



## **Tackling Health Inequalities:**

## **Update and Inclusion Health programme**

Martin Gibbs  
Health Inequalities Unit  
Department of Health

Inclusive Health and Wellbeing Conference

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## Policy context



### Health inequalities:

Tackling health inequalities is a Government priority, part of a wider focus on fairness and social justice. Everyone should have the same opportunities to lead a healthy life, no matter where they live or who they are. As well as helping people live longer, healthier and more fulfilling lives, we aim to *improve the health of the poorest fastest*.

# Policy context

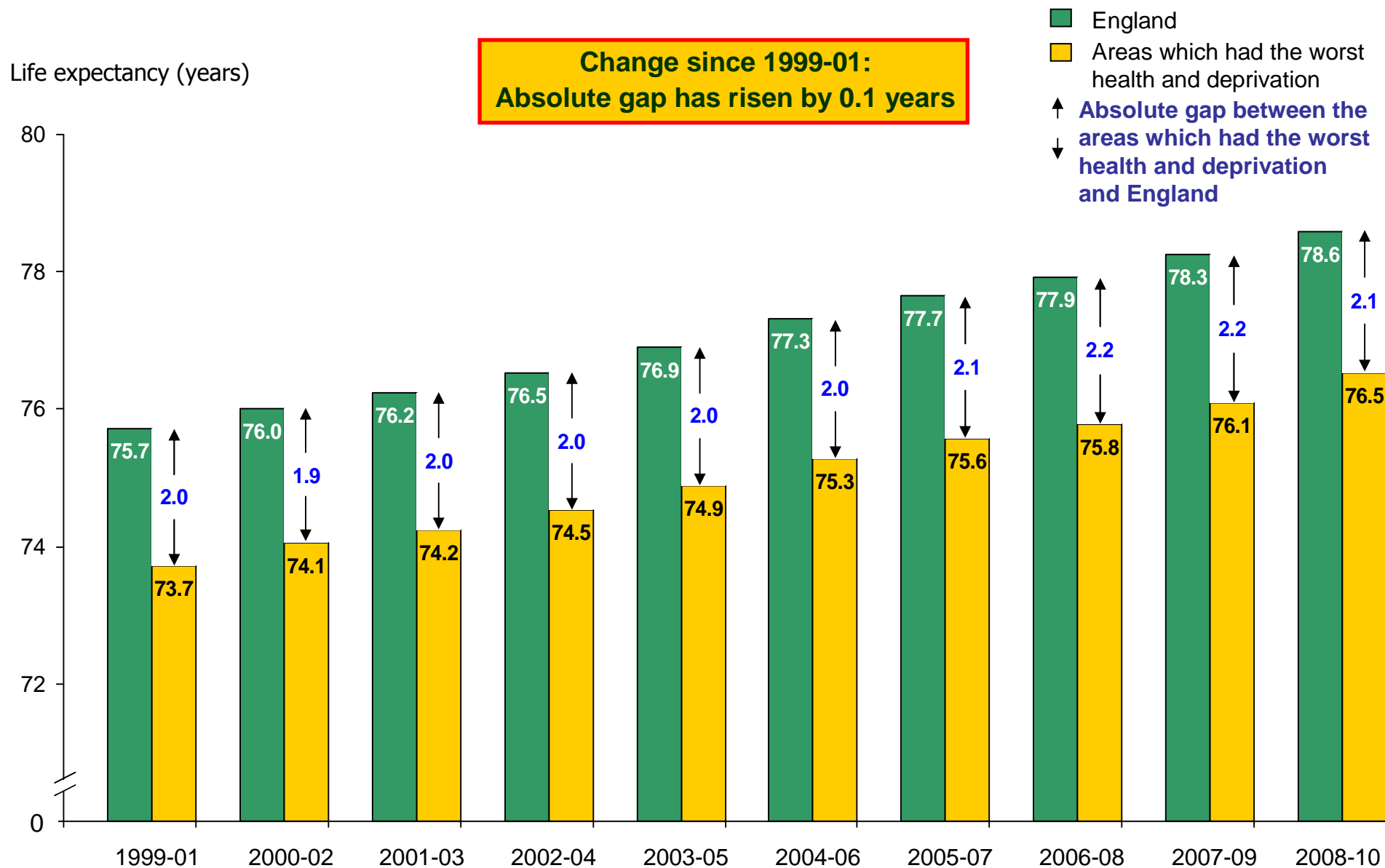


## Inclusion Health:

The health needs of the most vulnerable people are being addressed through the Inclusion Health programme, which will focus on improving access and outcomes for vulnerable groups.

