

Tackling health inequalities through the health system – learning from experiences in the UK

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Tackling health inequalities in England

Part 1 – THE CONTEXT

Tackling health inequalities:

- Labour government elected in 1997 identified inequalities in health as a priority and commissioned Acheson inquiry
- Initiated wide range of **area based programs** (eg Health Action Zones, Neighbourhood Renewal Strategy), and **social exclusion projects** (eg Rough sleepers, teenage pregnancy)
- Focus on innovative solutions to long-standing problems and addressing the needs of the most disadvantaged – **tackling mainstream services not an early priority**

Tackling health inequalities in England - - Acheson Inquiry headlines

Overall progress in health has not improved the gap in health status between rich and poor

- “Although average mortality has fallen over the past 50 years.... many measures of health inequalities have either remained the same or have widened in recent decades....

Inequalities can be observed throughout the lifespan

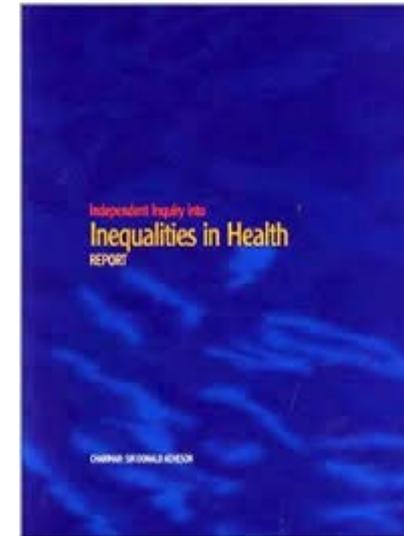
- These inequalities affect the whole of society and they can be identified at all stages of the life course from pregnancy to old age.....

Inequalities can be observed across a range of indicators

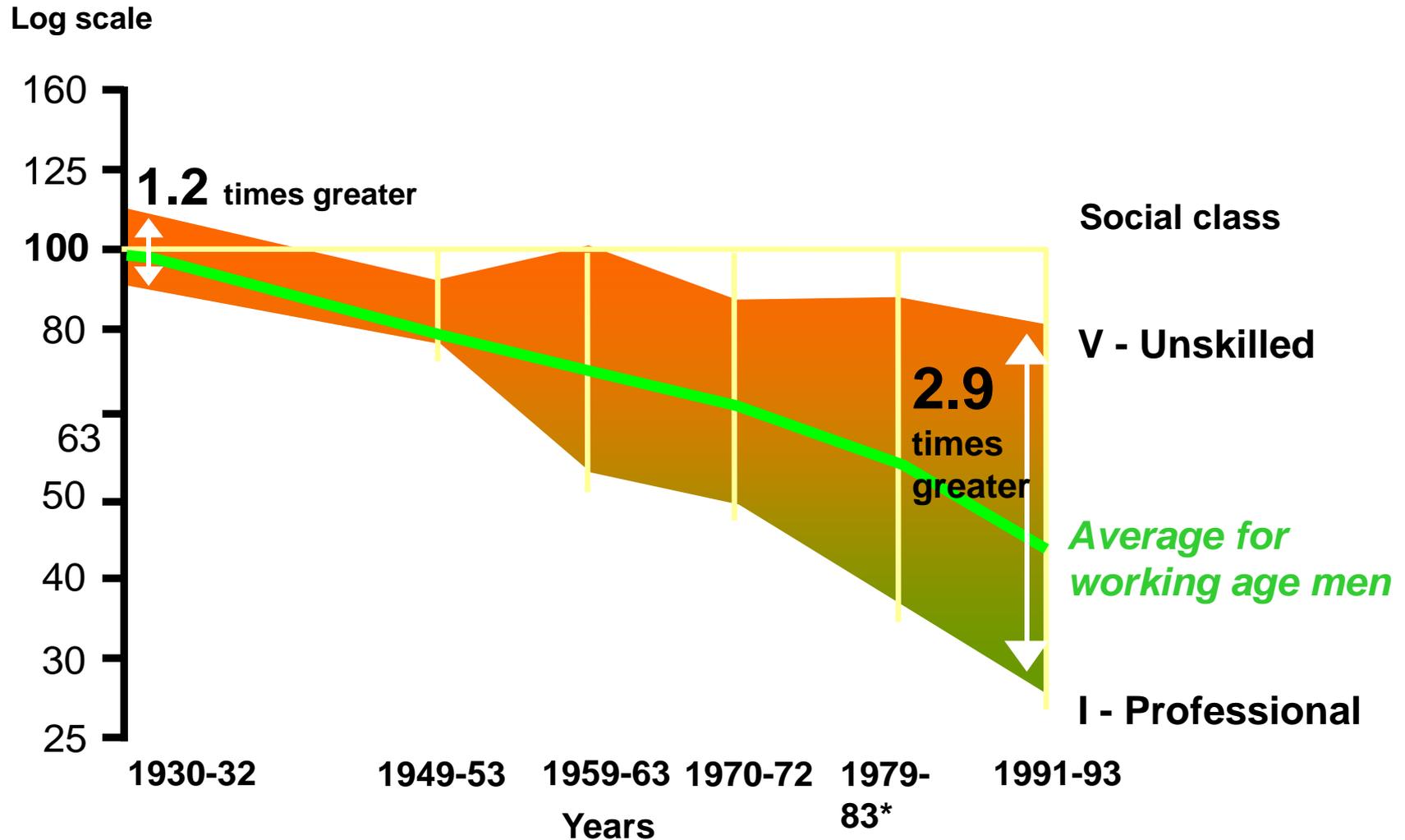
- Inequalities by socioeconomic group, ethnic group and gender can be demonstrated across a wide range of measures of health and the determinants of health.”

