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

## The context

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

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

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

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

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

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

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

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

these services have often become disillusioned by their experiences of authority and have not been supported