



Implementing health equity policy: Experiences from the 10-year natural experiment in England

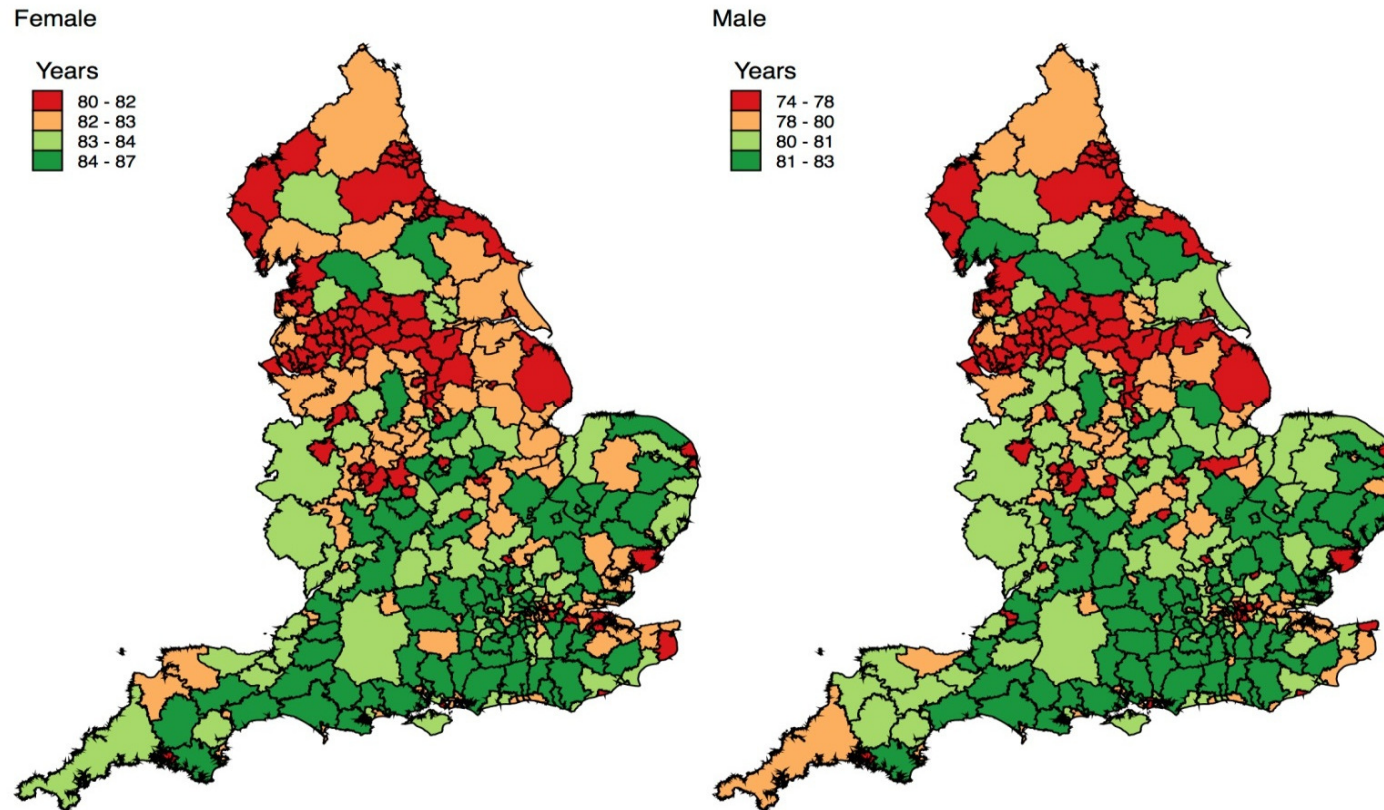
**Margaret Whitehead
University of Liverpool, UK**



Two main perspectives to English case:

- **Putting health *equity* in all policies**
- **Assessing health *damage* in all policies**

