SOUTH EAST WALES REGIONAL COMMITTEE

HEALTH INEQUALITIES: PAPER FROM THE ASSEMBLY SECRETARY FOR HEALTH AND SOCIAL SERVICES

Purpose

1. To discuss the health inequalities in South East Wales; the approach being taken by the Assembly to tackle inequalities and to explore options.

Summary / Recommendations

2. The paper sets out:

- examples of the health inequalities that exist
- the key factors which cause health inequalities
- what the Assembly in partnership with others is doing to tackle health inequalities
- what further actions we might take

3. I welcome the opportunity to open up this discussion with the Committee. Firstly, I do not believe that inequalities in health defined by population group or by geographical area need be inevitable. We are determined to grasp the nettle and reduce health inequalities; this will require hard decisions and a strong, concerted and co-ordinated commitment to focusing on the groups and populations most in need. Above all we will need to work together, recognising that we all have contributions to make in addressing this problem. Local Government, the NHS, the voluntary sector and local communities and others all have a part to play. I hope that today will provide an opportunity to stimulate the debate and open up discussions.

Timing

4. The Committee has chosen health issues as its theme for this meeting on 10 March.

Background

5. The Assembly, in its draft corporate plan, *A Better Wales*, sets out three major themes of sustainable development, anti poverty and equal opportunities; this, together with *Better Health, Better Wales* and other key documents, clearly state our commitment to improving the health and well being of the people of Wales by tackling the underlying causes of ill health and improving access, thereby reducing inequalities in health status.

6. This demonstrates that health inequalities cannot be addressed in isolation, rather they need to be viewed in the broader context of community regeneration, social inclusion, equality of opportunity and equality of access to information and services. Inequality is concerned with differences, disparity, variation and distribution between populations defined by geography, social group, gender, ethnic group etc. Typically, health inequalities are measured in terms of mortality and morbidity. While mortality rates have fallen and life expectancy has risen, inequalities have increased. Almost all health indicators confirm the relationship between the prevalence of ill health and poor social and economic circumstances. We recognise the complex causes of ill health and the part that economic and social factors have to play, and consequently the need for a coherent and co-ordinated approach across the Assembly and other agencies.

Evidence of health inequalities

7. The Chief Medical Officer, in her 1998 Annual Report, set out some disturbing trends in the health of the

people of Wales. Health in Wales is poorer than in England and there are marked inequalities in health between different communities. The report stated that '…although health overall in Wales has been improving, over the same period the gap in health between the most and the least deprived communities has been widening'.

8. The 1998 "*Independent Inquiry into Inequalities in Health*" [the Acheson report] concluded that although there has been a marked increase in prosperity over the last twenty years, the health gap between those at the top and the bottom of the social scale has widened. While stating that many health inequalities can be tackled and reduced, it acknowledges that the factors influencing inequalities extend across the policy spectrum. Poverty and perceptions of well being are key factors in health inequality. The inquiry recommended that priority should be given to improving health and reducing health inequality for women of child bearing age, pregnant women and young children because of the additional inequalities impacting upon them.

Key factors causing health inequalities

9. Factors which affect health and well being are complex and not always within the control of the individual. The main factors causing health inequalities are:

- *social and economic*;
- *biological and genetic, including gender and race;*
- *environmental*;
- *lifestyle*;
- *availability and accessibility of health services in relation to need*.
- the above factors are also interrelated and interdependent.

10. Social class, poverty, deprivation, poor housing, unemployment, lack of social support, low educational achievement and lack of availability and accessibility of health services are all factors affecting health which are all amenable, in theory, to structural change. Individual lifestyle factors (such as smoking, lack of exercise, drinking too much alcohol and a poor diet) can be addressed through changed behaviour and are often linked to socio-economic circumstances. Unchangeable factors include age, gender, race and genetic constitution and provide a challenge for services to be more responsive, adaptable, addressing barriers which result in direct and indirect discrimination.

See Annex A for an illustration of factors determining health status and inequalities in health status

11. Coronary heart disease and mental ill health are just two examples of conditions which I have selected to illustrate how the main factors relate and can be found at **Annex B**.

Economic Factors

12. We want to reduce inequalities of all kinds, to create an economy and society which is outward looking, well educated, healthy, skilled and creative. Our approach commits us to spreading prosperity and well being throughout Wales. Poverty is a determinant of ill health and health inequalities, and conversely ill health and health inequalities impact upon prosperity.

Tackling health inequalities

13. I am sure that the presentations put before you today by the health authorities, the Welsh Local Government Association and the Community Health Councils will show the differences in mortality and health experience across South East Wales. I want to set out for you what we are facilitating from the centre to reduce inequalities across Wales. Before doing so, it is important to emphasise that there are no quick and easy answers to reducing health inequalities. We are building the foundations and our approach must reflect the medium to long term time frame required to deliver real change. We need to work together, making the right

linkages across the Assembly, and continuing to build on our links with partners in local government and the voluntary sector.

14. At Annex C is a summary of the action being taken to develop appropriate strategies, policies and programmes in partnership with others, as identified in the Chief Medical Officer's report. There are four themes that I want to emphasise particularly: research, partnership, fair allocation of resources and strategic planning.

Research

15. We need to enhance our understanding of the linkages involved in health inequalities. For some of the factors of ill health and health inequalities we have strong evidence of a causal relationship and we can measure the effect at population level. For example, we know that a robust estimate can be made of the number of deaths caused annually by smoking, and the cost to the NHS. For others, while there is strong evidence of a causal relationship, at population level we are only just beginning to be able to measure the effects. For others we have no evidence of causality, neither can we quantify the effect. The birth of infants with congenital malformation, where mothers live near landfill waste sites is one example. We must work in partnership to build on our existing knowledge base.

