



## **Paper 5/4 NHS Health Scotland proposal**

### **For discussion**

#### **1. Purpose**

1.1 This paper outlines support available to the Commission from NHS Health Scotland, the national Health Board with a remit to reduce health inequalities and improve population health.<sup>1</sup>

#### **2. Background**

2.1 The Commission's remit commits it to delivering recommendations to Scottish Government that will:

- maximise the economic and social opportunities that the move to a net-zero economy by 2045 offers
- build on Scotland's existing strengths and assets
- understand and mitigate risks that could arise in relation to regional cohesion, equalities, poverty (including fuel poverty), and a sustainable and inclusive labour market

2.2 There are several areas of NHS Health Scotland expertise that are of relevance to the Commission's remit. These include areas such as the co-benefits associated with low-carbon investment (including impact on health inequalities), and tools for how these co-benefits can be factored into Government policy making.

2.3 These link to the Commission's remit above, to maximise social opportunities (first bullet) and understand and mitigate risks relating to equalities (last bullet).

#### **3. Recommendation**

3.1 Commissioners are invited to consider the proposed areas of support available from NHS Health Scotland in this paper and agree what would be most helpful to your work. Secretariat will lead on following up and agreeing any work resulting from this with NHS Health Scotland staff.

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<sup>1</sup> NHS Health Scotland website ([link](#))

## **1. Health and Health Inequalities in Scotland**

1.1 The health of the population in Scotland is amongst the worst in Europe. Life expectancy is one of the lowest in Western Europe and we have stark health inequalities. Improving the health of the population whilst reducing health inequalities is a priority for the Scottish Government.

1.2 The health of the population is determined by social, economic and environmental factors. The fundamental causes of health inequalities are inequalities in income, wealth and power and the resulting poverty. These inequalities influence the distribution of wider social and environmental factors that influence health, such the availability of good quality housing, work, transport networks and access to good quality greenspace.

The most effective policies to improve health and reduce health inequalities lie outside the health service. Discontinuing or modifying measures which widen inequalities will reduce the negative impact on health and health inequalities. This needs to be done by tackling the fundamental causes of inequality and preventing harmful social and environmental impacts through distributing the beneficial aspects of place more equitably.

## **2. Action to reduce emissions, reduced inequalities and improve population health and wellbeing**

2.1 There is good evidence that policies and actions to reduce GHG emissions and the creation of a sustainable economy can also improve population health. For example decarbonising the transport sector through electrification, low emission zones and the development of active travel infrastructure within cities will contribute to improved health outcomes through promoting active travel and reducing air pollution. A sustainable economy can maintain and potentially increase employment opportunities with benefits to health and wellbeing.

2.2 However, the distributional effects of particular policies and actions are less clear and there is potential to both increase and reduce social and health inequalities. Electrification of the transport system may increase pricing, adversely affecting the poor unless greater subsidy or free public transport is provided and low emission zones in city centres may displace older vehicles and pollutants to more deprived areas. If new jobs are less secure or of lower quality this will have an impact health and health inequalities. It is critical therefore that emphasis is placed on creating secure and quality new jobs with adequate support and training.

2.3 The evidence about wider impacts of policies to reduce GHG emissions on health and equity is often not used to inform decision making at a national or local level. Furthermore, these wider impacts are rarely monitored, quantified or monetised. Tools to enable decision makers to consider the wider equity and health implications are critical to ensuring the transition to net-zero achieves the triple wins of reduced emissions, reduced inequalities and improved health.

### **3. How NHS HS can provide support to ensure action to reduce GHG emissions does not increase social and health inequalities**

3.1 NHS Health Scotland have a Health in All Policies approach. We synthesise and use the best available data and evidence to support the development, implementation and evaluation of policies and programmes across a range of sectors that are effective in achieving the dual outcomes of improved health and reduced health inequalities.

3.2 These resources and tools can be shared and developed to inform decisions about climate change actions to ensure that they maximise opportunities for equitable social and health outcomes rather than increase social and health inequalities.

3.3 **Evidence briefings** provide a summary of the best available evidence about public health interventions and issues. These are based on rapid reviews of the evidence. This approach could be used to synthesize the current evidence base on actions which contribute to health and equity outcomes alongside reducing emissions.

3.3 **The Triple I tool** is scenario-based modelling tool which has been designed to help local and national decision makers identify which actions will have the biggest impact on improving population health and reducing health inequalities. We are exploring how to incorporate modelling of impact of policies on sustainability, social, economic and health outcomes. There are different approaches to developing this tool. We would welcome discussion with the Just Transition Commission to ensure that the final tool supports policy development in this area.

3.4 **The Health Inequalities Impact Assessment Tool** can be used to assess the impact of a proposed, new or revised policy or practice on health inequalities. Developing an integrated impact assessment tool which considers impacts on sustainability, health, equity and health inequalities will support work to identify and mitigation potential risks to social and health inequalities.

