Thematic session 2: Multi-sectoral approaches to tackling health inequalities- Concept Paper

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1 Introduction

The VulnerABLE project is a two-year pilot initiative of the European Commission (DG SANTE), run by ICF, in partnership with EuroHealthNet, the UCL Institute of Health Equity, the European Public Health Alliance, Social Platform and GfK. The project aims to increase understanding of how best to improve the health of people living in vulnerable and isolated situations, identify and recommend evidence-based policy strategies, and raise awareness of the findings and support capacity-building within Member States.

The project involved a range of research activities, including a cross-national survey with 1,938 respondents belonging to potentially vulnerable groups across 12 Member States; a literature, policy and data review of existing evidence on health needs and challenges of these groups; an inventory of good practices in addressing health challenges; expert focus groups and interviews with key stakeholders.

This paper has been prepared for the Dissemination Conference of the VulnerABLE project in November 2017. It brings together core project findings on the topic of 'Multi-sectoral approaches to tackling health inequalities', as well as posing questions for the event.

2 The importance of health beyond health policy

Across Europe there exist widespread inequalities in health and access to healthcare both within and between Member States, reflecting the different conditions in which people are born, grow, live, work and age (European Commission, 2013). Health is also influenced by a wide range of factors, including demographic change, rapid urbanisation, climate change and globalisation. Whilst societal advances have led to some diseases disappearing as general living conditions improve, many diseases of poverty remain. Other factors also influence health, including lifestyles, working conditions and living environments, as well as global political issues (e.g. trade) (WHO, 2013a).

Within this context, population health is not simply the responsibility of the health sector, as many determinants of health have social, environmental and economic drivers that are beyond the influence of health policy. Tackling health inequalities and addressing health issues requires wider sector (and political) engagement across all levels of governance to influence the drivers of vulnerability and health inequalities (WHO, 2013b).At the European level, European Union (EU) action has sought to actively engage a range of policy areas and sectors to support health improvements and reduce health inequalities, and health is recognised as a key part of its ten year economic growth strategy. In particular, the strategy recognises the intricacies between health, economic, social welfare, employment and education policies, and their influence on population health. This includes acknowledging the benefits of a healthy and active population on productivity and competitiveness; the opportunities for greater sustainability and solutions to major health and healthcare issues; and, the role the health sector can play in creating jobs and improving skills for the EU's workforce (European Commission, 2010).

2.1 Health in all policies

Despite the importance of health in contributing the prosperity of Member States, health and health equality does not always feature as a key consideration for governments and policymakers who are often juggling a range of competing priorities. Recognising this, there have been calls from a range of health equality advocates (e.g. World Health Organization) to ensure health is taken into account across the policymaking processes and facilitates the development of opportunities for common benefits across sectors and society as a whole. Health in all policies is an approach to policymaking that systematically takes into account the health implications of decisions, seeks synergies,

and avoids harmful health impacts in order to improve population health and health equity. It also aims to improve accountability of policymakers for policies on health systems, determinants of health and well-being (WHO, 2013a).

Policies designed to support healthy lifestyles often face challenges and opposition from powerful economic interests (e.g. the resistance of regulation), and can limit the ability of health systems to promote good health, protect society from health risks and address health needs, as well as tackling health inequalities. Considering health in all policies is a practical approach to meeting these challenges as it can provide a basis on which to combine health and social goals with that of economic growth and development, whilst managing potentially conflicting interests. This can better support relationships across all sectors improving public health outcomes, by encouraging the health sector to work with other sectors to offer and facilitate the development of common goals which seek outcomes that are beneficial to all parties (WHO, 2014).

Multi-sectoral approaches to tackling health inequalities have the potential for commissioners and policymakers to help facilitate the implementation of health in all policies. These approaches are explained and explored in more detail below.

3 Defining multi-sectoral approaches

Multi-sectoral approaches refer to the collaboration between organisations in different areas of policy (e.g. health, social, environment) and different sectors (e.g. public, private, third), as well as communities and people, working together to achieve policy outcomes. Typically, multi-sectoral approaches involve holistic inter-organisational and inter-agency efforts across key and relevant sectors, to address common and specific goals. Effective approaches do not develop by happenstance, but require deliberate and detailed allocation of responsibilities of each partner which provide a clear indication of roles (Armstrong et al., 2006).

