

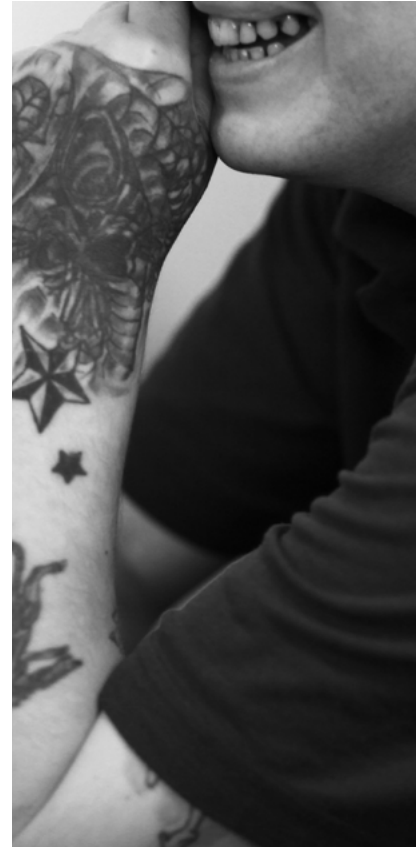
*Nursing at the*  
**EDGE**



*Health inequalities:*  
TIME TO CHANGE



Royal College  
of Nursing  
Scotland



**Scotland is unequal. People's health is inextricably linked to the circumstances in which they live, and inequalities in health – i.e., the health of those who are least deprived relative to those who are the most deprived – are widening. This is because the health of the least deprived groups is improving at a faster rate than the most deprived.**

#### **The context**

To tackle this growing challenge, the Scottish Government formed a Ministerial Task Force on Health Inequalities. Its final report, published in March 2014, called for a greater focus on increasing opportunities for people to engage with others in their community to build resilience (social capital). It also recommended that the 15–44 age group be the focus of future work to reduce health inequalities. The Task Force no longer exists. Instead the Scottish Government's Health and Community Care Delivery Group is now responsible for considering how best to implement change.

NHS Health Scotland is a national health board with responsibility for reducing health inequalities and in its *Health Inequalities Policy Review* carried out in early 2014, it said:

**Actions that are more likely to be effective in mitigating the effects of health inequalities at an individual level may require redesign of public services. They include targeting high-risk individuals, intensive tailored support for those with greatest need, and a focus on early child development.**

The Scottish Government announced in November 2014 that it was setting up a group to review public health with an emphasis on what public health can do to better address health inequalities. This is due to report its first findings in summer 2015.

Now that Scotland's health and care sector faces possibly the biggest upheaval in its history as a result of the creation of new authorities to integrate health and care, health inequalities are rightly being placed at the heart of the integration agenda. One of the nine draft outcomes for the new authorities is:

***Health and social care services contribute to reducing health inequalities.***

When RCN Scotland set out our *Principles for Delivering the Integration of Care* in 2012, we concluded that: "It is people and their relationships, not organisational structures, which are at the heart of successful integration." As new integration authorities take shape we conducted interviews with nurses, users of services and other professionals to understand what works when trying to reduce health inequalities. And we concluded again that people, and the strength of their relationships, are at the heart of getting this right.

This is very challenging when people accessing the services highlighted by *Nursing at the Edge* often have low resilience and chaotic lives that do not fit into neat arrangements of appointments and set opening hours. Our interviews reveal that the people who use



these services have often become disillusioned by their experiences of authority and have not been supported to develop effective skills to negotiate with those in authority including health care professionals so cycles of exclusion become all too common, further widening the gap between the health of the best and worst off. This backs up NHS Health Scotland's conclusion that public services should be redesigned to mitigate the effects of health inequalities at an individual level. The nurses we interviewed, many nearing the end of their careers, have been willing to take risks in challenging the system they work in to make services work better for people because statutory services can be reluctant to take these unorthodox approaches to care and scale them up into their formal structures and processes.

### THE WAY FORWARD

If there was one area of agreement that emerged from the 2014 referendum on Scottish independence it was that we all want to reduce inequalities, regardless of the constitutional arrangements.

Below we set out six concrete proposals, based on our interviews, that we believe would make significant progress in tackling Scotland's health inequalities.

### FUNDING

A genuine commitment to reduce health inequalities means that brave decisions about what to start funding and possibly what to stop funding need to be made. The new integration authorities will need the support of politicians to make these decisions.

***Where integration bodies make difficult decisions based on sound evidence to prioritise funding to reduce health inequalities – in line with the national outcome – politicians of all parties must support them to carry out these changes.***

### TIMING

People turn their lives around when they are supported to do so at the right moment. This means services must be provided flexibly and fast. But traditional services rarely provide open access at times that work for those who need support and the NHS has waiting lists for many treatments and therapies. For other services, inflexible criteria for access may hinder the ability of people to seize the moment for change.

***The new integration authorities must consult staff and users of services that reduce health inequalities to ensure such services are provided quickly enough and in a way that suits users to make a lasting difference.***

### STAFFING

Not only is it important to provide services at a time that suits the people who need them, but enough nurses with the right skills must be in place to provide them. This allows relationships to develop and become established between people using the services and nurses and other professionals. This is important if trust is to be rebuilt with the most disenfranchised in society. However, it is impossible to do this in services where too few staff are stretched across rotas, morale is low and turnover is high. The time of skilled staff does not come cheap, but in terms of improved outcomes the investment is invaluable.

***Integration bodies must ensure that services aimed at reducing health inequalities employ enough nurses, including nurses with relevant experience and expertise, to provide a stable and well staffed service to the people who use them.***

### AUTHORITY

The new integration bodies must empower skilled nurses and other professionals to make swift decisions and refer users of services for treatment and to other services, without letting bureaucracy or traditional ways of working get in the way. Slow referrals mean an individual's personal situation and their health can get worse.

***Integration authorities should ensure that nurses, and other professionals, can make swift decisions to help people living in the most deprived circumstances to improve***





*their health and wellbeing. This will mean frontline staff, like nurses, controlling appropriate resources and using efficient, non-bureaucratic referral routes to a wide range of care and support needed by those using their services.*

### TRAINING

All health and care professionals should have a better understanding of the causes and consequences of health inequalities so that services that reduce health inequalities become an intrinsic part of care services.

Many of the nurses we interviewed have come across a lack of understanding and compassion among fellow professionals for those experiencing inequalities; many are, as a result, now involved in training the workforce. The trust, empathy and commitment to swift action demonstrated by these nurses and their colleagues needs to be replicated throughout the workforce and help us get to a point where working specifically in health inequalities is seen as a positive career choice.

***Training/qualifications for all health and social care staff, whatever setting they***

***work or intend to work in, should include a compulsory element of training – preferably workplace-based – on health inequalities. People using services should be directly involved in this training.***

### UNDERSTANDING

While the stories told in our six features show the impact these nurses have made, it's not always possible to measure their success. Too often pilots are set up without baselines being taken or data routinely gathered. This means investment in a service that is effective in reducing health inequalities can sometimes stop and be spent on something less effective instead.

***The Scottish Government, via the Health and Community Care Delivery Group or NHS Health Scotland, should invest in research to demonstrate what works best to reduce health inequalities at the individual level. Integration authorities can then adapt this knowledge for their local areas and deliver against the national outcome on health inequalities, ending short term funding and uncertainty. ■***

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