REDUCING HEALTH INEQUALITIES: AN ACTION REPORT

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Introduction

1.1 One of the key aims of the Government's health strategy for England is to improve the health of the worst off in society and to narrow the health gap.

- In the 45 to 64 age group, 25% of professional women and 17% of professional men report a limiting long-standing illness, compared to 45% of unskilled women and 48% of unskilled men.
- A third of children in the UK live with at least one adult smoker, but among low-income families, the figure is 57%.
- The death rate from coronary heart disease in people under 65 is almost three times higher in Manchester than in Oxfordshire.

1.2 During the twentieth century there have been considerable overall improvements in the nation's health. Life expectancy at birth for women is now 80 years, compared with 48 in 1900; for men it is 75, compared with 44. Over the same period infant mortality has fallen from over one in ten to six per 1,000. But these and other advances have not always been achieved at a similar rate among all social groups or in all parts of the country. In particular, people who are least well-off tend to be ill more often and to die sooner. And, although, in general, people who live longer do not necessarily enjoy a longer *healthier* life, long-standing and limiting illnesses are more frequent among unskilled people.

1.3 In July 1997, twenty years after a previous Labour Government had appointed Sir Douglas Black to chair a working group on inequalities in health[1], the Secretary of State for Health appointed Sir Donald Acheson, a distinguished former Chief Medical Officer, to lead an independent inquiry:

[1] *Inequalities in Health: The Black Report* (Pelican, 1982; originally DHSS, August 1980)

TERMS OF REFERENCE OF THE INDEPENDENT INQUIRY INTO INEQUALITIES IN HEALTH 1997-8

- To moderate a Department of Health review of the latest available information on inequalities in health, using data from the Office for National Statistics, the Department of Health and elsewhere. The data review would summarise the evidence of inequalities in health and expectation of life in England and identify trends.
- In the light of that evidence, to conduct – within the broad framework of the Government's overall financial strategy – an independent review to identify priority areas for future policy development, which scientific and expert evidence indicates are likely to offer opportunities for Government to develop beneficial, cost effective and affordable interventions to reduce health inequalities.
- The review will report to the Secretary of State for Health. The report will be published and its conclusions, based on evidence, will contribute to the development of a new strategy for health.

1.4 Sir Donald's report[2], published in November 1998, made 39 recommendations, underpinned by a broad analysis of the social, economic and environmental determinants of health inequalities. This work has greatly assisted the development of our health strategy for England, which is set out in the White Paper, *Saving Lives: Our Healthier Nation*[3]. Building on our earlier Green Paper[4], this reflects the overwhelming case for tackling health inequalities.

1.5 *Saving Lives: Our Healthier Nation* makes clear that, because the root causes of ill-health are so varied, we cannot deal with them by focusing on "health" alone. We must tackle in the round all the things that make people ill. Therefore, in this report we set out the action to be taken across Government – and through partnerships between the various local and regional organisations in England – to reduce health inequalities. The report details also the breadth of our response to the recommendations of the independent inquiry.

[2] *Independent Inquiry into Inequalities in Health: Report* (Chairman: Sir Donald Acheson) (TSO, 1998)

[3] Cm 4386 (July 1999)

[4] *Our Healthier Nation* (Cm 3852, February 1998)

1.6 This is the most comprehensive programme of work to tackle health inequalities ever undertaken in this country. A number of the policies and interventions set out in this report are at an early stage or are still being developed. Inevitably it will take some time before the full effects are felt in terms of reducing the inequalities in health that have developed over a number of years.

A Fairer Society

2.1 The Prime Minister emphasised when we completed our Comprehensive Spending Review (CSR) in 1998 that the Government's aim was to build "a modern country equipped for the next century where every individual can ascend a ladder of opportunity, and every family has the support of a strong community".

2.2 Similarly, when announcing the outcome of the CSR, the Chancellor of the Exchequer pledged the Government to promote "opportunity for all and make Britain a fairer place".

Raising living standards and tackling low income

We recommend policies which will further reduce income inequalities, and improve the living standards of households in receipt of social security benefits ... (Independent Inquiry into Health Inequalities, recommendation 3)

- Nearly one in five working age households has no one in work.
- One in five people in Great Britain have persistently low incomes.
- In 1996/97 four and a half million children were being brought up in families with below half average income, three times the number 20 years ago.

2.3 Building a fairer society is a central commitment of this Government. That means promoting social inclusion and increasing opportunities for *all* members of society to enjoy the best possible health and general well being, and to be able to participate fully in the economic and social life of the community in which they live.

2.4 We intend to tackle the *causes* of poverty and social exclusion, not just to alleviate the *symptoms*. In our first annual report on poverty and social exclusion later this year we shall set out, among other things, progress on policies to tackle the problem of

worklessness. They include the New Deals for Employment, tax and benefit reforms to make sure that work pays, reform of the employer's national insurance contribution to help remove barriers to employment, and policies to improve skills through education and training (see also sections 4 and 5 below). But we recognise the need to provide security for those who cannot work. We shall help them in a number of ways, including:

Families with children

- An increase of £4.70 a week from October 1999 in the child premium in the income related benefits (IRBs) for children under 11
- Additional increases from April 2000 in the family and child premiums in the IRBs to match increases in Child Benefit

Disabled people

- *Extra help for young people disabled early in life*: reform of Severe Disablement Allowance (SDA) to give people who are disabled and claim benefit before the age of 20 access to a higher rate of benefit than they would get from SDA and Income Support. The age limit is extended to 25 for those in higher education and vocational training whose course began before they were 20.
- *Extra help for severely disabled people with the greatest care needs and the lowest incomes*: Disability Income Guarantee will provide extra help in income-related benefits for people who receive the highest rate care component of Disabled Living Allowance (DLA).
- *Extra help with mobility costs for families with severely disabled small children*: Entitlement to the higher rate mobility component of DLA will be extended to severely disabled children aged 3 and 4.

