



Integration Joint Board

30<sup>th</sup> January 2019

This Report relates to  
Item 14 on the Agenda

# Inequalities and Health Inequalities

*(Paper presented by Philip Myers)*

*For Discussion and Noting*

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<b>List of Background Papers</b>	<b>Health and Social Care Senior Management Team - 10<sup>th</sup></b> April 2018 report titled: <i>Equality and Diversity</i>  <b>NHS Dumfries and Galloway Board - 6<sup>th</sup></b> August 2018 report titled: <i>Scotland's New Public Health Priorities: How are they addressed in Dumfries and Galloway?</i>  <b>NHS Dumfries and Galloway Board - 1<sup>st</sup></b> October 2018 report titled: <i>Update on Inequalities and Health Inequalities</i>
<b>Appendices</b>	Not Applicable

## SECTION 1: REPORT CONTENT

<b>Title/Subject:</b>	Inequalities and Health Inequalities
<b>Meeting:</b>	Integration Joint Board
<b>Date:</b>	30 <sup>th</sup> January 2019
<b>Submitted By:</b>	Philip Myers, Health and Wellbeing Specialist, NHS Dumfries and Galloway
<b>Action:</b>	For Discussion and Noting

### 1. Introduction

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update on the approaches being taken to address inequalities and health inequalities across a number of sectors within Dumfries and Galloway and; in particular consider the role of the Health and Social Care Partnership with a view to accelerating progress to reduce health inequalities.

### 2. Recommendations

#### 2.1 The Integration Joint Board is asked to:

- **Note the progress which has been made in the understanding of the fundamental causes of inequalities and the relationship between inequalities and health inequalities**
- **Note the existing work being taken forward which is contributing to reducing inequalities and health inequalities**
- **Discuss the specific role and responsibility of the Health and Social Care Partnership in relation to addressing inequalities and health inequalities**
- **Note the development of an Inequalities and Health Inequalities Steering Group to develop and implement an Action Plan based on the principles identified in the publication '*Maximising the role of Health and Social Care Partnerships in reducing health inequalities*'**

### 3. Background

- 3.1 **Inequalities** across society are based on imbalances of power, money and resources. **Health inequalities** occur as a result of these wider inequalities. Given this, economic and social inequalities require to be addressed if health inequalities are to be reduced.

- 3.2 Health inequalities are the unfair differences in people's health across social groups and between different population groups, including those disadvantaged by disability, race and gender. They represent thousands of unnecessary deaths and years of poor health in individuals across Scotland and unnecessary demands on health and social care services.
- 3.3 Scotland, in common with the rest of the United Kingdom, continues to have widening gaps in life expectancy between the most affluent and poorest members of society, although overall population health continues to improve.
- 3.4 Inequalities in Dumfries and Galloway are similar to those described in the rest of Scotland. Population health has, in recent decades, improved on most measures, but health is still improving more slowly for some of our communities. Inequalities in morbidity and mortality associated with income deprivation have increased or remained similar.
- 3.5 Significant progress has been made in recent years in understanding the fundamental causes of inequalities and the relationship between inequalities and health inequalities.

## 4. Main Body of the Report

### 4.1 What causes health inequalities?

- 4.1.1 There is widespread agreement that the primary causes of health inequalities are rooted in the political and social decisions and priorities that result in an unequal distribution of power, money and resources across the population and between groups.
- 4.1.2 The *Theory of Causation* (diagram 1) developed by the *Glasgow Centre for Population Health* highlights the **fundamental causes** of inequality which can lead to poverty and the marginalisation of individuals and groups.
- 4.1.3 The fundamental causes can also influence the distribution of wider environmental impacts on health for example; availability of good quality housing, work, education and access to services and social and cultural opportunities.
- 4.1.4 The wider environment in which people live and work then shapes their individual experiences of, for example, low income, poor housing and discrimination. Access to health services may also be affected due to lack of transport, poor literacy etc.
- 4.1.5 This all results in the effects (health inequalities) – unequal and unfair distribution of health, ill health (morbidity) and death (mortality).

