

A Fairer Healthier Scotland

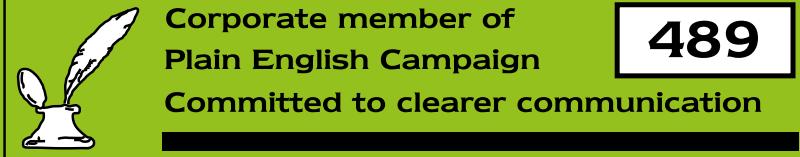
Our strategy

2012-2017

A close-up photograph of a young girl's profile as she blows on a dandelion seed head. She is wearing a white knitted sweater. The background is a bright, green, slightly blurred field under a clear blue sky.

NHS Health Scotland

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Published by NHS Health Scotland

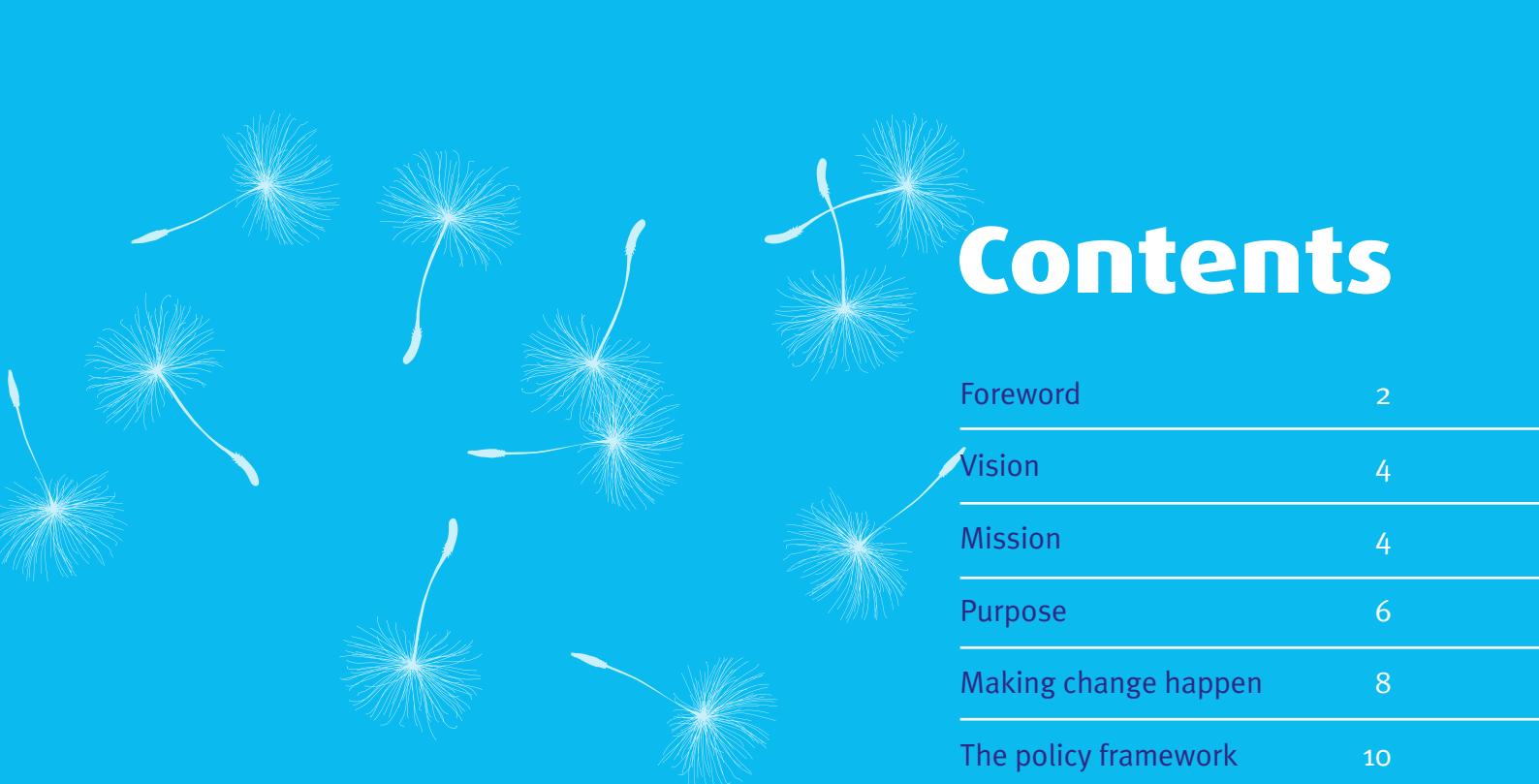
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This strategy sets out the role, direction and priorities of NHS Health Scotland for the next five years.