The social gradient in Life Expectancy across England 2014





Health Equity in All Policies: a 10-year Natural Experiment

**One of the two key aims of England's
national public health strategy:**

**“To improve the health of the worst off in
society and to narrow the gap”**

Saving Lives, 1999

TWO HEADLINE NATIONAL TARGETS TO REDUCE HEALTH INEQUALITIES:

From 1997-99 baseline:

- **by 2010 to reduce by at least 10% the gap in infant mortality between routine and manual groups and the population as a whole**
- **Starting with local authorities, by 2010 to reduce by at least 10% the gap in life expectancy between the areas with the worst health and deprivation indicators (the SPEARHEAD group) and the population as a whole**

**Plus 12 NATIONAL HEALTH INEQUALITIES INDICATORS on
SPECIFIC DISEASES**





British Child Poverty Target

**“To reduce child poverty by half
in 10 years and abolish it by the
year 2019.”**

PM Tony Blair, 1999



UNIVERSITY OF
LIVERPOOL

A new health inequalities resource allocation objective for the NHS

**Longstanding objective: “To allocate NHS
resources matched to health care need”**

**New objective (Since 1999): “To allocate
resources to contribute to a reduction in
avoidable health inequalities”**

Tackling health inequalities: a programme for action for England (2003)



Key themes:

- ☐ **Supporting families mothers and children**
- ☐ **Strengthening disadvantaged communities**
- ☐ **Preventing illness and providing effective treatment and care – proportionate universalism**
- ☐ **Addressing the underlying determinants of health: poverty, unemployment, minimum wage, poor housing.....**



Main components: actions to tackle root causes



A STRING OF INITIATIVESmainly focused at the local level

- ❑ **Tax and benefit reforms aimed at redistribution to poorer families with young children**
- ❑ ***SURE START*: pre-school education and also support for parents in disadvantaged areas**
- ❑ **Healthy Schools Programme in disadvantaged communities**
- ❑ **Health Action Zones, Education Action Zones, Employment Action Zones**
- ❑ **New Deal for Communities, Lone Parents, Disabled**
- ❑ **“Spearhead” Primary Care Trusts in the most disadvantaged districts**

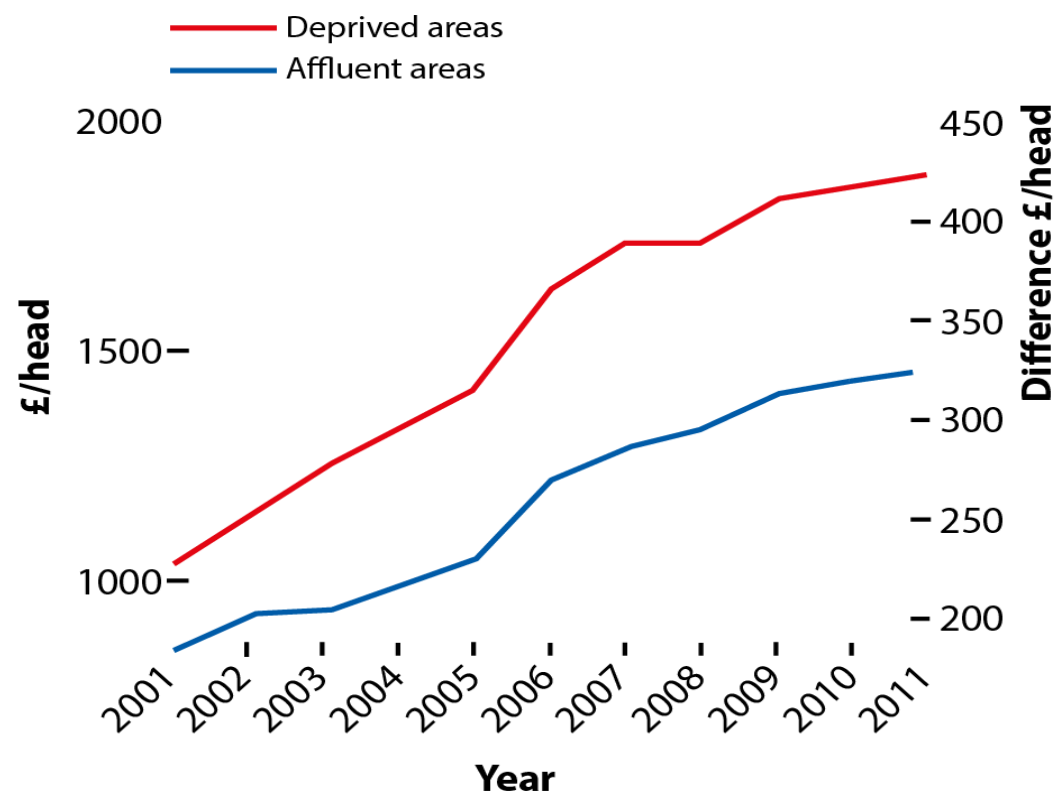
The NHS resource allocation experiment in proportionate universalism



