The sustainability and health equity agenda – UK and wider policy context

THE EQUITY DIMENSION

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Global Symposium on the Role of Physicians and National Medical Associations in Addressing the Social Determinants of Health and Health Equity
Health Inequalities in England

- The ‘Acheson Report’ (1998) considered the links between health and wealth and identified a widening health gap across society. It developed the evidence base and made a series of recommendations.

- In 2001 new targets were announced - ‘by 2010 to reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth’.

- In 2003 the Government announced a national strategy to support the achievement of this target in The Programme for Action.

- By 2008 a new strategy to address health inequalities was needed: This was: Fair Society, Healthy Lives (The Marmot Review), commissioned by DH and published in 2010.

- This review emphasized the impact of the social determinants on health, identified a social gradient and highlighted the importance of developing healthy and sustainable places and communities.
Health inequalities; recent developments

- The incoming Government accepted the findings of the review, adopting the key principles in a public health white paper for England (*Healthy Lives, Healthy People*) in 2010.

- There was a shift in process from targets to outcomes; The Public Health Outcomes Framework for England 2013-2016 included two indicators related to health inequalities;
  - healthy life expectancy at birth
  - ‘Reduced differences in life expectancy and healthy life expectancy between communities’.
Impact of the Health and Social Care Act (2012)

- As part of the move of Public Health to local authorities CCGs were expected to set quantifiable ambitions on health inequalities with local partners.

- Ring-fenced grants were given to local authorities across two years to spend on public health services, with a condition to consider health inequalities.

- Addressing health inequalities is also a central purpose of the Joint Strategic Needs Assessment and Health and Wellbeing Boards.

- Public Health England are working with partners to address the wider determinants of health.
Health inequality duties

• The Health and Social Care Act contained specific legal duties on for NHS and health organisations:

  • Secretary of State: “must have regard to the need to reduce inequalities between the people of England with respect to the benefits that they can obtain from the health service”.

  • NHS Commissioning Board (NHS England): “have regard to the need to—(a) reduce inequalities between patients with respect to their ability to access health services; and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.”

  • Clinical Commissioning Groups (local health commissioners): “have regard to the need to—(a) reduce inequalities between patients with respect to their ability to access health services; and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.”

• Monitor (health services regulator) have further duties around integration of health services, health-related services or social care services to reduce inequalities
The Role of Health Professionals

• Health professionals have an important opportunity to deliver this agenda on health inequalities

• To convert this opportunity, DH have worked with Royal Colleges, health organisations and the UCL institute of Health Equity (IHE) to develop this agenda across the professions.

• This has included building on the findings of the Marmot review and working with the Royal College of Physicians on *How Doctors Can Close the Gap* (2010), tackling the social determinants of health through culture change, advocacy and education.
Health Professionals working for Health Equity

• DH have commissioned the UCL Institute of Health Equity who have worked with 19 Royal colleges and other health organisations to develop an action plan: *Working for Health Equity* (2013)

• The report contains recommendations and analysis in six core areas with nineteen Statements for Action that health professionals can take to tackle the social determinants through their practitioner role

• These six core areas cover: workforce education and training; working with individuals and communities; NHS organisations; working in partnership; workforce as advocates; and the health system- challenges and opportunities
Cross Government work to promote equity and a sustainable approach to health inequalities

• **The early years: ‘Proportionate universalism’**
  • Family Nurse Partnership Programme
  • Health visitor implementation plan

• **Inclusion health; ‘improving health of the poorest fastest’**
  • Cross government approach to vulnerable groups

• **Working across government: ‘Fairness and Social Justice’**
  • Social mobility
  • Child poverty
  • Troubled Families Programme
Wider engagement in health inequality and sustainability

• Working with partners was key to the 2003 strategy, the *Programme for Action*, backed by 12 departments with 82 cross-departmental commitments.

• The health equity in all policies was highlighted by the Health Select Committee inquiry into health inequalities (2009).

• These lessons were carried forward in the EU Joint action programme on health inequalities and the forthcoming WHO Europe Country Report on health inequalities in England.

• All policies need to be reviewed for their impact if they are to achieve a sustainable and long term reduction in health inequalities.