



UCL Institute of Health Equity

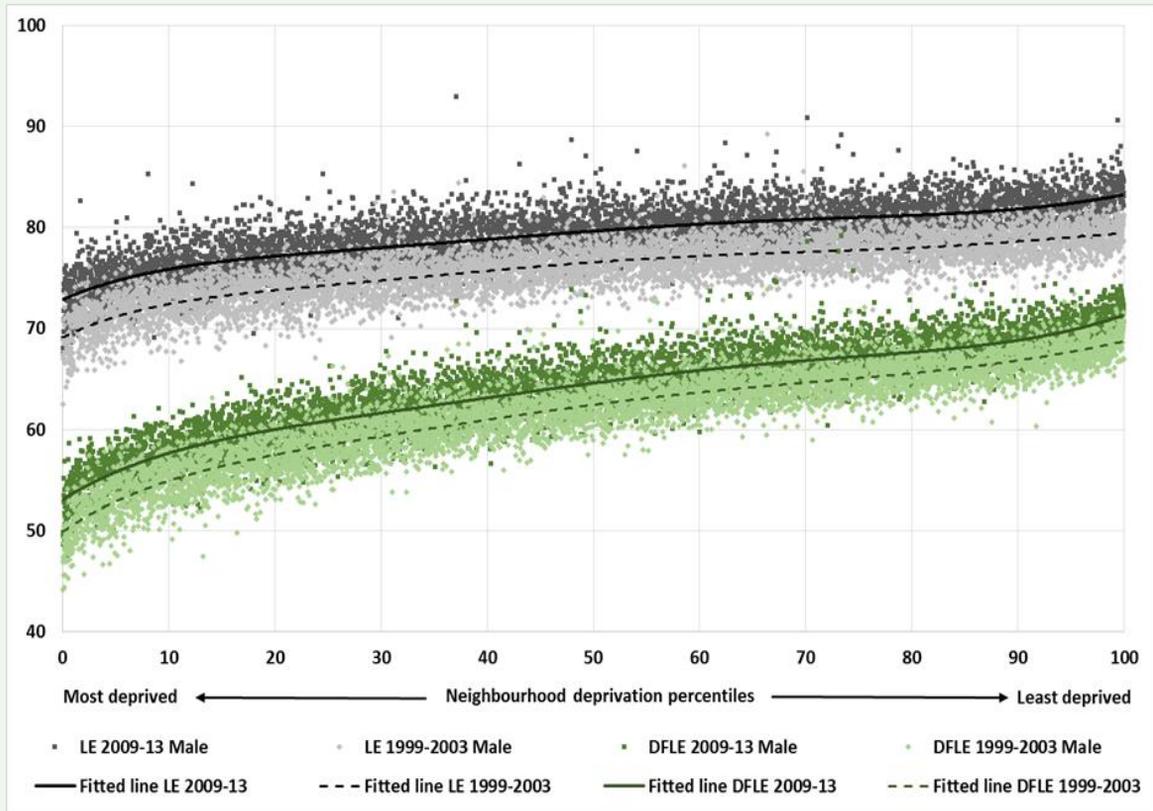


Narrowing the health and wellbeing gap: Reducing inequalities and improving health

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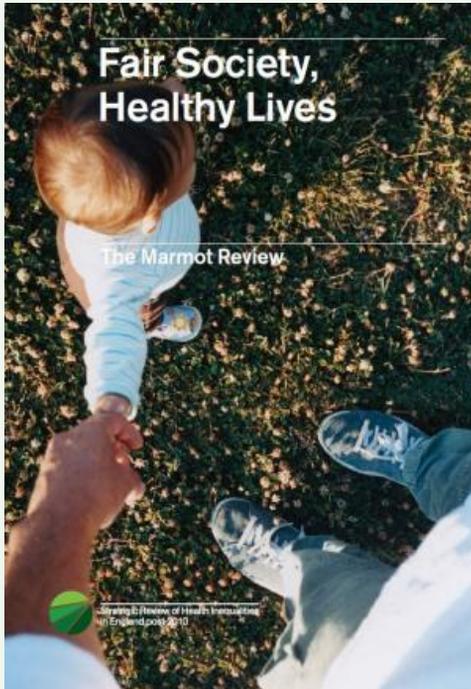
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Life expectancy and disability-free life expectancy (DFLE) at birth, males by neighborhood deprivation, England, 1999–2003 and 2009–2013





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**

Key stakeholders

Multiple sectors and stakeholders– housing, planning, education, early years, employers, social protection, third sector, public health, private sector...

