

## Commitments and measures to tackle health inequalities

Through all our actions we will take a “done by communities, for communities” approach. We will also make sure that lived experience is central to our work. This way of working will be crucial if we are going to improve people’s health and wellbeing. Especially, for those who have faced inequality for a very long time.

### Whole systems

We know that health is not created within our hospitals and GP surgeries and wellbeing cannot be sustained by the NHS alone. As with all complex problems, a whole systems approach and cross-government action is needed. Our public health efforts complement wide-ranging action that will address the underlying causes of health inequalities. For example, Public Health Scotland have produced a toolkit to support local areas make decisions about how best to prevent child poverty.

Public Health Scotland is also guiding meaningful change across the whole system at national, regional and local levels. This is a long-term endeavour and we can only succeed through incremental steps and collaboration with many partners. This needs a coherent approach to local leadership, planning, evidence and community engagement. We will develop mechanisms to capture evidence and promote successful approaches to local partnership working to reduce inequalities.

### Population health

There is a stark social gradient to the harms of alcohol, tobacco and other drugs, and inequality of access to opportunities to be active and have a healthy diet.

The actions set out in our 2018 Healthy Living strategies and in our National Mission on drugs will help to reduce these inequalities.

- Drug-related deaths remains one of our most significant challenges, and we know that deaths are 18 times more likely among people in our least well off communities. I am working closely with the Minister for Drugs Policy on the National Mission to save and improve lives. Our aim is to get people fast and appropriate access to treatment and recovery support through all services – including primary care, specialist support, residential rehabilitation, mental health and homelessness, education, as well as for people in contact with the Justice system. The Mission over the next 5 years is backed up by an additional £50 million per year. This action will help reduce drug deaths and harms which will help tackle health inequalities.
- There is a stark social gradient to alcohol-related harm. Those drinking at harmful levels are more likely to fall ill or die from alcohol-related harm if they live in the more deprived areas of Scotland than in the least deprived areas. Our actions to reduce alcohol-related harm will help to reduce this unacceptable inequality gap.
- A review of the minimum unit price of alcohol is underway to make sure any change to the level has a robust evidence base.
- We provide £9 million a year to health boards to fund smoking cessation services. These services have targets to achieve 12 week quits for 1.5% of the adult population in the most deprived areas.
- We have commissioned a research and service design project to find out how people living with overweight or obesity, including those with type 2 diabetes, within the most deprived areas access weight management services and to what extent they meet their needs. We will act upon its findings.

- We are also providing over £750,000 funding in 2021/22 to help health boards and local partners support services which encourage and reinforce good nutrition, healthy eating habits and physical activity for children under five and their families. This includes projects creating interventions for families in SIMD1 and SIMD2 areas.
- We are providing £332,000 funding in 2021/22 to the Scottish Grocers' Federation to run the Healthy Living Programme. The Programme operates in more than 2,300 convenience stores around Scotland, the vast majority of which are in more deprived areas. The Programme helps retailers to promote healthier food and drink options and develop links with local schools and community groups. Its 'Cooking at Home' project uses affordable healthier recipes from our Parent Club, alongside shopping promotions to support parents. The Programme has a track record of delivery, with members typically seeing a 20% uplift in fruit and veg sales after joining.
- Our Programme for Government commitment, sets out how we aim to address the deep-seated inequalities in our society, and create a fair, equal society for all. The commitment to doubling investment is aligned to this wider aim and will be used to ensure we support participation across all groups and address inequalities in access to physical activity and sport. This will be delivered over the lifetime of the Parliament and we will work with **sportscotland** and partners across the sporting sector to ensure it has the necessary impact.

### **Place-based approaches**

It is the places in which we live that are central to our health and wellbeing.

We will drive reductions in health inequalities through place-based approaches to health improvement. This will help us to create the conditions that will support people to have a better quality of life. It will also make sure that there are fair opportunities for everyone to have an active and healthy life.

Beyond providing excellent care, our NHS and social care institutions can play a key role in their local economics. Some health boards are already doing this. We want to support all of our health and social care providers to become active anchor institutions. We will do this by removing barriers, supporting innovation and sharing learning.

