End poverty in all its forms everywhere

Poverty is a driver of health inequality. The daily experience of poverty is about access to resources, and the ability to plan and have control over basic needs. It is about justice and dignity. There are enough resources in the world to ensure everyone’s basic needs are met. Eradicating poverty is about the systems at global and national levels that perpetuate inequality and access to resources, and the recognition that our individual choices within these systems can impact on others.

Reflect:

- Think of the service users you come into contact with. In what ways do you see people in Scotland experiencing poverty?
- If addressing poverty is about having access to resources and control over basic needs, what role do the NHS and NHS workers play in this?
- When you think about poverty in Scotland and about poverty in other countries do your reflections differ? If so, why?
- The NHS is one of the largest organisations in the world. Do the purchasing choices of NHS Scotland play a role in systems that perpetuate global inequality?
**Have you heard about...**

Child Poverty Action Group (CPAG) in Scotland works to raise awareness of the impact of poverty on children, supporting families, and advocating for policy change. CPAG have an Early Warning System (EWS) in use in Scotland that collects and analyses case evidence about how changes to social security are affecting the wellbeing of children, their families and the communities and services that support them. The EWS covers emerging and ongoing issues relating to social security in an accessible format via regular briefings. Personal insights can be submitted anonymously through the website to their welfare rights team. Is the Early Warning System relevant in your context?
End hunger, achieve food security, improved nutrition, and promote sustainable agriculture

Hunger is the leading cause of death in the world. Unequal access to and inefficient handling of resources leaves millions of people malnourished. In Scotland, food insecurity is not caused by a shortage of food, but by low and insecure incomes which limit the ability to afford sufficient food. Achieving zero hunger involves tackling the drivers and effects of household insecurity and increasing sustainable, regenerative agriculture and food production, with fair distribution systems.

Reflect:

- How does insufficient income impact individual choices or access to nutritional food?

- Think of a time when, for various reasons, you have not eaten well. How does this impact on other areas of your life? Could insufficient food be an underlying stress for people you see at work?

- Imagine having a shared meal as a family, a coffee break with a colleague, bringing a patient tea & toast. How do these times and routines enhance wellbeing?

- What actions can you take in your NHS work environment to support local food producers and producers overseas, for example by using fair trade products?
Have you heard about...

Nourish Scotland is a Non-Governmental Organisation campaigning on food justice issues in Scotland. Nourish believes that the ‘right to food’ should be enshrined in law within Scotland. Campaigners propose it will ensure actors in Scotland are held accountable for inaction. The right to food recognises that problems in the food system are interconnected and provides what Nourish describe as “a series of principles to guide the Government in managing the whole food system, instead of individual issues, so that it is fairer, healthier and more sustainable.” Does the idea of the ‘right to food’ resonate with the values of NHS Scotland? Are there opportunities to enhance wellbeing and dignity in relation to food in health settings?
Ensuring healthy lives and promoting wellbeing at all ages is essential to sustainable development. Globally, major progress has been made in increasing life expectancy and reducing some of the common causes associated with child and maternal mortality. But more efforts are needed to fully eradicate a wide range of diseases and address many different persistent and emerging health issues.

Reflect:

- From your practice, what evidence do you see of the links between health and wellbeing? How do you see the difference between the two?

- The determinants of health are often social and economic. What influence do we, as NHS Scotland staff, have on these determinants?

- Does the NHS have “ownership” of health? What other organisations might have an influence on health and what are the opportunities for collaboration? For example, are there voluntary organisations which could provide staff training opportunities or do you know where to signpost people to find supportive organisations outwith NHS Scotland?

- How does health & wellbeing in Scotland differ from other countries? What causes this difference?
Inspiration:

Scotland’s National Performance Framework (NPF) describes a vision for population wellbeing in Scotland. The NPF gives Scotland’s public services a common set of National Outcomes to work towards. The National Outcomes are aligned to the SDGs. Health is an Outcome, and although the NHS plays a pivotal role, there is recognition of the importance of partnerships and collaboration across public, private and voluntary sectors with an emphasis on prevention. The ‘Housing First’ partnership approach between Glasgow Health and Social Care Partnership, Salvation Army, the Wheatley Group, and Social Bite Charity provides an example of cross-systems working to achieve a single mutual goal. What relevance do the NPF Outcomes have for your day-to-day work and are there opportunities to share common goals with others outside of NHS Scotland?
Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Accessing education and learning helps individuals to acquire knowledge, skills and competencies that will help them throughout their lives, as well as discovering areas of interest and particular skills. It encourages individuals to realise their potential, to think for themselves, to understand other viewpoints, to know their worth, and that they have a contribution to make. Education is a key determinant of health. For example, it is thought that half of the reduction in child mortality between 1970-2010 was due to increased maternal education.

