Inequalities Action Framework
Dumfries & Galloway
2016

Dumfries & Galloway
Together is Better

Contents

Introduction

Background

Inequalities across society are based on imbalances of power, income and wealth (Craig 2013). Health inequalities occur as a result of these wider inequalities. As such, these wider inequalities need to be addressed if health inequalities are to be reduced. NHS Health Scotland has developed a model which identifies the pathway by which health inequalities are caused (see figure 1). Inequalities are intrinsically important as a matter of human rights and fairness, and are avoidable. Reducing inequalities will reduce health inequalities.

Reducing inequalities has been identified as a priority in the Vision of the NHS Dumfries and Galloway Board, the Councils priorities and commitments, Health and Social Care Integration (HSCI) in the Health and Social Integration Strategic Plan and four Locality plans, in the Dumfries and Galloway Local Outcomes Improvement Plan and the Public Health Strategic Framework (see Appendix 1). Nationally, the importance of inequalities has been recognised in the report of the Scottish Government's Ministerial Task Force on Health Inequalities, Equally Well (2008):

"[T]here are inequalities in the health of people in Scotland which are unfair and unjust, because they are based on social structures and factors such as how much money people have."
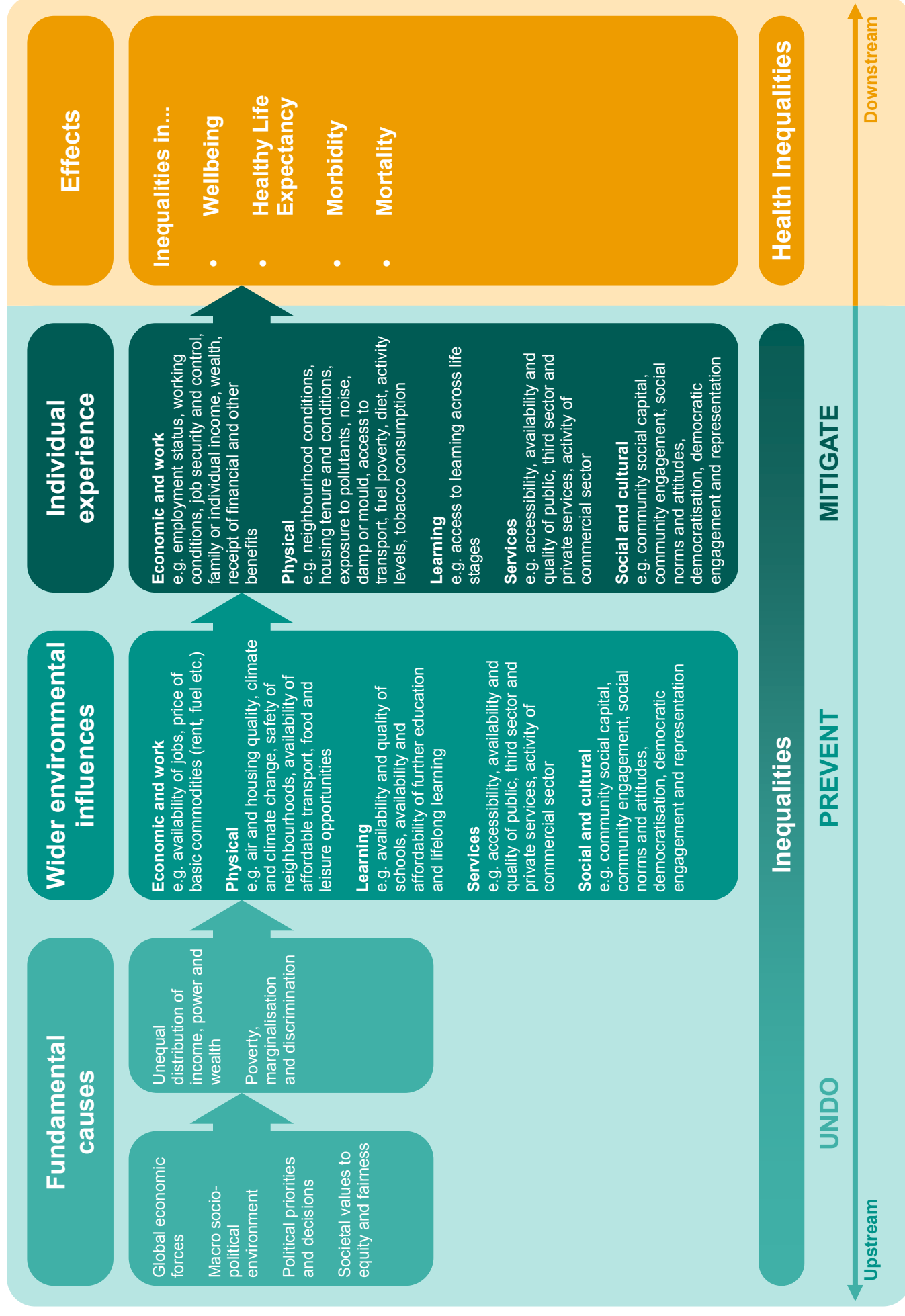
Key points from this document and the more recent Marmot Review (2010) of Health Inequalities in England are included in appendix 2.

Aims

Reducing inequalities requires action by central and local government, the NHS, the third and independent sectors, and community groups across a range of public policy areas. This Framework is aimed at supporting **all** those involved in developing policies, guidelines, interventions, programmes and services by providing information and tools necessary to addressing inequalities. Its main aims are:

1 To establish a **shared understanding across partners** of the causes of health inequalities with reference to the wider inequalities within society.

2 To support organisations and partnerships in **identifying and agreeing the actions** they can take to contribute to reducing inequalities.

3 To support the **shift to prevention and early intervention** rather than dealing with problems in health and social care after they have arisen.

4 To ensure that policies **tackle social, economic and environmental inequalities**.

5 To support action to **prioritise disadvantaged groups** and areas of deprivation

6 To provide tools to ensure that those planning, designing and implementing policies and interventions **identify the impact of their work on inequalities** (and related health inequalities) and are able take action to eliminate these.

Figure 1: How inequalities cause health inequalities (adapted from Beeston et al.[13])

Fundamental causes

Unequal distribution of income, power and wealth

Poverty, marginalisation and discrimination

Global economic forces

Macro socio-political environment

Political priorities and decisions

Societal values to equity and fairness

Wider environmental influences

Economic and work
e.g. availability of jobs, price of basic commodities (rent, fuel etc.)

Physical
e.g. air and housing quality, climate and climate change, safety of neighbourhoods, availability of affordable transport, food and leisure opportunities

Learning
e.g. availability and quality of schools, availability and affordability of further education and lifelong learning

Services
e.g. accessibility, availability and quality of public, third sector and private services, activity of commercial sector

Social and cultural
e.g. community social capital, community engagement, social norms and attitudes, democratisation, democratic engagement and representation

Individual experience

Economic and work
e.g. employment status, working conditions, job security and control, family or individual income, wealth, receipt of financial and other benefits

Physical
e.g. neighbourhood conditions, housing tenure and conditions, exposure to pollutants, noise, damp or mould, access to transport, fuel poverty, diet, activity levels, tobacco consumption

Learning
e.g. access to learning across life stages

Services
e.g. accessibility, availability and quality of public, third sector and private services, activity of commercial sector

Social and cultural
e.g. community social capital, community engagement, social norms and attitudes, democratisation, democratic engagement and representation

Effects

Inequalities in...
- Wellbeing
- Healthy Life Expectancy
- Morbidity
- Mortality

Health Inequalities

Inequalities

UNDO   PREVENT   MITIGATE

Upstream   Downstream

Inequalities in Dumfries and Galloway

Social, economic and environmental inequalities and their effects are pervasive locally as well as nationally. The Joint Strategic Needs Assessment (Dumfries and Galloway Health and Social Care Partnership 2015) has identified inequality as a recurrent theme throughout the region. Many indicators show persistent inequalities, with poorer health outcomes in people living in more disadvantaged situations: those living in poverty and those who have protected characteristics are significantly more likely to experience ill health and premature death than those living in advantaged circumstances.

Everyone has the right to the highest attainable standard of health and everyone should have equal opportunity to realise this right without discrimination.

Advancing equality is fundamental to our mission; it is also our legal duty. The Equality Act 2010 protects characteristics which can make people vulnerable to being discriminated against and experiencing worse health. However people are not defined by any singular characteristic. Social determinants such as ethnicity, gender, disability, and sexual orientation combine and interact to affect health and wellbeing, and may vary across the life-course.

Tackling inequalities in Dumfries and Galloway is complicated by the rural nature of the area. Traditionally interventions to reduce inequalities have been targeted at populations considered to be the most deprived. The Scottish Index of Multiple Deprivation (SIMD) is often used across Scotland to identify such areas where there is a concentration of deprivation.

It is widely acknowledged that geographic measures of deprivation are less suited to rural areas of Scotland. Deprivation is less concentrated in rural areas like Dumfries and Galloway, meaning that much deprivation is "hidden" by using these methods. Analysis has shown that 82.4% of income deprived and 82.8% of employment deprived people living in Dumfries & Galloway do not live in what are commonly identified as the most deprived areas (SIMD 2012). Therefore to identify people living in deprived circumstances, the use of individual indicators of deprivation such as personal income and employment, benefits status, protected characteristics, educational achievement and socio-economic classification may be more accurate.

