Health inequalities: progress and next steps

Since 1997 the Government has been concerned not just to improve the nation’s overall health but to reduce health inequalities between different sectors in society. Many of these inequalities are related to socio-economic status.

It has had an ambitious target of reducing inequalities in health outcomes by 10 per cent, as measured by infant mortality and life expectancy at birth, by 2010. As we approach that deadline, the Department of Health (DH’s) report *Health inequalities; progress and next steps* looks at progress towards that target, what works and what does not, and what needs to be done to carry forward progress beyond 2010.

The report argues that significant progress has been made on health inequality, but it remains a complex, deep and stubborn problem. It is important to consolidate progress and also build on the commitment and enthusiasm across society for this work. This Briefing examines the main points of the progress report.

**The story so far**

The report reviews the current position and the progress which has been made. There have been improvements in life expectancy across the nation. However, the health of the most disadvantaged in society has not improved as quickly as that of the better off, and in some cases health inequalities have widened. While health inequalities can be linked to many factors, social inequalities are important. Access to health services can mitigate the impact of social inequality on health. However, some people suffer from the ‘double disadvantage’ of social inequalities and poor access to services.

The Government’s current strategy focuses on the wider determinants of health, the lives people lead and what the NHS can do. Much of the thrust of the Government’s policy was set out in *Tackling health inequalities: a programme for action* in 2003. This was not just about the DH or the NHS; it emphasised cross-government support.

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**Key points**

- The Government has set an ambitious target of reducing inequalities in health outcomes by 10 per cent, as measured by infant mortality and life expectancy at birth, by 2010.
- The Government’s report *Health inequalities: progress and next steps* looks at progress towards that target, what works and what does not, and how the Government can look beyond 2010 to develop new ambitions for reducing health inequalities.
- While there have been improvements in life expectancy across the nation, the health of the most disadvantaged in society has not improved as quickly as that of the better off, and in some cases health inequalities have widened.
- To meet the 2010 target the DH will scale up work that has been shown to be effective locally.
- In the longer term the DH will aim to address health inequalities by investing in early years and parenting; tackling the poorer quality of service received by those with learning disabilities; using employment to improve well-being and health; and promoting mental health and well-being.
As the 2010 target deadline approaches, the Government is committed to continued emphasis on achieving this and also to looking beyond that date and developing new ambitions for reducing health inequalities.

The 2010 target

This is a public service agreement target. The main target – reducing health outcomes by 10 per cent as measured by infant mortality and life expectancy at birth – is underpinned by two more detailed targets:

- starting with children under one year, by 2010 to reduce by at least 10 per cent the gap in mortality between routine and manual groups and the population as a whole
- starting with local authorities, by 2010 to reduce by at least 10 per cent the gap in life expectancy between the fifth of areas with the worst health and deprivation indicators (the spearhead group) and the population as a whole.

Towards 2010

The health of people living in disadvantaged groups and areas has improved significantly since the mid-1990s. However, the improvements in health across all sections of society mean that the 2010 target remains very challenging. There is evidence that health inequalities have widened, rather than narrowed.

To help with progress towards it, the DH will scale up work which has been shown to be effective locally. This increasing support to help deliver the target will include:

- the National Support Team (NST) for Health Inequalities will work with all spearhead primary care trusts (PCTs) by summer 2009, and its approach shared with non-spearhead areas
- a new NST for Infant Mortality will be set up, working with areas with the highest infant mortality among routine and mortality groups
- the NST for Tobacco Control will concentrate on improving services for routine and manual workers
- a NST for Alcohol will be set up, together with extra support for areas with the most alcohol-related hospital admissions
- a programme to support leadership development for health inequalities in the NHS and local government will be developed
- an improved version of the Health Inequalities Intervention Tool will be launched
- the IDeA Healthy Communities Programme will be commissioned for a further three years
- Communities for Health – already working in 83 areas – will be rolled out to other local authorities
- support for early presentation for cancer and cardiovascular disease (CVD) and for take-up of vascular checks in disadvantaged areas will be developed
- additional investment in third sector organisations.