Independent Inquiry into Inequalities in Health, 1998

(<http://webarchive.nationalarchives.gov.uk/20130814142233/http://www.archive.official-documents.co.uk/document/doh/ih/contents.htm>)



The widening mortality gap between social classes (UK 1930's – 1990's)

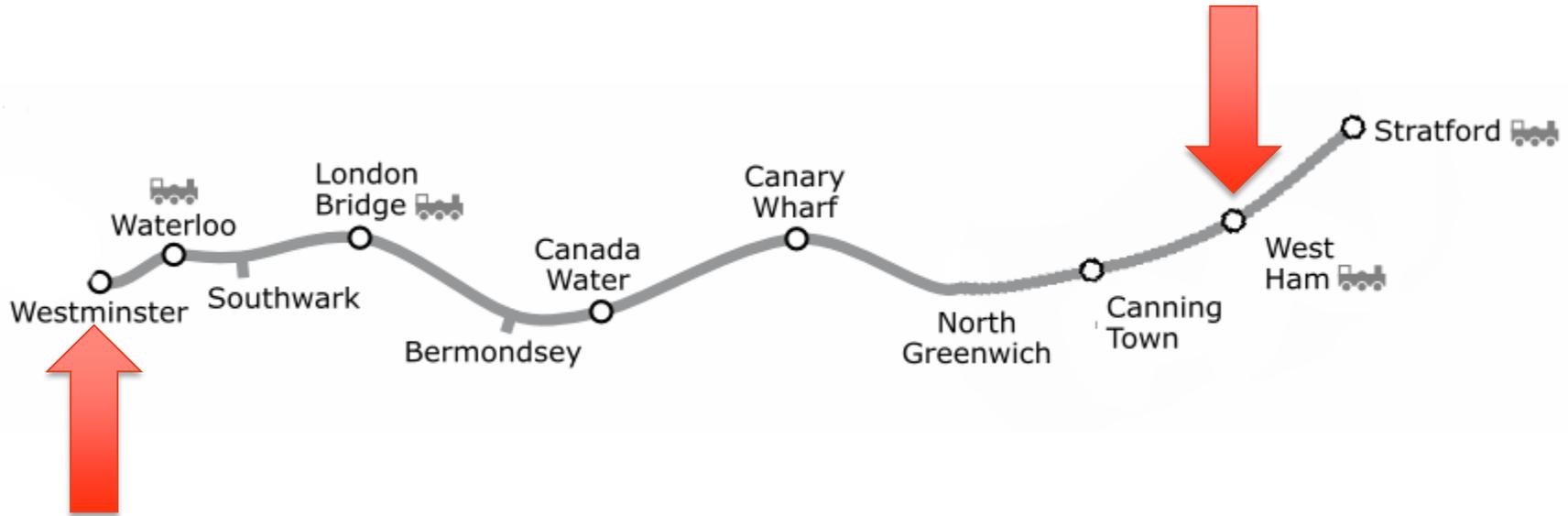


England and Wales. Men of working age (varies according to year, either aged 15 or 20 to age 64 or 65)

Note: These comparisons are based on social classes I & V only. Source: Office for National Statistics

Health inequality on the Jubilee tube line – 9 stops, 9 years of life expectancy lost

West Ham, one of the poorest London boroughs
More than 50% of population born outside UK,
over 30% non-English speaking



Westminister tube station,
located directly beneath the Houses of Parliament,
the very epicentre of power in the UK

The Acheson Inquiry Report: Key Recommendations on actions required to address health inequalities

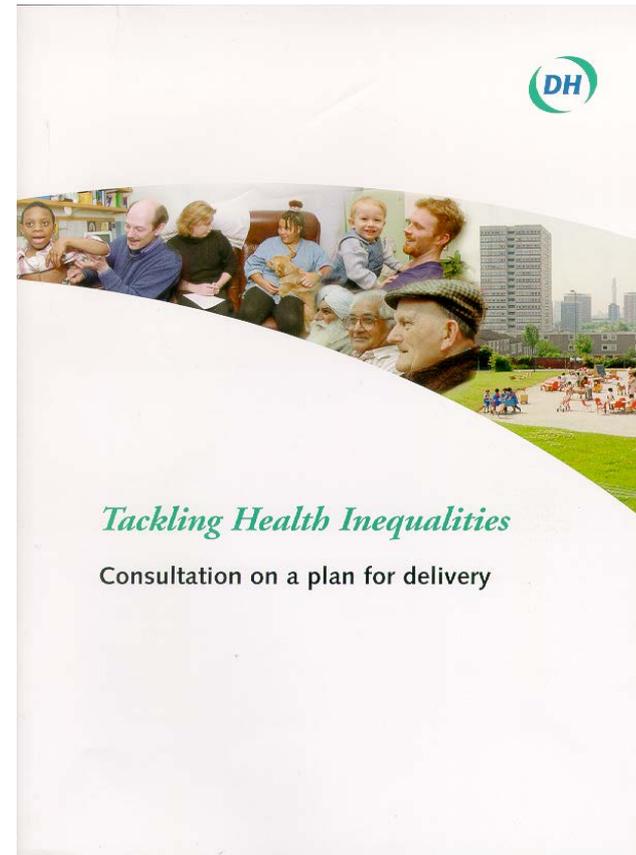
- Families with children should be a priority.
- Major gains will be derived from those health problems which occur most frequently
- Policies which improve average health may have no impact on inequalities
- Reduce income inequalities and improve the living standards of poor households
- All policies likely to have an impact on health should be evaluated.

Tackling health inequalities – identifying good practice

“There is a great deal of critical evidence held in the minds of both the **front line staff** in departments, agencies and local authorities to whom the policy is directed.”

– *Tackling Health Inequalities - Consultation on a plan for delivery*

– http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4053524.pdf



Tackling health inequalities:

Cross-cutting spending review on health inequalities

- Led by Treasury, technical support provided by Department of Health
- Focus on effectiveness of spending on services/programme across government on addressing the causes of health inequalities, or alleviating their effects
- Leading to binding proposals for modified and new spending for the period 2003-7 across most government departments

