

Beselot Daniel

2315817

BMHP6030

Health, Wellbeing and Sustainable Development

Hamdi Hussain

Introduction:

The United Nations 2030 Agenda for Sustainable Development sets out seventeen Sustainable Development Goals (SDGs), each addressing a distinct but interconnected dimension of human and planetary wellbeing. This report examines SDG 3, 'Good Health and Wellbeing', alongside SDG 10, 'Reduced Inequalities', and considers how these two goals combine to shape the health outcomes of citizens in the United Kingdom. I will do this by first analysing how each goal affects citizen wellbeing, then evaluates the effectiveness of national and local initiatives designed to advance them, before outlining recommendations for improvement.

An analysis of how Sustainable Development (SDG) Goal 3 ‘Good Health and Wellbeing’ choice impacts the health and wellbeing of citizens.

The SDG 3 states to ensure ‘healthy lives and promote well-being for all at all ages’ (WHO, 2022). SDG 3 targets issues such as declining maternal and child mortality, communicable and non-communicable disease, and other types of substance abuse. For UK citizens in particular, SDG 3 translates most directly into the performance of the National Health Service (NHS) and the wider public health system. Where the NHS delivers high-quality and accessible care, SDG 3 is advanced: life expectancy rises, avoidable mortality falls, and chronic conditions are managed rather than left to escalate into crises.

Within this goal, there are also several key action areas involved to ensure that all individuals and communities have access to quality healthcare and medicine without it being too financially deprecating. This has produced great outcomes, such as 133 counties being on the SDG target as of 2023 (United Nations, 2023).

However, the goal's appraisal of universal coverage exposes a structural tension in the UK context. Universal free-at-the-point-of-use care is a considerable strength relative to insurance-based systems (found in the US), yet access is not uniform in practice. Waiting times for elective treatment, GP appointment availability, and dental access vary considerably by region, and workforce shortages in nursing and primary care constrain capacity in exactly the areas where demand is highest. This reveals that while SDG 3 has been aiming to target prevalent health inequality in the UK, resources in the NHS nationwide poses a concerning pattern throughout the country of increased inequality.

SDG 10

Having outlined SDG 3, SDG 10 aims to also positively impact the healthcare provision of citizens in the UK by aiming to rectify both regional and national inequalities: according to the UN (2025) SDG 10 aims to ‘reduce inequalities within and among countries’. It aims to do this by targeting income disparity, discrimination, and unequal opportunity, and calling for the progressive achievement of greater equality of outcome regardless of age, sex, disability, race, ethnicity, origin or economic status.

This is important, particularly within the UK, since income inequality and regional socio-economic disparities contribute to a persistent health gap. For example, residents of the most deprived neighbourhoods tend to experience a shorter life expectancy. Not only this, but institutional discrimination and systemic disadvantage tend to produce measurable health concerns for specific ethnic groups who may experience higher maternal mortality rates. Furthermore, those in low-paid, low-skilled work tend to report worse mental and physical health on average. Housing quality, food security and employment stability, all core SDG 10 concerns, feed directly into physical and mental health, meaning that a policy environment which reduces inequality has protective effects on health that are independent of, and additional to, improvements in healthcare delivery itself.

Therefore, it is important to recognise that both SDG 3 and SDG 10 are mutually reinforcing in preventing the exacerbation of rampant inequality. A health system oriented solely around treating illness (SDG 3) cannot compensate fully for the health penalty created by inequality (SDG 10), because much of the harm originates outside clinical settings, in housing, income and education. Conversely, reducing inequality without adequate investment in health services leaves populations without the means to convert improved social conditions into improved health outcomes. The impact of this interdependence can be seen throughout the NHS’s Core20PLUS5, which is a national NHS England approach to inform action to reduce healthcare inequalities at both a national and system level. This approach defines a target population (the CORE20PLUS) and uses 5 focus clinical areas that need improvement. These include maternity, severe mental illness, chronic respiratory disease, early cancer diagnoses etc.

An evaluation of the effectiveness of national and local health, wellbeing and sustainable development initiatives and present recommendations for improvements

As outlined above, the NHS Core20PLUS5 framework already presents a suitable example of current initiative inspired by the SDGs 3 and 10. The Core20PLUS5 Scheme emerged from the NHS Long Term Plan published in 2019, while the NHS England's Healthcare Inequalities Improvement Programme has continued to develop this approach, and a longitudinal evaluation of Core20PLUS5 has been commissioned to assess its impact over time. This represents a genuine strength: the programme is evidence-based, data-driven and gives systems a common national framework rather than leaving inequality reduction to local discretion alone.

The effectiveness of this approach is nonetheless limited. Analysis of local health system plans found considerable variation in how thoroughly integrated care systems have embedded the Core20PLUS5 approach into their own strategies, with some treating it as a genuine organising principle and others engaging with it more superficially. NHS England's own governance has also been inconsistent: the Healthcare Inequalities Improvement Programme underwent a change in leadership and organisational structure during 2025, creating a period of transition that risks slowing momentum on a programme still building its evidence base.