The goals set out in this document will be delivered through our annual business plans.

Foreword

In setting out our strategic direction for the next five years, our commitment is to focus on the biggest health challenge facing Scotland – our enduring and growing health inequalities gap.

A Fairer Healthier Scotland identifies what NHS Health Scotland will contribute to reducing this gap by using our expertise in improving the evidence to strengthen the case for change. Evidence which increases our understanding of the causes and effects of health inequalities and the policies that will make the greatest difference; and which increases the effectiveness of health improvement measures across all of our public services.

In our national role we want to work with all of our partners in making the case for change and, together, to build a fairer, healthier Scotland.

Gerry McLaughlin, Chief Executive
Margaret Burns, Chair



Vision

Our vision is 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.

Mission

Our mission is to reduce health inequalities and improve health. To do this we will influence policy and practice, informed by evidence, and promote action across public services to deliver greater equality and improved health for all in Scotland.



Purpose

Scotland is changing and so is NHS Health Scotland. We are a national Health Board; the national agency for health improvement. Our aim is to improve Scotland's overall health record by focusing on the persistent inequalities that prevent health being improved for all.

Over the past twenty years, investment in health improvement has succeeded in improving average population health, but may also have contributed to the widening of health inequalities because the most advantaged groups were better placed to hear and act upon health improvement messages. Over the next five years, NHS Health Scotland will concentrate on developing and strengthening actions that improve average population health **and** reduce health inequalities. We will ensure that our work delivers for those communities and individuals for whom health is not improving as much or as rapidly as it is for the population as a whole.

Health in Scotland is improving, but not as fast as it is for many of our European neighbours; and Scotland's health inequalities are the widest in Western Europe.*

Indeed health inequalities (the difference between those groups with the best and worst health) have been getting worse. There are stark differences in living conditions and health outcomes in different parts of Scotland and there is no evidence that these gaps are narrowing. There are serious social issues to be tackled, for example, child poverty, youth unemployment and intolerance to minority groups in some instances (Scottish Centre for Social Research. Scottish Social Attitudes survey 2010: Attitudes to discrimination and positive action. Edinburgh: Scottish Government; 2011).

At the same time our population is changing and people are living longer. We need to make sure that longer life means longer, healthy life – adding quality of life to years as well as years to life. We need to make sure that the benefits of investing in prevention and early intervention are understood and acted upon.

We need to change what we do. Building on the inherent strengths of communities and individuals must also be part of the solution, as will providing better support for the integration of local services and the involvement of communities, families and individuals in those services. Convincing

employers that investment in health is a priority and can contribute to Scotland's sustainable economic growth will be important. Investing to ensure that all our children have the best possible start in their early years is essential. At the same time we must also take responsibility for changing our world now, to make sure that our children are growing up in a Scotland that promotes hope, opportunity and wellbeing – a Scotland that is healthy in the fullest sense of the word.

* Life expectancy in Scotland was comparable to the rest of Western Europe until around 1950, after which it improved more slowly because of higher mortality amongst middle-aged men and women from heart disease, cancer and stroke. From the 1980s onwards the pattern changed. Mortality rates related to alcohol, illicit drugs, suicide and violence increased in young adult men and women and, although mortality from chronic diseases continued to improve, they remained higher than elsewhere. This meant that the mortality rates in young adult men in Scotland overall, and mortality rates in some of Scotland's poorest areas, actually increased during the 1980s and 1990s.

Health inequalities rapidly increased in Scotland from the 1980s onwards as a result of increased socioeconomic inequalities. The widest inequalities today are amongst young adults who are affected most by alcohol- and drug-related deaths, suicide and violence.

Although the whole of the UK population experienced an increase in health inequalities, Scotland (and Glasgow in particular) was disproportionately affected such that health inequalities became wider here than in the rest of western and central Europe.

The health challenge facing Scotland is, therefore, an overall mortality trend which is improving more slowly than other comparable nations combined with health inequalities which are wider.

Health inequalities are systematic differences in health between different groups within a society, which are potentially avoidable and deemed unacceptable. Often economic factors are the primary determinants, but these can also underpin or exacerbate other dimensions of social inequality, such as, differences in power and opportunities as well as discrimination on the basis of gender, race, disability, age, sexuality or religion.

**'adding quality
of life to years
as well as
years to life'**



Making change happen

The transformation we are advocating for Scotland requires broad support and strong commitment; we need to build and act on a shared belief that achieving fairness in health outcomes can be realised and is in **all** our interests.

