
Health, Wellbeing and Sustainable Development

Lecture name	Shepherd Ziko
Module code	BMHP6030
Student name	Denise Cardoso
Student number	2030455
Date of submission	Component 2 Report, 12 of December 2025

Use of AI Acknowledgement

I confirm that I have not used any AI tools in this research or in the creation of this assignment. I confirm that I have not presented any AI-generated materials as my own work. I confirm I have copies of my drafts, notes, and other resources I used, which I may be asked to provide in evidence.

Table of Content

INTRODUCTION	3
SUSTAINABLE DEVELOPMENT GOAL 3: GOOD HEALTH AND WELLBEING	3
SUSTAINABLE DEVELOPMENT GOAL 10: REDUCE INEQUALITY WITHIN AND AMONG COUNTRIES	4
HEALTH AND WELLBEING POLICIES	4
GLOBAL NATIONAL HEALTH AND WELLBEING POLICIES: COMPLIANCE WITH GOAL 3 AND 10	4
NATIONAL HEALTH AND WELLBEING POLICIES: COMPLIANCE TO GOAL 3 AND 10	6
WEAKNESS OF THE APPLICATION OF HEALTHCARE POLICIES IN UK	7
LOCAL HEALTH, WELLBEING AND SUSTAINABLE DEVELOPMENT INITIATIVES	10
CONCLUSION	11
REFERENCE	12

Introduction

Sustainable development is playing a crucial role in bringing positive change and growth in various industries all over the world, which also includes the health industry. The sustainable development framework states that health and wellbeing is not only linked to the absence of the disease but it is also related to the absence and prevention of other aspects that can damage the quality of life. The sustainable development emphasises equality in healthcare in terms of access, prevention policies, support and care. A sustainable framework focuses on the physical and mental healthcare strategies through traditional and innovative practices. The purpose of the current assessment is to evaluate the role of sustainable development in relation to the healthcare and wellbeing. In the evaluation, the sustainability practices adopted in the healthcare sector in regard to the health and wellbeing will be critically assessed.

Sustainable Development Goal 3: Good Health and WellBeing

The good health and wellbeing goal targeted reduction in the maternal mortality, end of preventable deaths under 5 years, dealing with communicable diseases such as AIDs, Malaria and so, on and with the non-communicable diseases, including mental health. The goals also focus on improving the early warning systems during the global health crisis, such as a pandemic. The purpose of good health and wellbeing is also to ensure that the medical and healthcare facilities are available for everyone with easy access. Henceforth, it can be said that the good health and wellbeing goal is linked to Goal 10 of the United Nations Sustainable Goals.

The third Sustainable Development Goal (SDG 3) works to create healthy systems through workforce development, digital health progress, and primary care growth to improve early disease detection and chronic disease management. Research shows that funding primary care services and community-based prevention programs produces improved long-term population health results and reduces avoidable hospital admissions (WHO,2023).

Sustainable Development Goal 10: Reduce Inequality within and Among Countries

SDG 10 works to eliminate social inequalities which affect three specific groups of people, including ethnic minorities and migrants, and individuals with disabilities. The WHO (2022) states that these groups face cultural barriers and insufficient health knowledge and institutional discrimination, which prevent them from accessing advanced medical services. The digital health revolution made healthcare available to more people, but it created social inequalities because users who lack internet access and digital skills cannot access online appointment booking and virtual medical consultations (United Nations, 2023). SDG 10 policies need to unite financial assistance with service designs that welcome all users through language support and culturally sensitive care and digital education programs. Research shows that community-based co-production initiatives achieve better results in service delivery and disadvantaged group participation, thereby building health system trust and delivering equal wellness outcomes (Marmot *et al.*, 2020).