There are difficulties inherent in attempting to target resources to deprived people (identification, definition and stigmatisation). This can cause difficulties for planners in identifying the most deprived members of the population of Dumfries and Galloway. Partnership working is an example of an alternative way of targeting those people who are at greater risk of future ill health (and a variety of other problems).

Advocacy for action - the business case

Making the case, and the business case, for action on inequalities and the social determinants of health is often a challenge. We know that the social determinants of health – housing, education, income and physical and social environment – are what drive health more than any other factors. These social determinants correspond with the core responsibilities of Community Planning Partners.

Given limited budgets and austerity measures there is a need to be clear on how best to spend our resources with the explicit aim of reducing inequalities and improving health outcomes. Furthermore, we need to be clear about what the long term health consequences of disinvestment in the social determinants of health are and how these are valued against other impacts. We know that there is strong evidence to support action in the areas of early years, schools, employability and work, active travel and provision of green spaces, housing, building strong communities and resilience and in public protection (including regulatory services).

It is important however to acknowledge that the economic argument for investment/disinvestment should be considered alongside the wider aspects of Social Return on Investment SORI. By considering the economic impacts alongside the SROI approach at an early stage we can start to build the evidence base to support the business case for investing in the social determinants of health.

Within the toolkit are a number of tools and evidence briefings are listed which can assist in supporting the practical development of the business case for undertaking action on inequalities.

Inequalities Action Framework

No single agency alone can reduce inequalities. Partnership working across the **Local Authority, Health, the Third Sector, the Independent Sector and local communities** is vital to addressing the inequalities that lead to health inequalities.

This requires collaborative decision-making at local level co production and empowering individuals and local communities.

To be successful, changes are required in the way policies are developed to address the structural causes of inequalities, including education, environment, housing, welfare provision and planning. Developing regulatory policies, improving access to services, prioritising disadvantaged groups and taking action early in the life cycle, are also key in improving health. Consequently, social and health inequalities must be considered in the planning stages of all policy, service and programme development, in order to maximise the potential for reducing inequalities.

This Framework offers a system for assessing proposed policies, plans, services and interventions in relation to addressing inequalities in health outcomes. It encourages consideration of the range of actions that might be taken to increase equality.

Box 1: Examples of available tools to support use of the framework

- Impact Assessment
- Health Equity Audit
- Carers Assessment Tool
- Outcome-Focussed Planning
- Equality Act Questions
- NICE Return on Investment Tools
- Participatory Appraisal Tools
- Rictor

When planning policies, programmes and interventions, this Framework can be utilised at each stage. It can also help to ensure that what is proposed does not inadvertently increase the inequalities gap.

The Inequalities Action Framework takes the planner through a process of considering the key principles and questions in relation to:

1 Needs assessment

3 Actions to reduce inequalities

2 Outcome focussed planning

4 Measuring progress

A summary of this process is shown in Appendix 4.

A range of tools to support the framework is available in the Inequalities Toolkit. Some examples of the types of tools available are listed in Box 1.

1 Needs Assessment

The first step of the process is to identify and understand the situation which you are seeking to address. It is vital to understand the demographics and experience of the population for whom the policy or intervention is intended. This will include (but is not limited to):

- Protected characteristics
- Deprivation
- Groups/individuals most at risk
- Individual and social factors associated with risk
- Use of services
- Views, experience and expectations of the population, particularly those at highest risk
- Other evidence
- Community capacity/assets
- Case studies

A combination of quantitative (data like numbers) and qualitative (other data like people's views) is vital to getting a full picture of the situation.

Appropriate sources of relevant data can be found in the toolkit which underpins this framework.

Questions to be asked in seeking to understand how to tackle inequalities may include:

Distribution of the issue – Which part or parts of the population have the greatest needs in terms of the issue? For example – Unpaid Carers can have lower levels of wellbeing than the general population.

Distribution of the determinants – What risk factors lead to worse outcomes for these people? Why are such risk factors more common in this population? For example – Young people are more likely to be sexually active with a larger number of partners so are more likely to be at risk of sexually transmitted infections.

Distribution of interventions/services – Are current interventions and services appropriately distributed, with greater provision in those areas of greatest need? For example – In remote and rural areas people may not have ready access to transport if services are only available in main towns they may not be easily accessible.

Outcomes and consequences – What do we know about the particular health issues, challenges, contacts with our services and deaths for these people that have worse outcomes than for other people? For example – The evidence shows us that there is a marked difference in the life expectancy of those who are the most disadvantaged and the affluent.

2 Outcome-Focussed Planning

Policies and programmes aimed at reducing health inequalities require different actions from those aimed solely at improving health across a whole population. Evidence shows that if services/interventions are offered to all population groups equally, those in least need, have been shown to be more likely to use the services. For example – White middle class girls are most likely to have contraception in place where we know that it is girls from deprived backgrounds who don't seek contraception and are most likely to have a teenage pregnancy.

There are multiple ways to approach reducing inequalities, for example:
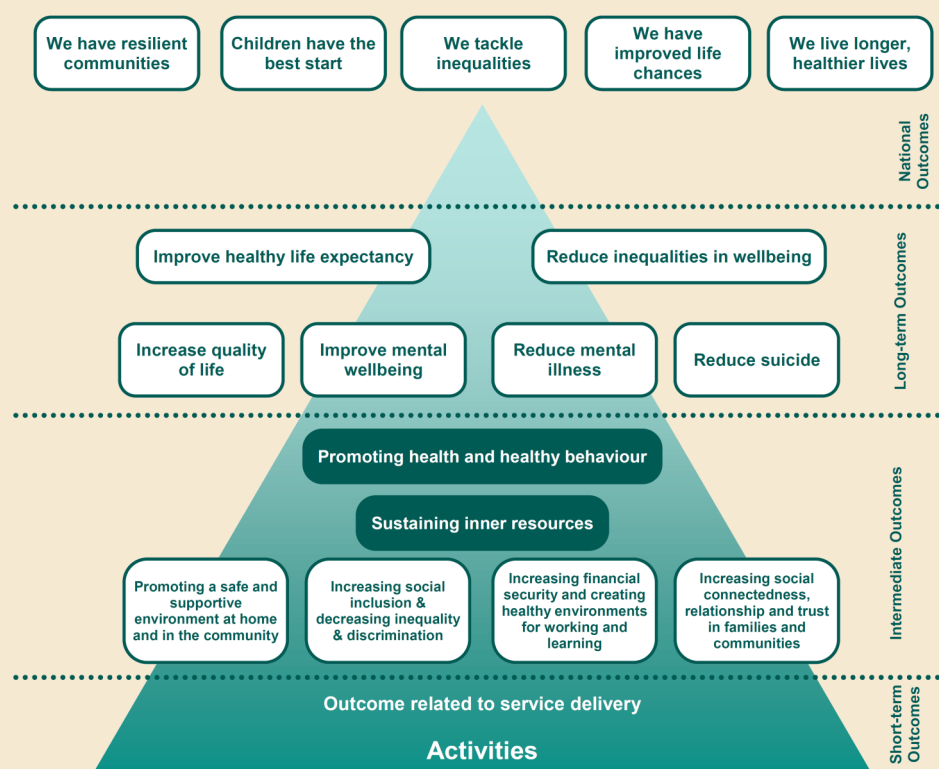
- We can implement interventions for a target group of high need, aiming to improve their health faster than that of the population as a whole (reducing the gap).

- We can aim to make provision of universal services and interventions more equitable by improving access for those with greatest need (reducing the inequality gradient).

Outcome-focussed planning provides a structured approach which can ensure that all aspects of work have clear outcomes which relate directly to reducing inequalities. The purpose of this approach is to:

- Identify outcomes
- Link activities with outcomes
- Prioritise activities

Figure 2 shows an example of an outcome triangle from Health Scotland, demonstrating the kinds of outcomes which can be developed. A guide to outcome-focussed planning is included in the toolkit.

Figure 2: Outcome focussed planning and the generic outcomes triangle for mental health (adapted from NHS Health Scotland).

We have resilient communities

Children have the best start

We tackle inequalities

We have improved life chances

We live longer, healthier lives

National Outcomes

Improve healthy life expectancy

Reduce inequalities in wellbeing

Long-term Outcomes

Increase quality of life

Improve mental wellbeing

Reduce mental illness

Reduce suicide

Promoting health and healthy behaviour

Sustaining inner resources

Promoting a safe and supportive environment at home and in the community

Increasing social inclusion & decreasing inequality & discrimination

Increasing financial security and creating healthy environments for working and learning

Increasing social connectedness, relationship and trust in families and communities

Intermediate Outcomes

Outcome related to service delivery

Activities

Short-term Outcomes

3 Actions to Reduce Inequalities

In line with the causal pathway shown in figure 1, interventions can be considered through three levels of mitigating, preventing and undoing inequalities (Geronimus, 2000).

Mitigating the impact of inequalities is where action is taken to reduce their effect on individuals' social and health outcomes. It is sometimes referred to as working 'downstream', concerned with how to improve things once a problem has arisen. Much work within services is of this nature: treating problems, rather than preventing them, such as managing diabetes rather than promoting healthy eating. The focus is on improving the health of individuals, but in a way that recognises the barriers to health related to social circumstances and takes action on them where possible.

Preventing inequalities is where work is developed to prevent inequalities having an impact on social and health outcomes. This can be the 'upstream' work that ensures that problems do not arise, such as ensuring housing is of good quality, community services are developed that are resilient to possible future impacts for example climate change, people are able to gain employment, working conditions are health-enhancing or healthy food is available. The focus here is on ensuring services and facilities do as much as possible to prevent negative health impact.

