



Department
of Health

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And copied to:
David Bennett, Monitor
All DH ministers
CMO

31 JAN 2014

Dear Colleague,

Health Inequalities: working together to reduce health inequalities and meet new duties

I am writing to set out how I intend to conduct my assessment of how well the health inequalities duties for me as the Secretary of State for Health and the duties for NHS England have been fulfilled in 2013-14, as required by legislation introduced through the Health and Social Care Act 2012. In doing so, I thought it would be helpful to set the duties in the context of our wider ambition to achieve significant reductions in health inequalities.

Health inequalities result in preventable early deaths and illness which bring misery to families, leaving children without their parents, grandparents unable to see their grandchildren grow up, and workers dying before they can enjoy retirement. Health inequalities can be intergenerational, and are linked to factors such as educational attainment and unemployment which can impact on whole communities. Reducing health inequalities is a matter of fairness and can help individuals, families and communities to thrive and prosper.

Our aim is for people in England to enjoy a level of health and wellbeing comparable to the best in Europe. The greatest potential for improvement is in the groups and areas that have the poorest health outcomes. People in some areas of England have life expectancy equivalent to the England average in the 1970s. We have a dual aim: to achieve better average health and more equitable health. This means we must improve the health of the poorest, fastest.

We now have an unprecedented opportunity to narrow health inequalities. We have embedded action on health inequalities within the reformed health system. Health and Wellbeing Boards and Clinical Commissioning Groups are ideally placed to understand and act upon local inequalities. The purpose of the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies is to improve the health and wellbeing of the local community and reduce inequalities for all ages. Health inequalities have been included in the revised NHS Constitution. The Mandate to NHS England makes clear that success in achieving the objectives will be measured in terms of reducing inequalities and unjustified variation as well as overall improvement.

The Public Health White Paper was the government's response to the analysis of the extent of health inequalities, its causes and evidence-based recommendations for action on the social determinants of health, set out in *Fair Society, Healthy Lives* (2010). While some health inequalities are worsening, health gaps have narrowed on some key measures, such as infant mortality across social groups, cancer and cardiovascular disease mortality under 75 years, demonstrating that focused action can reduce health inequalities.

We have reflected health inequalities across the NHS and Public Health Outcomes Frameworks and the Government's Mandate to NHS England, giving us the basis for measuring progress. Reducing differences in life expectancy and health expectancy across communities, through faster improvement in more disadvantaged communities, are key measures on which all parts of the system should act. The Mandate to the NHS sets as an objective that whether NHS care is commissioned nationally by NHS England or locally by CCGs, the results - the quality and value of the services - should be measured and published in a similar way, including against the relevant areas of the NHS Outcomes Framework.

We now need to step up the pace and make a concerted national effort to see more equitable access and outcomes. Effective partnerships will be needed so action is comprehensive and suitably scaled, relevant to local communities and takes account



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of differences across groups and areas experiencing health inequalities. Action should reach across: the wider social determinants of health; lifestyle risk factors, including the way these cluster in more disadvantaged groups; access to disease prevention and health services, in particular to address “the inverse care law”; later presentation and diagnosis of disease for some groups and diseases; inequalities in the outcomes from treatment and experiences of health and healthcare.

Action will need to take account of the social gradient that exists across many health conditions, as well as the needs of the most vulnerable groups. *Fair Society, Healthy Lives* proposed an approach of “proportionate universalism” by which actions to address health inequalities are universal, but with a scale and intensity proportionate to the level of disadvantage

As leaders of national organisations, we all have a role in shaping the environment in which local Health and Wellbeing Boards, local authorities and Clinical Commissioning Groups shape their responses to the inequalities challenge within their localities. We must ensure that action is scaled to add up to significant progress at the national level as well as locally. There may also be actions you can take within your own organisations which will impact, for example through your own commissioning and policies. Collaboration nationally and locally on this challenging issue will give us the best chance of delivering equitable health outcomes across our nation.

Assessment of the fulfilment of the Secretary of State’s and NHS England’s health inequalities duties in 2013-14

The Health and Social Care Act 2012 passed into law, for the first time, duties for the Secretary of State for health, NHS England and Clinical Commissioning Groups to have regard to the need to reduce health inequalities, along with planning, assessment and reporting requirements. Secretary of State’s duty applies to the public health and NHS functions of the Department, including where functions are delegated to its Executive Agencies and Special Health Authorities. There are also requirements for Monitor. The key provisions are summarised in the Appendix.