The influences on health

Many of the key determinants of health and health inequalities go beyond the health service. To tackle health inequalities the Government wants to look at some of these determinants, which are often rooted in the circumstances in which people are born and live, and can affect both mental and physical health.

The immediate focus will be on actions which can change lives in the short term, although the full impact on health inequalities will take many years to show. In the longer term, all Government programmes will focus on tackling health inequalities and understanding their impact. One way in which this will be done is through the Health Impact Assessment Tool.
Investing in early years and parenting

The impact of early-years experience and parenting on a child’s mental and physical health throughout life is well known. The Child Health Strategy – produced jointly with the Department for Children, Schools and Families – is due to be published this year. The progress paper includes a raft of measures designed to improve health and lessen health inequalities through intervention in childhood. These include:

• support for breastfeeding with new resources for the Baby Friendly Initiative
• a predictive risk assessment tool to be used in pregnancy to identify the need for early intervention and preventative services
• looking at better support for vulnerable women who have problems accessing maternity care and work with strategic health authorities (SHAs) on this
• a three-year pilot programme, as part of the Healthy Schools Programme, to target the most disadvantaged
• ensuring that SHAs consult on water fluoridation in their areas
• improving access to antenatal education and preparation for parenthood
• all schools to provide extended services, such as access to therapies and mental health services, by 2010.

The impact of equality

The DH is shortly to publish its Single Equality Scheme, showing what it is doing to meet its statutory duties under race, disability and gender legislation. It wants to be in the vanguard of tackling all forms of inequality and discrimination and to become an exemplar organisation as an employer, service provider and commissioner.

One group which gets a poorer quality of service from the NHS is people with learning disabilities. The DH is planning work on this including:

• developing PCT exemplar sites which show best practice in commissioning services to meet the needs of those with learning disabilities
• producing a PCT framework to support health checks, action planning and better access to health promotion for people with learning disabilities
• publishing guidance to the NHS on meeting the Disability Equality Duty in relation to people with a learning disability.

Using work to improve well-being and reduce health inequalities

Work contributes to health and working can help to tackle health inequalities. The DH report, Working for a healthier tomorrow, written by Professor Dame Carol Black, has highlighted the importance of this issue and the DH is proposing:

• a new ‘Fit for Work’ service to offer early intervention to get people back to work (to be piloted in less well-off areas)
• a new mental health and employment strategy to improve support for people of working age suffering from mental age conditions
• working with employers – especially those with large numbers of unskilled workers or in disadvantaged areas – to improve health and well-being of staff
• a new partnership between the NHS and JobCentre Plus to help claimants with drug problems.

Promoting mental health to tackle health inequalities

Poor mental health increases the risk of poor physical health and premature death. To tackle this, the DH is proposing:

• a £170 million expansion of the Improving Access to Psychological Therapies Programme
• a ‘public mental health approach’ to promote wider mental health and well-being and address inequalities in access to services
• work with the Home Office on a Violence and Abuse Prevention Plan, promoting early intervention
• investment in schemes to reduce stigma and discrimination against those with mental health problems and support them in maximising their physical health and employment.

Co-ordinating action on the influences on health

The Government will:

• develop a Health Impact Assessment Tool
• work to assess the impact of climate change on health inequalities
• ensure that the winning bidders for ‘healthy towns’ have shown the impact of their proposals on disadvantaged and vulnerable groups.

The lives people lead

Not surprisingly, the report focuses on smoking, drinking and obesity as three lifestyle factors that contribute to health inequalities – especially when an individual has more than one of the risk factors. People from lower socio-economic groups are more likely to smoke, be obese or drink heavily than those from higher ones.
So, the Government feels that by addressing these lifestyle factors it will not only contribute to the health of the nation, but will also tackle inequalities. However, this has to go beyond simply providing information and needs to include work with people to change their behaviour. The report highlights the importance of ‘health literacy’ – giving people the information and understanding to make the right decisions for their own health – and signals increased focus on this, including enhanced work on social marketing and greater research on people’s decisions and behaviour.