Undoing inequalities require a reversal in the policies and social processes which increase and maintain inequalities. For example, economic policies such as welfare reform can increase the wealth and income gap between rich and poor, resulting in increasing inequalities in health. Action for fiscal, cultural and legislative change, including laws to prevent discrimination or to establish progressive tax systems is required to reduce inequalities (Whitehead and Dahlgren, 2006).

4 Measuring Progress

Evaluation is a key aspect of the process of addressing inequalities. Evidence is required to measure any change and understand what makes a difference, as this ensures that the appropriate action is taken to reduce inequalities. It is crucial that evaluation is considered at the beginning of any work, rather left as an 'add-on' at the end of the process.

Inequalities constitute a complex issue likely to require a variety of actions, each with a different indicator for measuring progress. Whatever is being measured should link directly to the outcomes developed in step 2. A range of indicators for measuring progress are included in the toolkit. These include quantitative measures, such as wellbeing questionnaires, and qualitative measures, such as participatory appraisal techniques.
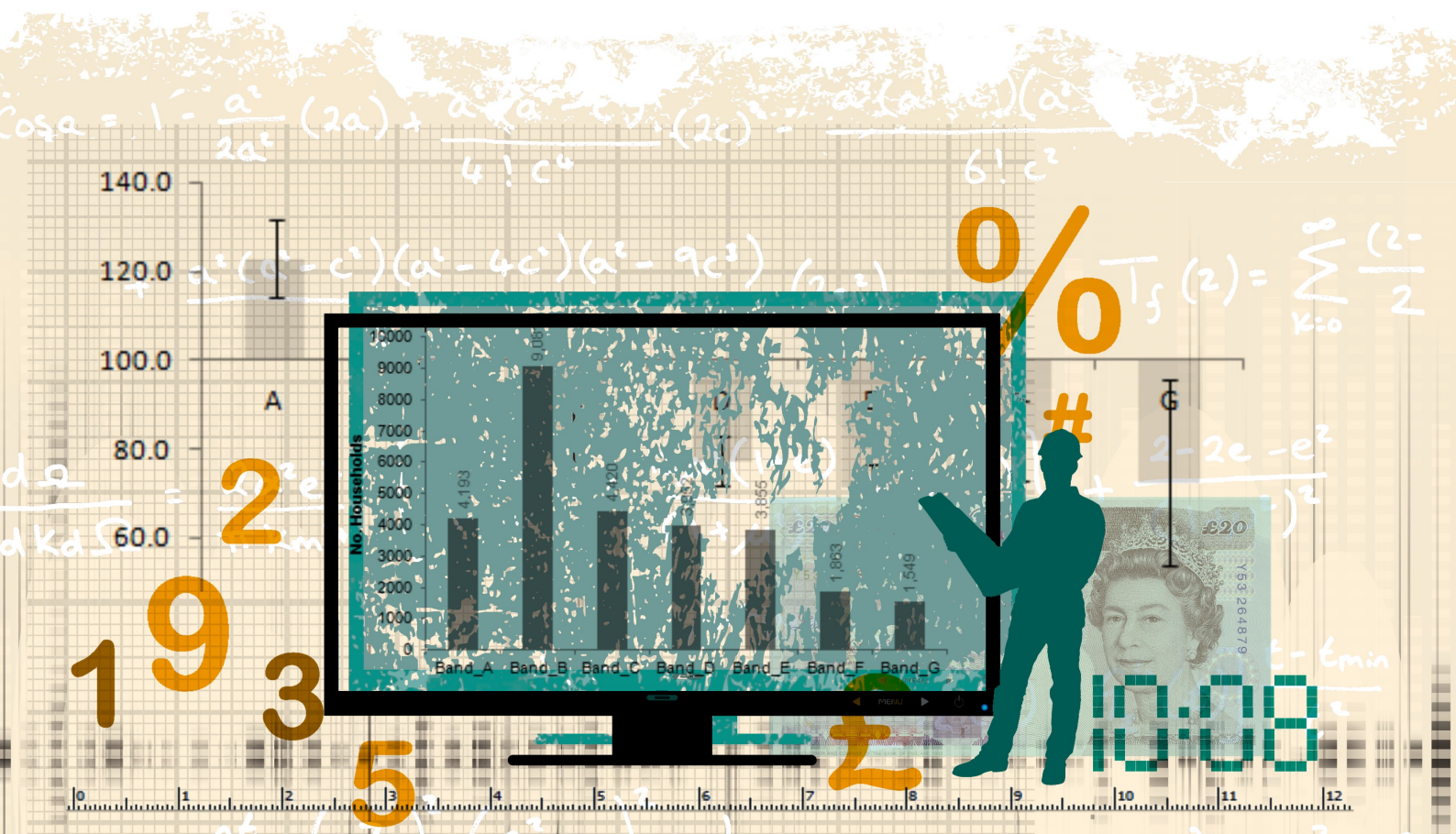
Conclusion

Reducing inequalities is a complex ambition and needs different actions to be taken at all levels. Applying current inequalities theory systematically to planning can help to break down the required actions to the level of tasks that can be planned, implemented and reviewed in order to strengthen the collective contribution to reducing inequalities in Dumfries and Galloway.

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Appendix 1

The priorities of Dumfries and Galloway Council:

- *Build the local economy,*
- *Provide the best start in life for all our children,*
- *Protect our most vulnerable people,*
- *Be an inclusive council[1].*

The purpose of NHS Dumfries and Galloway:

To deliver excellent care that is person centred, safe, efficient, reliable and to reduce health inequalities across Dumfries and Galloway[2].

The vision for Third Sector Dumfries and Galloway:

Our vision is of a strong and sustainable third sector that can make a lasting contribution to the wellbeing of the people and communities of Dumfries and Galloway. Our mission is to work together with the third sector in Dumfries and Galloway to be its voice; and to become a centre of excellence for the promotion of the sector and the provision of support and services to the sector[3].

The vision for Dumfries and Galloway Health and Social Care Integration:

A Dumfries and Galloway where we share the job of making our communities the best place to live active, safe and healthy lives by promoting independence, choice and control[4].

The vision for the Directorate of Public Health:

Communities' and individuals' experience of health and wellbeing is changed. They are resilient, able to reach their potential and inequalities are reduced[5].

References

1. Dumfries and Galloway Council public website : http://www.dumgal.gov.uk/article/15608/Council-priorities (accessed 25th October 2016)
2. Dumfries and Galloway Third Sector Interface http://thirdsectordumgal.org.uk/about/ (accessed 12th July 2016)
3. NHS Dumfries and Galloway public website: http://www.nhsdg.scot.nhs.uk/Dumfries_and_Galloway_NHS (accessed 25th October 2016)
4. Dumfries and Galloway Health and Social Care Partnership. Draft Strategic Plan Part 1 2016-2019
5. NHS Dumfries and Galloway Public Health Directorate Strategic Framework

Appendix 2

Key Points from Equally Well (2008)

- Health inequalities remain a significant challenge in Scotland.
- The poorest in society die earlier, have poorer health and have higher rates of disease, including mental illness.
- Healthy life expectancy needs to be increased across all socioeconomic groups to achieve the Scottish Government's overall purpose of sustainable economic growth.
- Tackling health inequalities requires action from national and local government and from other agencies including the NHS, schools, employers and Third Sector.
- The highest priorities are children, particularly in the early years, "killer diseases" such as heart disease, mental health and the harm caused by drugs, alcohol and violence.
- Radical cross-cutting action is needed to address Scotland's health gap to benefit its citizens, its communities and the country as a whole.

Key Points from the Marmot Review (2010)