Health and Wellbeing Policies

Global National Health and Wellbeing Policies: Compliance to Goal 3 And 10

World health organisation (WHO) is the leading organisation that is working to deal with the health and wellbeing related issues. WHO works independently and collaborates with governments, private institutions and non-profitable institutions to deal with the health issues and provided guidance that can be applied on global level. WHO also works on reduction in the mortality rate, including the child mortality, deals with the infectious disease and prevent the use of substance. WHO also provide universal health coverage. The universal health coverage is aimed to remove impact of income inequalities from the healthcare system. Checkland et al. (2025) explained using the Fundamental cause theory that disparities in the healthcare systems are inevitable. There are factors like racism and stigma cause inequal access to healthcare. Therefore, it is crucial for the healthcare policies to focus on measuring and removing the

inequalities. The below model explains the areas that can be measured to measure disparities in the healthcare systems

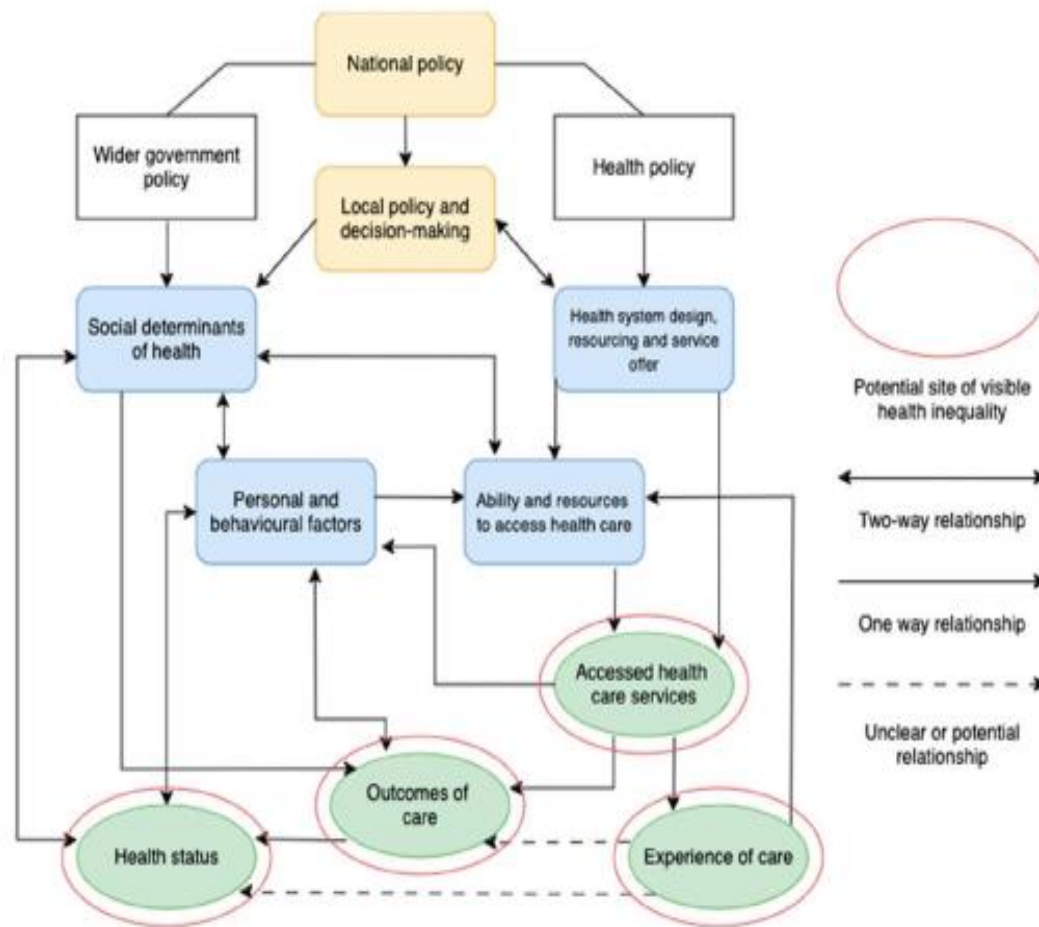


Figure 1: Model linking potential causes and definitions of inequalities amenable to NHS action, highlighting sites at which inequalities (Source: Checkland et al. 2025).

There are specific policies linked to addressing inequalities in healthcare, such as universal basic income-like policies and security systems. The chart below shows that absolute disparities have increased in countries like UK, Germany.

However, reduced in Denmark. The health inequalities in Denmark are resulted from the interventions such as restriction on selling Tobacco to minors and health literacy, digital ehealth and mhealth systems. The government is also funding and financing the healthcare despite the GDP growth.

