Prevention and reducing health inequalities

NHS Providers

21/1/16
Jessica Allen
UCL Institute of Health Equity
www.instituteofhealthequity.org
THE SDH and Health Inequalities – embedding action in local authorities and the NHS
Health inequalities

- Social justice – the greatest inequality of all.

- the conditions in which we are born, grow, live, work and age

- Creating the conditions for people to have control of their lives
England Cost of inaction on health inequalities

• In England, dying prematurely each year as a result of health inequalities, between 1.3 and 2.5 million extra years of life.

• Each year in England Economic costs of health inequalities account for:
  – productivity losses of £31-33B
  – reduced tax revenue and higher welfare payments of £20-32B and
  – increased treatment costs well in excess of £5B.
Life expectancy and disability-free life expectancy (DFLE) at birth, males by neighborhood deprivation, England, 1999–2003 and 2009-2013
Prevalence of any common mental disorder by household income, England 2007

Key: Pale bars: women; dark bars: men.
Levelling-up the social gradient in health
Fair Society: Healthy Lives:
6 Policy Objectives

A. Give every child the best start in life
B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
C. Create fair employment and good work for all
D. Ensure healthy standard of living for all
E. Create and develop healthy and sustainable places and communities
F. Strengthen the role and impact of ill health prevention
Taking Action

Data and monitoring

Evidence of what works

Leadership and making it happen – levers, incentives, regulation

Workforce and organisations
Health and wellbeing Boards one year on – what priorities have been agreed?

Sample size: 65 responses – respondents mentioned more than one priority in most cases

Source: The King’s Fund, 2013
Building evidence for action in new areas
www.instituteofhealthequity.org

A Suite of Reports Produced for the Department of Health

- Social Inequalities in the Leading Causes of Early Death - A Life Course Approach
- The Impact of Adverse Experiences in the Home on the Health of Children and Young People, and Inequalities in Prevalence and Effects
- Improving School Transitions For Health Equity
These resources will provide councils and local partners with evidence and examples of approaches that can be taken to reduce inequalities in their area.

• Social Value Act
• Promoting Good Quality Jobs
• Reducing social isolation
• Health literacy
1. Good quality parenting programmes and the home to school transition
2. Building children and young people's resilience in school
3. Reducing the number of young people not in employment, education or training (NEET)
4. Adult learning services
5. Increasing employment opportunities and improving workplace health
6. Health inequalities and the living wage
7. Fuel poverty and cold home-related health problems
8. Improving access to green spaces
9. Understanding the economics of investments in the social determinants of health
10. Tackling health inequalities through action on the social determinants of health: lessons from experience
Data and monitoring
• Three monitoring frameworks developed:
  – Public health outcome framework (PHOF)
  – NHS outcome framework (NHSOF)
  – Adult social care outcome framework (ASCOF)

• SDH dimension in PHOF
  – Includes Marmot indicators
  – Very limited data on social distribution of routine public health indicators
IHE Marmot Indicators 2015

- Healthy life expectancy at birth - males and females
- Life expectancy at birth - males and females
- Inequality in life expectancy at birth
- People reporting low life satisfaction
- Good level of development at age 5 with and without free school meal
- GCSE achieved (5A* -C including English & Maths) with and without free school meal status
- 19-24 year olds who are not in employment, education or training
- Unemployment %
- Long term claimants of Jobseeker's Allowance
- Work related illness
- Households not reaching Minimum Income Standard
- Fuel poverty for high fuel cost households
- Percentage of people using outdoor places for exercise/health reasons
Low well being

- 4.8% average in 2014-15, compared to 5.6% 2013/14
- Ranged from 2.8% in Bath and North East Somerset, to 8.7% in Wolverhampton.
Regional figures available for each local authority online

### Marmot Indicators for Local Authorities in England, 2015 - Derby

The chart below shows key indicators of the social determinants of health, health outcomes, and social inequality that broadly correspond to the policy recommendations proposed in Fair Society, Healthy Lives. Results for each indicator for this local authority are shown below. On the chart, the value for Derby is shown as a circle, against the range of results for England, shown as a bar. For these indicators, local authority figures are not available and so only the regional value is reported.