<http://www.doh.gov.uk/healthinequalities/ccsrsummaryreport.htm>

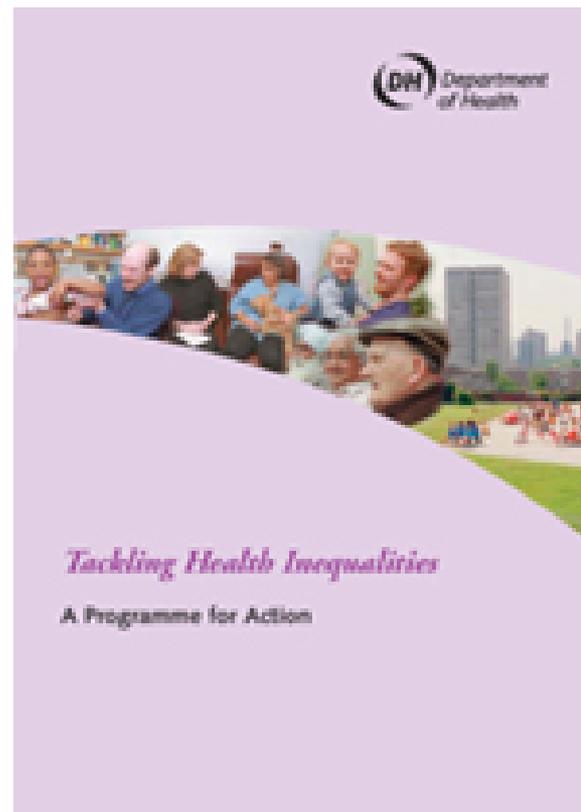
Tackling health inequalities in England

Part 2 – THE CONTENT

Tackling health inequalities in England - bringing together science, politics and practice – All-government Programme for Action:

Underlying strategies

- The primacy of prevention
 - interventions to prevent the behavioural, economic and environmental causes of inequalities and minimise the consequences.
- Working through the mainstream –
 - to achieve the scale of change and sustainability of impact.
 - The use of ‘floor targets’ and national service frameworks in the NHS support this.



<http://webarchive.nationalarchives.gov.uk/20031220221853/http://doh.gov.uk/healthinequalities/programmeforaction/programmeforaction.pdf>

Tackling health inequalities in England - bringing together science, politics and practice

– *All-government Programme for Action:*

Underlying strategies

– Targeted interventions

- to introduce innovation, tackle specific problems that are resistant to change, and/or provide outreach.

– Action at local level by engaging communities and individuals

- Recognising that relevant and sustainable responses to health inequalities will come from locally determined and managed actions

All-government *Programme for Action*: Key themes

- **Supporting families and children**: addressing poverty, especially in families with children, healthy pregnancy, early childhood development through *Sure-start*, and educational interventions to close the attainment gap.
- **Engaging communities and individuals**: working “with the grain” of the government’s *Neighbourhood Renewal and Social Exclusion Strategies* to improving housing, create a safe environment, address the needs of socially excluded populations.

All-government *Programme for Action*: Key themes

Addressing the underlying determinants of health:

