Scotland's health

NHS
Health
Scotland

Maximising the role of NHSScotland in **reducing health inequalities**

Contents

Foreword

This is a time of change for NHSScotland. A new public health body will be formed, and all 14 territorial health boards will be working as part of Integration Joint Boards across the country.

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 will be a challenge for all of us, but it is vitally important to the people who rely on our services 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 other services. Many of the root causes of these inequalities are societal, with some lying beyond the influence of NHSScotland, and requiring close partnership working to have the desired impact. Integration Joint Boards have roles in planning and empowering communities to take actions to reduce inequalities, not just through health care, but across a range of sectors. For our part, we are considering what NHSScotland can do to address inequalities, in the way it plans and procures services, supports its workforce and works in partnerships.

This statement has been developed by a working group and through engagement with partners across NHSScotland. Much of the feedback we received focused on comments such as: 'We know inequalities are an issue, tell us what we can do about it from our NHS perspective.' The statement builds on international evidence and has drawn on practice across Scotland.

We will follow up this statement with advice on the role of Health and Social Care Integration and the practical measures that Integration Joint Boards can take to address inequalities, taking into account their different governance structures.

I would like to thank all the partners and stakeholders who helped us to develop this statement. I would urge all NHS Boards to recognise the challenge that health inequalities present to healthcare services and to take the actions identified in this statement to address these.

Gerry McLaughlin
Chief Executive
NHS Health Scotland

Summary

What is this resource?

This statement describes practical actions that NHSScotland can take to reduce health inequalities. There is potential for impact in five areas: quality of services; the workforce; effective partnership; employment and procurement; and advocacy.

Who is this resource for?

This publication is aimed at senior staff in NHSScotland who are involved in setting local plans or priorities which have opportunities to address health inequalities and improve prevention work. Senior staff include leads in Procurement, Human Resources, Service Planners, Equality and Diversity, Finance, and Public Health, as well as Chief Executive Officers and Non-executive Directors.

How can this resource be used?

- To ensure you have considered the practical actions in this paper when looking to address health inequalities and improve prevention work.

- To inform any local policies or plans you are developing or renewing for your area.

- To highlight any gaps you may not have considered in your local priorities.

Following consultation with a wide range of senior NHS and other public sector staff across Scotland, and considering the Health and Social Care Delivery Plan, NHS Health Scotland will be developing another strategic statement for Health and Social Care Integration partners. This statement will also illustrate their specific role in addressing health inequalities and will describe practical actions that can help reduce inequalities.

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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.