- "There is a social gradient in health – the lower a person's social position, the worse his or her health.
- "Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.
- "Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.
- "Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.
- "Economic growth is not the most important measure of our country's success. The fair distribution of health, well-being and sustainability are important social goals."(p16)
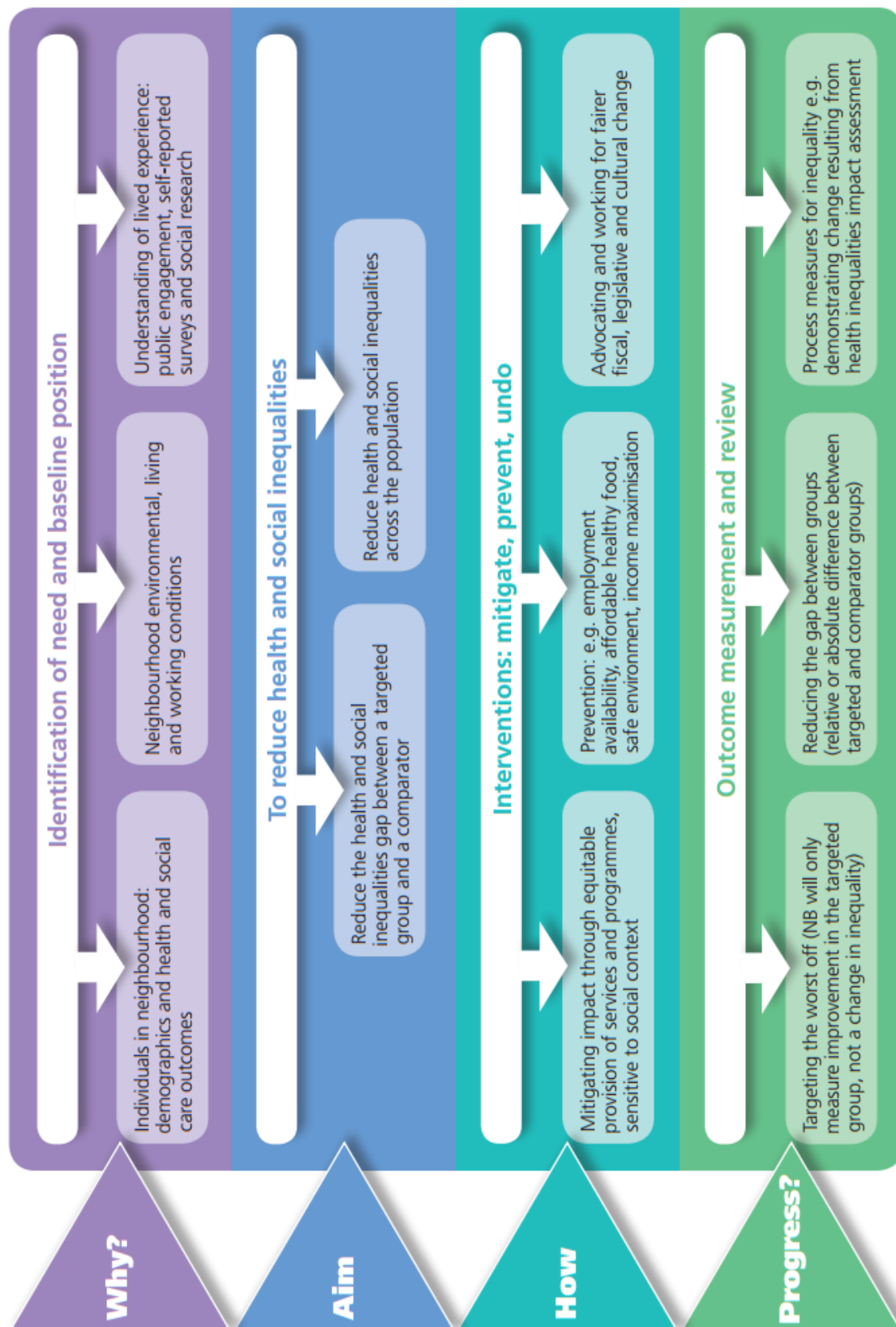
Appendix 3: Glossary

Asset-based approach   Identifying and making bets use of all the resources that exist at both an individual and community level.

Demographic   Demography is the science of human populations – their size, how they are made up and distribution – and the process through which populations change.

Deprivation   Deprivation is a term that is frequently used in discussions on poverty and anti-poverty discussion. It is a wider term than poverty and does not simply refer to low income. Deprivation refers to difficulties caused by lack of resources and opportunities (including financial).

Determinants of health   Determinants of health are factors which influence health status and determine health differentials or health inequalities. They are many and varied and include biological factors such as age, gender ethnicity, behaviour and lifestyle choices, the physical, social, economic and environmental condition in which we live.

Economic Impact Assessment   Economic impact assessment involves exploring and identifying the ways in which the economy in general or economic circumstances will be affected by a policy, programme or project.

Environmental Impact Assessment   Environmental Impact Assessment (EIA) is a process of evaluating the likely environmental impacts of a proposed project or development, taking into account inter-related socio-economic, cultural and human-health impacts, both beneficial and adverse.

Equality Impact Assessment   Equality Impact Assessment systematically assesses and records the actual or potential impact of a policy, plan or service on different groups of people (see Protected Characteristics).

Health Equity Audit   HEA is a process for identifying how fairly services or other resources are distributed in relation to the health needs of different groups and areas, and the priority action to provide services relative to need. The overall aim is not to distribute resources equally but, rather, relative to health need.

Health and Social Care Integration   Bringing together adult health and social care in the public sector into one statutory body i.e. an integration authority.

Health Inequalities   Health inequalities can be defined as differences in health status or the distribution of health determinants between different population groups. For example differences in mortality rates between people from different social classes.

Health Impact Assessment   A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects of the health of a population, and the distribution of those effects within the population.

Integrated Impact Assessment   Integrated Impact Assessment brings together the components of health, economic and environmental impact assessment into one Integrated Impact Assessment. It allows for an exploration of all the different ways in which policies, programmes or projects may affect the population.

Integrated Impact Assessment	Integrated Impact Assessment brings together the components of health, economic and environmental impact assessment into one Integrated Impact Assessment. It allows for an exploration of all the different ways in which policies, programmes or projects may affect the population.
Outcomes	The effect the process has had on the people targeted by it. These might include for example; changes in self perceived health status or changes in the distribution of health determinants.
Outputs	The products or results of a process. These might include for example; how many people a project has affected, their ages or the number of meetings held.
Person-centred	Person-centred is an approach to working with people which respects and values the uniqueness of the individual and puts the individual's needs and aspirations firmly at the centre of the process.
Poverty	Broadly and in basic terms, poverty is defined as those people whose resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities.
Preventative	Promoting and maintaining good health and wellbeing as a primary approach, anticipating and identifying potential future health and/or social care needs and implementing a range of actions to avoid these.
Process	A course of action or series of activities.
Protected Characteristics	It is recognised that people may face discrimination due to certain characteristics. The Equality Act 2010 describes age, disability, sex, race, religion or belief, pregnancy and maternity, marriage and civil partnership, sexual orientation and gender reassignment as protected characteristics.
Rural Proofing	The principal aim of rural proofing is to ensure the fair and equitable treatment of people living in rural areas by addressing their needs as an integral part in the development of policy and public services; and by evaluating the impact of policy and public services on rural communities.
Rural Health Impact Assessment	Rural developments (for example wind energy developments; quarrying; agriculture and forestry) may result in impacts (both positive and/or negative) on the health of the local population. The national Scottish Health and Inequalities Impact Assessment Network (SHIIAN) have developed a resource that can be used across Scotland to assess developments in the future. The resource is aligned to existing approaches to Health Impact Assessment and is tailored to a remote and rural context.
Social Enterprise	Social Enterprises are businesses with primarily social or environmental objectives. Their surpluses are reinvested principally in the business or community. The social enterprise sector is diverse examples including community enterprises and housing associations.
Social Return on Investment (SROI)	Social Return on Investment (SROI) is a process of understanding, measuring and reporting on the social, environmental and economic value created by an organisation.
Strategic Needs Assessment	An analysis of the health and social care and support needs of a population that helps to inform health and social care planning.

Appendix 4

Framework summary from Health Scotland (Craig 2013)

Why?

Identification of need and baseline position

- Individuals in neighbourhood: demographics and health and social care outcomes
- Neighbourhood environmental, living and working conditions
- Understanding of lived experience: public engagement, self-reported surveys and social research

Aim

To reduce health and social inequalities

- Reduce the health and social inequalities gap between a targeted group and a comparator
- Reduce health and social inequalities across the population

How

Interventions: mitigate, prevent, undo

- Mitigating impact through equitable provision of services and programmes, sensitive to social context
- Prevention: e.g. employment availability, affordable healthy food, safe environment, income maximisation
- Advocating and working for fairer fiscal, legislative and cultural change

Progress?

Outcome measurement and review

- Targeting the worst off (NB will only measure improvement in the targeted group, not a change in inequality)
- Reducing the gap between groups (relative or absolute difference between targeted and comparator groups)
- Process measures for inequality e.g. demonstrating change resulting from health inequalities impact assessment