## Chart 1: Life Expectancy– areas which had the worst health and deprivation\* and England (Males)

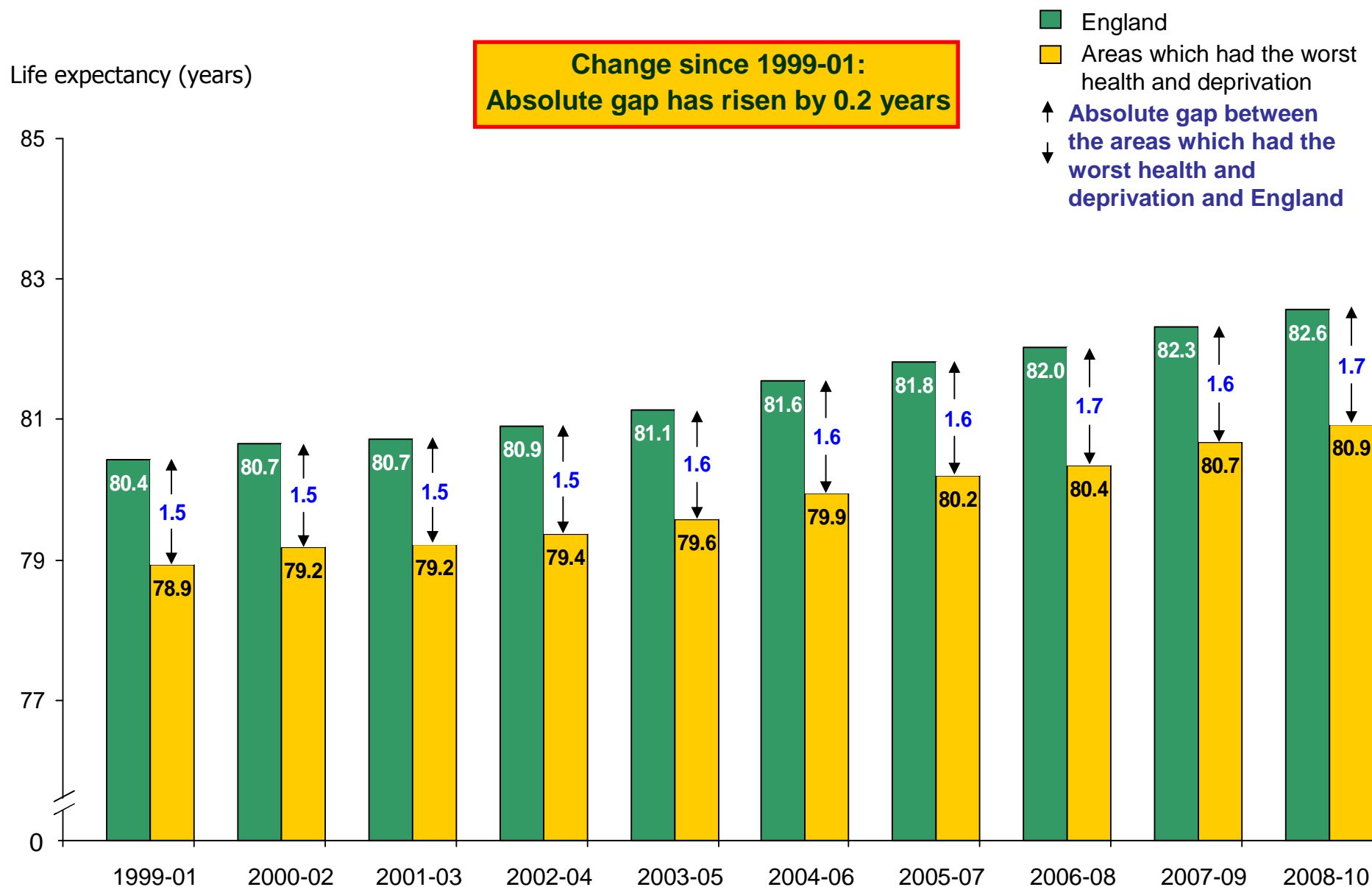
Three year average Life Expectancy at birth 1999-01 to 2008-10 for males, comparing England and the areas which had the worst health and deprivation\*



