

Getting a Grip on Health Inequalities and Strengthening Population Health

The UK health system is in crisis and critically so following 13 years of austerity, funding cuts, a hollowing out of the public realm nationally and locally, chronic staff shortages, NHS reforms that were neither needed nor welcomed, a global pandemic that cruelly shone a spotlight on the manifest weaknesses in the public's health that had been growing over the years. And all this capped by a cost of living crisis gripping the country.

As a result, life expectancy has stalled, health inequalities have widened, obesity has reached crisis levels, mental health has suffered, air pollution has worsened, alcohol misuse has grown. One could go on. According to the OECD, the UK is now the second most economically unequal country in Europe after Bulgaria.

The state of the public's health is at a crossroads. Yet, despite the wealth of academic research, plans and strategies from 'think tanks' and government detailing what the problems are and possible remedies to them, there has been a marked absence of government action. Talk of 'levelling up' remains a slogan, not a policy.

Merely restating the problems and the solutions is no longer sufficient. There's a need to move beyond acknowledging *why* there is a problem and *what* needs to be done, and address the *how* question: how can sustained change in complex health systems be secured by confronting the blocks to progress.

A new report from Michael Marmot's team at the IHE, commissioned by NHS England (NHSE), offers a glimmer of hope. Focusing on how to improve accountability in the NHS following the arrival of Integrated Care Systems (ICSs) in England charged with improving population health, the report is timely. It usefully shifts the debate on from hand-wringing to a set of practical recommendations which, if adopted, would mark a shift away from the doom-loop scenario facing the health system.

The report's analysis and recommendations echo the conclusions of the Hewitt review of ICSs published in early April. The convergence of thinking ought to strengthen the case for change and a new approach if population health and health inequalities are to be tackled in ways that demonstrate real and sustained commitment.

Both reports call on NHSE to be less punitive in holding ICSs to account, and less controlling by moving away from a traditional top-down approach to which the NHS has become accustomed. Instead, they favour a bottom-up approach where local areas, paying attention to their particular contexts, find solutions to local problems. The centre's role becomes one of facilitating change – providing implementation support, training and learning to assist local organisations meet their goals by working with them rather than standing over them with a big stick. Merely exhorting health system leaders to tackle health inequalities will fail. Robust accountability is needed and NHSE is key to its success.

Both reports stress the need for cultural rather than structural change. The NHS is a past master at reinventing structures every few years but often the problems they seek to tackle

remain unchanged. The IHE report and Hewitt's review insist a different approach is urgently needed if we are not to endlessly repeat the same mistakes.

Above all, the two reports are a wake-up call to government since many of the reasons for failure lie in the way policy is made and the implementation gap. These defects have worsened over the past 10 years and include: government is too often in campaigning, and not governing, mode; short-termism prevails over long-term commitment; the disease known as 'departmentalitis' remains endemic, with cross-government working given short shrift; and ideologically driven political choices favouring small government, with individual choice remaining the dominant currency over collective effort. All these tendencies undermine health and worsen health inequalities.

The challenges facing the public's health are not beyond being met as the IHE and Hewitt reports show. But little progress will be made if government does not accept the need to change the way it makes what are in essence political choices about where to invest resources, and to work with others across government and beyond both nationally and locally to succeed. Only then can an even deeper crisis overwhelming the health system be averted. The IHE's recommendations show the way forward if we seriously want to reduce health inequalities. They merit careful scrutiny and rapid adoption – if not by this government then certainly by the next.