Inequalities Toolkit

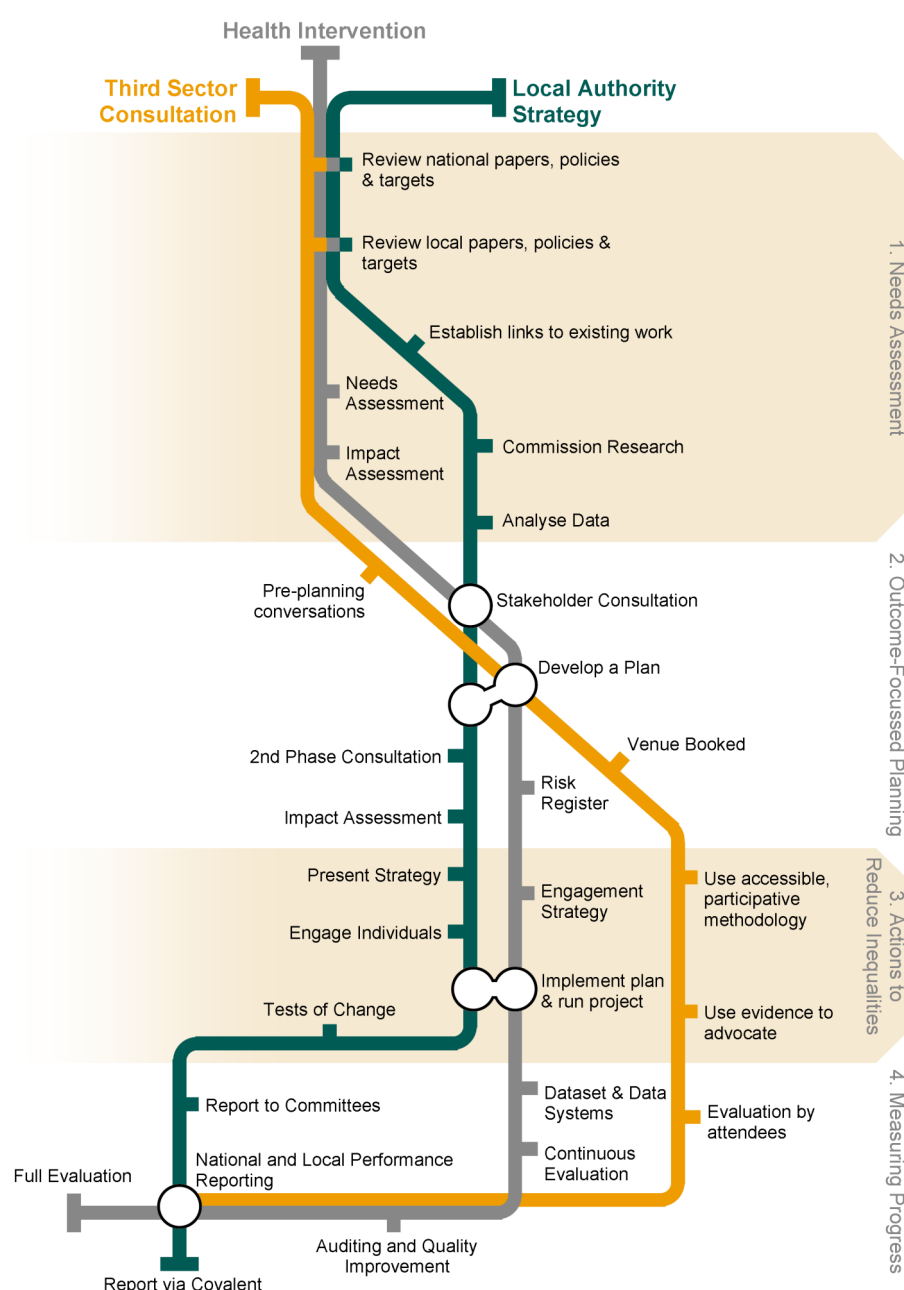## Dumfries & Galloway
2016

Contents

Introduction

The Inequalities Action Framework has been developed to support all those involved in developing policies, guidelines, interventions, programmes and services by providing information and tools necessary to address inequalities. No single agency alone can reduce inequalities. Partnership working across the Local Authority, Health, the Third Sector, the Independent Sector and local communities is vital to addressing the inequalities that lead to health inequalities.

To be successful in reducing health inequalities, changes are required in the way policies are developed to address the structural causes of inequalities, including education, environment, housing, welfare provision and planning. Developing regulatory policies, improving access to services, prioritising disadvantaged groups and taking action early in the life cycle, are also key in improving health. Consequently, both social and health inequalities must be considered in the planning stages of all policy, service and programme development, in order to maximise the potential for reducing inequalities.

This Framework offers a system for assessing proposed policies, plans, services and interventions in relation to addressing inequalities in health outcomes. It encourages consideration of the range of actions that might be taken to increase equality.

This toolkit has been developed to support the implementation of the Inequalities Action Framework. It contains suggested background papers and evidence, assessment and audit tools, planning measurement and engagement tools, information on charter marks and work plans, information on learning and links to where data relating to inequalities is available.

Health Intervention

Third Sector Consultation

Local Authority Strategy

1. Needs Assessment

- Review national papers, policies & targets
- Review local papers, policies & targets
- Establish links to existing work
- Needs Assessment
- Impact Assessment
- Commission Research
- Analyse Data

2. Outcome-Focussed Planning

- Pre-planning conversations
- Stakeholder Consultation
- Develop a Plan
- 2nd Phase Consultation
- Venue Booked
- Risk Register
- Impact Assessment
- Present Strategy
- Engagement Strategy

3. Actions to Reduce Inequalities

- Use accessible, participative methodology
- Engage Individuals
- Implement plan & run project
- Tests of Change
- Use evidence to advocate

4. Measuring Progress

- Report to Committees
- Dataset & Data Systems
- Evaluation by attendees
- National and Local Performance Reporting
- Continuous Evaluation
- Full Evaluation
- Auditing and Quality Improvement
- Report via Covalent

Example 1: Health Services

This diagram describes the possible steps in establishing and delivering a new health intervention; how they relate to the Inequalities Action Framework; and highlights some of the tools (in green) from this toolkit that could be used to support the different stages.

Delivering a Health Intervention

1. Needs Assessment

3rd Sector / Council
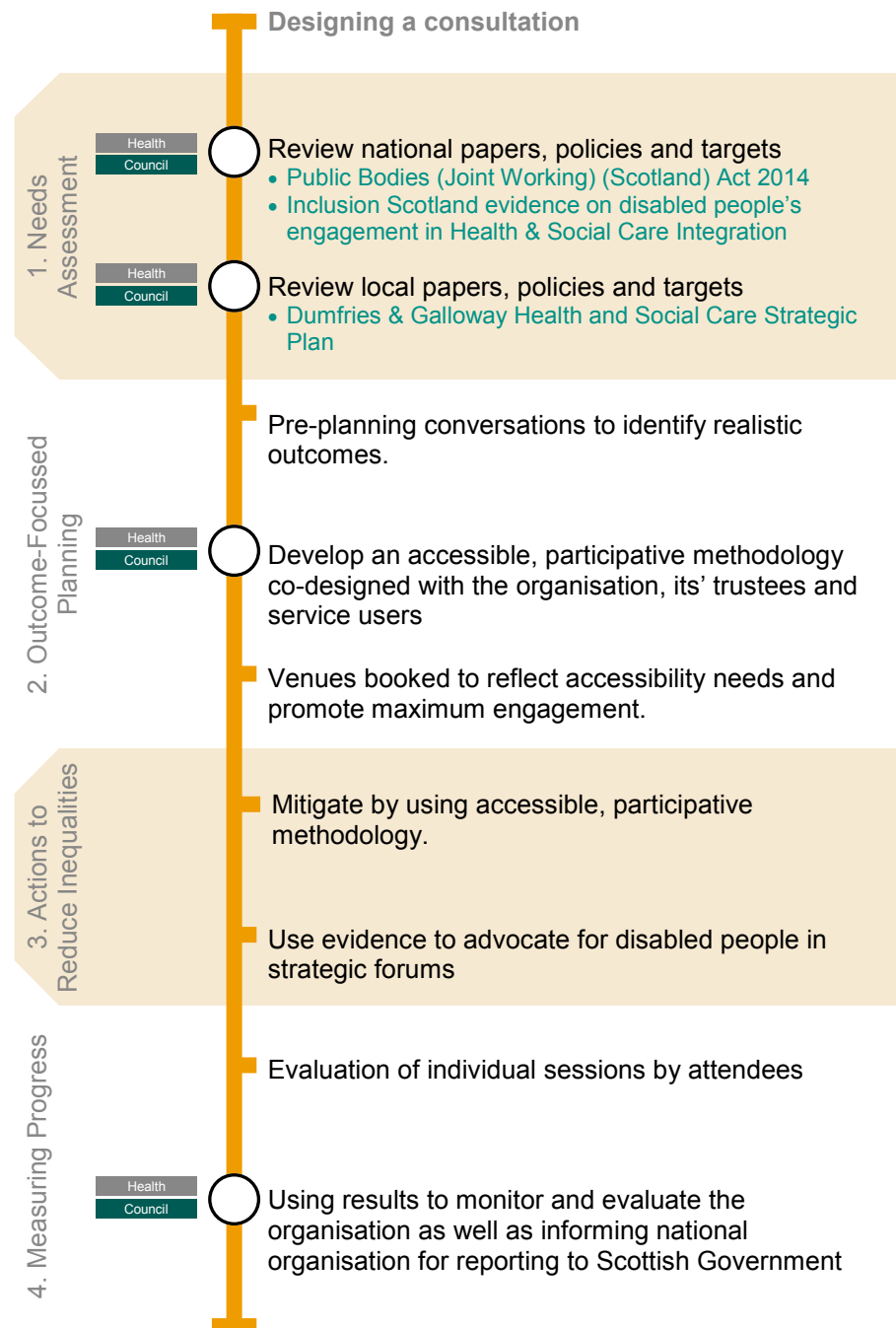Review national papers, policies and targets
Health Inequalities Action Framework - Health Scotland
Equally Well Review 2013 - Scottish Government

3rd Sector / Council
Review wider literature and other evidence

Undertake a Health Needs Assessment
including a consideration of the 9 protected characteristics
Health Needs Assessment

Undertake an Impact Assessment
Impact Assessment Toolkit

2. Outcome-Focussed Planning

Council
Carry out a Stakeholder Consultation
including partner organisations and potential service users
Participatory Appraisal

3rd Sector / Council
Develop a plan
Outcome Focussed Plans

Complete a Risk Register

3. Actions to Reduce Inequalities

Develop an engagement strategy
consider population demographics
Inequalities Briefing - Health Scotland
Scottish Index Multiple Deprivation (SIMD)
ScotPHO Profiles

Council
Implement plan and run project

4. Measuring Progress

Create a dataset and data systems
to capture activity and outcomes

Continuous Evaluation
including using measurement tools before and after intervention and stakeholder feedback.
Warwick-Edinburgh Mental WellBeing Scale (WEMWBS)

