

Commitments to Action

Commitments to action have been given by the following organisations:

- **Institute of Health equity (IHE)**
- **Academy of Medical Royal Colleges (AoMRC)**
- **Royal College of Midwives (RCM)**
- **Royal College of Physicians (RCP)**
- **Barts and the London NHS Trust (Barts Trust)**
- **British Dietetic Association (BDA)**
- **Royal College of Paediatrics and Child Health (RCPCH)**
- **Royal College of General Practitioners (RCGP)**
- **Royal College of Speech and Language Therapists (RCSLT)**
- **Chartered Society of Physiotherapy (CSP)**
- **Dental Schools Council (DSC)**
- **Royal College of Obstetrics and Gynaecology (RCOG)**
- **British Association of Occupational Therapists and College of Occupational Therapists (BAOT/COT)**
- **Royal College of Psychiatry (RCPsych)**
- **Royal College of Nursing (RCN)**
- **Allied Health Professionals Federation (AHPF)**
- **Medsin**
- **British Association for Music Therapy (BAMT)**
- **British Medical Association (BMA)**
- **NHS Alliance**
- **Social Work and Health Inequalities Network (SWHIN)**

These commitments are summarised below, organised by theme in the full Report. A full list of commitments to Action, arranged by organisation, can be found on our website (ref).

General and Programme Implementation

IHE commits to continue to lead and support a programme of implementation activities following on from this report, Working for Health Equity.

- Work in partnership with Royal Colleges, BMA, WMA and other stakeholders to realise aims of Working for Health Equity programme and support their commitments to action
- Work with DH, NHS Commissioning Board and other organisations to support Royal Colleges and other stakeholders to commit and deliver on actions
- Set up an implementation group of stakeholders and an advisory group
- Seek funding to ensure implementation

IHE commits to undertake additional 'workforce' analysis on:

- Wider health workforce: Expand remit of work to include public health, organisations - work with Public Health England, Directors of Public Health, the Faculty of Public Health and others.
- Wider non-health workforce: Expand remit of work to include SDH workforce – for example: early years workforce, probation officers, Citizens Advice Bureau, debt advisors, climate change, private and public sector employers, employment advisors, social and economic policy decision makers.

The **Academy of Medical Royal Colleges** commits to:

- work with and support IHE's programme of work to embed action on social determinants of health across the workforce

Barts Trust commits to:

- support the IHE programme going forward, including in potential partnerships with CCGs and other acute trusts

RCGP commits to:

- ensuring that health inequalities are taken into account across all areas of RCGP activity and policy.

RCSLT commits to:

- support the IHE's programme of work to embed action on social determinants of health across the SLT workforce.

BAOT/COT commits to:

- Feature an article in their monthly magazine, 'OT News' which goes to approximately 28,000 members. They will highlight this programme of work, reiterate the importance of developing the evidence base for the occupational therapy role, as well as of evaluating the outcomes of interventions, and invite members to contribute their own case studies. They will also draw attention to our Professional Code of Conduct, which requires occupational therapists to provide an equitable service.

NHS Alliance commits to:

- Contribute as a stakeholder to the programme of implementation activities.

BMA commits to:

- Continue collaboration and partnership with IHE and others to deepen health workforce activity on SDH and health inequalities.

Medsin commits to:

- continue to engage with national and international stakeholders (including but not limited to the Institute of Health Equity, the International Federation of Medical Students (IFMSA), the British Medical Association (BMA), The Department of Health, the National Health Inclusion Board and the Academy of Medical Royal Colleges and their Health Inequalities Forum) to further this agenda

1 Workforce Education and Training

IHE commits to:

- Work to develop new educational materials for use in training, accreditation and CPD
- Establish pilot SDH modules with 1 or more medical colleges

AoMRC commits to:

- work with Medical Schools (and other training bodies) , Royal Colleges and examining bodies to ensure that health inequalities are clearly addressed in undergraduate, postgraduate and continuing professional development

RCM commits to:

- advocate for a greater focus on the social determinants of health in midwifery education and training
- look at ways to inform its members about the social determinants of health, such as by developing a course on its i-learn platform.

