



Fairer health for Fife

Fife's health inequalities strategy 2015 - 2020



Fairer Health for Fife

A wide range of organisations, staff and volunteers make a difference to people's health and wellbeing in Fife – whether you work with children and young people or design roads, whether you plan school dinners or volunteer at a lunch club, whether you're involved in getting people into employment or getting businesses to invest in Fife - you have a role to play in creating equal opportunity for good health and wellbeing across all Fife's communities.

This is Fife's fourth health and wellbeing strategy. Its aim is to support organisations and partnerships across Fife's 7 local areas to work towards reducing inequalities in health and wellbeing by:

Increasing understanding around health inequalities - it explains:

- why some people experience better health than others
- who is at most risk of poorer health and wellbeing

Promoting ways of working most likely to reduce health inequalities - it outlines:

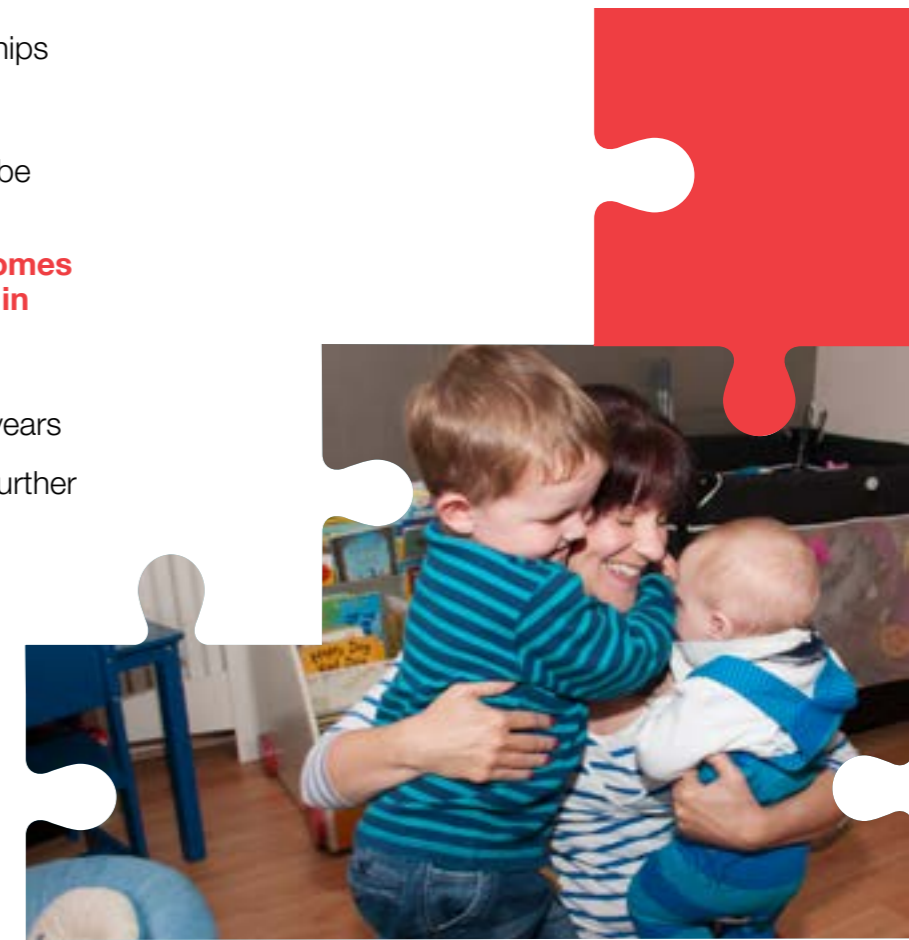
- how Fife organisations and partnerships can work more effectively to reduce inequalities in health
- which types of activities are likely to be most effective

Providing 6 health and wellbeing outcomes which are key to reducing inequalities in health and wellbeing - it highlights:

- what we want to achieve with communities in Fife over the next 5 years
- what you can do and where to find further help and information

Fife Health and Wellbeing Alliance is a partnership between Fife Council, NHS Fife, Fife Voluntary Action and the Health and Social Care Partnership. The Alliance has responsibility for linking with other partnerships, local and national organisations and communities in Fife to take forward this strategy. The Alliance works on behalf of, and reports to, Fife's community planning partnership – the Fife Partnership.