This approach requires commitment and collective action from partners in the Scottish Government and the NHS, as well as among employers, local authorities, third sector organisations, universities, colleges and other national and international agencies.

NHS Health Scotland has connections with many of these agencies, but we intend to deepen and broaden our relationships and our influence in order to promote action on tackling the underlying causes of health inequalities. We will continue to work closely with our NHS Board partners, while at the same time seeking to extend our influence in local government and the third sector. We will use our resources and our national position to draw on lessons from a broad range of experience and we will work with local agencies, particularly Community Planning and Health and Social Care Partnerships, where our contribution can add value to finding effective, local solutions.

We will also strengthen direct engagement with communities, groups and individuals in our work to be more open to public involvement in our planning and governance and to develop and share better understanding of the issues and the solutions to complex problems of health and wellbeing. In doing so, we will take account of the diversity of Scotland's people and its communities.



The policy framework

This strategy is entirely consistent with the main tenets of World Health Organization (WHO) strategies (Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases (2011–2016). Copenhagen: WHO Regional Office for Europe; 2010), including WHO Euro Health 2020, which seek to:

- improve daily living conditions, especially for the worst off
- tackle inequitable distribution of power, money and resources
- measure and understand the problem and assess the impact of action.

The Scottish Government's National Performance Framework (Edinburgh: Scottish Government; 2007) sets priorities in order to achieve a common public service focus on building Scotland's economic prosperity. Below this primary goal there are five strategic objectives: healthier; wealthier and fairer; smarter; greener; and safer Scotland.

While effectively reducing Scotland's health inequalities will mean action in all these areas, **fairer** and **healthier** is the particular focus of our strategy for the five years

to 2017, so that our work is designed to contribute significantly to the following national outcomes:

- We have tackled the significant inequalities in Scottish society.
- Our children have the best start in life and are ready to succeed.
- Our people are able to maintain their independence as they get older and are able to access appropriate support when they need to.
- We live longer, healthier lives.

Health inequalities do not exist in isolation. The broader pattern of income inequality, the state of the economy, welfare reform and the impact of recession on poverty and health provide an important context for our work over the next five years.

The values of the NHS are at the heart of this strategy. NHS Health Scotland is part of the 'mutual' NHS. The NHSScotland Quality Strategy (Edinburgh: Scottish Government; 2010) puts people at the centre of everything the health service does. It sets out three Quality Ambitions, which provide a focus for all NHSScotland, including ourselves.

Our work will be:

- Person-centred – understanding and working with Scotland's diverse population through research and direct engagement, and seeking to maximise mutual respect and fairness and to eliminate discrimination in all we do.
- Safe – providing accurate information that is accessible and understandable to all it might benefit, and minimising unintended negative consequences for people or the environment.
- Effective – advocating and contributing to policies and actions for improving health and reducing health inequalities that are evidence-informed, carefully designed and evaluated, and sustainable in use of resources and impact on the environment.

As outlined in the report of the Commission on the Future Delivery of Public Services (Christie C. Edinburgh: Scottish Government; 2011), radical changes are needed in the way public services are delivered so that they place strong communities at the centre of achieving better outcomes, drawing on their assets. We welcome and will support this change, as well as ensuring that the wider

themes of public service reform also provide a focus for our contribution, including:

- the shift towards prevention
- better integration of public services locally
- investment in people who deliver services
- improved performance, through innovation and the use of technology.

**'putting people
at the centre
of everything
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service does'**



Our long-term goals

Social change is at the heart of building a fairer, healthier Scotland. All of NHS Health Scotland's programmes of work, whether they focus on health behaviour themes or specific target groups, are designed ultimately to secure broad support, commitment and action in order to change:

- **Scotland's culture, economy and environment** – so that inequalities are no longer acceptable, the factors that perpetuate them are being addressed and people have the resources to live healthier lives.
- **The way public services are delivered** – so that they promote early intervention, prevent health getting worse, and meet the needs of local people and communities.
- **The choices made by individuals** – so that everyone, including those currently most disadvantaged, has the opportunity and capacity to achieve better outcomes for themselves and their families.

Our short-term goals

To secure long-term commitment and action to change there are three areas in which, as an organisation, we are seeking to demonstrate improvement and impact over the lifetime of this strategy:

- Improved and more equitable **policy making**.
- Improved performance and quality in **practice**.
- Stronger support for **action** for prevention and better, fairer health.