Pensioners

- A new Minimum Income Guarantee (at least £75 a week for single pensioners; £116.60 for a couple). This will make the poorest pensioners at least £160 a year better off in real terms from April 1999.
- The Minimum Income Guarantee will be uprated relative to earnings in April 2000 so that single pensioners will be an estimated £250 a year better off than in April 1998.
- A five-fold increase in the winter fuel payment and a new, more generous Home Energy Efficiency Scheme (see paragraph 6.5).

2.5 As a result of the last two Budgets, and the introduction of the National Minimum Wage, the poorest fifth of families with children will be, on average, over £1,000 a year better off. Beyond that, we have set ourselves the aim of ending child poverty over the next 20 years. This will be done by tackling a series of related factors, such as low family incomes, low educational attainment, poor housing and poor health.[5]

2.6 The 1999 Budget also provided additional spending of £1.1 billion to ensure that everyone has access to high quality public services. This is on top of the £40 billion extra for health and education announced in the Comprehensive Spending Review for the three years from April 1999.

Mothers and families

We recommend a high priority is given to policies aimed at improving health and reducing health inequalities in women of childbearing age, expectant mothers and young children (rec 2).

We recommend policies which reduce poverty in families with children by promoting the material support of parents; by removing barriers to work for parents who wish to combine work with parenting; and by enabling those who wish to devote full-time to parenting to do so ... (rec 21)

We recommend policies that promote the social and emotional support for parents and children ... (rec 23)

- The life expectancy of a baby boy with parents in the professional or managerial groups is estimated to be about five years more than one born to parents in partly skilled or unskilled occupations.
- Mortality rates in the UK are about twice as high in infants of mothers born in Pakistan and the Caribbean Commonwealth compared to the national average.
- At the age of five children in the North West NHS region have 59% more tooth decay than those in the former South Thames region and, at 12 years, 75% more.

[5] Parliamentary written answer by the Prime Minister, 29 March 1999 (Hansard, col 496)

2.7 We intend to create the social conditions and provide the support that families need to help secure the well-being of children and protect partnerships. The details of our family policy were set out in a consultation document in November 1998.[6]

2.8 We shall implement a range of policies to help parents into work, and to help them balance work with their caring roles:

- A national strategy to improve the quality, accessibility and affordability of **child care** includes a £300 million initiative to fund **out-of-school clubs** from Lottery money and the introduction of **child care tax credits**.
- The **New Deal for Lone Parents** (£190 million over three years) offers lone parents on income support help to find a job, as well as advice and training. From October 1999 lone parents will continue to receive income support in their first two weeks at work.
- The **Working Families Tax Credit**, which replaces family credit in October 1999, will provide a minimum income for working families of £200 per week.
- A new **Children's Tax Credit**, worth £416 a year, will replace the married couple's allowance for under 65s from April 2001.

2.9 These policies complement the increase in Child Benefit to £15 a week for the first child and £10 for each subsequent child from April 2000. This is on top of a £2.95 increase for the eldest child announced last year and by the extra help we are providing for non-working families with children (see paragraph 2.4).

2.10 We shall improve support for mothers, children and their families in a number of other ways, including:

- Sure Start programmes, described in more detail at paragraph 4.1, will work with parents to promote the physical, intellectual and social development of pre-school children, particularly those who are disadvantaged. A Sure Start maternity grant will replace the existing maternity payment. Payment for each child will be doubled from £100 to £200.

[6] *Supporting Families* (Home Office, 1998)

- The development of the health visitor role through an innovation fund for health visiting and school nursing (£1 million in 1999/00) will enable health visitors to respond more readily to initiatives to support expectant mothers and parents with young children and to develop a modern family-centred public health role. A strategy is being developed to enable the nursing profession as a whole to address the effects of poverty and health inequalities.

- Standards of care for looked after children and other children needing social services support are being improved through the 'Quality Protects' initiative (£375 million over three years). This will contribute also to better family support through improved assessment of the needs of children and their families and by encouraging a better range and level of services.

Older people

We recommend policies which will promote the material well being of older people ... (rec 27)

We recommend policies which will promote the maintenance of mobility, independence, and social contacts ... (rec 29)

We recommend the further development of health and social services for older people, so that these services are accessible and distributed according to need (rec 30).

- Life expectancy at age 65 is 2.6 years greater for men, and 2 years greater for women, from the professional and managerial groups than for those who are partly skilled or unskilled.
- Long standing illness is more prevalent in unskilled men over 65 (72%) than in those from professional groups (53%).
- Mortality rates of people aged 60 to 74 living in local authority rented accommodation are 16% above the national average compared to 13-14% below the average for those in owner occupied housing.

2.11 In addition to increasing the incomes of the poorest pensioners (see paragraph 2.4), we announced in this year's Budget an extra £1 billion to take 200,000 pensioners out of income tax altogether. We are also helping pensioners with free eye tests and concessionary travel fares.

2.12 We established a Royal Commission on Long-Term Care for the Elderly, to examine options for a sustainable system of such care and to recommend how the cost should be divided between public funds and those of older people themselves. The Royal Commission reported in March this year[7]. We are currently considering its recommendations.

2.13 We have set a national priority for health and social services (see paragraph 3.7) to help adults to achieve and sustain maximum independence in their lives. This includes targets to reduce unplanned and avoidable admissions to hospital of people over 75 and requires a range of preventive services and the improvement of older people's opportunities for optimal recuperation and rehabilitation. New "Promoting Independence" special grants have been made to local authorities to promote partnership between health and social services, to support carers and to develop preventive services. More generally, the Department of Health's National Service Framework for older people (see paragraph 10.3) will set national standards and define service models.

[7] *With Respect to Old Age: Long-Term Care – Rights and Responsibilities* (Cm 4192, 1999)

Building Healthy Communities and Tackling Inequalities

We recommend that as part of health impact assessment, all policies likely to have a direct or indirect effect on health should be evaluated in terms of their impact on health inequalities, and should be formulated in such a way that by favouring the less well off they will, wherever possible, reduce such inequalities (rec 1).