In order to support achievement of these broader ambitions, my assessment of how well the duties for the Secretary of State for health and NHS England have been fulfilled (which is required in legislation) will be based in 2013-14 on ensuring that

the new system has been soundly established as regards health inequalities. My assessment will be based on the following criteria:

- Has the organisation considered its potential impact on health inequalities strategically, and the application of the duty to its functions?
In the light of this, has it taken appropriate steps as follows:
- Has action been taken to ensure all staff subject to the duty are aware of it?
- Are appropriate governance arrangements in place?
- Is there clear accountability at a sufficiently senior level (for example, a Board level champion)?
- Is there an assurance process to ensure the duties are being applied?
- Is the approach being taken informed by evidence?
- Are inequalities in access and outcomes being routinely monitored?
- Are strategic partnership arrangements in place?
- Is progress in addressing health inequalities being maintained, including action on any key priorities, such as *Living Well for Longer: A call to action to reduce avoidable premature mortality* and, where appropriate, implementation of Public Accounts Committee recommendations from its Third Report of Session 2010-11 on health inequalities?

Additionally for NHS England:

- has it ensured Clinical Commissioning Groups are capable of fulfilling their duties?
- has it put in place robust arrangements for assessment of CCGs' fulfilment of their duties?

I will expect you to be able to report on how you are meeting the above criteria. I will report on the fulfilment of my duty on health inequalities in the DH Annual Report for 2013-14, and will write to NHS England about fulfilment of their duty. I would encourage you to use your Annual Reports in a similar way.

The criteria for the 2013-14 assessment are designed to establish a sound approach to health inequalities across the system, which is vital at this early stage of system reform. As the system develops, the basis for assessment will shift towards measures of access and outcomes, using data broken down by inequalities dimensions, as data become available.

Recognising how deeply entrenched health inequalities are in our society, and the long-term nature of some of the interventions, there is likely to be differential



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progress across different measures. In 2013-14, I would wish to see that the positive progress that has been achieved continues across:

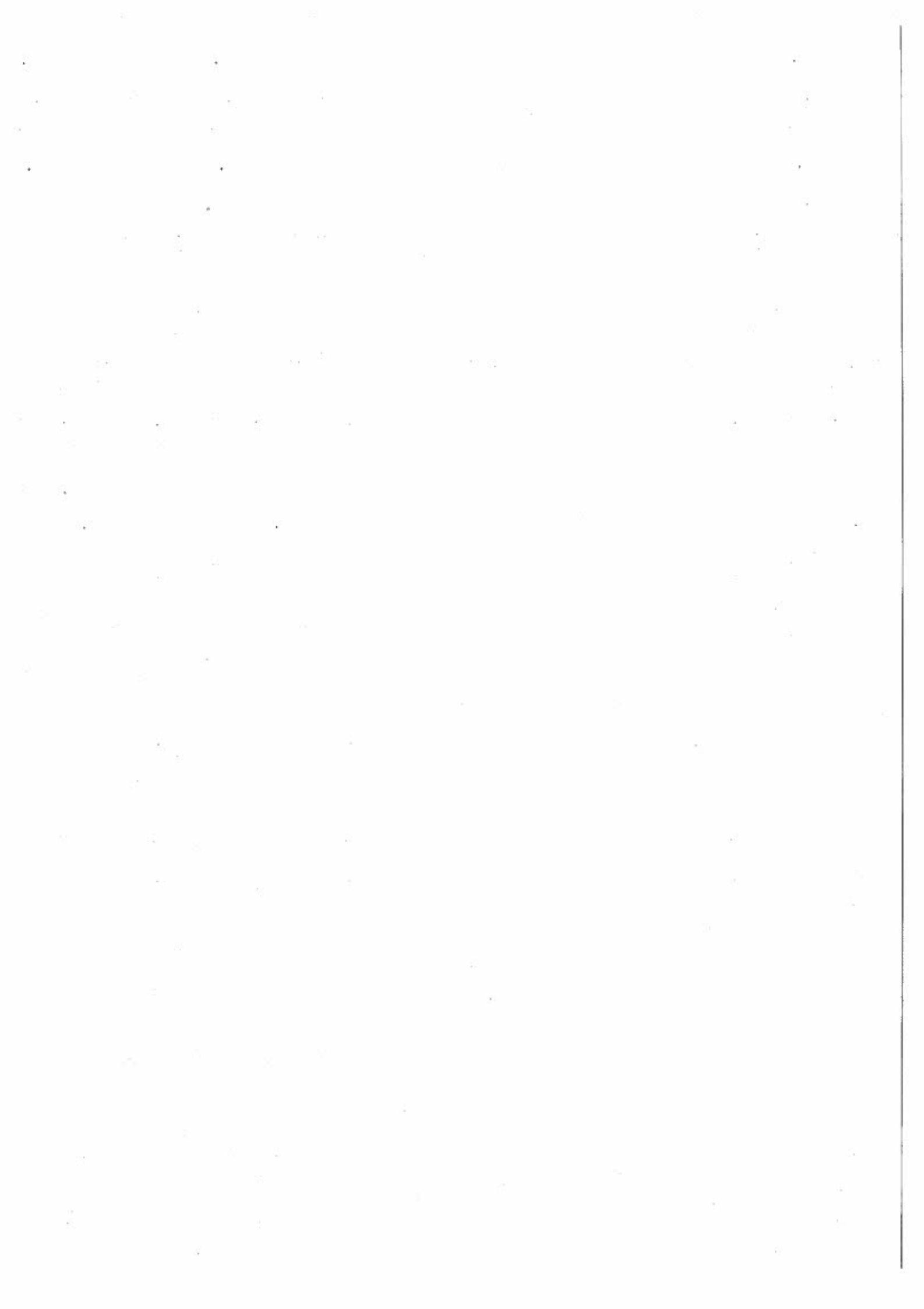
- Reduction in absolute inequalities in CVD mortality under 75 years;
- Reduction in absolute inequalities in cancer mortality under 75 years;
- Reduction in inequalities in infant mortality across social groups.