BDA commits to:

- Ensure the curriculum for training dietitians explores the social determinants of health and the practical ways in which the profession can support any actions

RCPCH commits to:

- encourage increased participation in its e-learning healthy child and adolescent health programmes, as well as continue to promote engagement in its courses in obesity management and the How to Manage series (Nutrition, Obesity, Mental Health).
- continue to provide a range of education provision for paediatricians and child healthcare professionals, through both e-learning and face-to-face courses. It will look to widen this range by including more topics and also expanding international education provision such as the Global Links volunteer programme.
- will review the existing commitments it makes regarding to curriculum. These commitments (to advocacy; management of behavioural, emotional and psychosocial aspects of illness in children and families; understanding growth, development, health and well-being in

paediatrics; health promotion and public health issues; clinical governance activities; audit, refinement of evidence-based clinical guidelines; commitment to effective multi-agency and multi-disciplinary team working) are designed against the assessment system to ensure adequate coverage within paediatric examinations and workplace based assessments.

RCGP commits to:

- continuing to ensure health inequalities are embedded into the curriculum. The RCGP's enhanced and extended training bid highlights the need for GPs to be involved in community leadership, public health and leading integrated teams as a means to reduce health inequalities. Within the educational bid one of fourteen outcomes identified for enhanced GP training over a four-year period is improved health promotion and disease prevention.

RCSLT commits to:

- liaise with HEIs to influence undergraduate and post graduate curricula and ensure that health inequalities and social determinants of health are included in pre-registration education and training and continuing professional development.

CSP commits to:

- Continue to provide its members with CPD opportunities related to the social determinants of health and the factors underpinning health inequalities
- Advocate for a strong focus on the social determinants of health within pre-registration physiotherapy curricula.

DSC commits to:

- encourage all Schools to embed a greater understanding of SDH into the undergraduate dental curriculum

RCOG commits to:

- develop a public health module in its core curriculum to ensure that postgraduate medical trainees are knowledgeable about the impact of public health issues (eg. maternal obesity) on O&G services.

BAOT/COT commits to:

- Work to influence the pre-registration occupational therapy curricula to include discussion of the social determinants of health.

RCPsych commits to:

- produce training materials on health inequalities suitable for medical students, trainees and continuing professional development. The focus will be on how inequalities increase

the risk of mental disorder, how mental disorder results in a range of further inequalities and interventions to address such inequalities.

RCN commits to :

- Developing the workforce in terms of emphasis on the awareness of public health and social determinants of health in pre and post registration training following work from the Wills commission and preparing nurses for the future. In addition working to support staff in the meantime with Motivational interviewing and behaviour change skills.

NHS Alliance commits to:

- Help to support the development of new educational materials

BMA commits to:

- Support development of tools to embed SDH approaches into education and training

Medsin commits to:

- work with Medical Schools, the General Medical Council (GMC) and other relevant stakeholders in medical education to ensure that health inequalities are clearly addressed in undergraduate curricula
- continue to provide local, regional and national educational events, on the topics of the social determinants of health and health inequalities, to students across the UK
- gather together educational resources suitable for students about the social determinants of health and health inequalities and local, national and global level, and to provide these free of charge to students across the UK

BAMT commits to:

- supporting music therapy training at MA level, with its emphasis on leadership skills, autonomous practice and dynamic input to multi-disciplinary teams. We are also committed to supporting research into current developments in practice through our research network and journal.
- ensuring that members of the public, professionals in the health, education and social services and those within the profession of music therapy have excellent access to information, research, illustrative case studies, training and events about music therapy. We will do this through our new website www.bamt.org and other media.

SWHIN commits to:

- produce learning materials for use in Higher Educational Institutions internationally which will support the inclusion of health and social inequalities on social work qualifying curricula. SWHIN will also develop case studies of social work interventions to develop the knowledge and skills of student social workers of what can improve health and social care outcomes.

2 Working with Individuals and Communities

IHE commits to:

- Work with Royal Colleges, CCGs and others to inform practitioners about ways to tackle health inequalities ,and support implementation of best practice.