Partnership

16. Partnership and collaboration are vital to making progress. We have a range of resources, mechanisms and structures in place which we must utilise efficiently and effectively. The Wales Centre for Health, the Public Health Network, health authorities, Local Health Groups, Local Health Alliances, Local Government are key partners.

Fairer allocation of Resources

17. The way resources are allocated and the need for a more equitable resource allocation based on needs, taking into account deprivation, is a theme running through much of the research on health inequalities. Our objective is to have in place a fairer formula on both the health and local government sides. We want to be sure that we are distributing resources in response to needs, taking into account deprivation factors, rurality and sparsity. On the Local Government side we have commissioned work which will be taken forward through the Partnership Council. On the NHS side, the Health and Social Services Committee has agreed to reviewing the formula and we propose setting up a Steering Group to take that forward.

Strategic Planning

18. Health Improvement Programmes are the key health led strategic vehicle for delivering health improvement and improved health services. These three to five year plans are co-ordinated by health authorities, working in close partnership with NHS Trusts, Local Health Groups, local government, the voluntary and independent sector, business, communities, education and others. They will include a number of strands:

- a comprehensive profile of health needs, particularly focusing on areas of inequality of specific groups and specific areas
- a framework for considering proposals to tackle inequalities, and root causes of ill health, and to promote health and independence
- a service strategy that directly underpins the health improvement agenda

19. Local Health Groups are key contributors to the Health Improvement Programme, ensuring a clear focus on local responses to priority areas, which will include addressing health inequalities. Local Health Alliances will focus action on improving the social, economic and environmental determinants of health, having input into the community plan, and assisting Local Health Groups in contributing to the Health Improvement Programme.

Issues for discussion

20. Today's presentations provide an opportunity to explore health inequalities across South East Wales. Issues for consideration are:

- ***individual responsibility for health:*** empowering individuals to take greater responsibility for their own health, be it from the centre or through the wider health community
- ***poverty****:* options for collectively to raise prosperity
- ***priorities*****:** working together within limited resources to achieve a joint sense of priority to tackle inequalities
- ***alternatives:*** focusing more on alternative pathways for example, supporting people in the community in their own homes [resources etc]
- ***access to high quality services****:* raising the standards of services and improve accessibility and the tension which may be inherent in raising standards and improving accessibility
- ***resources****:* targeting resources on areas of inequality, while maintaining and increasing the overall level of health
- ***harnessing diversity****:* supporting a wide range of organisations have the potential to contribute to action to reduce health inequalities
- ***research****:* identifying what research and evaluation will be needed to provide evidence of best practice in the application of the community led approach to improving health and well being and reducing health inequalities
- ***building for the future****:* ensuring that the long term efforts required to reduce inequalities are not sidelined by more immediate day to day issues

Jane Hutt
Assembly Secretary for Health and Social Services

ANNEX A

HEALTH INEQUALITIES [THE FACTORS]

Available in Hard Copy Only.

ANNEX B

Available in Hard Copy Only.

ANNEX C

Table 3.1

Implementation of the Strategic Framework through:

Aim	Drivers for Action	Levers for Action

1. Alliances	**To provide structures and expertise to support sustainable health and well being**	• Wales Centre for Health • Health Alliances • National Network for Health • Health Promotion Strategy • Research and Development	• Health Impact Assessment • SHARP • Health Promotion Strategy • Health Improvement Programmes • DPP/DPH plans • Health Gain Targets • HOWIS • Multi-sector training plans
2. Communities	**To improve economic and social well-being and reduce inequality**	• Employment and the economy • Local government services • NHS action for health • Voluntary/community action • Social inclusion action • Workplace health	• New Deal • Employment Zones • EU funds • LG Community leadership • LG formula • LG community safety audits • NHS allocations • Screening Strategy • Local Health Groups • NAW Voluntary Sector Schemes • People in Communities • Occupational Health Strategy
3. Children	**To ensure children and young people reach their potential**	• Children's services • Schools and colleges • Youth services	• Children's Strategy • Sure Start • Review of Health Visitors • Child Care Strategy • Standards for Social Care • Healthy Schools • Nutritional standards • Special needs • School health services • Safe routes to school • School exclusion initiative • Review of curriculum • Healthy colleges

Implementation of the Strategic Framework through (continued):

	Aim	Drivers for Action	Levers for Action
4. Environment	**To ensure environmental factors have minimum detriment to health**	• Sustainable development • Pollution control • Planning and land use • Healthy homes • Integrated transport	• NAW sustainable development scheme • National Environmental Health Plan • Capital Challenge • UK Air Quality Strategy • Environmental and Drinking Water improvements • Contaminated Land regime • Hazardous Incident Plans • Waste Management Strategy • Revised Planning Guidance • Sustainable Development Plans • Review of Housing Standards • Capital Receipts Initiative • Integrated Transport Plans • Road Safety Strategy

			• National Cycle Strategy • Green Transport Plans
5. Lifestyle	**To encourage choices which optimise health and avoid ill-health**	• Tobacco control • Food safety, standards and nutrition • Activity, sport and recreation • Accidents • Alcohol and drugs control • Sexual health • Oral health • Mental health • Screening • Infectious disease control	• Healthy Living Centres • Tobacco White Paper • Food Standards Agency • Sports Council Schemes • Drugs and Alcohol Strategy • Sexual Health Strategy • Protocols for Oral Health • Revised Mental Health Strategy • National Strategy for Infectious Disease Control