Summary for NHSScotland stakeholders

Our role
We are a national Health Board working with public, private and third sector organisations to reduce health inequalities and improve health. Our 2012–17 corporate strategy A Fairer Healthier Scotland\(^1\) sets out our vision of a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives. Our primary role is to work with others to produce, share and implement knowledge of what works to improve the health of the people of Scotland in an equitable way. Along with other NHS Boards in Scotland we develop an annual delivery plan. A short summary of this is given below. The full delivery plan\(^2\) can be accessed online.

Creating a fairer and healthier Scotland together
Action across all of the social determinants of health is needed if we are to realise our ambitions for a fairer and healthier Scotland.

Social determinants of health
The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. These factors (shown on the right) impact on our health and wellbeing.

\(^1\) [www.healthscotland.com/documents/5792.aspx](http://www.healthscotland.com/documents/5792.aspx)
NHS Health Scotland is committed to working collaboratively with others across the NHS family in Scotland to strengthen the contribution of the NHS to reducing health inequalities and improving health.

There are four key areas where the NHS can act to tackle inequalities and improve health. These are:

1. the quality of services the NHS plans and provides
2. what the NHS does in partnership, for example, in the development of health and care integration
3. the NHS as an employer and procurer
4. the advocacy role of the NHS and NHS professionals within community planning partnerships and national policy development.

Our work in the year ahead
Our work for this year is grouped into five core programmes; an overview of these programmes is given below:

Core programme 1: fundamental causes

The aim is to strengthen the evidence base and to effectively support policy and decision makers to take evidence informed action that will reduce health inequalities.

We will provide evidence-based reviews on welfare and low income, including the cost of living and the impact of tax and welfare reform policies. We will co-produce and distribute evidence, research and analyses to further Scotland’s understanding of inequalities and what has worked to mitigate their impact on health, including the relationship between power and health inequality.

Core programme 2: social and physical environments for health

The aim is to ensure that the places and communities, in which people live and work, support and promote good health for all.

Where we live and work – our home, neighbourhood, social meeting places, workplaces and green spaces – has a vital influence on the quality of our lives, and our long-term health and wellbeing. People have the right to participate, be included and socialise with others in their community, throughout their lives. This includes when their personal circumstances change, for example as they grow older or are in need of more support.

Supporting people and communities to have a say in their area is an important element of our work. This includes supporting people to work in coproduction and promoting the use of the Place Standard. We will work with partners on promoting the use of the Place Standard, including promoting its use by third sector organisations within local authorities.

Improving environments, policies and practice so that they take account of the needs and rights of all population groups is covered by this programme – these include people at risk of or experiencing homelessness, people in the criminal justice system and families with young children living in adversity.
Core programme 3: system change for equity

The aim is to strengthen the potential of services to improve health and to reduce and prevent inequalities impacting on health.

Public services must be accessible if they are to contribute to health equity.* This means that services and programmes must reach and meet the needs of people who need them most as well as work effectively across the whole population. We will work with our national partners and local public health teams, leaders, planners and practitioners across all sectors to help turn knowledge of what works into action within the NHS, through integrated joint boards and community planning partnerships.

Core programme 4: the right of every child to good health

The aim is to support and promote action across the fundamental causes and environmental influences that are barriers to achieving good health while at the same time ensuring that practice to support children, young people and families experiencing inequality is strengthened and improved.

Children’s early life circumstances and experiences – from before birth and from then on – shape their physical, social, mental, emotional and cognitive development and provide a foundation for their future attainment and health. Inequality is a barrier to the right of every child to good health.

We will continue to work collaboratively with local public health teams and local government partners to take action on the main barriers to a healthy start, particularly focusing on gender-based violence and poverty. We will also lead a programme of work to reduce the effects of inequalities on marginalised young people.

Core programme 5: organisational excellence and innovation

The aim is to manage and develop our funding, people and other resources, so that we are highly effective in working with others in generating and sharing the knowledge that is needed to achieve our aims.

We will work to achieve better engagement and sharing of knowledge with decision makers, planners and practitioners across the public sector.

