

The Improvement Service

Health Inequalities and Improving Health: the Role of All Elected Members



What is the purpose of this Briefing Note?

Health inequalities are the **unjust** and **avoidable** differences in people's health across the population and between specific population groups.

The purpose of this briefing is to highlight the crucial role of elected members in reducing health inequalities and improving health. Success in reducing health inequalities and improving and protecting health and wellbeing relies on evidence informed policy, planning, practice and review.

The determinants of health: people's local environment; housing; transport; employment; and their social and cultural interactions, can be significantly influenced by how councils, and the partnerships you operate, deliver their core business. Elected members are responsible for setting policy and scrutinising progress based on the needs and involvement of local communities. Your role provides a unique opportunity to drive change in public services to improve outcomes for your community.

The [Community Empowerment \(Scotland\) Act 2015](#) provides a new underpinning for relationships between communities and public bodies, including local government. There are significant opportunities to reduce health inequalities through the decisions you make. Decisions that are informed by people living in areas of socio-economic disadvantage are not only more likely to be well received and relevant for communities but also encourage trust, social cohesion and connectedness. Coproducing and engaging with people and community bodies in localities experiencing socio-economic disadvantage is key to reducing health inequalities and improving health.



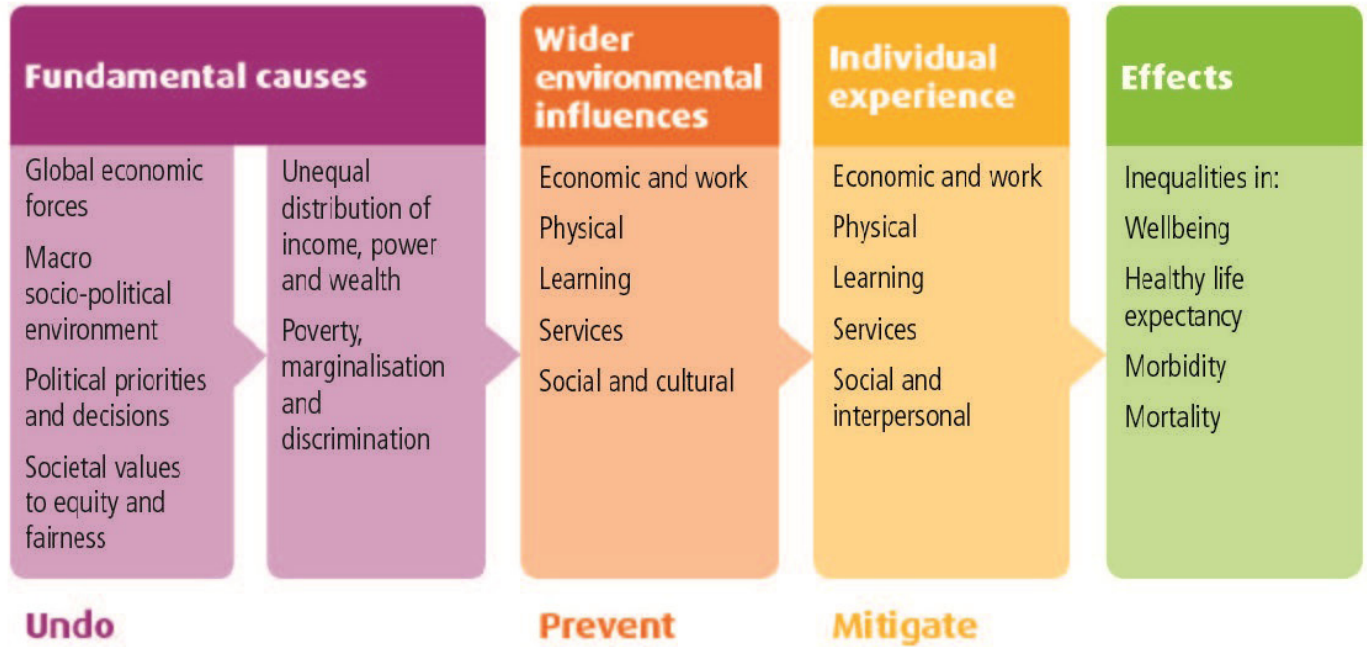
Source: GCPH & NHS Health Scotland (2017) 'Power a health and social justice issue' animation.