#### Health outcome indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>Local value</th>
<th>Regional value</th>
<th>England value</th>
<th>England worst</th>
<th>Range</th>
<th>England best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy life expectancy at birth - Male (Years)</td>
<td>2011-13</td>
<td>61.3</td>
<td>62.7</td>
<td>63.3</td>
<td>63.6</td>
<td>71.4</td>
<td>73.6</td>
</tr>
<tr>
<td>Healthy life expectancy at birth - Female (Years)</td>
<td>2011-13</td>
<td>59.8</td>
<td>63.5</td>
<td>63.9</td>
<td>55.6</td>
<td>71.3</td>
<td>73.6</td>
</tr>
<tr>
<td>Life expectancy at birth - Male (Years)</td>
<td>2011-13</td>
<td>78.6</td>
<td>79.3</td>
<td>79.4</td>
<td>74.3</td>
<td>82.6</td>
<td>85.6</td>
</tr>
<tr>
<td>Life expectancy at birth - Female (Years)</td>
<td>2011-13</td>
<td>82.6</td>
<td>83.0</td>
<td>83.1</td>
<td>80.0</td>
<td>86.2</td>
<td>88.2</td>
</tr>
<tr>
<td>Inequality in life expectancy at birth - Male (Years)</td>
<td>2011-13</td>
<td>12.4</td>
<td>-</td>
<td>17.3</td>
<td>2.4</td>
<td></td>
<td>2.4</td>
</tr>
<tr>
<td>Inequality in life expectancy at birth - Female (Years)</td>
<td>2011-13</td>
<td>2.9</td>
<td>-</td>
<td>11.4</td>
<td>0.6</td>
<td></td>
<td>0.6</td>
</tr>
<tr>
<td>People reporting low life satisfaction (%)</td>
<td>2014/15</td>
<td>5.9</td>
<td>4.4</td>
<td>4.8</td>
<td>8.7</td>
<td></td>
<td>2.8</td>
</tr>
</tbody>
</table>

#### Giving every child the best start in life

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<tr>
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<th>Range</th>
<th>England best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good level of development at age 5 (%)</td>
<td>2013/14</td>
<td>51.3</td>
<td>57.8</td>
<td>60.4</td>
<td>41.2</td>
<td>75.3</td>
<td>78.5</td>
</tr>
<tr>
<td>Good level of development at age 5 with free school meal status (%)</td>
<td>2013/14</td>
<td>36.3</td>
<td>40.3</td>
<td>44.8</td>
<td>31.7</td>
<td>68.1</td>
<td>72.3</td>
</tr>
</tbody>
</table>
Enabling all children, young people and adults to maximise their capabilities and have control over their lives

<table>
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<tr>
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<th>England best</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCSE achieved 5A*-C including English and Maths (%)</td>
<td>2013/14</td>
<td>50.0</td>
<td>54.0</td>
<td>56.8</td>
<td>35.4</td>
<td>74.4</td>
</tr>
<tr>
<td>GCSE achieved 5A*-C including English &amp; Maths with free school meal status (%)</td>
<td>2013/14</td>
<td>27.8</td>
<td>29.4</td>
<td>33.7</td>
<td>16.0</td>
<td>62.8</td>
</tr>
<tr>
<td>19-24 year olds not in education, employment or training (%)</td>
<td>2014</td>
<td>13.9</td>
<td>15.9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Create fair employment and good work for all

<table>
<thead>
<tr>
<th>Period</th>
<th>Local value</th>
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<th>Range</th>
<th>England best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment % (ONS model-based method)</td>
<td>2014</td>
<td>6.9</td>
<td>5.6</td>
<td>6.2</td>
<td>12.5</td>
<td>2.9</td>
</tr>
<tr>
<td>Long term claimants of Jobseeker's Allowance (rate per 1,000 population)</td>
<td>2014</td>
<td>8.3</td>
<td>6.9</td>
<td>7.1</td>
<td>23.5</td>
<td>1.3</td>
</tr>
<tr>
<td>Work-related illness (rate per 100,000 population)</td>
<td>2013/14</td>
<td>4850</td>
<td>4000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ensure a healthy standard of living for all

<table>
<thead>
<tr>
<th>Period</th>
<th>Local value</th>
<th>Regional value</th>
<th>England value</th>
<th>England worst</th>
<th>Range</th>
<th>England best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households not reaching Minimum Income Standard (%)</td>
<td>2012/13</td>
<td>24.3</td>
<td>24.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fuel poverty for high fuel cost households (%)</td>
<td>2013</td>
<td>12.8</td>
<td>10.4</td>
<td>10.4</td>
<td>18.9</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Create and develop healthy and sustainable places and communities

<table>
<thead>
<tr>
<th>Period</th>
<th>Local value</th>
<th>Regional value</th>
<th>England value</th>
<th>England worst</th>
<th>Range</th>
<th>England best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilisation of outdoor space for exercise/health reasons (%)</td>
<td>Mar 2013 - Feb 2014</td>
<td>11.1</td>
<td>15.5</td>
<td>17.1</td>
<td>0.3</td>
<td>30.8</td>
</tr>
</tbody>
</table>
NHS, Health inequalities and SDH

Five year Forward View

• Focus on NHS role in improving Health and reducing inequalities
• Reducing burden of disease, LTCs and demand
• How to shift NHS focus to be more focussed on health (as well as health care)?
Requires cross system action including from:

- Providers
- Commissioners
- Workforce
- New models of care and vanguards
• **Focus - Data analysis at small area level** – SDH data, NHS use and access data, health outcome data.