Health inequalities and health problems are complex and often affected by a range of interrelated factors (e.g. social, environmental, economic). In this context, multi-sectoral approaches offer a potential opportunity to tackle health issues by seeking to collectively address interrelated factors which contribute to poor health and health inequalities. Through the engagement of different sectors and stakeholders, multi-sectoral approaches are able to leverage expertise, knowledge, skills, resources and reach through the combined input and strengths of participating partners working towards a shared goal (e.g. improving health outcomes). They can also help overcome implementation barriers and facilitate the up-scaling of initiatives, as well as increase potential impacts of initiatives compared to if they were being delivered by a single organisation or within a single sector (Health Policy Project, 2014).

Successful multi-sectoral approaches depend on political, economic and social factors requiring buy-in, the identification of synergies and commitment from all parties working together.

3.1 Multi-sectoral approaches in practice

During the course of the project the study team identified a number of multi-sectoral approaches introduced within several Member States aimed at tackling health inequalities. These included:

- Approaches to enhance information and data sharing between different organisations;
- The development of new care pathways; and,
- Addressing holistic needs of individuals.

This section provides an overview of frequently used multi-sectoral approaches that are used to tackle health inequalities.

3.1.1 Bringing organisations together to enhance information and data sharing

Multi-agency meetings have been used to bring a broad range of organisations and services together to improve care of vulnerable people. For example, in the UK, a multi-sectoral approach was implemented to address some of the health challenges facing survivors of domestic violence. A partnership between statutory services (healthcare, social services and the police) and voluntary services (e.g. Bernardo's), introduced multi-agency risk assessment conferences (MARAC) aiming to better identify and support survivors of domestic and intimate partner violence. An MARAC brings together a broad range of services and stakeholders involved in the wellbeing and protection of domestic abuse survivors to participate in a meeting which aims to share and discuss high-risk domestic abuse cases, and formulate a coordinated plan of action to address each case.

MARACs operate as one element of a wider infrastructure, which include Specialist Domestic Violence Courts (SDVCs) and Independent Domestic Violence Advisers (IDVAs). Any of the participating agencies may refer a case to an MARAC and referrals are common. This approach has been found to achieve positive safety outcomes for survivors, reduce abuse rates and risk of abuse for service users. It has also led to positive health and wellbeing outcomes among service users, including improved quality of life and confidence accessing support in the future (Co-ordinated Action Against Domestic Abuse, 2012).

A potential limitation with this approach is that supporting survivors of domestic violence can require a substantial amount of administrative work in order ensure plans are in place to support service users. This burden has the potential to negatively impact on the limited human resources which could be directed to other activities, such as service user facing activities.

3.2 Delivering new pathways of care

Multi-sectoral approaches have been used to facilitate the implementation of new pathways of care to address the health needs of individuals belonging to potentially vulnerable groups. For example, a programme targeting at risk mothers has been implemented by the Health and Family Association at the regional level in Catalonia, Spain. Working with public and private healthcare services, social centres and third sector organisations, the programme aims to promote positive maternal and reproductive health among young and vulnerable women across the region, through a range of contraceptive, family planning and counselling services, as well as preventative actions to reduce repeated abortions. For women who are particularly vulnerable, the programme also offers co-funding for voluntary abortions and aims to detect and prevent intimate partner violence against women (Health and Family Association, 2014).

In 2015, the programme supported over 3,600 women and dealt with over 4,000 cases. The programme was found to increase the likelihood of women consulting health services for support with family planning and improved the use of contraception amongst those accessing the service (Health and Family Association, 2015).

Essential to the programme's sustainability is the long-term funding it receives from central government and the Catalan Health Service. However, adopting this approach in other settings may be a challenge in areas where the political cycle focuses on shorter-term funding of initiatives.