\* Local authorities which had the worst health and deprivation, based on life expectancy and mortality data for 1995-97 and the 2004 Index of Multiple Deprivation. Change since 1999-01 and gap figures are calculated based on life expectancy figures rounded to 2 decimal places. Source: ONS

## Chart 2: Life Expectancy – areas which had the worst health and deprivation\* and England (Females)

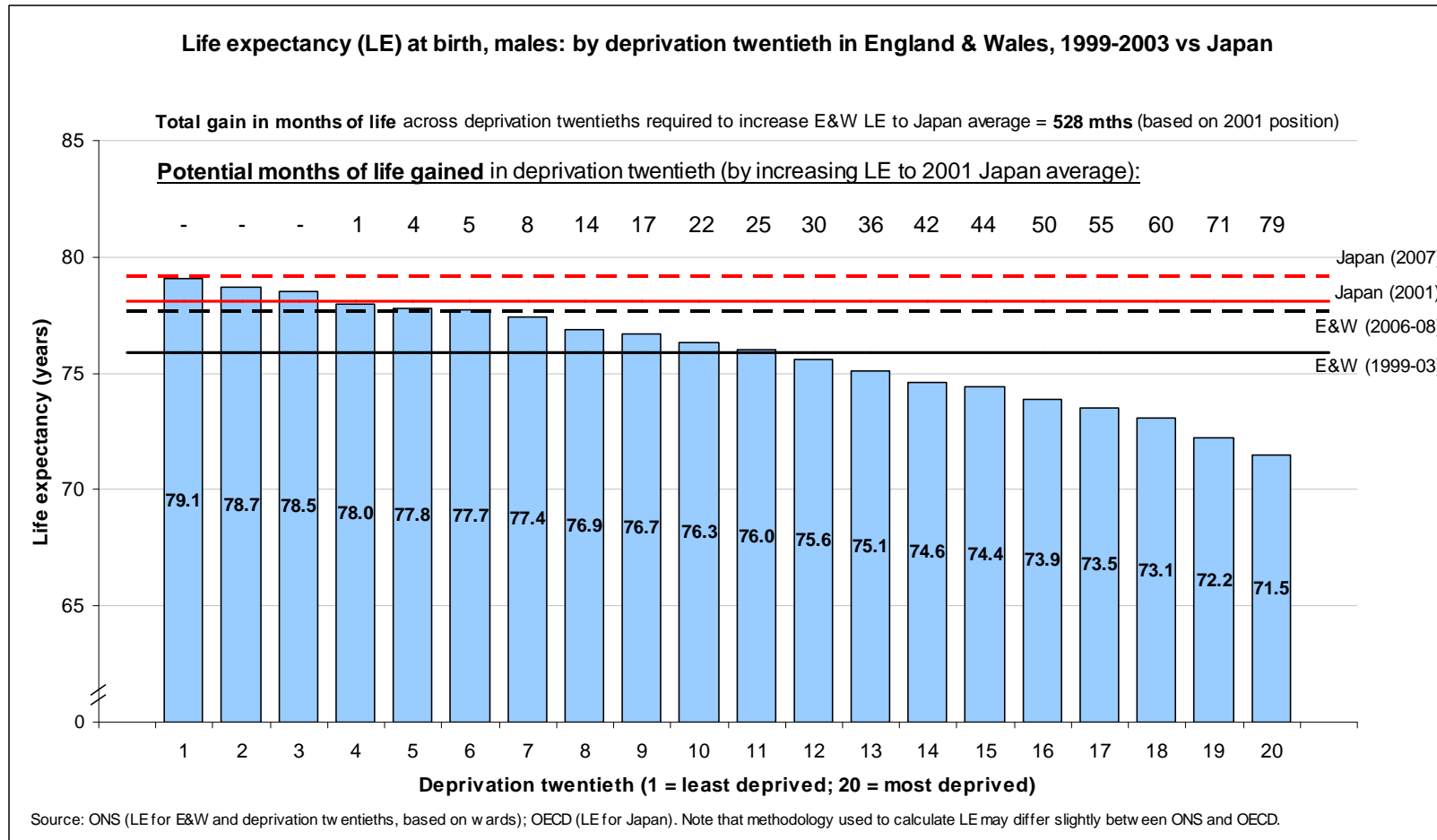
Three year average Life Expectancy at birth 1999-01 to 2008-10 for females, comparing England and the areas which had the worst health and deprivation\*