• **How to prevent ill health** in more deprived areas (to reduce ill health and demand on NHS) – IHE briefings

• **Commissioning and contracting**
  - Weighted Capitation?
  - And Social Value
DATA

- NHS EQUITY
- HEALTH OUTCOME
- SDH AND MARMOT INDICATORS

- Matched data set to highlight how sdh drive demand and health outcomes and show where to take action – and how.
## National NHS Equity Dashboard 2011/12

<table>
<thead>
<tr>
<th>Indicators of Health Care Access and Outcome</th>
<th>England Average</th>
<th>England Trend</th>
<th>Relative Inequality Index (RII)</th>
<th>Overall Inequality Trend</th>
<th>Inequity Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. GP supply per 100,000</td>
<td>58.8</td>
<td>-2.2%</td>
<td>-5.7%</td>
<td>↓</td>
<td>no gap</td>
</tr>
<tr>
<td>2. Primary care quality (%)</td>
<td>77.5%</td>
<td>1.9%</td>
<td>-0.5%</td>
<td>↓</td>
<td>1.5 points</td>
</tr>
<tr>
<td>3. Hospital waiting time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Preventable hospitalisation (%)</td>
<td>3.6%</td>
<td>76.8%</td>
<td>5.9%</td>
<td>↑</td>
<td>115,121 people admitted</td>
</tr>
<tr>
<td>5. Excess hospital stays (%)</td>
<td>16.0%</td>
<td>8.6%</td>
<td>-10.6%</td>
<td>=</td>
<td>57,204 hospital stays</td>
</tr>
<tr>
<td>6. Post-hospital mortality (%)</td>
<td>4.40%</td>
<td>30.4%</td>
<td>3.8%</td>
<td>↑</td>
<td>55,425 deaths</td>
</tr>
<tr>
<td>7. Amenable mortality (%)</td>
<td>0.25%</td>
<td>58.1%</td>
<td>0.3%</td>
<td>=</td>
<td>38,879 deaths</td>
</tr>
<tr>
<td>8. Mortality (%)</td>
<td>0.87%</td>
<td>60.3%</td>
<td>-0.8%</td>
<td>=</td>
<td>138,555 deaths</td>
</tr>
<tr>
<td>9. Morbidity (%)</td>
<td>3.84%</td>
<td>65.1%</td>
<td>1.7%</td>
<td>↑</td>
<td>658,062 cases</td>
</tr>
</tbody>
</table>

Figures adjusted as appropriate for age, sex, casemix and co-morbidity. See indicator notes for definitions.

**Key**

- Clearly "pro-rich"  
- Inequality increasing  
- Not significant  
- Not clear  
- Inequality reducing
Association between average performance and deprivation at sub-national (CCG) level: preventable hospitalization
Commissioning – resource allocation, weighted capitation and social value procurement

Potential – development of weighted payment models to reward required intensity of action

Commissioning for social value
Social Value – What is it?

The Social Value Act 2012 states that during procurement public bodies in England and Wales must consider:

“How what is being proposed to be procured might improve the economic, social and environmental well-being of the relevant area, and…

How, in conducting the process of procurement, it might act with a view to securing that improvement.”
Social Value

Economic
- Reducing local unemployment
- Increasing wages – e.g. living wage
- Increasing standard of living – e.g. benefits
- Increasing educational outcomes

Social
- Increasing community engagement
- Reducing social isolation and loneliness
- Tackling abuse and domestic violence

Environmental
- Reducing local crime
- Increasing use of local green spaces
- Improving housing quality
- Environmental sustainability – e.g. pollution, emissions

Social Determinants of Health
Halton Case Study

• Core group includes CCG, Council, CAB, VCA, a social enterprise.

• Social value ‘vision’: “everyone in Halton recognising their contribution to social value and the changes it can bring about to reduce inequalities and improve wellbeing”

• Social value definition: “a commitment to improve individual, environmental and economic well-being to reduce inequalities of all forms in Halton”

Source: Social Value Hub (SEUK)
• Blackburn and Darwen

• Social Value Commissioning and providers?
  – VSC, other sectors and NHS providers
Working for health equity: Role of health professionals – acting on the SDH.

What can clinicians do:

• Interactions with patients – social prescribing and social histories
• Advocacy for patients, community health and national policy
• Commissioners
• Employers and managers
NHS Organisations

• Prevention is better than cure – incentives?

• Commissioning

• Improving community health - – eg Royal Free – walk in centre, domestic violence,

• Employers and mangers

• Commissioners
Community health services

Well placed to meet challenges around health inequalities and health improvement

- New commissioning approaches
- Integration and cross sector working
- Local authorities and NHS

- Data, commissioning, legislative requirements (social value act and health inequality duties).
Health Inequalities legislation

• Legal duties to reduce health inequalities for the first time 2012
  – All DH and NHS have a duty to consider impact of decisions on health inequalities. Legal obligation from Secretary of State, across DH, NHSE and all services funded through NHS.

• Platform for joining up health services, social care services and health-related services at local level