The **purpose of this resource** is to provide an overview of NHSScotland's key contribution to reducing health inequalities. This resource describes practical actions that NHSScotland can lead on to reduce health inequalities and to ensure the best attainable health outcomes for the people and communities it serves and the staff it employs. We acknowledge the vital role of the wider integrated and third sector to address health inequalities, and many of these actions will resonate with wider organisations.
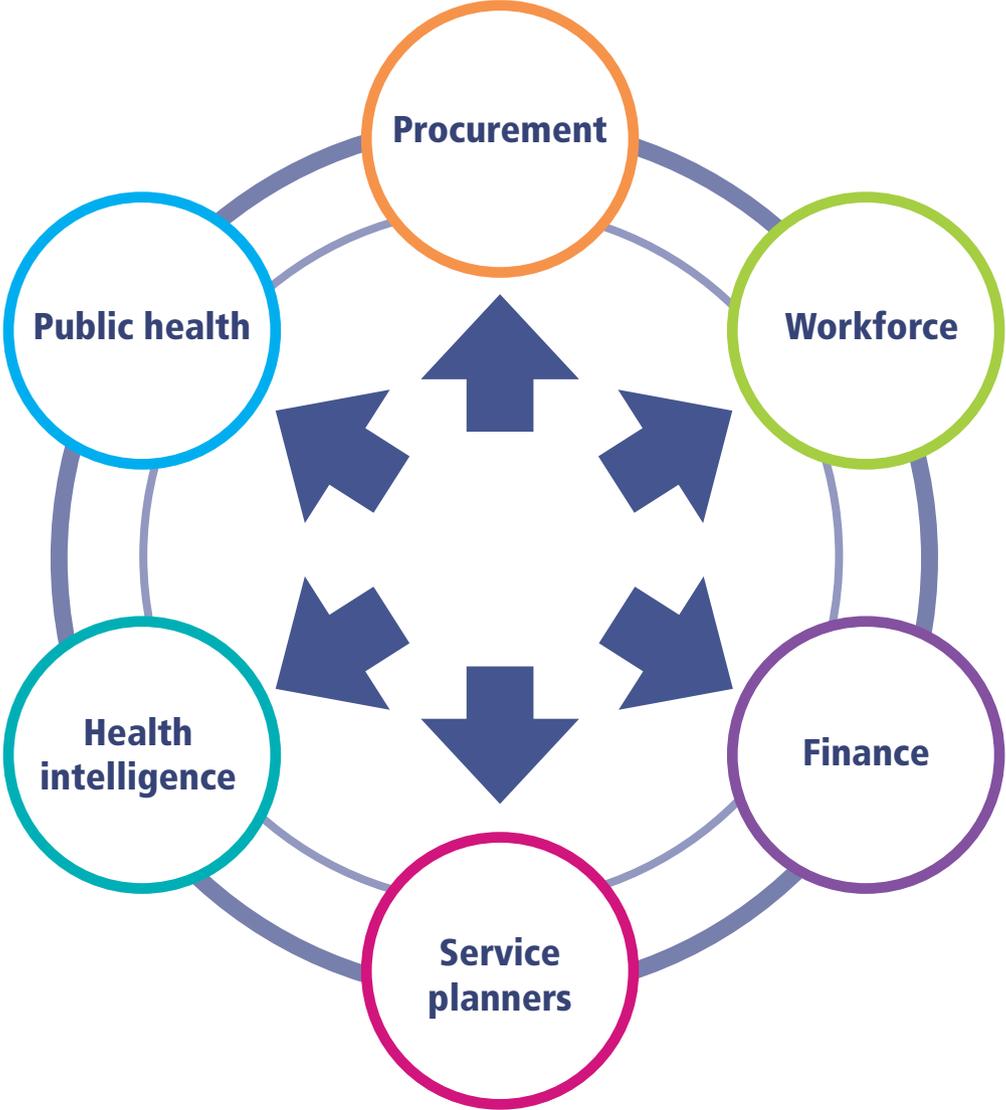
The **target audience** for this resource is senior NHSScotland staff, supporting them in setting their local priorities for addressing health inequalities and improving prevention work.

The **Health and Social Care Delivery Plan** (2016) emphasises significant change in Scotland. It sets out a delivery programme for Scotland to evolve health and social care services and focus on prevention, anticipation and supported self-management. This plan aims to build on NHSScotland excellence, while recognising the critical role that services beyond the health sector play which are ultimately fit for the challenges facing Scotland. The current structure and form of NHSScotland is therefore changing, and many NHS roles and responsibilities are now being placed within the integrated authorities. Throughout this transition, NHSScotland has a vital contribution to make in reducing inequalities, and this resource describes these contributions.

NHSScotland is compelled to comply with **national and international obligations** such as the Equality Act (2010), the Public Bodies Joint Working Act (2014), the Community Empowerment Act (2015), the Human Rights Act (1998) and the International Covenant on Economic, Civil and Political Rights. All of these give NHSScotland obligations, but also opportunities, to reduce inequalities – not just moral or political obligations but legal ones as well.

The **Healthcare Quality Strategy for NHSScotland** also makes a clear commitment to strengthening the contribution of NHSScotland in reducing health inequalities: 'NHSScotland is committed to understanding the needs of different communities, eliminating discrimination, reducing inequality, protecting human rights and building good relations by breaking down barriers that may be preventing people from accessing the care and services that they need.'[1]

To deliver a healthier Scotland, leadership is required from a range of senior staff across NHSScotland.

Section 1 – What role does NHSScotland have in reducing health inequalities?

The current structure and form of NHSScotland is changing. When considering health inequalities and NHSScotland's role in reducing these, there is a challenge in balancing the increasing demand, the pressure on the existing system and the provision of care and treatment, set against the immediate need to find new and improved ways of delivering services as well as increasing opportunities for cost saving. The changing demographic and the rising demand on health services has led to a need for transformational change to implement reforms across the health and social care system. For this to succeed, social justice needs to be at its core, with the role of NHSScotland and partners to support the right of the individual to the best health outcomes.

