

Sustainable Development: Task Group 5 Summary and Proposals

The full report of the task group will be available later in June 2009.

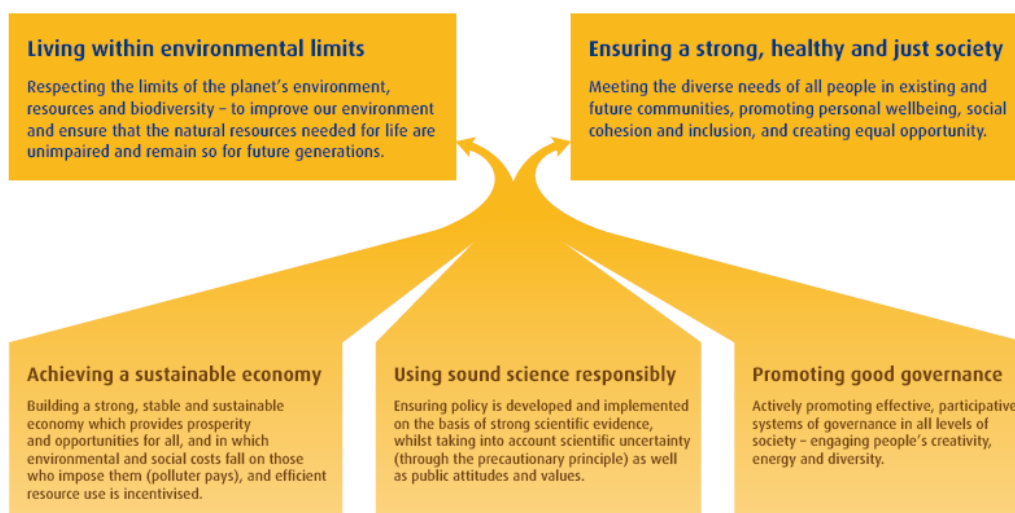
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Sustainable development provides a logical starting point and an essential analytical framework for finding ways to reduce health inequalities. This paper explains what sustainable development is, why it matters for health inequalities, and what are the practical implications for policy making.

What is sustainable development?

Sustainable development is understood in terms of the five Guiding Principles set out by government and endorsed by the UK Sustainable Development Commission. These concern environment, society, economy, governance and knowledge.



Source: Securing the Future, HMG, 2005

This offers a **systemic framework** which is extremely relevant for this Review. It is consistent with the '**social model**' of health, but extends and strengthens it by emphasising:

- A **long-term** perspective, drawing attention to the needs and claims of future generations and **inter-generational equity**
- A focus on the **environmental** determinants of health and health inequalities, especially the effects of climate change
- A concern with **alternatives to today's economic growth** in order to achieve long-term sustainability, equity and improved well-being
- Opportunities for investing in **synergistic** measures that both narrow health inequalities and reduce environmental damage
- The importance of having a clear vision as to where we want to be by 2025.

Key objectives are illustrated in terms of six principal areas: climate change, a sustainable economy, food, transport, use of green spaces and the future of the health system.

We focus mainly on inequalities between different socio-economic groups, on the grounds that socio-economic status strongly influences and/or compounds inequalities related to ethnicity, gender, age and disability.

Climate change presents unprecedented and potentially catastrophic risks to health and wellbeing for all as highlighted recently by the Lancet and the WHO. Poorer social groups are more likely to be more exposed to these risks, to have fewer resources to cushion their effects, and to lack insurance against them.

Responses to climate change must be carefully considered, since they may affect health positively or negatively. Poorer groups will suffer disproportionately from regressive taxing and pricing regimes, and they may also be less able to respond readily to campaigns that encourage behaviour change. Measures intended to respond to climate change must not widen health inequalities. Similarly, efforts to reduce health inequalities should seek to reduce carbon emissions.

Unhealthy lifestyles, 'obesogenic environments' and chronic ill-health all tend to increase people's carbon footprint. Investing public funds in measures such as active travel, promoting green spaces and healthy eating will impact positively on health as well as carbon emissions. But opportunities for healthy, low-carbon living should be distributed in ways that favour people with low incomes and so help to reduce their vulnerability to ill-health.

In the developed world, healthcare services tend to be highly resource intensive. If people in lower socio-economic groups enjoyed the same health status as those in higher groups, there would be fewer people leading unhealthy lives and requiring healthcare. This would help to reduce healthcare costs and the carbon footprint of the NHS, and save money for treating unavoidable illness and tackling the causes of health inequalities. An approach to healthcare which, for example, favours

community-based primary care and embraces the principles of good corporate citizenship, can help to address inequalities and lower the resource intensity of healthcare.