For more information on the Fife Partnership, community planning and Fife's 7 areas go to www.fifedirect.org.uk/communityplanning



What affects our health and wellbeing?

The definition of health covers physical, mental and social wellbeing¹ – being healthy enables us to cope with social, physical, and emotional challenges².

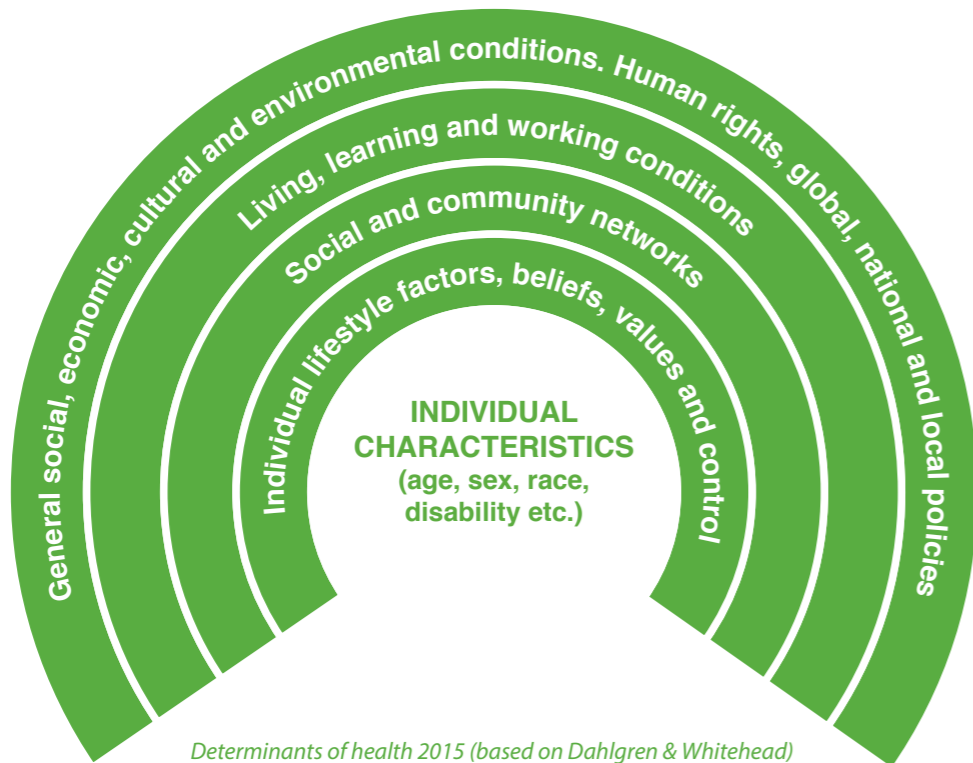
A range of issues affect our health and wellbeing: how power, money and resources are shared; level of income; availability of employment and welfare benefits; work conditions, contracts and pay; education and skills; our living situation – housing and local amenities; relationships with family and friends, and caring responsibilities; community connections; access to services and support; transport; our individual experiences of gender, disability, ethnicity, physical or mental ill health; our beliefs and values; and the level of control and influence we have over decisions that affect our lives.

All these factors come together, throughout life, to protect or diminish the health and wellbeing of individuals, families and communities.

We are living longer, healthier lives

BUT

The mortality rate amongst 15-44 year olds living in the most deprived areas is almost 4 times greater than in the least deprived areas



What are health inequalities?

Health inequalities are the unjust differences in health experienced by different groups of people.

Health inequalities result from fundamental, unequal distribution of income, resources and power. This creates inequalities in social, economic and environmental circumstances, which then result in experiences of poverty, unemployment, educational inequalities, lack of opportunity, and poor living and working conditions for some individuals and communities.

Individuals, families and communities trying to cope with these inequalities are more likely to have poor health than people who face fewer disadvantages.

However, a number of things can support health and act as protective factors against adverse experiences. Good social and community networks, safe and attractive physical and built environments, participation in decisions that affect us and opportunities for being involved

through volunteering can all help build better health and stronger communities.

Good health and wellbeing enables us to engage fully with our community, to achieve our own goals or to get and keep a job – poor health and wellbeing increases demands on individuals, families, communities, services and support. Reducing inequalities in health is everyone’s business and in everyone’s interest.