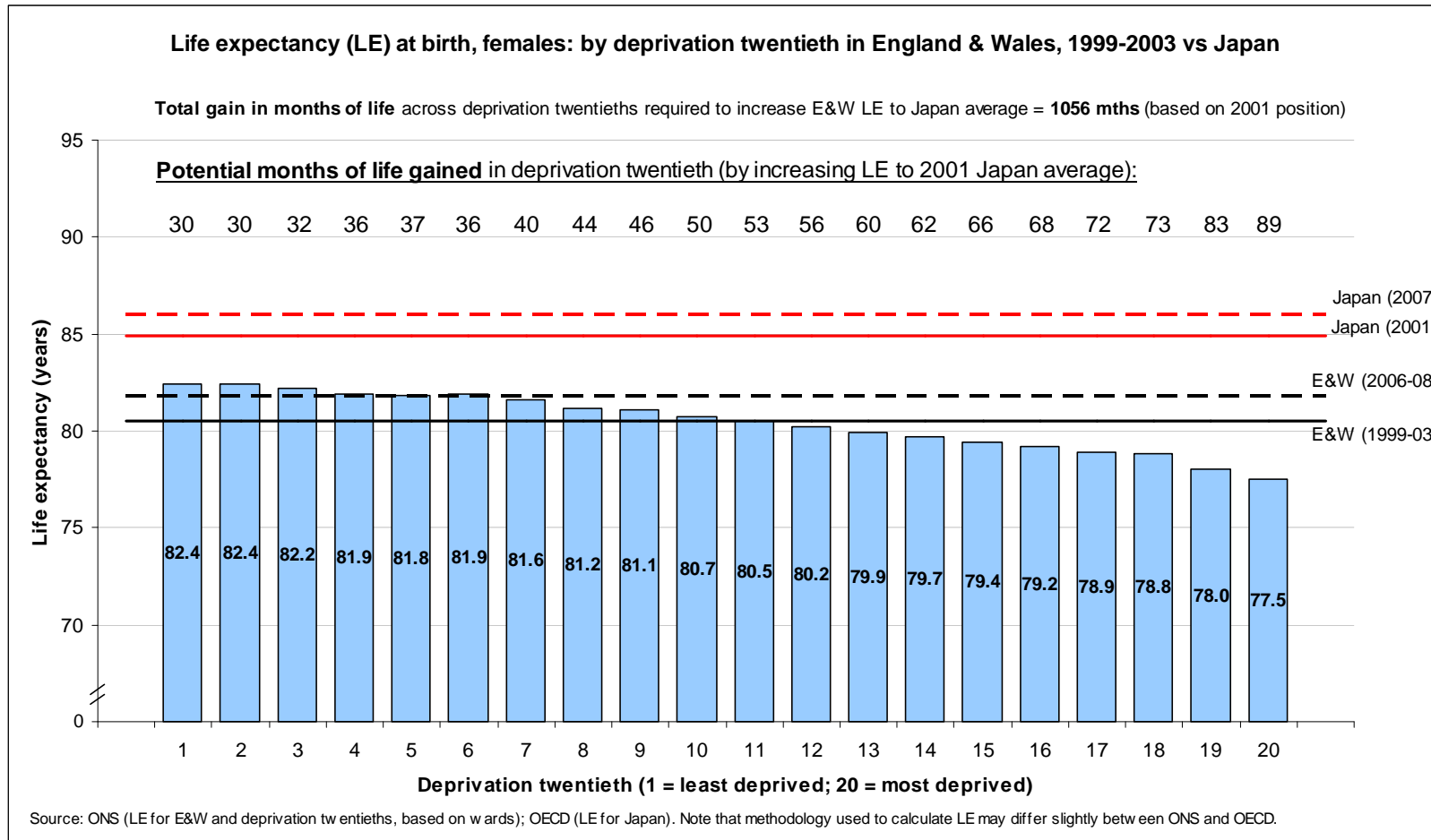
\* Local authorities which had the worst health and deprivation, based on life expectancy and mortality data for 1995-97 and the 2004 Index of Multiple Deprivation. Change since 1999-01 and gap figures are calculated based on life expectancy figures rounded to 2 decimal places. Source: ONS