Auditing and Quality Improvement
including PDSA cycles and Tests of Change

3rd Sector / Council
National and local performance reporting

Full Evaluation
Evaluation Toolkit
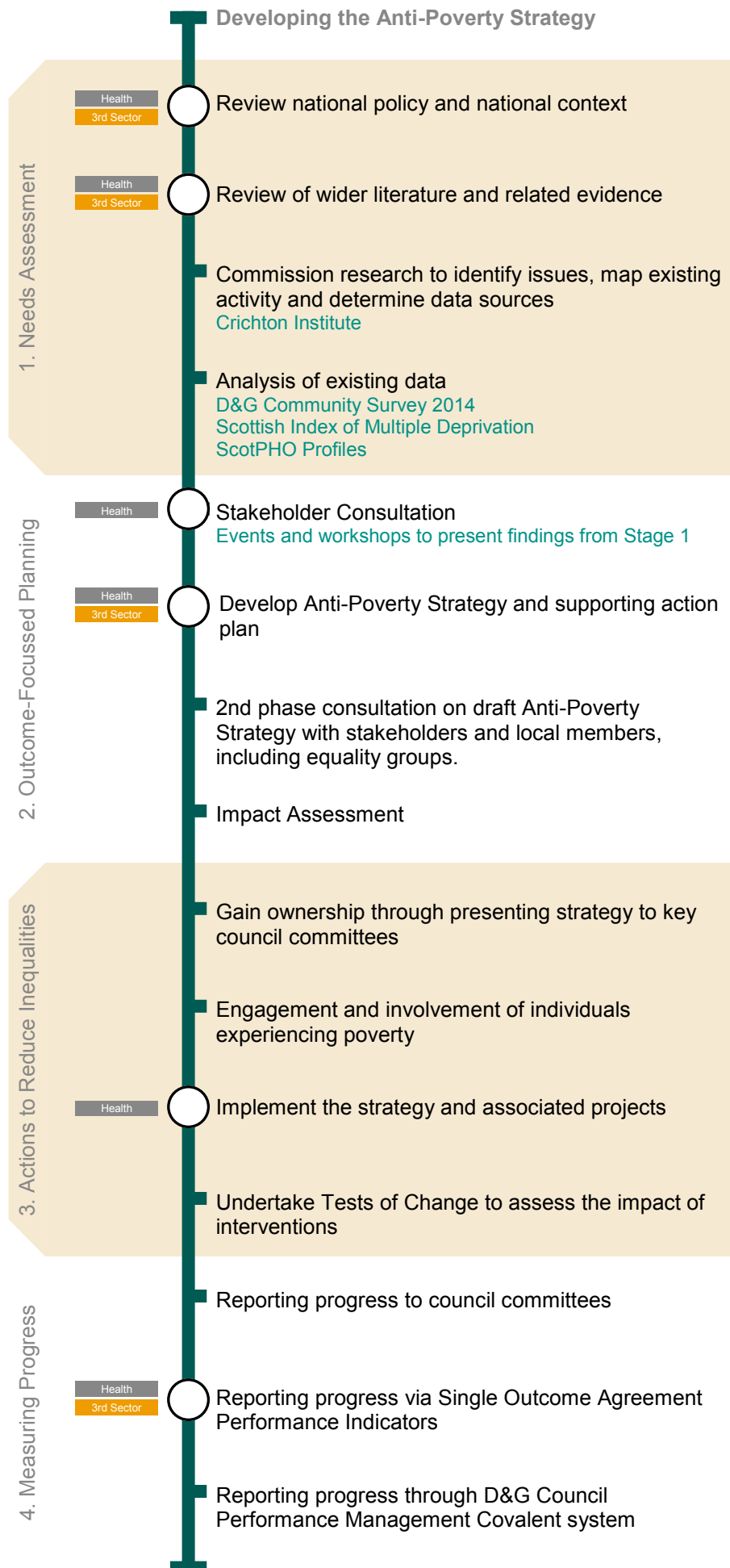
Example 2: Third Sector
Designing a consultation for local disabled people's organisation

This diagram describes the steps taken by a third sector organisation in designing a consultation for a local disabled people's organisation and how these steps relate to the Inequalities Action Framework.

Designing a consultation

1. Needs Assessment

Health / Council

Review national papers, policies and targets
- Public Bodies (Joint Working) (Scotland) Act 2014
- Inclusion Scotland evidence on disabled people's engagement in Health & Social Care Integration

Health / Council

Review local papers, policies and targets
- Dumfries & Galloway Health and Social Care Strategic Plan

2. Outcome-Focussed Planning

Pre-planning conversations to identify realistic outcomes.

Health / Council

Develop an accessible, participative methodology co-designed with the organisation, its' trustees and service users

Venues booked to reflect accessibility needs and promote maximum engagement.

3. Actions to Reduce Inequalities

Mitigate by using accessible, participative methodology.

Use evidence to advocate for disabled people in strategic forums

4. Measuring Progress

Evaluation of individual sessions by attendees

Health / Council

Using results to monitor and evaluate the organisation as well as informing national organisation for reporting to Scottish Government

Example 3: Local Authority
Developing the Anti-Poverty Strategy

This diagram describes the steps taken by a Dumfries & Galloway Council to develop the Anti-Poverty Strategy and how they relate to the Inequalities Action Framework.

Developing the Anti-Poverty Strategy

1. Needs Assessment

Health | 3rd Sector — Review national policy and national context

Health | 3rd Sector — Review of wider literature and related evidence

Commission research to identify issues, map existing activity and determine data sources
Crichton Institute

Analysis of existing data
D&G Community Survey 2014
Scottish Index of Multiple Deprivation
ScotPHO Profiles

2. Outcome-Focussed Planning

Health — Stakeholder Consultation
Events and workshops to present findings from Stage 1

Health | 3rd Sector — Develop Anti-Poverty Strategy and supporting action plan

2nd phase consultation on draft Anti-Poverty Strategy with stakeholders and local members, including equality groups.

Impact Assessment

3. Actions to Reduce Inequalities

Gain ownership through presenting strategy to key council committees

Engagement and involvement of individuals experiencing poverty

Health — Implement the strategy and associated projects

Undertake Tests of Change to assess the impact of interventions

4. Measuring Progress

Reporting progress to council committees

Health | 3rd Sector — Reporting progress via Single Outcome Agreement Performance Indicators

Reporting progress through D&G Council Performance Management Covalent system

2.8

Tools

Background Papers and Evidence

Name	Content	Link
Health Inequalities Action Framework – Health Scotland	The framework aimed to establish a generic approach for partnerships to address health inequalities, which used a common theory base and indicators of progress, but could be adapted to the diversity of need in different neighbourhoods and to different planning levels from local practice to national policy.	http://www.healthscotland.com/documents/22627.aspx
National Health and Wellbeing Outcomes	This framework will help to inform how services are planned across the whole pathway of care, to ensure a focus on individuals, and also the practice changes within integrated multidisciplinary teams, that will make a difference to the care people receive.	http://www.gov.scot/Publications/2015/02/9966
The patterning of hospital discharges and bed days by deprivation in Scotland (2011/12)	The Health Promoting Health Service (HPHS) initiative aims to use the context of secondary care as a health improvement opportunity. This report aims to describe the patterning of secondary care use by deprivation in local areas to inform the planning of local HPHS work.	http://www.scotpho.org.uk/downloads/scotphoreports/scotpho150319-hospital-discharges-and-bed-days-Scotland-by-deprivation-2011-12.pdf
Who is least likely to attend? (An analysis of outpatient DNA data in NHS Dumfries and Galloway	This study 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. The patterning of DNAs has been relatively stable for the past 10 years. Further work to examine why there is variation in the risk of DNA between groups is required, including potential differences in the barriers they face and differences in needs.	http://www.scotpho.org.uk/downloads/scotphoreports/scotpho150319-DNA-analysis-NHS-Dumfries-and-Galloway.pdf
Equally Well – Scottish Government	Provides overview of key health inequalities and recommendations of actions Audit recommendations to identify current practice and gaps	http://www.gov.scot/Topics/Health/Healthy-Living/Health-Inequalities/Equally-Well
Equally Well Review 2013 – Scottish Government	Provides overview of key health inequalities and recommendations of actions. A ministerial Task Force was set up to review progress. The Task Force agreed that the fundamental principles of Equally Well still hold true, and that Equally Well remains at the heart of inequalities policy in Scotland	http://www.healthscotland.com/topics/settings/local-government/equally-well/review.aspx
Inequalities Briefing – Health Scotland	A briefing paper on what inequalities are and how they can be reduced.	http://www.healthscotland.com/documents/25780.aspx?utm_source=briefing&utm_medium=email&utm_campaign=public
Scottish Health and Inequality Impact Assessment Network guide to carrying out impact assessments	Health impact assessment (HIA) is a structured approach that is a very useful part of a 'health in all policies' approach. The Scottish Health and Inequalities Impact Assessment Network – SHIIAN - has promoted and supported the development of HIA in Scotland since 2001. The Network has produced this guide that provides practical guidance for each step in an HIA.	http://www.healthscotland.com/resources/networks/shian.aspx
Improving the public's health – A resource for local authorities (2013)	A Kings Fund report/resource which sets out the key areas in which local authorities can improve public health and reduce inequalities. Details the why, the evidence and the business case.	http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf

Background Papers and Evidence cont.