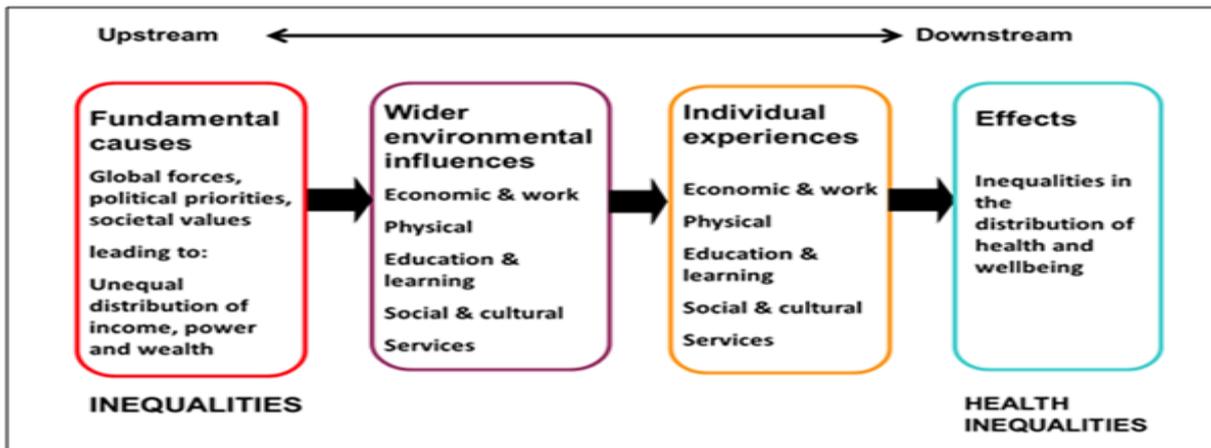


Diagram 1: Inequalities Theory of Causation (Glasgow Centre for Population Health)

## 4.2 What works to reduce health inequalities?

- 4.2.1 Tackling health inequalities requires action to **undo** the fundamental causes, **prevent** the wider environmental influences and **mitigate** the negative impacts on individuals. Actions are required to be based on evidence of need and an understanding of the barriers to social opportunities.
- 4.2.2 Actions to **undo** the fundamental causes of health inequalities (income, employment, education) are required across a broad spectrum of policy areas involving a wide range of organisations.
- 4.2.3 Action to **prevent** environmental factors causing health inequalities includes action to ensure equity in the distribution of, for example, good work, high quality and accessible education and public services delivered in line with the concept of proportionate universalism. Proportionate universalism is described as the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need.
- 4.2.4 The most effective means of reducing health inequalities in relation to health behaviours are those involving taxation and regulation (for example; alcohol duty, minimum wage/living wage, lower speed limits). These interventions are generally the most cost effective since they require fewer resources to deliver them and have wide reach.
- 4.2.5 Action to **mitigate** the effects of health inequalities includes taking action to tackle the unfair differences in people's experiences of environmental factors such as work, education and health. Largely these differences are beyond an individual's control, they can however limit the chances of living longer, healthier lives. Action should therefore be taken to ensure equal access to public services is targeted at high risk individuals and specific sectors such as the early years.
- 4.2.6 In summary, to effectively reduce inequalities, interventions need to be taken at three levels:
- **Undo** the fundamental causes
  - **Prevent** the wider environmental influences
  - **Mitigate** the individual experiences

## Approaches to address inequalities in Dumfries and Galloway

### 4.3 Scotland's Public Health Priorities

4.3.1 In June 2018, following a period of extensive consultation and engagement, six Public Health Priorities for Scotland were launched. The Priorities are based on the premise of working together to improve healthy life expectancy and reduce inequalities, the Priorities are:

- A Scotland where we live in vibrant, healthy and safe places and communities
- A Scotland where we flourish in our early years
- A Scotland where we have good mental wellbeing
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
- A Scotland where we eat well, have a healthy weight and are physically active

The agreed priorities reflect public health challenges that are important to focus on over the next decade to improve the health of the nation.

