



Department of Health

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And copied to:

David Bennett, Monitor

All DH ministers

CMO

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Dear Colleague,

Health Inequalities: working together to reduce health inequalities; assessment of the fulfilment of the Secretary of State's and NHS England's health inequalities duties in 2014-15

Good progress has been made on the importance of reducing health inequalities across the system since I wrote to you in January 2014. I would like to set out the basis of assessment for the Secretary of State's and NHS England's health inequalities duties for 2014-15. Building on the progress made in 2013-14, the aim is to develop the system further towards real and measurable reductions in health inequalities. The criteria for 2014-15 focus on stronger strategic goals and actions, supported by effective local delivery, partnerships and communities.

I know there is a commitment to address health inequalities across your organisations. Although some of the drivers of health inequalities lie outside the health sector, together there is much we can do to confront this challenge.

Real reductions in health inequalities will mean more people can enjoy health throughout life, regardless of where they live or their social circumstances. The goal is for this to happen across the health and care system and to achieve this, we need a whole-system evidence-based approach, in which services take account of population needs at all stages of life.

For 2013-14 I set assessment criteria designed to establish the system to address health inequalities and to meet the requirements of the legal duties. My assessment, across the system, was that good progress was made in 2013-14 with more to do. My assessment for 2014-15 will be based on the following criteria. Having considered its potential impact on health inequalities and the application of the legal duties to its work, each organisation will need to decide appropriate action:

- Are governance and accountability arrangements for health inequalities appropriate and in use?
- Does the organisation have a strategic and evidence-based approach to identifying clear goals, priorities and actions that are most likely to lead to measurable reductions in health inequalities?
- Is the organisation working collaboratively with partners, including at local level and with individuals where appropriate, to help reduce health inequalities?
- Is there an assurance process to ensure the duties are being applied across all relevant functions?
- Are inequalities in access and outcomes being routinely monitored?
- Is progress in addressing health inequalities being maintained across key priorities, such as reducing premature mortality as set out in *Living Well for Longer: national support for local action to reduce premature avoidable mortality* (April 2014)? Are the actions identified by the Inclusion Health being considered and put into practice where appropriate?

Additionally for NHS England:

- Has it ensured CCGs are capable of fulfilling their duties?
- Has it put in place robust arrangements for assessment and publication of CCGs' fulfilment of their duties?

I expect you to report on how you are developing an outcomes-focused approach through meeting each of the above criteria. I will report on the fulfilment of my duty on health inequalities in my Annual Report for 2014-15, and will write to NHS England about fulfilment of their duty.

As the system develops, the basis for assessment will shift towards measures of access and outcomes. This will be measured by the NHS and Public Health Outcomes Frameworks. The Public Health Outcomes Framework already includes an overarching inequalities indicator, and there have been widespread discussions on suitable inequalities measures for the NHS Outcomes Framework during summer 2014. I hope that it will be possible to use some measures to inform this assessment from 2015-16.



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Since health inequalities are deeply entrenched in our society and some of the interventions are long-term, there is likely to be varied progress across different measures. In 2014-15, I hope to see action to ensure that the progress made over the last decade or so is maintained, in particular in the following areas:

- Reduction in absolute inequalities in CVD mortality under 75 years for men and women.
- Reduction in absolute inequalities in cancer mortality under 75 years for men and women.
- Reduction in inequalities in infant mortality.

As national leaders, working together and with local leaders and individuals themselves, our work must be relentless, evidence-based and systematic. Your focus on addressing health inequalities will be vital in driving positive change not just for those who are disadvantaged but for society as a whole.

Yours sincerely

JEREMY HUNT