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Advancing Health Equity: Priority Actions in Times of Complexity and Crisis

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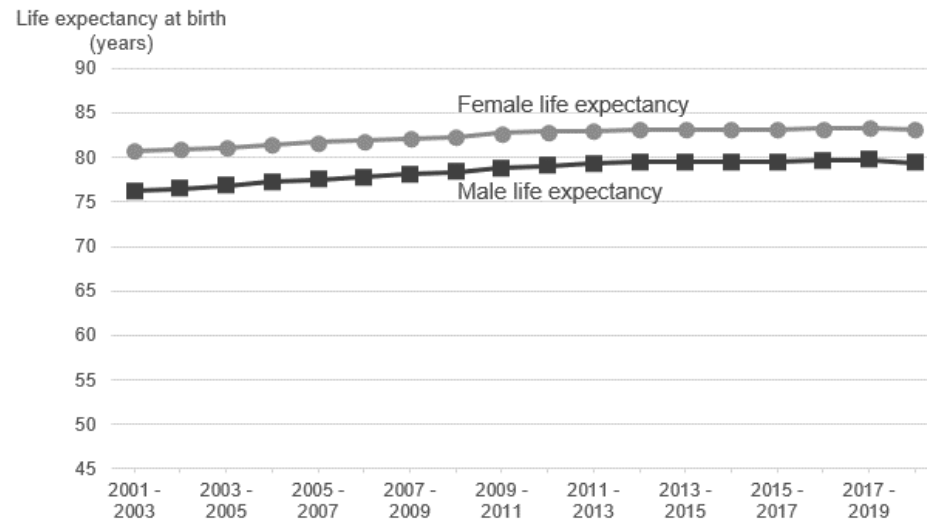
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Improvements in life expectancy have stalled and the gap in life expectancy is widening



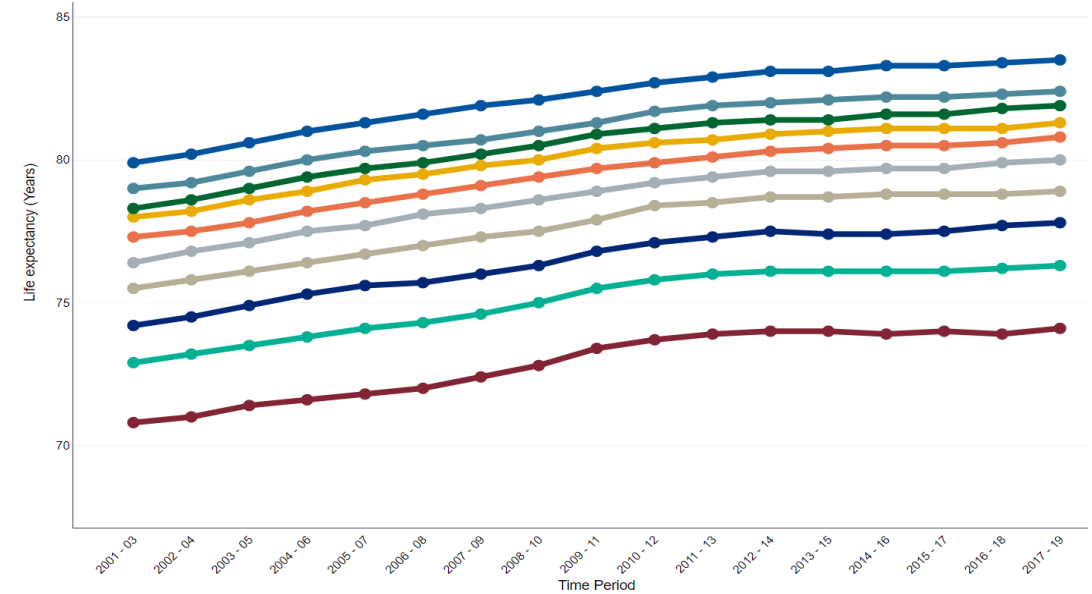
Life expectancy (LE) at birth for males and females in England
2001-03 to 2018-20



Source: ONS, 2022

- Upward trend in LE in England seen in the 20th Century has stalled and is now declining in older adults living in poorer areas.
- Following the pandemic, LE fell by 1.3 years for males and 1.0 year for females in 2020.