Those who are the most marginalised in our society have the poorest health outcomes and place a significant demand on services. Despite the policy and legislative context for addressing health inequalities, evidence shows that persistent health inequalities remain in both health outcomes and service experience in NHSScotland. NHSScotland staff will experience the effects of health inequalities and the impact of poor health outcomes on individuals and communities. While these health inequalities in service access and health outcomes are replicated across NHSScotland, they are avoidable and not inevitable. NHSScotland therefore has a key role to play in the change needed to address these health inequalities.

- Emergency admissions to general hospitals show marked deprivation gradients, but less for elective admissions among both men and women.[2]

- A recent DNA (Did Not Attend) study in Scotland has shown that for every appointment, the risk of DNA is highest among those living in more deprived areas, males, young adults and in general psychiatry settings.[3]

- Women from the most deprived areas are least likely to attend cervical screening and are significantly more likely to die from cervical cancer.[4]

Prevention

It is well documented that people from lower socioeconomic groups are at higher risk of avoidable emergency admissions, and there is a body of work to address unscheduled care and reduce cost to the system, including integrating health and social care and improved discharge planning. However, to have any lasting impact on demand, the impact of socioeconomic deprivation should be a key factor for policy and service change in reducing unscheduled admission rates and improving health outcomes.[5]

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
- reducing the demands on and inappropriate use of services
- freeing up resources for other users.

Section 2 – Practical actions for NHSScotland

This section focuses on five ways in which NHSScotland can strengthen its contribution to reducing health inequalities and the specific role NHSScotland staff can play to ensure these aspects are addressed. These five areas are founded on evidence-based principles from Marmot's Health Equity report[6] and actions are drawn from local practice.

1 Quality services with allocation of resources proportionate to need

2 Training the workforce to understand their role in reducing inequalities

3 Effective partnership with different sectors to help reduce health inequalities

4 Mitigation of inequalities through employment and procurement processes

5 Advocating to reduce health inequalities

Integration Joint Boards will also recognise many of the actions that follow as relevant to their roles.

1. Quality services with allocation of resources proportionate to need

Good quality care cannot be provided consistently if people from disadvantaged groups and/or those who have particular characteristics have an unequal access to or experience of healthcare.

Ensuring equality of access and patient experience is the responsibility of frontline service providers, as well as those planning and leading the development of health and social care services. The way in which services are delivered should be adaptable to the needs of people who find it difficult to follow standard pathways – for example due to low health literacy, language issues, sensory impairment or socioeconomic constraints.

A key factor is how services are designed and delivered, and how resources are allocated. Making services universally available and accessible to all people, in proportion to their need, will help to address the inequalities gradient and improve the health of the whole population. Decisions about the allocation of resources and services proportionate to need is a vitally important aspect of the action that NHSScotland can take to reduce health inequalities.

To allocate universal services in proportion to need, NHSScotland staff need to know and understand the nature of need within the communities they serve.

The ways NHSScotland can lead	Actions	Who is responsible
Quality services with allocation of resources proportionate to need Health and social care services are planned and delivered in proportion to need, and inequities in access, outcomes and the experience of care are accounted for and addressed.	Leadership role in delivery of the vision for NHSScotland and inequalities • Assess impact on inequalities from service redesign and investment decisions. • Govern progress and impact of actions to address inequalities. • Understand local barriers of access to services, identification of priority groups, plan to improve access to care. • Understand impact of inequalities on patient flow, service use and demand. • Undertake a health inequalities/equalities impact assessment of new policies, plans and service redesign. • Set up a routine enquiry process to identify patients at risk of vulnerability. • Increase access to welfare advice and income maximisation services. • Provide support for patient/community engagement in planning services. • Increase capacity in primary care to mitigate for health inequalities. • Prioritise preventative services, early years and early intervention. • Ensure evidence-based services are in place to support patients to return to and retain work.	Chief Executive, Board, Directors, Planning and Performance, Public Health and Inequalities Leads, Health Intelligence, Service and Clinical Managers, Patient engagement, General Practitioners, Occupational Health.