We recommend that the needs of minority ethnic groups are specifically considered in the development and implementation of policies aimed at reducing socio-economic inequalities ... (rec 31)

We recommend the further development of services which are sensitive to the needs of minority ethnic people and which promote greater awareness of their health risks (rec 32).

3.1 As noted above, we shall complement our tax and benefit reforms with fundamental strategic action to tackle the broader social exclusion issues with which, as the Acheson inquiry showed, health inequalities are linked so closely. For example:

- the New Deal for Communities (£800 million over three years) will help regenerate the most deprived neighbourhoods by focusing on better economic and employment opportunities, improving health, education and quality of life, and offering better neighbourhood management;

- the re-shaped Single Regeneration Budget (£2.4 billion over three years) is being targeted at the most deprived local authority areas.

3.2 Within this framework there are important developments affecting health policy and local health services, notably the introduction of health improvement programmes in every part of the country to identify and meet local health and health care needs (see paragraph 3.7).

- Primary care groups (PCGs) are setting the framework for local service delivery and promoting health improvement. PCGs are also developing wider roles for professional staff, such as health visitors (see paragraph 2.10).

- Health action zones are developing local strategies to improve health and reduce health inequalities and fostering new approaches to working in partnership. £290 million is being made available over three years, including £10 million this year for smoking cessation services. There are now 26 HAZs, in both urban and rural areas, covering 13 million people (*see Annex A*). Three of these zones are in coalfield areas where regeneration is being assisted by a number of measures recommended by the Coalfields Taskforce, including £45 million over three years for the Coalfields Regeneration Trust. New flexibilities for HAZs are being introduced into the relationship between health and local authorities to encourage better co-ordinated and seamless services.

- Healthy living centres are being established with £300 million from the National Lottery. This initiative will fund innovative projects, especially in the most deprived areas, which are intended ultimately to reach at least 20% of the population. Applications are currently being invited by the New Opportunities Fund[8].

3.3 More generally, the Social Exclusion Unit (SEU) in the Cabinet Office is spearheading a massive re-examination of policy[9]. 18 cross-cutting policy action teams (*see Annex B*), involving ten Whitehall departments and many outside experts, are examining what needs to be done to get people into work, to improve community infrastructure and access to services, to build a future for young people and to foster better government at all levels.

3.4 The SEU has also published a national action plan to tackle teenage pregnancy (see paragraph 9.18).

[8] *Healthy Living Centres: Information for Applicants* (NOF, 1999); Health Service Circular 1999/009 (NHS Executive, January 1999)

[9] See *Bringing Britain Together: a national strategy for neighbourhood renewal* (SEU, September 1998)

Tackling health inequalities

3.5 As noted in the introduction to this report, health inequalities vary significantly between one place and another and from one social group to another. There are inequalities of gender and between ethnic groups (see paragraph 3.9), as well as special issues for differing age groups. There are also complex links between different types of inequality and their causes.

3.6 This is why *Saving Lives: Our Healthier Nation* establishes challenging national targets in the four public health priority areas of coronary heart disease and stroke, cancer, injury prevention and suicide, to be matched by tough local inequalities targets, reflecting the different aspects and varied extent of inequality across the country.

Saving Lives: Our Healthier Nation **targets**

- To reduce the death rate from coronary heart disease and stroke and related diseases in people under 75 by at least two fifths by 2010
- To reduce the death rate from cancer in people under 75 by at least one fifth by 2010
- To reduce the death rates from accidents by at least one fifth and to reduce the rate of serious injury from accidents by a least one tenth by 2010
- To reduce the death rate from suicide and undetermined injury by at least one fifth by 2010

Achievement of these targets will play an important part in reducing health inequalities.

3.7 *Saving Lives: Our Healthier Nation* emphasises the importance of assessing locally what needs to be done to reduce health inequalities and of targets being set and outcomes identified at that level. This is a shared priority for health and social services, set out in national guidance last year[10]. We shall ensure that challenging, but achievable, targets for closing the health gap are set at local level and are monitored through the NHS Performance Assessment Framework. Health action zones are already leading the way. Three-year health improvement programmes will identify local health needs, including inequalities, translate aims into measurable targets and establish monitoring and accountability arrangements with local partners. At national level we shall work with the Health Development Agency to promote campaigns designed to reduce health inequalities.

3.8 We intend to subject major policies to health impact assessment. This technique has already been applied in some sectors of Government: for example, to our regeneration strategy and to fuel poverty. We shall extend it to other major areas of policy development across Government and ensure that the impact on health inequalities is properly addressed.

3.9 People from black and ethnic minorities constitute over 6% of the total population of Great Britain, with nearly half living in Greater London. All of the ethnic minority groups have a younger age profile than the white population. The needs of black and ethnic minorities require specific consideration since, as several of the examples of inequality in this report show, ethnic minority disadvantage cuts across all aspects of deprivation. As the Acheson report put it, "policies to consider inequalities in health should include consideration of the application of these policies to minority ethnic groups as a matter of course, including ways of ensuring that racial prejudice and harassment are overcome."

3.10 *Saving Lives: Our Healthier Nation* makes clear our determination to tackle racism and racial discrimination wherever it occurs. That means investigating and acknowledging problems and taking action to deal with them. Our national priorities guidance

[10] *Department of Health, Modernising Health and Social Service: National Priorities Guidance 1990/00 – 2001/02* (September 1998)

highlighted the importance of ensuring fair access to health and social services for ethnic minority groups. The present report includes a range of initiatives that will help to reduce inequalities affecting ethnic minorities, including action on mental health (see paragraph 9.16) and within the health service generally (paragraph 10.3). A number of the action zones for health, employment and education are in areas with a relatively high ethnic minority population.

