



# Health Inequalities Toolkit

V4 April 2021

# Health Inequalities Toolkit

## Why

'Treatment alone cannot tackle health inequalities, rather local systems working together with strong leadership, joint planning, ambition and scale.'

**NHS England, 2019**

The majority of health and wellbeing outcomes are affected not just by access to services but by where people live, what job they do, levels of education, socio economic background and wider external factors as well as behavioural risks. By virtually any measure people experiencing any one or more of the above factors in a less equal way will fare worse in terms of life expectancy, healthy living and a range of other outcomes. Unequal impacts of Covid 19 have simply shone a light on these inequalities and made more obvious how the same health risk (in this case Covid 19) does not impact population groups in the same way.

## What

This is an overview of the tools and templates available for ease of reference and ideas about what may have been achieved and agreed by the end of each stage. It will be for local partnerships to decide which and to what extent various tools and templates are used to support actions to reduce health inequalities. All resources identified are adapted from national Public Health England, NHS and other public guides and relevant links are provided at each stage.

### **The toolkit outlines;**

- A systematic approach across statutory and non-statutory organisations and populations to identify where best to target activity to reduce inequalities and sense check prior assumptions or other data
  - Scalable action to reflect resource available and impact intended
  - The potential to develop examples which can be adapted across different parts of the county
  - Approaches to data collection and evaluation proportionate to the level of activity
  - Embedding health equality assessments as an approach
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## How

Below are the stages of a toolkit designed to support multiagency partnerships committed to acting on health inequalities. There are several options available for partners which can be scaled up (by using all the tools in a formal partnership) or down (by using some of the tools or utilising one or two of the stages) according to need in the locality. It is intended as a guide only, to support and develop partnership approaches in a comprehensive way.

A whole systems approach will succeed if organisations are willing to provide resource, energy and vision to the partnership. The stages are broken down into four, with accompanying reference links at each stage. Templates are provided at the end of the toolkit and in recommended actions throughout.

1. Understand local needs
  2. Engage communities and agencies
  3. Evaluate activity and change as necessary
  4. Develop shared actions suitable for every party involved
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# Stage 1 – mapping the system to understand local needs

## Action 1: Identify area(s) and / or population groups:

You will already likely have a wide range of data available and understand your communities and areas of need. However, this is a chance to consider other data sources and sense check and challenge existing areas to see if anything has changed, been missed or not garnered sufficient attention to needs.

The working group may be interested in identifying poor outcomes for particular groups that are not consistent with other groups in localities, despite efforts of existing services in place.

- What data do you already have?
- Are there gaps in the data or other factors to consider?
- If you already know which areas or populations to work in, do these decisions still stand up in the light of other data or comparisons?

**RECOMMENDED:** [This guide](#) explains what is meant by inequalities data and lists useful websites to find data for the local area.

**RECOMMENDED:** [The Norfolk health inequalities dashboard](#) is a good starting point for data. It gathers a range of place-based data on domains relating to the wider determinants of health.

**OPTIONAL:** Norfolk Insight is a Norfolk county council run website with useful local and national data on a broad range of topics which can be reviewed on a place basis. It also includes detailed briefings on issues relevant to Norfolk and is a good starting point for general data.

[About Norfolk Insight & FAQs - Norfolk Insight](#)

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## Action 2: Identify partners and people

- What existing joint priority setting can the partnership build on?
- Which organisations will have the most influence and impact on this priority area of interest?
- Is there leadership on this priority area already or can it be encouraged through use of evidence?
- Determine governance arrangements, and appropriate levels of engagement for relevant partners and groups.
- A lead coordinating partner should be agreed.
- Who is passionate about your chosen priority and who is missing that can add value to the process?
- How much engagement in systems approaches and integrated working is there likely to be? Realistically?
- Consider undertaking a stakeholder analysis mapping exercise.

