

**people's
health
trust**



Strategic Plan

2022 - 2025



Welcome

Welcome to our strategic plan for 2022-25. Creating a set of goals at a time of huge social, economic and political flux has been a considerable challenge.

We have listened to our network of funded partners to understand what matters most to them which includes ensuring that the voices of the most marginalised people are heard; that we build evidence to support a reduction in health inequalities; that we speak boldly about the injustice of these inequities; and that we are a strong, diverse, equity-focussed and inclusive organisation.

Our work over the next three years is set against backdrop of more than two decades of worsening health and life expectancy.

The 2010 Marmot report¹ stated unequivocally that the fundamental causes of health inequalities were political and environmental: health factors including jobs and income, housing and unequal power and wealth. The publication of the report, building on previous research, highlighted the need to stop blaming individuals for health inequalities and instead focus attention on the impact of wider socio-economic factors. The Marmot report's call for government to work holistically to address health inequalities still resonates.

A decade later, The Marmot Review: 10 Years On² found that life expectancy in England had stalled for the first time in over a century, and had worsened for people in the most disadvantaged neighbourhoods. It stated that austerity and cuts to public services – estimated in The Lancet last year at 33% per person between 2013 and 2017³ – had likely harmed health and contributed to widening inequalities. The report reiterated that investing in the wider conditions in which we live is the most effective way to improve a nation's health. In 2022, following Covid-19 and amid a cost of living crisis, this is needed more than ever.

13.5
years
younger

Men born in the most disadvantaged area in Scotland die 13.5 years younger than those born in affluent areas of Scotland.

7.5
years
younger

In Wales, men die seven and a half years younger in the most disadvantaged areas, compared to the least disadvantaged.

27
fewer
years

Women in the most disadvantaged parts of England can expect to live 27 fewer years in good health than women in the least disadvantaged.

“ We aim to use our position as a funder and equalities charity to demonstrate the value of community-driven approaches to addressing health inequalities.”



From 2020, Covid-19 exposed health inequalities to the public in an unprecedented way. Research has shown that people in England’s most disadvantaged areas were almost four times more likely to die from Covid-19 than those in the wealthiest areas. The pandemic also had a disproportionate impact across certain groups. Racialised groups, young people, people living with mental health problems and disabled people, in particular, experienced worsening and compounding inequalities, disproportionately increasing their exposure to Covid-19 and threatening their future health.⁴ Recent evidence has also found that long Covid has disproportionately impacted people living in poverty.⁵

The ongoing cost of living crisis is further widening inequality. More and more people are struggling with rising energy costs, rents, interest rates and food prices, and this is having an impact on mental and physical health. With inflation at a 40-year high and the cost of living rising alongside it, more than one in six households – 9.7 million adults – skipped a meal to save money in September.⁶ And this was before the cost of energy really hits, as temperatures drop over winter.

Even before the current crisis, Scottish people could expect to live the shortest lives in western Europe.⁷ Women living in the most disadvantaged areas of Wales can expect to live 25 years of their lives in poor health, and in England almost 27 years. These are lives which are already almost a decade shorter than those of women in the least disadvantaged neighbourhoods.⁸

Last year, People’s Health Trust marked our tenth anniversary which was a bitter-sweet moment. We celebrated the impact of the creative approaches

our funded partners have taken to improve health through our funding, made possible by the players of The Health Lottery, whilst recognising the reality that more people are unfairly dying earlier because of widening inequality. We aim to use our position as a funder and equalities charity to demonstrate the value of community-driven approaches to addressing health inequalities, and to build our influence across the three nations we work in.

¹ Marmot M et al, Institute of Health Equity, Fair Society, Healthy Lives (The Marmot Review). (2010)

² Marmot M et al, Institute of Health Equity, Health Equity in England: The Marmot Review 10 Years On. (2020)

³ Alexiou, A et al, The Lancet Public Health, Local government funding and life expectancy in England: a longitudinal ecological study. (2022)

⁴ Health Foundation, Unequal pandemic, fairer recovery, The COVID-19 impact inquiry report. (2022)

⁵ Institute for Fiscal Studies (IFS), Long COVID and the labour market. (2022)

⁶ The Food Foundation, Food insecurity tracking. (2022)

⁷ National Records of Scotland, Life expectancy in Scotland 2019-2021. (2022)

⁸ Office for National Statistics, Health state life expectancies by national deprivation deciles, Wales: 2018:2020. (2022)



The policy

context

Laudable goals have been set **in Scotland** to address health inequalities, which present a huge opportunity. Public Health Scotland's new strategy for 2022 – 2025 aims to improve life expectancy and reduce the gap between the wealthiest and poorest.¹⁰ Recognising the challenging external context, the strategy sets out how it plans to create a Scotland where everybody thrives including through empowering local areas to address local public health concerns, improving mental health through a public health approach, and creating an economy that prioritises wellbeing and population health.

