Developed by NHS Ayrshire & Arran

(Workbook uncontrolled when printed)

Foreword

Good health is a resource which enables individuals, families and communities to engage in learning, leisure, employment and community life. However, we also know that stark differences in life circumstances can have a detrimental impact on experiences and ultimately health outcomes across the social gradient which can endure across generations.

Addressing these inequalities go beyond the Public Health community and the NHS and must be addressed at a number of levels in the policy and political infrastructure and across a range of organisations, agendas and partnerships.

It is now widely recognised that fundamental action to ensure social equity and justice is required in addition to increasing equitable access to good work, high quality education and public services and supporting individuals to engage with services and within their communities.

Health and Social Care services, as well as treating, supporting and caring for those who need it, also have a key role in prevention and getting involved in helping to address the social causes of poor health and inequality. This means: taking a wider interest in the conditions in which people live and spend their time; critically examining how their services are planned, commissioned and delivered; exploring the opportunities available to engage with wider Community Planning partners and partnerships; and exercising their role as advocates.

In 2019 The Health Foundation produced Building healthier communities: the role of the NHS as an anchor institution. The concepts of anchor institutions is built on the principles of a Community Wealth Building approach. This is about moving to an inclusive economy, redirecting wealth back into the local economy and control into the hands of local people and places. It seeks to build resilience and develop local economic security. By integrating 'anchor practices' the NHS (and its anchor partners such as local authorities) can maximise its impact on local and population health and wellbeing. These anchor practices are referenced within this document.

We hope that this resource supports organisations, teams and partnerships to ask themselves these sometimes challenging questions and helps to facilitate change, where it may be required.

We would like to thank the local teams and service managers who worked with us to develop and pilot this self assessment, for being so honest in their self-assessments and for providing a wealth of insight into operational practice at a grass roots level.

I endorse this workbook to you as a resource which can be used in your improvement endeavours to achieve better health for all in our communities.

Joy Tomlinson

Dr Joy Tomlinson, Interim Director of Public Health (Joint), NHS Ayrshire & Arran

Acknowledgements

This workbook has been informed by the report 'Working for Health Equity: The Role of Health Professionals' (UCL Institute of Health Equity, March 2013)

'Action on the social determinants of health should be a core part of health professionals' business, as it improves clinical outcomes, and saves money and time in the longer term. But, most persuasively, taking action to reduce health inequalities is a matter of social justice.'

Professor Sir Michael Marmot

Director of the UCL Institute of Health Equity

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Health Inequalities Self Assessment

The introduction sets the scene for the self assessment by providing a brief insight into current thinking around what health inequalities are; what causes them; and what services can do about them. It then describes what the self assessment is for and how it should be used.

What are health inequalities and what causes them?

Health inequalities in terms of premature illness and death can be observed across the social gradient and are, therefore, an issue for all of us. Socioeconomic deprivation is the key determinant of health inequalities; however age, gender and ethnicity are also important factors.

Although there has been some progress in bringing about an improvement in individual risk factors such as smoking and in certain preventable causes of death such as some cancers, research[1] has now demonstrated that the socially patterned risks of today will be replaced by new, avoidable, causes of mortality in the future if action is not taken to tackle the fundamental root causes of health inequalities. Preventative actions that improve the conditions in which people live can lengthen people's lives and years spent in good health, improve services and save money.[2]

Health inequalities are the end result of wider inequalities in society. An unequal distribution of power, money and resources at a global level has a direct influence on factors such as the availability of good work, and access to quality, affordable housing, social and cultural experiences, transport, education and learning opportunities, and services.

These wider environments in which people live shapes their individual experiences which is more likely to result in people living in poor housing, encountering poor access to health care, living on a low income and being unemployed or undertaking low paid work.

They also make it more difficult for people to avoid health risks and pursue positive health behaviours. This ultimately results in unequal outcomes in health, illness and death across the population.

[1] http://www.scotpho.org.uk/publications/reports-and-papers/1115-what-would-it-take-to-eradicate-health-inequalities-testing-the-fundamental-causes-theory-of-health-inequalities-in-scotland
[2] http://www.instituteofhealthequity.org/projects/working-for-health-equity-the-role-of-health-professionals

What can we do about them?