Reflect:

• How do health care professionals share knowledge and skills in their daily practice?

• Within NHS Scotland what roles do you play in developing service users’ understanding and awareness about their own health, wellbeing, and the skills they require for self-care?

• What role do you think education can play in changing actions and attitudes?

• Do think that the level of access to education and knowledge has an effect on health outcomes?
Have you heard about…

To make the SDGs a reality requires a shift in attitudes and actions. Target 7 of SDG 4 talks about the kind of transformative education that can bring about this change, equipping individuals with the knowledge and skills needed to critically engage with, and actively improve, the world around them. This important lifelong learning compliments the continued professional and personal development that is required for working in NHS Scotland. The partnership working that created this resource came about through the belief that education enables active citizenship and the understanding that within the NHS in Scotland we don’t need to go abroad to be active global citizens or to unlock the potential of the SDGs. Can you think of other instances where education can be a tool for change?

“Education is the most powerful weapon which you can use to change the world.”

Nelson Mandela
Equal rights between men and women is a fundamental principle of human rights. While nations across the globe have made significant progress towards challenging and addressing aspects of gender inequality, no nation can say it has achieved equality. Scotland aims to be a country where women and girls have equal rights and opportunities to men, equal access to power and resources, and live their lives free from gender-based violence. Gender equality is core to achieving the other SDGs. This is evidenced in Scotland’s National Performance Framework, where SDG 5 is integrated into every one of the National Outcomes.

Reflect:

- Globally, women typically spend disproportionately more time on unpaid care work than men. Unpaid care work is both an important aspect of economic activity and an indispensable factor contributing to wellbeing. What does unpaid care work look like in Scotland, and in other countries?
- What roles in the NHS are generally filled by men and by women? Are these norms changing?
- Do women who work for the NHS face particular challenges?
Inspiration:

Tea in the Pot is a women’s drop-in and support service in Govan, providing women who are vulnerable, isolated, or lonely, with the opportunity to connect with others and access vital health and social care services and training. Women may be referred to Tea in the Pot by GPs or social workers as well as being able to just come along to organised sessions. Public bodies consult with women’s groups like this under gender equality legislation to collect qualitative data to inform gender impact assessments. Tea in the Pot acts as a vital source of information and provides a space where women can engage with their community in a safe and supportive environment. Is there a similar group in your context?

www.teainthepot.org.uk
Water and sanitation are critical determinants of health. Access to clean drinking water and safe sanitation go hand-in-hand, yet one in three people globally live without proper sanitation. People in higher-income countries commonly have more liberal and wasteful attitudes to water, in stark contrast to the time and effort put in to the collection and careful use of water in lower-income countries.

Reflect:

- Think about an average work day and the number of times and tasks for which you require access to clean water. What impact would it have if you didn’t have this access?
- Think about the water footprint of NHS Scotland, either as an institution or your role. Can you identify areas in which the use of water could be better managed?
- What impact, beyond health, does a lack of proper sanitation have on individuals or communities?
Have you heard about...

Water is a renewable, but finite, resource. A ‘water footprint’ is a useful concept for understanding how we use water on a personal, institutional and national scale. Your water footprint is the amount of water you consume, including ‘invisible water’ used to grow the food you eat, to produce the energy you use and for all the products in your daily life. Tools such as Water Footprint Assessments can assist businesses and organisations in growing efforts towards water stewardship and sustainable development. Think about the water footprint of NHS Scotland, either as an institution or within your role. Are there instances where the use of water could be better managed?
Ensure access to affordable, reliable, sustainable, and modern energy for all

Although the use of renewable energy is growing rapidly around the world, fossil fuels (oil, coal, and natural gas) still make up the majority of the world’s energy use and contribute significantly to climate change. People in higher-income countries consume a disproportionate amount of energy per person compared with consumption per capita in lower-income countries. Renewable energy solutions are becoming cheaper, more reliable, and more efficient.

Reflect:

- How much of your daily work relies on energy sources? Consider how difficult certain tasks would be if you didn’t have access to power supplies.

- In many countries there is not enough electricity available to meet demand, so supply to certain areas is interrupted, with frequent and unforeseen times of load shedding. How would this impact your work and daily life?

