

Collaboration for Health Equity in Scotland

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**Why did we decide to partner with the
Institute for Health Equity?**

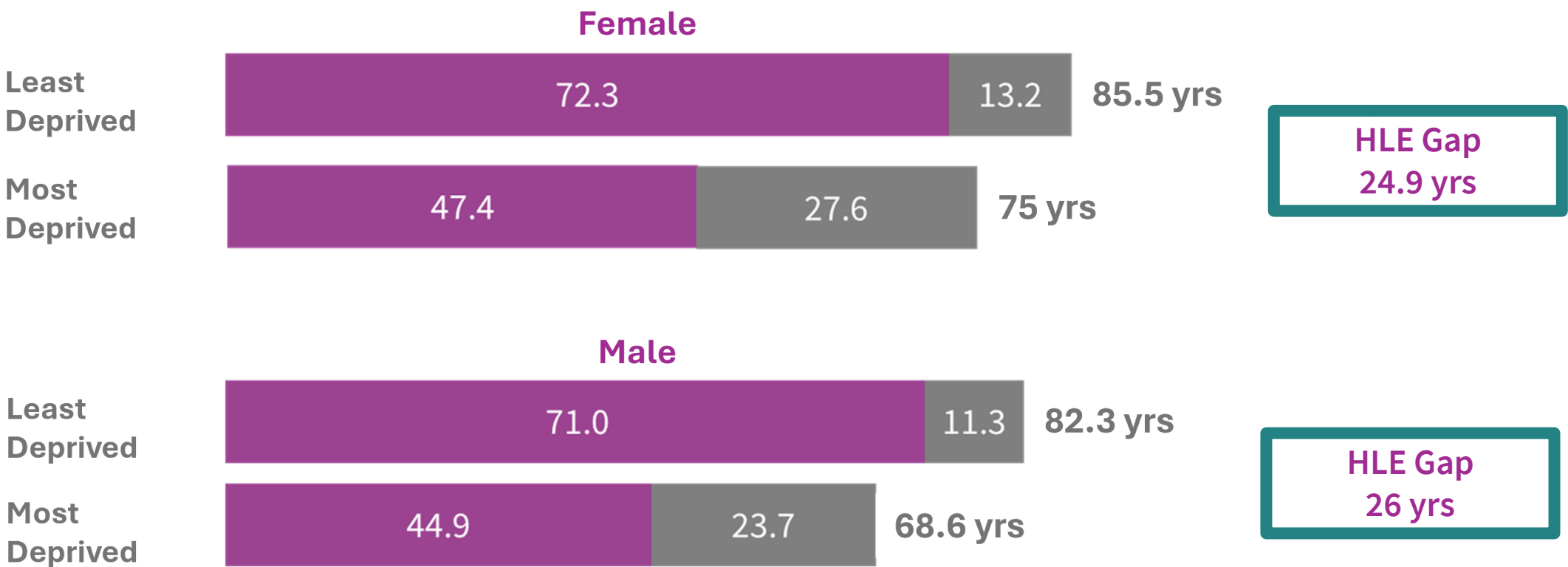
A Scotland where
everybody thrives



Life in Scotland

Scotland faces significant health challenges...