Tackling health inequalities requires action to:

- **undo** the fundamental causes through fiscal, cultural and legislative change;
- **prevent** social inequalities impacting on health through action to improve services and conditions such as housing, education, natural environments and transport; and
- **mitigate** the impact of social inequalities on individuals by being sensitive to the social circumstances in which people live that may be impacting on their health and creating barriers to accessing services.[3]

Although many services cannot exert direct control over the wider socioeconomic determinants of health, there are a number of things that can be done to ensure that inequality is a key consideration in the planning and delivery of services:

- **Frontline staff** can ensure that due attention is given to the social and economic problems that people experience which may be affecting their health or stopping them engaging in and benefiting from the services we are providing and we can ensure this informs our decisions in terms of the services or treatment we provide and how we provide it. They can also direct people to other services and organisations for appropriate help and support.

- **Service planners** can systematically consider inequality from the start by determining the socioeconomic factors which might impact on the different people who use our services and the barriers they might face. By considering this in the early stages of planning we can adjust our proposals to ensure we are doing everything we can to reduce inequalities.

- **We all** can ensure, where possible, that we are not increasing inequalities by ensuring that our services are accessible by everyone in society and by exercising non-discriminatory practice. This will involve delivering our services in proportion to need.

- **We all** may have opportunities to work in partnership with other service providers to tackle the social and economic factors affecting our communities and the people who use our services;

[3] Craig, P. Health Inequalities Action Framework. NHS Health Scotland (2013). Available at: https://elearning.healthscotland.com/pluginfile.php/30245/mod_resource/content/0/NHS_Health_Scotland_Corporate_resources/HealthInequalitiesActionFramework.pdf

- **We all** have a role in advocating on behalf of the people who use our services, their families and the wider community for improvements to the wider social, economic and environmental conditions in which people live.

- **Our organisations** also have a role as employers and purchasers of services and goods to consider how we can ensure that we are doing everything we can to address inequalities through our:
    - recruitment practices by building a workforce that is more representative of the local area which can therefore also better respond to patients needs.
    - procurement practices by sourcing more goods and services locally, and with organisations that offer a living wage, guaranteed hours and training opportunities could have a greater impact on community wealth.

Why do we need a Health Inequalities Self Assessment?

Whilst it is recognised that there is good work going on to address inequalities there is a need to take stock; highlight good practice where it exists and build capacity to maximise our efforts. The health inequalities self assessment has been developed to enable services to assess:

- staff knowledge about how social and economic problems affect the people they work with;
- staff confidence and skills in discussing these issues with people; and
- the tools available to staff for sign-posting to social and economic support services.

In addition, the self assessment will enable managers (and their teams) to identify opportunities to address inequalities as part of service planning, as partners in Health and Social Care and Community Planning Partnerships; and through procurement and recruitment practices.

How should the Health Inequalities Self-Assessment be used?

The self assessment can be used by teams, partnerships and organisations.

It can be used to build capacity for teams, as well as an improvement tool which can be used to catalogue change in practice over time. Partnerships and organisations may also be interested in using the self assessment to inform the development of an inequality capacity building and improvement plan.

Sections 1 and 2 relate to operational level matters and will help you to assess current front line practice, where capacity building might be required and what support might be useful. Completion of this part of the self assessment will rely on the knowledge of front line

practitioners; however, it should be completed with team leaders and managers in order to promote shared understanding and insight into practice across the team.

Sections 3 to 6 encourage you to think about strategic practices such as service planning, partnership working, recruitment, procurement and advocacy. This is likely to require the knowledge of team leaders and managers; however, it is recommended that this section is also completed with teams in order to be transparent and inclusive and to promote shared learning.

Each section has a set of instructions to aid completion and an explanation of the importance and relevance of the questions to health inequalities. There is also an opportunity at the end of each section to summarise the action you will take to address the issues you have raised in the self assessment process. Links to additional sources of information can be found at the end of the document.

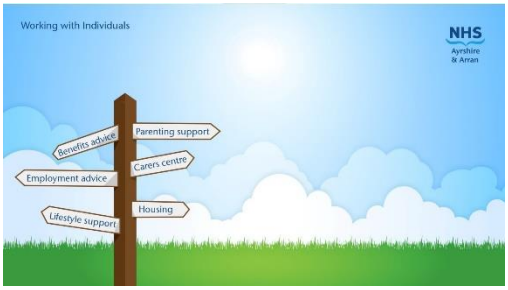
I am completing the Assessment on behalf of:	(insert – team - service – directorate etc).
Date	
Name	
Email address	
Tel.	