# What is the health inequalities challenge? How do we compare - males



# What is the health inequalities challenge? How do we compare - females

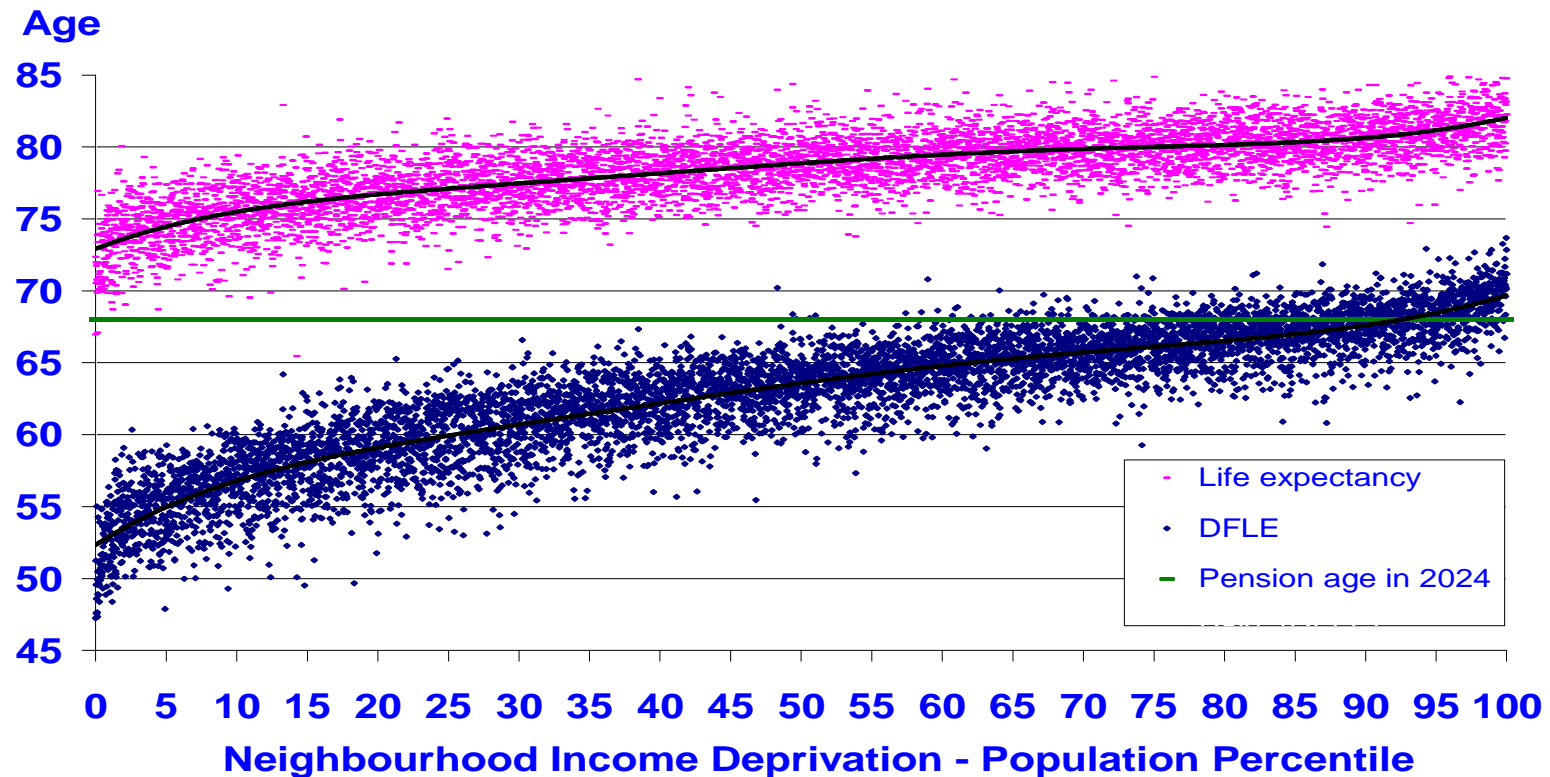




The deprivation gradient in life expectancy and DFLE means people in the poorest areas die 7 years earlier on average than in affluent areas, and the difference in DFLE is 17 years



