

Notes: First partners meeting of EC Equity Action programme (Tools)

14/15 November 2011
London



EQUITY*ACTION*

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MONDAY 14 NOVEMBER 2011: MORNING SESSION (Joint with WP5)

Slides from some of the presentations where * is indicated can be found at:

http://www.health-inequalities.eu/HEALTHEQUITY/EN/events/project_meetings_docs/

Introduction

Ray Earwicker, Department of Health (chair)

- welcomed partners to the first WP4 meeting – and the joint session with WP5 colleagues
- underlined the importance of working together - the synergies between WP4/WP5 and other work packages would help create a sense of common purpose across the programme

Welcome to the Department of Health

Alison Ismail, Health Inequalities Unit, Department of Health

- welcomed all participants to the Department of Health
- highlighted the importance of the Equity Action programme to the Department
- emphasised the importance of tackling health inequalities across Europe

Key lessons from Joint Action and other EC programmes

Clive Needle EuroHealthNet, HAPI

- gave an overview of the Joint Actions happening across Europe – there are around 10 and many had an interest in health inequalities - and previous work across Europe to tackle health inequalities
- reminded partners that there jury was still out on joint action – they had previously found it difficult to obtain the necessary traction – this meant hard outcomes and added-value
- stressed that clear, transferable and understandable benefits of the programme, which link to EU 2020 and fit with the drive for inclusive and sustainable growth

Health inequalities in the EU

Dr Jessica Allen, UCL Institute of Health Equity

- highlighted the widening inequalities between states. The current economic climate in Europe and cuts in public spending are likely to increase the health gap and widen the social gradient
- emphasised the importance of ensuring that action on the social determinants were a political priority
- noted the need for greater policy alignment of the health inequalities agenda (e.g. early years, climate change), and for greater recognition of the links between health and well-being
- addressed the lack of understanding in the population that social determinants affect health outcomes. More needs to be done to demonstrate health impacts of these determinants, recognising the difficulty of obtaining reliable evidence (e.g. as with cost-benefit analysis)
- Identified emerging themes from the WHO Euro regional work including around the social integration and cohesion agenda, and the levels of delivery – local, national and internationally



Equity Action – an important programme for Europe

Mark Gamsu, HAPI

- stated this highly politicised and technically complex programme was important for Europe and for MSs. We needed to ensure that technical interests did not displace our key advocacy and influencing role
- acknowledged that the default position is to defend clinical services rather than wider public services
- challenged the programme to deliver relevant products by working across the work packages and to identify their customers in MSs to address health inequalities across the social determinants

*Work Package 4 – developing tools and mechanisms to tackle health inequalities in MSs and the EU

Stephen Gunther, Department of Health England

- noted the aim of WP4 is to enable a greater focus of equity in the policy making process using tools to demonstrate the impact of policy action, such as health impact assessment with an equity focus
- identified the need to develop skills and build capacity through a collective network, including by training
- underlined the need for practical outcomes that could be used by policy makers

*Work Package 5 – Working with Regions Across the EU

Caroline Costongs EuroHealthNet

- noted that the regional perspective is different from the national and local perspectives in tackling health inequalities
- highlighted the opportunity to use EC Structural funds (these funds are underused) - WP5 will help regions identify how structural funds could be used to tackle health inequalities
- Invited regions to undertake a case study of their choosing, linking with other regional programmes as appropriate and avoiding unnecessary duplication

Open discussion

The following points were raised in discussion, including suggestions to:

- create a sub-group to identify the impact of economic crisis on health inequalities e.g. for Portugal, Italy, Greece and Spain experiencing health and inequalities issues mainly due to the economic crisis
- look at transparency and corruption especially at local levels
BULLET: emphasise the need for smart funding on EU level issues
- look at the relationship between Health Impact Assessment and other impact assessments (e.g. environment Impact Assessment has a larger impact than health does)
BULLET: explore potential of growth agenda e.g. East London has the poorest health outcomes vs. the most opportunity for growth. How do we use this potential?
- include health assessment in equity assessment - we need to consider short-term as well as long-term impacts otherwise how can we expect other sectors to do it?
- adapt to agendas of different countries. For example Italy, Greece, Portugal countries have lower HI, why is that?
- consider effective governance models, including role of legislation



- be able to access information on other work packages throughout the process
- review developments on a European wide basis as well as national and sub-national