If you have any questions about completing the health inequalities self-assessment please contact:

Elaine Caldow, [Public Health Programme Lead] Doon House University Hospital Ayr Dalmellington Road Ayr Telephone: 01292 617287/ 07891 434549 Elaine.Caldow@aapct.scot.nhs.uk	Kay Cooper [Senior Health Improvement Officer] Afton House, Ailsa Hospital, Dalmellington Road, Ayr KA6 6AB Telephone: (01292) 885830 Kathleen.Cooper@aapct.scot.nhs.uk

Section 1: Working With Individuals

Taking a social history can help professionals understand how a person's personal, social and economic circumstances impact on their health and wellbeing, and can help identify the best support and care to provide.



The following section will help you to think about what questions you currently ask people about the personal, social and economic circumstances that affect their health, whether you record that information and what advice and signposting you can currently offer. Note that the next section, Workforce Learning and Development, provides a framework for assessing staff knowledge, skills and confidence in taking a social history.

For each of the following, please put a tick in the boxes that best describe what you do in your current practice.

Question 1: Please indicate the extent to which you talk to people about their employment status. This could include, for example, if they are working, if not, when they last worked, would they like to be working, etc...

We ask people about employment		We record information from people about employment		We provide advice to people about employment		We sign-post people to specialist services about employment	
Yes	No	Yes	No	Yes	No	Yes	No
If you currently don't discuss, record and/ or sign-post people about employment issues please state why e.g. it is not deemed appropriate, you don't have the time or resources, you don't have the knowledge or confidence in local services.							

Question 2: Please indicate the extent to which you talk to people about their financial status. This could include, for example, are they on benefits, struggling with money, have debt concerns, etc...

We ask people about their financial status		We record information from people about their financial status		We provide advice to people about their financial status		We sign-post people to specialist services about their financial status	
Yes	No	Yes	No	Yes	No	Yes	No
If you currently don't discuss, record and/ or sign-post people about financial matters please state why e.g. it is not deemed appropriate, you don't have the time or resources, you don't have the knowledge or confidence in local services.							

Question 3: Please indicate the extent to which you talk to people about their housing status. This could include, for example, whether they are homeless, living in poor housing, damp housing, needing insulation, needing adaptations, living in fuel poverty etc...

We ask people about housing status		We record information from people about housing status		We provide advice to people about housing status		We sign-post people to specialist services about housing status	
Yes	No	Yes	No	Yes	No	Yes	No
If you currently don't discuss, record and/ or sign-post people about housing matters please state why e.g. it is not deemed appropriate, you don't have the time or resources, you don't have the knowledge or confidence in local services.							

Question 4: Please indicate the extent to which you talk to people about their parenting or other caring needs. This could include, for example, single parent; family support networks, parenting skills support, childcare, carers support etc...

We ask people about parenting or other caring needs		We record information from people about parenting or other caring needs		We provide advice to people about parenting or other caring needs		We sign-post people to specialist services about parenting or other caring needs	
Yes	No	Yes	No	Yes	No	Yes	No
If you don't currently discuss, record and/ or sign-post people about their parenting/ caring needs please state why e.g. it is not deemed appropriate, you don't have the time or resources, you don't have the knowledge or confidence in local services.							

Question 5: Please indicate the extent to which you talk to people about their lifestyle and health behaviours. This could include, for example discussing stopping smoking, reducing alcohol consumption or opportunities for healthier eating

We ask people about lifestyle and health behaviours		We record information from people about lifestyle and health behaviours		We provide advice to people about lifestyle and health behaviours		We sign-post people to specialist services about lifestyle and health behaviours	
Yes	No	Yes	No	Yes	No	Yes	No
If you currently don't discuss, record and/ or sign-post people about their health behaviours please state why e.g. it is not deemed appropriate, you don't have the time or resources, you don't have the knowledge or confidence in local services.							

Question 6: Please identify if there are other personal, social and economic issues that you currently discuss when taking a person's social history?