Life expectancy for males – by deprivation deciles, 2001-2019

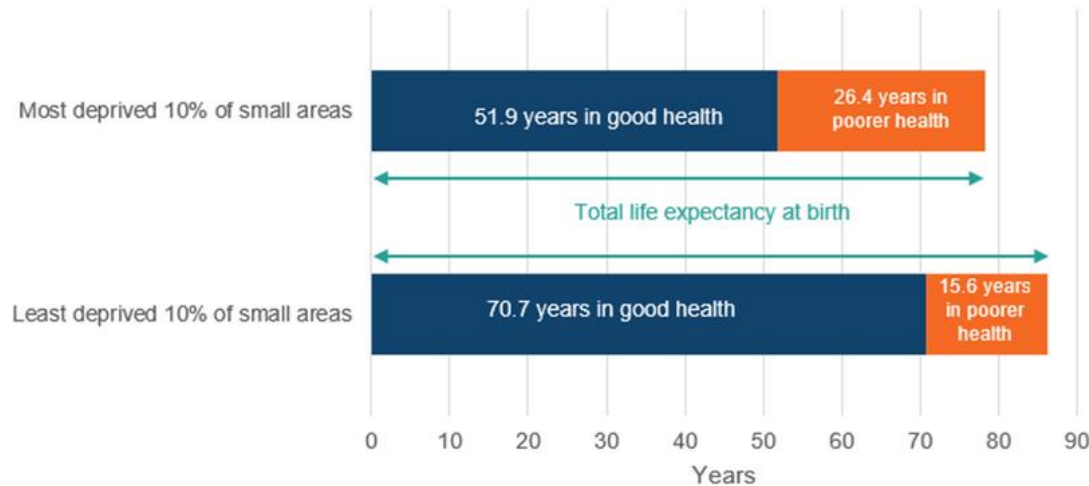


- The rise in life expectancy is slowing and the deprivation gap is widening

Disparities in healthy life expectancy are even more acute

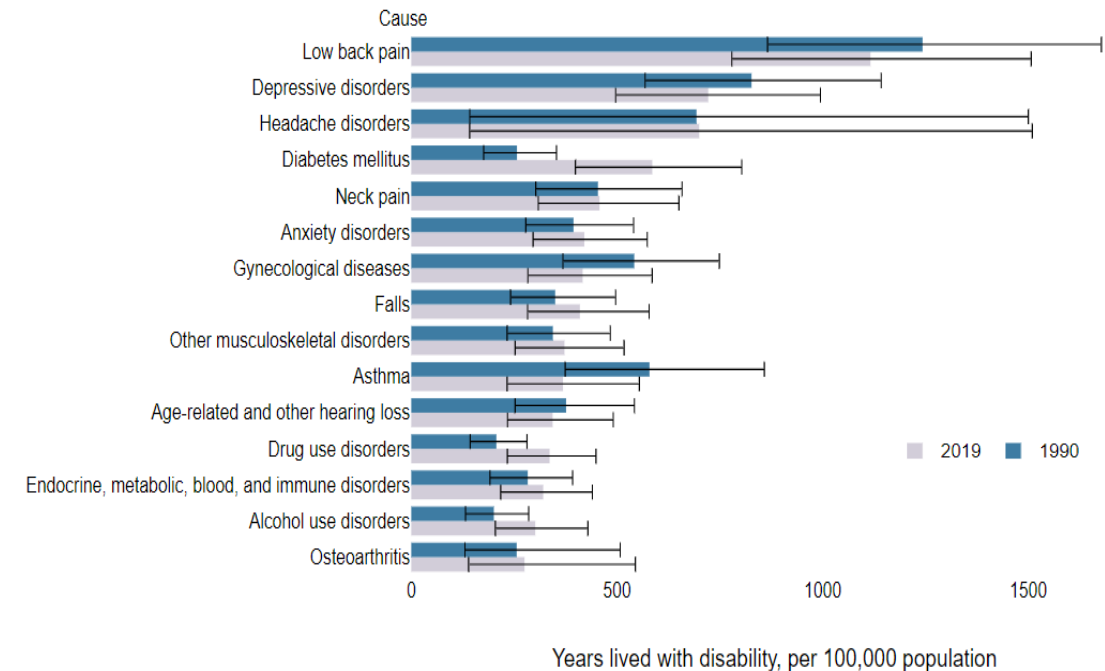
- Healthy life expectancy (HLE - the average years of life lived in good health) is not improving in England.
- Stark disparities in the number of years people can expect to live in good health between deprivation groups.

Expectations of life spent in good and poorer states of health for females in the most and least deprived areas in England



- There are good public policy reasons to refocus our longer-term efforts on tackling morbidity and not just mortality.