***Launch of new health inequalities website and Equity Action logos**

Yoline Kuipers EuroHealthNet

- presented the Equity Action logos and launched the website
 - information on the EA programme can be found at: www.health-inequalities.eu
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AFTERNOON SESSION

Ray Earwicker (chair)

- reminded partners of the aim of the meeting - *to further develop the understanding of tools to address equity in cross government policy making and to support partners in developing work in relation to this*, and
- emphasised the importance of measuring policy impact in a tighter public spending environment

***Role of Partners**

Stephen Gunther, Department of Health

- gave a short slide presentation about WP4 [**DN are slides being circulated with notes ?**] and set out the way forward for partners
- identified deliverables that we will all need to contribute to, and
- acknowledged the need for a shared understanding of terminology, approach, collective working and learning.

***Applying a Health Impact Assessment with an Equity Focus (HIAef) to the Mayor of London's policies**

Gus Wilson, Greater London Authority

- gave a slide presentation on the practicalities of applying a practical approach to a HIAef
- highlighted that partnership, inclusion, community involvement and evidenced based action was crucial
- emphasised that a steering group helped the process
- identified top tips for HIAef: keep it simple, have an independent/transparent analysis and integrate into other areas
- referred partners to a range of resources on the GLA website at: <http://www.london.gov.uk/lhc/hia/>

Open Discussion on HIAef/HEA

Discussion focused on a series of questions to address equity in the HIA policy making process

- the questions were explored against the following issues: housing, sustainability, possible environmental impacts, and participation amongst population
- different drivers were explored including mechanisms to enhance the process, related areas of political interest, and efforts to make issue relevant to mainstream areas

Where are we now?

- recognising partners are at different stages – with different levels of progress and different structures
- waiting for HIA training, especially for those at an early stage
- needing political buy in
- facing a range of different barriers/experience of partners, and there is a need to ensure we capture 'softer' learning - legislation, parochialism.
- These different stages included



- national or municipal perspective
- availability of practical tools applicable on a more local level
- lack of/poor quality data is a potential barrier, it is hard to gain credibility without it

Results of Group Work

What We Trying to Achieve ?

- proving benefit of conducting HIAs
- embedding process (or awareness of process) in each country
- raising political awareness of benefits of action
- Securing common terminology.

Getting started means

- consulting with reference groups
- working in HIA teams and consulting in local/regional level
- developing links with partners/stakeholders.

Some barriers

- recognising methodology is hard to put into practice
- linking with other impact assessment models
- obtaining the resources required to undertaken HIA
- securing appropriate professional support (capacity?)
- finding key data and evidence (hard to obtain especially long-term data and disaggregated data).

What do we need?

- securing expertise and support
- clarifying what we need to achieve as partners – what are minimum expectations.

Preliminary Work on a EU Health Equity Audit

Mark Gamsu – HAPI

- stated that as WP4 had a deliverable to undertake a HEA at EU level
- noted initial discussions with the EC on possible policy areas, partners were asked to provide possible criteria to decide which EU policy should be analysed. Suggestions included
 - inequalities between or within countries –priority is within
 - proportion of budget - it has potential to impart
 - social satisfaction policies – labour or education
 - policy that has a legal obligation to implement across member states
 - within the EU competence
 - policy that impacts on distribution of resources
 - applies to all member states
 - links to equity from the start (WHO and WP7 link)
 - age of the policy, not too old or too young



- sufficient data and evidence to evaluate
- policy outside the health sector.

CLOSE



TUESDAY 15 NOVEMBER - MORNING SESSION

Recap of previous day

Ray Earwicker (chair)

- recalled some key messages – the lessons from London were the need to engage with policymakers and stakeholders, be pragmatic, use an integrated approach with other impact assessment models. Other issues raised included: the lack of capacity and lack of data

*Health in All Policies (HiAP)

Stephen Gunther, Department of Health

- presented the key points from the HiAP review which Rob Howard undertook
- reiterated the seven key areas: governance and strategy, tactics, partnerships and stakeholder engagement, leadership and politics, culture and values, capacity and technical skills, and health equity
- noted the top tips, including having the softer skills i.e. advocacy,, the resources and strengthening links with other agendas
- encouraged partners to develop overarching HiAP strategies, gain political commitment, focusing on win-win situations and working with their local communities to develop these.