In Wales, there have also been positive policy steps towards addressing health inequality. The Welsh government has implemented a legislative socioeconomic duty and became the first to implement an innovative World Health Organisation (WHO) health equity framework to reveal the disproportionate impact of Covid-19 on specific population groups. The report highlighted inequalities and recommends an intergenerational lens to wellbeing, investment in social cohesion and community resilience, targeted policies to support

the most vulnerable groups, and investment in health prevention and early intervention to reduce health inequalities.¹¹ These have all formed part of the First Minister's programme for government and statutory duty to the Well-being of Future Generations.¹²

In England, at the time of publication, we recognise, along with many other organisations, that there is clear need for a cross-government focus on the issues that cause ill health which the Health Disparities White Paper has the potential to address. In its Levelling Up White Paper, the government reiterated its goal to deliver five years of extra Healthy Life by 2035 while concurrently narrowing the healthy life expectancy gap. We need clear policies at a local and national level to be able to achieve this.

“ Public Health Scotland's new strategy for 2022 – 2025 aims to improve life expectancy and reduce the gap between the wealthiest and poorest.”

¹⁰ Public Health Scotland, A Scotland where everybody thrives: Public Health Scotland's strategic plan 2022 to 2025. (2022)

¹¹ Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales, The Welsh Health Equity Status Report initiative (WHESRI). (2021)

¹² Welsh government, Programme for government 2021 to 2026: Well-being statement. (2021)



Vision and values

Our vision

People's Health Trust believes in a world without health inequalities. We work to ensure that where you live does not unfairly reduce the length of your life, or the quality of your health.

Our values

True

True: we will remain true to our vision to address health inequalities, remembering what we are here to do and acknowledging that people make change and we help it to happen.

Strong

Strong: we will stand up for our beliefs and those of the people we serve. We will work things out together with local people, will engage our critics and supporters and tackle social injustice, discrimination, racism and oppression boldly.

Together

Together: we believe there is strength in unity: we will stand with marginalised people, ensure all voices are heard and create space for their ideas.

Inspired

Inspired: we are always learning and always listening. We challenge ourselves to be different and support ideas from local people which bring about real local and national change.



Our 2022-2025 strategy

In response to the context in which we are working, from 2022-2025, we commit to taking action on the causes of ill-health and shortened lives for the most marginalised people in England, Scotland and Wales.

Our four new objectives place a clear emphasis on the Trust listening to marginalised groups and speaking clearly and boldly on the avoidable inequalities in health faced by marginalised people. We will build our evidence on what works and influence policy and decision-makers through local and national partnerships, and we very much welcome opportunities to form new partnerships with others.

Objective one



We will **listen to and support** marginalised groups to speak out about their experience of health inequalities.

We will work with our deep-rooted networks in marginalised communities and with people who are most affected by ill-health and early death, to help to shape our funding programmes, our policy and our action to create a supportive, creative environment for sharing practice.

By 2025 we will:

- Have strong, vibrant networks to help identify practical ways of working that people experiencing health inequalities can use to address the unjust social and economic inequalities they face.
- Have developed and delivered our funding programmes to better meet the Trust's and organisations' needs and ambitions.
- Funded partners and their participants will be enabled to speak out and shape local, regional and national decisions on health inequalities.



Objective two

We will **build evidence and practice** around what works to address health inequalities.

Objective three

We will **speak clearly and boldly** on the avoidable inequalities in health faced by marginalised people.



We will look for gaps in the evidence around what works to support people facing unjust and avoidable health inequalities and will aim to contribute to narrowing the gap. We will become a convener of good evidence and practice and ensure this evidence is shared openly.

By 2025 we will:

- Have found evidence gaps and added to the evidence base around what works in addressing health inequalities for those who are most marginalised.
- Have had direct impact on local practice around the real causes of ill-health/early death.
- Have become a convener and contributor of good evidence and practice in England, Scotland and Wales.

We will develop a strong voice to champion the rights of marginalised people, ensuring decision makers, funders and practitioners understand the social and economic causes of ill-health and early death and know what can be done about it.

By 2025 we will:

- Have seen an increase in engagement with policy makers, funders and practitioners to improve understanding of the social and economic determinants of health.
- Have seen increased action for marginalised people on the social determinants from local, regional and national governments, funders and practitioners.