- Consider fuel poverty in Scotland. What causes fuel poverty? Who are the most vulnerable?
**Inspiration:**

NHS Ayrshire & Arran Public Health work in partnership with UK charity, the Energy Agency, to monitor and evaluate the health and wellbeing impacts of a multi-agency scheme, providing home insulation and energy efficiency measures for people living in areas of deprivation. Proximal outcomes include increased indoor warmth and comfort and reduced fuel bills. Anecdotal evidence suggests improvements to underlying health conditions such as asthma and arthritis as well as to mood and wellbeing, partly as a result of reduced stress of fuel bills and increased pride and happiness in the home. Could there be a similar partnership in your local area?

www.energyagency.org.uk
Economic growth has been the driver of development across the globe, resulting in systems of finance, trade, employment and skills that shape our daily lives. Some countries are now beginning to place qualitative targets, such as wellbeing, at the centre of national plans and policies, but there are also drivers to make sure financial progress creates decent and fulfilling jobs while avoiding environmental harm. Labour rights need to be protected with an end to modern slavery and child labour.

Reflect:

*NHS Scotland’s values are Care and Compassion, Dignity and Respect, Openness, Honesty and Responsibility, Quality and Teamwork.*

- What role do these values play in how you approach your work? Think of examples where you have recently seen these values in action, how are they demonstrated in practice?
- What does ‘decent work’ look like in Scotland?
- As an organisation with a large purchasing power, what barriers or opportunities exist to enable NHS Scotland values to be incorporated throughout its supply chain?
Have you heard about...

The human cost of healthcare is described as the paradox of providing healthcare using products made by companies which have failed to protect basic human rights. Recognising the importance of safe and healthy work, the Medical Fair and Ethical Trade Group seeks to embed ethical procurement and fair trade into the NHS. By supporting suppliers to ensure adequate wages and adherence to the International Labour Organisation standards and regulations, the NHS can demonstrate transparency and accountability to its stakeholders, help to maintain a robust supply chain, and support the production of high-quality goods.

www.bma.org.uk/what-we-do/working-internationally/our-international-work/fair-medical-trade
There are contradictions within this goal. Industrialisation has been a driver of over-consumption and unsustainable practices which impact on future generations and others outwith Scotland disproportionately. However functioning and resilient infrastructure is crucial to ensuring communities have access to and a supply of vital services and goods. Innovative technologies are needed to ensure industry and infrastructure are upgraded and robust enough to meet future challenges in a way that is sustainable and just.

Reflect:

- What infrastructure do you rely on in your working day? Do you think it is inclusive of everyone in Scotland?
- Do current innovations within medical practice take sustainability into account?
- What does ‘resilience’ look like within the context of the NHS in Scotland?
Inspiration:

NHS Grampian undertook a long-term, large-scale energy efficiency project to utilise the full capacity of an existing energy centre at the Foresterhill complex in Aberdeen by connecting it to the nearby Royal Cornhill Hospital site to create a local heat and power network, which is comprised of a Combined Heat and Power (CHP) providing low carbon electricity, heat, and hot water. A 2.7km energy link was built to link the CHP to the new site, allowing the CHP to operate at higher efficiency and for longer periods. The project considered planning for the future with the inclusion of additional branches to the system to enable it to be connected to other locations. Are there examples of this kind of approach to infrastructure in your area?

www.nhsgrampian.org
Inequality exists on local, national and international levels and is impacted by factors that are historical, geographical, economic, political and social. On an individual level, a small group of people control a huge proportion of the world’s wealth. Inequality is about access to and control over resources, as well as opportunity and participation in decision-making at many levels. Inequality persists due to unjust systems and power structures that benefit only the few.

Reflect:

• What do you think about the word ‘reduced’ in this SDG? Does this suggest that inequality should be an accepted part of how we live?

• What are the drivers of health inequalities in Scotland? What role do NHS Scotland services play in tackling this issue?

• Can you think of specific health issues where inequalities in Scotland affect who is impacted and who isn’t?
Have you heard about...

There is a significant and unacceptable variation across Scotland, and globally, both in life expectancy and the amount of time spent in good health. Among other factors, this spectrum of health inequalities exists between men and women, people living in deprived and affluent areas, and people of different ages or ethnicity. Through extensive stakeholder engagement, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) have developed six public health priorities, providing a consensus on the focus required to achieve an improvement in the health of the Scottish population. Public Health Scotland can support the national and local transformational changes which are required to fulfil the vision of a thriving and healthy Scotland. Do the priorities resonate directly or indirectly with any areas of your work?

www.gov.scot/publications/scotlands-public-health-priorities
The world’s population is increasing and the United Nations predicts a majority of people will live in urban communities in the future. To accommodate everyone, we need to build sustainable and resilient cities, with green and affordable housing and inclusive living conditions.