Name	Content	Link
Mapping Flood Disadvantage in Scotland (2015)	This report summarises the research into the assessment of social vulnerability to flooding and flood disadvantage, based on the assessment framework developed by Lindley et al. (2011). It is aimed at policy-makers and practitioners working in flood risk management, resilience, emergency services, public health, social care, housing, environment and other areas that would benefit from an improved understanding of vulnerable communities and flooding across Scotland.	Mapping Flood Disadvantage in Scotland 2015' final report - http://www.gov.scot/Resource/0049/00490788.pdf

Local Supporting Strategies and Action Plans

Name	Content	Link
Dumfries and Galloway Anti Poverty Strategy and Action Plan	The first comprehensive Local Authority Anti-Poverty Strategy for Dumfries and Galloway.	http://www.dumgal.gov.uk/antipoverty
Dumfries and Galloway Community Learning and Development Action Plan	The CLD Partners' Strategic Plan sets out the joint vision and outcomes which have been identified as key to ensuring the adequate and efficient provision of CLD in Dumfries and Galloway over the next three years.	http://cldpartnership.org.uk/
Dumfries and Galloway Single Outcome Agreement (ends December 2016)	An overview of the community planning commitments for Dumfries & Galloway	http://www.dumgal.gov.uk/CHttpHandler.ashx?id=216
Local Outcomes Improvement Plan (in development)	An overview of the community planning commitments for Dumfries & Galloway	TBC
Health and Social Integration Strategic Plan	The Dumfries and Galloway Integration Joint Board Health and Social Care Strategic Plan. The plan sets out the case for change, key challenges, priority areas of focus and integration joint board commitments for the next three years.	http://www.dg-change.org.uk/strategic-plan/
Health and Social Integration Locality Plans	Locality Plan for each of the areas in Dumfries and Galloway (Annandale & Eskdale, Nithsdale, Stewartry and Wigtownshire) have been developed alongside the Strategic Plan as part of the same suite of documents. Read the Locality Plans here to find out more about changes happening in your local area.	http://www.dg-change.org.uk/strategic-plan/
Adult Carers Support Plan	The plan aims to find out what impact caring responsibilities have on an unpaid carers life and aims to support them in their caring role.	Contact the Carers Centre 01387 248600

Assessment and Audit Tools

Name	Content	Link
Impact Assessment Toolkit	This is a joint tool that is being used by the Local Authority and NHS to be used when planning all new policies/plans/strategies and services. The assessment is an important process to improve and ensure that our policies, plans and strategies do not inadvertently exclude or discriminate groups of the population (those with protected characteristic, and that we are thinking of ways in which to advance equality of opportunity and foster good relations.	TBC
Health Inequalities Impact Assessment	A tool and guidance to use when planning policy/ strategy and services to check the potential impact on health inequalities.	http://www.healthscotland.com/ equalities/hiia/index.aspx
Child Rights and Wellbeing Impact Assessment (CRWIA)	The Child Rights and Wellbeing Impact Assessment (CRWIA) is a policy and development approach designed to support the requirement to help make children's rights and reality and promote and promote the wellbeing of children and young people. The CRWIA can be undertaken as part of a joint impact assessment (e.g. with an EQIA).	http://www.gov.scot/Topics/ People/Young-People/families/ rights/child-rights-wellbeing-impact-assessment
Mental Well-being Impact Assessment (MWIA)	Mental Well-being Impact Assessment (MWIA) enables people and organisations to assess and improve a policy, programme, service or project to ensure it has a maximum equitable impact on people's mental well-being.	http://www.mhpf.org.uk/sites/ default/files/documents/ publications/ mentalwellbeingimpactassessme ntatoolkitforwellbe1.pdf
Health Impact Assessment of Rural Development: A Guide	A guide published by the Scottish Health and Inequalities Impact Assessment Network (SHIIAN). The guide sets out the current available evidence on rural development and generic health impacts. The guide helps inform impact assessment of proposed developments in rural settings.	http://www.scotphn.net/wp-content/ uploads/2015/09/2015_05_28_S HIIAN_Final_Report.pdf
Health Equity Audit	Health Equity Audit is a process for identifying how fairly services or other resources are distributed in relation to the health needs of different groups and areas, and the priority action to provide services relative to need.	http://www.empho.org.uk/ methodologies/hea/hea.aspx
The Health Equality Framework (HEF)	The Health Equality Framework (HEF) is an outcomes tool based on the determinants of health inequalities designed to help commissioners, providers, people with learning disabilities and their families understand the impact and effectiveness of services.	http://www.ndti.org.uk/ publications/other-publications/ the-health-equality-framework-and-commissioning-guide1/
Health Needs Assessment	Health needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.	https://www.k4health.org/sites/ default/files/ migrated_toolkit_files/ Health_Needs_Assessment_A_ Practical_Guide.pdf
Dumfries & Galloway Wellbeing Scale	An individual wellbeing scale based on the philosophy f the Max Neef Model of Human Needs	TBC

Planning, Measurement and Engagement Tools

Name	Content	Link
The Commissioning Cycle	This is guidance on how services can be planned and delivered.	http://commissioning.libraryservices.nhs.uk/commissioning-cycle
Outcomes Focussed Plans	The NHS Health Scotland (NHS HS) outcomes frameworks have been developed to support outcome-focused approaches to planning, performance management and evaluation of health improvement activities. They use well-known evaluation and planning methods eg logic models.	http://www.healthscotland.com/topics/settings/community-voluntary/oa/models.aspx
NICE Return on investment tools	These return on investment tools have been designed to support investment decisions by commissioners and policy makers in local authorities and the NHS.	https://www.nice.org.uk/about/what-we-do/into-practice/return-on-investment-tools
LEAP	LEAP is designed to be a useful tool in all aspects of project, programme and policy planning and development. The user-friendly software encourages users to ask critical questions about their work, it supports joint working and ensures that all those with a stake in the project are involved and are working to a shared agenda.	http://www.planandevaluate.com/
Rickter	Rickter is a complete assessment and action planning process. It measures and evidence soft outcomes and distance-travelled.	http://www.rickterscale.com/
Outcomes Star	The Outcomes Star™ is a unique suite of tools for supporting and measuring change when working with people.	http://www.outcomesstar.org.uk/
The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)	The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a scale of 14 positively worded items, with five response categories, for assessing a population´s mental wellbeing.	http://www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx
Dumfries & Galloway Inequalities Benchmarking Tool	Dumfries & Galloway specific tool where you can create customised reports containing estimates of the total number of people from different backgrounds in a population or within a specified sample size. The tool pulls together information from different sources (Census, ONS, NOMIS, NRS, Scottish Government). The estimates can be used to plan services or carry out Equity Audits.	Crichton Observatory (To be confirmed)
VOiCE	VOiCE is a database planning and recording tool to assist individuals and organisations to design and deliver effective community engagement.	http://www.voicescotland.org.uk/
Participatory Appraisal	Participatory Appraisal (PA) is described as a range of approaches and methods to enable people to share, enhance and analyse their knowledge of life and conditions which will support future planning and development for improved health and wellbeing.	TBC

Evaluation Tools

Name	Content	Link
Evaluation Toolkit	Currently under development by Directorate of Public Health.	TBC

Charter Marks / Work Plans

Name	Content	Link
LGBT Charter Mark	The LGBT Charter process is a powerful, easy to use tool to help everyone in an organisation focus on the quality of services they provide. It helps demonstrate an organisation's commitment to LGBT people in their local area by supporting them to identify their rights.	https://www.lgbtyouth.org.uk/charter-how-to
Carer Positive Charter Mark	Carer Positive is a nationally recognised Award which aims to encourage employers to create a supportive working environment for carers in the workplace. A Carer is someone who provides unpaid care by looking after an ill, frail or disabled family member, partner or friend.	www.carerpositive.org
See Me in Work Programme	See Me in Work Programme – **a** process and tools to support organisations to improve the working lives of employees with mental health problems, encourage an equal and fair recruiting process for those seeking employment and ensure those returning to work following ill-health are fully supported back into the workplace**.**	https://www.seemescotland.org/workplace/see-me-in-work/

Learning

Name	Content	Link
NHS Health Scotland e-learning modules for health inequalities: ● **Health Inequalities Awareness** ● **Tackling Health Inequalities in the health and Social Care Sector**	Two e-learning modules aimed at helping staff reduce health inequalities. These are free to access via the Health Scotland Virtual Learning Environment (VLE).	https://elearning.healthscotland.com/course/view.php?id=507%3futm_source=VLEnews&utm_medium=newsitem&utm_campaign=HIawareness https://elearning.healthscotland.com/course/view.php?id=506%3futm_source=VLEnews&utm_medium=newsitem&utm_campaign=tacklingHIs

Data and Information Relating to Inequalities

Name	Content	Link
Scottish Index of Multiple Deprivation (2016)	Website containing SIMD postcode tables, guidance on how to use SIMD, interactive maps, and information about how SIMD has been calculated.	http://www.gov.scot/Topics/Statistics/SIMD
ScotPHO (Scottish Public Health Observatory) profiles: • Alcohol • Deprivation • Drugs • Health & Wellbeing • Mental Health • Older People • Tobacco Control	Interactive profiles drawing together data from different sources (Census, ONS, NRS etc.). Some profiles can be generated for intermediate geographies	https://scotpho.nhsnss.scot.nhs.uk/scotpho/homeAction.do
Public Health England (formerly APHO) Tools	This page contains links to a number of different tools concerned with inequalities.	http://www.apho.org.uk/default.aspx?RID=39403
Census Scotland 2011	Population data at different geographies	http://www.scotlandscensus.gov.uk/
NOMIS (official labour market statistics)	Provides data and information at different geographies on the labour market including benefits claimants	https://www.nomisweb.co.uk/
Statistics.gov.scot (formerly Scottish Neighbourhood Statistics)	Provides data and information at different geographies including Urban/rural classification, crime and fuel poverty to name a few.	http://statistics.gov.scot/
ISD Scotland	Health and Social Care data at different geographies	http://www.isdscotland.org/
Crichton Institute Regional Observatory	Dumfries & Galloway specific population reports, information and tools for exploring population data	http://crichtonobservatory.org.uk/
Scottish Government Equality Evidence Finder	National level information on different equality characteristics and equality policy areas	http://www.gov.scot/Topics/People/Equality/Equalities/DataGrid
GIRES (Gender Identity Research and Education Society)	Information and resources on trans and gender non-conformity	http://www.gires.org.uk/
Stonewall	Information and resources on sexuality including lesbian, gay, bi and trans (LGBT)	http://www.stonewall.org.uk/about-us
Scottish Health Survey	National survey considering the wider determinants of health including inequalities	http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey
Scottish Household Survey	National survey considering housing, housing conditions and living environment	http://www.gov.scot/Topics/Statistics/16002
Royal British Legion Scotland	Information and resources on/for people currently serving in the armed forces, veterans, and the families of those are or have served in the armed forces.	http://www.legionscotland.org.uk/

