

13th June 2017

Mr. N Findlay
Convener
Health & Sport Committee
The Scottish Parliament
Edinburgh
EH99 1SP

Dear Mr Findlay,

Thank you for your letter, dated 31st May 2017, following on from our attendance at the Committee on 16th May 2017. You asked for more information in relation to the impact of NHS Health Scotland and, in particular, for examples on how we have influenced and informed policy making and practice to reduce health inequalities in the last 12 months.

As you recognise yourself, NHS Health Scotland is an intermediary organisation. The value of our work lies in our description of the nature of health inequalities in Scotland, the underlying reasons and causes and, increasingly, in bringing forward plausible evidence of what is likely to reduce those inequalities and create the conditions in which individuals, families and communities will thrive. We provide the evidence to persuade those making policy and practice decisions that if they take a particular course, then people are more likely to go on to take the actions that will improve their health or avoid harm.

I am pleased to provide you with a selection of specific examples from last year, under the headings in your letter.

Providing specialist advice to support the Scottish Government in relation to public health improvement and health inequalities policy making

We helped bring policy attention to the impact of Adverse Childhood Events (ACE) on health and wellbeing and on other related issues such as involvement in the justice system and homelessness. Through ScotPHN, the Scottish Public Health Network, we published the *'Polishing the Diamonds': Addressing Adverse Childhood Experiences in Scotland* report, and we established the Scottish ACE Hub to develop a common understanding of how to respond to and prevent these experiences. Areas such as Argyll and Bute have gone on to hold local events to share this knowledge and our work will inform the upcoming government strategy on Child and Adolescent Health and Wellbeing.



We provided specialist advice to the Scottish Government through our membership of the Scottish Fuel Poverty Forum and informed the Scottish Fuel Poverty Strategic Working Group's report to Ministers by publishing a discussion paper on poverty and income poverty. We also helped to draw more agencies into this strategic work by identifying case studies and leading discussions with health and social care colleagues and organisations focused on poverty.

We helped the Scottish Government to create new and more effective policy to respond to the obesity epidemic in Scotland, by analysing and setting out the available evidence on effective weight management interventions.

Disseminating and explaining relevant public health improvement and health inequalities evidence, learning and good practice, to professional and public audiences.

We launched the Place Standard as a tool to help planners involve local people in designing their area so that it fosters good health. 70% of local authorities used the tool last year and over 11,000 people, mainly from local communities, have been engaged in giving feedback on the design of the places in which they live, work and interact. One Implementation Lead from the Hillhead and Harestanes areas in East Dunbartonshire, who had targeted their engagement to particular groups, noted that:

“Our reach was much higher than we ever have had before. We also reached a lot of protected characteristic groups and those that wouldn't typically engage in any type of consultation.”

We helped families with young children who have financial worries access reliable money advice when in contact with frontline NHS staff. Through our work, the NHS is better connected to other agencies at national and local level, including Citizens Advice, Money Advice Service, Money Advice Scotland, Improvement Service, and the Scottish Legal Aid Board. Our work has made sure that enquiries around money worries and the offer of referral to an advice service are now part of the Universal Health Visiting Pathway for Scotland. For example, in 2016/17, 408 families used the Royal Hospital for Children Glasgow Money and Debt Service resulting in £2.3m unclaimed entitlements (benefits and tax credits).

We helped more vulnerable patients access support for fuel poverty. We did this by supporting frontline NHS staff improve their knowledge and skill in providing advice through a fuel poverty eLearning module, which we developed in partnership with Shelter Scotland. In 2013/14, before NHS Health Scotland became involved, the NHS made 13 referrals to Home Energy Scotland for advice. This has increased to over 3,000 referrals in 2016/17. We have also published guidance to further improve the NHS contribution to tackling fuel poverty.



We equipped health and care higher education course leaders with a free eLearning module on 'Child Poverty, Health and Wellbeing' so that they can help tomorrow's public service workforce understand this key topic. Between October 2016 and May 2017, 778 learners from a range of sectors (HIE, local authorities, NHS Boards, Health and Social Care Partnerships, third sector) have completed the module.

We helped caterers in the NHS and other healthcare settings make it easier for customers to choose the healthy option by supporting the development of a set of standards and guidance for the NHS. All 23 NHS branded Aroma outlets and all 28 Royal Voluntary Service Cafes within NHS hospitals, health centres and offices are operating at *Healthy Living Award Plus* level with a total of 164 awards held across NHS Scotland.

Providing support marketing linked to local health improvement services and facilitating the integration of local marketing approaches with the national strategy, where appropriate.

As a result of the Cervical Cancer Flower Campaign, which we led in partnership with the Scottish Government earlier this year, we prompted 50% of women contacted to take action (attend their appointment, call their GP, talk to a friend, partner or family member about smear tests), We also developed and disseminated a cervical screening toolkit to support the campaign. Screening uptake results will be available later in the summer.

We helped employers and employees take practical steps to support better health at work. We played a pivotal role in creating the Health and Safety Action Plan for Scotland, which links health and safety with 'good work', by reaching out to small and medium enterprises (SMEs) across Scotland. Through the free 'Don't Slip Up' campaign, we targeted 21,000 SMEs who had not engaged previously with Healthy Working Lives to advocate the business benefits of putting health and safety first. Over 14,000 businesses responded.

Evaluating agreed aspects of Scotland's public health improvement and health inequalities national programmes.

We helped the Scottish Government put forward the case for minimum unit pricing on alcohol and we continue to facilitate cross-party support to reduce alcohol-related harm by leading the MESAS (Monitoring and Evaluating Scotland's Alcohol Strategy) evaluation programme. A review clause is included in the Minimum Unit Pricing legislation, meaning that after 5 years, the decision to extend or repeal the legislation will be based on evidence, primarily from the MESAS work.



We helped policy makers reach the decision to further extend the Community Link Workers programme by commissioning the evaluation of the pilot 'Link Worker' programme in Deep End general practices in Glasgow and also supporting local qualitative evaluation of projects.

Reviewing published research and commissioning new research on innovations, insights and evidence on public health improvement and health inequalities.

We co-published the most comprehensive report of the causes of excess mortality in Scotland and Glasgow, including a list of specific policy recommendations. We helped to extend the evidence base by publishing research on: *Lone parents in Scotland: work, income and child health; in-work progression and the geography of lone parenthood*, which found that household income and parental employment matter for the health of children. We also contributed to knowledge about the impacts of regeneration on health, health inequalities and their socio-economic determinants, through a structured literature review. This has supported the work of the Clyde Gateway regeneration project.

Our series of Inequality Briefings, aimed at policy makers and the third sector, continued the task of making evidence on what works to reduce health inequalities accessible and usable. We covered the following topics: Income, Wealth and Poverty, Human rights and the Right to Health, Housing and Health Inequalities, Health and Homelessness, Good Work for All, and Place and Communities.

In summary, as you can see, we have informed, shaped and influenced the public and policy narrative to tackle health inequalities, and we have made practical tools available to those working on the front line. In these ways, we believe we have made a difference to people's lives in Scotland. There is the potential to do much more. Our work relies on strong collaboration with local and national partners, with governments and with elected politicians, briefing you and public appointees on what actions are most or indeed least likely to reduce health inequalities.

I hope this goes some way to answering your questions. If you require further information on anything referred to in this letter, please do not hesitate to get in touch. We look forward to continuing to work with you and the Committee to provide any further information or evidence that is useful to you in furthering your work.

Yours sincerely,

Gerry McLaughlin
Chief Executive