Community-led organisations are also key to achieving fairer outcomes for people. The pandemic has shown what has been possible in the face of overwhelming need. We want to sustain this momentum to make long lasting and impactful change. We need to join up various programmes and policies that support community action. We also need to prioritise targeted, prevention-led and early intervention approaches. Building on the funding we already provide to communities, we will develop mechanisms to embed community-led activity into service delivery at a local level.

### **Person-centred care**

Providing people with the right support locally and connecting them to the right services is crucial if we are to improve their wealth and their health.

We fund programmes to address key drivers of health inequalities e.g. poverty.

- We are delivering on our Programme for Government commitment to train 300 Support Employment Case Managers. This will increase and improve support for people to remain in or return to work.
- We are embedding welfare rights and money advice services across 150 primary care settings across Scotland. The in-house welfare rights officers provide advice on

increasing income, social security eligibility, debt resolution and housing and employability issues.

- Community Link Workers continue to be at the forefront of our efforts to tackle health inequalities. To build on this we are creating a network of 1,000 additional staff to grow community resilience and direct social prescribing.

## **Equalities**

Everyone should be able to access safe and effective person-centred care, yet we know this is not always a reality. Minority ethnic communities, people with other protected characteristics, people with complex needs, including those in the justice system, all face greater health inequalities. The pandemic has only made this worse. We need action that matches the scale of this challenge:

- We are the first country in the UK to have a Women's Health Plan. It sets out how we are addressing the inequalities that women face in all aspects of health.
- We continue to work on delivering the commitments included in the Gypsy / Traveller Action Plan. The Plan focuses on removing the barriers to accessing health services. We are funding MECOPP (Minority Ethnic Carers of People Project) to recruit, train and support Gypsy/Traveller Community Health Workers. These works provide information and support on a wide range of health and social care issues.
- This September we published the Race Equality Immediate Priorities Plan. It sets out work we will take forward over the next 18 months to help ensure that minority ethnic communities have a fair recovery from the pandemic. This includes requesting ethnicity data from people as part of the autumn/winter flu and COVID-19 booster vaccination programme. This data will support the planning of services and community outreach.
- We have also established an Equality and Human Rights Forum to provide advice on mental health policy.
- We have committed to improving access and delivery of NHS gender identity services. We will publish a national improvement plan by the end of this year and have committed to centrally fund service improvements.
- Our Primary Care Health Inequalities Short Life Working Group will publish recommendations in January 2022.
- By summer 2022, we will deliver a comprehensive health and social care needs assessment of Scotland's prison population. The assessment will look at different domains of need: social care, substance use, mental health, and physical health. It will help us understand what services and interventions will lead to better outcomes and how best to deliver them.

## **Screening**

We know that participating in cancer screening programmes is one of the best ways to detect cancer early and a key Ministerial priority is reducing inequalities in access to and uptake of the screening programmes.

The Scottish Government has committed up to £2 million to the Screening Inequalities Fund over the next two years to build a programme of evidence-based, sustainable and scalable projects that tackle inequalities in access to cancer screening programmes in a systemic way. This is in addition to the £5 million we have put into the fund over the last 5 years.

This funding will initially be used for National Screening Oversight (NSO) to recruit an Inequalities Manager and to support IT developments that will enable more granular data gathering and analytical capabilities so that interventions can be targeted where they can

have most impact. In the coming months, work will focus on how to deploy the remainder of the funding to target local needs.

## Best Start Implementation – Challenges Around Implementation in Rural Areas

The Best Start - A five Year Forward Plan for Maternity and Neonatal Services was published in 2017 and remains a firm Programme for Government commitment. It sets out a future vision for maternity and neonatal care which focuses on putting women, babies and families at the centre of maternity and neonatal care to ensure they receive the highest quality of care according to their needs.

Person-centred, safe and high quality care for mothers and babies throughout pregnancy, birth and following birth can have a marked effect on the health and life chances of women and babies and on the healthy development of children throughout their lives. Truly family centred care will maximise the opportunity to establish the building blocks for strong family relationships, and for confident and capable parenting. This can help to mitigate the impact of inequalities and deprivation and their long term health and other consequences for families.