The **Academy of Medical Royal Colleges** commits to:

- explore early interventions in childhood to reduce health inequalities and determine how health professionals can be enabled to deliver these (tools for healthcare professionals to be developed)
- produce a cross-specialty report looking at evidence for interventions to increase activity and reduce health inequalities

RCP commits to:

- ensure that the Future Hospital Commission, established to review all aspects of in-patient care, considers ways to optimise access to care for all those in society including the most disadvantaged. In particular the Commission will focus on elderly patients with mental illness.
- The RCP's patient and carer network (PCN) will work with voluntary organisations to develop a broader understanding of the experience of marginalised members of society when accessing healthcare, and ensure these views are registered when developing RCP guidance and policy positions. The PCN is looking at ways to ensure that its membership reflect wider society and health service users more broadly.
- collect survey data to understand the perceived barriers its members and fellows encounter when discussing social risk factors and social circumstances with their patients.
- encourage physicians to discuss, record and audit the broader social factors contributing to ill health. The RCP will work with other organisations to ensure that information regarding available services (in particular employment) is available to clinicians to refer their patients.

BDA commits to:

- Raise awareness of the important public health role that all dietitians have and ensure that there are increased opportunities to influence policy and practice to improve health outcomes by:
 - Providing guidance for all dietitians as to how they can influence service provision and workplace and community policies to tackle health inequalities
 - Commissioning articles in our profession's magazine (Dietetics Today) to raise awareness of how dietitians can work with others to reduce health inequality
 - Develop the BDA website as a resource for information on and guidance for members and as wider communication to the general public

RCPCH commits to:

- widely circulate information regarding its programmes that look at childhood morbidities. The RCPCH will promote its ongoing projects and campaigns, such as Child Health Reviews – UK, the e-portal for mental health and the AOMRC's obesity campaign, as well as work to develop others.
- inform clinical practice through its findings and consult with paediatricians in order to use their expertise in this work.
- ensure that the curriculum's current competences around key determinants of child well-being and indices of social deprivation reflect all aspects of health services, while stressing the importance of these determinants and factors to paediatricians.
- continue to facilitate greater participation from children and young people and ensure that clinicians are aware of its Youth Advisory Panel and Parents and Carers Group so they can engage with these groups and pay attention to the voices of children and young people.

RCGP commits to:

- focussing on Social Inclusion as one of the RCGP's clinical priorities. This priority focuses on people from socially excluded groups who have problems accessing primary health care services. This includes key groups such as asylum seekers and refugees, homeless and vulnerably-housed people, travelling communities, offenders and sex workers.
- shortly publishing its vision for general practice in 2022 which emphasises the need to tackle health inequalities by improving access to GPs in deprived areas and reaching out in new ways to vulnerable populations.

RCSLT commits to:

- produce a report looking at evidence for reducing social disadvantage and health inequalities for people with communication difficulties.

CSP commits to:

- Encourage and support physiotherapy staff to incorporate targeted preventative care into their everyday practice.
- Disseminate examples of innovative services, designed to address social determinants of health in the local population, as well as the physical and mental health needs of patients.

DSC commits to:

- advocate for all dentists to be made aware of their responsibilities for the promotion of oral health across all socio-economic groups.

RCOG commits to:

- encourage its members to use maternity (including the postnatal period) as the episode from which to inform women about the importance of lifestyle factors (eg. alcohol intake, smoking cessation, proper diet and nutrition) in overall health and wellbeing.
- work closely with the Faculty of Sexual and Reproductive Healthcare (FSRH) to ensure that public health messages are embedded in community services.

BAOT/COT commits to:

- Ensure that the social determinants of health are included and referred to as appropriate in any new practice guidelines produced.
- Promote the public health and health promotion activities that occupational therapists are involved in and develop links with key public health colleagues.

RCPsych commits to:

- widely disseminate the JCPMH public mental health commissioning guidance and other key documents including its position statement on Public Mental Health to its members and key stakeholders. This will support efforts to raise awareness of and address the lack of treatment of people with mental disorder as well as lack of provision of interventions to prevent mental disorder and promote mental health all of which contribute to inequalities. It will also highlight the need for such interventions to be commissioned in a universally proportionate way.