Policy of increasing NHS funding to a greater extent in deprived areas of England compared with more affluent areas “to contribute to the reduction of avoidable health inequalities”



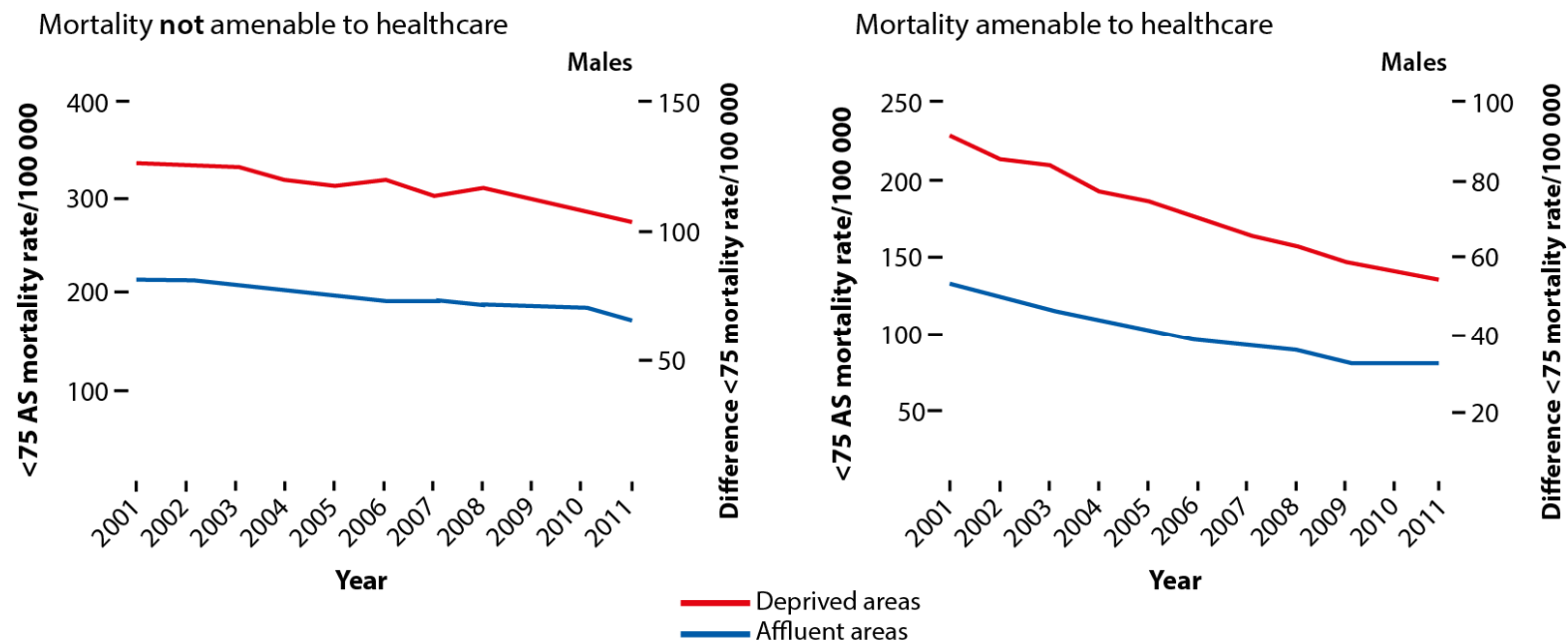
NHS allocation per head in deprived and affluent areas, 2001 to 2011