NHS/health care

not driving most of these inequalities

Some action needed to reduce inequities in access and outcomes

AND

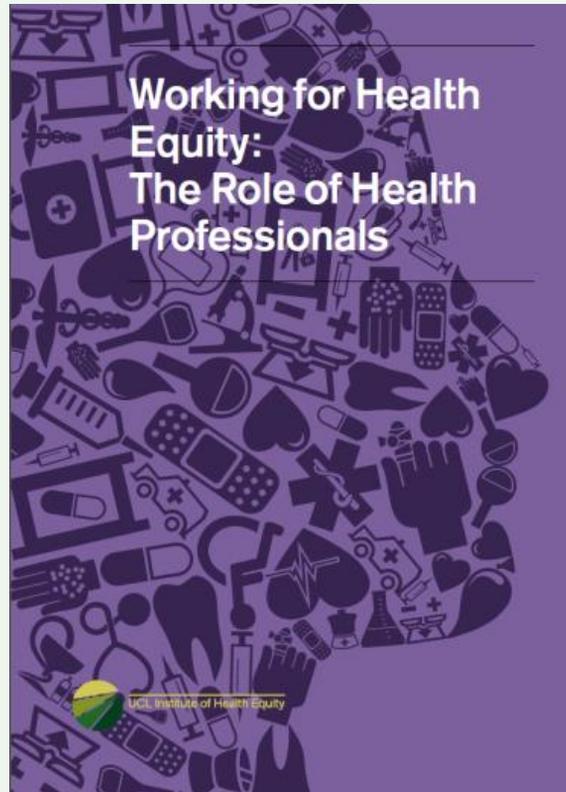
Can do more to tackle drivers of health inequality

Role of NHS and Health workforce in tackling SDH

- The health workforce
- Healthcare organisations – employers
- NHS spending
 - Social Value Act and the approx. £130b annual NHS spend
 - Prevention

The Role of Health Professionals

Report and leading programme with 19 Royal Colleges, the British Medical Association, the World Medical Association and others to develop more focus on SDH and health inequalities by health professionals.





The NHS, Health inequalities and Social Determinants of Health

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 focused on health and prevention?



3 areas of working

Population need analysis - small area, SDH, NHS and outcomes data

Commissioning and contracting

- Commissioning for social value and
- Weighted (deprivation) capitation
- Incentives

Interventions in SDH to drive improvements and reduce inequalities

IHE work with Vanguards

3 vanguards – Isle of Wight (PACS), W Cheshire (MCP) and Tower Hamlets (MCP)

Specific needs around health inequalities

Isle of Wight – Health equity impact of services moved to the mainland

West Cheshire – Rural isolation and inequalities in Ellesmere Port

Tower Hamlets – Inequalities within ethnic groups
family based strategies

Population data analysis (1/2)

Three main sources of data:

1. Social Determinants of Health data (Marmot, PHOF, LA)

2. NHS Equity Data

3. Health Outcomes Data (NHS outcomes, HES, ONS, GP Patient Survey)

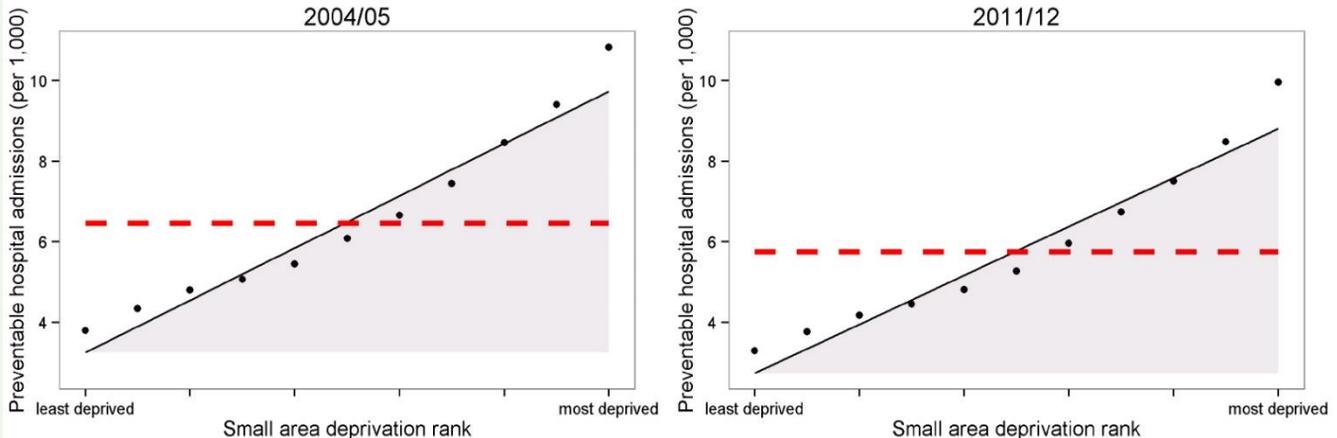
But... all maintained, reviewed, analysed separately – by different organisations and for different purposes

Population data analysis: vanguard data mapping (2/2)