Admissions to hospital due to alcohol have been reducing

BUT

The rate in the most deprived areas is 6 times higher than the rate in the least deprived areas

Key points about health inequalities

Fundamental causes

- high level policies affecting the distribution of power, wealth and resources

Social, economic and physical environments

- not everyone experiencing difficult life circumstances, such as poverty, lives in disadvantaged areas
- income, unemployment, work conditions, education and skills, housing, family and relationships and community connections are all areas where we can make a difference locally
- services and support should be targeted and delivered in ways that reach those who need them most
- stronger communities support health

Individual experience

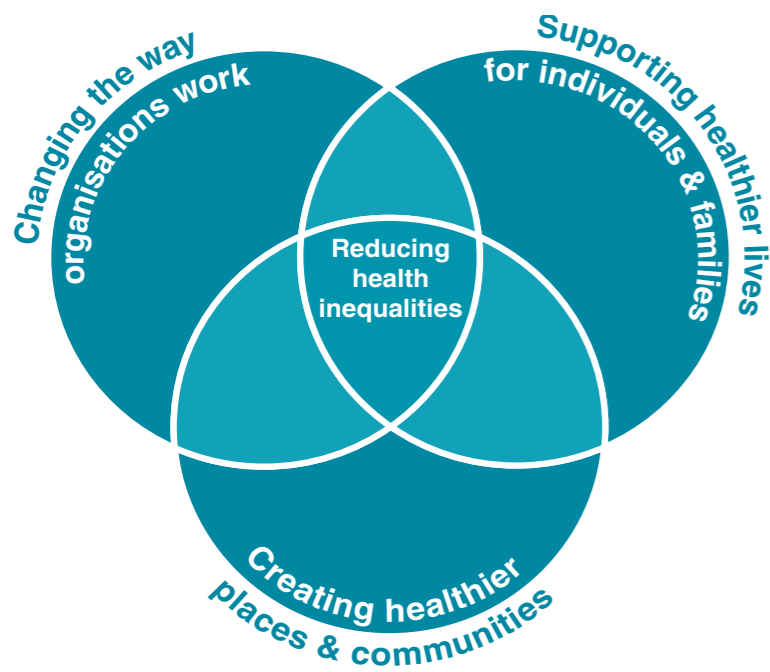
- a complex range of factors can affect people’s health and limit their choices
- people differ in the way life circumstances impact on their health and wellbeing
- early intervention and support for individuals and families at risk of poor health will help reduce health inequalities
- there are protective factors that support health and wellbeing

Changing the way we work

Providing services in ways that are sensitive to the inequalities individuals, families and communities face is a responsibility we all share - whether we work for the council, a third sector agency or trust, the NHS, police or fire services, in further or higher education, the business sector or a government agency.

In 2011 we established a **3 themes approach** to reducing health inequalities in Fife. These are based on evidence about ways of working most likely to reduce health inequalities. People who have used the 3 themes, and in particular the associated checklist, have found this a helpful and easy way to think about how they can help reduce health inequalities in their day to day work.

Over the next 5 years we want more organisations and partnerships to apply the 3 themes to planning and delivering services and support across Fife.



Changing the way organisations work involves:

- doing everything possible to reduce inequalities in life circumstances e.g. education, employment, housing, income
- providing services that are sensitive to the inequalities individuals, families and communities face
- understanding and meeting the diverse needs of different individuals, groups, neighbourhoods and communities - including equality groups
- collaborating with communities in planning and delivering services
- tailoring services to provide people with the type and level of support they need
- making it easier to access services – reducing cost, changing the way information is provided, providing more than one service in the same place, more flexible opening hours etc.
- developing staff skills and knowledge around issues that affect health and wellbeing
- working in partnership across sectors, services and organisations
- ensuring workers' health, safety and wellbeing through good quality work - for example a living wage, being respected and rewarded, having adequate support
- considering how policies, plans and decisions impact on health inequalities.

Healthier places and communities are created by:

- enhancing the social and physical environments where children and adults live, work, learn and play
- creating safe outdoor and community spaces where people can be active, continue learning, pursue leisure and cultural interests and meet others
- supporting people to build connections and supportive social networks within their communities
- identifying and using existing assets – skills, knowledge, resources and connections in communities
- providing a range of services locally and links to affordable transport to opportunities further afield
- encouraging communities and groups to identify what impacts on their health and wellbeing and participate in developing solutions
- engaging people in decisions about what happens locally
- reducing exposure to things that harm health – unhealthy food, smoking, alcohol and substances, traffic, violence, crime.