Policy associated with a reduction in absolute inequalities from causes *amenable* to health care

NOT AMENABLE

AMENABLE





Return on investment

- **Each £1 of additional NHS resources allocated to the most deprived areas was associated with greater absolute improvements in amenable mortality than each additional £1 invested in more affluent areas**



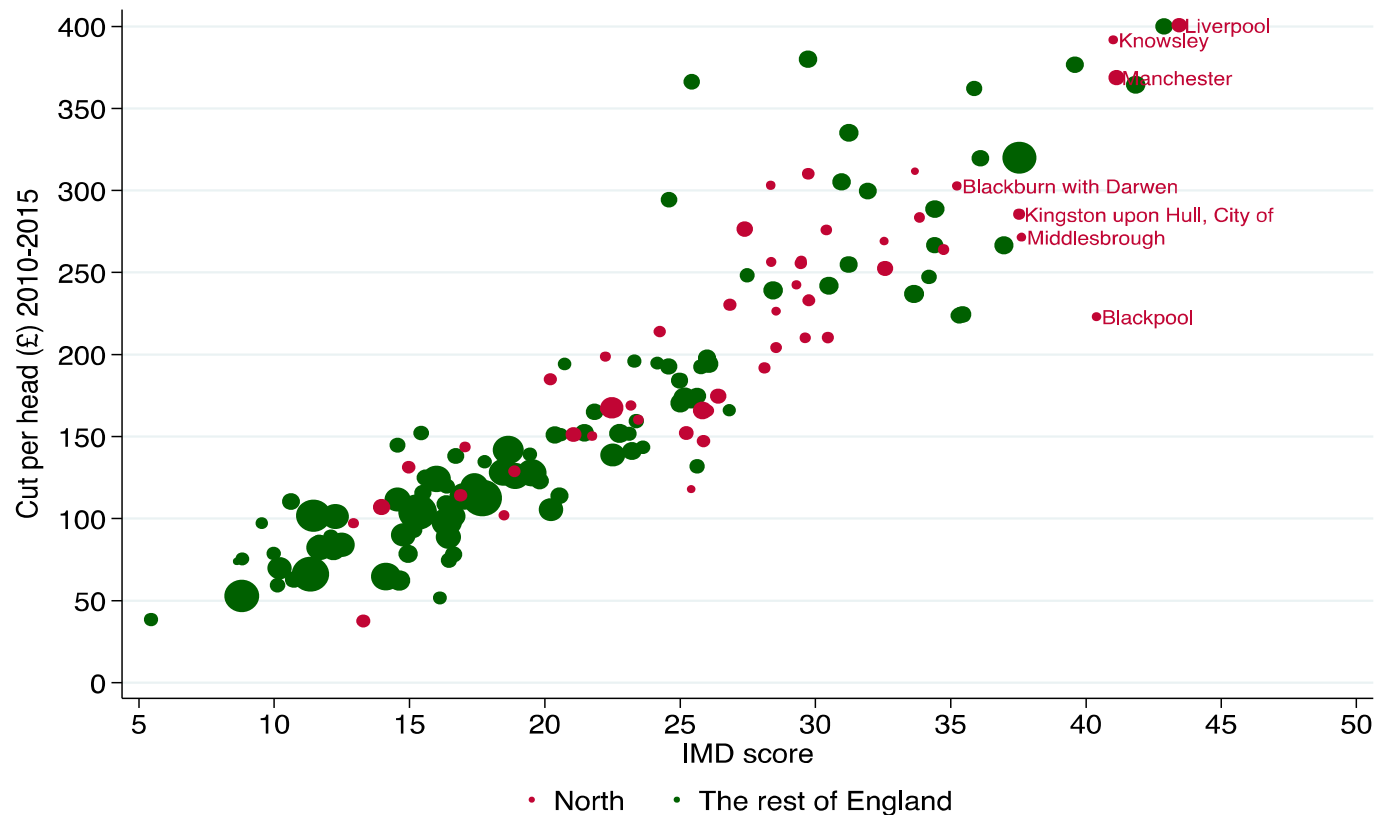
What did local health agencies in Liverpool invest in?