	Relative inequalities*		Absolute inequalities**	
	Females	Males	Females	Males
Austria	↔	↔	↔	↔
Belgium	↔	Increased ↑	↔	Reduced ↓
Bulgaria	↔	↔	↔	↔
Czechia	↔	↔	↔	Reduced ↓
Denmark	↔	Reduced ↓	↔	Reduced ↓
Finland	↔	↔	↔	↔
France	↔	↔	↔	Reduced ↓
Germany	Increased ↑	↔	Increased ↑	Reduced ↓
Greece	↔	↔	↔	↔
Hungary	Increased ↑	↔	Increased ↑	↔
Italy	↔	↔	↔	↔
Netherlands	↔	↔	↔	↔
Norway	↔	↔	↔	↔
Poland	↔	Reduced ↓	Reduced ↓	Reduced ↓
Portugal	↔	↔	↔	Reduced ↓
Romania	↔	Increased ↑	Reduced ↓	Increased ↑
Spain	↔	↔	↔	Reduced ↓
Sweden	↔	↔	↔	↔
Switzerland	↔	↔	↔	↔
United Kingdom	↔	↔	Increased ↑	↔

Figure 2: Time-trend analysis of geographical inequalities in 32 EEA countries, 2009 to 2019(Source: Chen-Xu et al. 2024).

It has been identified that in countries like Wales, women avoidable death rate is increased, which is due to the circulatory disease, cancers, respiratory disease and alcohol-and drug use. The Health and Social Care (Quality and Engagement) (Wales) Act is enforced to implement the duty of quality (Chen-Xu et al. 2024). The purpose of the policy implemented in Wales and Ireland was to reduce waiting times, even for non-urgent cases. Health Promotion Centres (HPCs) were established in Slovenia to minimise waiting times. The Scottish Child Payment (SCP) was introduced in Scotland to provide additional benefits to families, helping improve health by reducing income inequalities. The Danish government on the other hand focused on healthcare literacy.

National Health and Wellbeing Policies: Compliance to Goal 3 And 10

The three states of the UK, including England, Wales, and Scotland, have their own policies, but UK healthcare policies also apply. Each state in the country uses its own methods to make policies effective and achieve better outcomes. Checkland et al. (2025) used institutional theory

and said that institutions are forced by external pressure, which results in the formation of policies. The national and local healthcare policies are designed to fulfil the expectations of the people regarding healthcare support. Being one of the leading countries in organisations like WHO and UN is also a pressure that makes the UK invest in policies at local and national levels that are globally designed.

UK designed a long-term healthcare program with the aim of contributing to the achievement of goal 3 of the sustainable development goals. Prevention inequalities in the healthcare are linked to the goal 10 of SDG. The new policy also focused on ending the death of mothers and new born to have compliance with the 3.1 goal of health and wellbeing goal 3. the government design maternity transformation program focusing on communication between the stakeholders, retention of the workforce and development of cultures based on special services and development of NHS-wide approach to patient safety incidents (PSIRF) (Raina et al. 2023).

The government has the policy to reduce the drug use to 30 years low to reduce the deaths due to drugs (Naci et al. 2025). The strategy is to reduce drug supply and demand by providing high-quality treatments. The government has designed a holistic support program that focuses on housing, employment, and mental health recovery for all ethnicities, through social integration. Coverage of treatment interventions is designed to ensure residents of the UK have open access to healthcare services. The government spends in evidence-based intervention (gov.uk,2025). The government has partnered with other institutes to ensure that ineffective interventions are not introduced. The healthcare policy of the UK includes vaccine programs as part of the national program. There have been significant changes in the healthcare policies and strategies of UK post pandemic especially in relation to mental and psychological health. The change is implemented through theory of change. Raina et al. (2023) explained that in 2022, the government of England introduced a new system under the Health and Care Act 2022, focusing on collaboration and integration with social care providers and other sections working on social aspects to identify and remove inequalities in healthcare services.