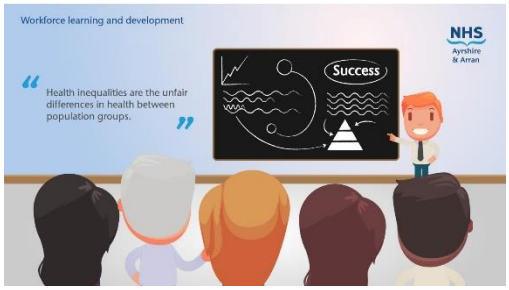
Please identify other relevant topics below	We ask people about this topic	We record information from people about this topic	We provide advice to people about this topic	We sign-post people to specialist services about this topic

Summary of Actions from Section 1: Working with Individuals

We will take the following action to improve how we raise and respond to the personal, social and economic circumstances which might be affecting the health and wellbeing of the people we work with……

Action Number	Activity

Section 2: Workforce Learning and Development



In order for the workforce to successfully tackle inequalities, ongoing learning and development is essential. This requires knowledge of what inequalities are, how they affect societies, communities and individuals and what works in tackling them. It also requires practitioners to have certain skills such as communication, partnership working, advocacy and how to take a social history.[4] The third important factor is having the confidence to ask questions about people's personal, social and economic circumstances and to promote collaboration and communication with other agencies who can offer support.

Completing these questions will help you to identify where your team's strengths are and where further capacity building is required. The section which follows will help you to identify possible capacity building tools.

Question 7: How knowledgeable are staff about inequalities and how a person's personal, social and economic circumstances, such as poverty, unemployment and poor housing conditions, affect their health and the services that might help to address these issues? Please tick only one box.

Our knowledge is low: more resources are needed	Our knowledge is ok: might need to update	Our knowledge is high: no support needed

Please indicate below any comments you have about improving staff's knowledge around people's personal circumstances

[4] http://www.instituteofhealthequity.org/projects/working-for-health-equity-the-role-of-health-professionals

Question 8: How skilled are staff in asking people about the personal, social and economic circumstances, such as poverty, unemployment and poor housing conditions which affect their health and liaising with other services which can offer support?

Our skill level is low: more resources needed	Our skill level is ok: might need to update	Our skill level is high: no support needed

Please indicate below any comments you have about improving staff's skills around people's personal circumstances

Question 9: How confident are staff in asking people about the personal, social and economic circumstances, such as poverty, unemployment and poor housing conditions which affect their health and signposting them on to other services?

Our confidence level is low: more resources are needed	Our confidence level is ok: might need to update	Our confidence level is high: no support needed

Please indicate below any comments you have about improving staff's confidence around people's personal circumstances

Question 10: Which of the following would help to further develop your knowledge skills and confidence in relation to raising, discussing and signposting people for support in relation to their personal, social and economic circumstances?

Please tick as many boxes as apply.

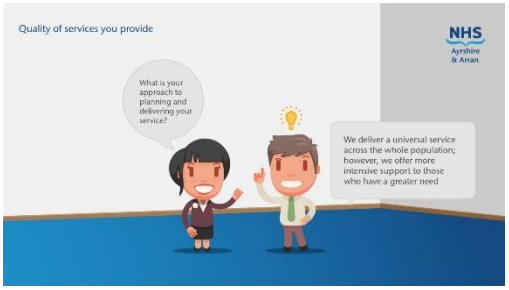
Access to more information and resources on health inequalities	
Self-guided training on health inequalities such as a LearnPro module	
Attending seminars or workshops on health inequalities	
Skills-based training on how to communicate with the people about their personal, social and economic circumstances	
The opportunity to practice asking people about their personal, social and economic circumstances and signposting on to other services	
Information on specialist services where you can signpost people to get help with their personal, social and economic circumstances.	
Opportunities to shadow experienced colleagues in partner services, such as housing, money advice or employment services.	
Opportunities for joint working with partners in other sectors e.g. employability services, money advice, housing etc.	
If you think there are other areas of development you need, please provide details below	

Summary of Actions from Section 2: Workforce Learning and Development

We will take the following action to improve our knowledge, skills and confidence in supporting people to address the personal, social and economic circumstances which affect their health and wellbeing

Action Number	Activity

Section 3: The quality of the service(s) you provide



3a Using data and gathering information about personal, social and economic circumstances to inform service planning and to monitor and improve services

Gaining information about the people who use your service, the personal, social and economic factors which might be affecting their health and wellbeing and understanding the wider communities in which they live is important for informing both the services you provide and other services with whom you work.