- Tackling inverse care law
- Proportionate universalism in prevention – in NHS Smoking Cessation Clinics, BP control.....
- Wider social determinants of health – ‘Liverpool Healthy Homes’; Children’s Centres;
- Using purchasing power and status as major employer to boost employment chances

Assessing health *damage* in all policies

- **From 2010 - austerity measures and punitive welfare reforms**
- **The burden of spending cuts falling most heavily on those in the most vulnerable conditions**
- **Children, women, disabled people hit the hardest**

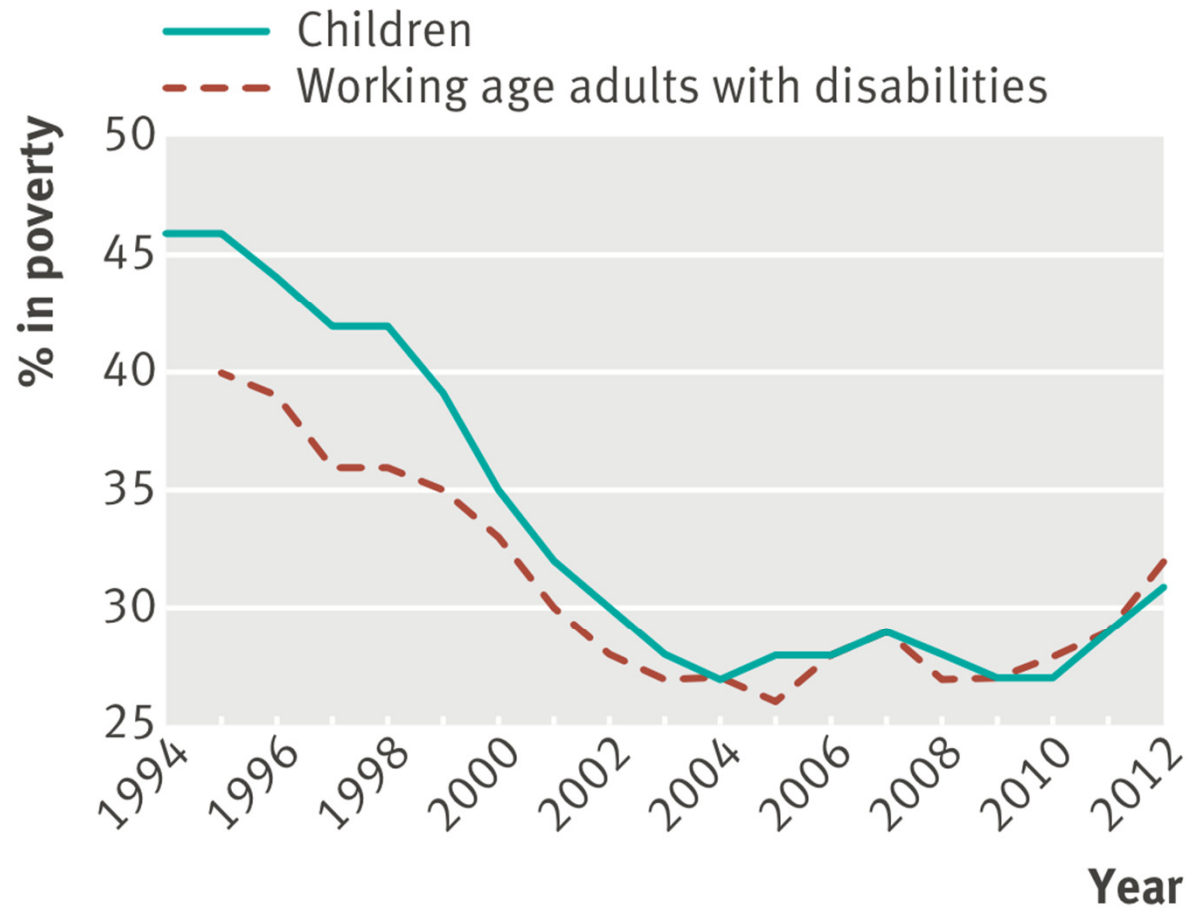
Government spending cuts to local authorities deepen with increasing deprivation of area