3.11 We are examining what data will be needed on health inequalities and their causes to inform policy and to monitor progress. The Health Survey for England already provides a mechanism for monitoring a number of inequalities and is being developed to meet further information needs in this area. Ethnic minorities and social exclusion are respectively the special focus of the 1999 and 2000 Surveys, and the latter will also pay particular attention to the health of older people (as the 1997 Survey did to the health of children and young people).

3.12 The Acheson inquiry itself reviewed a wide range of data, including figures collected and published by the Office for National Statistics.[11] We expect to learn also from the 2001 census, which will provide new socio-demographic information, and from research commissioned by the Department of Health, whose current inequalities in health research initiative includes projects on day care, breastfeeding, smoking, sexual health, mental health, health impact assessment, health authority commissioning and equity audit.

3.13 We must enhance the evidence base so that we can be sure of what needs to be done and that progress to reduce particular health inequalities is achievable.

[11] See Frances Drever and Margaret Whitehead (ed) *Health Inequalities : Decennial Supplement* (ONS Series DS No5, 1997)

Education and Early Years

We recommend the provision of additional resources for schools serving children from less well off groups to enhance their educational achievement ... (rec 4)

We recommend the further development of high quality pre-school education so that it meets, in particular, the needs of disadvantaged families ... (rec 5)

We recommend the further development of "health promoting schools", initially focused on, but not limited to, disadvantaged communities (rec 6).

- At the age of 22 months children with parents in the professional and managerial groups who have received higher education are 14% higher up the educational development distribution than those with parents who are partly or unskilled or have low educational attainment.
- Children in receipt of free school meals (about 15% of pupils in England) have lower educational achievement than other children.
- In 1997 the rate of unemployment for people with no qualifications was double that for people with five or more GCSE passes at grades A* to C (or the technical equivalent).

4.1 The Government's commitment to early years education was set out in the White Paper, *Excellence in Schools*[12]. Sure Start programmes will build on existing services to provide, among other things, a range of child care, early education and play facilities, primary health care for children and mothers, outreach services, and advice and support for parents, including support for breastfeeding. These services will be free to those on low incomes and available at a fair cost to other families in the catchment area where they are not already available free.

[12] Cm 3681 (July 1997)

4.2 The CSR identified an additional £19 billion for education over the next three years. This will help transform educational standards and give all our young people the opportunity to realise their potential and ultimately to improve their chances of finding a suitable job. *Excellence in Schools* commits us:

- to ensure a major boost to literacy and numeracy by the age of 11;
- to cut truancy and exclusion from school;
- to raise attainment levels among secondary school children and increase the proportion of those from lower income homes staying on in education.

4.3 We have established an initial 25 education action zones to raise pupil attainment, tackle educational disadvantage and work closely with other local services to break down social exclusion. A further group of EAZs is planned.

4.4 The Healthy Schools Programme (£4 million in 1999/00) is based on a series of health and education partnerships. It aims to create a healthy ethos in schools and improve children's self-esteem and well-being. Eight pilot partnerships were established last year to inform the development of the programme nationally. Other activities in the first phase include a "Wired for Health" website linked to the National Grid for Learning, a focus on schools as healthy workplaces for teachers, a series of events concentrating on nutrition and cooking skills (see paragraph 9.10) and a competition to promote safe and healthy travel to school (see paragraph 8.3).

4.5 The Acheson report noted that "with the important exception of children who are excluded or who truant, schools are one of the few contexts in which health promotion interventions can reach most children and young people". As outlined in *Saving Lives*, we intend to improve the health skills of teenagers and other groups. We intend to strengthen both the citizenship component of the National Curriculum and Personal, Social and Health Education within primary and secondary schools.

4.6 Participation in sport and physical activity can make a big difference to an individual's health. Physical education remains a foundation subject of the National Curriculum and the Government has recently issued a "statement of aspiration" that all pupils should receive at least two hours of physical activity a week, either through curriculum provision or after-school activities. Sport England (formerly the English Sports Council), through its Active Schools programme and supported by Lottery money, is developing a sound framework for sports provision and PE in schools. The Department for Culture, Media and Sport will commission research to assess the health impact on individuals and communities of participation in arts and sports related activities. This follows a policy action team report on arts and sports.

Employment

We recommend policies which improve the opportunities for work and which ameliorate the health consequences of unemployment ... (rec 8)

We recommend policies to improve the quality of jobs, and reduce psychosocial work hazards ... (rec 9)

- The number of men in a "low pay, no pay" cycle or in a low paid, long-term job has doubled since the early 1980s from one in 14 to one in seven.
- Workless rates are four times higher among unskilled workers than among professional groups and three times higher for people with disabilities than those who are not disabled.
- A middle aged man who loses his job doubles his chances of dying in the next five years.

5.1 The Government is committed to providing people who are unable to work with the help and experience they need to secure employment. Where this is not possible, extra help may be available: for example, through income guarantees or tax credits. Building on our educational reforms, we want to encourage lifelong learning: giving everyone the opportunity, over the years, to improve his or her knowledge and skills.

5.2 The New Deals for Employment (£3.9 billion to 2000/1 funded from the "windfall levy") will assist young people aged 18-24 who have been claiming jobseeker's allowance for six months and those aged 25 and over who have been out of work for two years. These arrangements, which bring employers together in local partnership with statutory and voluntary agencies, offer tailored work experience to help individuals to achieve their potential.

5.3 The New Deal for people over 50, announced in this year's Budget, will offer advice to people who have been on benefit for more than six months and help them back into work. A new employment credit for the over 50s will tackle low income levels of those moving into work.

5.4 Through the New Deals, we have already helped 55,000 young people, 6,000 longer-term workless people and 6,000 lone parents back into work. We intend to complement these arrangements by establishing at least 14 employment action zones to develop new approaches to employment in areas with high concentrations of workless people.