This section will help you to identify what information and data you currently access and collect, and how you use it to plan and develop your service.

Using Inequalities Data to Plan Services

Question 11: What data and information about personal, social and economic circumstances do you currently collect about the individuals who use your service? Please detail below.

Question 12: What data and information do you access and use about the living and working conditions of the communities in which you are delivering your service? Please describe below.

Question 13: Do you use tools such as Health Inequalities Impact Assessment or Equality & Diversity Impact Assessment to consider how your service might affect different people and communities? Please tick only one box.

	Health Inequalities Impact Assessment	Equality & Diversity Impact Assessment
Yes		
No		
Not aware of these tools		

Question 14: What other information or tools do you think would be useful to help you plan your service in a way that was sensitive to inequalities? Please describe below.

Measuring and Monitoring Health Inequalities

Question 15: Please indicate if you monitor the number of people using your service who:	Yes	No
fail to attend		
present frequently		
do not complete treatment		
Please identify any other reasons why you may monitor the people who use your service:		

Question 16: Do you monitor the usage and uptake of your service by different population groups in society such as:	Yes	No
Homeless		
Gypsy/Travellers		
People from most deprived communities		
Ethnic minorities		
Looked after children		
People with disabilities		
Please identify any other population group you may monitor below:		

Using Inequalities Monitoring Information to Improve Services

Question 17: What action do you take to explore and address possible barriers to engagement or underlying personal, social or economic reasons for frequent presentations or failures to attend?

Question 18: Do you take action if there are particular population groups who are not attending or engaging with your service or are frequently presenting? If so, can you provide examples below?

Question 19: Can you provide any examples of where you have used data provided by others or information collected by your service to plan your service?

Question 20: Can you provide any examples of how you have delivered your service differently as a result of monitoring inequalities?

Summary of Actions from Section 3(a): Service Quality – information collection and monitoring

We will take the following action to better monitor, understand and respond to the personal, social and economic circumstances of those who use our service.

Action Number	Activity

3b. Your Approach to Planning Services

It is important that services are mindful of the overall approach they take when they are planning and delivering services to ensure that they are maximising opportunities to address inequalities across the social gradient. Evidence shows that universal service delivery can increase inequalities as those who are more able to access and engage with the service will benefit most. On the other hand, targeted approaches do not provide the whole solution as there is a risk of neglecting pockets of deprivation within affluent areas and populations who are just above the poverty threshold. In order to reduce the steepness of the social gradient in health, actions must be universal but 'proportionate to the level of disadvantage.'

The following questions will help you to carefully consider what approach you are currently taking within your service and whether you feel this is likely to increase, decrease or have no effect on inequalities.

Question 21: Please read the descriptions of all of the options labelled A to E and indicate which of the following best describes the way your team plans and delivers its service.

OPTION 'A' Our approach is to target the most disadvantaged groups in society. We do not offer a universal service	
OPTION 'B' We deliver a universal service across the whole population, however, we will offer more intensive support to those who have a greater need	
OPTION 'C' We deliver the same universal service to everyone regardless of need.	
OPTION 'D' We deliver a combination of more than one of the above approaches. Please specify below:	
OPTION E: We do not deliver our service in any of the ways described above. If you selected this option, please describe the approach you take to delivering services below:	

Description of Option E:

Summary of Actions from Section 3b: Service Quality – Planning Services.

We will take the following actions to improve the way we plan and deliver our services to ensure we are, where possible, addressing inequalities.

Action Number	Activity

3c. How Empowering Is Your Service For People?

Health inequalities are the end result of wider inequalities in society such as an unequal distribution of power, money and resources at a global level. However, it is possible to prevent health inequalities through efforts to ensure that facilities and services are accessible and health enhancing[5]. Ensuring that people and communities can exert control and influence over the services they receive and the environments where they live their lives is an important element in tackling inequalities.

Question 22: Please consider the following ways of involving individuals or communities in the delivery of their care; how services are delivered; and how communities can be empowered to improve. Please indicate which your team is involved in or would like to be more involved with in the future.