3.2.1 Providing holistic support

Multi-sectoral approaches can play an important role in supporting the delivery of care which aims to address individuals' holistic needs. For example, Housing First is a practice that has been used to address the complex needs of rough sleeping homeless people

across a number of Member States, including Austria, Belgium, Denmark, Finland, France, Germany, Hungary, Ireland, Italy, Luxembourg, the Netherlands, Poland, Portugal, Slovenia, Slovakia, Sweden and the UK. The model prioritises the provision of permanent housing without preconditions, in contrast to traditional models which place requirements (e.g. sobriety) on housing provision. This removes the health risks of homelessness. Alongside housing support, the model also provides individuals with support to address broader needs such as help to improve overall health and wellbeing, employability and social networks (Berkman et al., 2000).

The model has been found to be highly effective at supporting homeless people with complex needs to remain housed and engaged with support services. Retention rates of the Housing First model appear to outperform traditional models of housing support, across a number of different Member States. For example, the Housing First model has been found to achieve retention rates of between 74% (in the UK) and 97% (in the Netherlands) after 12 months engaging with the service (Bretherton and Pleace 2015; Busch-Geertsema, V., 2013).

Despite its success, the Housing First model does have its limitations. Effective delivery of the model relies on the availability of affordable housing, which is difficult particularly in many of Europe's capital cities where the majority of homeless people tend to reside. Therefore, this model may be a challenge to implement in areas where the houses and rent prices are high (Bretherton and Pleace, 2015).

4 Principles for introducing multi-sectoral approaches

The project identified a number of general principles which support the successful implementation and delivery of multi-sectoral approaches to addressing health inequalities and health needs. These include the following:

- Promote cultural values that foster collaboration and sharing as key operating principles among partners;
- Establish clear communication systems between involved partners;
- Develop clear and deliberate delegation of roles and responsibilities for the individuals involved in implementation and delivery;
- Mobilise resources to facilitate the delivery of partnership activities; and,
- Monitor and assess the performance of the approach, and its achievements towards goals (outputs, outcomes and impacts).

Multi-sectoral approaches are not without their limitations and challenges. For example, multi-sectoral approaches depend on the ability of involved parties to effectively utilise existing networks and develop new ones, as well as coordinate a number of different actions. Without individuals who possess sufficient capabilities to conduct these activities, the effectiveness of the approaches may be limited (Commonwealth Secretariat, 2003).

The divisions and hierarchy of government departments, as well as the sectoral nature of organisations and stakeholders, which may influence health determinants may also limit the effectiveness of multi-sectoral approaches. Primarily, health falls under the responsibility of Ministries of Health (and health sector organisations), who may not have the authority or political support to involve and harness other government departments (or organisations outside the health sector). A key challenge when implementing multi-sector approaches is encouraging sectors outside of health to take greater responsibility of how they influence health determinants. Identifying win-win situations, which involve agreeing upon what factors influence health determinants in both positive and negative ways, and developing a mutual understanding of what the benefits are for all parties and how multi-sector approaches can support individual goals, is key to ensuring that approaches are effective and sustainable (WHO, 2005).

4.1 Recommendations

To support the delivery of effective implementation of multi-sectoral approaches, we propose the following recommendations:

- Strengthening the capacity of Ministries of Health to work with and across government departments through leadership, partnership working, advocacy and mediation through establishing firm common goals for health promotion/addressing health inequalities;
- Develop transparent audit and systems of accountability for health impacts that value trust across all involved parties;
- Ensure that communities, social movements and civil society are included in the development, implementation and delivery of multi-sectoral initiatives.

5 Thematic session overview

Thematic session 2: Multi-sectoral approaches: What are the links between health policies and policies in other areas? What inter-sectoral actions are required to ensure comprehensive health services?

- Setting the scene: main themes and project results – **Jo Robins, Trainer-vulnerABLE Project team**
- Presentation of two good practices:
- *Interagency guidance tool for Cork City* - ***Denise Cahill, Healthy Cities Co-ordinator, Cork***
- *Casa Aurora*- ***Nicoletta Capra, Italy***
- Comments from **Meri Larivaara, Expert Group on Social Determinants and Health Inequalities**
- Q&A session

6 Questions for the conference

- How can multi-sectoral approaches be utilised to tackle health inequalities in your area of work?
- What are the key drivers/enablers for multi-sectoral work?
- What are the key challenges/barriers you might anticipate when implementing a multi-sectoral model in your field of work?
- What are the potential benefits of this approach in supporting the goals of your organisation?

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