5.5 The healthy workplace initiative (£1 million Department of Health funding in 1999/00) will strengthen the partnerships necessary to improve the overall health of the workforce and help to protect employees from avoidable harm. In particular, the Department of Health and the Health and Safety Executive are developing new approaches to health and work that seek to achieve better productivity, reduced absence rates, fewer accidents and less illness. The HSE is developing a new long-term occupational health strategy for Great Britain, one aspect of which is the collection of better occupational health information to help address future needs in this area. In addition, the Health and Safety Commission is developing with the Department of Health advice on ways in which occupational health support, particularly for people in small businesses, could be made more accessible.

5.6 We are introducing "family friendly" policies to enable people to balance their working and family lives better. These include improved child care (see paragraph 2.8), the introduction of parental leave and the adoption of the Working Time Regulations. A number of other initiatives, including an HSC discussion document, are aimed at reducing stress, the main psychosocial work hazard.

Housing

We recommend policies which improve the availability of social housing for the less well off within a framework of environmental improvement, planning and design which takes into account social networks, and access to goods and services (rec 10).

We recommend policies which aim to improve the quality of housing ... (rec 12)

We recommend the quality of homes in which older people live be improved ... (rec 28)

- Among officially homeless households 57% have dependent children and 10% have a household member who is pregnant. Over a third of officially homeless people are from ethnic minority groups.
- Properties in bad condition are occupied disproportionately by older single people and people from ethnic minority groups are generally more likely to be poorly housed than white people.
- In 1996 there were at least 4.3 million "fuel poor" householders who needed to spend 10% of their income just to keep their homes warm.

6.1 Housing plays a key role in the Government's social agenda. We aim to offer everyone the opportunity of a decent home so as to promote social cohesion, well-being and self-dependence. Local housing strategies will be linked to other local planning strategies, such as those for land-use planning, health and transport.

6.2 The CSR identified an additional £3.9 billion for housing over the next three years. We have already provided additional resources through the capital receipts initiative (£800 million in 1997/8 and 1998/9), about a sixth of which were used by local authorities to provide additional social housing in partnership with registered social landlords. About 50,000 new lettings were created in 1998/9.

6.3 We are mounting a substantial drive to improve the housing stock. We are addressing space and amenity standards in multi-occupied houses. We are actively encouraging the fitting of smoke alarms.

6.4 Local authorities will be required to set targets for their housing investment programmes and for the quality of the service they provide. A new Housing Inspectorate will be established under the auspices of the Audit Commission to monitor performance. We have proposed a new financial framework for local authority housing to help authorities make better investment decisions and more effective use of their assets.

6.5 Our programme for tackling fuel poverty was recently published for consultation. A major part of this is a new scheme (£300 million over two years from 2000/01) to promote home energy efficiency and so to provide warmer, healthier homes for those who are most vulnerable to cold-related ill health. We have already cut VAT on domestic fuel to reduce heating costs. The winter fuel allowance for pensioners will be increased from £20 to £100.

Homeless people

We recommend policies which improve housing provision and access to health care for both officially and unofficially homeless people (rec 11).

6.6 Following an SEU report last year, the Government aims to reduce the number of people sleeping rough by two thirds by 2002. A new London Rough Sleepers Unit with a budget of £145 million over three years has started to tackle the full range of needs of people sleeping rough in the capital. A £34 million Homeless Action Programme will tackle the problems of rough sleeping and single homeless people outside London. As part of this, more flexible primary care services are being piloted under the new Primary Care Act, and the Department of Health is sponsoring research to identify difficulties in obtaining access to GPs. A more general aim – on which health action zones in particular, and maybe some healthy living centres, are likely to have an impact – is to reintroduce homeless people to "mainstream" services.

6.7 Since 1990 the Department of Health's Homeless Mentally Ill Initiative has provided support and accommodation for rough sleepers with mental health problems. This currently provides five outreach teams and ten high-care hostels offering 150 beds and 180 places for supported "move-on" accommodation. The annual cost in 1999/00 will rise to £4.7 million, of which £3.2 million will be spent by the London Rough Sleepers Unit.

Reducing Crime

We recommend the development of policies to reduce the fear of crime and violence, and to create a safe environment for people to live in (rec 13).

- Nationally 40% of crime occurs in just 10% of areas. 10% of residents in inner city areas are burgled at least once in a year, double the rate elsewhere.
- 25% of ethnic minority residents in low income multi-ethnic areas say that racially motivated attacks are a very or fairly big problem for them.
- A study in Glasgow showed that drug-related emergency admissions to hospital were over 30 times higher among people from the most deprived areas compared with those from the most affluent areas.

7.1 People should be able to live safely and to *feel* safe. We are introducing a £250 million programme to reverse rising crime levels, to reduce the fear of crime, and to provide evidence of cost-effective techniques for tackling crime. We have already launched initiatives relating to domestic burglary and targeted policing, and more will follow. There has also been research within the NHS into the impact of crime on the health of victims[13].

7.2 The New Deal for Communities and the Single Regeneration Budget are providing complementary support for community crime reduction as part of comprehensive or local regeneration schemes.

7.3 We are taking vigorous action to tackle drug misuse which, as well as ruining lives, is an unpleasant feature of so many deprived areas and a major source of organised crime. We have appointed a national Anti Drugs Coordinator and put in place a strategy to help people resist and overcome drug misuse and to protect our communities from drugs-related crime. We are investing £4 million for drug prevention work in the first 11 health action zones (see Annex A).

[13] Fred Robinson et al (1998) *Exploring the Impacts of Crime on Health and Health Services: A Feasibility Study* (University of Durham Department of Sociology and Social Policy for Northern and Yorkshire NHS Region)

Transport and Mobility

We recommend the further development of a high quality public transport system which is integrated with other forms of transport and is affordable to the user (rec 14).

We recommend further measures to encourage walking and cycling as forms of transport and to ensure the safe separation of pedestrians and cyclists from motor vehicles (rec 15).