The two cornerstones of the Best Start recommendations for service redesign are:

- **Maternity care:** a transformed maternity service placing women, families and babies at the centre of care; delivering relationship-based continuity of carer throughout a woman's pregnancy journey; basing care as close to home as possible and tailored to individual needs and circumstances.
- **Neonatal care:** a redesigned neonatal service positioning parents as key partners in caring for their baby; keeping mothers and babies together as much as possible; with services designed around them; and with care for the smallest and sickest babies consolidated from the current model of 8 intensive care units to 3 across Scotland to deliver the best possible outcomes.

### Continuity of Maternity Carer and Local Delivery of Care

In recognition of the complexity of local reform required for key aspects of change as set out in Best Start, five Early Adopter Boards (EABs) were identified to lead the way on implementing a suite of recommendations in relation to continuity of carer and local delivery of care. Guidance, based on the work of the Continuity sub group informed by the EAB experiences was published in early 2020 with the expectation that all Boards commence implementation (paused due to COVID-19).

Best Start sets out that midwifery and obstetric teams will be aligned with a caseload of women and be co-located for the provision of community and hospital-based services. However, it also stated that different models of providing continuity and how continuity is managed, will vary across urban and rural settings and population groups (e.g. women with particular social vulnerability). A number of service users and staff in remote and rural areas contributed to the Best Start review and this resulted in NHS Highland being chosen as an Early Adopter Board. Staff outlined a range of forward-thinking, flexible and innovative approaches to staffing maternity and neonatal services, and this was particularly evident in more rural areas.

NHS Highland have reported to Scottish Government that they are continuing to progress the continuity of carer model in line with Best Start. The Board indicated that antenatal and postnatal continuity of care is good, and all women have a primary midwife who cares for them throughout pregnancy. Work is ongoing to develop the workforce model to implement continuity for intrapartum care and birth, however, it is acknowledged that for areas where community midwifery teams and Community Midwifery Units are at a distance to the main

consultant unit, it is not feasible for midwives to travel with every woman on their caseload for birth in the consultant unit.

NHS Highland have attached Consultant Obstetricians to community teams in order to provide continuity of consultant care. The Board are looking to develop this model further by attaching hospital midwives to community teams. This model will support women to get to know the hospital medical and midwifery team, who they will meet when they are in labour and giving birth in the consultant unit.

### **New Model of Neonatal Care**

Whilst the NHS primary focus over the last year has been on responding to the pandemic, in some areas improvement work has continued, particularly where it aligned with COVID-19 precautions. For example earlier discharge and reduced readmissions in neonatal care through community support model. Learning from all of these approaches is beneficial in implementing the new model of care, particularly for achieving the Best Start aims of keeping mothers and babies and families together as much as possible.

At a local level, Boards, including NHS Highland, have been supported by the Scottish Government to work towards Bliss Baby Charter accreditation, which will support the ethos of parents being partners in care. The Bliss Baby Charter Scheme accredits neonatal units which deliver the gold standard of Family Centred Care. This means parents are fully involved in decisions about their baby when they are in neonatal care, and that they are supported to be primary care givers, providing as much day to day care as possible for their baby. All Boards are signed up and are at different stages of accreditation. The Scottish Government continues to support Bliss to roll out the Bliss Baby Charter in Scotland, negating the requirement for Boards to pay a fee to be involved in this process.

The neonatal community have also welcomed the introduction of The Neonatal Expenses Fund (NEF) since 1 April 2018 which supports parents with babies in neonatal care with the cost of meal and travel expenses. Promoted to parents at a local level, NEF supports keeping families together and ensuring that parents are key partners in care. Changes were also introduced on 1 April 2020, and subsequently with the launch of the Young Patients Family Fund which subsumed NEF, allowing more equity of access for parents.

## **National Perinatal Network (SPN)**

The Best Start also recommended the creation of a single national perinatal network to facilitate integrated working across NHS Board boundaries, including input from service management and clinical staff, to support the new models of care. The SPN have recently established a remote and rural forum to bring together expertise from a wide variety of clinical specialties to work collaboratively and consolidate the good work previously undertaken by various national remote and rural workstreams.

