



Scotland's
health

The role of Health and
Social Care Partnerships
in **reducing health
inequalities**

We would like to thank the following Health and Social Care Partnerships and organisations who we consulted with in the development of this resource.



Argyll & Bute Health & Social Care Partnership



Midlothian Health & Social Care Partnership

We would also like to thank Scottish Government, Scotland Excel, COSLA and the Care Inspectorate for their steer and input.

Contents

Foreword	2
Introduction	3
What are health inequalities?	4
Acknowledging the challenges and embracing opportunities for prevention	6
Practical actions to help reduce health inequalities	7
1. Quality services with allocation of resources proportionate to need	8
2. Training the workforce to understand their role in reducing inequalities	10
3. Effective partnership across sectors to help reduce health inequalities	11
4. Mitigation of inequalities through employment processes	12
5. Mitigation of inequalities through procurement and commissioning processes	13
6. Leadership and advocating to reduce health inequalities	14
Key policies and drivers strengthening the role of Health and Social Care Partnerships in reducing health inequalities	15
Support	17
Further information	19

Foreword



People are living longer in Scotland. This is a success story and to be celebrated. But it also brings challenges for health and social care services as many of us are living longer in ill health. Changing needs of health and social care service users and our workforce, as outlined in the Health and Social Care Delivery Plan, mean that we all need to be clear about the standards and principles we work and adhere to. Maintaining consistently high standards through a period of substantial change is a challenge for all of us, but to the people who rely on health and social care services it is vitally important that we achieve this.

Inequalities in health outcomes across our population remain a key challenge and have a significant impact on the demands on health care and social care services. Many of the root causes of these inequalities are societal. Health and Social Care Partnerships (HSCPs) have roles in planning and empowering communities to take actions to reduce inequalities, not just through health care, but across a range of sectors.

The design of health and social care services also influences the enjoyment and protection of people's human rights, as well as the opportunity to actively participate in decision making that affects their lives. Using a human rights approach reinforces our integration aim of putting people at the centre of our decisions on planning, service design and delivery.

As HSCPs are required to produce and deliver strategic plans, they are continuously in a cycle of planning, implementing and reviewing their work. These planning, implementation and review processes provide the ideal opportunity to consider the actions to address inequalities and develop relevant measures.

This statement provides a framework of actions that HSCPs should consider when developing their strategic plans, and also aims at employees of local authorities and NHS Boards when delivering frontline services. There is signposting to tools and guidance throughout the resource which may help with some of the actions.

To build on this strategic resource, NHS Health Scotland is developing a suite of resources which will help to think about new and innovative ways of working to reduce health inequalities.

We would like to thank the HSCPs, national and local partners who helped in the development of this resource and gave us feedback, and we hope to continue building strong relationships with the HSCPs to work towards reducing health inequalities in Scotland.

We hope that this resource helps HSCPs to recognise the challenge presented by health inequalities and to take the actions necessary to address them.

Gerry McLaughlin
Chief Executive
NHS Health Scotland

Introduction

Health inequalities are the **unfair** and **avoidable** differences in people's health across social groups and between different population groups. They represent thousands of unnecessary premature deaths every year in Scotland. The gaps between those with the best and worst health and wellbeing still persist, and some are widening.¹

Health and Social Care Partnerships (HSCPs) **have a duty to contribute to reducing health inequalities as one of the National Health and Wellbeing outcomes**², and the actions in this resource help to address this outcome.

This resource strengthens the case that HSCPs, and the people working in them, have a **vital role in providing leadership and governance around reducing inequalities**.

The purpose of this resource is to **offer practical actions** of good practice as a way of considering health inequalities right from the start of developing plans and priorities.

Many of the actions suggested should be familiar and some may already be in place. These actions will be more relevant for some HSCPs than others depending on their scope and structure. The role of the Community Planning Partnership in reducing inequalities and their contribution in delivery of some of these actions is also key.