Social Determinants of Health Data sources	NHS Health Equity Indicators/Data	NHS Outcomes Indicators/Data
Marmot Indicators +	primary care supply: patients per full time equivalent general practitioner	Potential years of life lost from causes considered amenable to healthcare: ONS mortality data by cause, ONS period and cohort life expectancy
Public Health Outcomes Framework + Eg green space utilisation Fuel poverty	primary care quality: composite score based on quality and outcomes framework population achievement on clinical indicators	Under 75 mortality rate from: cancer, cardiovascular respiratory and liver disease: ONS mortality data by cause, ONS period and cohort life expectancy
Local Authority data – such as: housing, environmental indicators,	hospital waiting time: waiting time from outpatient decision to admit to inpatient admission	Emergency admissions for acute conditions that should not usually require hospital admission: Hospital Episode Statistics (HES) data
Mortality and Birth files	preventable hospitalisation: proportion of people with emergency hospitalisation for chronic ambulatory care sensitive conditions	Health-related quality of life for people with long-term conditions: GP patient survey
Benefit payments, income, debt,	repeat hospitalisation: proportion of people discharged from hospital who have a repeat emergency hospitalisation within the same year	Reducing mortality in children: ONS Child Mortality Statistics: Childhood, Infant and Perinatal
Children's social care	dying in hospital: proportion of deaths that occur in hospital	Mortality data by cause
NEETs	amenable mortality: mortality from causes considered sensitive to healthcare	HES data
	overall mortality: all-age all-cause mortality, risk adjusted for age and sex.	GP Patient Survey

Association between average performance and deprivation: preventable hospitalization

Preventable Hospitalisation



Preventable Hospitalisation: hospitalisations per 1,000 population for conditions amenable to healthcare adjusted for age and sex

Commissioning and contracting

Purpose: to use the levers and incentives within the system to reduce health inequalities

- **Weighted capitated budgets**
- **Weighted incentives (CQUINs & QOFs)**
- **Social value commissioning**

Progress so far: working with vanguard sites to explore

- shadow weighted capitated budgets (based on deprivation).
- Developing a weighted incentive scheme for providers (based on deprivation)
- Developing/piloting an online training tool re: social value commissioning



Logic Model

Population Data Analysis

Development of a linked dataset combining health outcome, local authority data and data on the wider determinants of health to describe inequalities for social determinants, health and social care use and health outcomes at small area level.

Commissioning

- New datasets inform weighting incentives such as the QOF and CQUINs and payments in a weighted capitated budget.
- Social Value commissioning

Interventions, Toolkits

Social value commissioning toolkit.

Briefings on specific interventions

Outcomes

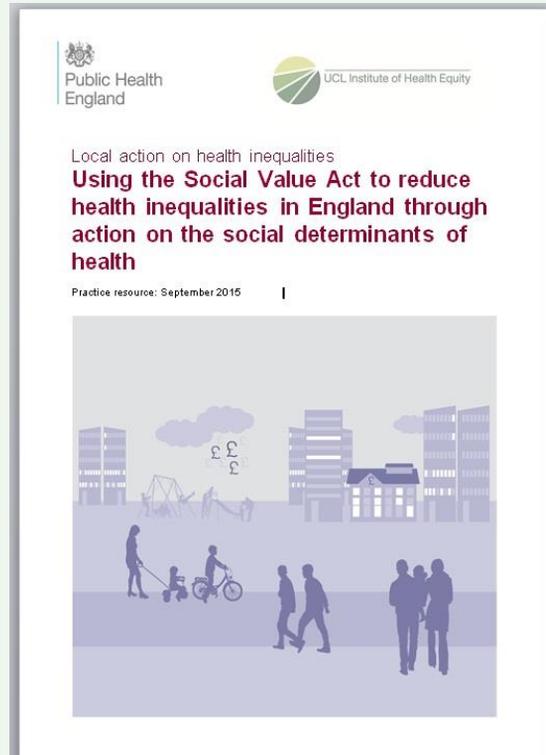
Targeted interventions designed by new health intelligence data will reduce avoidable utilisation and improve population health.

Legislation

- **Social Value Act 2012**
- **Health Inequalities Duties 2012**

DH, NHSE and CCGs have duties to have regard to the need to reduce inequalities in access to, and outcomes from, healthcare

‘Opportunities for using social value to tackle health inequalities in England’





The Public Services (Social Value) Act 2012

- Public sector commissioners to consider how to improve the **economic, environmental and social wellbeing** of their local area through procurement.
- Applies to local authorities, acute trusts, clinical commissioning groups (CCGs), other NHS organisations, fire and rescue services, education and early years services, police, housing associations and government departments.

Social Value Act Important new lever for health inequalities

- There is a strong case for implementing social value approaches to reduce health inequalities.
- Acting on social value acts on social determinants of health and should reduce demand on health and other services.
- But NHS has been slow to take up provisions of social value act.

Liverpool CCG –

- Social value is now included in all CCG internal business case processes.
- Initiatives such as the living wage and carbon reduction have been built into several service specifications.
- A social value task force ensures that commissioners continue to use the Social Value Act in commissioning and procurement decisions.

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)

There are economic reasons for action:

- A survey of housing associations and LAs found 52% reported that including social value in commissioning led to local cost savings for their own organisation.
- In another survey, 83% of local authorities stated social value would add value to procurement.

Summary, Social Value is...

- An opportunity to improve health and reduce inequalities in social determinants
 - **Locally AND nationally**
- An opportunity to ‘work’ the economic power of public procurement. In 2012-13 over £230 billion spent on public sector procurement of goods and services.
- An opportunity to align with other priorities and obligations – win wins
- A legal obligation!