A **sustainable economy** cannot be achieved through continuing economic growth as we have known it, at least not in developed countries such as the UK. Growth cannot be entirely 'decoupled' from its social and environmental externalities, and from emissions of CO₂ in particular. In a low-growth economy, there will be less money to invest in healthcare and it will be harder to raise the incomes of lower social groups. 'Upstream' prevention is, again, the only logical approach.

However, prosperity does not depend on constant increases in economic growth. Prosperity is best defined by people's capability to flourish physically, psychologically and socially. Less material consumption and a stronger focus on intrinsic values can help to reduce many of the social and economic variables that determine health inequalities.

Routes to improving health and reducing health inequalities lie through creating conditions that enable everyone to flourish equally, within limits set by finite ecological resources and the scale of the global population. Social, environmental and economic policies are interdependent and mutually reinforcing, and need to be pro-actively co-ordinated by government so that they work together to reduce health inequalities and promote social justice.

Food is a key contributor to health inequalities and carbon emissions. Poorer social groups are less likely to have access to a healthy diet. The food system directly contributes 19% of the UK's total greenhouse gas emissions. Energy intensive foods tend to have more negative health impacts. Sustainable food policy can therefore bring multiple benefits to health and climate change. Reducing the energy intensity of production systems and supply chains will help to address climate change, increase food security and reduce vulnerability to price increases to which poorer social groups are particularly exposed.

Issues of affordability and physical accessibility are also important when considering health inequalities. Corporate practices within the food system and government policies must encourage and enable healthy and sustainable food choices – through public procurement but also using fiscal and other policy mechanisms. A sustainable food system that can supply safe, healthy food with positive social benefits and low environmental impacts is vital for increased health equity.

Modern society's dependence on motorised **transport** is detrimental to health and

wellbeing, health equity, and the environment. Transport accounts for approximately 29% of the UK's carbon dioxide emissions, and contributes significantly to some of today's greatest challenges to public health in England: the burden of road traffic injuries; physical inactivity, with all the consequent effects on obesity, chronic disease and mental ill-health; the adverse effect of traffic on social cohesiveness; and the impact of outdoor air and noise pollution. Recent analysis in Sweden shows how drastically the negative health impacts are currently underestimated.

Many of these risks are strongly linked to socio-economic status. Road traffic injuries have one of the steepest gradients in relation to poverty and unemployment, and many of the environmental impacts, including air pollution and community dislocation, tend to fall disproportionately on poorer populations. Because of this, national or city-wide initiatives must be designed to benefit the whole population, but especially those from lower socio-economic groups. There are many other measures of proven efficacy which may help to reduce inequalities if appropriately targeted. Urgent and profound changes in the transport sector therefore represent an opportunity to improve public health *and* reduce health *inequalities*, while reducing carbon emissions and moving away from an assumption of continued economic growth.

How people use **green spaces** will directly and indirectly benefit health and wellbeing, especially for lower socio-economic groups. Proximity to, and time spent in, the natural environment has a strong positive impact on factors such as the number of health complaints, perceived general health, stress, blood pressure, mental health and rates of recovery from surgery. The presence of green space also has indirect benefits, by encouraging physical activity, social contact and integration, and play; by improving air quality; and by reducing urban heat island effects.

Green spaces are unequally distributed across socio-economic groups, with poorer social groups having, in general, lower access. Recent research suggests that, across England, income-related inequality in health (from all-cause mortality and mortality from circulatory disease) is less pronounced in populations with greater exposure to green spaces. The types of health determinants and conditions that are most affected by green space (such as physical activity, obesity, mental health, circulatory disease and asthma) are very significant for health inequalities. More equal access to green space could thus be a key to reducing health inequalities - a preventative and synergistic approach that has social, environmental and economic benefits.

A sustainable health system must embrace the framework set out in this paper and focus on prevention, with a broader accountability for health at all levels of delivery. The English health system, in partnership with other public sector organisations, can work to reverse the trend towards obesogenic environments and instead encourage sustainable communities, with multiple benefits for climate change, health and wellbeing, and health inequalities.

There is a strong relationship between primary care, income inequality and mortality, and levels of provision are currently unequally distributed. There is a strong case for community-based services gaining much more prominence, leading to improved access to health services, increased social capital, low carbon pathways and a robust model in terms of ensuring the long-term viability of the health system. Self-care also represents a low carbon care pathway with very strong evidence for health benefits resulting in reduction in visits to GPs and in use of medicines.

NHS organisations can embrace sustainable development and tackle the determinants of health inequalities through their day-to-day business – an approach known as ‘good corporate citizenship’. Successful outcomes have been demonstrated, for example through employment programmes, local food procurement and GP referral to time banks.

A sustainable health system in a low-growth, low-carbon economy will promote wellbeing for all, focus on prevention, make better use of human resources, promote equitable, low-carbon living and ‘good corporate citizenship’, and judge success in terms of medium and long-term effects on society, economy and environment.