Supporting people to identify and achieve their goals (also known as Person Centred Care)

Does your service do this?	
If not, do you want to do this?	
Please identify what you think would help you to do this, e.g. training, etc...	

Ways of working that considers and responds to individual's personal, social and economic circumstances as part of their overall care (also known as Inequalities Sensitive Practice)

Does your service do this?	
If not, do you want to do this?	
Please identify what you think would help you to do this, e.g. training, etc...	

[5] Craig, P. Health Inequalities Action Framework. NHS Health Scotland (2013). Available at: https://elearning.healthscotland.com/pluginfile.php/30245/mod_resource/content/0/NHS_Health_Scotland_Corporate_resources/HealthInequalitiesActionFramework.pdf

Collaborative and person centred guiding to strengthen motivation for change (also known as Motivational Interviewing)

Does your service do this?	
If not, do you want to do this?	
Please identify what you think would help you to do this, e.g. training, etc...	

Working with communities to identify and build on strengths, skills and resources (also known as Asset Based Community Development)

Does your service do this?	
If not, do you want to do this?	
Please identify what you think would help you to do this, e.g. training, etc...	

Delivering services in a joint and reciprocal way between services and patients (also known as Co-Production)

Does your service do this?	
If not, do you want to do this?	
Please identify what you think would help you to do this, e.g. training, etc...	

Other - please specify if you or your service use an empowering approach, not described above, with the people who use your service

Please describe your empowering practice below

Summary of Actions from Section 3(c): Service Quality – Empowerment

We will take the following action to improve the way our service works with individuals and communities.

Action Number	Activity

Section 4: Working in Partnership

Partnerships can provide effective mechanisms for reaching shared goals, through shared planning, commissioning and delivery of services which is supported by shared information and monitoring. Partnerships within sectors and between organisations are essential to reducing inequalities as they can improve service user experience, practitioner knowledge and reduce inequalities in outcomes.

The following questions relate to the work your team does in partnership. Some of your partnerships with other services or organisations may be operational e.g. making and receiving referrals or sharing information. You have already considered this in some detail in Section 1. Some partnerships, however, might be more strategic in nature such as those focused around planning services or developing policy or strategy.

Please consider the following and indicate if your team is involved in any partnerships, initiatives and services like this and provide examples.

Question 23: Does your team have any posts or host any services which take a lead role in working with patients around personal, social and economic factors impacting on their health such as financial inclusion/money advice, employability or fuel poverty? Please provide examples below.

Question 24: Is your service involved in any partnerships that have a focus on tackling wider socio economic factors which impact on health, such as poverty, work, housing, fuel poverty, welfare reform?

Question 25: Is your service actively involved in any partnerships that have a focus on tackling environmental determinants of health, such as the physical environment, housing, greenspace development, food growing and allotments? Please provide examples.

Question 26: What opportunities are available to the team locally or nationally to get involved in partnerships like this?

Question 27: Please provide any other comments you have about your experience of working in partnership to reduce health inequalities and the challenges and opportunities this brings.

Summary of Actions from Section 4: Working in Partnership

We will take the following action to work in partnership to address the personal, social and economic circumstances of the people they work with and the communities in which they live……

Action Number	Activity

Section 5: The organisation as an employer and procurer of services

Public sector organisations have a responsibility to ensure that heath inequalities are also tackled within their own workforce by ensuring that they provide good quality work i.e. which pays the living wage, where employees have control over their work, are respected and rewarded and are supported to return to work after absence. As an Anchor the NHS can also support access to education, training, work experience and longer term employment prospects for local young people as well as proactively respond to skills gaps and staff shortages.

The public sector and its staff also have considerable influence as employers and commissioners of service and through their sizeable purchasing power. This enables it to influence the social, economic and environmental wellbeing of the area by proactively recruiting those from lower socio-economic groups, by building community benefits clauses into procurement practices and supporting local businesses that are more likely to employ local people.