### Life expectancy and disability free life expectancy at birth, persons by neighbourhood income level, England, 1999-2003



Source: ONS

# Inclusion Health challenges



- Homeless people have significantly higher levels of premature mortality and mental and physical ill health than the general population.
- As many as 40% of rough sleepers have multiple concurrent health needs relating to mental, physical health and substance misuse
- Of those registered at Cambridge Access Surgery, a homeless specialist GP practice, 2-3% died each year between 2003-2008 and the average age of those who died was 44.
- Rough sleepers are 35 times more likely to commit suicide than the general population
- Homeless people have higher rates of tuberculosis (TB), bronchitis, foot problems and infections than the general population

# Inclusion Health challenges



- Studies show that Gypsy and Traveller women live 12 years less than women in the general population and men 10 years less, although recent research suggests the life expectancy gap could be much higher
- There is an excess prevalence of miscarriages, stillbirths and neonatal deaths in Gypsy and Traveller communities and high rates of maternal death during pregnancy and shortly after childbirth
- A high prevalence of diabetes has been reported in Gypsy and Traveller communities, and a lack of community knowledge of the risk factors
- 38% of Gypsies and Travellers have a long-term illness compared with 26% of age and sex matched comparators, even after controlling for socioeconomic status and other marginalised groups
- Travellers are 3 times more likely to have chronic cough or bronchitis, even after smoking is taken into account

# Inclusion Health challenges



- Up to 95% of women in prostitution are problematic drug users
- More than half of UK women in prostitution have been raped and/or seriously sexually assaulted. At least three-quarters have been physically assaulted
- 23% of parlour workers and 27% of street workers report having received treatment for Chlamydia (compared to 3% of the general population)
- Among offenders convicted for prostitution related offences, over 48% experienced psychological problems or depression compared to 33% of other offenders
- 68% of women in prostitution meet the criteria for Post Traumatic Stress Disorder in the same range as victims of torture and combat veterans undergoing treatment

## How are we moving ahead?



- Health reforms – building into the new system
- Inclusion Health
- Ministerial Working Groups
- Specific commitments for the most vulnerable - “Vision to end Rough Sleeping”



## Reform agenda - headlines

- NHS Commissioning Board
- Clinical commissioning groups
- Public Health England
- Public health role for local authorities
- New core role for Dept. Health
- Strengthened roles for Monitor, CQC and NICE

And underpinning this:

- Greater democratic legitimacy and patient involvement

And crucially:

- Reducing health inequalities will be a priority for the NHS, Public Health England and local authorities

# NHS reform – health inequalities



- Duty on Secretary of State
- Duties on the NHSCB and CCGs to have regard to the need to reduce health inequalities
- Outcomes Frameworks for the NHS and Public Health with inequalities and equalities at their heart
- Allocations for CCGs: ACRA to address the issue of unmet need.

# Public health reform – health inequalities



- Health and Wellbeing Boards
- Joint health and wellbeing strategies, drawing on Joint Strategic Needs Assessments
- Directors of Public Health in local authorities
- Ring-fenced public health grant - based on relative population health need and weighted for inequalities
- Health premium - to incentivise action to reduce health inequalities



## Wider determinants of health



- Public Health Cabinet Committee
- Enhanced role for local government
- Focus on social justice
- Big Society – giving voice to communities
- Implementation of Equality Act 2010

# Inclusion Health



- National Board
- Four working groups:
  - Leadership and Workforce
  - Data, research and commissioning
  - Provision, promotion and prevention
  - Assurance and accountability
- Workplan



## **Rough sleeping - commitments**

### **Access healthcare**

- Support health and wellbeing boards to ensure that the needs of vulnerable groups are better reflected in Joint Strategic Needs Assessments
- The National Inclusion Health Board will work with the NHS, local government and others to identify what more must be done to include the needs of homeless people in the commissioning of health services
- Highlight the role of specialist services in treating homeless people, including those with a dual diagnosis of co-existing mental health and drug and alcohol problems

## **Rough sleeping - commitments**



### **Help prevent homelessness**

- The National Inclusion Health Board will work with the NHS, local government and others to identify what more must to be done to prevent people at risk of rough sleeping being discharged from hospital without accommodation.



# Challenges

**But all this in a difficult environment:**

- Reorganisation
- Transition timeline
- Loss of expertise and capacity
- Impact of financial pressures