What is the challenge and why does it matter?

The existence of [health inequalities](#) in Scotland means that our right to the highest attainable standard of physical and mental health is not being enjoyed equally across the population.

Reducing health inequalities and improving health matters to all, as thousands of unnecessary premature deaths occur every year in Scotland. For example, in the most affluent areas of Scotland, men experience 23.8 and women 22.6 more years of good health compared to people living in the most deprived areas¹.

This is unfair because these health inequalities do not occur randomly or by chance, but are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live a longer, healthier life. The causes of health inequalities are well documented and understood and are outlined in the diagram below².



¹ Scottish Government. Long-term monitoring of health inequalities, 2013.

² Beeston C, McCartney G, Ford J, Wimbush E, Beck S, MacDonald W, et al. Health Inequalities Policy review for the Scottish Ministerial Task Force on Health Inequalities. Edinburgh: NHS Health Scotland, 2013

As shown in the previous page, the fundamental causes of health inequalities are an unequal distribution of income, power and wealth. This can lead to poverty and marginalisation of individuals and groups.

Tackling health inequalities requires a blend of action to undo the fundamental causes, prevent the harmful wider environmental influences and mitigate the negative impact on individuals and the communities in which they live and work. Action must be based on evidence of need, understanding of barriers to social opportunities and what is most likely to work.

When determining what action to take, it is essential to bear in mind that lifestyle behaviours are largely determined by these wider determinants and are not simply choices made by individuals.

Nationally, the focus needs to be on implementing the measures that are most likely to be effective in reducing health inequalities. This means trying to discontinue or modify measures which have been shown to widen, or potentially widen, inequalities.

Locally, decisions need to be taken that ensure public resources are allocated according to need so that they do not make inequalities worse but make a contribution towards their reduction. Providing universal services, with added intensive support for vulnerable groups (known as proportionate universalism), is effective at reaching all of those that need them by ensuring that there are fewer or no barriers in terms of price, stigma, accessibility and discrimination.

There are actions that can be taken across all public services to reduce health inequalities, some of which are outlined below³.

- **Tackling Income Inequality;** addressing low pay, the living wage, getting people in to work/ supporting them to stay in work, addressing the gender pay gap, income maximisation welfare advice for low income families.
- **Service is proportionate to need, accessible and reduces stigma;** provision of specialist outreach and targeted services for particularly high risk individuals (e.g. looked after children and those experiencing homelessness).

By offering free school meals to all P1 - P3 pupils all 32 councils are reducing associated stigma and giving all children a fair chance for a healthy and nutritious meal. Some councils are also providing this service in proportion to need by offering free school meals to those most disadvantaged in the school holidays.

³ NHS Health Scotland. Health inequalities: What are they? How do we reduce them? Edinburgh: NHS Health Scotland; 2016

- **Creation of a vibrant democracy;** councils have a fundamental role in achieving this. Greater, more equitable participation in elections and local public service decision-making through the provision of meaningful engagement will mean services are more responsive to local needs and enable more people to be engaged and empowered to have their voices heard.

The introduction of the Community Empowerment Act signals opportunities to:

- strengthen community planning to give communities more of a say in how public services are to be planned and provided;
 - enables communities to exercise new rights to identify needs and issues and request action to be taken on these; and
 - through the extension of the community right to buy or otherwise have greater control over assets.
- Active labour market policies; distribution of good work, hiring subsidies, self-employment incentives and apprenticeships schemes are instrumental in this. Providing subsidised childcare can help as can workplace adjustments, job retention and supported employment for those with health problems.
 - High quality early childhood education and adult learning; actions to raise educational attainment, subsidised childcare.
 - Taxation and Regulation; the most effective means of reducing health inequalities in relation to having an impact on individual health-related outcomes are actions which involve taxation and regulation to tackle the causes and determinants of poor health. These interventions are also amongst the most cost-effective because they require fewer resources to deliver them and they have wide reach.

All councils have had key roles in implementing the smoke free legislation in Scotland. Other examples are councils working in partnership with Police Scotland on Drink-driving regulations and lowering speed limits; work through Trading Standards role of the council for sale of tobacco and alcohol to prevent under age purchasing.