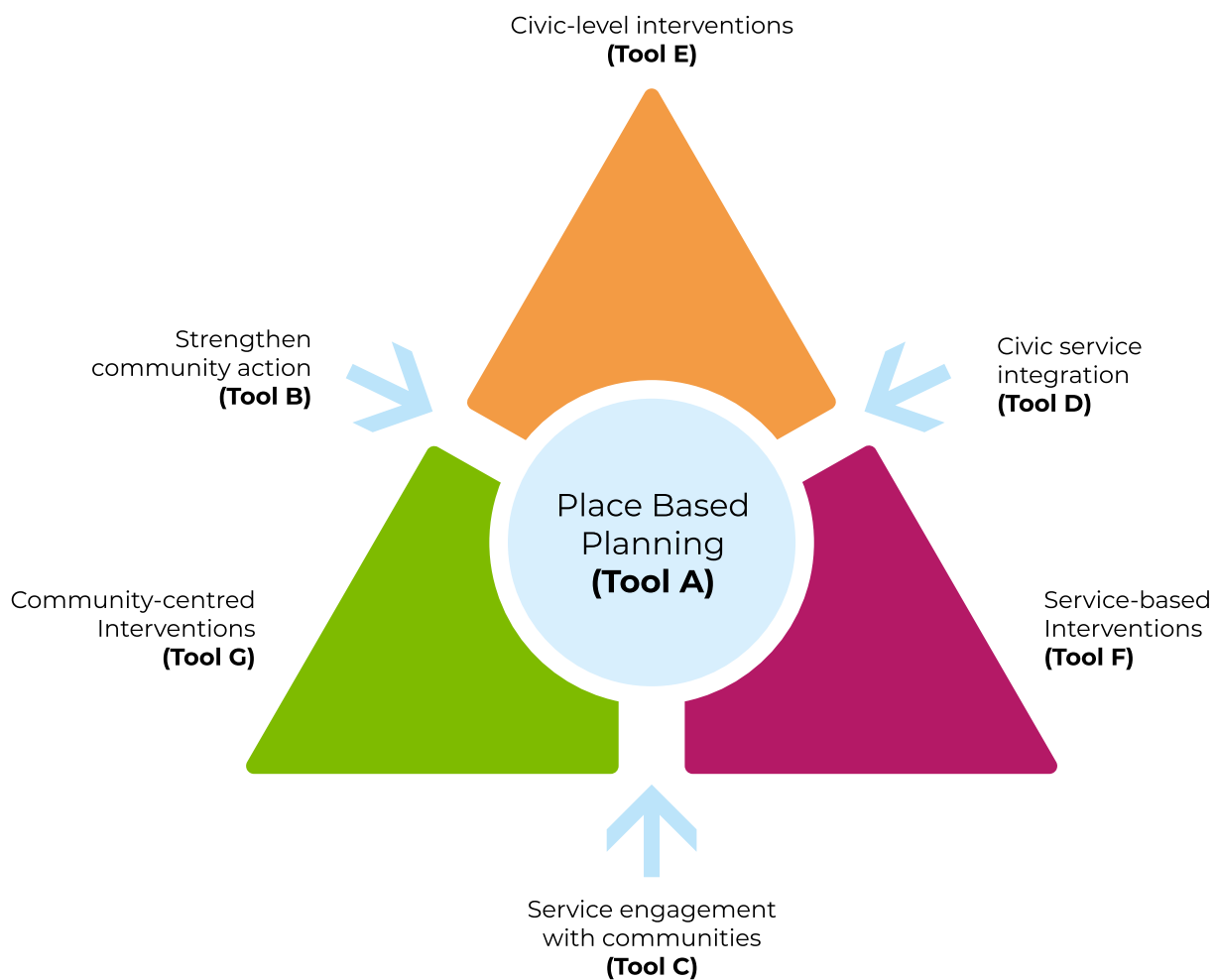
**OPTIONAL:** [This Health Inequalities publication](#) provides background and discusses the economic argument for whole-system approaches to tackle health inequalities. It also introduces the Population Intervention Triangle, which can be used later on to thoroughly assess the 'place' and to identify areas for change (see next page).

**RECOMMENDED:** [Tool A](#) provides a step-by-step guide for you to assess partner engagement, along with a series of statements to guide how good practice can look in your area. It is a tool designed to assist with place-based planning and complements the subsequent stages of this process.

**RECOMMENDED:** A stakeholder analysis template and further guidance on partnership arrangements can be found in this link [Partnership Development](#)

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## Action 3: Population intervention Triangle Assessments



This stage seeks to understand what resources, activities and drivers there are in the chosen priority and locality. How much detail and time you spend on this should be determined locally. However, it may act as a focus to consider this stage in order to tackle health inequalities.

### The Population Intervention Triangle allows the opportunity to map activities in the following way:

- What functions can the local authority use to support your goals (e.g. planning, housing, economic development) – civic functions
  - What services across partners already operate in the area or population – service assessment
  - What are the community services, functions, support networks etc. in operation – community interventions
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**Civic Functions** – are local administrative duties carried out by councils. They encompass the statutory functions of the local authorities in the locality which may be locally determined or set by central government. Multiple civic functions such as community safety, economic development and planning will have impact on your chosen focus areas.

**OPTIONAL:** For further information on Civic Level duties have a look at this section on the Civic Level in [The Population Intervention Triangle Framework for Action](#)

**RECOMMENDED:** With your multiagency partners, complete a [Civic Level Assessment Template](#). Make a note of relevant civic functions within the table. This completed table will form the basis of your area development plan for addressing health inequalities.