RCN commits to:

- continue to work to promote the messages in the RCN Going upstream: nursing's contribution to public health which provides a framework to engage actively in upstream

public health. The document provides case studies to support other nurses in developing work.

- The RCN are also working to raise the issues around the impacts of factors such as mental health and fuel poverty.

AHPF commits to:

- continue to support the work of the National Inclusion Health Board through the active engagement of the allied health professionals federation. The Government's Inclusion Health programme focuses on improving the health outcomes of the most vulnerable and socially excluded groups in society.

NHS Alliance commits to:

- Work with CCGs and the Royal Colleges to inform practitioners about ways to tackle inequalities, and support implementation of best practice

BMA commits to:

- Promote action on the SDH in interactions between doctors and individual patients, their families and contacts; using clinical tools including social prescribing and brief interventions
- Endorse a holistic approach to medical practice, where doctors consider the patient as a person within the context of their physical, economic and social environment

Medsin commits to:

- to continue to support students in generating programmes to improve health and reduce inequities in disadvantaged and vulnerable individuals and communities sustainably through:
 - health promotion and educational activities to empower the individual
 - advocating for individuals and utilising these examples to provide case studies for other work
 - direct service provision where necessary and appropriate

BAMT commits to:

- promoting the profession as a means of engaging those in our communities who are vulnerable to exclusion – those for whom English is not the first language, those whose disabilities mean they cannot speak and are therefore not able to access many psychological therapies. Music therapists engage with people who are traditionally “difficult

to reach”, which include those with challenging behaviour, personality disorder and those suffering with post traumatic stress.

3 Workforce Institutions

RCM commits to:

- pay its staff and contractors the living wage

RCP commits to:

- As an employer of around 350 staff the RCP will continue to ensure all its staff receive a London Living Wage and explore applying for accreditation from the Living Wage Foundation.
- The RCP organisational audit of NHS trusts’ implementation of NICE public health guidance for 2013 will include measures of workplace determinants of health inequality. Specifically, it will measure how frequently organisational plans or policies within NHS trusts address the different needs of different staff groups, if trusts measure the uptake of any programmes by different staff groups (ie by gender, grade of ethnicity) and if programmes are adjusted where there is a clear difference in uptake.

Barts Trust commits to

- the actions set out by their staff health and wellbeing work group, including:
 - improving the quality of work across job grades;
 - engaging staff and responding to their needs;
 - widening and improving access to preventative and early intervention occupational health services;
 - developing a clear OH strategy and SLA across BHT including health surveillance/promotion.
 - improving health behaviours among staff members
 - supporting staff with their wider needs.
 - Integrating and delivering sustainable improvements
- progressing their position on the good corporate citizenship model

RCPCH commits to canvass for change by promoting and taking part in hospital audits, which could be used to highlight health discrepancies and also as a measure to highlight issues with MPs and government, by:

- continuing its work of national audits and will highlight areas for improvement to Trust CEOs. Currently, it is producing a report reflecting the audit of the ten standards for acute

paediatric care outlined in the Facing the Future review published in 2011. In looking at the current provision of care for children and young people, the College will offer possible solutions to service problems.

CSP commits to:

- Advocate for wider uptake of the Boorman recommendations, including fast access to physiotherapy, to improve health outcomes and reduce health inequalities within the NHS workforce.

BMA commits to:

- continue to work to ensure that NHS employees receive good health and wellbeing interventions in their workplace

4 Working in Partnership

IHE commits to:

- Work in partnership with **Barts trust** to set up 2 networks:
 - A network of CCGs to share good practice in commissioning for SDH, and how best to use contractual arrangements to further the agenda
 - A network of acute trusts to develop actions in acute sector
- Develop partnerships with CCGs and acute trusts across England to support implementation of SDH approaches through commissioning process.

RCP commits to:

- promote and support the role of the physicians within the Health and Wellbeing Boards. The RCP will support closer collaboration between Health and Wellbeing Boards and their local CCGs. It will ensure that all relevant information and guidance is made available to these individuals and opportunities for sharing their experiences are identified.