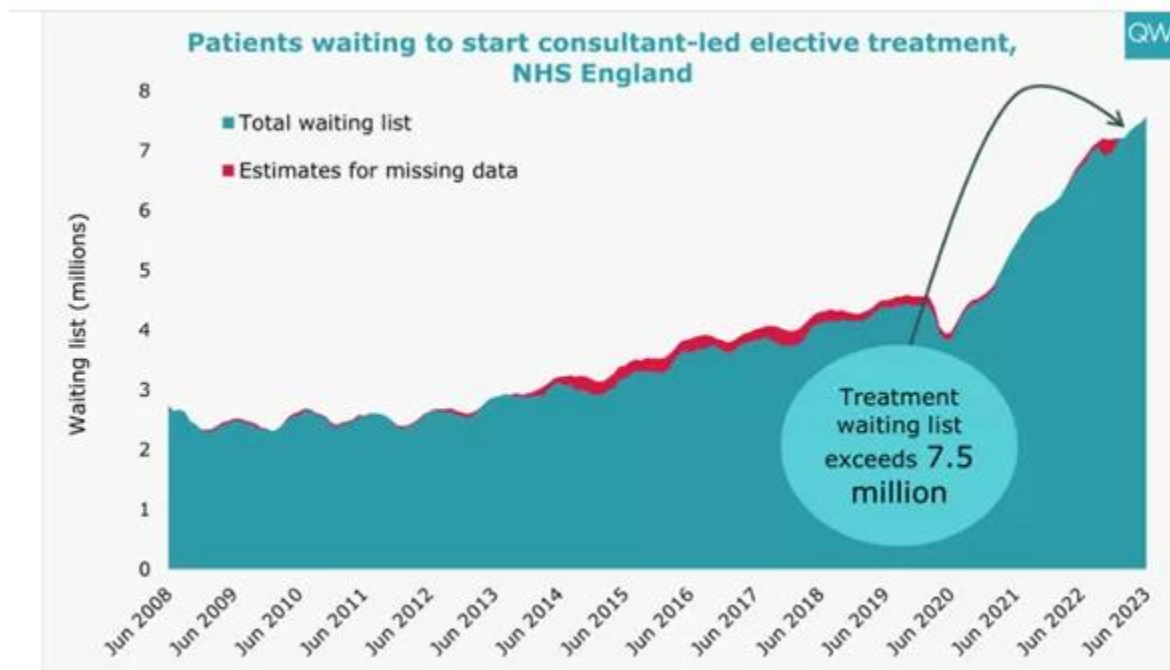
Weakness Of The Application Of Healthcare Policies In UK

One of the significant issues with the health and well-being policy that prevents achieving the sustainability goals is the unequal division of resources between the most deprived local authorities and the rest of England. De Haro Moro et al. (2025) said there has been no change in inequalities in the UK. It has been identified that disparities persist in healthcare and in life expectancy. NHS England (2024) highlighted some of the factors that contribute to health

inequalities in the country, including lifestyle, poverty, race, and gender. The table below highlights the health issue ratio among people who are least deprived and deprived.

Health-related issues	Least deprived 20%	Most deprived 20%
Cardiovascular disease	13	20
Diabetes	4	8
Heart disease	4	10
Stroke	2	5

Halliday (2025) said that low income results in a bad diet, lack of resources such as heating and so on. Many people especially immigrants are living in houses in groups to manage the living cost and have limited resources causing health issues. According to Dunn (2023) there are unfair difference in health between richer and poorer areas in England. The unfair health systems result into long-waiting time to access the treatments, lack of staff, lack of investment and especially lack of investment in preventive health.



(Source: NHS England, 2024).

In many countries like Denmark and Scotland, the healthcare bodies are working on reducing the wait time. However, in England, the government has failed to get beneficial outcomes from

the policies in reducing the waiting time. Lack of investment has resulted into lack of human resource. As per the report of NHS England, (2024) the healthcare literacy policies have failed to increase the health literacy of people as there are more than 50% people who are unable to understand the health-related information. nihr.ac.uk, (2024) said that there is need for improvement in the health literacy in the country to remove the inequalities in the healthcare and to ensure health and wellbeing. Gross (2024) said that the health and wellbeing policy of UK lacks the overall coherence resulted from the lack of dedication of public strategy and lack of guidance for the healthcare workers. There has been 40% reduction in the governmental healthcare spending.