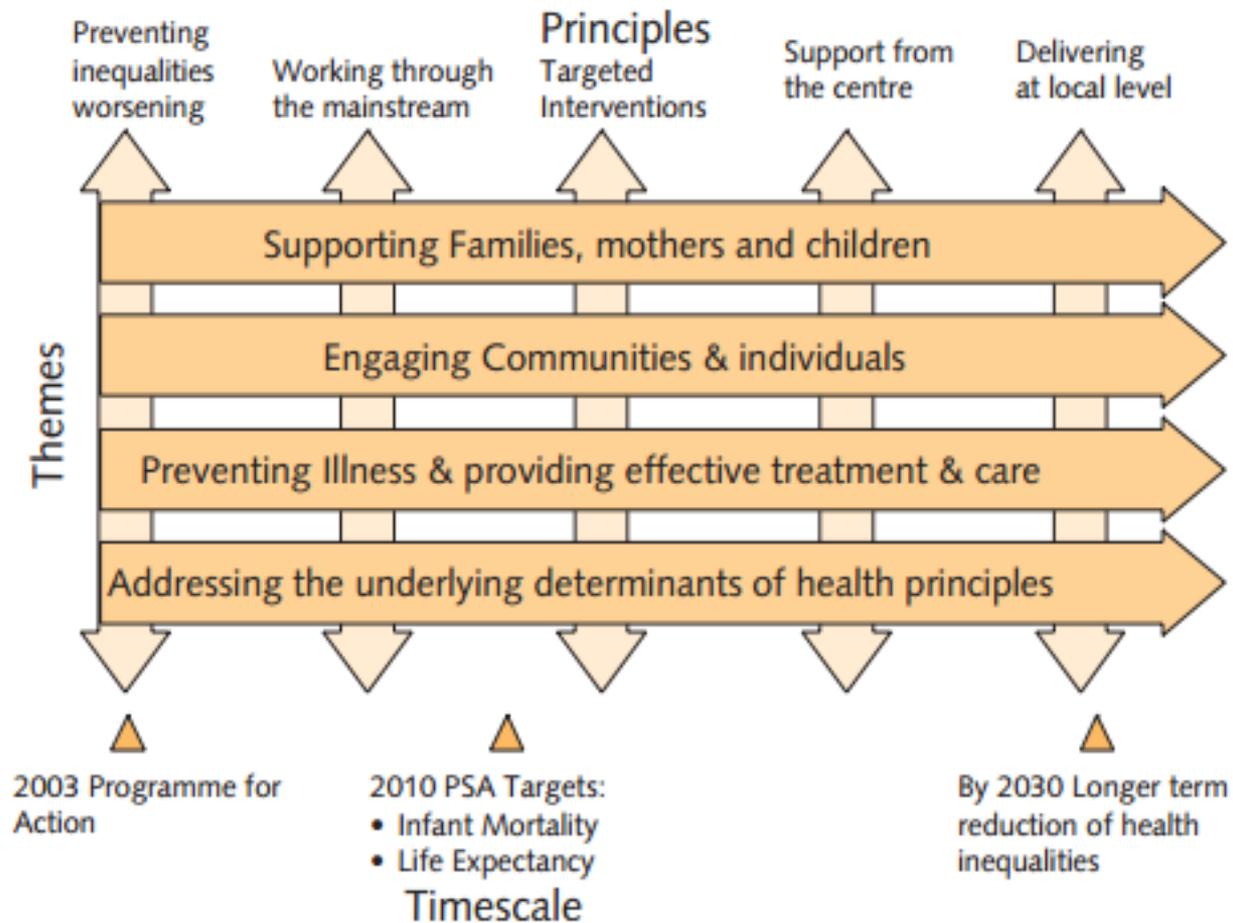
tackling poverty, low basic skills, employment, low incomes

Preventing illness and providing effective treatment and care: a leading role for the NHS in addressing the social gradient in modifiable disease risks, in primary care access, in hospital quality and access

<http://webarchive.nationalarchives.gov.uk/20031220221853/http://doh.gov.uk/healthinequalities/programmeofaction/programmeofaction.pdf>

Tackling Health Inequalities – Principles and themes

Figure 2: Health Inequalities Programme for Action: Themes and Principles



All-government Programme for Action:

Foreword by the Prime Minister

We live in an age of astonishing progress. We are more prosperous and live longer and healthier lives than ever before. In every area of life, scientific and technological advances are helping create new opportunities and vanquish old problems. In health care, new treatments, unthinkable a generation ago, are saving thousands of lives each year. Even more revolutionary medical advances are on the horizon.



But it's not all a story of unrelenting and welcome advances. Our society remains scarred by inequalities. Whole communities remain cut off from the greater wealth and opportunities that others take for granted. This, in turn, fuels avoidable health inequalities.

The statistics are shocking enough. Families in these communities die at a younger age and are likely to spend far more of their lives with ill-health. Behind these figures are thousands of individual stories of pain, wasted talent and potential. The costs to individuals, communities, and the nation are huge. Social justice demands action.

Tackling such entrenched and enduring health inequalities is, of course, a daunting challenge. But nor can we any longer ignore these problems. Previous Governments failed even to recognise, let alone prioritise action to tackle the health inequalities that had become everyday life for millions.