Our programmes of work

To achieve these outcomes we will organise and report on our work through a series of programmes which, together, will be designed to contribute towards one or more of the following short-term outcomes:

- **Better collaboration:**

We will bring together agencies and networks, promote dialogue and collaboration and enlist expert evidence to ensure that equality is at the heart of policy making and service delivery. We will promote collaboration across the whole system. Our purpose will be to promote action for change across Scotland, at a UK level and internationally, to reduce health inequalities and promote fairness in health outcomes. We will utilise new technologies to produce effective information, resources, guidance and tools, whether for service professionals, employers or the wider public.

- **Evidence-informed decision making:**

We will ensure that Scotland has the best available evidence to reduce health inequalities. We will produce rigorous national and local level data, analysis, research and evaluation to be clear on what works to reduce inequalities in

health, prevent ill health and promote good health. This evidence will be impartial, accurate, timely and accessible leading to better health policy and more effective delivery for the people of Scotland.

- **Better designed programmes and services:**

We will build on our expertise and strengthen our relationships with NHS Boards, local authorities and third sector organisations to ensure that reducing health inequalities is core to local delivery, so that services reach those in greatest need. Where required, we will offer tailored support to help local partnerships understand and tackle persistent health inequalities and improve local outcomes.

- **Improved workforce capacity:**

To achieve our vision, we recognise that those working in public services need to develop new skills, roles and behaviours. We will give systematic support to health improvement leaders in the NHS, to employers, to local government and to the third sector to provide development opportunities in order to enhance skills and promote

action on health inequalities. We will continue to develop networks to connect frontline practitioners and help them share experience and gain access to the best evidence and tools.

- **Organisational excellence and innovation:**

Our internal systems will be realigned to our corporate strategy, and our staff supported to thrive and excel. Improving quality, fostering learning and being accountable for outcomes will be central to our performance culture. We will ensure that NHS Health Scotland's resources are organised and developed in a way which maximises our effectiveness and efficiency to deliver this strategy.

'working to reduce inequalities in health, prevent ill health and promote good health'



Measuring improvement and impact

Reducing health inequality, ensuring children have the best start in life and helping people lead longer, healthier lives are the ultimate measures of our success.

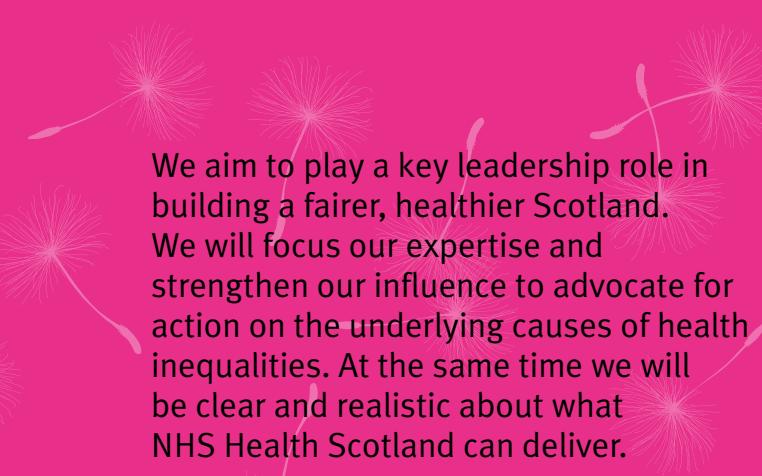
We will assess our performance systematically, with a focus on demonstrating quality improvement and impact. We will collaborate with others to make use of improvement methodology and will ensure that the learning from this is embedded in our practice and shared with partners.

To demonstrate improvement, the performance information that we gather will:

- be a combination of longer-term surveillance of health and inequalities outcomes and shorter-term measures of the corporate impact of our work
- capture the main ways in which our products and services make a difference
- support managers in accountability and reporting
- support teams in assessing and improving performance.

We will use a variety of sources of information including quantitative measures, feedback from partner organisations and concrete examples of where our products and services have made a difference. We will also actively promote impact assessments. The focus will always be on active learning to improve the quality of what we deliver.





We aim to play a key leadership role in building a fairer, healthier Scotland. We will focus our expertise and strengthen our influence to advocate for action on the underlying causes of health inequalities. At the same time we will be clear and realistic about what NHS Health Scotland can deliver.

Our starting point will always be those communities, families and individuals for whom health is not improving as much or as rapidly as it is for the population as a whole. Tackling Scotland's health inequalities is not just a concern for those of us in the NHS – it will need commitment and action from everyone in Scotland. NHS Health Scotland can help build a shared belief that action to reduce health inequalities in Scotland is both possible and in all our interests.

Together we can build a Scotland where all people and communities have their fair share of the opportunities, resources and confidence needed to live fairer, healthier lives.

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