## **Best Start Governance**

A model for implementation was established in 2017, led by the Best Start Implementation Programme Board chaired by Jane Grant, CE of NHS GG&C. The Programme Board **includes membership representing remote and rural interests**. The programme is underpinned by a 5-year package of funding.

## **Next Steps**

The maternity and neonatal landscape is ever changing, and we will continue to learn from other UK countries on innovations and developments. But we also need to work hard to continue to make the connections within the Scottish landscape. We know there is more that we need to do to align what is happening in maternity services to developments in other parts of the family journey, including mental health services, drugs and alcohol services, social work, health visiting and many more, to ensure pathways for people both within maternity services and on exit from them are coherent, collaborative and seamless.

## Active Scotland

The Scottish Government works closely with **sportscotland**, organisations and individuals across Scotland to break down the barriers, financial or otherwise, that keep too many people from leading active lives.

Our Programme for Government, sets out how we aim to address the deep-seated inequalities in our society, and create a fair, equal society for all. The commitment to doubling investment is aligned to this wider aim and will be used to ensure we support participation across all groups and address inequalities in access to physical activity and sport. This will be delivered over the lifetime of the Parliament and we will work with **sportscotland** and partners across the sporting sector to ensure it has the necessary impact.

**sportscotland**'s corporate strategy, [Sport For Life](#), sets out the direction for sport and **sportscotland**. It celebrates how everyone in Scotland can benefit from sport. It sets out their commitment to inclusion underpinning everything they do. [sportscotland's approach to equality, diversity, and inclusion](#) (EDI) brings this commitment to life. **sportscotland** have set out their approach in detail, covering three strands aligned to the Public Sector Equalities Duties, covering people, the system, and new ideas, with the goal of making the sporting system inclusive by design.

I've provided some examples of current work being undertaken below:

### Schools

Active Schools aims to provide more and higher quality opportunities to take part in sport and physical activity before school, during lunchtime and after school, and to develop effective pathways between schools and sports clubs in the local community. **sportscotland** works in partnership with all 32 local authorities to invest in and support the Active Schools Network.

All Active Schools teams are working to deliver their mainstream extracurricular programmes with an inclusive focus whilst targeting those groups in greatest need of inclusion. This includes areas of deprivation, children and young people with a disability and inactive children and young people. This allows for local teams to use their local data to determine who the inactive are for their school communities to ensure that they can tailor delivery on a need led basis.

As set out in the Programme for Government, Scottish Government and **sportscotland** are working together to ensure that Active Schools programmes are free for all children and young people by the end of this Parliament, providing them with more opportunities to take part in sport before, during and after school.



## Clubs & Community

**sportscotland** invests in and supports more than 50 Scottish Governing Bodies of sport (SGBs) to develop their sport-specific pathways. The Equality Standard for Sport was launched by the UK sports councils in November 2004 to help address the inequalities that exist within the sector. **sportscotland** continues to support SGBs to progress against the Equality Standard for Sport and implement the action plans that are developed through this.

Community Sport Hubs provide a home for sport. They bring together sport clubs and community organisations who want to develop and grow the sporting offering in the community. They focus on sustainable, community-led approaches that get clubs working together to develop welcoming, safe and fun environments for sport. One of the outcomes that Hubs work towards is to engage with people who may experience barriers to participation to support their inclusion in activity. In July 2021, as we came out of the pandemic, **sportscotland** provided a clear direction that the operational budget provided to support the development of Community Sport Hubs should be used to increase inclusion.

Changing Lives through Sport and Physical Activity is an approach that encourages sporting and non-sporting organisations to proactively use sport & physical activity as an intentional tool to achieve both increased participation and wider social outcomes. Sport for inclusion was one of four priority themes identified for the Changing Lives programme, while inclusion also cuts across the whole approach, with partners being encouraged and supported to take a person-centred approach and commit to removing barriers to participation and ensuring equality and inclusion.

**sportscotland** are one of the Lottery distributors that funds the Awards for All programme of small grants between £300 and £10,000. For projects involving sport, Awards for All prioritise projects that engage young people from our most deprived areas, girls and young women, and disabled young people.

