

Reducing health inequalities – *The Health and Social Care Act 2012*

“The Government’s focus on inclusion health and reducing health inequalities has been warmly welcomed.” *NHS Future Forum, Summary Report*, (June 2011).

Context

1. The fundamental principle of the NHS, to be open to all based on need not ability to pay, is one based on reducing inequalities in healthcare. The Government fully endorses this principle and seeks to strengthen it.
2. Currently, there is unjustified variation in many spheres of the health service including access, quality and outcomes of care, and relative to particular social determinants of health.
3. The plans for modernisation address these challenges head on. The Government recognises the causes of inequalities in health are wide and diverse. As such, actions to reduce inequalities are being taken across the system.

Key legislative changes

4. **Public Health England.** The White Paper *Healthy Lives, Healthy People* set out the practical steps we intend to initiate to tackle health inequalities across the life course, and across the social determinants of health that shape people's lives.
5. A key aspect of this strategy is the establishment of Public Health England, a dedicated body to improve the nation's health. Public Health England will streamline the disjointed system of public health that currently exists. It will have an important role in reducing inequalities, enabling and supporting individuals and communities to improve their own health. It will work with the NHS and local government and other agencies to address the wider determinants of health.
6. **Placing inequalities at the heart of the NHS.** The Act enshrines in legislation for the first time, explicit duties on the Secretary of State, NHS Commissioning Board and clinical commissioning groups (CCGs) to have regard to the need to reduce

inequalities in the benefits which can be obtained from health services. The duty on the Secretary of State extends to functions in relation to both the NHS and public health. The duties on the Board and CCGs incorporate both access to, and benefits from, healthcare services.

7. **Clinically-led commissioning.** The Act puts clinicians in charge of shaping services. A number of CCGs key responsibilities are directly designed to help reduce health inequalities:
 - i. **Promoting integration.** The Board and CCGs, will be responsible for promoting better integration of health services with health, social care and other health-related services, where this would improve service quality or reduce inequalities.
 - ii. **Quality reward.** The NHS Commissioning Board will be able to reward CCGs for providing high quality services, for improving outcomes and reducing inequalities.
 - iii. **No decision about me, without me.** The Board and CCGs will be required to involve the public in the planning of commissioning arrangements and proposals to change those arrangements and decisions affecting them.
8. **New innovative services.** The Act enables providers – including the independent and 3rd sector – to develop innovative services to tackle complex problems such as health inequalities.

Factsheet C2 provides details regarding health inequalities and the Health and Social Care Act 2012. It is part of a wide range of factsheets on the Act, all available at:
www.dh.gov.uk/healthandsocialcarebill

CASE STUDIES – COLLABORATION AND INNOVATION TO HELP THE MOST VULNERABLE

The Act encourages greater collaborative working between health bodies, and also provides greater freedoms for providers to develop new services and innovative approaches to improving quality and reducing inequalities. There are many examples in the NHS at present of services which are working well to help those most in need – such as the two below. The Government's modernisation plans seek to make these exceptions the norm.

St Mungo's and Marie Curie Cancer Care (both charities) have been working in partnership since 2008 to explore ways to improve end of life care for homeless people. People who are homeless often have a range of difficulties to face, and appropriate care at the end of life for them is as important as it is for any other group. This partnership between the charities has focused on better understanding the key signs of deterioration in homeless people with advanced liver failure and supporting staff to recognise these signs. By working together they can strive to ensure that all homeless people who are terminally ill experience the best possible care at the end of their lives: care that respects their wishes and is available in a place of their choosing.

Walsall Integrated Learning Disabilities Service, in partnership with the Department of Health's Pacesetters programme, has successfully addressed the historically low take-up of breast screening by women with learning disabilities. Through a combination of user engagement and raising staff awareness of the needs of this group, the project has improved screening rates from 62% to 100% for those women who are able to be screened. When the project began in August 2006, only 17 women with learning disabilities had attended breast screening in recent months. By August 2009, this had risen to more than 140 women who attended screening as part of a rolling programme."

FURTHER INFORMATION

[Government Response to The Health Select Committee Report on Health Inequalities](#)