**OPTIONAL:** [Health in All Policies Manual](#)

**Service Assessments** - understand services within the chosen locality (possibly using the Service Based Assessment Template below). What partners have identified in the completed table will contribute to the local area development plan for addressing health inequalities

**OPTIONAL:** For further information on Service Level duties have a look at this section on the Service Level in [The Population Intervention Triangle Framework for Action](#)

**RECOMMENDED:** With your multiagency partners, complete a [Service Based Assessment Template](#)

Make a note of relevant services within the table. This completed table will form the basis of your area development plan for addressing health inequalities.

**OPTIONAL:** Including the option to use [POTS](#) (Population outcomes through services) framework.

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**Community Interventions** - This stage is critical to understand the place and what is happening beyond the confines of statutory sector organisations and their commissioned services. In order to map current community assets, you may wish to consider the Family of Approaches Framework which sets out a way of mapping community interventions.

**RECOMMENDED:** [Family of Approaches](#)

**OPTIONAL:** For further information on Community Centred Interventions have a look at [The Population Intervention Triangle Framework for Action](#)

**RECOMMENDED:** With your multiagency partners, complete a [Community Centred Interventions Template](#). Make a note of relevant services within the table. This completed table will form the basis of your area development plan for addressing health inequalities.

## Make a plan

Bring it all together into an outline plan for the area / population – you can use the Locality Action Plan template below to do so, or create your own plan:

1. Identify key partners to communicate community voice and begin next level of community engagement
2. Establish clear ways of working for all involved
3. Identify any service gaps
4. Create a working group to drive change

**RECOMMENDED:** [Local Development Action Plan](#)

By this stage you will have agreed or reconfirmed where work needs to be taken to reduce health inequalities, who can help, how you are going to organise yourselves, what's already in place and what's missing and allocated appropriate resource to undertake the work.

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# Stage 2 – engaging communities and agencies

## Action 1: Work with communities in your area / population of choice

Having understood the community assets in your area, the next step is to consider how to ensure meaningful participation of the community and build capacity and sustainability overall.

- Which groups / people / representatives are members of the wider partnership already working with?
- Are any voices missing? Actively challenge who isn't already there
- Understand and review barriers to engagement
- Be clear about what and how much can be affected by engagement process and what support may be required to deliver equality of discussion
- Are other “sectors” missing which have regular impacts on people's lives such as schools, shops, transport, informal spaces such as cafes or pubs etc
- Are there some voices more dominant or influential and is that correct?

### Core principles for engagement are:

- Consider equity, control and voice principles throughout discussions
  - Use evidence-based approaches to community engagement
  - Be clear about which decisions people in communities can influence and how this will happen
  - Respect the rights of communities to get engaged as much or as little as they are able to
  - Identify barriers to involvement, particularly for vulnerable groups and recently established communities.
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## Action 2: Consider a community action plan

It may be useful to identify actions to build on community capacity and engagement from the community. The aim now is to develop sustained participation and engagement in the activities identified in the local development action plan. Consider what resources, champions or agreed tasks might be and include them in the Local Development Action Plan.

- What needs to happen to deliver the plan made at Stage 1 and fill gaps?
- What plans are already in place across organisations which can be given a health focus?
- What assets have been identified to draw upon or expand to deliver this plan?
- How is the plan to be agreed and delivered?
- It is unlikely every agency and organisation will agree or prioritise the same things – focus on working in areas where there is agreement and ability to affect change

### **OPTIONAL:**

[Engaging Communities Toolkit.pdf \(westlothian.gov.uk\)](#)

[HeadHandsAndHeartAssetBasedApproachesInHealthCare.pdf](#)

**RECOMMENDED:** [Local Development Action Plan](#)

By this stage you will understand community capacity within your area and found ways in which to engage with communities and work with them to develop activities to reduce health inequalities and increase their capacity as appropriate.

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# Stage 3 – evaluating, measuring and adapting

## Action 1: Consider what to evaluate and how

It may be that this stage is unnecessary as the plan is to scale up an existing function that already has monitoring systems in place. Or the working group agrees to use a tried and tested method of their own. It is for the working group to decide this, as long as partners are confident on how they can tell if they are getting the results planned for.

**Some prompts for what could be monitored and evaluated are also listed below.**

### Monitoring for outcomes:

Partners may wish to stop thinking solely 'Is it effective' and start thinking 'Does it contribute?' to build a picture which reflects the reality. In the case of long-term change such as life expectancy, determine what evidence can be used to monitor short term interventions to impact the long-term issue. A theory of change logic model contributes to identifying what resources are needed and when by, to achieve an outcome. It will also allow the working group to begin to measure the less tangible outcomes, unintended consequences and broader impact of an action. This can be strengthened by undertaking an equality or health equity assessment exercise, which seeks out potential variations in outcomes for groups and helps planning to mitigate against them.