Reflect:

• What do you think needs to change in order to make this vision for communities a reality in the future?

• Separate from global predictions, Scotland has a high proportion of rural communities. What are the different challenges faced by both urban and rural communities? How do these challenges affect your local NHS context?

• How can communities or cities influence better health outcomes?

• How might health and sustainability practices be linked within this context?
Have you heard about…

The Place Standard tool is a simple framework that scores different elements of what makes an area ‘good’ on a spider diagram. The purpose of the Place Standard is to maximize the potential of the physical and social environment to support health, wellbeing and a high quality of life. Where we spend our time has an important effect on our lives and our wellbeing. Factors that are included within the tool include things like a sense of identity and belonging and access to public transport. Improving the quality of places and the opportunities we have access to can help to tackle inequalities. How would the community you work in be rated by the Place Standard criteria?
Our existence and survival as a species is defined by using planetary resources. Yet we face daily reminders of the finite nature of many of these resources and the strain human patterns of consumption and production have put on our planet and other species we share it with. In Scotland, the negative impact of the products we buy is often obscured, with production happening in other countries and waste being taken ‘away’. Sustainability in this context means making better, longer use of products and materials so we waste less and consume fewer resources overall.

Reflect:

- Think of your average working day. How many of the items you use are single-use and disposed of quickly? Is there a way of making this item re-usable?

- If you’ve worked in a low-resource setting, abroad for instance, did you notice differences in how resources were managed?

- How do we balance the hygiene needs of effective treatment with targets for sustainable and less wasteful practices?

- How does procurement within the NHS support sustainable practices of consumption?
Have you heard about...

Warp-it is an online platform enabling subscribers to find, give away or loan office furniture equipment and other resources between organisations and beyond. Now used across Health Boards in Scotland, NHS Tayside pioneered its use, with a focus on positive internal messaging and good working practices between procurement and facilities teams. Commonly secured or passed on goods and items include industrial waste bins, desks, medical equipment and stationery. Warp-it is an example of a circular economy approach in action where resources are re-used and kept in circulation. Can you think of other examples where items could be repaired or reused instead of simply being replaced with a new item?
13 CLIMATE ACTION

Take urgent action to combat climate change and its impacts

Whilst occurring naturally and essential to our survival, greenhouse gases have risen to record levels not seen for 3 million years due to two centuries of industrialisation, deforestation and other human activity. From shifting weather patterns that threaten food production, to rising sea levels that increase the risk of flooding, the impacts of climate change are global in scope and unprecedented in scale.

Reflect:

• Globally, the most serious impacts of climate change are being felt by communities that are already vulnerable and have done the least to cause global warming. Do you think responsibility for climate change is addressed sufficiently?

• What does climate change show us about how interconnected we are on a global and individual level?

• Can you think of climate action steps the NHS in Scotland could take or is already taking?

• Can you think of ways to educate yourself and your colleagues about climate change and its importance to human rights and the SDGs? Look at ‘Let’s go greener together’ for more inspiration and resources: www.greenerscotland.org.
Have you heard about...

The Scottish Managed Sustainable Health Network (SMaSH) is an active public health network incorporating a wide range of partners. It aims to maximise health and equity by addressing the urgent challenges of environmental sustainability and climate change, working collaboratively to lead, innovate and motivate change across NHS systems. SMaSH provides opportunities to share learning and coordinate good practice, facilitating links between national and local organisations. Since 2008 it has worked with a range of partners including the NHS, third sector and academia. Have you read the NHS Scotland Sustainability Strategy created by Health Facilities Scotland with support from SMaSH?
Prioritising conservation and sustainable use of the oceans, seas, and marine resources

Oceans cover 70% of the planet and we rely on them for food, energy and water. Damage to our oceans has been caused through overfishing, pollution, and the destruction of fragile ecosystems. The concept of ‘blue space’ is a growing area of interest within public health. The benefits of the sea and coastline, but also rivers and even fountains are less well publicised than green spaces but are associated with positive measures of physical and mental wellbeing.