We recommend further steps to reduce the usage of motor cars to cut the mortality and morbidity associated with motor vehicle emissions (rec 16).

We recommend further measures to reduce traffic speed ... (rec 17)

We recommend concessionary fares should be available to pensioners and disadvantaged groups throughout the country ... (rec 18).

- Pedestrian fatality rates for children of unskilled parents are five times higher than those of professional parents and are higher for boys than for girls.
- At the 1991 Census people living in accommodation rented from a housing association or local authority were nearly four times as likely to have no access to a car as those in owner occupied housing.
- Most local authorities operate some form of concessionary travel fare scheme for older people, but the scope of these varies and take-up in rural areas is just under 40%.

8.1 Public transport is a lifeline for many people. The Government's White Paper on transport[14] envisaged an attractive, integrated, safe, high quality public transport system. We also want to get people out of cars and back on their own feet or onto bicycles where possible, but in a safe environment. This not only reduces pollution but is good for individual health, helping, among other things, to reduce the risk of coronary heart disease and stroke.

[14] *A New Deal for Transport: Better for Everyone* (Cm 3922, July 1998)

8.2 The Deputy Prime Minister said of the White Paper, "it will help to improve how we travel for work and leisure by tackling congestion and making it possible for people to choose top quality public transport. These new plans will be a powerful weapon to alleviate poverty, improve access to jobs and to markets, safeguard the environment and strengthen families and communities".

8.3 The CSR increased funding for transport by £1.7 billion over three years. Key elements of the strategy include:

- targets to reduce road accident fatalities and serious injuries by 2010 and a comprehensive national road safety strategy to underpin those targets;

- five-year local transport plans, backed by additional funding of £700 million over three years and new powers to charge road users, so that funding of public transport and safe walking and cycling initiatives can be improved, and that local road casualty reduction targets and strategies, reflecting the national targets, can be implemented. Local strategies will be aimed, among other things, at tackling congestion, poor air quality and encouraging more responsible car use;

- a national minimum standard for concessionary fares for older people. This will guarantee at least half fare on buses for all pensioners holding an annual pass costing a maximum of £5;

- cutting mortality and morbidity arising from vehicle emissions through the promotion of greener, cleaner vehicles and the reduction of traffic levels where environmental damage is occurring. In this year's Budget vehicle excise duty was reduced for cars under 1100cc;

- a comprehensive review of road speed policy;

- targets for doubling the number of cycle journeys by 2002 (and a further doubling by 2012) and for increasing journeys on foot;

- establishing a School Travel Advisory Group to develop recommendations for reducing the number of children being driven to school.

8.4 The public-private partnership for London Underground is going ahead and will deliver the modern system that London needs. London Transport is also exploring with Railtrack whether they can deliver integrated projects that will create new services for passengers running into the heart of the capital.

Public Health Issues

We recommend policies which promote the adoption of healthier lifestyles, particularly in respect of factors which show a strong social gradient in prevalence or consequences ... (rec 26)

9.1 We demonstrated our commitment to improving public health by appointing the first Minister for Public Health. We have now produced a comprehensive health strategy which places the reduction of inequalities at its heart. An important part of our programme is the encouragement of active and healthy lifestyles both for individuals and as part of community approaches.

9.2 The CSR made available an additional £21 billion over three years to modernise the NHS and to build a healthier nation. This year we have added £100 million to modernise accident and emergency departments and, drawing on the example of the NHS Direct helpline, which now covers some 20 million people and will extend to the whole of England by the end of 2000, to improve fast access to patient services. This will include setting up 20 pilot walk-in centres. A further £100 million from Lottery funds will provide new equipment for cancer services.

9.3 A Public Health Development Fund of £96 million over three years, announced in *Saving Lives: Our Healthier Nation*, will encourage innovation in public health, including initiatives to reduce inequalities. We have recently announced an initial set of 24 health improvement beacons from among the best public health services and are funding them to disseminate good practice.

9.4 Action to implement our strategy will be required across a broad front. But, as the Acheson report and our own White Paper have highlighted, there are certain areas of public health that are particularly associated with health inequalities.

Nutrition

We recommend further measures to improve the nutrition provided at school ... (rec 7)

We recommend a comprehensive review of the Common Agricultural Policy's impact on health and inequalities in health ... (rec 19)

We recommend policies which will increase the availability and accessibility of foodstuffs to supply an adequate and affordable diet ... (rec 20)

We recommend policies which improve the health and nutrition of women of child-bearing age and their children with priority given to the elimination of food poverty and the prevention and reduction of obesity ... (rec 22).

We recommend policies which increase the prevalence of breastfeeding (rec 22.1)

- People in lower socio-economic groups tend to eat less fruit and vegetables and less food that is rich in dietary fibre than other groups. They are also more likely to smoke.
- Women are more likely than men to eat wholemeal bread, fruit and vegetables at least once a day and to drink semi-skimmed milk.
- People in lower income groups tend to pay more for their food because the physical inaccessibility of large retail outlets, such as out of town supermarkets, necessitates expenditure on transport or paying higher prices in small local shops.

9.5 The Government wants everyone to be able to make healthy eating choices. Some deprived neighbourhoods are characterised by lack of easy access to shops that sell goods, including food, at reasonable prices. One of the Social Exclusion Unit's policy action teams on neighbourhood renewal has been looking at ways of improving shopping access in these areas. We hope to issue its report as a discussion paper later this year.

9.6 The Government has played a leading role in negotiating changes to the European Common Agricultural Policy, a significant step towards securing a competitive and sustainable industry with a stronger market focus. When fully implemented, these reforms will cut food bills in the United Kingdom by £1 billion per annum, equivalent to £65 for a family of four provided that the likely reduction in market prices is passed on to the consumer. The Government wants to go further but will need support from other members of the European Union.