### Monitoring value for money:

Monitoring value for money and return on investment is also advised. The success of an activity can be hindered if financially unsustainable. Consider how prevention activities can be monitored against the cost of no further action and reducing future costs. Consider the cost of activities now, and the cost of prevention activities, and monitor anticipated savings, this should contribute towards the aim of sustainability of funding in the future.

### Monitoring for efficacy:

Be prepared to re-evaluate actions in the light of evidence and feedback. Monitoring what doesn't work helps identify future actions or immediate modifications to services.

### Simple but effective questions are:

- How much did we do?
  - How well did we do it?
  - Is anyone better off?
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## Action 2: Some further considerations

- As outcomes are likely to take many years to be seen in a population what evidence is available to decide which activities will affect those changes and can the delivery of these be assessed?
- Make sure what you intend to do will directly impact what outcome you seek. It is important to capture and measure the broad benefits of what it is you intend to do, in a way that doesn't miss some of the 'soft' outcomes.
- Make sure what you intend to do does not adversely impact vulnerable groups, and that any mitigating action is identified if causes for concern are highlighted.

This is why evaluation is placed here and not just at the end, where it may traditionally sit. Your maturing system and dialogue between people, communities and partners will allow you to either change things which aren't working or agree to give other actions time to become effective if they do not bear fruit immediately.

### **OPTIONAL:**

A comprehensive video explaining what a theory of change is as well as a practical example: [Logic Models and Theory of Change | What Works](#)

### **The template for use:**

**OPTIONAL:** [Theory of Change Logic Model Template](#)

**OPTIONAL:** Outcomes based accountability, a potential evaluation tool OBA Guidance

**OPTIONAL:** [OBA template](#)

**OPTIONAL:** [RE-AIM tool](#) The RE-AIM tool outlines a simple way to measure the success of the activities outlined in the local development plan against five key measures. Reach, Effectiveness, Adoption, Implementation, Maintenance.

**RECOMMENDED:** Health Equity Assessment Tool [HEAT: simplified version \(publishing.service.gov.uk\)](#) The Healthy Equity Assessment tool (HEAT) should be undertaken BEFORE any intervention or planned activity is implemented, as it outlines intentions, and allows the opportunity to review potential consequences. Other tools or local process may be in place. The important factor is to understand impacts on both reducing health inequalities and considering unintended consequences to the contrary.

By this stage you will have a clear idea of what you want to do, how and when you will assess progress (proportionate to what you do and resource) and what success may look like activities to reduce health inequalities and increase their capacity as appropriate.

# Stage 4 – action planning and delivery

By this stage there should be clarity on what organisations, partners, communities and stakeholders can affect. For example, access to good quality long term employment is unlikely to be in the sole gift of one local organisation as wider economic and social factors will be at play. However, your organisations may be able to work to improve access to education or decide as a group to directly employ local labour or support mental health in workplaces to contribute to the outcome sought.

This is also an opportunity to review what should stay the same in order to avoid worsening of outcomes. Not everything will work so be prepared to make changes. Equally some things may take a while to have an effect or be taken up by the target area or group.

## Practical considerations for implementation:

- Has the group identified what resources are required? This could be staff, physical assets like buildings, or funding for example.
- Has the group identified how to communicate planned actions to the wider stakeholder groups?
- Is the community on board and part of the solution?
- Outline what workforce changes may need to take place such as training or integrating service delivery.
- Ensure that capacity to change has been built into the planned activity so that what is not working can be monitored and adapted.
- Has the working group been given the go ahead by the agreed governance structure?

**RECOMMENDED:** [Local area development plan template](#)

**OPTIONAL:** [Theory of change – logic modelling](#)

**OPTIONAL:** [NICE guidance principles](#)

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## And finally

This toolkit has been designed to aid partners in planning for equitable health outcomes for residents. Partners will have considered the issues from a broad range of perspectives, with community assets and voices at the centre of discussions. The range of tools in the toolkit will have aided the partnership to distil the information down to core actions. The local area development action plan begun in the first stages can be updated to reflect what partners know, what they intend to do, who will do it and when by.

The health inequalities toolkits have been collated using a range of published tools, to help and guide Norfolk place-based organisations to tackle health inequalities. In time they will be accompanied by additional resources, including case studies, lessons learned and tailored tools.

The toolkits do not replace existing knowledge and experience of communities, residents and organisations in the locality and should be utilised to enhance rather than dictate what is taking place in the local area. They should be viewed as a menu of options that form a comprehensive framework, flexible enough to use sparingly or in full.

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