What does this mean for Elected Members?

Your Community Leadership Role:

Understanding the needs of your community is key to addressing health inequalities and improving health. The insights you gain from engaging with your community, such as in your surgeries and through working with community groups are invaluable. Community involvement helps public service providers understand how well services have been delivered and whether the changes have made a difference to local people's lives.

Understanding the needs of your community can assist you in making a meaningful shift in targeting resources, including the workforce, towards more preventative and community based approaches. Decisions such as service redesign require elected members to facilitate conversations with communities about changes to those services ensuring that this is done in a way that can better meet people's needs and improve outcomes. For example, the prevention of hospital admissions must be accompanied by service approaches that can provide alternatives to admission and provide longer-term ongoing support which restores community based packages of care.

The Scottish Public Health Observatory's 'Health and Wellbeing Profiles' summarise each Scottish council and ward area. The profiles cover a range of health outcomes, health-related behaviours and the wider determinants of health.

Your partnership role:

As well as your role and responsibilities with the council you may also represent your council on partnerships. The importance of partnership working in addressing health inequalities cannot be underestimated. To address health inequalities and improve health across the population requires action across local and regional partnerships. [Integration Authorities](#), Community Planning Partnerships (CPPs) and the structures that sit within all of these have a responsibility to address health inequalities. In your role you can ensure that strategic decision making in these partnership structures takes account of health inequalities and is consistent with local needs.



Source: GCPH & NHS Health Scotland (2017) 'Power a health and social justice issue' animation.

Your constituency/representational role:

As a local representative, you have a unique perspective on how the partnerships you are involved in are achieving their outcomes.

Therefore it is important to ensure:

- that the life experiences from your constituents are fed into community, corporate and service planning, including the Community Planning Partnership (CPP) and the Integration Authority;
- all service providers explore inequalities within their service area or geographic community and implement changes to service delivery in order to reduce inequalities

and to recognise:

- that intervention at an early stage of an individual's or household's experience of deprivation and social exclusion is less costly in the long term.

by resourcing:

- appropriate targeting of mainstream funding to those who need it, and supporting vulnerable people to remain in their own homes and communities.

Your policymaking and scrutiny role:

Understanding and scrutinising progress on health inequalities and health outcomes is a challenging area for elected members as the changes tend to take place over a long period of time. That said, it is important to look for short term positive direction. An essential part of this is ensuring the best use of public money to reach the most vulnerable. Scrutinising existing budgets and judging how spending should shift towards prevention of health inequalities is an important element of scrutiny and public accountability. The need for evidence informed and impact assessed policies and actions are key to preventing detrimental, unintended consequences.

Your corporate council role:

As an employer, procurer and commissioner your council can take action to ensure health inequalities are considered in each of these areas. Introduction of the living wage is one significant action to address income inequality. The statutory duties discharged by councils in regard of public protection such as alcohol and gambling licensing, building control and safety, and trading standards are also significant areas where health inequalities can be addressed. Consideration for how your economic strategy can improve health and reduce inequalities and making inclusive economic growth the central objective of economic policy is also key.

What Does ‘Good Practice’ Look like in the Area?

Child poverty

Poverty adversely impacts on children’s social, emotional and cognitive outcomes and subjects families to additional stress⁴. One in four children in Scotland are living in poverty⁵ and 70% of those children are in households where at least one person is working⁶. Every electoral ward in Scotland is affected.

Local authorities, and other local partners, have a number of levers that can be used to prevent and to mitigate child poverty. [The Child Poverty \(Scotland\) Bill](#) requires local authorities and NHS boards to jointly prepare an annual local child poverty action report on action they are taking to tackle child poverty. For example, local partners can:

- ensure that planning of services involves the views of children and families living in poverty and address the stigma of poverty;
- support families to access the financial entitlements available to them and maximise their incomes through development of financial inclusion / income maximisation services ([Financial Inclusion Referral Pathway Toolkit](#));
- provide high quality accessible and affordable early learning and childcare;
- prioritise action with schools to reduce financial barriers to participation at school
- plan sustainable, well designed places for children and families

For more on tackling poverty at a local level see the [evidence review](#) from What Works Scotland on action to prevent and mitigate child poverty in Community Planning Partnerships.

