

Our Challenge: Improving the Health of Scotland's People

Key messages

- We all have the right to the highest attainable standard of health.
- Many people in Scotland are unfairly prevented from enjoying this right by the conditions in which they were born and grew up, live, work and age.
- We have the power to change this but only if we all work together and rise to the challenge of improving the health of Scotland's people.

The need for change

Good health is a basic human right. Life expectancy has been rising in Scotland for many years – generally we now live longer than we used to. This is because there have been improvements in the wide range of things that help us live in good health, known as the 'social determinants of health'. But this improvement is now levelling off.



There is also inequality. Some of us haven't benefited from the improvements as much as others. For example some of us still live in poor housing and some of us don't have enough money to buy the things we need to keep ourselves and our families healthy and well like good food and a warm home. These differences in the conditions in which we live and work lead to differences in our health. When you look across the population in Scotland these differences are really clear between different groups of people. They're caused by unequal access to what keeps us well so these differences are unfair and avoidable – they are health inequalities.

People often think that improving health is about improving health *services*. The focus in the media is often about hospitals needing more money or people having to wait a long time to see their GP. Access to health services is of course important and is one of the social determinants of health - we all need to be able to access healthcare when we become unwell. But to really make a difference to the health of the people of Scotland we need to do more to help everyone stay healthy and well. This mostly happens outside the hospital, outside the NHS indeed and therefore outside health policy.

Another common view is that people just need to eat better, drink less, be more active and so forth. This idea that it's all down to how we behave as individuals ignores the crucial fact that how we behave, and the options open to us to behave one way or another, are determined by the circumstances in which we live. Some of us don't have the option of joining a health club or taking daily walks in a local park. We might drink more than we should, smoke cigarettes or take drugs as a way of coping with the difficult circumstances that we live in. It's no good trying to get people to change the unhealthy behaviour without looking at changing the circumstances that cause the unhealthy behaviour in the first place. This is known as looking 'upstream' and it brings us back to the social determinants of health.

The idea that it's all down to individual behaviours also ignores the fact that even if we all lived totally healthy lifestyles, people living in more deprived areas would still die younger and live more years in ill-health. This is because the fundamental cause of health inequality is inequality in income, wealth and power. As long as inequality persists in Scotland, health inequality will persist and this is true however we behave as individuals.

It may seem counter-intuitive, but to really make a difference to the health of the population, we need to shift our focus away from health services and individual behaviours and onto the circumstances in which we live. Making real improvements in housing, education, employment, social support, family income, our communities, and childhood experiences is what will ultimately improve our health and create a Scotland in which we can all flourish. Crucially, targeting these improvements at where they are needed most is what will reduce the country's shameful health inequalities.

This demands ambitious changes at a number of levels. It calls on the public to recognise that a shift in focus away from health services is not a shift away from health. It calls on all public policy makers to recognise the impact that their area has on health. It requires the health improvement community to re-focus approaches 'upstream' to strategically influence the policies that have the biggest potential impact on health and health inequalities. It therefore calls on health improvement practitioners to take on a stronger and wider leadership role in Scotland. Stronger because it will involve contributing more directly to ensuring that policies are joined up and systems and partnerships prioritise and deliver the right actions. Wider because it will see health improvement practitioners working across a wide range of public policy areas with an even wider range of stakeholders. These changes and this leadership would see us work together towards a shared, common goal to improve health and wellbeing and reduce inequalities.

Our vision

Our overall vision is “A Scotland where everybody thrives”. This is the vision of the Public Health Reform programme.

Within that, and specific to health improvement, our vision is a Scotland where:

- **We all prioritise health as a human right**

This means making the health and wellbeing of the population the highest priority when planning and developing policies and services. It's about sharing ownership and responsibility, across all public and social policy areas, to improve health and reduce the wider inequalities that underpin health inequalities.

- **We take a Health in All Policies approach**

This is about all public policy makers considering the positive and negative health impacts of their policy. It's about explicitly and systematically considering the impact *on* health of all policies, not just those specifically *about* health. This is important because it enables upstream action on the social determinants of health (housing, education, employment, social support, family income, our communities and childhood experiences). It means that implementation can be coordinated across policy areas, and between national and local levels, to achieve the best outcomes for the population, particularly people with the highest needs. Taking this approach also means we can evaluate the impact of our policies and services in order to continuously improve the evidence for our decisions.

- **We prioritise prevention and build community capacity**

Prevention is a term that can mean different things, even within the health field. The sort of prevention we want to prioritise is primary prevention – preventing people from getting ill and keeping them healthy and well for as long as possible. This will require a re-orientation of investment because currently there is more of a focus on the treatment of diseases. Treating disease is of course important, but we want to prevent the person getting ill in the first place. This re-focus would give increased capacity for upstream interventions that meet Scotland's Public Health Priorities (see below), include complementary policies and plans at all levels, are needs-led and support community-led approaches, have an appropriate evidence base, are evaluated, and address health inequalities.

What needs to happen to achieve this?

To achieve this vision we need increased focus on these actions:

- Galvanise strong, collective and ambitious leadership at all levels and all sectors.
- Develop and support new ways of working across different areas of policy (e.g. health and economy policy leads working more closely) and public service (e.g. public health and third sector colleagues working more closely).
- Develop and support new ways of working with communities so that what we do is informed by and led by our communities.
- Build a strong cohort of advocates for the public's health to ensure sustained and effective support for health and the reduction of health inequalities. These advocates should come from all sectors including the third sector, the public sector and academia and should retain an unerring focus on people with the poorest health.
- Develop a stronger evidence base for 'upstream' and multi-level interventions, building on evidence of what works, evaluating impact and sharing best practice.
- Ensure a workforce with the necessary knowledge, skills, evidence, approaches and credibility to support a Health in all Policies (HiAP) approach by influencing the decisions that matter most for health, at national and local levels.
- Focus efforts on Scotland's Public Health Priorities but recognise the need for future flexibility as these will change as needs change.
- At the **local level**, ensure a critical mass of the public health workforce, to act as change agents and influencers in the middle ground between strategy development and implementation and support HiAP at local level.
- At the **national level**, gather and disseminate evidence to support local colleagues, and engage directly to support the HiAP approach to national policy making.
- Shift resources to deliver these actions.

Scotland's Public Health Priorities

- A Scotland where we live in vibrant, healthy and safe places and communities.
- A Scotland where we flourish in our early years.
- A Scotland where we have good mental wellbeing.
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- A Scotland where we eat well, have a healthy weight and are physically active.



Contact details

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