RCPCH commits to:

- look into offering more courses that involve working across sectors and disciplines, following the model of its training courses such as Child Protection: From examination to Court, which includes social workers, police and lawyers.
- encourage paediatricians to make better use of local opportunities that can benefit patients. These opportunities include children's, health, education and social services as well as local projects and services.

RCGP commits to:

- producing guidance for commissioners in 2013 on embedding inclusion health within general practice.
- promoting the lessons from the 'Deep End' programme of work in Scotland that was undertaken in partnership with the Scottish Government and the University of Glasgow. The RCGP are also working with Public Health England, the Department for Communities and Local Government and the Department of Health to explore ways to take forward this agenda at the primary care level.

RCSLT commits to:

- work with commissioners to ensure that services are planned in an integrated way to meet patient's needs and focus on vulnerable groups including children, people with learning disabilities, people with long-term communication problem and older people with mental health problems.

CSP commits to:

- Maintain and develop partnerships with cross-sector organisations, to share knowledge and advocate for pathways of care which promote equitable population health.

RCOG commits to:

- gather robust evidence on NHS obstetric and gynaecological outcomes in order to help CCGs and HWBs better plan services.
- work closely with its Women's Network to understand the issues affecting disadvantaged women so that its training and development programmes are fit-for-purpose.

BAOT/COT commits to:

- Using their current programme of road shows to encourage occupational therapists to make links with their public health and health promotion colleagues, as well as to highlight their role to other health and social care colleagues, commissioners and the public. Occupational therapists already work extensively with 'third sector' organisations and charities, but there are likely to be further opportunities. In addition many of the outcomes recommended in the Public Health Outcomes Framework are relevant for occupational therapy intervention.

RCPsych commits to:

- highlight to its members the impact of inequalities on the risk of mental disorder, that mental disorder results in a range of inequalities which can be prevented, and the importance of both localities and government addressing such inequalities. Specifically, it will encourage its members to highlight information about the local levels of the following including in higher risk groups:
 - risk factors for mental disorder and protective factors for mental health

- the proportion receiving interventions to prevent mental disorder and promote mental health
- the proportion with mental disorder receiving intervention
- the proportion of people with mental disorder receiving interventions to address different health risk behaviour such as smoking
- the proportion of people with mental disorder and physical illness receiving appropriate treatment

Such information, including wider impacts and costs, is important to include in local Joint Strategic Needs Assessments (JSNAs) as they inform commissioning decisions

NHS Alliance commits to:

- Help to develop partnerships with CCGs to support implementation through commissioning processes
- Help to develop networks of CCGs to share good practice in tackling the social determinants of health and how best to use contractual relationships to further the agenda
- Help using NHS Clinical Commissioners CCG development programme and partnerships with CCGs and local authorities to support implementation of approaches to health inequalities in CCGs.

BMA commits to:

- Encourage doctors to tackle SDH within communities by commissioning measures including health promotion and ill-health prevention, including influencing NHS CB and CCGs
- disseminate the message that whatever doctors do, it is vital that they act in a cross-sectoral manner, working with others in areas outside the direct health systems they might traditionally, solely work in

5 Workforce as Advocates

IHE commits to:

- Work with NHSCB and Inclusion health programme.
- International partnership with CMA and joint publication and programme, continued work with WMA and International federation of medical students, WHO and via European networks and healthy cities partnerships
- Continue advocacy and partnership with central and local government in order to ensure SDH is considered in policy making

AoMRC commits to:

- develop the AoMRC website as a resource for information on health inequalities and as part of a wider communication / dissemination strategy for AHIF
- continue its active and reciprocal dialogue with government departments and policy makers in all the UK jurisdictions to ensure an embedded and holistic approach to influencing the social determinants of health

RCP commits to:

- The RCP will continue to press for action to tackle social determinants of health with reference to particular social harms including tobacco, alcohol, obesity, fuel poverty and air pollution. The RCP is working with the Royal College of Psychiatry to address the issues of tobacco use in patients with severe mental illness. The report “Action on obesity: comprehensive care for all” released in January 2013 initiates the RCP work to tackle obesity in the UK.
- Building on the RCP report “How doctors can close the gap: Tackling the social determinants of health through culture change advocacy and education” we will continue to support our membership to act as individuals, jointly and within the institutions they work in to reduce health inequality.