## Places

**sportscotland**'s Sports Facilities Fund (SFF) supports capital projects that create or improve places where people take part in sport and physical activity. Awards of up to £100,000 are available for sports facility projects within club & communities, school & education or performance sport environments. In recent years, **sportscotland** have made a number of adjustments to this Fund to ensure that it supports inclusion. Greater prioritisation is given to projects that can clearly demonstrate an embedded inclusive approach such as Changing Lives Through Sport and Physical Activity and target participants in/from SIMD areas or Disability, BAME or other protected characteristic groups. **sportscotland** will fund up to 75% of eligible project costs for projects serving the most deprived 20% SIMD areas (compared to a 50% limit for other projects). The requirement for clubs and community organisations to make a direct financial contribution to the project has also been removed as fundraising was a potential barrier to clubs operating in more deprived communities.

## Fan Bank

We will create a 'Fan Bank' to enable more communities to purchase a share in their local sports club or facilities. Over this Parliament, we will provide accessible and inclusive financial support through creating a 'Fan Bank', enabling more communities to acquire a share in their local sports clubs and facilities. This will empower communities and strengthen

local decision-making, by supporting greater community involvement in the running of their clubs and facilities.

## **Community use of School Facilities**

We recognise that access to the school estate for community clubs continues to be challenging.

The Scottish Government's [Learning Estate Strategy](#) and its guiding principles provide a platform for investment in the learning estate across Scotland and set out our strategic approach for managing the learning estate. One of these guiding principles are that learning environments should serve the wider community and where appropriate be integrated with the delivery of other public services.

While it has been necessary to have restrictions on access to schools over the last 18 months due to Covid, those restrictions should now be reducing in line with restrictions on the rest of society. There is no general prohibition on school lettings or community access to sports facilities, instead any continuing restrictions are likely to depend on the school's individual risk assessment.

It should be recognised however that the Education (Scotland) Act 1980 places a statutory responsibility on all local authorities to manage and maintain the school estate across Scotland. Therefore, any concerns regarding access should be raised directly with the local authority in the first instance.

That said, I will continue to discuss this matter with Education Scotland, who are a key partner in the Active Scotland Delivery Group, which was established in September 2018 and is chaired by me as the Minister for Public Health, Women's Health and Sport.

The remit of the Group is to:

- monitor delivery of the actions in the Active Scotland Delivery Plan
- identify opportunities to enhance delivery through partnership working
- consider recommendations from the Active Scotland Development Group on new or revised delivery actions or approaches

Membership of the Group also includes CoSLA and the Chief Medical Officer as well as senior leaders from Public Health Scotland, Transport Scotland, NatureScot and sportscotland.

## Good Food Nation

The Good Food Nation (Scotland) Bill will provide an over-arching framework for clear, consistent and coherent future Scottish food policy at a national and regional level.

The Bill ensures that Scottish Ministers and certain other public bodies such as local authorities will produce good food nation plans that support the aim of Scotland being a Good Food Nation.

The Bill and the associated commitment to put the Good Food Nation Plan on a statutory footing will represent – publicly – a demonstration of joined-up thinking about food policy across Government. As set out in the consultation document on proposals for legislation the content of the good food plans will cut across a wide range of food related issues, including health.

The Bill itself is straightforward and focuses on the duties on Scottish Ministers and public bodies to put good food plans in place at a national and regional level but the content of these future plans will be wide ranging and cover all aspects of food-related issues

The Bill sets out that Scottish Ministers and public bodies must have regard, among other things, to the scope for food-related issues to affect outcomes in relation to social and economic wellbeing, the environment, health and economic development.

Crucially, these plans will set out what the Scottish Government, local authorities and other public bodies are doing to give effect to people having a right to adequate food – our aim is that the plans required by this bill will help ensure that reliable access to nutritious, locally sourced, locally produced, good quality food is a practical everyday reality for everyone in Scotland.

The main policy objectives of the Bill are:

- to underpin the work that is already being done across the Scottish Government to contribute to the aim of being a Good Food Nation; and
- to ensure that the Scottish Ministers and certain other public authorities provide a clear lead on the delivery of a Good Food Nation.