This resource is **targeted at people working within HSCPs – planners and managers** who are **well placed** to act on the practical actions while making crucial decisions about services and all employees working within HSCPs delivering frontline services.

This resource **can be used as a framework to inform strategic and local governance**. It may also help **identify gaps and actions** not considered in priorities and plans.

¹ See www.healthscotland.scot/media/1086/health-inequalities-what-are-they-how-do-we-reduce-them-mar16.pdf

² See www.gov.scot/Resource/0047/00470219.pdf

What are health inequalities?

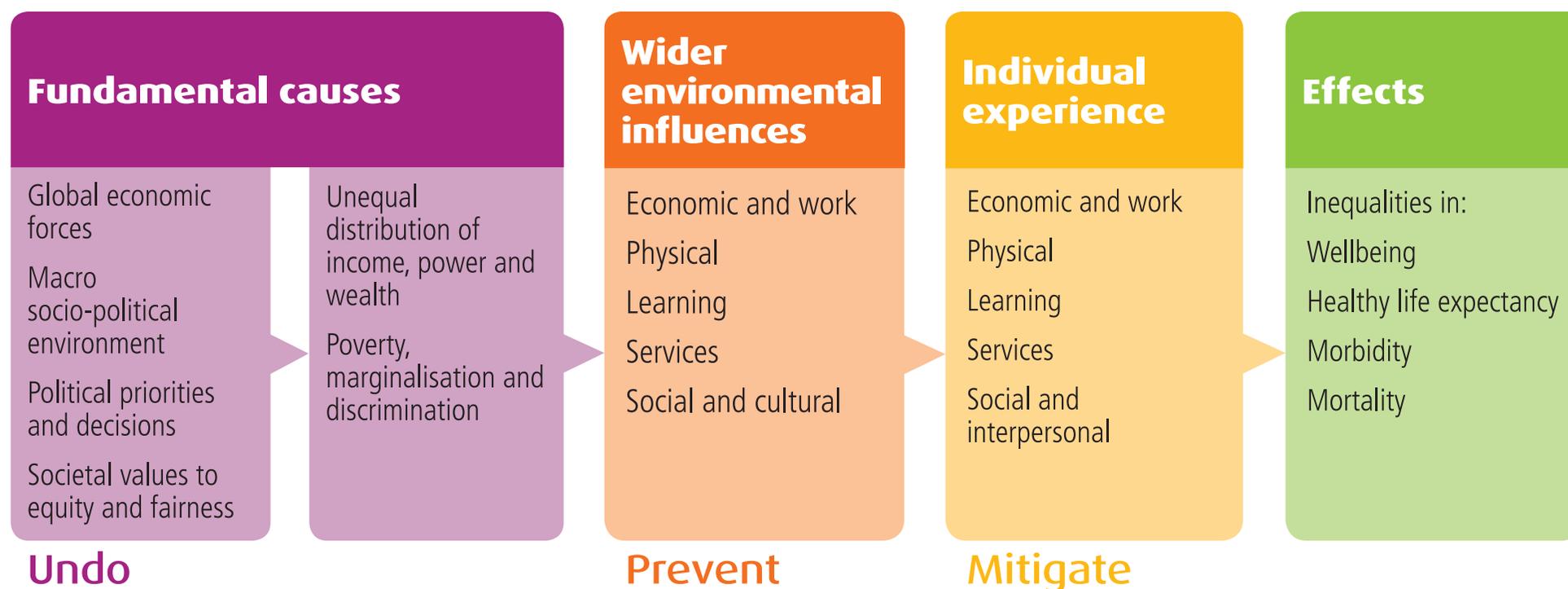
Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. Fundamental causes of health inequalities are an unequal distribution of income, power and wealth. This can lead to poverty and marginalisation of people in society. These fundamental causes also affect the distribution of wider environmental influences on health, such as the availability of work, education and good quality housing. They can also influence access to services and social and cultural opportunities in an area. The wider environment where people live

and work then shapes their individual experiences of low income, poor housing, discrimination and access to health services³.