The priorities are interdependent and related, reflecting the complexity of Scotland's health challenges and the effort needed nationally, regionally and locally to make a difference. They provide a focus for collective action across the whole system to improve the public's health and reduce health inequalities.

4.3.2 While tackling inequality and reducing health inequalities is a theme which cuts across all six National Public Health Priorities, Priority 5 is central to driving forward work around inequalities:

*'We have a sustainable inclusive economy with equality of outcome for all'*  
(Scottish Public Health Priority 5)

4.3.3 Specific local activity contributing to Public Health Priority 5 includes work on; equality and diversity, Impact Assessment, financial inclusion and poverty, employability, social isolation and loneliness, housing and homelessness and work with specific groups for example; those with long term conditions/mental health conditions, Prisoners and those involved with the Criminal Justice system, Gypsy Travellers and the farming community

### 4.4 Community Planning

4.4.1 The causes, influences and effects described in *diagram 1* have implications beyond health inequalities. Less equal societies in terms of differences in power, money and resources show an association with 'doing less well' across a range of health and social care outcomes including, teenage pregnancy, drugs use, violence and social mobility.

4.4.2 Community Planning is ideally placed to address these wider inequalities as it provides a vehicle for agencies to work together collaboratively to address

inequalities. There is the opportunity to focus work further upstream and to undo and prevent the fundamental causes of inequalities.

4.4.3 The Local Improvement Outcome Plan (LOIP) details a local response to tackling inequalities and provides a useful framework of action for partners to engage with the reducing inequalities agenda. In Dumfries and Galloway the LOIP is focussed around 8 key areas; **employment, learning opportunities, health and wellbeing inequalities, affordable housing, income maximisation, community safety, connectedness with services and individual and community empowerment.**

4.4.4 The Health and Social Care Partnership have an important role to play in supporting the delivery of the LOIP with the emphasis on early intervention and prevention being recognised as key to addressing inequalities.

4.4.5 Furthermore, the Community Empowerment (Scotland) Act places a duty on Community Planning Partners to develop plans to address inequalities in areas of multiple deprivation.

#### 4.5 **Health and Social Care Partnerships**

4.5.1 There are nine National Health and Wellbeing Outcomes which apply to integrated Health and Social Care. Integration Authorities, Health Boards and Local Authorities are required to work together to ensure these outcomes are meaningful to people in their area. National Health and Wellbeing Outcome 5 is focused on inequalities and states; *'Health and social services contribute to reducing inequalities'*.

4.5.2 The Health and Social Care Partnership Strategic Plan 2016-2019 highlights that *'inequalities must be considered in the planning stages of services and programmes to make the most of their potential for contributing to reducing inequalities'*.

4.5.3 Teams across the Partnership are working with different communities and groups to reduce inequalities and their impact. Some examples of this work include; Health and Wellbeing/The Big Conversation Farming Community Project in the Stewartry, Ask the Experts - Improving Disabled Access in New Galloway, Project SEARCH employability initiative (Stewartry), Healthy Connections (Nithsdale) one to one support for health and wellbeing, the Community Link Programme in Annandale and Eskdale and the mPower and Community Health Sync (CoH-Sync) projects in Wigtownshire. These projects reach out to some of the most vulnerable people in our communities.

4.5.4 The Health Scotland publication *'Maximising the role of Health and Social Care Partnerships in reducing health inequalities'* (2017) provides a useful framework which describes practical actions that Health and Social Care Partnerships can take to reduce health inequalities. The framework is centred on five areas; **quality of services (with allocation of resources proportionate to need), the workforce (training staff in inequalities sensitive practice), effective partnerships, employment/procurement and advocacy.**

A similar publication titled '*Maximising the role of NHS Boards in reducing health inequalities*' has also been published by Health Scotland.

#### 4.6 **Establishment of an Inequalities and Health Inequalities Steering Group**

4.6.1 In order to enhance the contribution the Health and Social Care Partnership (and indeed the NHS Board) can make to tackling inequalities and reducing health inequalities an *Inequalities and Health Inequalities Steering Group* is in the process of being established. The role of the *Steering Group* will be to develop and oversee the implementation an Action Plan based on the principles identified in the publications '*Maximising the role of NHS Health and Social Care Partnerships in reducing health inequalities*' and '*Maximising the role of NHS Boards in reducing health inequalities*'.