Supporting healthier lives for individuals and families includes:

- being aware of the range of personal, social, economic and environmental factors that impact on the health of individuals and families
- ensuring people have information and support to access services and opportunities that will improve their life circumstances – e.g. money advice, housing, employment support, health services
- creating opportunities and reducing barriers for people to improve their health and wellbeing e.g. access to affordable, healthy food; low cost options to be physically active
- building skills, resources and knowledge to enable individuals and families to improve their own health and wellbeing
- ensuring workers and individuals are aware of key risk factors for poor health e.g. alcohol and drug misuse; gender based violence; mental health issues; being overweight; smoking and those at risk have access to preventative health interventions and other appropriate support.

Case study - Fife Family Nurture Approach

Working across the three themes for sustainable change

The Family Nurture Approach is **changing the way organisations work**, so that all children have the best start in life. The programme aims to improve early years services to make them accessible and non-stigmatising, particularly for vulnerable families. It brings services from NHS Fife, Fife Council and the voluntary sector together to work in partnership with communities.

The programme works at a local level to **create healthier communities** by involving parents and carers in communities across Fife to identify needs and gaps in provision. All the services supporting families then work together to develop appropriate

local responses. Emphasis has been placed on parent-child relationships and parenting; early literacy and communication; and building individual and community strengths.

The approach supports **healthier lives for individuals and families** by ensuring that the right support is there for families who most need it - e.g. those affected by parental substance misuse, mental health problems or domestic abuse. Practitioners sensitively signpost and encourage parents and carers to participate in local groups, learning activities or parenting programmes. This ensures parents and carers are helped to develop the skills and confidence to improve their own life circumstances, health and wellbeing.

A checklist based on the 3 themes is available to help you make sure your organisation, team or project is doing all it can to reduce health inequalities www.healthyfife.net

What we want to achieve

Reducing inequalities is one of the high level outcomes of Fife's community plan. A range of partnerships and organisations across Fife are working to reduce poverty, increase employment, and improve housing and support while others are focusing on early years development, improving health and wellbeing, making communities safer and building capacity within communities to take action and make a difference.

The partnerships working to reduce inequalities across Fife include Fife Housing Partnership; Opportunities Fife; Children in Fife; Fife Health and Wellbeing Alliance; Fife Community Safety Partnership; Fife Alcohol and Drugs Partnership; Fife Domestic and Sexual Abuse Partnership; Strengthening Communities Partnership.

Local community planning aims to bring together communities, their representatives and councillors with organisations who provide services, to develop local action to reduce inequalities and improve our communities and quality of life. There are local community planning groups in each of Fife's 7 areas.

The work of all these partnerships and their member organisations is key to reducing health inequalities across Fife.

For more information go to:
www.fifedirect.org.uk

Building on the priorities of previous health and wellbeing plans, we have identified **6 key outcomes** for reducing health inequalities across Fife. These are based on evidence around early intervention, strengthening protective factors for health and wellbeing and tailoring services and action to suit people's life circumstances.

- 1. Vulnerable pregnant women, children, young people and families have reduced risk of poor health outcomes.**
- 2. People experiencing difficult life circumstances have more skills, strengths, opportunities and support to improve their health and wellbeing.**
- 3. Older people have more opportunities and support to maintain their health and wellbeing and to take an active part in community life.**
- 4. Communities develop local initiatives which create supportive social networks, increase participation in community activity and improve health and wellbeing.**
- 5. Neighbourhoods have safe, accessible outdoor and community spaces which are used more by communities to enhance their health and wellbeing.**
- 6. Organisations have an increased focus on creating equal opportunity for good health and provide services and support in ways most likely to reduce health inequalities.**

Making it happen

Over the next 5 years Fife Health and Wellbeing Alliance will work with other partnerships, organisations and communities in Fife to ensure a focus on reducing health inequalities.

The Alliance's role is to:

- encourage innovative ways of working based on existing evidence and new research around health inequalities
- challenge and support organisations and services to work towards the 6 outcomes and report on progress.

Much of what you already do may contribute to the 6 outcomes – or there could be opportunities to do more or work differently. All organisations will face challenges in delivering services over the next few years – therefore we need to do more of what works to reduce health inequalities, and less of what doesn't.