There is ample opportunity to lead, advocate and influence on reducing health inequalities, albeit some of these fundamental causes may be driven by agencies outwith the control of the Health and Social Care Partnerships. This resource highlights some of the practical actions that could help to reduce health inequalities.

The diagram below illustrates the fundamental causes leading to the influences and experiences they can cause.

Figure 1: Health inequalities: theory of causation



Tackling health inequalities requires a blend of action to **undo** the fundamental causes, **prevent** the harmful wider environmental influences and **mitigate** (make less harmful) the negative impact on individuals. Action must be based on evidence of need, understanding of barriers to social opportunities and what is most likely to work.⁴

To prevent environmental factors causing health inequalities, action is needed to ensure equity in the distribution of, for example, good work, high quality and accessible education and public services. People with high levels of need benefit most from preventative services, highlighting the need to invest in community development and community capacity building, as this has long-term impacts on individuals' skills, health and resilience.

⁴ Macintyre S. *Inequalities in health in Scotland: What are they and what can we do about them?* Glasgow: MRC Social & Public Health Sciences Unit; 2007.

Acknowledging the challenges and embracing opportunities for prevention

There is a challenge for integration in balancing the increasing demand from demographic changes, the pressure on the existing system and the provision of care and treatment. This is set against the immediate need to find new and improved ways of delivering services as well as increasing opportunities for cost saving.

Health and Social Care Partnerships often find themselves responding to their financial pressures by concentrating services on people assessed as critical or at substantial risk, at the expense of upstream, preventative action. However, a lack of prevention can lead to increased demand on those frontline services under pressure.

Through effective collaboration, Health and Social Care Partnerships have the opportunity to make services universally available and accessible to all people, in proportion to their need, which will help to address the inequalities gap and improve the health of the whole population.

At strategic level, proportionate universalism might involve provision of higher numbers of community addictions support workers, or health visitors in areas of higher deprivation. At the operational level the approach might involve staff undertaking a more targeted promotion and follow-up of vulnerable patients for immunisation, screening or primary/secondary prevention. **Community Planning Partnerships** also have a key role in prevention.

Planning for and investing in preventative action can have a positive impact on improving health and reducing health inequalities, while managing the increasing demand for services and a reduction in spend. This investment in prevention does require resources, but can reduce public spending pressures by:

- reducing the length of time people spend in ill health
- preventing ill health and high rates of crisis management
- reducing the demands for public services
- freeing up resources for other uses.

Practical actions to help reduce health inequalities

This section focuses on six themes which can help strengthen the contribution to reducing health inequalities, founded on international evidence⁵ and drawn from local practice. The actions included in the

following tables will apply and interface between Health and Social Care Partnerships (HSCPs), NHS Boards and Local Authorities (LAs).



1 Quality services with allocation of resources proportionate to need



2 Training the workforce to understand their role in reducing inequalities



3 Effective partnership across sectors to help reduce health inequalities



4 Mitigation of inequalities through employment processes



5 Mitigation of inequalities through procurement and commissioning process



6 Leadership and advocating to reduce health inequalities

⁵ See www.local.gov.uk/marmot-review-report-fair-society-healthy-lives



1. Quality services with allocation of resources proportionate to need

Allocating services in proportion to need and understanding the nature of need within the communities is crucial for Health and Social Care Partnerships (HSCPs) and vital for reducing health inequalities. Better value means more than just living within our means; it means improving outcomes by delivering value from all our resources. It is not just about increasing the efficiency of what we currently do,

but also innovating and redesigning services to deliver outcomes in different and more effective ways.

HSCPs could consider using data and service user experience and outcomes to inform decisions about the allocation of funding to tackle health inequalities. This includes making decisions about spending money on prevention to reap benefits at a later date.