Inequalities Action Framework

Communication Plan

Dumfries & Galloway
2016

Dumfries & Galloway
Together is Better

Contents

1. Communication aims and objectives

This Communication Plan aims to ensure that:

- We develop and embed a common understanding of inequalities with stakeholders
- Stakeholders are provided with the right information about inequalities and the Inequalities Action Framework and supporting Toolkit
- Stakeholders understand that they should and can contribute towards tackling inequalities

The communication objectives outlined below seek to support awareness and use of the Inequalities Action Framework by:

- Identifying and sharing key messages about inequalities and how they cause health inequalities; including providing stakeholders with appropriate information about inequalities
- Informing, engaging and involving stakeholders in using the Inequalities Action Framework and supporting Toolkit
- Ensuring stakeholders are aware of the importance in tackling inequalities as part of improving health and wellbeing and their role in achieving this
- Providing information in a format appropriate to the needs of the stakeholders
- Developing a media protocol/messages for handling media requests for information on inequalities

Scope of the plan:

The scope of this campaign is to promote awareness and understanding of inequalities and specifically implementation of the Inequalities Action Framework and supporting Toolkit. The campaign is underpinned by the notion that we should be looking to reduce inequalities across the population as part of our core work.

Ethos of the plan:

The campaign should adopt a 'hearts and minds' approach. The approach should be open and transparent and a two-way process. We will match our messages and methods of communication to meet the needs of different stakeholders. Our communication will be accessible, inclusive and consistent.

2. Key Messages

Many of the messages outlined in this plan will be common to all stakeholders. It is also recognised that there may a need to customise messages to ensure relevant information is provided to specific stakeholders, whilst maintaining consistent messages.

To ensure all stakeholders are aware of the requirement to tackle inequalities as part of core work and promote awareness and use of the Inequalities Action Framework and supporting Toolkit.

Key Messages underpinning the Inequalities Action Framework:

- A shared understanding across partners of the causes of heath inequalities with reference to the wider inequalities within society
- Support to organisations and partnerships in identifying and agreeing the actions they can take to contribute to reducing inequalities
- To support the shift to prevention and early intervention
- To ensure that policies tackle social, economic and environmental inequalities
- To support action to prioritise disadvantaged groups
- To provide tools to ensure interventions identify the impact of work on inequalities

3. Methods of Communication

Internet/Social Media We will encourage stakeholders and partners to include information on inequalities within their communications	Press releases/updates and key messages to appear on stakeholder and partner websites Inequalities section developed on NHS D&G Public Internet and NHS D&G Intranet Key messages and progress to be included on NHS D&G Twitter/Facebook account You Tube clip on inequalities developed and published
Local Media/TV/Magazines	Press releases and articles to support campaign Approach to be made to local media and DG Life to support campaign Local TV (Border News)
Radio	Radio interviews to support launching of the Framework and Toolkit.
Flyer/Poster/Leaflets	Produce an easy read briefing on the Inequalities Action Framework and disseminate to stakeholders and partners
NHS D&G Intranet	Produce an easy read briefing on the Inequalities Action Framework and disseminate to stakeholders and partners
Newsletters/Briefings	Rolling features in NHS *Staff News,* Council and DG Third Sector newsletters/briefings
Blogs and Briefings	Consider use of *dghealth* blog and other blogs
Events	Road show events to launch of Inequalities Framework and provide information on developing work
Stakeholder Group Meetings	Attendance at meetings and updates e.g. Team meetings

4. Stakeholder Roles

NHS D&G Communications Team	To support the development of the framework and tools to support the communication campaign
Community Planning Executive Group, NHS Management Team, Health and Social Care Management Team, D&G Council Corporate Management Team, 3rd Sector Management Team	Endorse and champion the communication campaign
Local Media	To work with DGHW and partners to promote the key messages in a consistent manner

Progress on implementation

Progress will be reported to the:

- DG Health and Wellbeing Forum and wider Public Health Directorate,
- NHS Management Team and NHS Board,
- Health and Social Care Integration Board,
- Community Planning Strategic Partnership and Executive Group

Contributing Ideas

- DG Health and Wellbeing Team
- Communications Teams (NHS D&G, D&G Council, 3rd Sector)
- NHS D&G Management Team
- Health and Social Care Integration Board and NHS Board
- Stakeholders

5. Evaluating Success

Activity	Outcome	Measurement Method	Target
Launching the Inequalities Action Framework and Toolkit	Awareness of the Inequalities Action Framework and Toolkit increased understanding of inequalities among stakeholders and partners		All potential stakeholders and users of the Inequalities Action Framework
Ongoing promotion of the Inequalities Framework and Toolkit	Awareness maintained and use of the supporting Tools evidenced		All potential stakeholders and users of the Inequalities Action Framework

6. Inequalities Action Framework Communication Plan

Communication Approach	Objective	Action	Who	Timescale	Progress/ Status
Consistent messages	Consistent messages about inequalities and the Inequalities Framework which can be used by stakeholders and partners	• Produce briefing highlighting the context and importance of considering inequalities in 'our' work	DGHW	December 2016	
Committee Reports	Increased awareness of inequalities and opportunity to report on progress	• Report to Community Planning Executive Group, NHS Management Team, D&G Council Corporate Business • Services Group and 3rd Sector D&G Management Group seeking endorsement for the Inequalities Action Framework and follow up progress reports	DGHW	November 2016	
Local media – newspapers, radio and local magazines	Increased understanding of inequalities and our associated wider work	• Press release to launch Inequalities Action Framework • Contact local radio to assess opportunity to deliver radio interview • Article for DG Life built around examples of inequalities work/case studies etc	DGHW in partnership with NHS Comms Team and others	December 2016	
Inequalities Roadshow Events	Increased awareness of inequalities and the Inequalities Action Framework and opportunity to engage with key partners	• Deliver x4 Inequalities Roadshow Events (one in each locality) to showcase the Inequalities Action Framework and associated inequalities work and training opportunities	DGHW and identified partners	Spring 2017	
Health and Social Care Locality Management Meetings	Increased awareness of inequalities and the Inequalities Action Framework and opportunity to engage with key partners	• Attend each Health and Social Care Locality Management meeting and provide briefing on the Inequalities Action Framework	DGHW	January 2017 onwards	

Communication Approach	Objective	Action	Who	Timescale	Progress/ Status
Team Meetings (across Community Planning Partners)	Increased awareness of inequalities and the Inequalities Action Framework and opportunity to engage with key partners	• Identify key stakeholder Team Meetings and arrange to deliver a short briefing on the Inequalities Action Framework	DGHW	January 2017 and onwards	
Internet and social media	Increased awareness of inequalities and opportunities to present consistent messages	• Develop 'Inequalities' section on NHS D&G Internet and Intranet sites	DGHW in partnership with NHS Comms Team	March 2017	
		• Tweet key messages when launching Inequalities Action Framework and utilise social media to promote awareness and work to address inequalities when appropriate			
		• Annandale TV - interview and case study	DGHW in partnership with Annandale and Eskdale Health and Social Care Locality	March 2017	
Face to face	Increased awareness of inequalities and opportunity to influence	• Mainly ad-hoc opportunities to have face to face discussions about inequalities and the Inequalities Action Framework	DGHW and others as wider practitioners knowledge around inequalities is built	January 2017 and onwards	
Staff Inductions	New staff gain an understanding of inequalities and understand the links between the corporate vision and inequalities	• Liaise with Workforce Directorate and DG Council HR Department to assess opportunity to incorporate Inequalities briefing within all Staff Induction sessions	DGHW in partnership with Workforce Directorate	March 2017	
Training	Workforce are aware of inequalities and have an understanding of how they can contribute to reducing inequalities through their work	• Develop bespoke training 'package' to support delivery of inequalities awareness raising to partners and other groups	DGHW in partnership with Workforce Directorate	April 2017	
		• Promote access to and awareness of Health Scotland e-learning modules *Health Inequalities Awareness and Tackling Health Inequalities within Health and Social Care*		January 2017	
		• Explore opportunities to include awareness of inequalities and the Inequalities Action Framework as part of appropriate local Further/Higher Education courses		March 2017	

Communication Approach	Objective	Action	Who	Timescale	Progress / Status
Blogs	Increase in awareness and understanding of inequalities	• Use DG Health/DG Learn blog to promote awareness of inequalities/ share information and stories	DGHW staff and others encouraged to promote/share work reducing inequalities	January 2017 and onwards	
One to one supervision and annual staff reviews	Increased awareness of inequalities and opportunity to create ownership for reducing inequalities	• Managers to be supported to consider how as part of a staff members role the requirement to consider inequalities in their work can be captured through the ADR process and supported by continuing professional development opportunities	Senior Managers and staff through Personal Development Plans	January 2017 and onwards	