The table below highlights key areas of our work; for the full range of our work in 2016/17 please see our delivery plan.²

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* Health equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Failure to achieve health equity represents a failure to avoid or overcome inequalities that infringe on fairness and the human right of all to achieve the highest attainable standard of health.
| **Use NHS procurement policies to support employment and income for people and communities from more deprived backgrounds and with less control over their circumstances.** | • Work with NHS Chief Executives Group, the Scottish Government and the third sector to scope and deliver work using the economic power of NHSScotland for people living with multiple disadvantages.  
• Lead the development and promotion of the central role of the NHS in promoting the benefits of good work in creating and protecting mental health and wellbeing.  
• Lead and coordinate a series of strategic discussions, at national and local level, to scope the development of approaches to working age people with mental health problems – supporting people to get into and stay in employment.  
• Support the development and implementation of local NHS Board activity to reduce the impact of low income and welfare reforms on health and health inequalities across Scotland. |
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| **Promote and use employment policies that support people to gain employment or ensure fair terms and conditions for all staff.** | **Actions to help NHS staff to support the most disadvantaged people and communities**  
• Work with NHS Education Scotland, Healthcare Improvement Scotland and the third sector to develop a health inequalities ‘literacy programme’ for integrated joint board executive and non-executive directors. |
| **Workforce 2020 Implementation Plan** | • Ensure all staff across the public, private and third sectors are aware of health inequalities and can act appropriately to respond to the life circumstances that affect people’s health.  
• Work with the Scottish Government, NHS Education Scotland and the third sector to scope NHS Health Scotland’s contribution to the workforce requirements of the public health review. |
| **Health improvement actions to promote healthy living and better mental health** | • Provide leadership and coordination to a programme of work to maximise NHSScotland’s role in promoting good mental health for all.  
• Work with Scottish Government policy and local area Health Promoting Health Service (HPHS) leads and the third sector to provide leadership and coordination for the HPHS programme and strengthen the inequalities focus of HPHS delivery in the hospital sector. |
| **Antenatal and early years** | • Deliver a programme of work with the third sector, aligned to the Scottish Government’s child poverty strategy that focuses on NHS services’ contribution to preventing and reducing child poverty through increasing financial inclusion and opportunities for improving wellbeing for lone parents and families with low incomes.  
• Scope the information, evidence and planning support required by local partnerships, the third sector, the NHS and local authorities (LAs) to resource proportionate actions to reduce and prevent adverse family circumstances impacting on the health and wellbeing of young people, children and families. This will include promoting equity in antenatal service access, educational attainment and play. |
| **Transforming primary care so that everyone gets the care they need** | • Work in partnership with the Scottish Government, the Scottish School of Primary Care, the Deep End Practices and the third sector to scope, define and initiate the development of evaluation, data and knowledge resources aimed at reducing the impact of inequality on health through the primary care setting. |
| **Services are designed with and for people so that everyone gets the care they need through scheduled and unscheduled care** | • Work with the third sector, Healthcare Improvement Scotland and National Services Scotland to deliver outcome improvement work that effectively brings together national and local public health capacity to support integrated joint boards (IJBs) and community planning partnerships (CPPs).  
• Work with the third sector and Strathclyde University to implement the Scottish National Action Plan on human rights through the health and social care action group’s priority actions for 2016/17 to advance a human rights based approach within health and social care services. |
<p>| <strong>Food policy and food poverty</strong> | • Inform and evaluate new and emerging food policy in Scotland using the best available data and evidence, through working in partnership with the third sector, Food Standards Scotland, and the Scottish Government. |
| <strong>Obesity</strong> | • Contribute to the development with partners and stakeholders of an evidence based approach to reduce obesity in Scotland. |
| <strong>Implementation of the Place Standard</strong> | • In partnership with Scottish Government and with the third sector, raise awareness and promote implementation of the Place Standard – ensuring its impact is distributed in a way that acts to reduce inequalities. |</p>
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<tr>
<th>Housing and homelessness</th>
<th>• Work with the third sector, Directors of Public Health, housing and other key partners on the prevention of homelessness by driving delivery of the recommendations stemming from our ScotPHN report and UK best practice guidelines.</th>
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<td>Tobacco</td>
<td>• Lead and coordinate knowledge into action on further progressing tobacco-free environments, focusing on priority groups with high smoking rates and protecting those at risk from exposure to tobacco smoke in their environment.</td>
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<td>Physical inactivity</td>
<td>• Lead and contribute to the delivery of key actions within or directly related to the National Physical Activity Implementation Plan.</td>
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<td>Alcohol and drugs</td>
<td>• Strengthen the development and implementation of alcohol and drug policy in Scotland by providing the best available evidence and working in partnership with the Scottish Government, alcohol and drug partnerships and the third sector to deliver improvement work.</td>
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| Improving the health of offenders | • Work with the Scottish Government, the Criminal Justice Authority Chief Officers Group, Community Justice Scotland and the third sector to strengthen action to reduce the impact of offending and reduce inequalities.  
  • Collaborate on improvement methodologies to strengthen community justice redesign activity and the transition into local community planning partnerships.  
  • Coproduce advice and an improvement framework with the third sector for NHS Board Leads for Offender Health Improvement and continue to represent health improvement and health inequalities on the National Prisoner Healthcare Network. |

1 www.healthscotland.com/documents/5792.aspx  
3 www.placestandard.scot