Reflect:
• In Scotland, 41% of Scotland’s population live within five kilometres of the coast. What is your relationship with the coast or the sea?
• Have you employed the concept of ‘blue space’ in your professional practice?
• We know more about the surface of Mars than we do about the bottom of the ocean. Do you think the phrase ‘out of sight out of mind’ is relevant to our approach to sustainability and the sea? What about pollution?
**Inspiration:**

The North Berwick Health & Wellbeing Association promotes health and wellbeing for all people within this coastal area, promoting active participation and assessing the health impacts of activities to ensure health inequalities are not increased. Their North Berwick Coastal Community Connections project tackles identified social isolation in the North Berwick area by supporting adults of any age to connect with existing opportunities and activities, and in doing so helping find ways to overcome barriers to participation. The project takes referrals from GPs and other health professionals, but also from any community members who know someone at risk of isolation. Is there a similar organisation in your local context?
Severe damage has been caused to ecosystems all over the world through deforestation, loss of natural habitats and land degradation. The protection of our ecosystems, of biodiversity and of endangered species is critical in the fight against climate change. Diverse and robust ecosystems on land are vital if people and planet are to thrive into the future.

Reflect:

- The climate crisis poses great risks to life on land, including agriculture and food production around the world. What are the impacts of this on global health?

- The Our Natural Health Service initiative is all about making more use of Scotland’s outdoors as part of public health, and the delivery of health and social care. What do you see to be potential enablers and/or barriers to ‘nature-on-prescription’ or social prescribing?

- Is there a Green Health Partnership in your health board area, or work going on to develop NHS greenspace for therapeutic use or staff relaxation?
Have you heard about...

Environment is a driver of health, and evidence shows that green environments are a valuable health improvement resource, recognising that physical activity outdoors and contact with nature can contribute to prevention, treatment, recovery and long-term care.

Through Our Natural Health Service, the grounds of a number of hospitals and community health centres were developed to improve biodiversity, climate change resilience, and access for staff, patients and the local community. Projects at 13 sites have influenced over 87 hectares and demonstrate how good landscape design benefits nature and people. Partnerships with the voluntary sector have delivered activity programmes including horticulture, nature conservation, food growing and health walks. Positive impacts include relaxation, enhanced social interaction and the opportunity for patients to discuss their conditions in a non-clinical setting.

www.naturalhealthservice.scot
Promote peace and inclusive societies for sustainable development, provide access to justice and build effective, accountable, and inclusive institutions at all levels.

Every society develops values that they strive to live by. These values are often documented and agreed internationally, such as the Universal Declaration of Human Rights. They also evolve through culture, religion, or through experiences which define the character of a nation. Strong institutions such as the United Nations are vital to ensuring the values of justice and commitments to peace are upheld. The NHS is categorised as an ‘anchor institution’. Anchor institutions are large, public sector organisations that are unlikely to relocate and have a significant stake in a geographical area. The NHS can positively contribute to local areas in many ways beyond providing health care, such as through employment, procurement and use of buildings and estates to support communities.

Reflect:

- What implications does the NHS being an anchor institution have on your role?
- In what ways does the NHS ensure inclusivity and accountability as an institution?
- What impacts do peace and justice have on health outcomes?
Have you heard about...

Navigator is a confidential service run by Medics Against Violence, in collaboration with the Scottish Violence Reduction Unit, NHS health boards and Scottish Government. Working in 7 emergency departments across Scotland, the initiative tackles inequalities in the management of A&E patients affected by violence. Using a range of external contacts, Navigators complement the work of medical staff by offering psychosocial support for a wide range of issues, to help patients change their lives. The aim is to break the cycle of violence for the individual and reduce the rate of violent injury in our hospitals. What role do you think institutions like the NHS in Scotland should play in promoting peaceful and inclusive societies?

http://www.mav.scot/navigator/
The SDGs can only be met if communities, countries and institutions work together. A strong commitment to global partnership and international cooperation is therefore crucial to try to combat the growing impact of climate change, and to ensure fair access to resources, innovation and trade. The means of implementation for the SDGs must also be strengthened through integrating sustainable development into our systems for policy and future planning.

Reflect:

- We are increasingly interconnected through technology and the global issues we face and working in partnership is vital. But are all partnerships equal? How can power dynamics undermine partnerships?
- For NHS Scotland staff volunteering or working overseas, why is it important to critically reflect on the theme of power within international partnership working?
- Think about the values of the NHS. Do these align with the values you see as important for partnership working?
Have you heard about...

Partnership is at the core of the Tropical Health and Education Trust (THET). For over thirty years, they have worked to train and support health workers in Africa and Asia by supporting Health Partnerships with organisations and volunteers from across the UK. Whilst providing training to colleagues across Africa and Asia is central to Health Partnerships, partnership is mutually beneficial and the skills learnt whilst overseas strengthen the NHS in a myriad of ways. THET developed eight core Principles of Partnership to improve the quality and effectiveness of Health Partnerships, strengthening their means of implementation and championing sustainable partnership approaches.