BDA commits to:

- Ensure that the process for the development of any positions statements or guidance published by the BDA will have considered the Social Determinants of Health and taken a progressive approach to improving health equity
- Use opportunities for campaigning to raise awareness of the impact of inequalities on access, availability and affordability of healthier food.
- Explore the role of our professional trade union in taking actions to tackle health inequality
- Advocate for progressive public policy to tackle health inequalities by working in partnership with other stakeholders to promote practices that reduce health inequalities and challenge those practices that fail to positively influence the social determinants of health.

RCPCH commits to:

- continue to facilitate and make contributions to the development of the ePCHR (electronic Personal Child Health Record), which aims to improve interaction and engage with patients, parents and carers and to keep up-to-date with the needs of these individuals; this includes listening to the advice of paediatricians to make the PCHR (mainly through the electronic version) easier to use and more accessible for all of its users.
- advise paediatricians to inform patients, parents and carers with the best information possible, building upon the education and training elements that address these areas, such as the Healthy Child Programme (0-5 years) and How to Manage Nutrition course.
- The RCPCH will listen to feedback in order to both build upon and improve the current print version of the PCHR, in content, format and presentation.

RCSLT commits to:

- continue to work with and influence government departments and policy makers to embed health inequalities and social determinants of health in its work.
- develop a web page with information on public health and health inequalities for members.
- develop an online resource on public health and health inequalities for speech and language therapists.

RCOG commits to:

- continue to advocate the life-course approach in women's sexual and reproductive healthcare in all its policies.

BAOT/COT commits to:

- Promoting a holistic approach to tackling the social determinants of health, as appropriate, during influencing work with policy makers and key working groups.
- Promoting the Allied Health Professionals Advisory Fitness to Work Report. This tool has recently been piloted and should be available for all AHPs to use from March this year.

RCN commits to:

- actively engaging in discussions on service reconfiguration and responding to consultations relating to public health and addressing social determinants of health.

BMA commits to:

- encourage doctors to advocate for change to areas outside traditional medical areas, and to promote the generation of research, especially on the efficacy of prevention measures"
- continue to consider social determinants in all science reports and use an SDH "model" in looking at the issues
- advocate for a greater focus on SDH across policy areas
- lobby relevant decision-makers and opinion-formers in non-health fields on the impacts on health outcomes

Medsin commits to:

- continue to train students in a range of advocacy techniques to enable them to affect tangible social and political change towards health equity at local, national and international levels
- continue to support students from across the UK in producing campaigns to tackle the social determinants of health and to work towards health equity

BAMT commits to:

- enabling music therapists to have a voice locally and nationally within the proposed new structures in statutory provision. We will do this through our representation on relevant national bodies and through our network of area groups.

6 The Health System – Challenges and Opportunities

IHE commits to:

- lead and participate in meetings/events/ foster prioritisation of efforts to embed a social determinants of health approach across the new health system

IHE commits to analyse and propose new incentives, regulations and levers to encourage implementation of approaches. In particular:

- Support appropriate use of health inequalities legislation and accountability mechanisms to foster changes.
- Analysis of QOF and what development it needs to ensure implementation of approaches to tackle health inequality.
- Analysis of CQC and other regulatory bodies for potential to assist in implementation of action.
- Analysis of accountable organisations and mechanisms, including the NHS Commissioning Board (NHSCB), Department of Health (DH), Secretary of State (SoS), and CCGs.

RCPsych commits to:

- draft and propose improvements to the current smoking-related Quality and Outcomes Framework measures with the aim of increasing the number of smokers with mental disorder who are offered and participate in smoking cessation programmes.

RCPCH commits to:

- develop a Quality Improvement training programme and signpost appropriately to this and the e-learning resource on Clinical Audit and Quality in order to encourage participation and increase knowledge about national audits.

NHS Alliance commits to:

- Support the development of incentives and levers to encourage implementation of approaches to tackle inequalities

BMA commits to:

- continue to engage in dialogue with policy makers, national and local bodies, and practitioners about how best to use mechanisms within the health system to reduce health inequalities