to make access of services easier for the end user to enable increased uptake for those who need it most.

References

Towards health equity: a framework for the application of proportionate universalism - IHE (instituteofhealthequity.org)

Place-based approaches for reducing health inequalities: main report - GOV.UK (www.gov.uk)

https://assets.publishing.service.gov.uk/media/5a74d3e440f0b65f613228d7/Psychosocial_pathways_and_health_equity.pdf

Fair Society, Healthy Lives (instituteofhealthequity.org)