9.7 We want to secure reductions in the amount of salt in people's diet, a recommendation of the Acheson report and the Committee on Medical Aspects of Food and Nutrition Policy. This would help to reduce strokes and coronary heart disease. Following a high-level seminar, organised at the request of the Department of Health by the Faculty of Public Health Medicine and the British Heart Foundation, we have begun a series of meetings with the food industry to explore ways of reducing the salt content of processed food. A number of the major retailers have taken action themselves to reduce the salt content of their own brand products and lower salt alternatives are increasingly becoming available. We shall provide clear information on the risks of high salt intake.

9.8 We are helping to prevent obesity and heart disease though initiatives to provide information about a healthy and balanced diet and the importance of physical activity, especially for young people (see paragraph 4.6).

9.9 We are working to increase awareness of the benefits of breastfeeding. As well as assisting the main voluntary bodies in this area, we support annually the National Breastfeeding Awareness Week and are funding research to identify barriers to breastfeeding among lower income groups. Infant feeding advisers have been appointed to develop and implement strategies for promoting breastfeeding, in particular to increase the incidence of breastfeeding among groups where the breastfeeding rate is lowest.

9.10 A number of programmes are aimed at improving the nutrition of schoolchildren and their awareness of healthy eating. These

include healthy schools initiatives, such as “Cooking for Kids” (see paragraph 4.4), the funding of a series of resource packs linked to the National Curriculum, the development of breakfast clubs and research to establish practical ways of encouraging children to eat fruit and vegetables. We plan to re-establish national nutritional standards for school meals.

Fluoridation

We recommend the fluoridation of the water supply (rec 22.2).

9.11 As noted above paragraph 2.7 there are wide geographical inequalities in dental health. We have commissioned an up-to-date scientific review of fluoride and health. If this confirms the view that water fluoridation improves dental health and that there are no significant risks, we shall oblige water companies to fluoridate the water supply where there is strong local support. We envisage testing this support through local authorities.

Tobacco and alcohol

We recommend the further development of programmes to help women to give up smoking before or during pregnancy, and which are focused on the less well off (rec 22.3).

We recommend policies to reduce tobacco smoking including: restricting smoking in public places; abolishing tobacco advertising and promotion; and community, mass media and educational initiatives (rec 26.2).

We recommend making nicotine replacement therapy available on prescription (rec 26.4).

We recommend policies which reduce alcohol-related ill health, accidents and violence, including measures which at least maintain the real cost of alcohol (rec 26.5).

- In 1996 12% of men in professional jobs smoked compared to 40% of men in unskilled manual occupations. Among women the proportions are 11% and 36%.
- Children whose parents smoke are more likely to develop lung illness and other conditions such as glue ear and asthma than children of non-smoking parents.
- Mean alcohol consumption is highest in mining and industrial areas (13 units per week) and lowest in "mature" and rural areas (10.6 and 10.7 units).

9.12 Smoking kills. It is the greatest cause of preventable disease and a major source of health inequality. Our White Paper[15], published in December 1998, sets out a comprehensive strategy for reducing tobacco use and protecting non-smokers from the effects of smoking. With additional resources of £100 million over the next three years, we are aiming in particular to reduce the number of under 16s who smoke; to offer special support to pregnant women; and to help adults, especially disadvantaged people, to give up smoking (including a week's course of nicotine replacement therapy free of charge to those least able to afford it). We shall spend up to £50 million on a media campaign to influence attitudes and £35 million to tackle tobacco smuggling.

9.13 We are banning tobacco advertising and sponsorship and are consulting on draft regulations to introduce an advertising ban in December 1999, two years earlier than required by the European Directive. We are developing an agreement with the hospitality trade which recognises that non-smoking is the norm and will set out principles aimed at increasing facilities for non-smokers and the availability of clean air. The Health and Safety Executive will be consulting shortly on a new code of practice on smoking in the workplace.

9.14 We are developing a new national strategy to tackle alcohol misuse in all its forms. This will include action across Government, as well as the voluntary sector and industry. We intend to publish outline proposals this summer and, following consultation, an agreed strategy in 2000.

[15] *Smoking Kills* (Cm 4177, December 1998)

Mental health

We recommend measures to prevent suicide among young people, especially among seriously mentally ill people (rec 24).

We recommend policies which reduce the excess mortality from accidents and suicide in young men ... (rec 34)

We recommend policies which reduce psychosocial ill health in young women in disadvantaged circumstances, particularly those caring for young children ... (rec 35)

9.15 In December 1998 we published our strategy[16] on the future of mental health services aimed at improving the standard of services and evening out unacceptable variations in quality and provision. This will be underpinned by a National Service Framework for mental health (see paragraph 10.3), a review of mental health legislation and unprecedented new investment, including an additional £84 million over three years for improving child and adolescent mental health services. We are also reviewing research needs.

9.16 We are taking steps to address the particular needs of women, young men and people from ethnic minorities who have mental health problems. The Department of Health is funding a number of local schemes, including the Asian Family Counselling Services, and the African Caribbean Mental Health Association, which works towards rehabilitation and reintegration. We have established a pilot helpline in Manchester (Campaign Against Living Miserably or CALM) which, through the provision of advice, guidance, information and counselling, provides a safety net for young men and helps to reduce the stigma that can be attached to depression and mental illness. We are looking to support similar helplines in other areas in partnership with local agencies.

[16] *Modernising Mental Health Services: safe, sound and supportive* (DH, 1998)

9.17 There has been a decline in the number of suicides since 1991, but, as noted in paragraph 3.6 above, we have set a target for further reductions in *Saving Lives: Our Healthier Nation*. The findings of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness have helped to increase understanding of the complex events that often surround such tragedies. The recommendations have been taken into account in the National Service Framework for mental health.