Age-standardised morbidity rate, leading causes, by sex, England 1990 and 2019



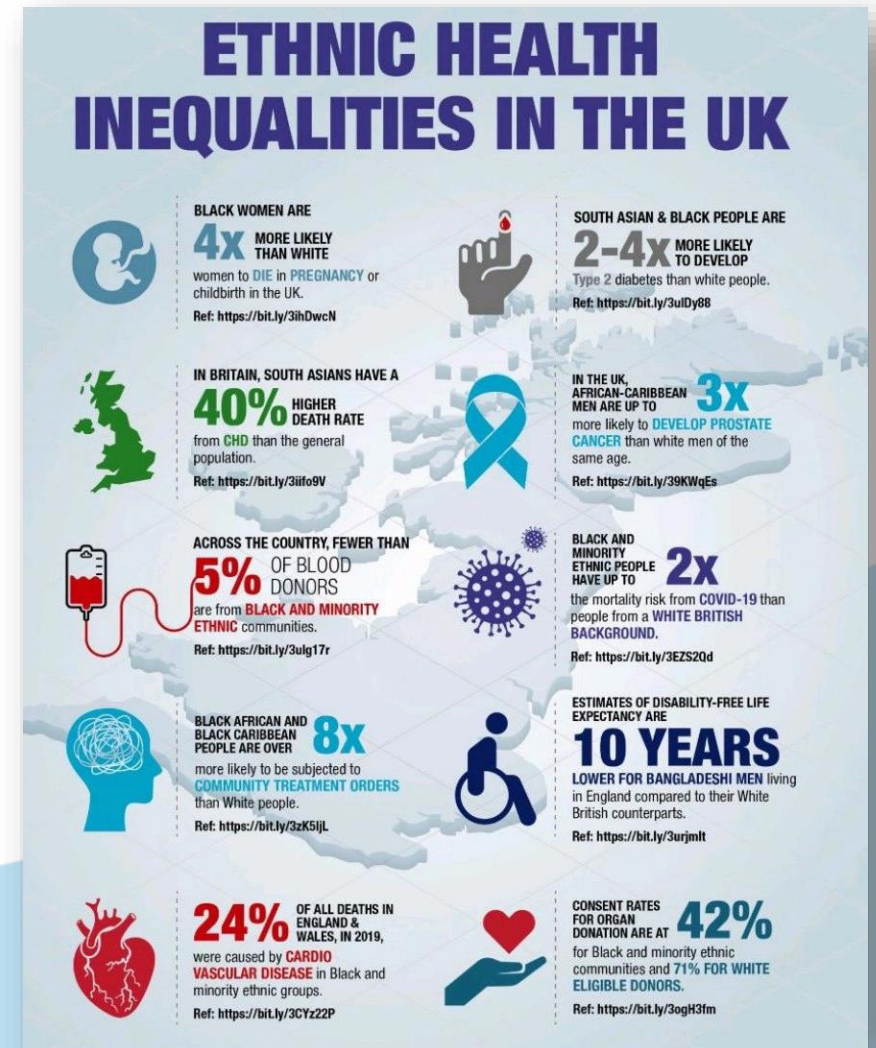
Source: [Global Burden of Disease 2019](https://www.who.int/digitaltrials/article/doi/10.2196/2019)

Widening health inequalities



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- **COVID pandemic** impacts, cost of living crisis, increasing poverty and stagnant economic growth
- **Pressures on the health and care system** have had material impacts on access, experience and outcomes.
- **Longstanding health inequalities** have been exacerbated
- **Structural racism** continues to impact the health of minority ethnic communities across the UK.
- **Global conflict** and the direct and indirect impact on the health of communities across the UK.





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Five Key Shifts for Prevention and Equity

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Leadership



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- Leaders must **prioritise prevention and equity** through visible commitment, accountability, resource allocation, fostering inclusive cultures, and actively championing policies that address health inequalities across all NHS structures and services.
 - A **new paradigm for health leadership** – an agile approach to working which transcends traditional models and embraces the intricate realities of our time.
 - Requires us to abandon simplistic narratives and **embrace the inherent complexity of our systems**.
 - We must **collaborate across sectors**.
 - Critical thinking, and a systems-level perspective, with a **relentless focus on principles of equity and justice**.