There will also be work on sexual health and drug use, including reducing undiagnosed HIV; pump-priming and investment in new IT for community contraception services; and investment in condom distribution for particularly vulnerable groups.

The Government will:

- develop and consult on a new tobacco control strategy
- make NHS stop smoking services more accessible and effective, and increase their use amongst areas and groups with high smoking rates
- develop a nationally accredited scheme for healthcare professionals involved in smoking cessation advice
- support local action on tobacco control, especially in areas with high rates of smoking
- promote cross-government and community action on dealing with irresponsible sales of alcohol and other problems, and look at the impact of pricing and promotion
- examine how best to use ‘identification and brief action’ interventions for those with alcohol problems
- give additional support and in some cases funding for those areas with the highest rates of alcohol-related hospital admissions
- consider whether more money is needed for specialist alcohol treatment centres
- test a ‘full service’ model of programmes and services to prevent and tackle obesity.

This will be trialled in areas with high levels of obesity and is likely to involve schools and Sure Start Centres, as well as the NHS.

### Services

Those with greatest need of the NHS do not always get the best quality care or easiest access. They may present later in the course of an illness, they may find it difficult to access services or the services may not be designed around their needs. The DH is concentrating on areas where it is vital that progress is made.

#### Primary care

There will be a new primary and community care strategy as part of the NHS Next Stage Review which will move towards personalised, integrated and better quality services. The emphasis will be on joined-up services.

The planned assessment of 40–74 year-olds for vascular diseases could help those most at risk. The DH wants to ensure that these people are sought out and assessed as part of the implementation of this programme. It will also publish a strategy for carers.

#### Commissioning in partnership

The DH wants PCTs to ensure that primary and community services reflect the needs of disadvantaged groups. As part of world-class commissioning, a commissioning assurance system will be used, which will include health outcomes. The Government will also offer support for tackling immediate and wider determinants of health and will look at how health impact assessments can be used more systematically and consistently. There will be additional support for commissioning skills and extra information (through the Strategic Health Asset Planning and Evaluation application) which will underpin local health inequalities strategy.

#### Empowering individuals

The DH sees health trainers as important and wants to roll them out to every community, with outreach teams of ‘health champions’ to encourage uptake. It will look at whether health trainers could work in new settings – such as hospitals and JobCentre Plus offices – and with new groups, such as children and young people.

#### Engaging communities

The report recognises the work that third sector organisations do in engaging communities, especially those groups which are hardest to reach. Later this year an empowerment white paper will emphasise the Government’s commitment to ensuring local people have more power over their own lives – for example, through local involvement networks (LINks). The Government will also invest in support for community engagement programmes which the NHS can use to improve engagement with local communities.

#### Making services equitable

The NHS is a service available to all. However, those who face disadvantage or discrimination may not be able to access services of an equal quality for a variety of reasons. The Government aims to increase the number of people with learning disabilities or mental health problems working in the NHS by March 2011. It is also improving awareness and uptake of services among older people.
Meeting the future challenges
The challenge for 2010 onwards is to consolidate on the gains made so far and focus on scaling up the tools which will achieve this. It is important for the NHS to work with other partners. While much has been achieved so far, there are other aspects of the system which can be strengthened.

The keys to getting the system right are:

- **The local performance framework**, which should create the foundation for stronger commissioning. Joint strategic needs assessment can give a voice to those who are seldom heard and those in greatest need. World-class commissioning will be key to this.

- **Tools and support** – including investment in improvement systems, support for commissioners and strengthening the health inequalities element of health impact assessment. The ‘vital signs’ performance indicators will be developed so they can be analysed by different elements of inequality and can increasingly be used to hold commissioners and providers to account.

- **Financial allocations** should be more transparently related to health inequalities. PCT financial allocations will reflect a separate health inequalities formula in 2009/10 and 2010/11. This has been recommended by the Advisory Committee on resource allocation.