The way HSCPs can lead	Actions for HSCPs, NHS and LAs	Who can help make this happen
<p>Quality services with allocation of resources proportionate to need.</p> <ul style="list-style-type: none"> • Health and social care services are planned and delivered in proportion to need. • Inequities in access, outcomes and the experience of care are accounted for and addressed. 	<ul style="list-style-type: none"> • Undertake health inequalities/equalities/human rights impact assessment with new policies, plans and investment decisions. • Understand the health of your population and the factors that shape it. • Understand the impact of inequalities on service users and demand on services through the use of available data and feedback and comments from service users, their families and local community. • Ensure meaningful and effective engagement with community, individuals and individual service users to understand community needs and to inform the development and implementation of strategic plans. Influencing and having conversations with the wider community about inequalities. • Consider that access to goods and services can depend on where service users live, and the impact on inequalities has to be considered – for example the impact on those who live in the islands or remote areas, or access needs of people who are homeless. • Use the Place Standard Tool which helps find those aspects of a place that need to be targeted to improve people’s health, wellbeing and quality of life 	<p>Integration chief officers Chief social work officers Heads of services and planning Public health and inequalities leads Health intelligence Service and clinical managers Third sector Communities</p>

The way HSCPs can lead	Actions for HSCPs, NHS and LAs	Who can help make this happen
	<ul style="list-style-type: none"> • Set up a risk assessment process to identify service users at risk of vulnerability – for example routine questions at initial discussions with service users. • Have governance arrangements in place to check progress and actions to address inequalities. • Provide and refer to welfare and money, employability and home energy advice, through working in partnership with relevant agencies such as Citizens Advice Bureau. • Provide appropriate and relevant support, including the use of technology, for people to engage meaningfully in planning services. • If in the scope of the partnership, link the planning with the planning duties under the Children’s and Young People (Scotland) Act, which requires partners to focus on early intervention. 	



2. Training the workforce to understand their role in reducing inequalities

Evolving health and social care services must also be rooted in a widespread culture of improvement. It is vital to support the people working within Health and Social Care Partnerships (HSCPs) to consider building upon their existing knowledge and skill sets to deliver services that help reduce health inequalities, enabling them

to respond to the social and economic circumstances affecting an individual's health, recovery and circumstance. Local Authorities (LAs) and NHS Boards have a major role to play in considering social issues and looking at the wider determinants in order to improve health.

The way HSCPs can lead	Actions for HSCPs, NHS and LAs	Who can help make this happen
<p>Training people working within HSCPs to understand and help reduce health inequalities.</p> <ul style="list-style-type: none"> • People working in HSCPs have the knowledge and skills to design and deliver services that are sensitive to inequalities. 	<ul style="list-style-type: none"> • Support all people working within the HSCPs, including independent and voluntary sector, to increase knowledge and skills in: <ul style="list-style-type: none"> - reducing health inequalities, including cultural competence, human rights, equality and diversity such as NHS Health Scotland's VLE and Public Health Intelligence Training Course. - building knowledge, understanding, skills and confidence in service users to use health information, to be active partners in their care, and to navigate health and social care systems. This is known as health literacy. - embedding inequalities sensitive practice and risk assessment, for example, taking into account issues such as broader social history, financial inclusion, gender-based violence, homelessness support, carer responsibilities, and fuel poverty. • Use innovative ways to get messages across to employees about inequalities, for example via the power animation developed by NHS Health Scotland. • Support employees to join networks to increase knowledge in health inequalities. • Support employee development and confidence in contributing to the reduction of health inequalities via existing personal development performance (PDP) and appraisal systems. • Support people working in HSCPs to have increased knowledge in public health, and help demonstrate where their skills align with the Public Health Knowledge and Skills Framework. 	<p>Organisational development Human resources and workforce Equality and diversity leads Public health and health inequalities leads Quality improvement leads Volunteer services managers</p>



3. Effective partnership across sectors to help reduce health inequalities

Health and Social Care Partnerships (HSCPs) cannot tackle health inequalities by working on their own. It is often the health services, local government and/or HSCPs who fund the third sector to deliver local services, and are often best placed to respond to frontline service users. Many third sector organisations have specialist knowledge and

skills that could help reduce inequalities much more efficiently. In addition, strong relationships with Community Planning Partnerships are a prime opportunity for ensuring that reducing health inequalities is a shared objective.