Teenage pregnancy

We recommend policies which promote sexual health in young people and reduce unwanted teenage pregnancy ... (rec 25)

- Teenage girls from poor neighbourhoods are more likely to become pregnant and teenagers account for more than one in 10 births in some inner city areas.
- The median age at which people first have sex is two years lower among both males and females from manual households than those from professional ones.
- About half of pregnancies in under 16s and a third among 16-19 year olds are terminated.

9.18 The Prime Minister asked the Social Exclusion Unit to develop an integrated strategy to cut rates of teenage pregnancy and propose better solutions to combat the risk of social exclusion for vulnerable teenage parents and their children. The unit's report, recently published[17], set out an action plan comprising:

- a national campaign to mobilise every section of the community to achieve the agreed goals;
- better prevention of the underlying causes of teenage pregnancy through better education about sex and relationships, clearer messages about contraception and special attention to high-risk groups, including young men;

[17] *Teenage Pregnancy* (Cm 4342, June 1999)

- better support for teenagers and teenage parents to ensure they finish their education and learn parenting skills; and changes to the housing rules to avoid young parents being housed in isolated, independent tenancies.

9.19 We have established a target to halve the rates of conception among under 18s in England by 2010 and to set a firmly established downward trend in the conception rates for under 16s by 2010.

Issues for the NHS

We recommend the needs of minority ethnic groups are specifically considered in needs assessment, resource allocation, health care planning and provision (rec 33).

We recommend that providing equitable access to effective care in relation to need should be a governing principle of all policies in the NHS ... (rec 37)

We recommend giving priority to the achievement of a more equitable allocation of NHS resources ... (rec 38)

We recommend Directors of Public Health, working on behalf of health and local authorities, produce an equity profile for the population they serve ... (rec 39)

We recommend there should be a duty of partnership between the NHS Executive and regional government ... (rec 39.1)

10.1 Because so many of the root causes of ill health are social, economic or environmental, reducing health inequalities is pre-eminently about "joined up" government.

10.2 The Health Act 1999, imposes a duty of partnership on the NHS and local government, which will be demonstrated through, among other things, the development of health improvement programmes (see paragraph 3.7). New flexibilities in the Act will help to facilitate operational co-ordination. The NHS and social services, in particular, have a shared responsibility in respect of health inequalities that was highlighted in last year's national priorities guidance. As well as joint working locally, this will entail close cooperation between with the various regional agencies, including the Government Offices of the Regions.

10.3 In addition to the many initiatives, such as health improvement programmes and health action zones, already described in this report, the following will have a particular impact on how the NHS tackles inequalities.

- A review of NHS resource allocation has been established. The fundamental objective of this review is to contribute to a reduction in avoidable health inequalities. The scope of the review is wide ranging and will include, for example, the impact of ethnicity on health and the cost of providing services. We are committed also to bringing health authorities to their "fair share" capitation targets as soon as possible. This year 97% of authorities will be within 5% of their target.

- NHS employers are required to demonstrate year by year progress towards a more representative workforce and to tackle racial harassment. These issues have added force in the light of the Stephen Lawrence inquiry.

- The National Service Frameworks for coronary heart disease, mental health, older people and diabetes will reflect the need to reduce inequalities in health.

- Annual reports by Directors of Public Health give an assessment of health needs and inequalities to support local agencies in taking action to improve health and reduce inequalities.

- The NHS Performance Assessment Framework puts a new focus on equity, outcomes and patients' experience, as well as efficiency. It recognises in particular that the health service should offer fair access to health care, irrespective of geography, age, socio-economic group or ethnicity. Some of the high-level performance indicators, to do with joint working between health and social services, are shared with the Personal Social Services Performance Assessment Framework. Existing indicators will be refined and new ones developed to encourage fair access across both. Guidance on improving fair access to social care for all adult groups is also being prepared for issue to local authorities.

- Through the introduction of clinical governance we shall be supporting improvement in clinical quality. Among other things, this will play a key role in improving the overall standard of clinical care, reducing variations in treatment outcomes and access to treatment, and ensuring that clinical decision-making is supported by up-to-date evidence of effectiveness. It will help ensure that everyone, regardless of where he or she lives, receives high quality health care.

- The new National Institute for Clinical Excellence (NICE) will also help to ensure that every NHS patient gets fair access to quality treatment. NICE will identify best practice, help spread it quickly throughout the NHS and give advice to doctors and nurses on which treatments work best for patients and which do not. NICE will be doing work on inequalities in health care and access to it.

Conclusion

11. This report has set out what action the Government is taking to reduce health inequalities. We are ensuring that the needs of people who have suffered the effects of inequality for too long are placed at the centre, rather than the margins, of plans for health and social improvement. As noted at paragraph 1.6, making a real and sustained difference will take time, but we are building our strategy across the broadest possible front and we are committed to tackling the underlying problems, such as poverty, neighbourhood deprivation and lack of educational and employment opportunity.

Department of Health
July 1999

The OHN website will be launched shortly.
This will contain more information about health inequalities, including links to related material.

www.ohn.gov.uk

Annex A

Health Action Zones (see paragraph 3.2)

First wave (April 1998)

Bradford
East London & City
Lambeth, Southwark & Lewisham
Luton
Manchester, Salford & Trafford
North Cumbria
Northumberland
Plymouth
Sandwell
South Yorkshire Coalfields
Tyne & Wear

Second wave (April 1999)

Brent
Bury & Rochdale
Camden & Islington
Cornwall
Hull & East Riding
Leeds
Leicester City
Merseyside
North Staffordshire
Nottingham
Sheffield
Tees
Wakefield
Walsall
Wolverhampton

Annex B

Policy Action Teams (see paragraph 3.3)

Reported in April 1999

Housing management
Neighbourhood wardens
Community self-help
Arts and sport
Shops

Reporting in July 1999

Jobs
Skills
Business
Unpopular housing
Financial services
Learning lessons

Reporting in December 1999

Neighbourhood management
Anti-social behaviour
Schools Plus
Young people
Information technology
Joining it up locally
Better information

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