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

Staff who are valued and treated well improve patient care and overall performance. The 'Everyone matters – 2020 workforce vision'[7] recognises the vital role of the workforce in responding to the challenges that NHSScotland faces.

The ways NHSScotland can lead	Actions	Who is responsible
Training the workforce to understand and help reduce health inequalities The workforce have the knowledge and skills to design and deliver services that are sensitive to inequalities, enabling them to respond to the social and economic circumstances affecting patients' health and treatment.	**Leadership role for awareness and workplace culture required to address inequalities** • Ensure staff training on inequalities, including cultural competence, human rights, equality and diversity. • Ensure staff training in health literacy to improve communication, self-management and patient safety. • Ensure staff have skills in measuring data on inequalities for service planning. • Ensure training for specific skills in planning for inequalities sensitive practice, delivery of interpreting services and routine enquiry, taking into account a broader social history and considering financial inclusion, gender-based violence, homelessness support, carer responsibilities, and fuel poverty. • Ensure active recruitment of diverse volunteers and support for their development.	Chief Executive, Service Leads, Organisational Development, Human Resources and Workforce, Equality and Diversity Leads, Public Health and Health Inequalities Leads, Volunteer Coordinators.

3. Effective partnership with different sectors to help reduce health inequalities

The Public Health Review (2015)[8] clearly stated the importance of both national and local perspectives, and the need for greater coordination between these. In relation to reducing inequalities, NHSScotland should ensure that they and their services are reaching out to all the groups and communities that make up the populations they serve. This is particularly necessary for those at most risk from discrimination, prejudice and exclusion, and those who find it most difficult to access and/or benefit from the services provided and to make their voices heard. The third sector includes a wide range of national and local community and voluntary organisations who can act as intermediaries or interfaces between NHSScotland and communities.

The ways NHSScotland can lead	Actions	Who is responsible
Effective partnership with different sectors to help reduce health inequalities Integration Joint Board strategic plans include action to address the fundamental and environmental causes of health inequalities as well as reacting to the effect; working in partnership with the third sector; and strengthening community engagement and empowerment.	Leadership role – public health and NHS leadership input to Integration Joint Boards, including economic partnerships • Assess population profiles in partnership with localities, and identify opportunities to prevent and mitigate inequalities. • Involve third sector in service planning and delivery as advocates for service users and providers of health and social care services. • Engage local authority and third sector in health inequalities impact assessment. • Assess the impact of health inequalities on investment decisions when in partnership with public/private sector. • Engage in open partnership working, sharing budgets across NHSScotland.	Chief Executive, Non-Executives, Board, Service Leads, Public Health and Health Intelligence, Service Planners, Engagement Leads.

4. Mitigation of inequalities through employment and procurement processes

The Healthcare Quality Strategy[1], Health Promoting Health Service[9], the 2020 vision[7] and Staff Governance Standard[10] all highlight the importance of staff health and wellbeing. The aspirations of the Fair Work Framework align with the Staff Governance Standard and the measures of iMatter, as well as the NHS values and values-based recruitment, as noted in the Health and Social Care Delivery Plan 2016[11].

To continuously improve equality in access and the quality of services, it is crucial for NHSScotland staff to understand how to tackle inequalities and therefore their role in contributing to reducing health inequalities. This includes not only staff who directly deliver services, but also those who have strategic leadership, planning and governance roles.

The ways NHSScotland can lead	Actions	Who is responsible
Mitigation of inequalities through employment and procurement processes Mitigating and preventing the impact of inequality is integrated within procurement policy and practice. Ensuring the principles of 'good work' are incorporated into the monitoring of the Staff Governance Standard.	Leadership role and our own accountability as an employer: • Ensure governance and monitoring is in place to support the right of an individual to the best attainable health. • Ensure the dimensions of the Fair Work Framework are embedded into organisation policies, practices and procedures. • Commit to paying staff the living wage. • Ensure recruitment policy and practice is inequalities-sensitive. • Ensure a diverse composition of workforce. • Enhance opportunities for young people and vulnerable groups. • Implement a workforce and wellbeing strategy.	Chief Executive, Service Leads, Procurement Leads, Human Resources and Workforce Leads, Staff Side Partnership Representatives, Unions.