The way HSCPs can lead	Actions for HSCPs, NHS and LAs	Who can help make this happen
<p>Effective partnership with different sectors to help reduce health inequalities.</p> <ul style="list-style-type: none"> • Strategic plans could support action to address the fundamental and environmental causes of health inequalities by working in partnership with the third sector, and strengthening community engagement and empowerment. 	<ul style="list-style-type: none"> • Ensure there are aims to reduce inequalities in strategic plans, and ensure these are not only aspirational but deliverable through integrated structures. • Mainstream inequalities in development plans, as well as in separate equality and diversity plans, with specific actions, leadership and accountability for particular population groups. • Make clear links from evidence on inequalities with aims and actions in priorities and plans. • Ensure plans reflect effective partnerships with a range of community and third sector organisations for their implementation, such as local housing and welfare rights associations to help those most vulnerable in the community. • Ensure meaningful and effective engagement with community individuals and individual service users to understand that community needs to inform the development and implementation of strategic plans. • Measure and report on the impact of reducing inequalities for local people and communities as required for the National Health and Wellbeing Outcomes. 	<p>Integration chief officers Chief social work officers Heads of planning and service Health intelligence Community Planning Partnerships Local improvement support team analysts allocated to each HSCP Third sector Communities</p>



4. Mitigation of inequalities through employment processes

Everyone Matters: 2020 Workforce Vision sets out the health and social care workforce policy for Scotland. The Health and Social Care Partnerships (HSCPs) are not employers themselves, and so the

following 'employment' actions are aimed at the Local Authorities (LAs) and NHS Boards working within the partnerships.

The way HSCPs can lead	Actions for HSCPs, NHS and LAs	Who can help make this happen
<p>Mitigation of inequalities through employment processes.</p> <ul style="list-style-type: none"> Mitigating and preventing the impact of inequality is integrated within employment policy and practice. 	<ul style="list-style-type: none"> Ensure effective governance and monitoring is in place to support the right of an individual employee to the best attainable health by implementing a workforce and health (including mental health) and wellbeing strategy. Ensure the dimensions of the Fair Work Framework are embedded into organisation policies, practices and procedures. Commit to paying, and build on existing commitments to, the Scottish Living Wage. Ensure fair recruitment policy embeds practice to reduce health inequalities. Support a diverse composition of workforce that reflects the communities they serve, and regularly monitor the workforce composition. Enhance opportunities within the workforce for young people and vulnerable individuals to progress within the health and social care workforce structures. Monitor employment processes and ensure that practices, such as flexibility and access to workforce development, are fair and equitable. Ensure a sustainable workforce planning process that supports progression of existing staff, and creates opportunities to enter the health and social care workforce. Ensure employees have opportunities to enhance qualifications, skill sets and competence. Provide targeted employment opportunities for vulnerable citizens within the community such as young carers and those with additional needs. 	<p>Integration chief officer Heads of service Human resources Workforce leads Trade unions Partnership bodies</p>



5. Mitigation of inequalities through procurement and commissioning processes

Health and Social Care Partnerships (HSCPs) should ensure the strategic commissioning process is equitable and transparent, and is undertaken in partnership with stakeholders via an ongoing collaboration with people who use services, their unpaid carers

and providers. This principle needs to be applied when services are delivered on behalf of the HSCP by a partner organisation.