Impacts on living conditions in UK

- **Prevalence of child poverty increased for the first time in 2011/12 after a decade of decline following concerted child poverty strategy**
- **Rise of food poverty and malnutrition**
- **600 children's centres have closed in recent years due to cuts in local authority budgets**

Gains of the past are being undone



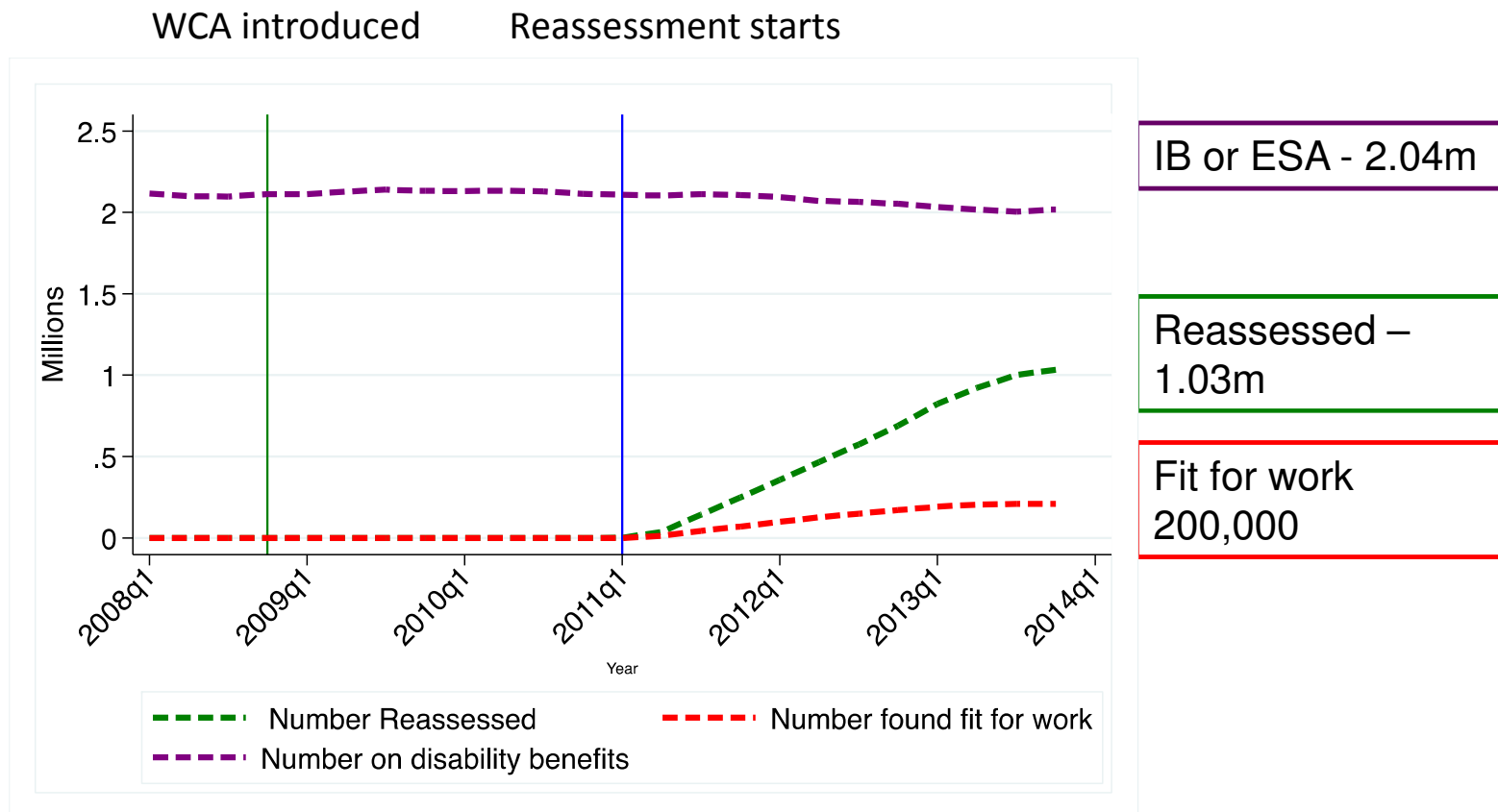
Assessing impacts of government welfare reforms on health