The Government's ambition is to make health inequalities a thing of the past. Progress on this is essential to our creating a high quality health and care system that delivers sustainable long term progress in improving people's health and wellbeing. As national leaders, working together and with local leaders, we have an unprecedented opportunity to make health outcomes more equitable, ensuring people from all parts of society have the opportunity to lead long and healthy lives.

Health inequalities is a challenging issue, deeply rooted in society, and a matter of social justice. Our response must be just as relentless, evidence-based and systematic. I look to your leadership to ensure that the system for addressing health inequalities is soundly established and well governed and will use this for my assessment on fulfilment of the Secretary of State's and NHS England's health inequalities duties in 2013-14. As system leaders, your focus on this issue will be a vital measure of how well we serve the people of our country.

*Yours ever
Jeremy*

JEREMY HUNT





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Appendix

Health inequalities provisions of the National Health Service Act 2006 and the Health and Social Care Act 2012: Summary

The Health and Social Care Act 2012 introduces specific legal duties on health inequalities, for the first time ever, for the Secretary of State for Health, NHS England, clinical commissioning groups and Monitor. These duties are:

Secretary of State for Health

The Secretary of State has duties to:

- have regard to the need to reduce inequalities between the people of England with respect to the benefits that may be obtained by them from the health service;
- include in his annual report on the performance of the health service in England, an assessment of how effectively he has discharged his duty to have regard to the need to reduce inequalities;
- set out in a letter to NHS England, which is published and laid before Parliament, his assessment of how it has discharged its duty to have regard to the need to reduce health inequalities, based on NHS England's annual report.

Note: Secretary of State's duty covers both NHS and public health functions, and relates to the whole population of England including those who are not registered with general practice or who are not patients. The Department's Special Health Authorities (so far as they are exercising delegated functions of the Secretary of State) and Executive Agencies are also bound by it.

NHS England

NHS England has duties to:

- have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved;

- exercise its functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where it considers that this would reduce inequalities in access to those services or the outcomes achieved;
- include in an annual business plan an explanation of how it proposes to discharge its duty to have regard to the need to reduce inequalities;
- include in an annual report an assessment of how effectively it discharged its duty to have regard to the need to reduce inequalities;
- include in an annual report an assessment of how well Clinical Commissioning Groups have discharged their duties to have regard to the need to reduce inequalities.

Clinical Commissioning Groups (CCGs)

Each CCG has duties to:

- have regard to the need to reduce inequalities in access to health services and the outcomes achieved;
- exercise its functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related services and social care services, where it considers that this would reduce inequalities in access to those services or the outcomes achieved;
- include in an annual commissioning plan an explanation of how it proposes to discharge its duty to have regard to the need to reduce inequalities;
- include in an annual report an assessment of how effectively it has discharged its duty to have regard to the need to reduce inequalities.

Monitor

Monitor has duties to:

- exercise its functions with a view to enabling the integration of NHS services or the integration of NHS services with other health-related services or social care services where it considers this would reduce inequalities in access to those services or the outcomes achieved.



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Monitor may also:

- set or modify licence conditions to enable providers of health care services for the NHS to co-operate or to provide integrated services for the purpose of reducing inequalities in access to services or the outcomes achieved.

If an NHS foundation trust is in special administration, commissioners of the services provided by the trust can only identify services as needing to continue to be provided if ceasing to provide them is likely to lead to a significant increase in health inequalities or to cause or fail to prevent or ameliorate such an increase.