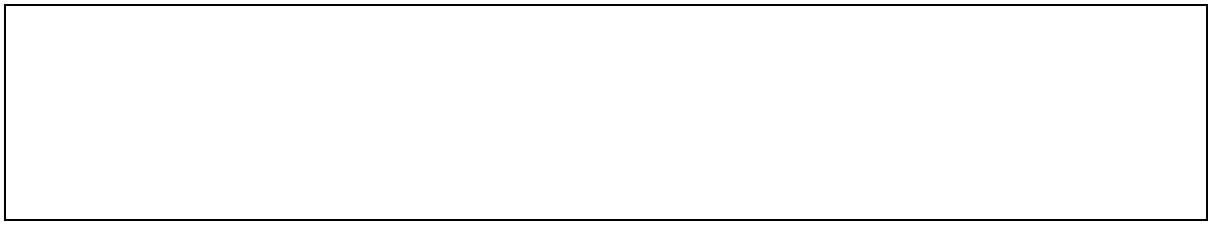
By sourcing more goods and services locally, and with organisations that offer a living wage, guaranteed hours and training opportunities, the NHS and its 'anchor partners' could have a greater impact on community wealth.

If your team is involved in procuring goods and commissioning services the following questions will help you to consider what opportunities might be available to you to address health inequalities. If this does not apply to your team, please skip to the next section.

Question 28: When you are purchasing services do you consider how you might encourage local/ targeted recruitment; support small local businesses and social enterprise; or encourage positive employment conditions such as paying the living wage, avoiding zero hours contracts, training for staff etc? Please provide examples below.

Question 29: When you are recruiting staff do you encourage and support opportunities for those furthest from the labour market e.g. those from the most deprived communities, people in recovery from addiction problems, ex offenders, people with disabilities etc? Please provide examples below.

Question 30: Does your service support employability programmes or offer work experience placements? Please provide examples below.



Question 31: Is there any aspect of your team's recruitment or procurement practice that you would like to develop in line with reducing health inequalities? Please describe below or provide any additional relevant comments.

Summary of Actions from Section 5: Employment & Procurement

We will take the following action to consider inequalities when we are recruiting staff or commissioning services**.**

Action Number	Activity

Section 6: The Workforce as Advocates

'Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.'
(Advocacy Alliance)

Every member of staff has the potential to act as an advocate for individuals, communities and wider policy change. Staff (and the wider organisation) can do this by using their positions as experts in their field, as trusted, respected professionals and through their roles in partnerships.

Acting as an advocate for individuals and their families can often bring about positive changes to the conditions in which people live or enable people to access services. The same also applies to advocacy on behalf of communities. Professionals can also use their position and influence to advocate for change that is out-with the remit of their individual profession or organisation. This can be powerful in influencing policy change around the social and economic conditions in which people live.

The following questions are designed to help you think about the different advocacy roles you may already have or feel you could develop, given the opportunity.

Question 32: Do you have a role in advocating for individuals and their families regarding the personal, social and economic circumstances which are affecting their health and wellbeing?

If your answer is 'Yes', please give examples below:
If your answer is 'No', please indicate if you would like to have this role and identify, if you can, what prevents you having this role.

Question 33: Do you have a role in advocating on behalf of the communities in which you work regarding social, economic or environmental factors affecting health in the area.

If your answer is 'Yes', please give examples below:
If your answer is 'No', please indicate if you would like to have this role and identify, if you can, what prevents you having this role.

Question 34: Do you have a role in advocating for action at a local and national level on the fundamental causes of health inequality, such as; redistribution of wealth and power in society, redistributing resources such as education, safe and affordable housing, quality employment, etc.

If your answer is 'Yes', please give examples below:
If your answer is 'No', please indicate if you would like to have this role and identify, if you can, what prevents you having this role.

Question 35: Please provide any additional comments about your team's thoughts on advocacy.

Summary of Actions from Section 6: Workforce as Advocates

We will take the following action to create more opportunities for advocacy within the team/ service/organisation/ partnership.

Action Number	Activity

Essential websites for further information

NHS Ayrshire and Arran – Better Health/Health Inequalities
https://www.nhsaaa.net/better-health/health-inequalities/

Public Health Scotland
http://www.healthscotland.scot/

Joseph Rowntree Foundation
https://www.irf.org.uk/

Kings Fund
https://www.kingsfund.org.uk/

Glasgow Centre for Population Health
https://www.gcph.co.uk

ScotPHO – Public Health Information for Scotland
https://www.gcph.co.uk

VHS – Voluntary Health Scotland
https://vhscotland.org.uk/

Notes

Thank you for completing the Health Inequalities Self Assessment