IGNITE

SUMMIT2023

Medical Innovations
in the Context of
Health Inequalities

FOREWORD

The NHS is under pressure, and health inequalities are widening despite the UK's clear strengths in medical science.

Much store has been placed in innovations stemming from advances in science and technology to tackle these challenges and transform the NHS to meet 21st Century demands and expectations. But unless judiciously applied, biomedical and technical innovations risk aggravating health inequalities.

Social determinants play a large part in defining health status. Biomedical solutions alone cannot solve the health of the nation. Innovation will also be needed to address these crucial upstream socioeconomic, behavioural and environmental issues.

As essential transformation of the NHS comes under the spotlight, this IGNITE summit sought to delve into these issues with the aim of informing an action plan.

That plan should ensure that science and innovation are indeed a core part of the solution and the health service becomes just that — a new social contract with society involving all relevant agencies focused on sustaining health, wellbeing and equity.

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EXECUTIVE SUMMARY

IGNITE is a medical innovation summit enabling leaders from different sectors to discuss challenges facing medical innovation via a series of debates held under Chatham House rule.

IGNITE is in its sixth year. The 2023 IGNITE summit was delivered in collaboration with the Northern Health Science Alliance (NHSA), the Collaboration for the Advancement of Sustainable Medical Innovation (CASMI) and University College London (UCL).

The summit (13-14th November) aimed to explore how the UK's health science community can ensure innovation in medicine and healthcare is having a positive impact on health inequalities and avoiding aggravating inequity.

Established and emergent leaders from the NHS, academia, industry and charities were in attendance to foster a collaborative approach and help accelerate change across sectors. The themes that emerged, summarised in this report will inform an action plan to ensure real impact.

KEY FINDINGS

The COVID-19 pandemic, austerity and the ongoing cost of living crisis have all exacerbated the stark health inequalities across the UK. Although health inequalities are complex and multi-faceted, they are avoidable.

There is an opportunity for innovation in healthcare to help address some of the wider determinants of health and for this to be done in an equitable way. The IGNITE discussions made clear that innovation needs to go further than medical science and technology and address social, environmental and behavioural determinants in an intersectoral manner. It must be noted that it is not possible to consider the issues highlighted in this report without reference, for example, to the societal tensions relating to individualism versus collectivism, tax policy and power devolution.

Key ways in which the health and care system needs to evolve to tackle health inequalities and the implications for medical innovation are summarised below:

- The healthcare system needs to be aligned and focused on tackling upstream determinants of health and wellbeing via a preventative healthcare strategy.
- Understanding that a preventative healthcare strategy will be dependent on valid data from many sectors and sources and the means to link and analyse in a manner that sustains public trust. The more granular the data the better targeted and impactful public health interventions can become.
- The NHS can play a larger role in promoting this agenda, using its position of influence in the local community and as a major employer and generator of the local economy.
- All parts of the NHS have a part to play. The role of the hospital as an anchor institution within the integrated care system needs to evolve from being a 'repair shop' to one that applies advances in science and technology in a preventative and equitable manner, leveraging its specialist expertise to benefit community-based services.

- As the bodies well placed to deliver on this agenda in a place-sensitive manner, Integrated Care Board (ICB) and Integrated Care System (ICS), alongside the Health Innovation Networks, should be equipped with the power and authority to convene and engage partners in a common mission.
- Changes to healthcare professional workforce, education and training are needed to embrace an appreciation of the upstream social determinants of health and the role of health and care workforce in addressing them, including the acquisition of digital competence, greater interdisciplinary working and advocacy for public health measures.
- Safeguards should be established to ensure the application of scientific advance does not aggravate inequity. Care should be taken to ensure that digital services or their equivalent are accessible by all.
- The innovation process needs to adapt to ensure the research agenda addresses the most relevant health needs and use is made of action research methods where appropriate to accelerate evaluation and adoption.
- The way in which patients and citizens are engaged and given agency should be strengthened, increasing collaboration to support equitable innovation and provision of services.
- Tackling health inequalities requires long-term commitment which will enable policies to be adopted and diffused within communities and health care systems. This should be reflected in funding and planning cycles to allow for long-term policy implementation.
- Leaders within healthcare institutions and across the public health ecosystem should combine forces to advocate for measures to address the upstream determinants of health and a preventative healthcare agenda.

The major themes that underpin these key findings are summarised in the next sections.
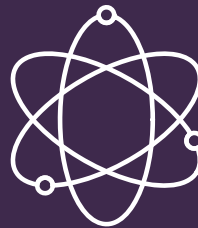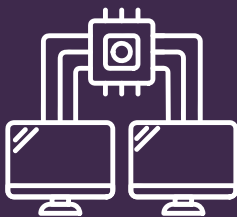
THEME **1**

Attempts to make population health measures more precise should not dilute a focus on addressing major upstream social determinants of health. The application of more granular data is needed, with suitable guard rails, to achieve proportionate universalism that recognises the diversity of populations.

In recent years the 'personalisation' of medicine allowing more precise diagnosis and treatment has become a major goal of many advanced health systems. Fuelled by the cracking of the human genome the concept has been extended to public health, triggering considerable controversy.

Not only are the contribution of genetic determinants of health relatively minor when considered alongside social, environmental, and behavioural determinants but there are also concerns that an individualistic approach would detract from the very necessary attention to population level initiatives to tackle social determinants. However, if we aspire to a universal health system that addresses determinants in a manner proportionate to need in an equitable manner ('proportionate universalism'), we should acknowledge the diversity of the population in all its forms. That acknowledgement in turn demands access to more granular data on populations that enables biologic, environmental, social, and behavioural determinants to be understood for societal groups and ultimately individuals.

