Health inequalities – what can be done?

Dr Ruth Hussey, OBE
Chief Medical Officer
Welsh Government
Male life expectancy at birth

1991-93: Wales=73.3, gap between England & Wales 0.4 years
2010-12: Wales=78.2, gap between England & Wales 1 year

Source: Office for National Statistics
Avoidable mortality

Figure 5: Age-standardised mortality rates (with 95% confidence intervals) for causes of death considered avoidable by region and sex, 2012

England Regions

Wales

Source: ONS
A healthy retirement?

Health of many is not improving

How many areas of advice people are following

- Do 0 things to improve health: 6%
- Do 1 thing to improve health: 26%
- Do 2 things to improve health: 39%
- Do 3 things to improve health: 23%
- Do 4 things to improve health: 6%

Welsh Health Survey, 2003/4 to 2013
Levels of smoking in Welsh Index of Multiple Deprivation quintiles, 2012
Source: Welsh Health Survey
Welsh Organisations

- 7 geographically distributed integrated health boards
- Primary, secondary and acute services
- Ambulance Trust
- Public Health Wales NHS Trust
- Specialist Cancer Trust
- 22 Local authorities
World Health Organisation, European report on social determinants 2013 – in brief

Life course
- Stop inequities in a generation through helping women and parents
- Help children through early years, child care, education
- Make work safe
- Make older people healthy

Wider society
- Improve graduated social protection
- Focused community action based on ‘co-creation’
- Create cohesive, inclusive societies

Macro-level
- Protect health and social protection programmes
- Safeguard future generations through sustainable development

Systems
- Improve governance through all government and society
- Comprehensive action on equitable prevention and treatment
- Floodlight inequalities
<table>
<thead>
<tr>
<th><strong>Wales has a long history....... and strong policies....</strong></th>
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<td><strong>Life course</strong></td>
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<td>• Miners’ Funds</td>
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<td>• Families First/Flying Start</td>
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<td>• Corporate Health Standard/Healthy Working Wales</td>
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<td>• Ageing Well/50+ programme</td>
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<td>• Tackling poverty Action Plans</td>
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<td>development</td>
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<td>• Friendly Societies</td>
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<td>• Co-operative movement</td>
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<td>• Comprehensive action on equitable prevention and treatment</td>
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<tr>
<td>• Relentless interest in inequalities</td>
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<td>• Chartist</td>
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<td>• Julian Tudor Hart</td>
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<td>• Archie Cochrane</td>
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<td>• Health in all Policies</td>
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<td>• Fairer outcomes for all</td>
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<td>• Inverse Care Law</td>
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So how will we do it?

**Whole of Government**
- Health in all policies

**Whole of Society**
- Mobilising the assets
Whole of Government

- Working with the grain of aspirations
- Strong links across portfolios
- Health in all policies
- Using the “Future Generation” agenda
- Clear accountability
- Silk Commission
Tackling poverty in Wales

- Tackling poverty is a major platform for Welsh Government action.

- ‘Poverty in Wales is influenced strongly by economic, political and social forces which operate at UK and international level. The Welsh economy tracks the UK economy closely, the demand for labour at various skill levels is subject to technological change and international business practice, and policy over taxes, benefits and the general approach to the management of the UK economy lie outside of the control of the Welsh Government. The Welsh Government can, however, improve educational and health outcomes that can influence poverty strongly over the longer term.’

- Key actions the Welsh Government is undertaking to deliver improvements:
  - Poverty and material deprivation:
  - Tackling worklessness and raising household income:
  - Improving the skills of young people and families:
  - Improving the health and educational outcomes of children, young people and families living in poverty:

- National and local high profile monitoring of actions and outcomes

- Cross-sectoral initiative, led at Ministerial level

- Recognition that change will only be achieved through sustainable whole of government and whole of society action.
Fairer Health Outcomes for All

- Building health into all policies and all policies into health
- Giving every child a healthy start
- Developing health assets in communities
- Improving health literacy
- Making health and social services more equitable
- Improving health at work
- Strengthening the evidence base.
Public Health White Paper
One part of the overall solution....
Future Generations Bill (working title)

- Will be brought forward later in 2014.
- Embeds a shared vision for a Sustainable Wales at the core of Welsh Public Service.
- Reflects a number of ‘Health in All Policies’ principles – action across determinants of health, focus on early intervention, partnership working.
- Will help ensure that health is taken into account by key organisations - how they operate, set priorities and allocate resources.

Draft National Goal - People in Wales are healthier

• National Conversation led by Commissioner for Sustainable Futures – ‘The Wales We Want by 2050’ (February - April 2014).
Public Health White Paper
The Approach

Listening to you: Your health matters

Proposals within the White Paper are grouped into three themes …

1. Improving health across the life course
2. Building community assets for health
3. Regulation for health
Whole of society

- Investing in health improvement and wellbeing
- Providing wellbeing services community-wide
- Making every contact count for prevention
- Building and using community assets
- Adopting the ‘Five Ways to Wellbeing’

- Business and organisation
- Public services
- NHS and social care staff
- Communities
- Individuals and families

Large scale change

Healthier, happier and fairer lives
Themes

1. A relentless focus on prevention and quality
2. The right actions at every age
3. All together for health
Mobilising the assets

Strong support for healthy communities
Over 50s check

NHS focus on the poorest

The Lancet, Volume 297, Issue 7696, Pages 405 - 412, 27 February 1971
THE INVERSE CARE LAW
Julian Tudor Hart

Abstract
The availability of good medical care tends to vary inversely with the need for it in the population served. This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced. The market distribution of medical care is a primitive and historically outdated social form, and any return to it would further exaggerate the maldistribution of medical resources.
Glyncorrwg Health Centre, Port Talbot, Glamorgan
Active promotion of coproduction
## A way forward?

<table>
<thead>
<tr>
<th>People</th>
<th>Places</th>
<th>Power</th>
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<tbody>
<tr>
<td>better services and helping people develop</td>
<td>using better the assets in the area both social and physical</td>
<td>working with and through the power system and creating new sources of power through empowerment</td>
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<tr>
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<th>High quality integrated public services based on the life course</th>
<th>Close alignment with Communities First and the anti-poverty agenda</th>
<th>What interests politicians – the financial situation, fairness</th>
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Thank you very much
Diolch yn fawr

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