The reduction in the funding has resulted into the ignorance to the tropical diseases which means tens of millions of people are no longer getting treatments (Whyms, 2025). Various programs are 100% cut which caused lack of training for the healthcare professionals. The allocation of the funds is not aligned to the communicated commitment. Overall, it can be said that the UK policy communicates about the health and wellbeing goal 3. The policy also communicates the prevention of inequalities. However, the practical implementation of the policy is a big concern. The reports highlight that the UK authorities are going opposite to the health and wellbeing goal in practical manner. London School of Economics (2024) said that the financial burden of the mental health issues in England has increased, which highlights an increase in mental health problems in the country. The maternity deaths have increased post pandemic in the country.

The government rejected to accept Women and Equalities Committee's recommendation to deal with healthcare disparities in maternal deaths. Correia de Matos et al. (2025) said that Scotland understood the importance of good public health for society to work effectively in light of the theory of functionalism. The understanding resulted into development of separate policies to reform the healthcare system. However, the UK government, on the other hand, failed to understand the importance of good health and equality in healthcare. Germain and Veronesi (2025) said that despite the legislative duty to tackle the inequalities in the healthcare systems, it is easy to abounding the duty because it is hard to implement. It is identified from the identified weakness of the healthcare and wellbeing policies of the UK, that rather than dealing with the challenge of inequalities in the healthcare system, the government decided to ignore it, leading to weak outcomes.

Local health, wellbeing and sustainable development initiatives

Local wellbeing initiatives serve as essential tools for community-level implementation of national health and sustainability policies through their work on social determinants of health and inequality reduction. The Manchester Integrated Care Partnership (MICP) and London Community Health Hubs serve as successful UK examples.

Manchester Integrated Care Partnership (MICP)

The Manchester Integrated Care Partnership brings together NHS organisations with local authorities, housing providers, and voluntary groups to deliver services that fulfil population health needs at the regional level. The program provides its interventions through mental health hubs and social prescribing schemes, early intervention programs, and community outreach services for people who face unemployment, housing issues, and social isolation (NHS England, 2023).

Evaluation

The program has achieved better community mental health service availability and lower numbers of preventable hospital admissions in disadvantaged residential areas. Organisations that work together have achieved better service coordination, allowing patients to receive continuous care. The program faces multiple challenges because it lacks enough staff and money, and faces problems with service delivery that vary between different districts. The program encounters various obstacles that produce irregular outcomes, while health inequalities between different parts of the region persist (Marmot *et al.*, 2020).

London Community Health Hubs

The London Community Health Hubs operate from libraries and community centres to deliver health assessments and wellbeing guidance, smoking cessation support, employment assistance, and connections to NHS primary and mental health services (Greater London Authority, 2022). The health hubs serve three main groups who face difficulties accessing conventional medical care: migrants, older adults, and low-income families.

Evaluation

The community-based hubs improve access to health services for marginalised groups by increasing participation in NHS Health Checks and mental health support services. The

community-focused model establishes a peaceful environment that allows patients to relax while doctors deliver medical care through easy access. The system faces ongoing problems because it relies on short funding periods, lacks specific service limits, and fails to link patient information to NHS databases, which disrupts patient care continuity and treatment outcome tracking.

Recommendations for Improvement

The following recommendations aim to enhance the effectiveness of these initiatives, which support SDG 3 and SDG 10 progress:

The organisation needs to develop permanent funding strategies which will maintain both employee stability and initiative continuity as well as build stronger teamwork between healthcare staff, social workers, and voluntary sector organisations.

The nation requires the creation of standardised service delivery standards to ensure equal healthcare access and produce uniform results across all regions, and also expand its community engagement activities to reach people without digital access, and from underserved social groups.

The integration of NHS data systems with community providers through digital technology will enhance continuity of patient care and evaluation tracking.

Conclusion

The research evaluated SDG 3 Good Health and Well-being and SDG 10 Reduced Inequalities through their implementation across worldwide, domestic, and regional areas. The study demonstrates that Denmark achieves successful policy integration, resulting in positive outcomes, whereas the UK faces challenges in addressing health inequality and poor policy implementation. The Scottish local initiatives, together with community-based programs, show promise for better results through specific policy changes. The research shows that healthcare performance deficits stem from delivery, governance, and funding issues rather than from policy creation problems. Social inequality resolution and improved implementation methods are vital to achieving equal health and well-being outcomes.