The way HSCPs can lead	Actions for HSCPs, NHS and LAs	Who can help make this happen
<p>Mitigation of inequalities through procurement and commissioning processes.</p> <ul style="list-style-type: none">Mitigating and preventing the impact of inequality is integrated within procurement policy and practice.	<ul style="list-style-type: none">Embed community benefit clauses in procurement activity to strengthen community cohesion, health and wellbeing.Encourage payment of the Scottish living wage through innovative procurement practice and transparent assessment of the cost of care provision.Commissioning and procurement processes, undertaken directly or on behalf of HSCP, incorporate good work principles, ensuring the workforce across HSCP commissioned services, and supply chain, benefits from the same employment standards at work as the HSCP partner organisations.Ensure commissioning and procurement processes undertaken directly or on behalf of the HSCP measure and score impact on inequalities and have monitoring systems in place to ensure the contribution to addressing health inequalities is realised.Embed good procurement practice through adherence to the guidance on the procurement of care and support services. Ensure support for local SMEs, third sector, supported businesses and the independent sector to compete in public commissioning and procurement processes to enhance local economic benefits.Ensure capital investment decisions and procurement undertaken on behalf of the HSCP both consider the impact on communities and contribute to reducing inequalities.	<p>Integration chief officer</p> <p>Heads of planning and commissioning</p> <p>Procurement leads</p> <p>Commissioning leads</p>



6. Leadership and advocating to reduce health inequalities

Health and Social Care Partnerships (HSCPs) have an important role in advocating for action at national and local level to address health inequalities. This means advocating for fairer policy and fairer planning when engaging with chief officers, elected members,

non-executives, heads of planning as well as policymakers at community planning levels. This sort of leadership and momentum is challenging to create and sustain, but it is at the heart of the Christie recommendations.⁶

The way HSCPs can lead	Actions for HSCPs, NHS and LAs	Who can help make this happen
<p>Advocating to reduce health inequalities.</p> <ul style="list-style-type: none"> Integration authorities, elected members and other senior managers actively advocate for action on inequalities in partnership with local authorities, Community Planning Partnerships, the third sector and others in their community. 	<ul style="list-style-type: none"> Discuss what role and steps could be taken for HSCPs to contribute to reducing health inequalities, and agree how this can be monitored. Advocate at partnership and policy level for fair and equitable access to services. Advocate for and highlight the key opportunities that address inequalities in health, such as routine payment of at least Scottish living wage, and Fair Work Framework principles. Advocate for planning policies that deliver positive place making, particularly for communities with high levels of need. Advocate for economic policies that are most likely to support fair, high quality employment. Support partners to use socioeconomic impact assessments and other approaches to ensure their plans and policies support people with highest levels of need. Chief officers and elected members constructively advocate for policy change at a national level on inequalities. 	<ul style="list-style-type: none"> Integration chief officers Chief social work officers Elected members Non-executives Councillors⁷ Heads of services Commissioning Planning Heads of strategy Third sector partners

⁶ See www.gov.scot/Publications/2011/06/27154527/0

⁷ See www.improvementservice.org.uk/documents/em_briefing_notes/em-briefing-health-inequalities.pdf

Key policies and drivers strengthening the role of Health and Social Care Partnerships in reducing health inequalities

- Public Bodies (Joint Working) (Scotland) Act 2014 provided the legislative framework for the integration of health and social care service in Scotland.
- The Equality Act (2010) underpins all of the work that HSCPs and Health Boards and councils do. In its simplest form the general duty is about taking a person-centred preventative approach to the delivery and planning of our services.
- The 2020 Vision for Health and Social Care describes actions on how health and social care can strengthen its role in preventing and reducing health inequalities through its opportunity of an integrated system.
- The Health and Social Care Delivery Plan (2016) recognises the vital contribution health and social care integration plays to reduce health inequalities.
- HSCPs' strategic plans are an opportunity to embed actions and governance which help to reduce inequalities.
- National Health and Wellbeing Outcomes are strategic statements which HSCPs aim to achieve. Strategic commissioning plans are based on these outcomes and Outcome 5 asks HSCPs to demonstrate how their services can contribute to the reduction of health inequalities.
- Socioeconomic duty will be introduced by Scottish Government, where public bodies like local councils and NHS Boards will have to think carefully about how to reduce poverty and inequality whenever they make big decisions that are important to all of us.
- The Community Empowerment (Scotland) Act 2015 aims to raise the level of ambition for community planning, which has ample opportunity to embed actions to help reduce health inequalities. Community planning has strong connections with HSCPs and will often involve people working across the two planning structures.
- Children and Young People Scotland Act (2014) (part 9) places responsibilities on local authorities and their partners to improve outcomes for looked after children. A focus on health outcomes is explicit.
- Scotland's Mental Health Strategy (2017–27) is a 10-year vision describing the link between social inequalities and poor mental health.
- National Health and Social Care Workforce Plan (due end of 2017) aims to ensure health and social care staff are resourced to be better targeted, aligning demand and supply to ensure people get the right support at the right time, which has the opportunity to look at inequalities and services proportionate to need.

