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**23 February 2016**

To:

Una O'Brien, Perm Sec, DH  
Prof Sir Malcolm Grant, Simon Stevens, NHS England  
Dr David Heymann, Duncan Selbie, Public Health England  
Ed Smith, Jim Mackey, NHS Improvement  
John Pattullo, Ian Trenholm, NHS Blood and Transplant  
Sir Mike Rawlins, Dr Ian Hudson, Medicines and Healthcare Regulatory Agency  
Silla Maizey, Nick Scholte, NHS Business Services Authority  
Ian Dilks, Helen Vernon, NHS Litigation Authority  
Copied: All DH Ministers, Chief Medical Officer, Chairs and Chief Executives of  
Executive Non Departmental Public Bodies

Dear colleague,

**Reducing Health Inequalities and the *Shared delivery plan 2015 to 2020*; and  
assessment of fulfilment of the Secretary of State's and NHS England's health  
inequalities duties in 2015-16 and beyond**

The government's vision is for measurable and sustained reductions in health inequalities to be a key part of delivering the *Shared delivery plan: 2015 to 2020* (SDP). The purpose of this letter is to set out the criteria for assessing fulfilment of the legal duties on health inequalities for me as Secretary of State and NHS England in 2015-16 and future years. It is addressed to the bodies covered by those duties, and copied to the Executive Non Departmental Public Bodies, many of which can also take action to reduce health inequalities.

***Reducing health inequalities and the SDP, Mandate to NHS England, Five Year Forward View, Evidence into Action and other strategic plans***

The SDP and the mandate to NHS England set out the government's vision and objectives to provide patients and the public with the highest quality, most compassionate health and care service in the world, built on the guiding principles of the NHS - that access to health care is based on need and not the ability to pay, and that services are not just comprehensive and available to all, but of high quality. These ambitions are reflected in the NHS's improvement plan *The Five Year Forward View*, Public Health England's *Evidence into Action* and other strategic

plans, highlighting reducing health inequalities as core to transforming the health system.

Fairness has been at the heart of the NHS since its foundation and is also the reason why it is so important to tackle health inequalities. The government's vision is for measurable and sustained reductions in health inequalities, where more people can enjoy good health throughout life, wherever they live or whatever their social position. Achieving this can only be done through work across the whole health system, with partners, in which life chances and circumstances are improved and services take progressive account of population need. The evidence shows that health inequalities continue to be shaped by the conditions in which people are born, grow, live, work and age. A lot of good work is already going on across your organisations, in the wider NHS, local government and with other partners, to reduce health inequalities - and a continued focus is needed in the period to 2020.

Reducing health inequalities is part of the SDP theme on enabling people and communities to make decisions about their own health and care. This recognises the importance of individuals and communities with poorer health outcomes shaping services to stay healthy, diagnose and treat illness, manage long term conditions and maintain independence. Reducing health inequalities will be vital to achieving several SDP objectives, such as prevention, obesity and diabetes, and reducing the mortality gap for people with mental health problems and people with learning disabilities, underpinned by improved community services through the transformation of out of hospital care. It also supports the objective to halve the rate of stillbirths, neonatal deaths and injuries and maternal deaths by 2030.

### **Progress to date and assessment criteria for 2015-16 and future years**

I set criteria for assessment in 2013-14 and 2014-15<sup>i</sup> which were designed to establish sound governance, accountability and measurement, with a view to taking more account of data, using measures in the NHS and Public Health Outcomes Frameworks (NHSOF, PHOF), as the system matures. In March 2015, a set of NHSOF indicators for inequalities assessment<sup>ii</sup> was published to support the mandate to NHS England and assessment for legal duties. My assessments for 2013-14<sup>iii</sup> and 2014-15<sup>iv</sup> were that good progress has been made across the system, but there is more to do. Moving to the next stage, we now have metrics in the SDP, PHOF and NHSOF to measure health inequalities and NHS England is developing metrics for CCG assessment. Many already have inequalities data available, others need further work. While sound governance and accountability will remain important, assessment will put a stronger focus on action taken to reduce inequalities in access, outcomes and experience shown by the data.

My assessment will be based on the criteria below. While I may refine these further in future years, I anticipate that broadly speaking they should endure for the life of the SDP, with preparation work being done in 2015-16. Each organisation will need to decide on appropriate action having considered its potential impact on health inequalities, and the application of the duty to its functions.

- 1. An evidence-based strategic approach to reducing health inequalities based on sound governance, accountability and good partnership working** along the lines set out for 2013-14 and 2014-15.

Reducing inequalities should be integral to plans to deliver the SDP, remit letters and mandates to NHS England and other bodies, *Five Year Forward View*, *Evidence into Action* and similar strategic and business plans.