*Other existing programmes across Europe and how they fit together i.e. Crossing bridges

Claudia Marinetti EuroHealthNet

- presented an overview of the Crossing Bridges project and learnt lessons from the Determine project
- 18 month project coordinated by EuroHealthNet with 13 main partners
- The aim is to take practical steps to advance the implementation of HiAP
- This will be achieved by analysing existing practice and develop methods to implement HiAP and assess and build capacity to take more leadership in HiAP
- Reports and evaluation will be available in June 2012

Open discussion

Exploring the understanding of what this means in practice and other mechanisms to facilitate cross government working to tackle health inequalities

The following points were raised in discussion

- learn how to operate HiAP with a limited evidence base
- learn from the 'Determine' work which covers similar themes
- explore cost effective benefit analysis on social determinants of health
- use existing expertise and experience
- adopt transparency and encourage political leadership
- develop practical tools
- design a framework for each step of the process based on what we know now and what we need to develop
- Adopt a model that only requires a small number of assumptions. This can help prevent confusion/argument.



***Measuring equity to support HIA**

David Buck, King's Fund and Richard Cookson, York University

- gave a slide presentation with an overview of why and how equity could be incorporated into cost benefit analysis
- recognised that there was little evidence of what actually works, that we know less about the costs of intervening (against the cost of not intervening), and that we know little about this work impacts on health inequalities. The key was being clearer about benefits so as to inform policy priorities
- noted that as a result this work, is in its early stages and primarily looking at medical interventions at present, however will be looking at the wider social determinants of health in the future
- offered an opportunity to interested partners to work together on possible future case studies
- emphasised the challenge was to make the challenges explicit and to put 'the jigsaw' together to aid better decision making (e.g. size of impact, against the impact on the social gradient/ health inequalities)
- In discussion noted that
 - Many areas are not comfortable with cost benefit analysis let alone with equity aspects and there could be other ways to present the information to unpack the equity issues i.e. mapping.

Round table – next steps for partners and commitment to action

Partners were invited to outline their future plans

Netherlands

- discussing with Health Ministry opportunities around sustainable participation. Looking to address the area of young people and the end career workforce -additionally to look at cost effectiveness.

Sweden

- looking at a tobacco initiative and is interacting with an expert group of stakeholders.

Latvia

- looking to explore several options with stakeholders, many possibilities.

Hungary

- exploring co-ordination with non-health sectors with cross-government group with many possibilities.

Ireland

- considering mobility in health care i.e. cross-border health care.

Spain

- looking to conduct a HEA rather than a HIA. Upcoming elections may raise issues around subject matter.

Italy

- looking to carry out case studies at a national and regional level
- tackling inequalities by considering relationships between central & regional government.

Scotland

- looking across sectors, possible options :



- working on climate change (although have had problems with partners in transport)
- looking at the impact of health across the welfare responsibilities of the UK government.

Norway

- looking at inequities, targeting the young, noting limited data.

France

- developing a HIA which look at social impacts
- noting concern from other departments around possible extra work - other ministries do not want the responsibility of health too
- They are also undertaking an HEA with a project in the south of France.

Wales

- noting the importance of a generic structure for HIA before/after to aid evaluation and to show the possible value added that HIA may have
- looking at health in the housing sector.

Belgium

- reviewing pragmatic options available, outside the health sector - regional and national level – possibly look at chronic disease and social impact assessment.

Basque country

- working to have the strategy of sustainability of Euro2020, similar to the model of southern Australia.

England

- exploring cross-sectoral approach, possibly around the participation strategy in England with vulnerable young adults and the possible health impacts.

Summary of meeting

Key points

- we have a clear set of deliverables
- we need to be flexible, pragmatic and opportunistic, learning from London
- we have a clear sense that we are here to do, “take action”
- we have a starting list of criteria for EU HEA
- we should take back to our MSs the seven key areas from the HiAP review to discuss on how we can take forward this approach
- we should keep up with developments in the tools to quantify equity
- we need to recognise that partners are at different stages, and focusing on a wide range of different policies, and share learning.

Conclusion

- For this programme to work successfully the following points are key:
 - need to be flexible and take opportunities when they arise



- leadership (soft skills) are important particularly as it is a highly political environment, the drivers and barriers need to be identified
- any guidance on HIA or Equity Audits needs to be **practicable, simple** and **useful** for policy leads
- learning from each other is **key** within work packages, between work packages and from outside the programme
- We need to understand and develop ways of disseminating the work of the equity Action to have greater impact across Europe and with our partners.