- National health and social care standards (2017) take a human-rights based approach to ensure everyone in Scotland receives the same high quality care no matter where they live. One of the principles is 'equality and diversity'.
- Social Care (Self-directed Support) (Scotland) Act (2014) places a duty on local authority social work departments to offer people who are eligible for social care a range of choices over how they receive their support.

Support

Below is a list of where to go for support to help with the practical actions outlined in this resource.

Organisations

- **NHS Health Scotland's tools and resources**
- **Scottish Human Rights Commission**
- **Health and Social Care ALLIANCE (Scotland)**
- **I Hub – Supporting health and social care**
- **Community Planning in Scotland Portal**
- **The national improvement service for local government in Scotland**
- **Glasgow Centre for Population Health**
- **Information Services Division**
- **The King's Fund**

Workforce training and networks

- NHS Health Scotland's **Virtual Learning Environment**: e-modules on 'health inequalities aimed at health and social care staff'
- NHS Health Scotland: **Scottish Health and Inequalities Impact Assessment Network**
- University of Dundee: **Tackling inequalities through health and social care design**
- Royal College of Physicians: **Introduction to the Social Determinants of health**
- ScotPHO: **Public Health Information Network**

- Glasgow University: **Health Economics and Health Technology Assessment**
- Scottish Health Council: **Participation Toolkit**
- Scottish Community Development Centre: **Communities Matter**

Staff health and wellbeing

- **Healthy Working Lives** Adviceline: 0800 019 2211

Measuring data on health inequalities

- NHS Health Scotland: **Public Health Data**
- Each Health and Social Care Partnership will have a Local Improvement Support Team who can help with data and measuring performance

Additional papers to read

- Public Health England: **Reducing health inequalities: system, scale and sustainability**
- UCL Institute of Health Equity, Department of Epidemiology and Public Health, University College London: **Working for Health Equity: The Role of Health Professionals**
- Audit Scotland: **Health and Social Care Integration**
- Scottish Parliament: **Integration Authorities' Engagement with Stakeholders**
- Scottish Health Council: **Evaluation Participation: A guide and toolkit for health and social care practitioners**
- NHS Health Scotland: **Maximising the role of NHS Scotland in reducing health inequalities**

Further information

We hope you find this publication useful and use it to further develop your understanding of the role of Health and Social Care Partnerships in contributing to reducing health inequalities. If you would like any advice or further information please contact:

Lorna Renwick

Organisational Lead – NHS team, NHS Health Scotland
lornarenwick@nhs.net

Arma Sayed-Rafiq

Senior Health Improvement Officer – NHS team, NHS Health Scotland
arma.sayed-rafiq@nhs.net

This publication is aimed at people working in Health and Social Care Partnerships (HSCPs). It describes practical actions as a way of considering health inequalities at the beginning when developing plans and priorities.

This resource may also be made available on request in the following formats:



☎ 0131 314 5300

✉ nhs.healthscotland-alternativeformats@nhs.net



Published by NHS Health Scotland

1 South Gyle Crescent
Edinburgh EH12 9EB

© NHS Health Scotland 2018

www.healthscotland.scot

 @NHS_HS

 [nhshealthscotland](https://www.instagram.com/nhshealthscotland)