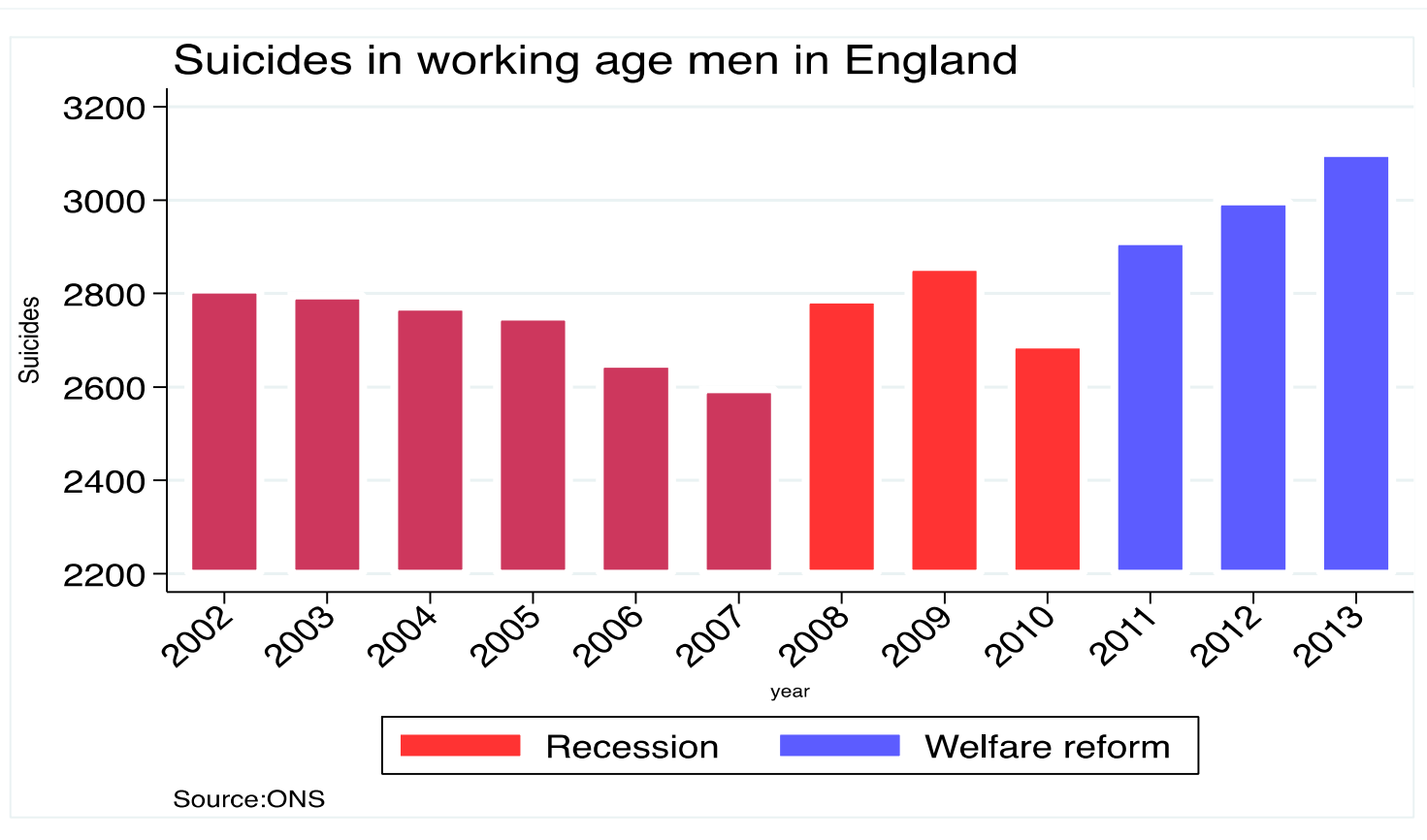
Since 2010:

**Over 1 million claimants of the main
out-of-work disability benefit in the
UK have had their eligibility
reassessed using the tougher
Work Capability Assessment (WCA)**

Welfare reforms: reassessment of claimants on disability-related benefits



Anecdotal: Suicides went up with recession and then up again with welfare reforms...





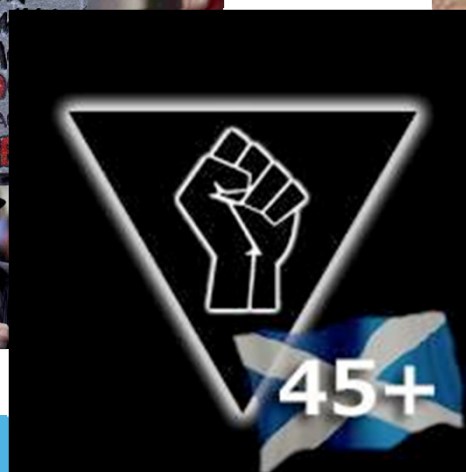
An Independent Review of the Work Capability Assessment

Professor Malcolm Harrington

An Independent Review of the Work Capability Assessment – year five

Dr Paul Litchfield

November 2014



UNIVERSITY OF
LIVERPOOL

**Work Capability Assessment.....
Anecdotal evidence.....**



Benefit deaths fuel alarm over welfare regime

**Calls for overhaul as 2,380 die within
weeks of being declared fit for work**



Work capability assessment: the first empirical evidence of harm....



- We exploited the variation in the trend in WCA reassessments in each of 149 local authorities in England to look at mental health impact
- Those local areas in England where there was a greater increase in the population exposed to WCA experienced a greater increase in suicides, self-reported mental health problems and antidepressant prescribing.



Additional adverse mental health outcomes associated with each 10,000 people in an area experiencing Work Capability reassessment.

Outcomes	Number	95% CI		p	R ²
1. Suicides	6	2	13	0.01	0.42
2. Cases of mental ill-health	2700	450	4286	0.02	0.58
3. Items of antidepressants	7020	3563	9922	<0.01	0.99



Assessing adverse health impacts



- Some social welfare and labour market reforms have had adverse effects, falling most heavily on the most disadvantaged
- Changes in national policies need to be assessed for their impact on the health and wellbeing of different socioeconomic groups in society
- It is crucial to capture impacts at the local level