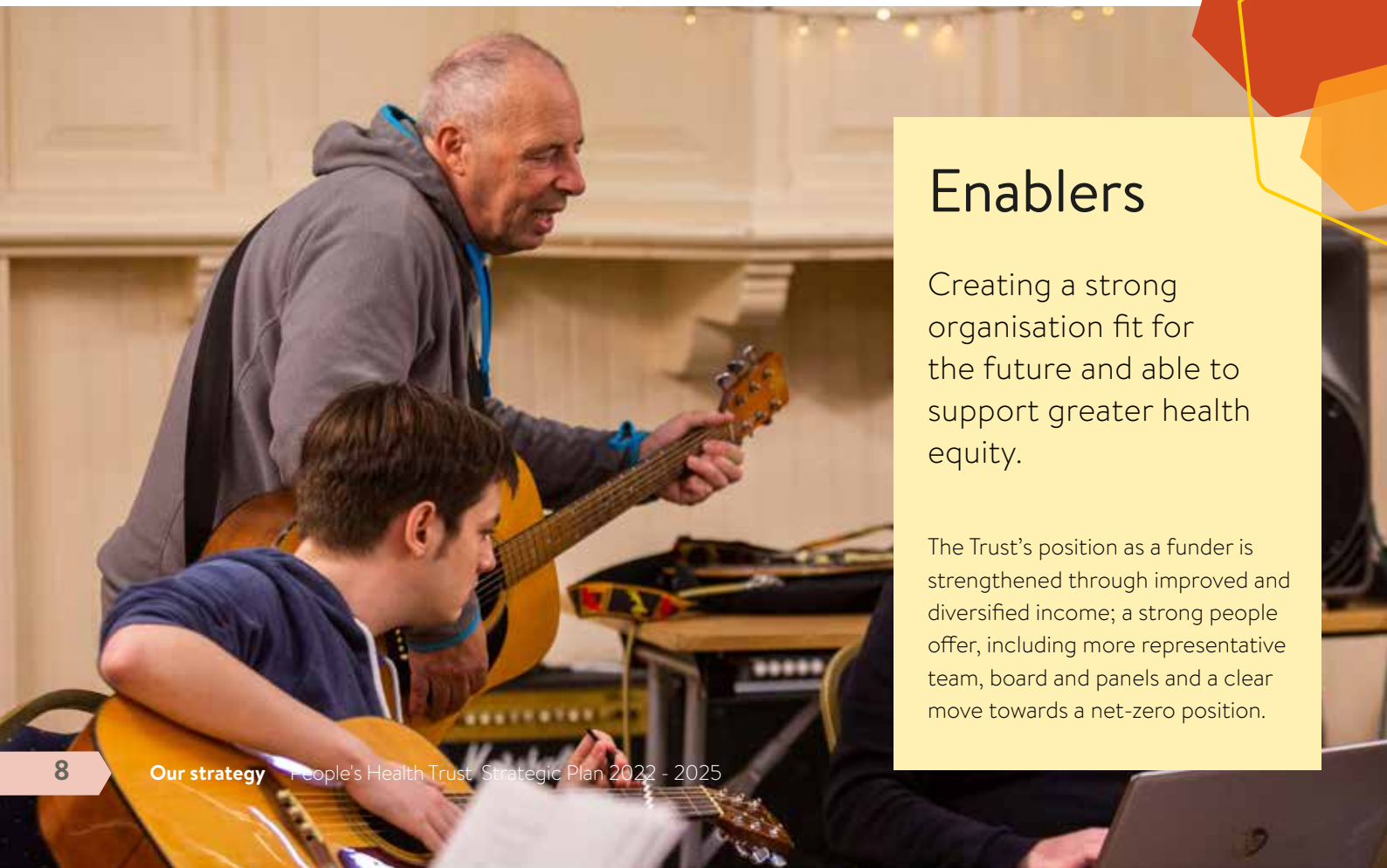
Objective four

We will **develop as a diverse, equitable and inclusive** organisation and funder.

We will be an active anti-racist and anti-oppression charity, challenging all forms of discrimination and oppression through our work. We will be open to challenge and debate, deepening our understanding of the issues and continually learning.

By 2025 we will:

- Have ensured that our grant-making programmes and processes have embedded an EDI approach, are actively anti-racist and anti-oppressive and seek out groups who are not known to us.
- Have a staff team and Board which reflects more closely the communities we serve.
- Have a workplace which is free from racism, discrimination and oppression.



Enablers

Creating a strong organisation fit for the future and able to support greater health equity.

The Trust's position as a funder is strengthened through improved and diversified income; a strong people offer, including more representative team, board and panels and a clear move towards a net-zero position.