There will clearly need to be safeguards in place to ensure the collection and use of such data sustain public trust and are used in the most ethical manner. But the prize is that population level initiatives can be rendered more impactful whilst putting in place guard rails to ensure that equity is enhanced rather than diminished. Rather than 'personalised or precision public health', 'public health with better data' should be the goal.

THEME **2**

The whole health and care system should be geared to tackle the wider social determinants of health.

The NHS has a major part to play in facilitating the necessary changes to get upstream of ill health rather than being a reactive resource that deals primarily with the consequences. The hospital needs to transcend its 'repair shop' function and leverage its specialist expertise, becoming the anchor institution in a reconfigured integrated care system committed to sustaining health and wellbeing.

Hospitals are under enormous pressure and radical ideas are needed for how the NHS, and wider health ecosystem, could be reimagined to address upstream determinants and health inequalities.

The health and social care sector should be considered as a whole and the NHS as part of the social fabric of society and a generator in the local economy. In terms of practical steps:

- More work is needed to shift the way in which the NHS is viewed, from a clinical care organisation to a powerful presence in local ecosystems. This shift will help reimagine the future of the NHS and the role it can play in tackling the wider social determinants of health. The role of the NHS in fostering local economic development needs to be utilised by upskilling the local community through employment, training, volunteering, and development opportunities.
- The trusted voice and convening power of the NHS should be better utilised to help foster effective relationships with other sectors, such as housing, food and transport, to help create an underlying structure which promotes good health in local communities.
- Measures should be introduced to ensure technological advances in secondary care do not disadvantage those without digital access. Every hospital encounter is an opportunity to gather data on wider determinants and ensure the focus of both provision and prevention is on those with the greatest need and is delivered in an equitable manner.
- All clinicians should advocate for those public and community wide measures that benefit health, demanding appropriate shifts in curricula. Increased investment in multidisciplinary neighbourhood teams who can address needs in the community is required.
- Trusts should adopt Health Equity North's seven missions and consider becoming a 'Marmot Trust' , to embed key principles relating to the wider determinants of health. Trusts can select priorities most appropriate for their community.

THEME **3**

The importance of 'place'

A major reason national NHS initiatives fail to achieve full beneficial impact is that implementation challenges are often context-specific. Unless place-based determinants are understood and addressed, and solutions agreed and owned by local communities such disappointments will prevail. Local leaders and authorities have a huge part to play in addressing health inequalities via a place-based approach.

- The local healthcare teams who engage in cross-sectoral discussions have a critical role to play in pushing forwards the radical transformation that is needed to implement a preventative healthcare. Power within the NHS has traditionally been top-down, but there is now the opportunity for the NHS to use its local influence and leverage to drive change.
- Granular place-based data and analytic capacity (see Theme 1) will be required alongside devolution of powers to allow local authorities and their institutions the resources and authority to respond to place-based challenges and drive change over the long-term. Devolution of powers and decentralisation can also make local collaboration easier to cultivate, in contrast to working with national teams. Thought should be given to the creation of 'Marmot Cities' to support local authorities in addressing local health inequalities. The latter can also be achieved by local authorities collaborating with relevant organisations such as Health Equity North.
- Where devolution is implemented, local leaders should be provided with adequate resources to effectively implement change. To ensure this, the levelling up agenda needs to be addressed and funds re-allocated to local authorities.
- Budget and planning horizons for healthcare and public services need to be addressed and extended to allow local leaders and their institutions to address the challenges in their area rather than focusing on in-year pressures.

THEME **4**

Integrated Care Systems (ICSs)/Integrated Care Boards (ICBs) must rise to the challenges of addressing inequality through harnessing innovation effectively.

- ICBs and ICSs have a critical role to play in the local health and care system ecosystem and theoretically at least are positioned to drive a constructive multisectoral approach to addressing social determinants of health and health inequalities. To do so they must use their convening power to work in close partnership with other sectors, helping to build multidisciplinary neighbourhood teams to provide suitable and accessible community services and facilities, delivered in an equitable manner.
- Fulfilling their potential role will require access to data and the capacity to analyse it. Care will be needed to ensure that data sets avoid bias. Early years should be a special focus to address the preventive agenda with a focus on longitudinal data sets and data linkage.
- ICSs and ICBs must align with local research, development, and innovation capabilities to ensure that local needs are understood, collectively owned innovations are properly evaluated, and health inequalities are addressed rather than exacerbated by scientific advance. Collaborating with relevant bodies including Health Equity North and the Northern Health Science Alliance, local Health Innovation Networks, and organisations such as the Institute for Health Equity is recommended to help achieve this.
- The workforce will need to evolve to embrace a more community-wide approach capable of using data and committed to addressing the wider determinants of health. Recruitment practices within health and care sector should be reviewed and developed, not only to be inclusive and equitable, but to form part of the solution to wider determinants of health. Engaging with, and recruiting from, local communities can be a means to providing opportunities for people who can make a difference and benefit most from employment opportunities.
- To play these roles money must be available to ICBs and ICSs in conjunction with improved local authority budgets, to help address levelling up. Given the pressures on hospitals and their waiting lists simply transferring funds from this sector will threaten provision of care for those in immediate need. Rather, hospitals should be incentivised to fulfil an anchor role in the ICS, leveraging fully their specialist expertise. In addition, NHS governance structures need to reflect any innovative roles of institutions, allowing them the authority and flexibility to implement change in local areas.