At the level of broader social policy, the 2020 report *Health Equity in England: The Marmot Review 10 Years On* ([Heath.org.uk](https://heath.org.uk)) provides the most authoritative national evaluation of progress against health inequality. Its findings are stark: in the decade following the original 2010 Marmot Review, health inequalities in England widened rather than narrowed, life expectancy improvements stalled for the first time in over a century, and life expectancy declined for women in the most deprived areas. The review attributed this reversal largely to a decade of austerity, which diminished the very services, youth centres, housing support, and community health provision, that address the social determinants of health. This constitutes a significant policy failure relative to SDG 10's ambitions and demonstrates that health-specific initiatives such as Core20PLUS5, however well designed, cannot substitute for adequately funded action on the wider social determinants.

At the local level, integrated care systems (ICSs) and local authority health and wellbeing boards are the principal delivery vehicles for translating national ambition into practice. ICSs merge NHS organisations, local councils and voluntary sector partners, all with a formal duty to address health inequalities in their area, and many have produced strategies aligned with Core20PLUS5. This local model has genuine strengths: it allows resources to be targeted at the specific causes of poor health in a

given community, whether that is respiratory disease linked to poor housing in one region or maternal health disparities in another, and it draws on local voluntary and community sector organisations that have already established trust with neglected groups.

However, evaluation evidence suggests considerable inconsistency in local effectiveness. Analysis of local health system plans has found that some systems conceptualise health inequalities narrowly, focusing on access to services, while others adopt a broader social determinants framing; this variation affects what interventions are funded and prioritised locally. Capacity also varies areas with the greatest health need are frequently those with the weakest local tax base and the least additional resource to invest in prevention, meaning that the local delivery model can inadvertently reproduce the very inequalities it is intended to address. The reduction in local authority public health grant in real terms since 2015, due to austerity, has further limited the ability of councils to sustain preventive services such as health visiting, sexual health provision and smoking cessation support, even where local strategies correctly identify these as priorities.

Recommendations:

Based on the evaluation above, the following recommendations would strengthen the joint delivery of SDG 3 and SDG 10 in the UK:

- Protect and restore local authority public health funding in real terms, recognising that community-level prevention services are a precondition for national health inequality targets to be met, not an optional extra.
- Maintain consistent, comparable reporting of Core20PLUS5 progress across all integrated care systems, so that variation in local implementation identified by recent research can be tracked and addressed rather than going unnoticed.
- Enforce equality beyond the NHS into housing, education and employment policy, so that action on the social determinants of health identified by the Marmot Review is coordinated across government departments rather than treated as a mere health-sector responsibility
- Protect continuity of leadership and long-term funding for national inequality programmes, given that the recent transition in NHS England's Healthcare Inequalities Improvement Programme illustrates the risk that organisational change poses to sustained progress.

Conclusion:

SDG 3 and SDG 10 are best understood not as parallel goals but as two components aiming to target a single challenge: ensuring that good health is genuinely available to all regionally, nationally and internationally for all citizens rather than concentrated among the already advantaged. UK evidence over the past decade shows the risk of pursuing health system improvement in isolation from social and economic inequality. Despite targeted NHS programmes such as Core20PLUS5, gaps in health qualities continue to widen, driven substantially by constrained investment in the social determinants of health. Effective progress will require sustained national leadership, adequately funded local delivery, and a policy framework that treats reducing inequality as central to, rather than separate from, the pursuit of good health and wellbeing.

References:

- WHO (2022). *Targets of sustainable development goal 3*. [online] World Health Organisation. Available at: <https://www.who.int/europe/about-us/our-work/sustainable-development-goals/targets-of-sustainable-development-goal-3> [Accessed 11 July 2026].
- United Nations (2023). *Goal 3: Ensure healthy lives and promote well-being for all at all ages*. [online] United Nations Sustainable Development Goals. Available at: <https://www.un.org/sustainabledevelopment/health/> [Accessed 15 July 2026].
- United Nations (2025). *Goal 10: Reduce Inequality within and among Countries*. [online] United Nations Sustainable Development. Available at: <https://www.un.org/sustainabledevelopment/inequality/> [Accessed 19 July 2026].
- NHS England (2021). *Core20PLUS5 an Approach to Reducing Health Inequalities*. [online] www.england.nhs.uk. Available at: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/> [Accessed 16 July 2026].
- Elliott, H., Tozer, C., Fenton, A., Powers, C., Lines, C., Hill, M., Owolabi, B. and Ford, J.A. (2025). From policy to action: a document content analysis reviewing the adoption of the healthcare inequalities programme in local health system plans in England. *BMJ Open*, 15(10), p.e102163. doi:10.1136/bmjopen-2025-102163. [Accessed 17th July]
- Marmot, M. (2010). *Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010*. [online] GOV.UK. Available at: <https://www.gov.uk/research-for-development-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010> [Accessed 19 July 2026].
- Health.org.uk. (2026). [online] Available at: https://www.health.org.uk/reports-and-analysis/reports/health-equity-in-england-the-marmot-review-10-years-on-0?gad_source=1&gad_campaignid=13881943804&gbraid=0aaaaadunfmr6ek90bindufph8jrlfpfg3&gclid=cj0kcqjw6_hsbhpcparisanvvltainndl4qakbyo848udwzqi3atgsegjskhmtobvcadtgf0en64saappealw_wcb [Accessed 18 July 2026].