Reference

- Checkland, K., Bramwell, D., Hammond, J., Bailey, S. and Warwick-Giles, L. (2025) 'Tackling health inequalities: What exactly do we mean? Evidence from health policy in England', *Journal of Health Services Research & Policy*, Available at: <https://doi.org/10.1177/13558196251334571>.
- Chen-Xu, J., Varga, O., Mahrouseh, N., Eikemo, T.A. *et al.* (2024) 'Subnational inequalities in years of life lost and associations with socioeconomic factors in pre-pandemic Europe, 2009–19: an ecological study', *The Lancet Public Health*, 9(3), pp. e166-e177.
- Correia de Matos, R., Nascimento, G.D., Campos Fernandes, A. and Matos, C., (2025) 'The Integration of Social and Health Sectors in Scotland: An Analysis from the Prism of Different Public Policy Models', *Journal of Market Access & Health Policy*, 13(1), p. 8.
- de Haro Moro, M.T., Schofield, L., Munoz-Arroyo, R., McCartney, G. and Walsh, D., (2025) 'A new era of inequality: profound changes to mortality in England, Scotland, and 10 major British cities', *European Journal of Public Health*, 35(2), pp.235-241.
- Dunn, P. (2023) *Nine significant challenges facing health and care in England*. Available at: <https://www.health.org.uk/reports-and-analysis/briefings/nine-major-challenges-facing-health-and-care-in-england> (Accessed: 21 November 2025).
- Germain, S. and Veronesi, G., (2025) 'Harnessing deliberative regulation to address inequities in accessing healthcare services in England', *Medical Law Review*, 33(1), p.fwae042.
- Department of Health and Social Care (2025) . *Fit for the Future: 10-Year Health Plan for England*. London: DHSC. Available at: <https://www.gov.uk/> (Accessed: 21 November 2025)
- Greater London Authority (2022) *Community Health Hubs Evaluation Report*. London: GLA.
- Gross, A. (2024) 'England spent £40bn less on health assets than peer nations', *Financial Times*. Available at: <https://www.ft.com/> (Accessed: 21 November 2025).
- Halliday, J. (2025) 'Britain's "medieval" health inequality is devastating the NHS, experts say', *The Guardian*. Available at: <https://www.theguardian.com/> (Accessed: 21 November 2025).
- London School of Economics (2024) 'Mental health problems cost the UK economy at least £118 billion a year'. Available at: <https://www.lse.ac.uk/> (Accessed: 21 November 2025).

Marmot, M. *et al.* (2020) *Health Equity in England: The Marmot Review 10 Years On*. London: Institute of Health Equity.

Naci, H., Murphy, P., Woods, B., Lomas, J., Wei, J. and Papanicolas, I., (2025) 'Population-health impact of new drugs recommended by the National Institute for Health and Care Excellence in England during 2000–20: a retrospective analysis', *The Lancet*, 405(10472), pp.50-60.

NHS England (2023) *Integrated Care Systems: Population Health Management*. London: NHS England.

NHS England, (2024). Workforce, training and education. Available at: <https://library.hee.nhs.uk/patient-information/patient-information/health-literacy-and-patient-information> (Accessed on: 21 November 2025)

National Institute for Health and Care Research (NIHR), (2024) 'Health information: are you getting your message across?', Available at: <https://evidence.nihr.ac.uk/collection/health-information-are-you-getting-your-message-across/> (Accessed: 21 November 2025).

Raina, N., Khanna, R., Gupta, S., Jayathilaka, C.A., Mehta, R. and Behera, S., (2023) 'Progress in achieving SDG targets for mortality reduction among mothers, newborns, and children in the WHO South-East Asia Region', *The Lancet Regional Health-Southeast Asia*, 18.

United Nations (2023) *Digital Inclusion and Health Equity*. New York: UN.

World Health Organisation (2023) *Universal Health Coverage and Primary Health Care*. Geneva: WHO.

Whyms, D. (2025) 'Myopic cut in UK aid for global health fund is a huge mistake', *The Guardian*. Available at: <https://www.theguardian.com/> (Accessed: 21 November 2025).