Evaluation of Work package 4 meeting

Altogether 14 participants completed the evaluation forms.

From the evaluation, 13 out of the 14 participants thought the meeting met its aims, closely to a great extent, with 10 participants deemed the joint meeting with the work package 5 participants useful. Participants commented on the advantages of having the joint meeting, expressing that the meetings were useful as it gave them insight into other work packages. It also helped them to explore the work package synergies as well as identify common issues. However, it was suggested the work streams linkage and concrete tips and tools would be useful to address in future meetings.

11 out of the 14 participants deemed the content process useful, closely to a great extent. Additionally, participants expressed partaking in the group discussions helped in exchanging experiences and sharing concepts.

More than half of the participants thought the meeting helped them to understand the process of using tools to address cross-government working to a reasonable extent. Additionally, more than half of the participants felt they were prepared to take action in your own country, to a reasonable extent.

With regards to the logistics of the meeting, almost all participants thought the meeting was well paced and a majority of the participants found the administration very good to a great extent.

Specific question comments:

2. Did you find it useful to have a joint meeting between the work packages?

- It is important that the work of each package is not too compartmentalised; feeding each WP between them
- A lot of the issues cut across work packages and it is also useful to discuss how the different work packages can work together
- WP should remain in touch, they address different components of some partners. And identify common issues
- It is helpful to explore the synergies; but more important to maximise them in a clear and practical way.
- Opportunity to think/exchange ideas outside up and see where joint working is possible
- Possibility to get informed about both of them, about main findings etc?
- For me it was good to get an insight of what the other WPs do, however I noticed that there were people participating are both WPs and finding it difficult that they had to choose where to be present
- Yes for synergic reason and to apply HIAef techniques on a real and specific action
- Because the interactions and the interest in know what the other groups are working on. We have to know the whole projects.

3. What would you do differently next time?

- Send the two reviews/ other relevant work to partners in advance of the meeting
- No ideas
- Provide more information about the meeting (e.g. Programme, date venue etc) much earlier; indicate on the participant list who is involved in which WP at such joint meetings
- Maybe to introduce a step by step conceptual framework for HIA



- To give more details on the intended schedule for the work package. Have deadlines on deliveries. Expectations on the partners/MS contributions
- Define next steps on WP4; define working framework; handbook
- More time for discussing and exchange experiences between partners

4. *Are there any issues that were not discussed in your meeting you would like included at a later meeting?*

- Specific information on what to do
- Explore how all the work streams link together - refresh of Luxembourg meeting at; at very least make sure that documentation is outline so history can be easily accessed by participating regions
- Update on the other work packages (brief)
- No there aren't, but I would like to focus on quantitative resources
- The different ways to implement HIA and HiAP
- More issues WP4 in all Joint Action. London example concrete, action plan/evaluation was not in presentation
- More concrete tips and tools

6. *Please identify what worked and what did not work*

Did work

- King's Fund presentation was especially useful; group work on Monday afternoon. Good workshops
- It's useful to discuss with others how to deal with some of the challenges we will be facing, unfortunately that doesn't make the challenges go away
- Mix of presentations and small group meetings
- Networking/contacts strengthened
- Group discussion, discussing topics chosen by each partner
- Sharing concepts and ideas between groups
- Ok
- The exchange of experience and working in groups

Did not work

- Not enough practical guides to proceed when we return to our countries
- Briefing on Monday
- The presentation of London – too general

8. *How was the venue and catering?*

- A little hot
- Catering good, venue-room very warm and airless
- It was too hot in the room. The room of WP4 did not have any natural light and fresh air in the room
- Diner ok

9. *How was the meeting administration?*

- More information (reviews) in advance. This may not be an administrative issue, in which case rating is 5
- Practical information - more needed in advance (i.e. Cash payments planned)
- Would have been great to the materials handed out before the meeting so that we could get prepared to discuss on them on site

15. *Any other comments?*

- Keep up the good work



- Thank you for a fruitful meeting!
- Provide more information during the project to the partners about what the WP leads are doing, because those not involved in leading WPs are not aware of the on-going work of the WP leads and the other WPs

Appendix A: Participants in the Work package 4 meeting

EC Equity Action Programme: First Meeting for Partners of Work Package 4 (“Tools”)

14/15 November 2011

Department of Health, Skipton House

London

Participant list

Last name	First name	Organisation name	Abbreviation	Email
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