2. **Systematic focused action to reduce inequalities in access, outcomes and experience based on a defined and evolving set of metrics.** These metrics will initially be based on a framework of measures in the SDP, PHOF and NHSOF (shown in the [Appendix](#)), which sit alongside NHS England's assessment framework for Clinical Commissioning Groups. Organisations should seek to develop the set as measurement systems develop and as data allow. In 2015-16 the Department should identify, in discussion with NHS England and PHE, those which will be used for assessment in 2016-17. NHS England and PHE should establish baselines for these during the remainder of 2015-16, subject to data availability.
3. **Utilize and develop the evidence of effective interventions to reduce health inequalities**, doing what is known to be effective, capturing innovation, sharing knowledge about what works and when action will impact. Many can support this, and PHE has a pivotal role in supporting the whole health and care system to interpret, develop and implement the evidence.
4. **Improve prevention, access, and effective use of services for Inclusion Health groups and families on the Troubled Families programme.** Organisations should provide appropriate support and report on their action including to improve data.

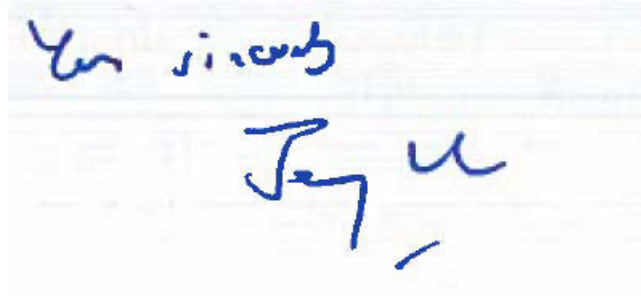
Additionally for NHS England:

5. **Continue its leadership of the health system to reduce health inequalities, including assessing and publishing on whether CCGs fulfil and report on their health inequalities duties in commissioning plans and annual reports.**
6. **Continue to take action to reduce health inequalities as part of work to deliver, with partners, the *Five Year Forward View* and the mandate to NHS England**, both of which support achievement of the SDP.

I expect you to be able to report on how you are meeting these criteria. Assessment will consider trends in specified metrics, and the scale and appropriateness of action taken. I fully recognise that reducing health inequalities is highly challenging, they are deeply entrenched and some interventions take time to impact. I will take all this into account and I expect differential progress on different measures.

Reducing health inequalities will help deliver the vision and objectives set out in the SDP and associated plans. Your leadership, working with local leaders and citizens,

will be vital in driving positive change for the whole of society as well as those who are disadvantaged.



Yours sincerely  
Jeremy Hunt

**JEREMY HUNT**

**Framework of Health Inequalities metrics 2015-16**

The framework below sets out where health inequalities metrics sit within major measurement frameworks. It is intended that metrics to support the vision of making measurable reductions are developed over time as data allow.

**VISION:** measurable and sustained reductions in health inequalities, where more people can enjoy good health throughout life, wherever they live or whatever their social position.

**SHARED DELIVERY PLAN** cross cutting theme: enabling people and communities to make decisions about their own health and care  
**Headline health inequalities metric:** Reducing inequalities in Life Expectancy and Healthy Life Expectancy

*Five Year Forward View, Evidence into Action* and other business and strategic plans support delivery of the SDP. Health inequalities measures embedded into Outcomes Frameworks, CCG assessment framework and other datasets, and developed as data allow.

**Objective:** To improve local and national health outcomes and reduce inequalities for the whole population. Reduce inequalities in access, outcomes and patient experience.

**Objective:** To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest.

**NHS Outcomes Framework**

Key inequalities metrics, 2015-16

Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare.

Life expectancy at age 75 for males and females.

Health-related quality of life for people with long-term conditions.

Unplanned hospitalisation for chronic ambulatory care sensitive conditions.

Emergency admissions for acute conditions that should not usually require hospital admission.

Patient experience of GP services.

Access to GP services.

*The following are shared with Public Health Outcomes Framework*

Under 75 mortality rate from cardiovascular disease.

Under 75 mortality rate from cancer.

Infant mortality.

**Public Health Outcomes Framework**

Key inequalities metrics, 2015-16

Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities). Measured by:

*Slope index of inequality in life expectancy at birth within England as a whole.*

*Number of upper tier local authorities for which the local slope index of inequality in life expectancy has decreased.*

*Slope index of inequality in life expectancy at birth within English local authorities.*

Gap in life expectancy at birth between each local authority and England as a whole.

*Slope index of inequality in healthy life expectancy at birth within England as a whole.*

*Slope index of inequality in life expectancy at birth within English regions.*

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<sup>i</sup> <https://www.gov.uk/government/publications/reducing-health-inequalities>

<sup>ii</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/417897/Indicators\\_acc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417897/Indicators_acc.pdf)

<sup>iii</sup> <https://www.gov.uk/government/publications/department-of-health-annual-report-and-accounts-2013-to-2014>

<sup>iv</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/447002/DH\\_accounts\\_14-15\\_web.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447002/DH_accounts_14-15_web.pdf)