We have started to tackle this health gap, not least by the sustained and record investment in the NHS and our other vital public services. More fundamentally, a whole series of cross-departmental action will address the root causes of poor health and health inequalities. This *Programme for Action* builds on successes like Sure Start, our smoking cessation services and the teenage pregnancy strategy.

We also need to recognise that continued success in tackling health inequalities requires the courage to work in new ways. It means setting national standards for services but giving those responsible for delivering on the ground the freedom locally to meet these standards.

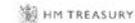
Apparently uniform national services, what's been called a "one-size-fits-all" approach to health, education and local government, have failed to combat health inequalities. This should be no surprise. While at a distance such problems and inequalities may seem similar, they are the result of different and complex causes. They need diverse, rather than identical, solutions which can only come from giving communities and front-line staff the power to redesign, refocus and reprioritise programmes to tackle local need.

It has taken decades to entrench this inequality. But this *Programme for Action* demonstrates our commitment to deliver long-term improvement, through investment, reform and local responsibility, in the health and healthcare of the most disadvantaged in our society.

Tony Blair

Rt. Hon. Tony Blair MP

The Programme for Action will be taken forward across Government.



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32366 1p 150 Ad 03 (DMS)

If you require further copies of this title quote 32366/Tackling Health Inequalities: a Programme for Action and contact:

Department of Health Publications
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32366/Tackling Health Inequalities: a Programme for Action can also be made available on request in braille, on audio-cassette tape, on disk and in large print.

www.dh.gov.uk/health/inequalities/programmeforaction

Tackling health inequalities in England

Part 3 –

THE ROLE OF THE HEALTH SYSTEM

the role of the health system

- The NHS has “three key roles in tackling inequalities”
 - Primary care has lead role in connecting NHS to range of partners locally to support improvements in health and to reduce inequalities
 - Ensure that service modernisation (future planning and investment) reduces inequalities and “does not inadvertently make them worse”
 - Contribute along with other public services in local regeneration activities (procurement, employment, training and skills)

the role of the health system

Key principles:

- Better balance in future investment between prevention and treatment
- Service provision to be more systematically matched to health needs, especially in primary care
- Tailored/targeted interventions accounting for social, cultural, language and ethnic needs
- Priority for new investment “improving the health of the poorest, fastest”

the role of the health system

- Reducing risk through effective prevention
 - smoking cessation through enhanced primary care services targeted at “low income groups and pregnant women”
 - improving the nutrition of families with children (school fruit program)
 - increasing physical activity by promoting cycling and walking (exercise on referral)
 - tackle main causes of injury among children from “low income families” and “vulnerable older people”

the role of the health system

- Improving early detection, intervention and treatment
 - Strengthen and expand primary care services in least served areas
 - preferential direct investment in facilities,
 - “licence for creativity” in service delivery
 - Support “expert patient program
 - Integrate with local regeneration activities
- Improving access to effective treatment
 - Focus on tackling diseases that have greatest impact on health inequalities – cardiovascular disease and cancer
 - Tackle the “inverse care law” through targeting improvement in areas with highest rates of disease but lowest referral rates.

Tackling health inequalities in England - bringing together science, politics and practice

Concluding remarks

- Much progress has been made in getting the science and politics right, and practical activity aligned
- Acheson Inquiry Report commissioned early in new government - **timing good**
- Available evidence was assembled in a way that **fitted with the governments policy priorities** (promote opportunity, economic regeneration and reduce social exclusion)

Tackling health inequalities in England - bringing together science, politics and practice

- **Consultation** on a plan for delivery added experience and intuition to existing evidence - **built confidence that practical action was possible**
- **Cross-government Spending Review** brings comprehensiveness and coherence - backed by resource commitments
- *Programme for Action* specifies **what, who and how much**
- Health system set to **“lead by example”**
- System for **performance monitoring and management** essential to ensure progress

Further reading

- Oliver A, Nutbeam D Addressing Health Inequalities in the United Kingdom. *Journal of Public Health Medicine* 2003, 25.4, 281-7
- Nutbeam D How does evidence influence public health policy? Tackling Health Inequalities in England, *Health Promotion Journal of Australia*, 2003, 14.3, 154-8

Figure 9: Health equity audit cycle