The ways NHSScotland can lead	Actions	Who is responsible
	• Implement the Staff Governance Standard and the 2020 Workforce Vision, both of which aim to achieve a workforce that is motivated and protected by values of fairness and inclusiveness. • Support the delivery of employment duties, including monitoring of the workforce composition by protected characteristics. • Monitor employment processes and practice, such as flexibility and access to development. • Ensure a sustainable planning process that supports progression of existing staff, and creates opportunities to enter the NHS workforce. Leadership role and our accountability as a procurer: • Use purchasing power to support local community through use of community benefit clauses in contracts and procurement frameworks. • Secure living wage for external contracts to provide an income that supports healthy living. • Ensure the workforce across the NHS supply chain benefits from the same standards at work as Health Board employees. • Ensure the workforce across the NHS supply chain applies good work principles. • Measure and score the extent to which the above contribute to addressing health inequalities. • Support local SMEs to compete in public sector procurement to enhance local economic benefits. • Ensure capital investment decisions consider impact on communities and contribute to reducing inequalities.	

5. Advocating to reduce health inequalities

The *Working for Health Equity* report[6] includes a very clear statement that the NHS, particularly senior leaders, must be prepared to act as advocates to reduce inequality.

NHSScotland has an important role in advocating for action at national and local levels to address inequalities. This means advocating for fairer policy and fairer planning when engaging with policymakers and 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[12]. NHSScotland needs to meet the challenge of allocating funding and shared budgets proportionately to need and ensuring action to address inequalities.

The ways NHSScotland can lead	Actions	Who is responsible
Advocating to reduce health inequalities Leaders, Board Members and other senior managers actively advocate for action on inequalities in partnership with local authorities, the third sector and others in their community.	**Leadership role – our own accountability for inequalities and influencing that of our partners** • Advocate for routine payment of at least living wage and Good Work principles. • Advocate and contribute to planning for early intervention and prevention with partners. • Advocate at NHS Board, partnership and policy level for fair and equitable access to health services. • Advocate for and highlight the key interventions that address inequalities in health such as living wage, employment, housing and place standards, smoking bans, early years support.	Chief Executive, Service Leads, Procurement Leads, Human Resources and Workforce Leads, Staff Side Partnership Representatives, Unions.

Support

Below is a list of resources to help NHSScotland staff with the practical actions outlined in this publication:

- Information, resources and tools on reducing health inequalities: **www.healthscotland.scot**

- Workforce training: **www.healthscotland.scot/media/1252/learning-opportunities-to-reduce-health-inequalities-nov2016-english.pdf**

- Staff health and wellbeing: **www.healthyworkinglives.com** Adviceline: **0800 019 2211**

- This paper can helpfully be read alongside other papers such as:

  o *Working for Health Equity: The Role of Health Professionals*, UCL Institute of Health Equity, Department of Epidemiology & Public Health, University College London. **www.instituteofhealthequity.org/resources-reports/working-for-health-equity-the-role-of-health-professionals**

  o Pursuing equity: IHI brings together leading health care organisations for two-year initiative to advance equity (2017), Institute for Healthcare Improvement. **www.ihi.org/Engage/Initiatives/Pursuing-Equity/Pages/default.aspx**

  o *Reducing Health Inequalities: What NHS Non-Executive Directors can do to make a difference*, NHS Health Scotland. **www.healthscotland.scot/media/1182/reducing-health-inequalities-aug-2015.pdf**

Conclusion

We hope you find this publication useful and use it to further develop your understanding of the role of NHSScotland and its unique contribution to reducing health inequalities. If you would like any advice or further information please contact:

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9. Health Promoting Health Service, NHS Health Scotland. **www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs.aspx**

10. Staff Governance Standard for NHSScotland Employees (2007), NHSScotland **www.staffgovernance.scot.nhs.uk/monitoring-employee-experience/staff-governance-standard-monitoring/staff-governance-standard-monitoring-good-practice/**

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This publication provides senior NHSScotland staff an overview of their unique and key contributions to reducing health inequalities. It describes practical actions staff can put in place to reduce health inequalities ensuring the best attainable health outcomes, both for the people and communities they serve and the staff they employ.

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

| translations | easy to read | audio | BSL | large print | braille |

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