Policy proposals

1. The five Guiding Principles of sustainable development should be used as the central framework for designing and implementing policies for reducing health inequalities, across government, nationally and locally. Particular attention must be paid to intergenerational equity.
2. Priority should be given to investing public resources in such a way as to achieve synergistic outcomes for both health inequalities and carbon reduction (on physical activity, for instance, or local food production schemes).
3. The Cabinet Office should review methods for appraising the impact of policymaking and procurement across government, to ensure that success is measured in terms of health, environmental and economic outcomes. Appropriate mechanisms should be put in place to ensure that health inequality and sustainable development are mandatory considerations at all levels of decision-making.
4. CLG should draft a new Planning Policy Statement to ensure that all new developments must be able to demonstrate a meaningful positive impact on health in order to be approved.
5. High priority must now be given to reducing emissions of greenhouse gases across the entire health sector. All health service workers should be acting as champions for action to reduce the adverse effects of climate change on health.
6. The potential impacts of climate change (and of measures taken to address those impacts) should be taken fully into account when planning action for reducing health inequalities, with particular attention paid to low-income groups.
7. HM Treasury needs to start planning now for a sustainable, low-growth, low-carbon economy, focusing on creating conditions that enable people to flourish physically, socially and psychologically.
8. HM Treasury should explore new fiscal policies to improve affordability of healthy and sustainable food choices.
9. Policy makers should learn from successful public sector food procurement programmes (eg Jamie's School Dinners) as mechanisms to 'choice edit' out less healthy/sustainable foods and encourage access to more nutritious and sustainable foods through schools, hospitals, social care and prisons. Considering the

importance of education as a social determinant of health, schools should be prioritised.

10. Priority must be given to reducing greenhouse gas emissions from the food and agriculture sector, with an explicit emphasis on the need for an absolute decrease in the consumption of animal source foods. (The level of average per capita reduction needed is a subject for further research, alongside modelling and monitoring of such dietary change in sub-groups of the population.)
11. Indices should be developed to show geographic variations in price and availability of healthy food and health outcomes; and these data sources used to encourage community-led responses as with the Sandwell Food Access Project.
12. Defra should undertake a full appraisal of the social, environmental and economic benefits of existing sustainable food projects (such as market gardens, allotments, gardeners' clubs, community growing schemes etc) to guide policy development in future.
13. The cost of ensuring a nutritious and sustainable diet should be reflected in setting minimum wage and benefit levels.
14. New policies should be developed to bring about a major shift in transport systems to ensure urban environments favour walking and cycling as the safe, preferred option to motorised transport for shorter journeys, especially in areas of socio-economic disadvantage.
15. The number and size of 20 mph speed zones (and other engineering/technology-based traffic-calming measures) should be expanded. These should be located to protect pedestrians and cyclists on residential roads, near schools, shops and community facilities, and child play areas. Priority should be given to targeting areas of socio-economic disadvantage.
16. Ambitious targets should be set for year-on-year improvements in control of road-traffic pollution through better vehicle technology and other measures. The switch away from petroleum-based fuels will be vital for the achievement of climate change mitigation targets.
17. A programme of initiatives should be developed through places of employment and education to promote healthy behaviour in transport, such as 'green travel-to-work'

schemes, 'walking buses' for school children, and cyclist training and support schemes. Provision also needs to be included for the unemployed.

18. The health system (NHS, social care, local and regional authorities, schools, private sector etc) should recognise the extensive benefits of contact with the natural environment and take an active role in promoting this in their local community as well as on their own estate.
19. There should be increased investment in the creation of quality green spaces, especially in deprived areas, including tree planting programme for residential streets.
20. Referrals by GPs to initiatives like Green Gyms, Blue Gyms and Health Walks should be actively encouraged, and NICE should be required to evaluate the effectiveness of these interventions.
21. The % of NHS monies for all primary care services should be increased to a minimum of 30% over the next 2 years, with the emphasis on equality of provision and care provided within the community; and the % of expenditure on prevention and public health services should be increased by 2% (of the total NHS budget) per annum over the next 10 years.
22. SoS for Health should report annually to Parliament on progress in reducing health inequalities and improving healthcare, and ensuring the long-term viability of the health system in the face of climate change and peak oil, with evidence of involving Local Strategic Partnerships.
23. NHS and Social Services to be held to account for improving the public's health and health equity. This would involve mechanisms such as:
 - PCTs and Social Care Departments (Adult and Children) to be judged according to outcome of Comprehensive Area Assessments;
 - All Commissioners and purchasers to be held to account for their contribution to reducing emissions of greenhouse gases;
 - NHS organisations to report progress on Good Corporate Citizenship categories in their annual quality accounts, and social care organisations to report similar progress.