The *Steering Group* will comprise representation from across the Health and Social Care Partnership and NHS, ensuring alignment to the themes identified in the '*Maximising the role of Health and Social Care Partnerships in reducing health inequalities*' (see 4.5.4).

Importantly, the *Inequalities and Health Inequalities Steering Group* will seek to add value to existing work and link with groups such as the *Equality and Diversity Programme Board*, the *Working Well Partnership Steering Group* and wider work being developed through the LOIP.

The *Inequalities and Health Inequalities Steering Group* will be led by the Directorate of Public Health.

#### 4.7 **Impact Assessment and development of a Health Inequalities Indicator**

4.7.1 The aim of Impact Assessment is to highlight the effect of a policy, strategy, service or function (hereafter referred to as a policy) on relevant groups and ensure that any negative impacts or consequences are eliminated or minimised and opportunities for promoting equality are maximised.

4.7.2 The Equality Act 2010 Specific Duties legislation makes it clear that public bodies must assess the impact of applying a proposed new or revised 'policy' against the needs of the Public Sector Equality Duty.

4.7.3 The current local *Impact Assessment Guidance and Template* covers the 9 protected characteristics, human rights, health and wellbeing, health inequalities, economic and social sustainability and environmental issues.

4.7.4 Recent work has been taken forward focusing on developing a performance indicator for health inequalities as part of the Health and Social Care Performance Management Framework. Following a scoping exercise an indicator been identified which is based around the *requirement for reports being presented to the various Committees of the Integration Joint Board to be Impact Assessed*.

4.7.5 Guidance notes to support the introduction of this indicator are currently being developed and will be shared with Managers and their respective Management Teams in early 2019.

4.7.6 The introduction of this indicator will provide a number of benefits including; supporting the organisation to meet the requirements of the Equality Act 2010 and the Fairer Scotland Duty (see below), opportunities to provide quality assessment and qualitative data reporting on Impact Assessment, opportunities to demonstrate where change/impact has been made and supporting learning and awareness about inequalities and health inequalities.

4.7.7 Proposals are being developed which focus on the role of the *Equality and Diversity Programme Board* in supporting ongoing audit work associated with the introduction of this indicator.

4.7.8 In addition, work to develop and implement a programme of training which will support Impact Assessment across the organisation is currently being taken forward. This work is being led by staff from the Public Health and Workforce Directorates.

#### 4.8 **Fairer Scotland Duty**

4.8.1 The Fairer Scotland Duty (formerly known as the socio-economic duty) came into effect in April 2018. Although the Duty has been part of the Equality Act (2010) it has not been implemented in any part of the UK until now.

4.8.2 The Duty places a legal responsibility on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions.

4.8.3 Public bodies must publish a written assessment to show how the Duty has been achieved covering all 'strategic' decisions made from 1 April 2018 onwards.

4.8.4 NHS Dumfries and Galloway and Dumfries and Galloway Council currently have an *Impact Assessment Toolkit and Guidance* with publication arrangements. As indicated in section 4.7.3 the Impact Assessment is designed to assess not only equalities but human rights, health and wellbeing, health inequalities, economic and social sustainability and environmental issues.

4.8.5 The Impact Assessment approach should fulfil all of the requirements of the Fairer Scotland Duty and this approach has been agreed by the NHS Dumfries and Galloway Management Team and the Health and Social Care Senior Management Team. Dumfries and Galloway Council are also adopting a similar approach to meeting the requirements of the Duty.

#### 4.9 **Inequalities Action Framework and Toolkit**

4.9.1 In 2016 the Directorate of Public Health developed an Inequalities Action Framework and Toolkit aimed at supporting all those involved in developing policies, interventions and services. The Framework details information and tools necessary to address inequalities.