Healthy Life Expectancy/ Life Expectancy

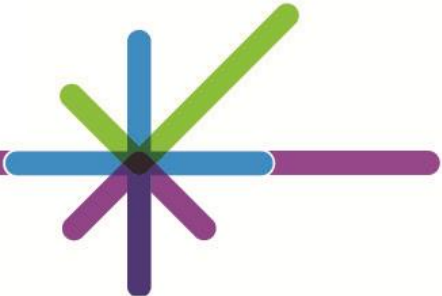
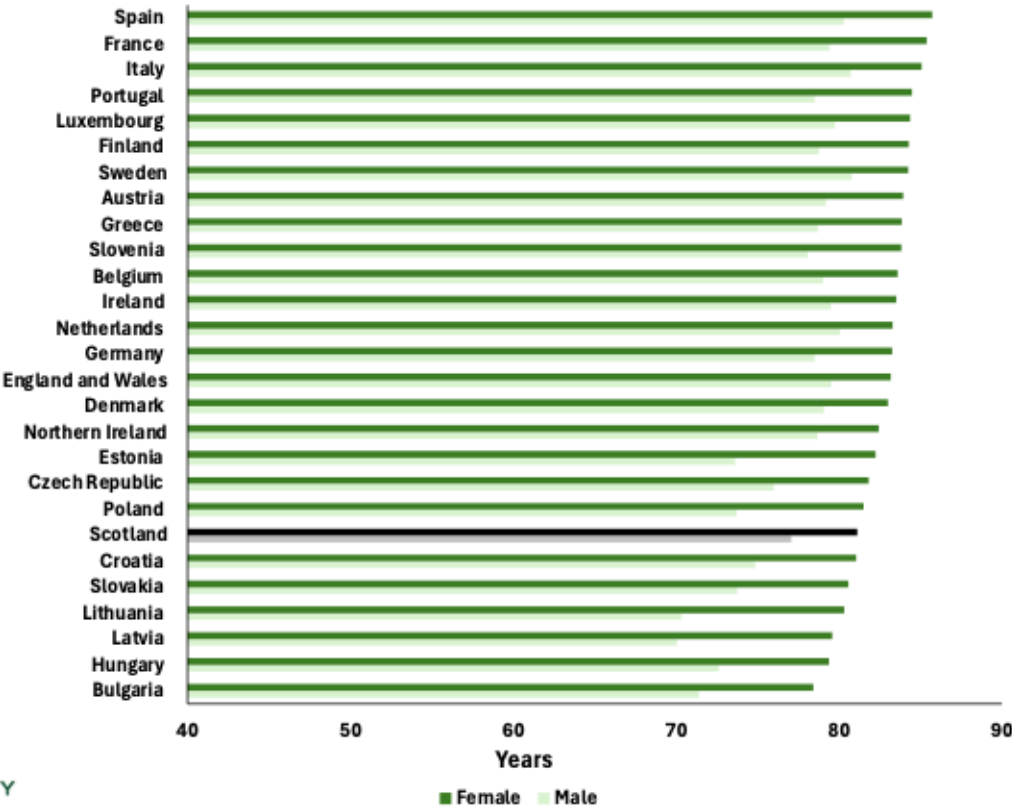


SOURCE: NATIONAL RECORDS FOR SCOTLAND, 2024



Life expectancy at birth

Figure 6: Life expectancy at birth, male and female, years, EU27 countries*, Scotland, Northern Ireland, England and Wales, 2015-19



Our support for national policy and legislation

Influencing changes to Scottish and UK wide policy and legislation to reduce inequalities and extend healthy life expectancy



Public Health Scotland



Influencing changes to local policies to reduce inequalities and extend healthy life expectancy

Work with local systems to design and support implementation of changes that will reduce health inequalities and extend healthy life expectancy

Our support for local systems

So in that context we need to...

- Identify the most **impactful realistic actions** for improving health equity
- Work out how to **reduce** the **implementation gap** between policy intent and action
- Act as a **catalyst for enhanced action**

Social & Economic Factors 40%

Physical Environment 10%

Health Behaviours 30%

Health & Social Care 20%

What is the focus of the partnership?

Partnership and Collaboration



The Collaboration for Health Equity in Scotland (CHES)

Working to strengthen and accelerate the action already underway to:

Improve
Scotland's
health

Increase
wellbeing

Reduce
health
inequities



Collaboration for Health Equity in Scotland

- a) What are the **most impactful areas for intervention** for Scotland to make meaningful progress in closing the inequalities gap in healthy life expectancy?
- b) What **action** can be taken to enable national and local organisations to work more effectively together to **close the recognised implementation gap** between policy intent and impact?



Analysis of most effective ways to take action in Scotland

Local Place Work (3 CPPs) – learning together how to better prioritise, strengthen implementation and accelerate action which reduces health inequalities

Recommendations for national and local organisations and sectors to strengthen work on health equity

National learning system which ensures key information relevant to national policy and local policy/practice is collated and shared in accessible and impactful formats (led by PHS)

Learning from and sharing with UK wide Marmot Places Network (led by IHE)