The Place Standard

The Place Standard emerged from two initiatives on improving the quality of places in Scotland: [Good Places Better Health](#) and [Creating Places](#), the Government’s policy on design.

⁴ Macdonald, W Beck, S & Scott, E Briefing on child poverty (NHS Health Scotland 2013)

⁵ Scottish Government (2017) Poverty and Income Inequality in Scotland: 2015/16

⁶ Scottish Government (2017) Poverty and Income Inequality in Scotland: 2015/16

The Place Standard is a tool to facilitate conversations between communities, sectors and decision makers about priorities for action, taking a holistic view of all the factors that make places work. It is based on 14 different themes. The themes set out the issues which have been identified as important to promoting and delivering quality places that support health and wellbeing. These themes have been derived from evidence, working with communities, and researching best practice.

Place is a key element of Scottish Government policy, underpinning the public sector reform agenda and the drive to support inclusive growth. Increasingly, 'place based approaches' are being adopted to integrate services, tackle poverty and enhance local opportunities for economic development.

Where does the Place Standard 'fit'?

[The Place Standard Tool](#) can and has been used as a framework for engagement with communities at all stages of community planning including the development of Local Outcome Improvement Plans and Locality Plans.

The Place Standard provides a method to bring different groups in a place together using a shared language, and a shared framework for discussion, to identify issues and priorities that can inform the way places address and benefit from these priority areas.

Each local authority has a Place Standard Lead who occupy roles across local government policy areas and promote the Place Standard as a tool to engage communities and improve outcomes. Training has been provided by Improvement Service to all Community Planning Partnerships on the Place Standard and how it works. To date the Place Standard had been used in 22 local authorities and has reached over 11,000 individuals in Scotland.

Key issues for Elected Members

- Health inequalities are unfair and avoidable.
- To reduce health inequalities we need to act across a range of public policy areas, with policies to tackle economic and social inequalities alongside actions with a specific focus on disadvantaged groups and deprived areas.
- We need to shift the focus from meeting the cost of dealing with health or social problems after they have developed, to prevention and early intervention.



Key questions for elected members to consider

1. Are you confident that the partnerships you're involved in to improve inequalities and health outcomes have clear shared objectives, consistent with addressing health inequalities and improving health and wellbeing?
2. Are you content that your council and partnerships are making the most of the collective resources to deliver change where it matters most for local communities?
3. Do you use individual cases that are brought to your attention by your constituents as a means of reviewing the policies and decisions of the council and its partners?
4. How can you further encourage your constituents to bring their concerns to you?
5. Do you have a strong understanding of the needs of your communities in relation to health inequality and disadvantage?
6. Are your council and partnerships focusing their collective energy on where "efforts can add most value" for its communities, with particular emphasis on reducing inequalities?
7. What else can you do to build the capacity of communities, particularly those experiencing inequality, to enable those communities, both geographic and of interest, to identify their own needs and opportunities; and support their efforts to participate effectively in community planning, including in the co-production of services?

Further support and Contacts

Companion elected member briefing notes provide basic information about the provisions of the [Public Bodies Act](#) and [Health and Social Care Integration](#) that will supplement the information contained in this briefing on your role in partnerships.

More information about health inequalities can be found on [NHS Health Scotland's](#) website. The website also contains a range of briefings to support your work.

[Community Justice](#)

[Economics of Prevention](#)

[Good Work for All](#)

[Health Inequalities: what are they and how do we reduce them?](#)

[Health and Homelessness](#)

[Housing and Health Inequalities](#)

[Human Rights and the Right to Health](#)

[Income Wealth and Poverty](#)

[Place and Communities](#)

[Power a health and social justice issue](#) [short animation]

[Power a health and social justice issue](#) [briefing]

For more on tackling child poverty at a local level see Treavor, Morag C. (2017) [Actions to prevent and mitigate child poverty in Community Planning Partnerships](#), Edinburgh: What Works Scotland.

The [Community Planning in Scotland portal](#) provides information on the support available to Community Planning Partnerships (CPPs) from national improvement agencies. It includes links to online tools and information provided by national improvement agencies, as well as the contact details of who to speak to from the national improvement agencies if you would like to access tailored consultancy and facilitation support for your CPP.

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