4.9.2 Since its launch and endorsement by the Community Planning Partnership the Framework has been used to support inequalities and health inequalities training with a number of partners including; Locality Health and Wellbeing teams, Council

Teams (for example; the Employability and Skills Service, Community Development and Engagement Team), local groups including the Strategic Housing Forum, Homeless Forum, Gypsy Traveller Liaison Group, HM Prison Dumfries Health and Wellbeing Group and Dumfries and Galloway Citizens Advice Service.

- 4.9.3 An Inequalities and Impact Assessment workshop was delivered to the Health and Social Care Senior Management Team in November 2018. Following this workshop there is agreement to cascade and deliver the workshop (or a hybrid version) to other Management Teams. A programme of delivery for Inequalities and Impact Assessment Workshops will be taken forward from January 2019.

## **5. Conclusions**

- 5.1 Significant progress has been made in understanding the fundamental causes of inequalities and consequently health inequalities. This has allowed, at local level, the consideration of the most appropriate actions which can be made at a Community Planning, Health and Social Care Partnership and NHS Board level to generate maximum impact.
- 5.2 The establishment of the *Inequalities and Health Inequalities Steering Group* will provide an opportunity to build upon existing work and accelerate activity which supports the reduction of inequalities and health inequalities.
- 5.3 By all partners prioritising the addressing of inequalities there is real potential to bring significant improvement to the health and wellbeing of individuals and communities in Dumfries and Galloway.

## **SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS**

### **6. Resource Implications**

- 6.1 Implications of championing and embedding health inequalities work into mainstream business may incur the following resource needs:
- Financial support for any identified programme implementation
  - Management support
  - Implementation of different ways of working e.g. around monitoring
  - Staff training on inequalities and health inequalities, particularly around the requirement of Impact Assessment
- 6.2 The shift of funding from treatment to prevention and early intervention should be considered with all budgetary discussions.
- 6.3 Exact costs are not clear at this time.

### **7. Impact on Integration Joint Board Outcomes, Priorities and Policy**

- 7.1 The Integration Joint Board, NHS Dumfries and Galloway and Dumfries and Galloway Council all have a set of Equality and Diversity Outcomes and action plans which are required under the Equality Act 2010. These were last set in 2017 and will run until 2021.
- 7.2 The *Inequalities and Health Inequalities Steering Group* will support the Integration Joint Board, NHS Dumfries and Galloway and Dumfries and Galloway Council to meet outcomes, priorities and policy. National Health and Wellbeing Outcome 5 is specifically about the contribution Health and Social Care Partnerships make to reducing health inequalities.

### **8. Legal & Risk Implications**

- 8.1 A failure to meet the requirements of the Equality Act 2010 could lead to legal action by the Equality and Human Rights Commission.
- 8.2 The introduction of the 'Fairer Scotland Duty' also places a legal requirement on public bodies to consider socio-economic disadvantage at strategic level.
- 8.3 Under the requirements of the Community Empowerment Act (2015) there are a number of areas related to inequalities; including promoting effective engagement and participation to help communities achieve greater control and influence in the decisions and circumstances that affect their lives.

### **9. Consultation**

- 9.1 As activity relating to the development of work which supports the reduction inequalities and health inequalities progresses, consultation will continue to take place with appropriate committees, management teams and professional groups.
- 9.2 This paper was presented to and discussed by the NHS Board at its meeting on 1<sup>st</sup> October 2018 and the Health and Social Care Senior Management Team meeting held on 12<sup>th</sup> December 2018.
- 9.3 Undertaking work on reducing inequalities and health inequalities often involves service user and wider community engagement and consultation. Consideration must be given to ensuring effective engagement and participation. We should be ensuring that all our engagement and consultation work conforms to the National Standards for Community Engagement.

## **10. Equality and Human Rights Impact Assessment**

- 10.1 An impact assessment has not been undertaken. This is a general strategic discussion paper and does not propose specific work programmes, service change or policy change. Where any new proposals or new areas of work are identified Impact Assessment will be carried out as part of their core development and planning.

## **11. Glossary**

HSCSMT	Health and Social Care Senior Management Team
IJB	Integration Joint Board
LOIP	Local Improvement Outcome Plan
NHS	National Health Service