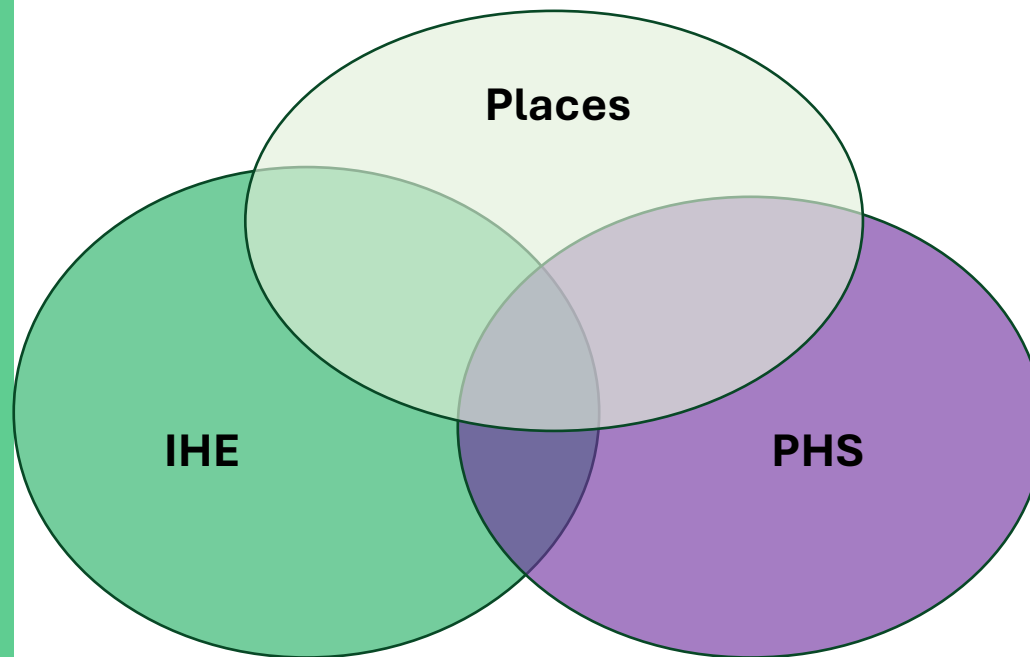


Local Places

- Political and organisation leadership
- Strategic and operational commitment to prioritising action on health equity over the long term
- Local resources, insights, relationships and expertise
- Lead development and implementation of action locally

IHE – applying expertise and experience from across the UK and wider to:

- act as a catalyst for change
- provide new insights and recommendations on most effective ways to take action at local and national level
- support development of realistic short-medium term implementation plans



PHS – working alongside IHE and local places to:

- identify universal and bespoke PHS support to strengthen and accelerate both the diagnostic and implementation phases
- bring key insights from wider work on health equity across Scotland
- identify, synthesis, share in accessible formats the key learning for wider application
- alter what it does and advocate and influence changes to national policy and practice in response to learning from local places and IHE reports

How we chose the three places...

Voluntary process – started with 12 and chose 3

Criteria

- Evidence that participation in this programme will enhance rather than detract from existing work already being progressed locally
- Leadership and stakeholders willingness to prioritise action on health, wellbeing and reducing health inequalities over the next 2 years and in the longer term
- Inclusion of the site complements the contexts of the other two sites and as such will help generate learning useful more broadly across Scotland

Key learning to date

Will

+

Evidence informed

Ideas

+

Ability to

Implement

Creating will for change

- **Consistent focus** on importance of social determinants
- **Accessible** presentation of data is creating a stronger will for change
- Importance of **data at different levels analysed by deprivation** – and its limitations.

Ideas

- Impactful realistic actions requires **stronger mechanisms** for combining **evidence, local data** and local **user voice**
- **Accessibility** of information on strength of **evidence** behind different interventions
- **Prioritisation** – remains a major challenge:
 - spreading resources too thinly as trying to do too much at once
 - priorities not aligned locally
 - priorities not aligned nationally – too many disconnected policies and programmes.

Ability to Implement

- **Practical mechanisms** to enable disinvestment on lower impact work to reinvest in higher impact work
- Vital role of **community voice and community led change** – a key element of the transformation jigsaw.
- The human and economic cost of **short-term funding cycles**

Other key issues identified to date

- Role of **local business and philanthropy**
- Importance of **political** engagement and ownership
- **Collaborative leadership** - need for common skill set and governance and accountability mechanisms that reward it
- Robustness of **evaluation of “innovative”** approaches for both impact and scalability

The Challenge of Collaboration

We know we must collaborate to strive for better results and improved outcomes.

Working with others and creating the right conditions for effective collaboration is hard.



Collaborative Leadership 4-principle approach – How?



Collaboration for Health Equity in Scotland

Public Health Scotland has joined with the University College London's Institute of Health Equity (IHE) for a two-year Collaboration for Health Equity in Scotland (CHES).

For more information about CHES, please contact phs.ches@phs.scot