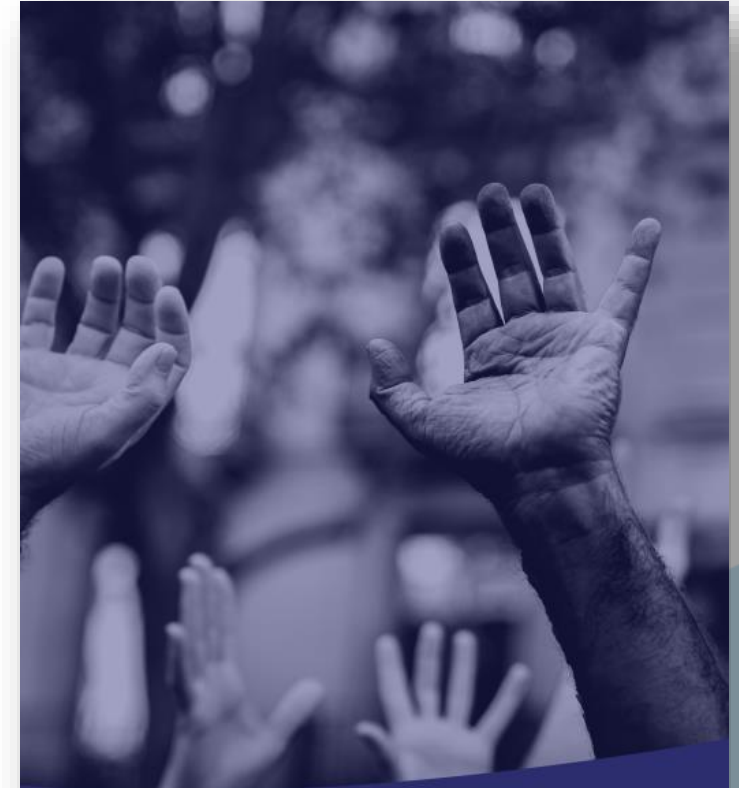


Supporting and equipping the workforce



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- Develop an **empowered, diverse, and culturally competent** workforce, trained explicitly in preventative care, health equity, and equipped with skills and resources necessary to tackle wider determinants of health effectively.
 - **NHS Workforce Race Equality Data & Standards** – ensuring that those from minority ethnic background have equal access to career opportunities, supporting a diverse, motivated, and valued workforce.
 - **Fair Training Culture & Anti-racism** – avoidable inequalities impact training programmes across specialties; FPH is leading work on Anti-racism & Fair Training Culture



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Anti-racism Framework



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Prioritising Prevention Programmes



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- Prioritise investment in proven, **evidence-based prevention** programmes, systematically embedding robust evaluation and continuous improvement processes to scale successful interventions and sustainably reduce health inequalities across populations.
- **NHS England, OHID and NICE** have collaborated to produce a resource. This set out strongly evidence based preventative interventions which are likely to deliver an ROI in 3 years and have the greatest impact on reducing health inequalities, excess mortality and admission rates:

<https://www.england.nhs.uk/ourwork/prevention/secondary-prevention/>

Modifiable Risk Factors

- Tobacco dependence identification and treatment in secondary care
- Weight Management services for people with diabetes and/or hypertension
- Alcohol Care Teams

Respiratory

- Spirometry in diagnosis of asthma & COPD
- Inhaler and medicines optimisation
- Pulmonary Rehabilitation for COPD
- Personalised Asthma Action Plan for all Children and Young People with asthma

Diabetes

- Structured Education
- NHS Diabetes Prevention Programme
- Delivery of 9 Diabetes care processes

CVD

- Community Pharmacy Hypertension Case Finding
- Cholesterol search and risk stratification
- NHS Health Check
- Case finding and direct-acting oral anticoagulation (DOACs) to prevent atrial fibrillation (AF) related strokes
- Cardiac rehabilitation for patients post ACS and diagnosis of heart failure
- Optimisation of hypertension treatment
- Optimisation of Heart Failure treatment through annual reviews
- Optimising management post ACS, including lipid management

Engaging and Activating Our Communities



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- Authentically partner with communities, **embedding co-production approaches**, respecting local insights and assets, building trust, and collaboratively developing interventions that effectively address local health needs and inequities.



Health matters: community-centred approaches for health and wellbeing, Public Health England

NHS as an Anchor Institution



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- Harness NHS resources strategically, influencing **employment practices, procurement, investment, and estates management** to actively improve local economic wellbeing, social equity, and reduce inequalities in surrounding communities.
- The NHS role in tackling the wider determinants:
 - i. Uniquely placed to lead action on secondary prevention – eg ABC for CVD prevention;
 - ii. Expanding role, alongside local government, to address modifiable risk factors;
 - iii. Working with local government and VCS partners to improve outreach to under-served communities;
 - iv. Advocating for and supporting action on wider determinants (but not necessarily funding)