As a strategic or local partnership, organisation, project or team can you:

- link your work to one of more of the 6 outcomes?
- identify related activity and target groups?
- check you are working across the 3 themes?
- identify indicators to measure change, collect information and report on progress?

Understanding the impact of what we do, and how we work, on health inequalities is complex. It involves understanding the differences in health across communities and across time, and evaluation of activity, interventions and approaches across a wide range of partnerships and organisations. Fife Health and Wellbeing Alliance aims to support this by:

- providing health statistics and information about health inequalities in useful and accessible formats; and
- supporting organisations to develop ways of measuring progress towards outcomes.

You will find a range of health statistics and useful links, along with information on resources, training and support on www.healthyfife.net





Case study - Supporting looked after young people to more positive health

Using health and wellbeing outcomes to plan and measure change

Over the past five years a project led by NHS Fife has worked to improve the health and wellbeing of looked after young people (LAYP). LAYP have poorer health outcomes than other young people, particularly around sexual health.

The project identified that it could contribute towards outcome 2 of the strategy:

- People experiencing difficult life circumstances have more skills, strengths, opportunities and support to improve their health and wellbeing.

It then developed shorter-term outcomes relevant to its target groups:

- Young people feel more skilled and confident to improve their health
- Changes in behaviour that affect health and wellbeing

- Staff feel more skilled and confident in working with LAYP around health and wellbeing

The project worked with LAYP to identify what was needed. It offered one-to-one sessions with a health psychologist and group work on sexual health and relationships. It used non-standard, flexible ways of engaging young people – e.g. communicating via text, arranging sessions in places convenient to them. It offered training and support to carers and staff.

From the beginning, the project put in place a range of measures to assess its impact on the health of LAYP. A comparison of data gathered at the start and end of the project showed significant changes in young people's behaviours in areas such as smoking, physical activity and sexual health – and improvements in their wellbeing.

Thinking about key groups

The Equality Act 2010 requires public authorities to 'Advance equality of opportunity between people who share a protected characteristic and those who do not'. The protected characteristics are also known as equality groups and cover age; disability; gender reassignment; race; religion or belief; sex; sexual orientation; marriage and civil partnership; pregnancy and maternity. We need to consider the needs of all these equality groups when we develop and deliver services.

There are other life circumstances which make people more likely to experience poor health and wellbeing, including:

- homelessness or risk of homelessness
- caring responsibilities
- geographic or social isolation
- not being in education, training or employment
- claiming out of work benefits or experiencing in-work poverty
- being a lone parent
- living in areas of social and economic disadvantage
- gender based violence or abuse
- being a 'looked after'³ young person or care leaver
- experience of mental health problems
- substance misuse and addiction issues.

These factors can be interrelated and may affect income, employment opportunities, social networks, community links and access to services and support.

Although some organisations provide services for specific groups, such as people who are homeless or looked after children, we all need

to consider the needs of equality groups and other key groups when targeting work and providing services and support to reduce health inequalities.

For more information on equality and diversity go to FifeDirect, NHS Fife website or contact the Fife Centre for Equalities.

In a 2013 survey, 92% of carers said that caring has had a negative impact on their mental health, including stress and depression



Reducing health inequalities – what works?

Over the years global and national research has shown that we need to tackle inequalities in individual, social, economic and environmental circumstances at the same time as working directly on health and wellbeing.

Recent policy and research highlights examples of evidence-based actions most likely to have an impact on health inequalities; some of these are listed below. These have a strong connection to the work of different partnerships and organisations in Fife.

Some of this activity is already happening in Fife – some needs more focus over the next 5 years.

Early years development and educational attainment

Evidence-based interventions most likely to reduce health inequalities include:

- focus on early intervention and prevention
- specialist outreach and targeted services that are accessible and non-stigmatising for families who are vulnerable and/or have additional needs
- provision of high quality early childhood education / childcare
- culture of collaborative working across services and with communities
- support and advice for young people on life skills, training and employment opportunities
- supporting transitions at key points – e.g. from school to further education and work

Income, employment and skills

Evidence-based interventions most likely to reduce health inequalities include:

- improving work conditions – e.g. tackling low wages and job insecurity; increasing in-work development opportunities, flexibility and job control
- targeted support for those returning to work and to enhance job retention
- work-based learning and increased availability of non-vocational lifelong learning
- high quality volunteering opportunities for vulnerable groups
- access to internet and practical support with IT
- collaborating across agencies to target money advice and income maximisation services
- reduce or eradicate price barriers for healthy products (e.g. healthy foods), essential services and preventative services (e.g. free eye tests, schools meals, stop smoking support)

Housing and support

Evidence-based interventions most likely to reduce health inequalities include:

- providing appropriate housing support to enable people to sustain their living arrangements
- extending the Scottish Housing Quality Standard to privately rented accommodation
- improving housing and building standards
- implementing affordable heating, ventilation and quality energy efficiency measures in all housing (e.g. without the need to apply for grants) to reduce fuel poverty
- changes to housing infrastructure e.g. design, quality
- specialist and targeted services - taking a preventative approach to homelessness

Place – our physical and social environments – strengthening communities

Evidence-based interventions most likely to reduce health inequalities include:

- improving the built environment through design which encourages people to connect with each other; gives access to high quality greenspace and makes it easier to be physically active, including space for play; facilitates learning and cultural activities; boosts people's pride in their neighbourhood
- harnessing the knowledge of communities and encouraging active participation in the design process
- ensuring services are available locally – in locations and ways that reduce inequalities in access, e.g. on public transport routes, avoiding discrimination by language or internet access
- improving transport links to enable access to services, training and employment
- strengthening the role and impact of preventative health interventions within the most disadvantaged communities: focusing on risk factors (smoking, alcohol, obesity)
- restriction of availability of unhealthy food, tobacco related products and alcohol
- greater controls on outdoor and indoor air pollution
- lowering speed limits and separating pedestrians and vehicles

Over half of working age adults in poverty now live in households with at least one adult in employment.

Help and information

A range of information and resources is available through www.healthyfife.net

- up to date news and events related to health and wellbeing – which you can use to find out what's happening or share your news and events
- health information and statistics on health and wellbeing across Fife and in your area
- opportunities for training and workshops
- health inequalities checklist, evaluation templates and other resources
- links to specialist knowledge and research around improving health and wellbeing
- information on practical and funding support available from Fife Health and Wellbeing Alliance.

References

- 1 World Health Organisation 1948
- 2 Jadad and O'Grady 2011
- 3 *Looked after young people are those under a supervision order with the local authority, including young people placed in residential care, foster care, and those remaining in their own homes.*

Other sources used:

- 'Creating a Fairer Scotland – What Matters to You?' discussion paper. Scottish Government, June 2015
- Harkins C, Egan J. *The rise of in-work poverty and the changing nature of poverty and work in Scotland: what are the implications for population health?* Glasgow: GCPH; 2013
- Holt-Lunstad J, TB, Layton JB. 2010. *Social relationships and mortality risk: a meta-analytic review.* PLoS Medicine 7 (7)
- *Health inequalities briefing for Community Planning Partnerships, NHS Health Scotland, March 2013*
- *Carers UK (2013) State of Caring 2013*
- Beeston C, McCartney G, Ford J, Wimbush E, Beck S, MacDonald W, and Fraser A. *Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities.* NHS Health Scotland. Edinburgh. 2014
- *Equally Well Review 2013: Report of the Ministerial Task Force on Health Inequalities.* Scottish Government, 2014
- *Creating Places: A policy statement on architecture and place for Scotland.* Scottish Government, June 2013
- *Working for Health Equity: The Role of Health Professionals.* Institute of Health Equity, March 2013

Fairer Health for Fife 2015-20

1 aim

- **Reducing inequalities in health and wellbeing across Fife**

3 themes

- **Changing the way organisations work**
- **Creating healthier places and communities**
- **Supporting healthier lives for individuals and families**

6 outcomes

1. **Vulnerable pregnant women, children, young people and families have reduced risk of poor health outcomes.**
2. **People experiencing difficult life circumstances have more skills, strengths, opportunities and support to improve their health and wellbeing.**
3. **Older people have more opportunities and support to maintain their health and wellbeing and to take an active part in community life.**
4. **Communities develop local initiatives which create supportive social networks, increase participation in community activity and improve health and wellbeing.**
5. **Neighbourhoods have safe, accessible outdoor and community spaces which are used more by communities to enhance their health and wellbeing.**
6. **Organisations have an increased focus on creating equal opportunity for good health and provide services and support in ways most likely to reduce health inequalities.**