- **Delivering the leadership and workforce to deliver locally** – the DH will carry out a review of the future requirements of the health inequalities workforce and leadership. However, leaders at all levels need to move away from provision based on meeting historic demand to one centred around identifying and meeting need, and the wider influences on people’s lives.

Building the evidence base
The DH and Government will:

- continue to invest in evidence through various research programmes and collaborations
- ensure that NICE’s public health guidance covers areas of particular relevance to health inequalities, such as workplace health, preventing children smoking and reducing mortality from heart disease in disadvantaged groups
- improve access to the evidence base and fate on health inequalities through the public health desktop
- develop a mechanism to pool evidence on what works in reducing health inequalities – this will include work intending to shape the global forces that impact on inequalities internationally
- identify research priorities for future funding by mapping existing work and finding the gaps
- review how health inequalities data can be presented and disseminated more effectively to the public and local services.

Health inequalities as a focus for all
Over the next few years all areas must focus on and prepare to tackle health inequalities in their own communities. The current target has created momentum and innovation in reducing health inequalities.

However, a new target is needed post-2010. This objective will maintain focus on areas with the highest infant mortality and lower life expectancy, but will also be relevant to the populations of all PCTs. It will also reflect quality of life, as well as length, and will capture changes across the gradients of health inequalities in all communities.

Sir Michael Marmot will lead work to develop this new objective. The DH will commission a review of progress which will assess policy against the best global evidence and determine what objective, metrics and levers the Government should develop for the period after 2010.

Working more closely at government level
The DH and the NHS cannot reduce health inequalities in isolation from other public services. There has been progress in increasing the coherence in Government policies. However, the DH will now take the lead across government to:

- commission work to promote more effective working across organisations – this will involve looking at incentives which could encourage organisations to invest in programmes where benefits are delivered years later, and levers and incentives that encourage organisations to work together

- work with Government offices, SHAs and regional improvement and efficiency partnerships to use the ‘vital signs’ and local area agreement process to target improvement support to the areas which most need it

- ensure that the mandatory impact assessment process – which includes health impact assessment – is strengthened so that the impact on health inequalities is taken into account in policymaking

- develop a joint accountability approach to any further public service agreement so that the multiple factors which impact on inequality are reflected in it

- work with the Audit Commission and others to implement comprehensive area agreements which will assess the prospects for local areas and the quality of life for people who live in them.
Health inequalities: progress and next steps shows that the NHS has made considerable progress on reducing health inequalities over the past ten years, but that there are some intractable problems which have meant that the reduction of the gap between the richest and poorest in society is still some way from the 2010 target.

The NHS Confederation is pleased the report recognises that healthcare organisations have both a direct and indirect role to play, not only in improving access to NHS services, but also in working with partnerships locally to seek out needs, devise innovative ways of reaching people and work with employers, in particular on the inequalities that arise from long-term ill health.

The work of the NST for Health Inequalities and its experience of what works will be of great interest to commissioners. However, the NHS Confederation hopes that the new teams that are proposed will be co-ordinated so that support is timely and builds on existing experience. Whilst piloting some initiatives is welcome, we would also urge that evaluation of these is timely and enables commissioners to develop their local services in line with evidence of best practice. We hope that national campaigns can be used to augment local actions and that the roll out of initiatives such as health trainers can be flexible to enable local needs and circumstances to be met.

The NHS Confederation, and in particular its PCT members, are committed to the reduction of health inequalities and are clear that their work needs to be part of wider initiatives, working with a wide range of partners in local government, the business and third sector on both an assessment of need and the design and delivery of services.

We look forward to working further with the DH as the next steps of this important area are implemented.

For more information on the issues covered in this Briefing contact jo.webber@nhsconfed.org

Further information

Health inequalities: progress and next steps

Tackling health inequalities: a programme for action

The Primary Care Trust Network

The PCT Network was established as part of the NHS Confederation to provide a distinct voice for PCTs. We work to raise the profile of the issues facing PCTs and to improve the influence of PCT members.
To find out more about the work of the PCT Network, visit www.nhsconfed.org/PCTs or email PCTNetwork@nhsconfed.org