

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



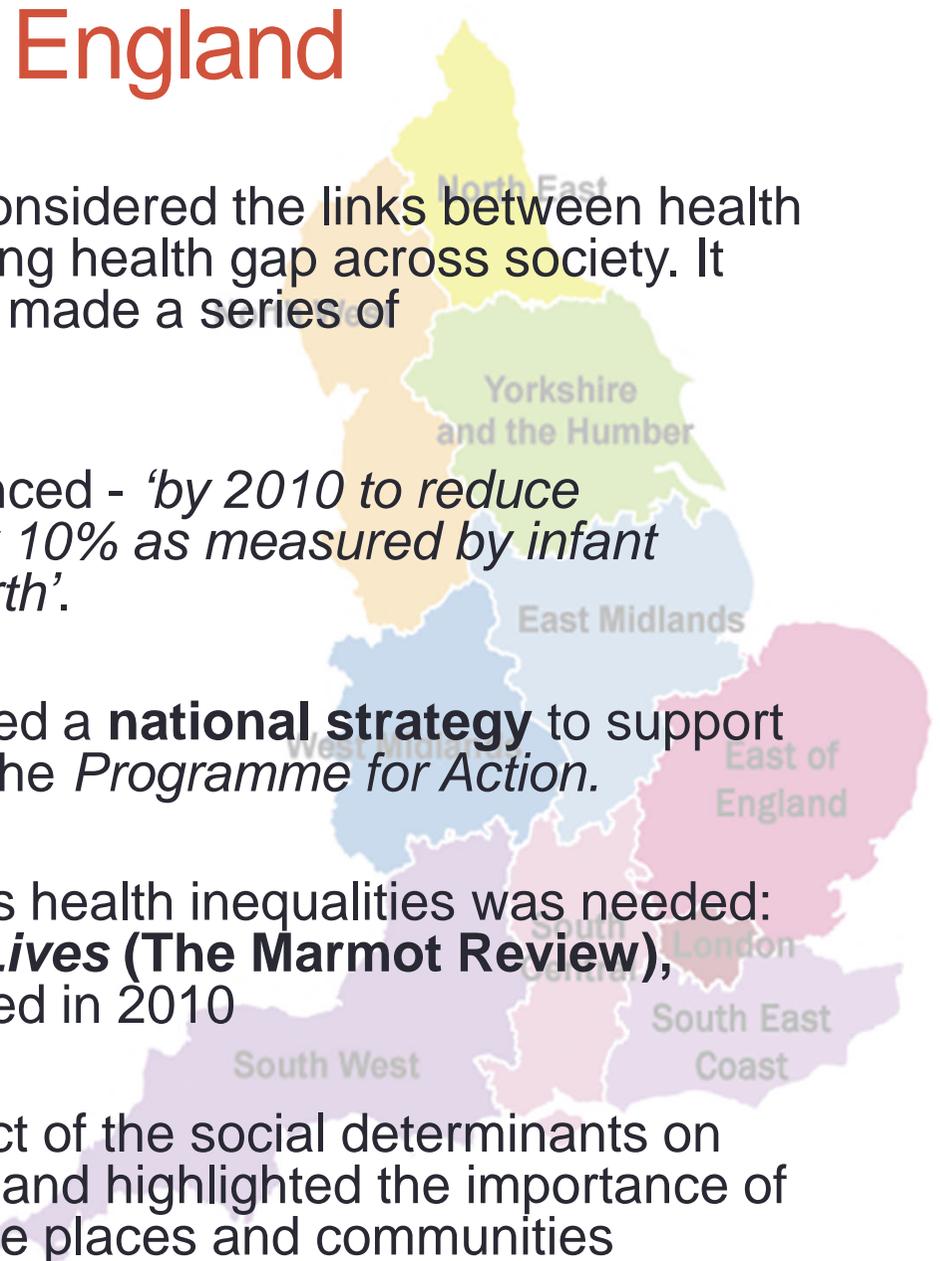
# **THE EQUITY DIMENSION**

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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.



# 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