3.5 **Outcome based planning, monitoring and evaluation** is used to help build an understanding of the impact of policies and programs on multiple outcomes including population health and health inequalities. This approach could be used to support the planning and evaluation of climate change actions on multiple outcomes.

3.6 **The Place Standard Tool** has been designed to enable communities and public agencies to modify and create places that improve health, wellbeing and quality of life. It incorporates 14 dimensions that cover the key components of place including natural spaces, work and local economy and, public transport. In December 2019 a new 3 year strategy (2020/23) will be launched that has five priority areas of focus, including “The Climate Change Emergency.” An annual operational plan will outline the practical delivery of actions again each of the five priorities. We anticipate that those particular to climate change will support a place-based approach to reducing GHG emission and adapting to the impacts of climate change.<sup>2</sup>

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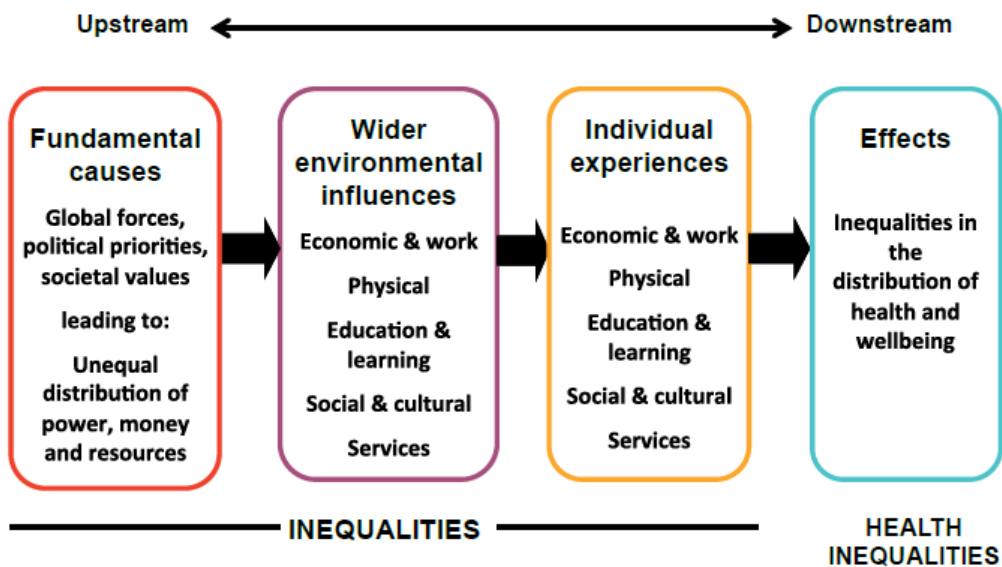
<sup>2</sup> Links to these tools and examples of how they have been used can be found in appendix

## 4. Conclusion

4.1 The work of the Just Transition Commission is an important opportunity to ensure that the transformational change needed to achieve net zero reduces social inequalities. In doing so it can also contribute to reducing health inequalities and improving population health in Scotland.

4.2 Health Scotland would like to support the Scottish Government and the Just Transition Commission in their work. We would welcome the opportunity to discuss how we might take forward work on synthesising the evidence base and developing the tools identified in this paper to help inform decision making to help achieve a Just Transition in Scotland.

## 5. Appendix 1: Health inequalities: theory of causation (summary version)<sup>3</sup>



## 6. Appendix 2: Examples of current use of tools

6.1 The [Triple I](#) tool has most recently included actions to [reduce income inequalities](#) such as the citizen's basic income and changes taxes. The modelling suggests that most effective income-based policies for reducing health inequalities are likely to be those that disproportionately increase incomes for those with the lowest incomes. Actions to address environmental influences such as the 20 mph limit have also been included. The modelling suggests that the majority of the health benefits of 20 mph limits were found to be due to reduced risk of road traffic accidents.

The [Health Inequalities Impact Assessment \(HIIA\)](#) tool has been used to consider the implications of [transport](#) and [housing](#) policies on health and health inequalities and implications for action.

<sup>3</sup> Further information available about health inequalities, what they are and how we reduce them [[link](#)]



6.2 [Outcome approaches](#) to planning, monitoring and evaluation of policies are used across a range of policy areas. We are currently leading evaluation of the [Minimum Unit Pricing policy](#) to inform the report to the Scottish Parliament on the impact of MUP after five years of operation. We have worked with partners to develop Evaluability Assessments on a number of policies and legislation including the [Community Empowerment Act](#).

6.3 [The Place Standard tool](#) supports the work across the Scottish Government to implement the Place Principles. It is widely used across Scotland including by all local authorities. We lead the national implementation of the Place Standard Tool.

6.4 Evidence briefings are used to inform policy decisions and actions. They have been produced across a wide range of issues. For example we recently published a rapid evidence review the impact of [restriction](#) of price promotions.